

# TRAUMA INFORMED PRACTICE – OUR APPROACH

## COMMUNITY SERVICES



### 1. Purpose

The purpose of this policy is to enable the following:

- Every part of Northside’s Community Service Division, including administration, management and service delivery is assessed and modified to incorporate trauma-informed principles into practice
- The provision of safe environments is paramount. Re-traumatisation of clients is minimised, carers’ needs are understood and acknowledged, and staff health and wellbeing is fostered
- Staff understand the need to recognise and be informed about trauma and its dynamics, so as to minimise triggers which may interfere with effective executive functioning in both clients and other staff members with a lived experience of trauma
- Staff are informed about pathways to other services which can provide appropriate integrated support and/or referrals for clients presenting with complex trauma, or co-occurring mental health and psychosocial difficulties
- Assistance to guide Northside management to establish clear policies and procedures to minimise risks to work health and safety, e.g. re-traumatisation of staff and/or clients with past trauma histories; vicarious traumatisation (staff); and self-harming and challenging behaviours (clients).

### 2. Scope

This policy relates to all programs, services and activities undertaken by Community Service staff. This policy applies to all persons employed (paid and unpaid) within Northside’s Community Service Division. This policy applies to Northside Management, Executive and Board as defined in the Approved Provider of Age Care Accreditation.

**This policy does not prescribe specific treatments, philosophies or counselling/therapeutic techniques. It is based on trauma-informed recovery-oriented practice and the collaborative recovery model for community managed organisations.**

### 3. Policy

Northside adheres to eight foundational principles that represent the core values and best practice of trauma-informed care and practice outlined below:

1. **Understanding trauma and its impact** - Understanding traumatic stress and how it impacts people, and recognising that many challenging behaviours and responses represent adaptive responses to past traumatic experiences.
2. **Promoting safety** - Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place particularly in relation to responding to suicidality, and provider responses are consistent, predictable, and respectful.
3. **Ensuring cultural competence** - Understanding how cultural context influences perception of and response to traumatic events and the recovery process; respecting diversity, providing opportunities for clients to engage in cultural rituals, and using interventions respectful of and specific to cultural backgrounds.

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4. **Supporting client control, choice and autonomy** - Helping clients regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy; keeping clients well-informed about all aspects of the system outlining clear expectations; providing opportunities for clients to make daily decisions and participate in the creation of personal goals; and maintaining awareness and respect for basic human rights and freedoms.
5. **Sharing power and governance** - Promoting democracy and equalisation of power differentials; and sharing power and decision-making across all levels of an organisation whether related to daily decisions or in the review and creation of policies and procedures.
6. **Integrating care** - Maintaining a holistic view of clients and their recovery process and facilitating communication within and among service providers and systems.
7. **Healing happens in relationships** - Understanding that safe, authentic and positive relationships can aid recovery through restoration of core neural pathways.
8. **Recovery is possible** - Understanding that recovery is possible for everyone regardless of how vulnerable they may appear; instilling hope by providing opportunities for client and former client involvement at all levels of the system; facilitating peer support; focusing on strength and resiliency; and establishing future-oriented goals.

Northside staff will assess and work with all clients with a trauma-informed understanding of mental health and psychosocial difficulties; that mental health and psychosocial difficulties commonly co-exist as a consequence of trauma. They do not constitute criteria for service exclusion or denial.

Staff are provided with trauma –aware or trauma-informed (appropriate to role) education, skills and access to workplace supports to undertake their specific role, which may include: mental health assessment & screening where appropriate; and support/care plan development and coordination.

Northside Community Service Staff and Management develop and maintain partnerships with trauma-specific services, and mental health and related services, to provide integrated support for clients.

Northside creates a safe and healthy work environment for all employees, contractors, clients and visitors. Support is provided for staff members who may have difficulty addressing trauma-related issues. This may include those with their own trauma history. The high prevalence of preexisting trauma in workers needs to be recognised and acknowledged.

Northside Community Service fosters a personal, holistic, creative, open and therapeutic culture that supports service providers in moving from a caretaker to a collaborator role using a trauma-informed recovery-oriented approach. Northside Management ensures all disciplinary processes are consistently managed in accordance with the Staff Performance and Conduct Procedure

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### 4. Procedure

#### Supporting Clients

Northside provides integrated support for clients which is trauma informed i.e. is aware of past trauma, its mental and physical health impacts and possibilities for recovery. The most appropriate options should be available for the client. These include:

- Trauma-informed and trauma specific mental health support are facilitated by a staff member and/or between staff and/or teams at Northside with collaborative support planning and frequent communication processes.
- Where client consent allows, trauma-related support is provided by Northside at the same time as trauma-specific mental health service provision by a specialist trauma/mental health service, private psychiatrist, GP or private psychologist within a 'shared care' model, or within collaborative support planning and frequent communication.

In circumstances where clients are receiving services from two or more support agencies and/or other practitioner, it is recommended that regular case conferences are convened. This involves a meeting between all support providers and support workers, carers, and the client, unless it is not in the client's best interests or the client does not wish to attend.

In a case conference, the roles of each support provider/practitioner and support worker are clarified, and the needs and goals of the client are discussed in order to formulate a coordinated approach to the support plan, reduce the gaps between services and provide better outcomes for clients.

