

Trauma Informed, reflections on our way of working

Created by FLIC
(Fulfilling Lives in Islington & Camden's team)



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Introduction

FLIC is a learning programme designed to create positive changes to the lives of people experiencing multiple disadvantage, through collaboration with local partners, insights from Co-production, and learnings from systems change experiments. As the programme prepares to end in May 2022, we have spent time as a team reflecting on our observations of the system that too often negatively impacts our clients. This piece of work is the culmination of the team's words, thoughts and experiences, an evaluation of our approach and views on what is needed for a fairer system.

What is trauma?

Trauma can be a single experience or many repeated experiences where a person's self-preservation was, or perceived to be threatened and they felt helpless, frightened and alone. Trauma is a painful, disturbing and overwhelming experience.



Complex trauma is ongoing or repeated interpersonal trauma, where the victim is traumatised in captivity, and where there is no perceived way to escape. Ongoing child abuse is captivity abuse because the child cannot escape...

- Lilly Hope Lucario (2017) [12 Life-Impacting Symptoms Complex PTSD Survivors Endure](#) (Accessed: 5th April 2021).

How might trauma impact a person?

We recognise that trauma is uniquely experienced. The effects of trauma vary between people and are dependent on disposition, early and adult life experiences, poverty and socio-economic opportunities and the community of support that was available at the time of the event(s).

We recognise medical diagnoses such as PTSD and C-PTSD and actively consider the impact of trauma, but we also avoid making generalisations and adapt our approach to each individual. Very often, our clients appear to be dealing with the aftermath of their early and ongoing traumatic experiences, yet very few have received formal diagnoses relating to either C-PTSD or PTSD and we may only learn about the multitude of their past traumatic experiences as the relationship between us develops.

Experiencing a traumatic event has the potential to alter a person's worldview and shapes how future events are anticipated and perceived. For example, many of the people we have worked with have experienced interpersonal trauma in their early and adult

life which has eroded their sense of trust and the belief that their needs will be met. We have found that clients may gravitate to us when they feel affected by their trauma, this rarely takes the form of a "conversation". It is more likely to present as anger, frustration, turning up at the service heavily under the influence and externalising their pain, often directing it at us. We view behaviour and all engagement as meaningful and try to understand the ways people cope with their distress.

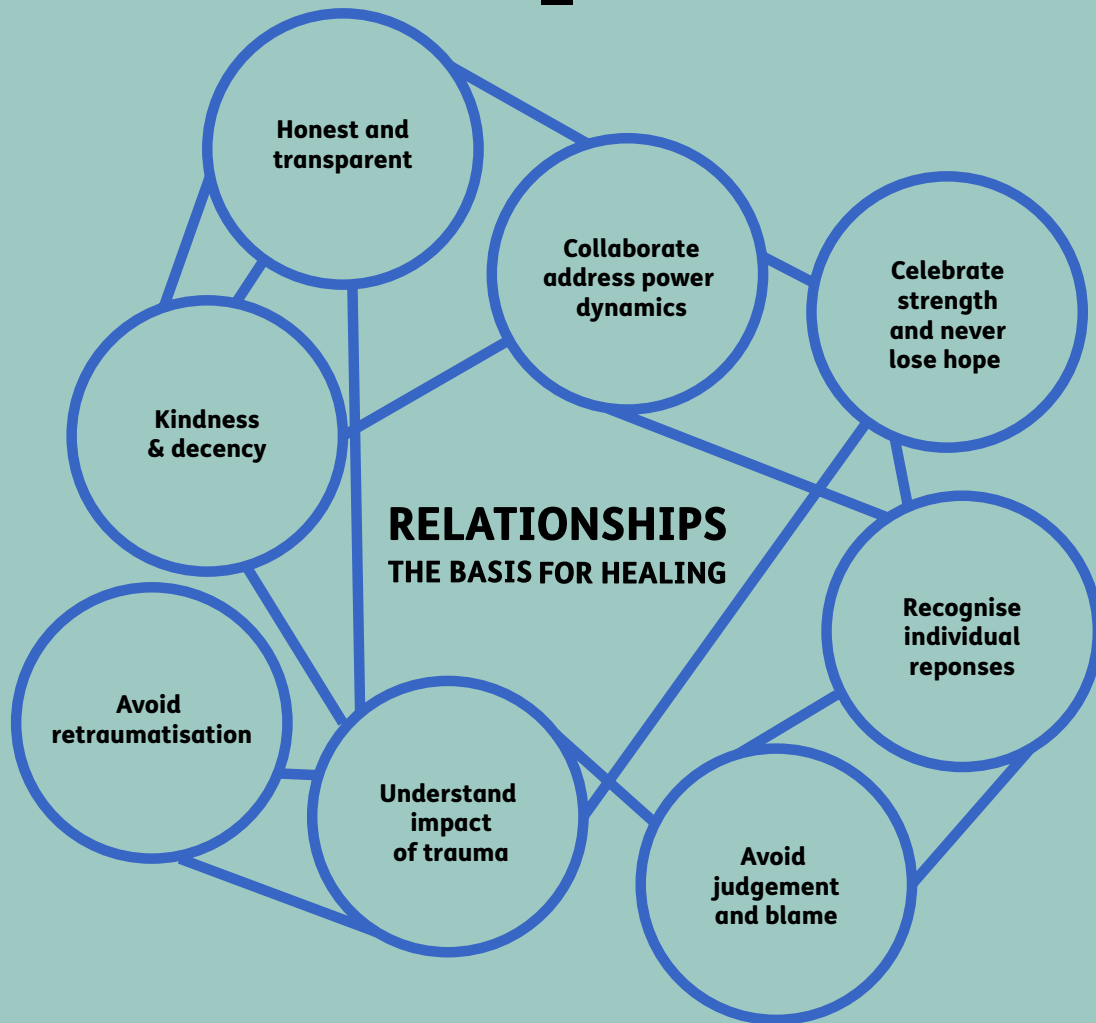
There are a range of illnesses and behaviours that can be linked to trauma. Trauma responses can impact mental and physical health and can have short-term and long-term consequences that interfere with daily life. When these connections are not considered and understood, behavioural responses can seem confusing for the person trying to access help, and for services too. Recognising the connection between the traumatic event(s) in the past and current behaviours and ways of relating to people in the here and now can support relationship building and improve engagement.



