



Fulfilling Lives

South East Partnership

Trauma-Informed Practice in Co-Production

Fulfilling Lives South East Service User
Engagement Team



ABOUT FULFILLING LIVES

Fulfilling Lives South East is led by BHT Sussex and supported by a number of voluntary and statutory sector partners, providing intensive and tailored support to people with multiple and complex needs, helping the most vulnerable and hard to reach.

We also co-produce with people with lived experience of multiple disadvantage, to achieve positive changes in services and make them better connected and easier to access. The Fulfilling Lives South East Project started in 2014 and is funded until July 2022 by the National Lottery Community Fund, and operates in Brighton and Hove, Eastbourne and Hastings.

www.bht.org.uk/fulfilling-lives

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Thanks to the Service User engagement team and Fulfilling Lives volunteers, which gave invaluable feedback during the development of the guide. This group is comprised of staff and volunteers from Fulfilling Lives, several of whom have lived experience of multiple and complex needs and trauma.

KEY

TIP = Trauma informed practice
MCN = Multiple and complex needs
PTSD = Post Traumatic Stress Disorder
FLSE = Fulfilling Lives South East

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INTRODUCTION

WHAT IS TRAUMA INFORMED PRACTICE?

Trauma-Informed Practice is a way of working that accounts for the impact that trauma may have had in people's lives. It is beneficial to everyone but is especially beneficial when working with clients who experience multiple and complex needs.

A key goal of TIP is to raise awareness among staff and services about the wide impact of trauma, to prevent re-traumatisation of clients in service settings that are meant to provide support, and to develop policies and practices that assist healing from trauma.

It's worth noting that whilst we aim to prevent retraumatising people, triggers can and do happen and we should be prepared to support people to manage this, developing resilience and coping skills.

WHY CO-PRODUCTION WITH PEOPLE WHO HAVE LIVED EXPERIENCE OF MULTIPLE COMPLEX NEEDS SHOULD BE TRAUMA INFORMED?

According to Hard Edges: Mapping Severe and Multiple Disadvantage in England, Lankelly Chase, 2015, 85% of people with MCN have experienced trauma from adverse childhood experiences. So, when we talk about working with people experiencing MCN, it is very relevant to consider the impact trauma has had on their lives. People may not have a clinical diagnosis of complex PTSD, but nevertheless have been affected by complex trauma.

People with lived experience of multiple and complex needs who are considering co-producing with us may be in recovery from substance misuse, mental health issues, or both. They may have been homeless or insecurely housed, experienced violence, been involved with social services or the criminal justice system.

Recovery can be a vulnerable, uncertain and lonely time - but also a time of self-discovery, building confidence, learning something new, developing healthy habits and relationships. People with lived experience of MCN have strengths, courage and other qualities that have enabled them to survive this far.

INTRODUCTION

SYSTEM-INDUCED TRAUMA

In addition to the traumas we typically associate with complex PTSD, it has been useful to consider the system induced trauma that the people we are working with may have experienced.

Systems are not usually designed with people experiencing MCN in mind.

The people we are co-producing with may lack trust in services; sometimes feel hopeless about positive change; have experiences where power has been taken away from them; have felt punished, not listened to, rejected; have felt they had to battle against the system for survival.

As a member of staff or a service, it can require time and careful work to build trust and collaborate with people who have had such experiences. They may also be very sensitive to feeling that we are replicating negative situations or attitudes towards them that they have experienced previously.

It is, therefore, very important to be aware of and responsive to system-induced trauma when co-producing with people with lived experience of MCN.

FULFILLING LIVES' TRAUMA INFORMED PRINCIPLES

Fulfilling Lives' trauma informed principles were derived from sets of principles for trauma-informed practice already in use and modified to reflect the experience and understanding of staff and volunteers within Fulfilling Lives.

These apply to everybody within a service – staff as well as clients and volunteers.

We reflect and try to increase these five principles in everything we do. This includes both our service user engagement activities (meetings, groups...) and in one-to-one (“mentoring”) sessions with our volunteers.

