There may be situations where we feel that our relationships with the people we work with are not ‘genuine’ or that there are other factors getting in the way. A trauma informed approach (that prioritises safety, trust, empowerment, collaboration, and choice) can support staff curiosity and reflection on such difficult interactions and support a positive collaborative working relationship, or indeed highlight where further support is required, including where there may be a child protection issue. This Trauma Informed Ready Reckoner provides a format for these decisions.

**TRAUMA INFORMED READY RECKONER**

The observations below may be understood as ‘red flags’ that the working relationship may not be effective, and curiosity about the reasons invites an opportunity to check in with the person and change tack. The freely available [NES Trauma skilled e-module](https://www.nes.scot.nhs.uk/nes-current/new-interactive-e-module-for-a-trauma-skilled-practitioner/) can support staff confidence and skills to have such conversations. After reflection and/or supervision and/or a converstion with the person, if difficulties remain, it may be worth considering whether another professional may be helpful to bring in.

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| **Observations** | **Visit 1** | **Visit 2** | **Visit 3** |
| **The adult parent/carer steers the conversation towards themselves and their situation to something else or away from the child.**  *What might be the reasons? Perhaps they are struggling to cope but don’t want to come out and say as they feel like a failure. Perhaps they themselves need additional support. Are they isolated and just desperate for an adult conversation or someone to listen to them. Could defensiveness be understoosd as a trauma response (Being defensive is a very common trauma response when someone feels threatened).* |  |  |  |
| **The adult/parent/carer chooses some parts of a plan to co-operate with but not other parts.**  *Why this could be? Perhaps what you are asking is too difficult to do. Perhaps they don’t understand what’s needed, or are not able due to physical, mental or emotional reasons. Could they have difficulties concentrating or following simple instruction? (Being easily distracted is a common symptom of trauma).* |  |  |  |
| **The adult/parent/carer promises to take up services offered but then fails to attend.**  *What are the barriers to them attending services? Are there transport problems or costs? Perhaps the person feels safer in their own home, or is anxious about going somewhere new. Perhaps they have a fear of being judged or that their loved one could be removed due to previous negative experiences of services. If the person has been in care or had a poor experience of services, this may have understandably left a bad impression and/or negative feelings.* |  |  |  |
| **The adult/parent/carer tries to prevent you from spending time with the child or the adult themselves on their own.**  *Perhaps this is because they want to protect themselves/ or the adult. Be curious about the possible reasons. Perhaps something was taken out of context, or trust is an issue ,with you or with professionals in general. It is important that there are clear explanations of what is happening, and opportunities for true informed consent- allowing for questions and clarifications. This can hopefully build trust in you and the process.* |  |  |  |
| **The adult/parent/carer promises to make the changes and then avoids professionals.**  *Perhaps there is a fear of losing control of their life. Or perhaps there is a valid reason for each missed appointment. A valid reason taken out of context could seem like non-compliance. Often people involved with many services have other appointments or may be struggling with many competing commitments. As mentioned above, being easily distracted is a common symptom of trauma and can impact planning.* |  |  |  |
| **The adult/parent/carer criticises other professionals to divert attention away from their own behaviour.**  *An attempt to discredit another professional could be for many reasons: there may be conflict of personality or a feeling that they are being overwhelmed by too many ‘outsiders’. Where might this stem from? As mentioned above, negative care or experience of services may impact later working relationships. They may not have received trauma informed services in the past and so could have been retraumatised and not helped by well meaning professionals.* |  |  |  |
| **Key outcomes and targets have not been met despite the adult/parent/carer seemingly genuine reasons.**  *Were the outcomes and targets decided as part of a truly collaborative and shared decision making process? Are the individuals strengths/abilities taken into consideration. Perhaps other life commitments have gotten in the way.* |  |  |  |
| **What the adult/ parent/carer is saying and what you are seeing does not add up.**  *Perhaps there is fear or a lack of trust. Perhaps they feel embarrassed, or ashamed about the real situation. Be curious about the many reasons why things may not match up and how you might support a more open communication.* |  |  |  |

**Stage 1: Few, infrequent concerns**

Continue to prioritise a trauma informed working relationship and sensitively address concerns with the person themselves (after completing the trauma skilled e-module). Keep appropriate factual notes as required professionally. If a trauma history is disclosed, consider together whether further referral for support is welcomed by the person.

**Stage 2: Some recurring concerns about engagement**

Sensitively discuss these concerns with the person and keep appropriate factual notes as required professionally. If you continue to have concerns bring to supervisor for support, discussion about the working relationship and speak with multi-agency partners.

**Stage 3: Recurring concerns about all areas of engagement**

At this stage it is assumed that attempts to discuss the issues have not been fruitful or satisfactorily addressed the engagement issues. Bring concerns to line manager along with factual notes, and share with other agencies as required. Document case conference and decision making. Share with the person as appropriate.

**List of relevant local services for signposting**

*(please note that not all stages apply to all, and are a choice for the individual)*

**Stage of recovery: Safe and Protected from Harm**

* Womens Aid. etc

**Stage of recovery: Coping**

* Wellbeing Scotland. Third sector mental health organisations. NHS via GP

**Stage of recovery: Reprocessing**

* NHS via GP

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| **Additional Notes: including any significant life events** |