

**Leicestershire County Council’s Journey to become Trauma Informed and Trauma Responsive**

Leicestershire County Council has made a commitment to become a trauma informed and trauma responsive organisation. This will be developed through the Children’s Innovation Partnership with Barnardo’s, as Barnardo’s has already committed to work towards this goal as an organisation. Work is planned over a number of phases to work towards achieving this goal and at present, we are on the first stage of that journey.

Key areas of focus as part of this journey:

* **Signs of Safety** – our practice framework and Trauma informed practice are integral to each other, with the latter underpinning the practical application of the Signs of Safety approach
* **Supervision** – to support our managers to be able to provide trauma informed and responsive supervision to their staff
* **Training needs** for practitioners and managers
* **Strong links to** the Wellbeing Service
* **How our service operates** for children and families
* **Critical incident response –** to support staff in response to critical incidents

**Critical Incident Response**

A key element of the overarching ambition to become a trauma informed and responsive organisation is the critical incident response offer. This is a new service to provide support to our Children and Family Services and Children and Family Wellbeing Services workforce. This service is now live and can be utilised and is one part of the wider Trauma Informed and Trauma Responsive plan.

This service is to respond to critical incidents that may have been experienced by a member of the workforce. It is recognised that working within Children’s and Family Services and Children and Family Wellbeing Service means working within challenging situations on a regular basis. It is also recognised that the workforce work with, and support, children and families who have experienced traumatic events in their lives and during our involvement. Due to this, we know that the experience of working in this sector requires quality supervision for all workers which considers those aspects of work and provides support to staff, alongside signposting to other services as and when required.

This specific critical incident response service is to provide specialist therapeutic input for the most severe and critical incidents and situations. This is the top tier of specialist intervention for practitioners and will only be available for those situations which are not part of usual practice and are instead unusual, significant and extreme. This service sits alongside our current supervision provision and policy, and alongside our well-being service and offer which are the two primary methods by which the majority of support is provided to the workforce. This is a responsive, reactive and time-limited intervention to support members of the workforce who have experienced the most significant and critical incidents. Support is provided by a pool of therapists and consultants who are trained and have experience in supporting practitioner’s thorough acute trauma.

A referral to the service will be triggered following a critical incident for practitioners connected to a child/young person via the team or case work. Below are examples of critical incidents:

* Where a child or young person dies or is severely injured in unexpected and distressing circumstances
* A practitioner being subject to a significant level of harm in their working role – this could be an assault or significant threats to life
* When a young person attempts take their own life and there is a significant traumatic impact upon the practitioner involved
* Working with a large network abuse/exploitative situation

For all of the above examples, there will not be an automatic referral to this service. Instead, there needs to be a full discussion between the practitioner and their manager as to whether this service is appropriate for the incident in question, or whether the incident can be considered/supported via usual supervision, and/or the wellbeing service. It is recognised that each member of staff is an individual and the impact of an event upon an individual will be different and varied. Due to this, each incident and situation needs to be considered on an individual basis.

It is proposed that this service is accessed in a short time-frame after the occurrence of an incident, with a timeframe of 3 months maximum after an incident. This service is not for incidents which have taken place in the past and is to take effect from now onwards.

**The process and structure**

* Please see Appendix 2 – flowchart
* Following the incident, there will be a discussion between the line manager and practitioner as to whether a referral is required.
* The line manager will make a referral for this service. The referral is to be sent to Service Manager for Practice Excellence and the Principle Social Worker. The referral form is short and is in place with the aim of capturing key information that the therapist needs to know prior to contacting the member of staff (see appendix 1).
* The referral will be sent to Reed and a therapist identified.
* The therapist will arrange a meeting with the staff member. Ideally within 48 hours but certainly within the week.
* The therapist will make contact with the affected staff member’s manager within a week of the referral being made to shape /support their response to the affected individual and understand who else may be affected including themselves.
* The therapist will provide up to 3 sessions and review the support offered to ascertain if further support is needed. Sessions will be planned on an hourly basis. Support can be extended for a further 3 sessions, with a maximum of 6 sessions in total. The work will identify if longer term support via mainstream council or health services is required at the end of the intervention.
* The therapist will be notified of future key dates where follow up may be required. For example, in the case of a death/ or significant injury follow up must be made available to staff at later key events in the process. These may be both internal and external and include for example the funeral; inquest; media responses; police responses; completion of Individual Management Review Report (IMR); publication of Serious Case Reviews (SCR) etc. This future input would be arranged as part of the maximum of 6 sessions, only in exceptional circumstances would a further session be arranged over and above those 6 sessions.
* Where deemed appropriate the therapist may offer group sessions were the event impacts on a group of staff. In those circumstances, a referral would be made by the line manager, service manager or Head of Service. Prior to this referral, discussions would need to take place with the group of staff identified to determine the need and whether those staff wish to take up this offer. Input to a group would likely consist of the therapist facilitating a group session.
* Due to the current Covid restrictions, sessions will be provided virtually at this time. If face to face sessions can be arranged, it is likely that this would be co-ordinated with a group session as well as an induvial session. In the future, it is hoped that this service can move to be provided face to face, but only in line with Covid restrictions and developments.

**Monitoring and evaluation**

To monitor and review the impact of the project information will be collated on:

* number of referrals (how many staff are referred for this service)
* number of staff supported per therapist
* number of group support sessions held
* length of support provided (number of sessions)
* how many meetings take place within 48 hours of referral
* how many active cases at given points in time (quarterly)
* number of serious incidents supported per therapist
* exit pathways to support staff

Feedback from practitioners on the support offered will be captured by evaluation questionnaires and holding focus groups to evaluate impact of service at key parts of the process.

**End of the Process**

This service will interface with, but not replace or substitute existing supervision and support mechanisms that already exist for staff.

After input via this service has been provided, if it is considered that further longer-term input via LCC well-being service or GP or NHS mental health services are required, this will be recommended and the staff member appropriately signposted. If the therapist has concerns that they feel are out of the scope of this critical incident, then they would advise the staff member to seek support thorough their GP.

After the conclusion of the input, a brief summary will be fed back to the line manager of the staff member; this will only be general comments with no specific personal information or content shared. If the therapist is recommending the staff member links with the well-being service or their own GP, this will only be shared in general terms, with no specific comment. A copy of the summary to be shared with the line manager would be shared with the staff member.

**Appendix 1 - Referral**

|  |  |
| --- | --- |
| Name of staff member |  |
| Contact details (telephone and e-mail) |  |
| Name of Line Manager |  |
| Contact details (telephone and e-mail) |  |
| Brief details of the critical event and staff members involvement | |
|  | |
| Is in-put to be considered for other members of the team / team as a whole? | |
|  | |

**Appendix 2**

Discussion to take place between the manager and staff member to determine if this is an appropriate service

Line manager to make a referral and send this to the Principle Social Worker and Service Manager for Practice Excellence

Referral will be sent to Reed and a therapist identified

Critical incident occurs

Summary to be sent to line manager and notification that support has ended

Consultant to recommend LCC well-being service or GP support if needed

The consultant will be notified of future key dates where follow up may be required – to be included in the max 6 sessions

The therapist will make contact with the affected staff member’s manager within a working week to shape /support their response to staff and understand who else may be affected including themselves. Group sessions will be considered.

Group support to be offered if identified

The consultant will provide up to 3 sessions and review the support offered to ascertain if further support needed. Sessions will be planned on an hourly basis. There will be no more the 6 sessions.

The therapist will arrange meeting with the staff member within 48 hours, or maximum of 1 working week