

June 2023

Interim Report – Trauma Informed Communities

Phase 1 - Community Conversations

The aim of the programme is to “Create an ACE aware and trauma responsive place, with a strengths-based and community asset approach to building local resilience”.

We created a ‘Living Audit Tool’ and invited VCSE organisations to complete, either during Community Conversations with our team or independently.

- The audits are ‘living’ as we hope they will be used to support growth and development within VCSE organisations.
- The Community Conversations will identify where additional support is needed, and recognise the skills and knowledge already held within the sector.
- The audits and conversations will inform the design of the tools and guidance we will be co-creating to help increase trauma informed communities in Bolton.

We began the Community Conversations programme by creating reach out emails that approached the topic sensitively, recognising the likelihood of us contacting people who may have had close experiences with trauma. This was shared and improved with support from Bolton CVS and 1 Point, who offer independent counselling and psychotherapy support in Bolton.

The webpage was developed to capture progress of the project and we produced a video with introductory slides. We then began to reach out to groups, with support from Bolton CVS, Collaborate Out Loud and Public Health. We targeted groups and organisations of different sizes, who are set up to support people to manage symptoms, causes or conditions connected to trauma.

We invited people to have conversations with us and introduced the Living Audit tool. It was noticeable that organisations wishing to take part in the audit were mainly those already working with mental health issues and trauma and have a prior interest in becoming trauma informed.

Organisations have generally preferred an in-person conversation to filling in the audit independently. We decided to keep the focus on conversations (rather than focus on collecting online submissions) and this has given us a rich understanding of where organisations feel they are now and what the key challenges may be. The in person conversations have given time and space for organisations to think through their initial priorities connected to trauma informed practice, which will be essential as we go into the co-design phase of the programme.

Conversations and Findings

We have contacted over 70 organisations and spoken to voluntary sector networks to promote the programme and raise awareness. We have had approximately 89 conversations with VCSE sector organisations and volunteers specifically about this work.

10 organisations came forward for an in depth Living Audit, working with our facilitators to explore and complete the Audit. These organisations also expressed an interest in joining the codesign programme.

1. Bolton Deaf Society
2. Asian Elders Resource Centre
3. Stand Up Sisters CIC
4. Age UK Bolton
5. Beacon Counselling Trust
6. Starts With You
7. Fortalice Ltd
8. Mhist
9. The Videobox
10. Bolton Lads and Girls Club

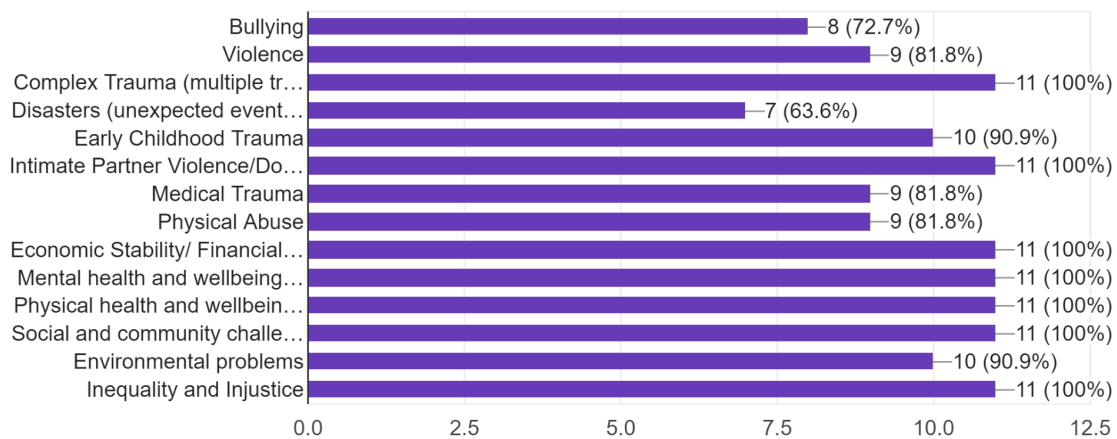
In addition 2 trauma -informed organisations have shared insight into their practices and processes.