SAFETY



Safety should be a priority from the moment we recruit people to co-produce with. When meeting people for first time, do not ask people to disclose their personal story, rather ask where they feel they are at in their journey, what they would like to get out of contributing and discuss what the activity will entail. Let people know that they have value beyond their experiences of MCN and they can offer a lived experience perspective without having to tell their story.

It is important that the person has ongoing support throughout the engagement or co-production activity. Assign a member of staff who can support them to feel safe during their engagement; this can be a supervisor or a coordinator (in FLSE we have mentors for each volunteer engaged in our project). This member of staff needs to have the ability to recognise trauma and the many ways it can present, and be able to signpost to services/ support if needed.

The wellbeing of individuals with lived experience of MCN taking part in co-production is of the highest importance. Support people to say 'no' to some activities or take breaks from ongoing activities if they need to.

Ensure that staff facilitating group work are attentive to group dynamics as well as individual needs. All staff should have training on professional boundaries, safeguarding adults, and managing difficult and aggressive situations. At FLSE, staff also have training on trauma and complex PTSD, and many have basic counselling skills certificates, coaching skills, motivational interviewing training and experience facilitating peer support.

REMEMBER

- **People do not have to share their life story**
- **One staff assigned to support/mentor throughout the engagement activity**
 - **Recognise trauma and its impact**
- **Support the person to perform via regular supervision: support them to understand boundaries, regulating emotions, safeguarding, prioritising their wellbeing, setting their own goals.**

TRUST AND TRANSPARENCY



Trust and transparency are two vital elements in both Co-production and Trauma Informed Practice.

We need to build relationships of trust between the person we want to engage and their supervisor (staff assigned to mentor and support them), with the wider group and in the working environment.

Building a trusting relationship takes time – being flexible about how we connect with the person, showing genuine interest in them and what they can bring to the team (Assets Based Approach).

In order to build trust, we also need to be transparent. Be clear about the purpose, goals and parameters of engagement activities. To what extent can the person influence decisions? Are you only asking for ideas without involvement in the final decision? Be clear about power dynamics, for instance, are managers involved in the process, do they have a final say? What role do people have if attending meetings or discussions?

Individuals should have a person assigned to supervise them (or mentor them), and the relationship with this person has a great impact on the individuals engaged. Supervisors need to be reliable: agree regular meetings/supervisions and try not to cancel, support them in their role without judgement, take and share records of supervision sessions.

And most importantly, trust the person with taking responsibility for specific pieces of work that interest them. Give them enough autonomy to grow into their role, develop their skills and work on their goals.

REMEMBER

- Building trust takes time
- Be transparent about the process, the impact that the person's contribution will have
 - Relationship with supervisor is key
 - Give the person autonomy

COLLABORATION



A collaborative attitude is inherent to both Co-production and trauma Informed Practice.

Collaboration means:

- **Achieving a common goal**
- **Working together to provide a successful outcome**
- **Working towards a greater purpose**
- **Being mindful of what the person with lived experience of MCN may have been through**
- **Being able to make choices that all members agree on**

Collaborating with a service may be a new experience for current or former service users. Being in a work environment, the chance to have a say and being part of a team working together may all feel quite new. In order to collaborate in a meaningful way, it is important that people's skills and abilities are acknowledged and valued - that they are more than their experiences of MCN.

Goals and the processes to achieve them need to be agreed together as much as possible, and at times people may need support to put aside things they would want on an individual level in order to work towards a common goal. It is important that this is appropriately acknowledged, that the person is given a chance to express their own needs and wants and that there is transparency around agreeing and setting up the parameters of the task.

A collaborative approach is also important in supervision (or mentoring); people need to have some autonomy over their role - taking over or being too controlling can replicate past traumatic relationships. Avoid the righting reflex - in work and with individual challenges and ask people what support they need instead.