People can think they're past saving, they're convinced no one can help them, they're trying to avoid being helped... That person is feeling like they're impossible to help... Developing human connection can bring back their humanity.

- FLIC Client

What being trauma informed means to us



We believe that relationships should be at the centre of a trauma informed approach because that's where healing takes place. If a person has not been supported to understand their experiences, they may feel overwhelmed by their emotions and misunderstood, and they are vulnerable to others' interpreting their behaviour as meaningless or simply 'bad' behaviour. We take time to get to know people so that we can try to understand and anticipate their ways of coping. We know that developing trusting relationships for our clients can take time and our own continuous processes of reflection. We see being trauma informed as a continual process, it requires examination of ourselves, our potential biases and our ways of working, alongside listening to

feedback from those around us. We also acknowledge the inherent challenge of this task, for us but particularly where service design does not provide a frame for the work. Through our processes, we aim to avoid re-traumatisation and promote reflection, so that each person can learn about themselves and thrive despite the difficult things they have faced. Some people resort to substance use and addiction to cope with difficult emotional states relating to their trauma, this has a negative impact on their families and wider society. Substance misuse can be an attempt to self-medicate and manage complex emotional pain and experiences relating to untreated PTSD / CPTSD.

We aim to be authentic, honest and transparent in our work, collaborative and re-addressing imbalance in power dynamics. We try to be ourselves in our work and encourage this from people we work with - accountability without judgement.

We acknowledge the strength and resilience in people who have faced enormous challenges in their life and have found ways through.

We understand that every person interacting with our service, customers, internal teams and external partners, have had their own history, experiences and pain. We seek to view the behaviour and interactions with others with understanding and empathic enquiry to support relationship building for the ultimate benefit of the people using services, we see this as being part of a supportive community.

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Genuine and good support can make you laugh again, it can bring you back actual happiness, a few years ago I never laughed, and now all I do is laugh, if you told me that a couple of years ago, when I was just angry or depressed and sad I never used to laugh, I forgot even what laughter felt like, it can just change everything.

- FLIC Client



Systemic Trauma



**Goldsmith, Martin & Smith (2014) describe systemic trauma as...
“the contextual features of environments and institutions that give rise to trauma, maintain it, and impact posttraumatic responses”**

As a learning programme, FLIC and our partners have been driving systemic change for services to be more flexible and responsive to people experiencing multiple disadvantage. We recognise that we all exist in complex, social and political structures as see trauma as a systemic phenomenon, as well as an individual one.

Systems can either provide healing or keep people in a position of disempowerment and disadvantage and therefore the potential to (re)traumatise or to heal.

For example, we know that structural inequalities means that trauma disproportionately impacts people living in poverty, racial and ethnic minorities, and younger age groups including those who identify as LGBTQI+.

