

# **Making it real: Co-creating trauma- informed spaces across Kent and Medway**

**#ACEawareKentandMedway**



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**Making Kent and Medway ACE Aware**

# Kent and Medway 5 R's trauma informed approach

A trauma informed system/ organisation:

**Realisation**

**Awareness** of the impact of adverse childhood events.

**Recognition**

**Understanding** signs/ symptoms through caring centred support.

**Resilience**

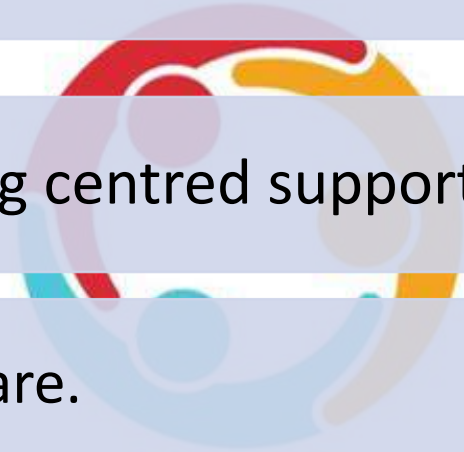
**Empowering** and strength-based approaches to care.

**Respond**

Becomes part of the **culture** of care and support.

**Resist**

Actively resists **re traumatisation**.



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# Keeping Yourself Safe



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# Making it real: Co-creating trauma-informed spaces across Kent and Medway

**Co Creation – what is that?**

developing services together ,

building relationships and reciprocity,

building communities and taking risks in order to learn.



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# What are ACE?

Forms of ACEs include:



## **Maltreatment**

i.e. abuse or neglect



## **Violence & coercion**

i.e. domestic abuse,  
gang membership,  
being a victim of crime



## **Adjustment**

i.e. migration, asylum  
or ending relationships



## **Prejudice**

i.e. LGBT+ prejudice,  
sexism, racism or disablism



## **Household or family adversity**

i.e. substances misuse,  
intergenerational trauma  
destitution, or deprivation



## **Inhumane treatment**

i.e. torture, forced  
imprisonment or  
institutionalisation



## **Adult responsibilities**

i.e. being a young  
carer or involvement  
in child labour



## **Bereavement & survivorship**

i.e. traumatic deaths,  
surviving an illness  
or accident



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# ACE are prevalent

## Around half of all adults

living in England have experienced at least one form of adversity in their childhood or adolescence

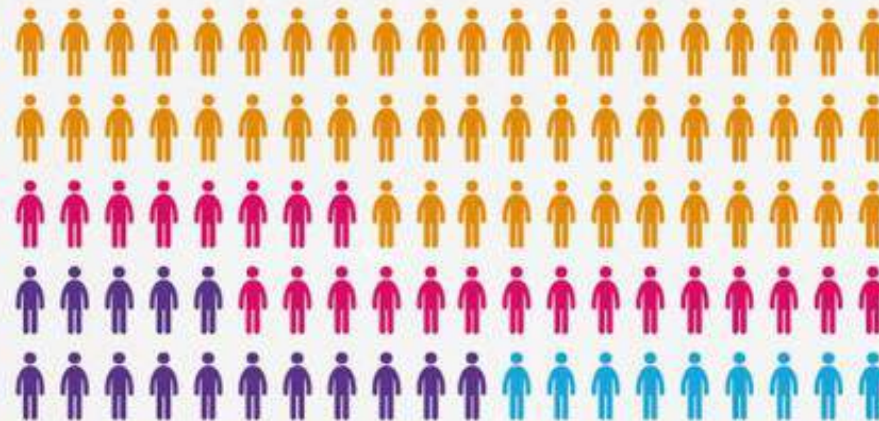
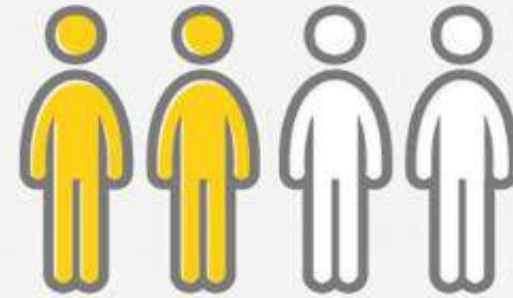
Of all children and young people:

**52%** experienced 0 ACEs

**23%** experienced 1 ACE

**16%** experienced 2-3 ACEs

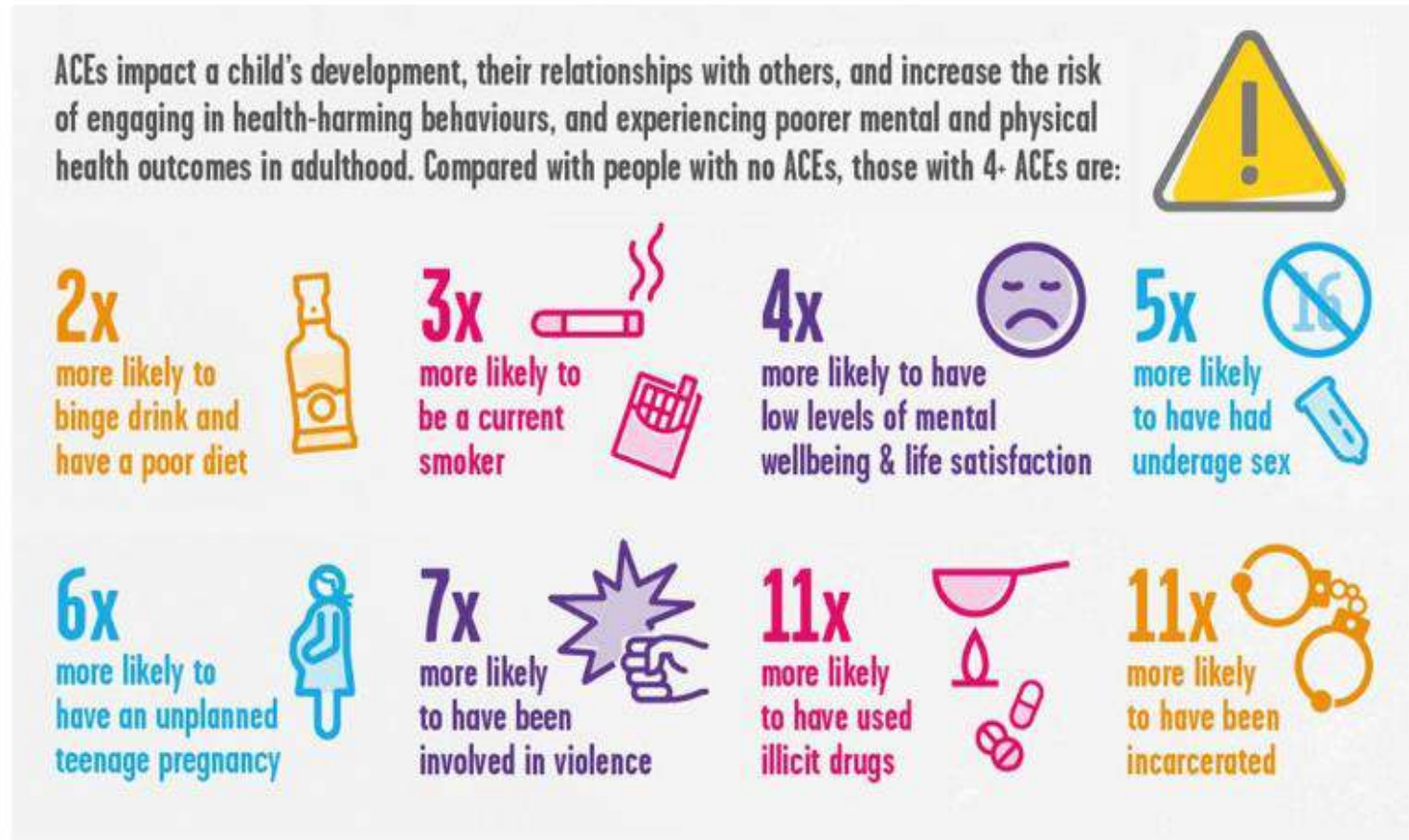