1. 1 Point
2. Back Up

Responses are summarised below:

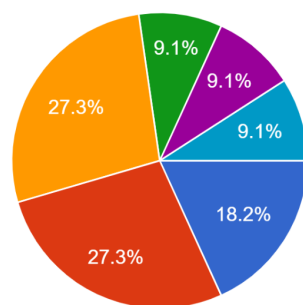
Do you work with people affected by any of these issues? (tick all that apply)

11 responses



Thinking about the people you work with, including staff, volunteers, communities and clients, complete this sentence, using the option that best d...nd trauma on the people we work with and

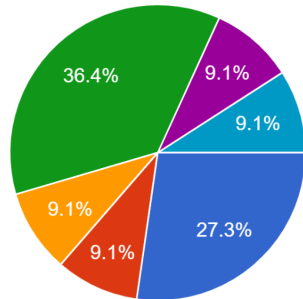
11 responses



- recognise where we need to respond to this
- recognise and have time and resources allocated to respond to this
- recognise, have time, resources and policies to respond to this
- regularly review the time, resources, policies and practices that we have to...
- We are not aware of the potential imp...
- have time, resources and policies to r...

In response to the awareness of the impact of ACE's and Trauma, complete the sentence that best describes the people who lead and manage your org...your organisation. Our leaders and managers...

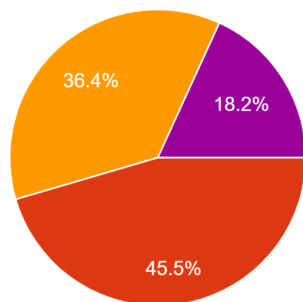
11 responses



- consider the impact within management practices
- have considered impact, accessed training and use this to adapt practices
- have accessed training and gathered data on adapted practices, using this t...
- have accessed training and regularly evaluate and adapt practices to impro...
- Are not aware of ACE's or the impact...
- have accessed training and use this to...

Considering ACE's and Trauma, complete the sentence that best describes what your team does. By 'team' we mean employees and volunteers. In the work we do, our team...

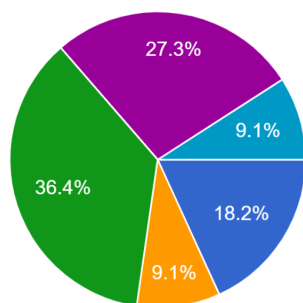
11 responses



- Knows when to signpost to training and support
- Knows when to signpost others and is supported to identify own training and...
- Signposts and can access a tailored training and support programme
- Signposts and access's a coproduced, regularly updated training and support...
- Our team do not offer this type of support

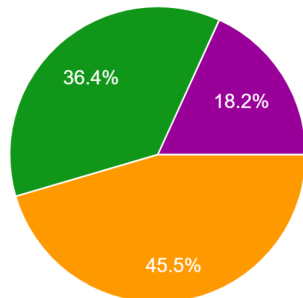
Choose the statement that best describes how you work with partners in relation to ACE's and Trauma. 'Partners' could be funders, formal or in...ations you work alongside. With our partners we...

11 responses



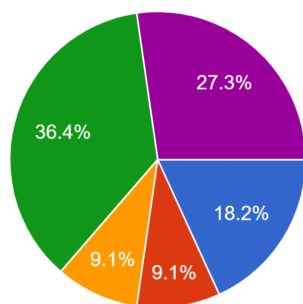
- share our experiences of how trauma impacts the work we do
- include information about the impact of trauma in our partnership agreements...
- gather and share information about impact of trauma within partnership w...
- bring together partners to share evidence, collaborate and address im...
- do not share how trauma impacts the...
- include information about the impact i...

Choose the statement that best describes how ACE's and Trauma are considered in your working environment. By 'working environment' we...a physical workplace or digital space. At work...
11 responses



- There is supportive information displayed or available
- There are supportive spaces like communal, quiet and private areas
- Adjustments are made so everyone can access supportive spaces and informa...
- We share best practice around creating safe, supportive spaces internally and...
- We do not/are not able to adapt our working environment

The impact of ACE's and Trauma Informed practice can be understood through data and evaluation. Choose the statement that best des...When considering impact of ACE's and Trauma we...
11 responses



- know which data we are able to capture that could identify the impact
- have process to capture relevant data
- capture relevant data and evaluate to understand impact and make informed decisions
- capture relevant data, understand and make informed decisions, improve an...
- do not/are not able to use data to understand how trauma impacts the p...

