



Trauma Informed Practice Policy

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Approval

Policy owner	Executive Manager, Specialist Community Services		
Business Unit	Specialist Community Services		
Approved by	Executive Manager, Specialist Community Services		
Date approved	04/11/2024	Review date	04/11/2026

1 Purpose

- 1.1 Specialist Community Services (SCS) recognises that the vast majority of the individuals accessing their services (service users), have had at some time, an experience of trauma and, that without professional services such as SCS having a true understanding and consideration of this, it is likely to impact their ability to truly and effectively engage in the service and achieve their stated goals.
- 1.2 The purpose of this policy is to: mitigate the impact that trauma has had on SCS service users; ensure that the service and support being provided to them is trauma informed thereby avoiding re-traumatisation; to ensure the development of a trauma informed system that ensures all staff understand and consider the impact of trauma, so that environments that create feelings of safety, respect, relatedness and significance for service users can be established and maintained.

2 Scope

- 2.1 This is a divisional policy, that applies to all staff and volunteers working in the following SCS sites:
 - Mental Health Service
 - Homelessness Services
 - Housing Plus

3 Policy principles

Trauma and Trauma Informed Practice

- 3.1 Trauma is defined as an event, series of events, circumstance or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and, that has lasting adverse effects on the individual's functioning and physical, social, emotional or spiritual wellbeing. (SAMHSA Administration)
- 3.2 Trauma Informed Practice is an approach to delivery of health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for people who have experienced trauma. (Commonwealth of Australia: The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Commonwealth of Australia)

Principles of Trauma Informed Practice

- 3.3 Alongside and complimentary to the Vinnies Values, SCS adopts the following principles developed by the Institute on Trauma and Trauma Informed Care 2021 (Informed by Falloot and Harris 2009):
 - Safety – Ensuring physical and emotional safety for all services users;
 - Trustworthiness – maximising trust, ensuring clear expectations, transparency and consistent boundaries;
 - Choice – Making service user choice and control a priority. This includes the right to self-determination and autonomy;
 - Collaboration – Sharing power and working together with service users. This

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- means working *with*, not doing *to* or *for*;
- Empowerment – Involves the recognition of strengths and capacity to build a realistic sense of hope and possibility.

Service Models and Practice Frameworks

3.4 A service model refers to the way a whole service is designed to meet the desired outcome. SCS utilises the following service models and has adopted these for their alignment with trauma informed approaches to working with the unique cohort for each service:

- Low Threshold and Change Model
- Low Barrier Model
- Supportive Landlord Model

3.5 A practice framework brings together, an organisation's approach to practice, identifying what underpins the work and how it does this. SCS utilises the following practice frameworks as they are seen to align with the principles of trauma informed practice:

- Trauma Informed Practice - Trauma Informed Practice is a strengths-based framework which is founded on five core principles – safety, trustworthiness, choice, collaboration and empowerment as well as respect for diversity. Trauma informed services do no harm i.e. they do not re-traumatise or blame victims for their efforts to manage their traumatic reactions, and they embrace a message of hope and optimism that recovery is possible. (Mental Health Australia).
- Person Centred Practice – this approach treats each person respectfully as an individual human being and, not just as a condition or diagnosis to be treated. It also focuses on the elements of support that matter most to the service user, and where relevant their family and carers.
- Recovery Oriented Practice – is an approach which encompasses principles and personalised care, emphasising hope, inclusion, achievement of personal goals and self-control.
- Strengths Based Practice – is an approach that focuses on the service users' strengths, including personal strengths and not solely on what is not working for them.
- Relational Theory – Trauma informed interventions are relational interventions. They convey the importance of connection and relationship for safety and healing. Positive relational experiences are critical in assisting trauma recovery (Kezelman & Stavropoulous 2018)

Policy Commitments

3.6 All staff will receive professional development relevant to the scope of their role to assist them in understanding trauma and, in how to work with and respond to service users from a trauma informed perspective. The two foundational training approaches utilised are:

- The PersonBrain™ Model – is a trauma informed, strengths-based training that provides an approach, grounded in research that incorporates practical brain-based concepts, trauma informed theories, relational practices, ecological psychology and culturally responsive interventions.
- Therapeutic Crisis Intervention (TCI) – is a training designed to help staff to prevent crisis through an understanding of how the environment and their own interactions with service users can help them build capacity in emotional

regulation and the ability to act and respond to the circumstances in their social environment.

- 3.7 All staff are required to complete the PersonBrain™ training and all staff in direct support roles are required to complete Therapeutic Crisis Intervention. For staff who are not in direct support roles, they will be provided with De-escalation Training that aligns with TCI.
- 3.8 Staff will attend training refreshers on a regular basis to ensure that they maintain a good working knowledge of: crisis intervention techniques; an understanding of what trauma is and the principles of trauma informed care; the impact of trauma on the brain, emotions and behaviour; re-traumatisation and how to avoid this occurring when working with service users who have experienced trauma.
- 3.9 Staff will work with service users to develop a collaborative and partnering approach in their work, recognising service users as active participants and experts in their own lives and, working to ensure that there is meaningful and genuine choice in all decisions related to the support they receive.
- 3.10 All relevant SCS and service specific policies and procedures will ensure a trauma informed perspective and provide guidance aimed at mitigating the impact of trauma and preventing the occurrence of re-traumatisation.
- 3.11 SCS will ensure that all recruitment practices seek to hire the most suitable individuals for working with service users who have experienced trauma. Interview schedules will specifically include trauma related questions and, screen for a 'best fit' with the service model and practice frameworks.
- 3.12 SCS will conduct a self-assessment every three years to evaluate and monitor the implementation of trauma informed practices through all levels and processes within the division.
- 3.13 To ensure that direct support staff are supported in their work, they will have access to regular line management, supervision and post crisis support as well as being able to access an Employee Assistance Programme if required. Line Managers will also regularly discuss self care with staff and support the concept of self responsibility in this area.
- 3.14 SCS acknowledges the importance of cross sector collaboration when working from a trauma informed approach to ensure a shared understanding of how to best support the service user when engaging with different services. This provides an opportunity to ensure consistency of service where possible, to establish and maintain trust with service users.
- 3.15 SCS supports the role of advocacy on behalf of service users who are being unjustly disadvantaged due to a lack of recognition around the impact of trauma. This means educating others so that they can begin to understand the nature of trauma and are able to consider how this has impacted the service user's current situation and/or behaviour.
- 3.16 SCS is aware that service users who have experienced trauma may have reduced capacity to regulate their behaviour and emotions when they are feeling overwhelmed or have been triggered. It is also recognised that all behaviour is an expression of need or an attempt to meet a need. Rather than taking a punitive approach or trying to *manage* a behaviour, staff will seek to find out what meaning is behind the behaviour so that they can best respond and provide support.
- 3.17 SCS views crisis as an opportunity. Rather than trying to manage a crisis situation and shut it down, staff have been trained to respond therapeutically using TCI, to