**9%** experienced 4+ ACEs



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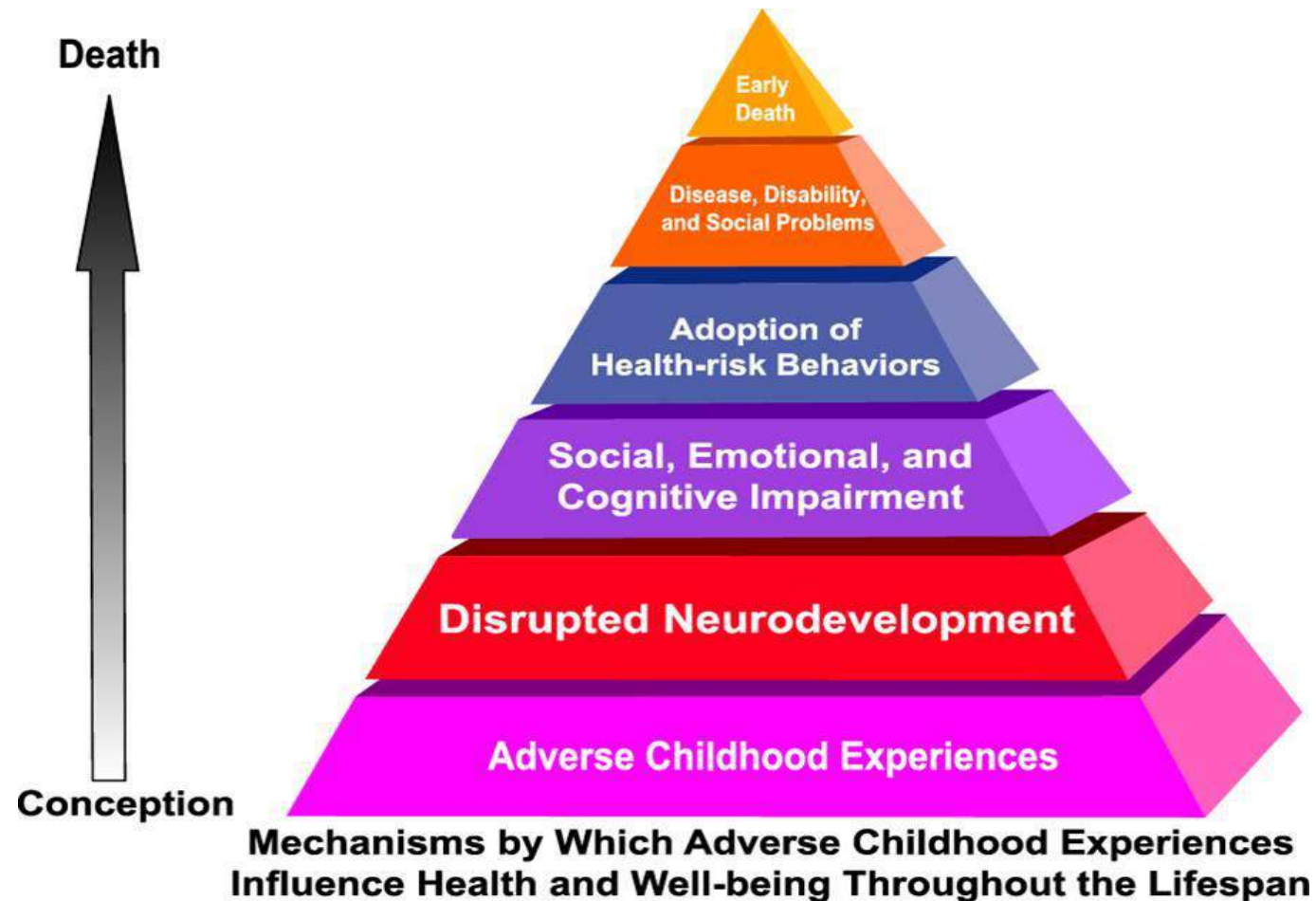
# Multiple ACE in Childhood