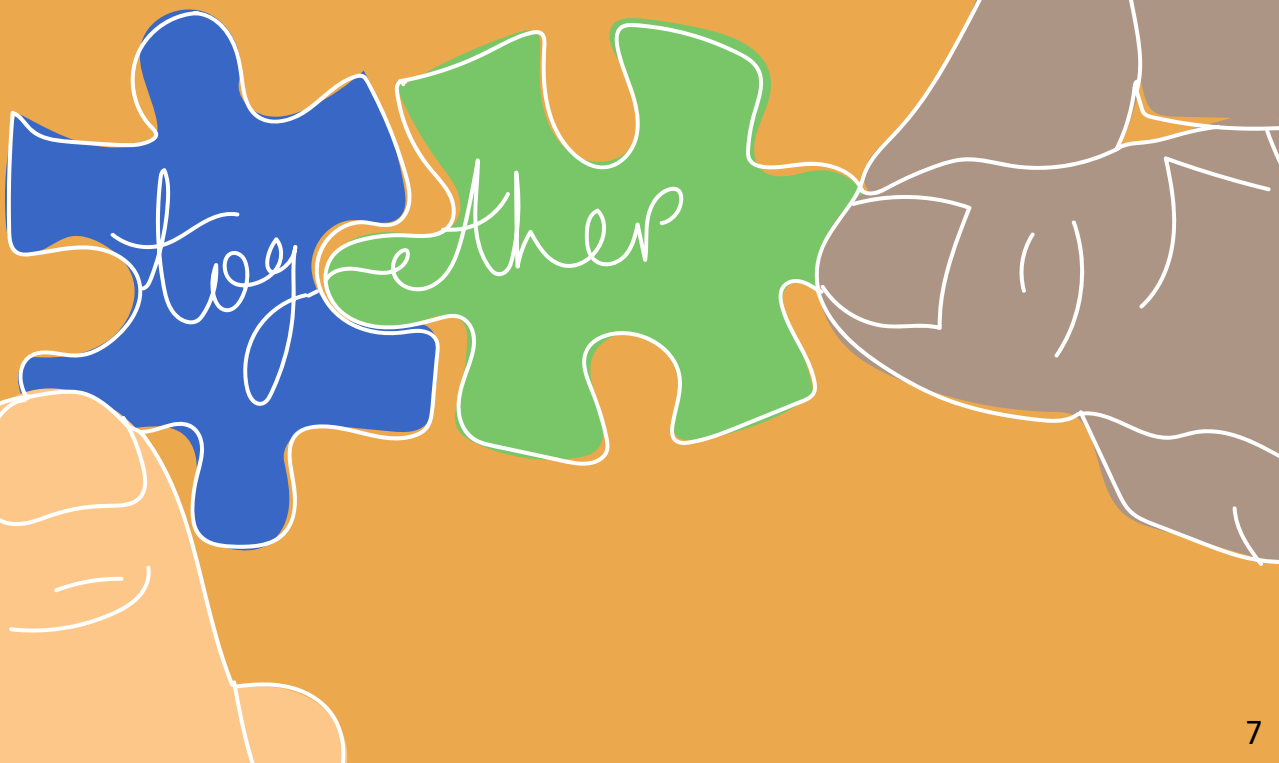


FLIC's Learning About System Behaviours

What is needed for a fairer system for people experiencing multiple disadvantage?

FLIC have supported clients in Camden and Islington since 2014 and over that time has identified behaviours that help systems function better for people experiencing multiple disadvantage.

- Collaboration with open, trusting relationships, and a recognition that this requires effort and time.
- Sharing power and actively empowering all people to take their place to positively impact the system.
- Leadership is collaborative, reflective and promoted at every level.
- Feedback, reflection and collective learning drive new approaches.
- Reflection on internal processes and courage to take risks.
- Agree a common goal and share responsibilities (and the worry associated with this work).



What gets in the way?

We have observed some common challenges that get in the way of working more effectively together.

- Systems are made up of people and we bring our human complexity to our work!
- We want straightforward answers, not uncertainty.
- Systems fragment and are pulled to maintain the status quo.
- When systems are competitive, we don't feel safe to take risks, share learning and risk failing.
- Organisations, like people, can become traumatised, when that happens, we may become combative with one another, less reflective and collaborative.

What can we do about it?

- Have multiple and diverse perspectives working on the issue.
- Consider our ability to collaborate as a resource.
- Acknowledge the complexity and then chose an area of focus.
- Develop a culture where we can think together, make mistakes and learn.
- Try to bear with the discomfort of not having all the answers at the start.