Additional Considerations and feedback from conversations

- Issues that impact the deaf community are the same as those that impact the wider hearing world, issues of child abuse, domestic abuse, financial crisis etc. However, these are compounded by isolation, lack of information and lack of access to support services. While several of our staff team are deaf and have lived experience or have witnessed their peers struggle, there has been little training to recognise the specific signs of ACEs and trauma and how to appropriately support or signpost someone who may be struggling in this way. As manager of the advocacy service, my previous training and work with vulnerable adults (Learning disabilities) and children in education allows me to support my staff team to spot signs of abuse and register concerns, however this practice is not the standard across the centre.
- Bolton Deaf Society (BDS) has recently undergone extensive renovation to make best use of our space, unfortunately the building is fairly small, and most rooms are used on a regular basis so we do not currently have space to create a safe supportive space. However, we would be open to learning about what we could do with the space we have, or other ways in which we could offer support.
- As part of our funding agreements we regularly collect anonymised information on support provided, so although we do not currently collect ACEs and trauma-based information it is something we are capable of doing with minimal change to our record keeping practices.

- BDS aims to improve well-being and quality of life through creating equal access to information and removing the everyday barriers faced by those who are deaf, deafened, hard of hearing and deafblind. Working towards being ACEs and trauma informed is an important part of ensuring our staff team can fully advocate for our clients. We look forward to learning about how we can adjust our practices whilst also increasing deaf access to other ACEs and trauma informed services.
- Although we are not trauma informed we are open to learning and adapting our services, especially as we have noticed that the pandemic has created trauma in our community.
- Many in our community died of covid and families and ourselves are deeply grieving.
- Many have been impacted and have lost confidence to re-establish community life.
- We have no resources currently to offer to this work, but as with the pandemic we are adaptable and do wish to take part in the learning and can now see that our communities suffer from the traumas listed and also from displacement, starting new lives or living in a country that is not native.
- Many of our users have access issues to information sharing because of language and illiteracy issues. Signposting is also difficult without interpreters and not all services can provide this. We tend to hold group meetings and 1-2-1 private conversations with people when they need assistance.
- We managed to get some funding to produce a series of videos from experts in Urdu and Gujarati about Covid-19 and vaccination, food hygiene and dementia which have been popular with our users, but this can be expensive.
- We work with partners to put on a health mela event every year and work closely with Bolton Dementia Support on interpreting information for their services.
- Please note our work venue varies depending on the projects we run. We create safe spaces wherever we work. We always follow policies and signpost when required. We believe our lived experiences provides the best insight to this area of work (not just textbook guidance). We have similar lived experiences to the people we support. This means that we empathise from a place of having faced many barriers and challenges. We also have the experience of using an intuitive approach which we believe is valuable - and encouraged by the British Association of Art Therapists and the Health Care Professional Council.
- We work with a number of partners who are more specialist in this area than we are but we are not currently gathering or sharing evidence or experiences through partnership agreements that include ACE's or trauma.
- We have quiet spaces and work sensitively with staff and volunteers who may be affected by trauma through their work or personal life and do make adjustments, but this is not led by a trauma informed policy. Counselling is available to all staff.
- It is important for us to value our volunteers (around 300) and they are asked to pass on any safeguarding concerns to the staff they are working with.
- This may include trauma related issues, but we are not specifically reporting ACE's/ Trauma related issues currently.
- Age UK Bolton regularly provides anonymised case studies for funders related to ongoing projects which may include information about a number
- of the traumas listed in the audit in order to present a true reflection of the work being undertaken and to demonstrate the meaningful, person centred support which is given, but this information has not been gathered specifically to support trauma informed practice.
- There are 2 distinct sides of the business which function differently and where staff have different skillsets and needs in relation to trauma informed working
- Property operatives (around 35% have been long term unemployed) and have been trained to work with the SWY value base of respect and compassion and use observation skills to pick up and report back on areas of concern - and would score mainly 2's in the audit.