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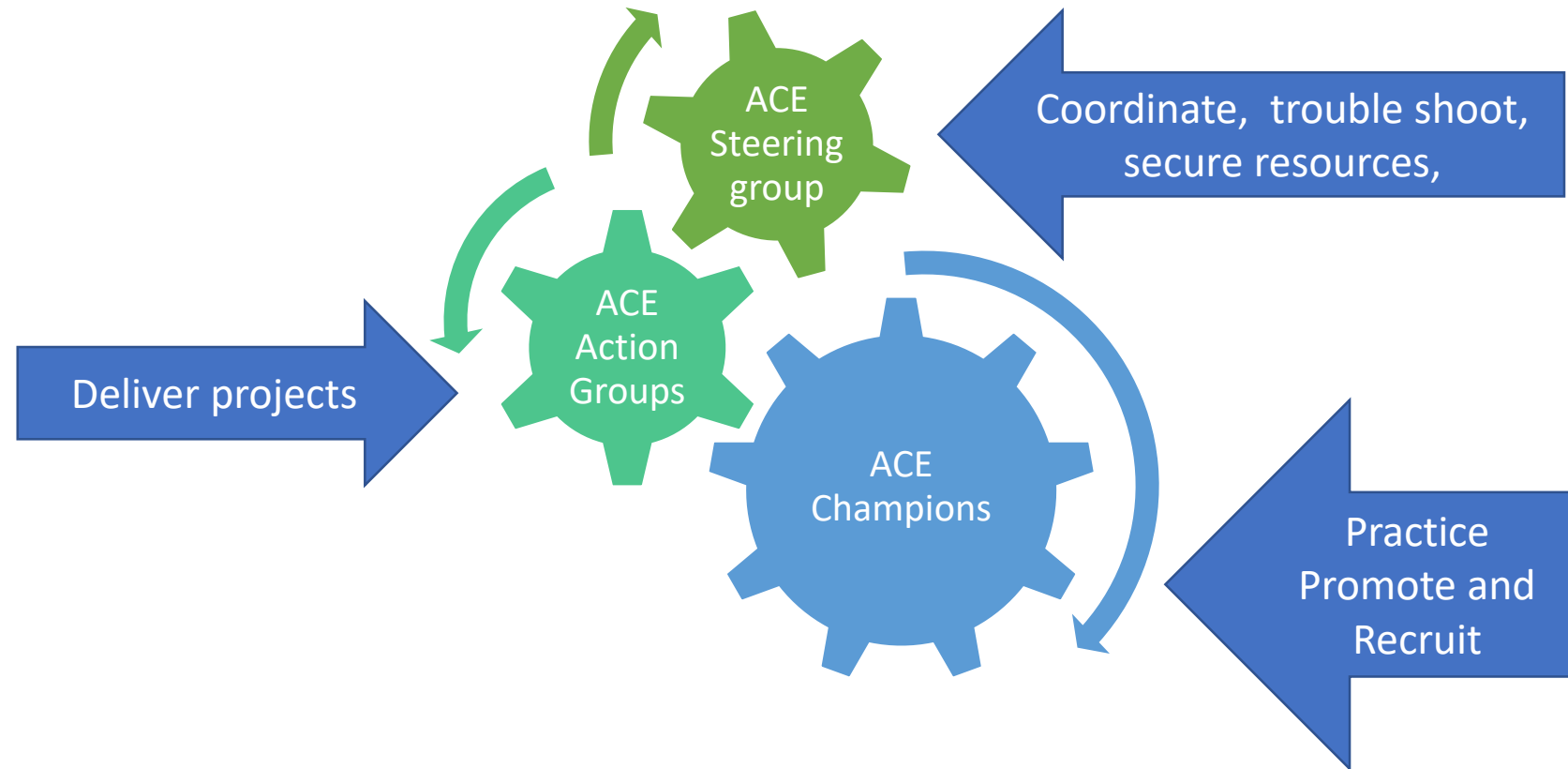
# Impact of ACE over the lifespan