Work closely with the person to get to know where they are at, any triggers or stressors that they can identify, how they manage them or whether there is something the supervisor can do to support them managing them. Be curious about their goals and what they want to achieve by being involved. Keep track of their achievements and give affirmations that are genuine and based on evidence.

REMEMBER

- **Building trust takes time**
- **Be transparent about the process, the impact that the person's contribution will have**
- **Relationship with supervisor is key**
- **Give the person autonomy**

CHOICE



Many of the people we co-produce with have had experiences where they felt that they had no control or choice over the service they accessed and the support they needed. By giving people choice, we help break this cycle.

Give people plenty of information about the activity you would like to co-produce, what is required of them and how they would like to be involved. Some people may want to take part in the whole activity in a group, others may prefer to give feedback about certain steps of the project on a 1-1 basis. People may wish to contribute to activities in different ways, for example, if you are planning to create an information leaflet, some people may be interested in working on the design, others may feel more interested in researching or writing the contents.

People also need choice (and sense of control) over their supervisions (mentoring sessions in FLSE); be person led.

Be sensitive and responsive to people's 'no'. People may find it a challenge to verbalise not wanting to take part in something or assert themselves. They may have been in situations previously where their opinions did not count or were not listened to, or they were punished for saying no.

REMEMBER

- **Give plenty of information so that the person can choose whether to get involved**
 - **Give choice about how they are involved in the project**
 - **Supervisions are person led**
 - **Be sensitive and supportive when people indicate 'no'**

VOICE



Some people may need to be supported to use their voice - they may fear rejection, judgement, exclusion, or feel not qualified to voice their ideas and opinions.

We need to show people the impact of their contributions by letting them know what their input has fed into, what the result of their contribution has been, recording and circulating meeting minutes, and responding promptly to requests.

If someone's decision is not what is finally agreed on, be clear about why and support them to understand that people can hear and value their opinion, but the majority may decide otherwise.

It is important to support individuals to shape their voice and their ideas, so that these are relevant to the work being done.

Staff working in engagement need to understand that for some sharing is empowering as they feel they can use their experiences to contribute to positive change, whereas for others the need to share can come from the trauma being unresolved. If people need their story to be heard, we need to find a private and appropriate space to hear their narratives and validate their emotions surrounding their experiences. When people are sharing their experiences as part of engagement activities, we discuss options for voicing their stories such as whether they prefer to remain anonymous, think about how they will feel when sharing, what support they feel they need to prepare, how they will feel afterwards (sharing can leave people feeling exposed and vulnerable or bring up emotions from the past), and generally avoid going into whole narratives of traumatic experiences. It is important to think about what the impact sharing have on the person themselves and on others.

REMEMBER

- **Support the person to shape their ideas so that they are relevant to the work**
 - **Let people know the impact of their contributions**
- **If someone's ideas have not been taken forward, explain why**
 - **Provide private space to voice personal experiences**

EXERCISES

EXERCISE ONE:

How do you know if someone is safe to share their lived experience?

Things to consider

- Adequate preparation
- Knowing and having relationship of trust with who you are working with
- Clear objectives – why are we sharing, what are we trying to achieve
- Unresolved trauma – some people shut down, some people it is overwhelming, a compulsion to share, looking for a place for it to go, sharing as an ask for help
- Sometimes people share because for them what they are sharing is normal and they do not realise the impact it can have on others
- People's lived experience is not their entire identity and the only thing they can bring – do they know this?
- Recognise and managing potential overshares
- Clear boundaries about what you can and can not support, don't open up what you cannot manage

EXERCISES

EXERCISE TWO:

During a meeting to decide the title of a video you are creating, a service user tells you they are feeling angry and that they aren't being heard. What do you do?

Things to consider

- Reflect, validate how they feel, thank them for sharing
- Ask whether they would like this to be fed back anonymously or whether they'd like to raise it with people involved
- Discuss expectations of volunteer – what does “being listened to” mean for them?
- If necessary, discuss difference between “not being heard” and people having different opinions
- Explain how decisions are made (if a decision has been made that they felt did not take their input into account)