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Trust is important, if you don't have trust, what do you have?

- FLIC Client

Working with Sean

Sean* is 27 years old. He has recently been released from prison, having served a 2 year sentence for racially aggravated GBH. Prior to going to prison he was using crack and heroin and had been homeless on and off his whole adult life. He has a diagnosis of Borderline Personality Disorder. He is on a methadone script. He is clean of class A drugs but is using cannabis daily. You notice that Sean can be extremely impatient. He frequently asks for money for clothes, electric and food. Being told "no" or "not now" often leads to him becoming very upset and angry and this is a precursor for almost any incident of self harm or threats towards others. He makes a lot of complaints about his support workers and verbally attacks with insults and threats. He often has visible cuts from self-harming across his face and arms. He says he is unable to tolerate the very strong emotions he feels.

* Sean is a pseudonym

Trauma Informed working is a set of values that can be uniquely applied within specific contexts. Here are some ideas that may be a helpful guide and one possible set of interpretations of the approach.

<p>Value Hope and strength based</p>	<p>Non Trauma Informed Response He's probably going to end up back in prison soon, just a matter of time...</p> <p>Sean has wasted so many chances.</p>	<p>Trauma Informed Response Sean is still a young man and the team feel hopeful that there's time for him to have a better life. He has already overcome a lot.</p> <p>He's done well to get clean, he should feel proud.</p> <p>What is he good at, what does he enjoy?</p> <p>What motivated him to change his pattern of drug use?</p>
<p>Value Understands the impact of trauma</p>	<p>Non Trauma Informed Response Sean has made a series of poor choices in his life and only has himself to blame for his situation.</p>	<p>Trauma Informed Response We work with Sean's wider network's to support their understanding of his engagement style.</p> <p>Incidents of aggression are thought about in reflective practice and also with Sean.</p>
<p>Value Not blaming</p>	<p>Non Trauma Informed Response We have a zero tolerance policy for aggression towards staff.</p>	<p>Trauma Informed Response Has Sean experienced trauma early or as an adult?</p> <p>How can we work with Sean's fluctuating moods to engage him at the right time?</p>

<p>Value Honest and Transparent</p>	<p>Non Trauma Informed Response Risk assessments are done as a team / worker, without discussing with Sean.</p> <p>Decisions are only made on Sean's behalf and not together with him.</p>	<p>Trauma Informed Response We use Restorative approaches for managing aggression. Incidents are discussed in appropriate settings.</p> <p>Endings are planned and the significance thought about with Sean in the context of other important endings in his life.</p>
<p>Value Relationships</p>	<p>Non Trauma Informed Response How do we manage the risk Sean poses to us?</p> <p>If he misses one more appointment we will use the non-engagement policy, it's his choice.</p>	<p>Trauma Informed Response Who does Sean trust? Does he have relationships where he feels cared about?</p> <p>All contact is engagement.</p> <p>How do we understand Sean's risk to others and self-harm in relation to what's going on for him ?</p> <p>It may take time for Sean to trust us as a team. How can we support that to happen? have relationships where he feels cared about?</p>
<p>Value Organisational responses</p>	<p>Non Trauma Informed Response I already have too many clients, I can't spend time chatting through emotional issues.</p> <p>I have too many practical tasks to be getting on with to deal with emotions.</p> <p>I need to prioritise my clients who actually engage.</p>	<p>Trauma Informed Response Has relevant policy, procedures, clear lines of communication and decision making.</p> <p>Reflective practice helps people consider the impact of the work on them.</p> <p>Support people to develop trusted professional relationships where they can share concerns, feelings and difficult experiences.</p> <p>Values people and understands vicarious trauma.</p> <p>Reflective practice supports exploration of prejudice and biases.</p> <p>Provides time to think about the work and lower caseloads to enable that to happen.</p>

References

Rachel E. Goldsmith PhD, Christina Gamache Martin MS & Carly Parnitzke Smith MA MS (2014) [Systemic Trauma, Journal of Trauma & Dissociation](#), 15:2, 117-132, DOI: 10.1080/15299732.2014.871666

With thanks to...

Fulfilling Lives in Islington and Camden (FLIC) works intensively with people with multiple disadvantage, building trust, advocating on their behalf and supporting them to build a better future. All of the work we do at FLIC is with and for the clients we are grateful and proud to have been part of so many people's lives -

We have gratefully used [Lankelly Chase System Behaviours](#) as a helpful frame for our own observations about our local system.

Other valuable resources we have drawn from include [The Centre for Mental Health](#) and the [MEAM Approach to Systems Thinking](#) training (2020).



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