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# ACE Ambassadors programme: Ramsgate

Co-developing initiatives with individuals and organisations to take forward trauma informed care ideas in their respective organisations through:

- Workshops
- Coaching
- Peer learning



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**Matthew Scott** is your elected  
Police and Crime Commissioner.  
He sets the policing priorities for Kent,  
by consulting with the public and producing  
a Police and Crime Plan.



# Matthew Scott

## Kent's Police and Crime Commissioner



01622 677055



[kent-pcc.gov.uk](http://kent-pcc.gov.uk)



[contactyourpcc@pcc.kent.pnn.police.uk](mailto:contactyourpcc@pcc.kent.pnn.police.uk)



@PCCKent



Office of the Kent Police and Crime Commissioner,  
Kent Police HQ, Sutton Road, Maidstone, ME15 9BZ.



## #SaferInKent



Time to pause.....

## Mindfulness Session led by Ken Dance



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# Reflection Point: Rose, Bud, Thorn

- Find a Buddy
- Introduce yourselves
- Describe your

Rose: Something you're really looking forward to about today or excited about

Bud: Something you're hoping to learn more about today or as a result of today

Thorn: Something you have a concern about in relation to today or trauma informed care



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# Safety as a Foundation of Trauma Informed Working

Dr Katie Gulliver  
Clinical Psychologist



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# What do we mean by Trauma?

- A life experience or event which produces an overwhelming amount of stress (more than you were able to cope with at that particular moment in time) and/or places you in a situation during which you feel in danger and under threat.



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# Different Types of Trauma

- One off critical incidents Eg. Natural disasters, house fire, 1 off assault, accidents.
- Traumatic experiences that are repeated and prolonged E.g. ongoing family or community violence, chronic bullying, long-term medical issue, chronic poverty and stressors, exposure to war.
- Multiple traumatic events from an early age often within the caregiving system or without adequate adult support.



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# Reactions to Traumatic Events

- Reacting to traumatic experiences is very normal – they are stressful.
- Experiencing traumatic events does not necessarily mean you will develop PTSD
- If experiences are frequent, prolonged or ongoing or an adequate response or support was not received you may continue to be affected – the brain stays in survival mode
- The brain becomes hypersensitive to danger and stuck in the fight/flight/freeze response



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# Survival response

- The nervous system in our bodies works automatically and without our conscious knowledge, this means it operates in the background and is responsible for lots of the different things our bodies do without us actively thinking about it.
- Think about breathing, we often don't think about this with every breath we take as it is something which our body just takes care of for us.
- As evolutionary theory suggests we have developed from the time of cavemen and women, it too follows that our bodies and brains have developed over the course of millions of years.
- Today we can perform complex tasks, hold lots of information, names, directions and to do lists in mind, millions of years ago our ancestors didn't have the same demands upon them but SURVIVAL was their number one goal.



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# Fight, Flight, Freeze

- Imagine you're a caveman and whilst out hunting you come face to face with a sabretooth tiger... your threat system is likely to be screaming at your body to take action and in response your brain will adopt one of the three typical responses; Fight, Flight or Freeze.
- The type of response can depend upon the level of threat and whether your brain decides in a split second that it could overcome the threat (fight), whether the threat is too great but it could be escaped (flight) or whether the threat may pass on by if you hold still enough (freeze). We cannot rationally decide which of these we adopt, it is almost beyond our control because it is such a quick, automatic process.



