



## **Barnardo's Scotland response to Transforming Trauma: the draft trauma knowledge and skills framework.**

**May 2017**

### **General Comments**

Barnardo's Scotland very much welcomes the framework and its ethos, that the Scottish workforce be trauma informed. The framework is a good starting point to ensuring that all workers have the right level of knowledge and skills around trauma and people affected by it.

A major hurdle to ensuring the entire Scottish workforce is trauma informed is for all workers to see the relevance of trauma to their activities. One of the issues around our work in HMYOI Polmont was that some staff did not initially recognise the relevance of trauma to the young people they were working with and to their own role. It may be even less likely that workers from the range of professions in the Scottish workforce, e.g. bus drivers, dental receptionists, already see trauma as their business. It is crucial therefore that the framework is accessible to as wide a range of people as possible (we would question for example the description of the trauma informed level as for staff in "multi-agency settings" (p.10) as this may not be the terminology recognised by this wide range of staff). It may also be appropriate to have some short materials, based on the introduction text, introducing a wide range of workers to the term "trauma" and why it is relevant to their work to encourage them and their workplaces to access the full framework.

In general the framework needs to place more emphasis on the need for organisations *as a whole system* to be trauma informed to provide safe, responsive environments for workers and service users. Enabling

practitioners to have improved insight into the needs of service users could create frustration if systems within organisations are not similarly more responsive. For example, many of our practitioners would recognise that for a service user to repeatedly not arrive for an appointment may be related to trauma, but their ability to take this into account in their practice and their response to the service user will depend on their organisational system.

While we welcome the inclusion in the framework of specific knowledge and skills for managers, and the emphasis on workers having sufficient supervision and support, we believe that more could be done to draw out the organisational application of this framework. The descriptions of workers at the different levels of trauma knowledge appear to exclude corporate support roles other than at the trauma informed level, whereas we might want individuals in for example training roles to have a trauma skilled or enhanced level of knowledge (if not necessarily skills) in order to make decisions about the content of training and who needs access to which training. Identifying the application of the framework to some of the support roles (e.g. the need for finance decisions about resources to be trauma informed) may also support the general understanding of trauma as relevant to the broader workforce.

It is crucial that Scottish Government commit effective resources to the implementation and subsequent stages of this work. These resources need to be committed, as noted above, to activities that ensure the relevance of trauma is recognised by a wide range of workers/organisations and to support the development of trauma informed organisational systems, as well as to (sustainable) worker training. There will also need to be consideration of resources for services impacted by this strategy. One aspect of the capability/skills is the ability of workers to link clients into specialist psychology therapy services where appropriate. This requires that those services be available and accessible; workers may otherwise experience difficulties where access to mental health services is limited by strict referral criteria, not available out of hours, or subject to delays.

### **Relevance to our organisation and workforce**

The skills set out in the framework would be highly relevant to our own workforce. These skills are essential for those working with the children, young people and families we work with. We provide services across the spectrum of need from targeted early intervention to specialist services in areas such as child sexual exploitation and abuse,

substance misuse and domestic abuse, disability and mental health. A recent survey of our services revealed that around half of the children and young people we work with either have a diagnosed mental health problem or a mental health issue. Working with trauma is then central to all of our work. We would expect to have staff covering all four levels of trauma knowledge and skills.

We do have some concerns about how the framework takes into consideration the need for understanding around trauma in relation to children and young people. There are some specific domains of knowledge and skills highlighted for children and family workers. However, it is important for those working with adults who have children to also have knowledge around the impact of trauma on children. While the framework provides for all workers to have an understanding of child development, attachment and trauma, we are not clear from the framework whether this is knowledge for the worker in relation to adults, or to ensure that the worker also considers the potential impact of adult trauma on children in that adult's vicinity (the impact of parental trauma on children is only mentioned once for example).

There may be a specific gap in the framework in relation to children in that young survivors do not appear to have been involved in its development (this is not explicitly stated). Our particular concern about this gap is that the importance of relationships to young people does not come through in the framework. While the adult survivors who were involved in the development of the framework highlighted the importance of strong professional boundaries, we know from recent work by Who Cares? For example, that young people within the care system often talk about the need for boundaries to be more permeable or flexible, allowing for personal as well as professional relationships to develop.