safely provide the time and space for the service user to de-escalate with support, and learn the skills to regulate their own emotions without the fear of a punitive response.

- 3.18 SCS's organisational system responds to crisis situations with a 'high support, high accountability' approach. This means that staff are provided with the necessary support and guidance to prevent, de-escalate and safely respond to crisis situations, and the SCS Management Team regularly engage in self assessment, reflective practice and continuous improvement when reviewing crisis situations, with a view to creating a culture of collaboration and self-reflection.

4 Roles and responsibilities

- 4.1 The Executive Manager, Specialist Community Services is responsible for maintaining the currency of this policy.
- 4.2 Society representatives are required to adhere to this policy. Failure to comply may be considered a breach of our policies and may result in disciplinary action.

SCS Management are responsible for:

- 4.3 Ensuring recruitment processes includes trauma informed hiring practices that ensure that there is an alignment with the service model and principles and practices of trauma informed practice;
- 4.4 Ensuring that staff have access to the professional development referred to earlier in this policy;
- 4.5 Providing trauma informed support and guidance to staff, as well as monitoring and addressing the implementation of trauma informed principles and practices by staff;
- 4.6 Providing staff with trauma informed post crisis support and guidance in line with the trainings referenced earlier in this policy;
- 4.7 Utilising clinical governance meetings to review practice, ensuring that decisions and actions are in alignment with both service models and trauma informed practice approaches.

SCS Staff are responsible for:

- 4.8 Attending, fully participating in and implementing the core training referred to in this policy;
- 4.9 Reflecting the values, principles and frameworks referenced in this policy;
- 4.10 Ensuring they are sensitive to the services user's unique perspective, feelings, needs, expectations and circumstances.
- 4.11 Seeking support from their line manager if they have any questions or, concerns;
- 4.12 Engaging in self reflection via line management, supervision or team meetings so they can review and reflect on their 'use of self' as a tool with service users;
- 4.13 Ensuring that they have thoroughly read and understood this policy.

5 Review

- 5.1 This policy will be reviewed at least every two years, after consultation. Some circumstances may trigger an early review; this includes but is not limited to

legislative changes, organisational changes, incident outcomes and other matters deemed appropriate by the SCS Management Team or the Executive Manager.

6 Further assistance

- 6.1 Society personnel should speak with their Manager regarding any questions about the implementation of this policy.

7 References

- 7.1 The PersonBrain™ Model – Dr Paul Baker
7.2 Therapeutic Crisis Intervention – Cornell University

8 Related documents and legislation

- 8.1 SCS-PP- 4148 Diversity and Inclusion – Clients, Consumers and Tenants Policy
8.2 SCS-PP-4024 Consumer/Client/Tenant Participation Policy
8.3 National Safety and Quality Mental Health Standards for Community Managed Organisations (2022). *Australian Commission on Safety and Quality in Health Care.*
8.4 Specialist Homelessness Services 2016. *Department for Child Protection and Family Support, Government of Western Australia.*
8.5 Youth Work Code of Ethics. *The Association for Youth Work Western Australia.*

9 Approval and amendment history

Version	Approval authority	Date	Amendment summary
1.0	EM, SCS	04/11/2024	Initial Version

10 Definitions

Term	Definition
Post crisis support	For the purpose of this procedure and in relation to staff, this is the support and debriefing given to staff following a crisis.
Practice framework	Brings together, an organisation's approach to practice, identifying what underpins the work and how it does this.
Professional development	For the purpose of this policy, professional development refers to any kind of process of learning new skills and gaining knowledge. This may include such things as: training, mentoring, reflective practice discussions, coaching etc.

Term	Definition
Re-traumatisation	Re-traumatization is reliving stress reactions experienced as a result of a traumatic event when faced with a new or similar incident. (SAMHSA)
Service model	A service model refers to the way a whole service is designed to meet the desired outcome.
Service users	Is an umbrella terms used to refer to: <ul style="list-style-type: none"> • Consumers – individuals who access Mental Health Services • Clients – individuals who access Passages Youth Engagement Hubs and Tom Fisher House • Residents – individuals residing at Wandjoo Bidi under a License to Occupy Agreement • Tenant – tenants residing in Housing Plus properties
Trauma	Is defined as an event, series of events, circumstance or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and, that has lasting adverse effects on the individual's functioning and physical, social, emotional or spiritual wellbeing. (SAMHSA Administration)
Trauma informed practice	Is an approach to delivery of health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for people who have experienced trauma. (Commonwealth of Australia: The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Commonwealth of Australia)