Staff assist clients with referrals and linkages to other specialist and generalist services that the client may require or request during engagement with Northside.

Where appropriate, staff advocate for clients to receive informed mental health support, and, where possible, facilitate access to this support.

#### Risk Management

As far as possible, traumatic events and re-traumatisation are prevented, and the impacts of trauma are minimised following traumatic events.

Professional Coordination and Management staff, with responsibility for client intake and assessment, are identified and appropriately trained and/or qualified to conduct trauma screening (**only when appropriate and taking into account willingness/capacity of client to share lived experience**), and to support access to trauma-specific services, avoid re-traumatisation and engage in ongoing support.

Assessment of and responses to suicide and self-harm risk is undertaken by appropriately trained and qualified staff, using evidence-based assessment and response practices within trauma-informed service systems.

The Service/organisation policy is trauma-informed. This includes practice guidelines, policies, procedures, rules, regulations and standards which all must be trauma-informed.

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All employees including administration receive orientation to the prevalence and impact of trauma, and the impacts of culture and other demographics on experience and perception and ways of coping or healing.

Direct service staff members undertake more extensive training and are provided with ongoing professional development.

### Establishing a Supportive Workplace Culture

Northside’s Community Service team promotes a supportive culture, in which employees are able to seek the assistance of the organisation in a non-threatening environment, through:

- providing non-threatening assistance to employees who recognise that they have trauma related/vicarious trauma issues (e.g. access to an employee assistance program)
- providing opportunities to access practice supervision that is independent of line management
- providing opportunities for ‘communities of practice’, enabling staff to share information and learnings with colleagues (and across disciplines)
- ensuring that clear and consistent processes are in place for addressing risks to health and safety in the workplace
- respecting the privacy of employees by ensuring that appropriate systems are in place to maintain confidentiality.

## 5. Definitions

**Northside:** Northside Community Service, including all Services operated by both Community Services and Children’s Services.

**Client** – individual engaged in or accessing Northside’s community service programs.

**Northside staff** - paid and unpaid employees delivering services, programs and activities

**Complex trauma** – occurs as a result of traumatic stressors that are interpersonal – premeditated, planned and perpetrated by one human being on another. It is particularly damaging if it occurs in childhood. These actions can be both violating and exploitative of another person. It is mostly cumulative, repetitive and interpersonally generated, and includes ongoing abuse which occurs in the context of the family and intimate relationships.

Complex trauma usually involves a fundamental betrayal of trust in primary care relationships, because it is often perpetrated by someone in close contact with the victim. Unlike a one-off event, the cumulative impact of premeditated and multiple episodes of abuse involves compounded impacts and persistent effects. Complex trauma places the person at risk of mental illness and complex post-traumatic stress disorder and may impact physical health and psychobiological development (Courtois & Ford, 2009, ASCA, 2012). However, not just limited to abuse- it can also commonly be neglect or other events (exposure to war etc.)this may be particularly relevant to the families we support in the Women’s Housing First programs

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**Complex post-traumatic stress disorder** – may lead to stress reactions associated with histories of multiple traumatic stressor exposures and experiences, along with severe disturbances in primary caregiving relationships (Courtois & Ford, 2009).

**Cultural safety** - has been described as providing “an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening”. It reminds us that people who do not belong to the dominant culture may have been subject to oppression, abuse or discrimination (TAFE, 2014).

**Safety** – The foundational principle in the treatment of complex trauma may require active facilitation not previously experienced by clients with complex trauma histories. A sense of safety is prerequisite to the ability to regulate effect, which is itself critical to the capacity to process and integrate trauma. Safety is also a key concept of trauma informed care and practice.

**Trauma-informed** – The re-conceptualization of traditional approaches to health and human service delivery whereby all aspects of services are organised acknowledging the prevalence of trauma throughout society. ‘Trauma-informed’ services are aware of and sensitive to the dynamics of trauma as distinct from directly treating trauma per se. The appropriate term in the latter case is ‘trauma specific’ (note the overlap between the two).

Trauma-informed services are alert to the possibility of the existence of trauma in the lives of all clients, irrespective of whether it is known to exist in individual cases.

This is not the same as:

**Trauma-specific** – Treatment approaches and trauma-informed services which directly address trauma in its various forms.

**Vicarious trauma (VT)** – Vicarious trauma is described as a transformation in a worker as a result of working with a person who has been traumatised. Vicarious trauma is a cumulative effect of working with trauma, which can affect many aspects of a person's life. It may consist of short-term reactions, or longer-term effects that continue long after the work has finished. Some effects of vicarious traumatisation parallel those experienced by the survivor, and can lead to a person experiencing the symptoms of post-traumatic stress disorder (PTSD). It does not in any way suggest weakness or fault on the part of the helper, but is often inherent in the work undertaken by the helper (Ross & Halpern, 2009).

### 6. Responsibilities – Key roles & responsibilities

**Approved Provider Key Personnel** ensure regular monitoring and review of systems and processes through internal auditing and regular reporting.

**Management** ensures processes and practices are in accord with client dignity and choice and provide the resources to support staff and clients including staff development and supervision.

**Staff** follow policies and procedures, participate in development opportunities, treat clients with dignity and respect at all times, work to maintain an environment that is culturally safe, support clients to make informed choices about their care and ensure the privacy and confidentiality of clients.

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