- Targeted Projects with very clear policies and procedures to reflect the complexity of the client needs, with highly trained and skilled staff around trauma/ safeguarding who would score mainly 4's in the audit.
- The organisation constantly reviews its recruitment, signposting, EAP offer, training etc... and will be developing a new business plan in 2024 with new KPI's
- A challenge to becoming trauma informed/ responsive is around managing capacity and resources.
- Making time/ allocating resources can have a knock on effect on the service as there never feels like enough of it – can always use more.
- The reporting for funding can also be a drain on time, particularly for smaller or targeted grants and bringing in outside organisations is not always a simple answer with the sensitive nature of the service, confidentiality and time it takes to set up. We have procedures and practices, but not necessarily policies that are trauma informed specifically.
- We have a diverse leadership team to reflect the service users and all staff go on mandatory courses, have casework supervision and appraisals but we could do more.
- We are still recovering the service/ staff from the impact of 2 years of covid in terms of rebuilding communications and team building is a priority.
- There's lots of work to do here particularly with statutory services who may struggle with if or how to flex into becoming trauma informed organisations.
- We work closely with the police and advise on training and are taking part in a research project with Fortalice high calibre, well trained volunteers i.e. GP's, ex prison officers, teachers and health staff
- accompanying officers to appointments, followed by a debrief to learn from the experiences.
- Staff retention for highly skilled roles can be an issue because of low pay in health/ social care, but we are pushing to change this in the voluntary sector.
- Reflective practice is encouraged with staff giving feedback on their work/ experiences and a similar reflective approach is developing through the family cohesion project, to give positive reinforcement.
- We are in the process of expanding our data analysis to cover the complexity of the service and looking at trends. It is not currently specific to trauma.
- Training – ACE's training can be too specific for our organisation as we have highly experienced and trained therapists with complex understanding of trauma through their work who may not have accessed specific trauma or ACE's training.
- Signposting – we have moved to warm introductions as signposting can often be ignored at the detriment to the service user. Mhist is often signposted to from other organisations or services, so this is not a big part of our role.
- Best Practice – not happy with this term as it can be followed without insight or consideration for an individual and their needs.
- Prefer 'guidance' on things that may help as the risk of re-traumatising people is high and there is a real moral issue here.
- Myths – there are still many unhelpful myths and a lot of morbid curiosity around mental health which will no doubt impact on this trauma informed initiative. Even GP's are still talking about brain chemistry with no facts/ research to support the information.
- Language – not enough basic, down to earth language around mental health for people to articulate or understand what they are experiencing.
- We work with many people, particularly with women, who have experienced ACEs and Trauma and would like to learn more about improving our practice and capturing and sharing our impact
- BLGC have a number of different services and staff teams which includes a universal fun, activity offer with large groups of young people attending and limited youth worker staffing where young people can become 'triggered.' And more targeted work with 1-2-1 support for

young people who may have experienced trauma. Our approach is respectful, person centred and young person led and aligned with the values of BLGC.

- As a Gateway town we would like to highlight that the ACE's framework is far too simplistic and prescriptive to use with unaccompanied minors who may have experienced famine, devastation and war.
- We try hard to make sure time and resources are available but this is not always possible with funding restrictions or the type of project it is i.e. how it is resourced, some commissioned work is very prescriptive.
- Roles such as facilities management or finance have not accessed Trauma informed training
- Again this depends on the role of the staff teams which vary widely from youth workers to highly trained/experienced staff working on the targeted youth projects.
- Our experience is of young people (and their parents/ carers) being re-traumatised by their interaction with many external health and social care services and the police and criminal justice system. This work needs a system change for all organisations to make an impact.
- This is backed up by information already in the public domain i.e Bolton Together - consultation around school nurses, and the lack effectiveness of the CAMHS service etc...
- We share a lot of data on a case by case basis i.e. with social workers and through reporting and we also raise awareness by sharing bigger picture feedback and information.
- We have mental health 1st aiders, sharing spaces, supervision, regular meetings for staff feedback and some staff have clinical supervision as part of their role.
- Looking at ways to support our staff is a priority area for us to focus on in the co-design process - developing policies around recruitment, for staff retention and avoiding burn out and taking into account new research around mental health support for staff from different generations i.e. Gen Z (need for validation and mental health needs)
- Commissioners are not aligned with Trauma Informed ways of working and there is a pressure to work with large numbers of young people rather than with fewer to gain an understanding of the individual person's story/ experiences and make appropriate trauma informed responses. Impact reports have not requested Trauma informed reporting so is not reported.

Key themes emerging

Working with people affected by examples of trauma issues:

Recognition - all organisations recognised that they are often working with all the issues listed in the audit, some had not previously been aware of this and took time to reflect within the conversation whilst others have specialist staff working in response to particular issues i.e. domestic violence, homelessness, young carers etc...

Awareness within your organisation/ people you work with:

Time, resources, and capacity – some projects which are targeted may have the time and resources allocated to them but in a funding/ commissioning culture that values numbers of people accessing support over building relationships this can be a difficult ask within a wider offer. Allocating resources to respond in one area can also have a detrimental knock-on effect in another.