We had some difficulties understanding the applicability of the trauma enhanced level. This level is described for people with regular or intense contact with people affected by trauma, providing a range of interventions including support, advocacy and psychological interventions. However, the actual language and content of this level seemed more specifically aimed towards professionals with particular training in terms of counselling, for example, the term "clinical supervision" may be specifically associated with counselling and workers may not describe themselves as able to identify "clinically significant" mental health symptoms. The language of this section may need to be adjusted to ensure that it is not inaccessible to the range of

workers who may be covered by this level (or, the description of this level may require clarification).

### **Ease of the framework to read and understand**

Overall we found the framework clear and easy to understand. We are particularly pleased that the introduction to the framework is a useful outline on the importance of trauma, the impact it has on individuals and life chances and why there is a need for the workforce to be more informed about trauma.

We do have some concerns that a worker's confidence may be damaged if they believe that they should be operating at a particular level and they do not understand the terminology used in that level. There are some terms used where definitions appear later in the text than the first use (e.g. psychological first aid) or have not been explicitly defined (e.g. secondary trauma, retraumatisation); care should also be taken not to use terms that would be well known to a particular area of the workforce but not necessarily others (e.g. Tier 4 therapists). There may be value in having the key concepts glossary in the introduction but also an expanded definitions section at the end (and in electronic form with links to where these concepts are used).

We support the intention for the framework to be incremental, with for example practitioners operating at trauma enhanced level also having the knowledge and skills noted at trauma informed/skilled levels. However, some content from previous levels does appear to be reiterated in subsequent levels. It is not always clear to us why this is the case, e.g. if that content is being repeated to be reinforced or because it is being developed into a deeper/different level of knowledge/skills.

### **Content and gaps in the framework**

Overall the content of the framework is wide ranging. There are however a number of areas where more clarity is required or there have been omissions in important areas.

There appears to be an assumption throughout the framework that a worker will refer on a person in need of support beyond the level of that particular worker – there could also be consideration of where a worker with a strong relationship to a service user would be able to continue to support that individual where they had access to a more specialist colleague as an adviser.

As it stands there is no reference in the introduction to the importance of early intervention and prevention. These are key planks of service delivery in both the statutory and voluntary sector particularly in relation to the delivery of services to children and young people. There needs to be more reference to the importance of intervening early and taking a preventative approach.

The Children and Young People (Scotland) Act 2014 for example requires public bodies to produce Children's Services Plans that ensure that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising. We recognise that this may well be implicit in the framework but believe that the importance of early intervention and prevention should be made more explicit. For example those in the workforce who are trauma aware can in some cases – as a result of the knowledge and skills they have – prevent a child or young person being referred to specialist services if they can be helped at an earlier stage.

Linked to this point on early intervention and prevention is the need for more emphasis on the early years. The early years workforce have a crucial role to play in recognising Adverse Childhood Experiences (ACEs) and trauma. Whilst the framework does not mention specific groups of workers it would be useful to reference the early years in the introduction. Only passing reference is made to those who work with children, and the vital role they have needs to be given a higher profile.

There is no reference in the framework to bereavement. Barnardo's Scotland provide services to children and young people who have been bereaved. A parent with a child under 18 dies every four hours in Scotland. Eleven children are bereaved of a parent every day in addition to those who are bereaved of a sibling, or affected directly by a life-threatening condition of their own. We know from our own work that children can be in a very vulnerable position and highly exposed to psychological distress following the death of a loved one. It would be useful if the framework referenced this both in the introduction and in relation to knowledge and skills.

There are growing levels of poverty and inequality in Scotland. Poverty is recognised as being traumatic and it is likely that more children will be affected. The framework only mentions poverty and inequality in relation to enhanced practice. We believe that poverty, inequality and discrimination should be mentioned at all practice levels in order that

the whole workforce are aware of how they affect children, young people and families and the need to provide e.g. culturally sensitive practice.

Learning disability is mentioned on a few occasions throughout the framework. Learning disability can mean anything from someone who requires support in every aspect of their lives to someone who might need very limited help with basic tasks. The types of risks will vary from person to person and are very different as are the approaches to working with them. It would be helpful if the framework could in some way reflect this diversity. Our services are seeing an increase in the number of children and young people they work with who have a diagnosis or presentation of autism. A lack of social understanding and sensory impairment put these children and young people at enormous risk of trauma. It would be useful if the framework made specific reference to this group.

***For more information or clarification on any of the points in this response contact Dr Ruth Friskney, Research and Policy Officer, [ruth.friskney@barnardos.org.uk](mailto:ruth.friskney@barnardos.org.uk)***