Organisational impact of covid – 19 - not all frontline activity has been fully resumed. Communities and staff are suffering the impacts of grief on several levels; as a personal response; as a response to the large numbers of deaths in Bolton and in particular communities i.e. the older Asian population; and as a response to the number of suicides during covid and deterioration of mental health in young people.

There is also a fear of returning to pre – covid activity, for some staff members and service users and group participants.

Reporting - reporting for funders can also be a drain on staff time, particularly for smaller or targeted grants and can take away from time that could be spent building relationships and the foundations of trauma informed ways of working.

Policies - Trauma sensitive procedures and practices have been put in place but generally policies do not reflect this adaptation and are therefore not responsive.

Our leaders and managers

Reflecting the workforce – some larger organisations have recruited a diverse leadership to reflect their service users and training is mandatory for all staff but this is not the same for other or smaller organisations.

Roles and responsibilities – staff in financial or logistical roles have not previously been expected to go on training related to the services provided, so a whole system approach would change expectations in this regard.

In the work we do, our team

Signposting- some organisations have adopted a personal approach to signposting which means setting up a ‘warm’ handover meeting when a service user may find it difficult to approach another group or service which is an example of taking the ‘time’ that a trauma informed approach often requires to build relationships and trust.

Training- ACE’s training can be too specific for some organisations so training needs to reflect wider aspects of trauma.

Shared language – it is crucial to develop a down to earth language around mental health so that people can understand what they are experiencing and for services to also understand and respond using the same language.

Unhelpful mythology – there are still many unhelpful myths and morbid curiosity around mental health and trauma which can be a barrier to becoming trauma informed communities.

Team building as a priority – services and teams are still recovering from the impact of 2 years of covid and there is a priority to rebuild and improve communications and adapt to new ways of working. Also, a high priority around preventing burnout and developing better staff support, better recruitment and retention and factoring in difference including generational needs as research comes available.

Staff Retention/ Specialisms – VCSE sector has developed specialisms, particularly in the area of mental health and trauma and pay scales do not reflect this so it can be difficult to retain staff whilst it has become noticeable that the quality of statutory services staff seems to have deteriorated.

With our partners

Moral issue of retraumatizing people – a very strong theme here around a whole systems/ society approach to becoming trauma informed. The responsibility is with all services and organisations, and especially important in partnership work and signposting for families and individuals.

Best Practice/ Guidance – there is a need here for developing a shared understanding of what this work is about and why it is important for organisations to embrace new ways of working whilst acknowledging that individuals and organisations will be at different starting points.

At work (environment)

Sensitive ways of working - many organisations work in a sensitive way with staff and volunteers and provide support, information, safe spaces but not generally through trauma informed policies, more from a value base within the organisation.

Data

Commissioners and funders – data collection and anonymised case studies, analysing trends in complex services etc... may reflect the nature of the types of trauma organisations are responding to but, as yet, commissioners and funders are not requesting trauma or ACE related information so is not routinely collected.

Safeguarding – there may be some lessons to take from how organisations have adapted and reported around safeguarding in terms of roles and responsibilities and the shared understanding necessary to inform becoming trauma informed.

Data sharing - there was no evidence in the organisations taking part of data sharing specific to ACEs and trauma informed practice however there are many partnerships working together in linked areas such as mental health, children, young people and families, domestic abuse and older people who are regularly collecting and sharing data and best practice to improve services which could be built on.

Conclusions and Recommendations

The audit 'score' reflects the fact that organisations who are keen for this work to happen have taken part in the audit and are therefore '**Aware**' and '**Sensitive**' in many ways with processes in place for some targeted work, but not embedded in the whole system so reluctant to describe themselves as fully '**Responsive**'.

Bolton's VCSE sector has within it, organisations with vast experience and specialist knowledge and skills to contribute to becoming Trauma Informed. The challenge will be to make this organisation wide and sector wide.

- Awareness raising within the wider VCSE and other sectors.
- Include more diverse groups particularly black and S.E. Asian groups.
- Prioritise accessible/ inclusive formats.
- Policy template examples (recruitment/ retention etc...)
- Commissioning, reporting and appropriate data collection examples
- Reassurance to VCSE sector of cross sector approach including commissioners, funders etc...
- Training