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# What survival looks like

- Nightmares / flashbacks
- Depression / low mood
- Irritability
- Bored / not interested
- Numbing
- Difficulty concentrating
- Sleep problems
- Feeling hopeless
- Shame / worthlessness
- Little or no memories
- Zoning out
- Anxiety / panic attacks
- Mistrust
- Substance abuse
- Eating disorders
- Self-harming
- Little sense or loss of who I am
- Persistent headaches / stomach aches



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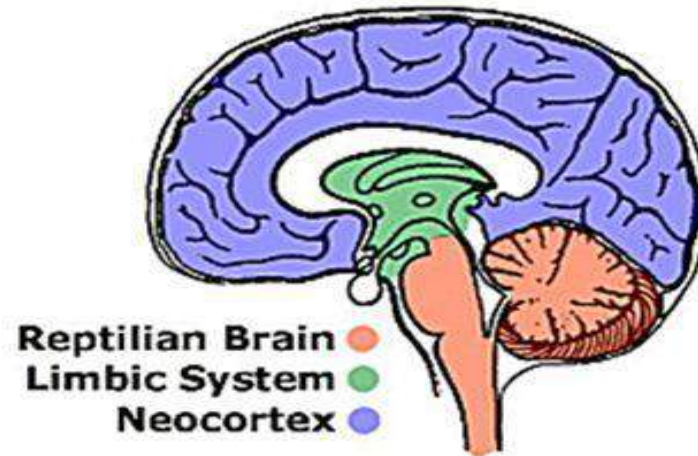
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# Developmental trauma

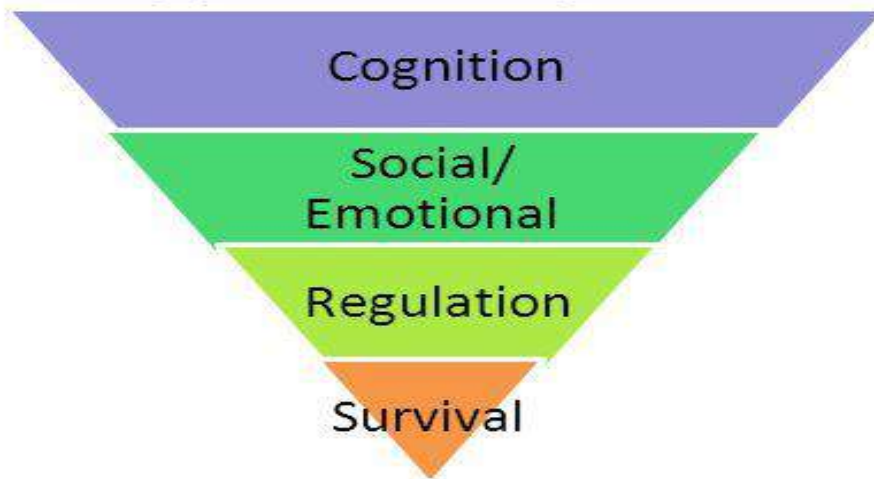
- Developmental trauma leads to highly sensitised fight / flight / freeze response via the limbic/brain stem system BECAUSE THE CHILD'S WORLD IS NOT SAFE
- Novelty is threatening in children with developmental trauma
- Cortex shuts down when children with DT are exposed to new patterns – e.g. new teacher, placement
- Cortex mediates speech and language/cognitive processes. We learn via patterns of experiences – coo coo / 6 x 12
- Cortex must be accessible to process these patterns and therefore learn
- Traumatised children do not learn daily living skills such as impulse control and problem solving
- Even trauma in pregnancy can lead to the baby being hardwired to this oversensitivity
- Brain development is sequential bottom up so therefore needs to be re-hardwired using a BOTTOM UP approach



# Trauma & Brain Development



## Typical Development

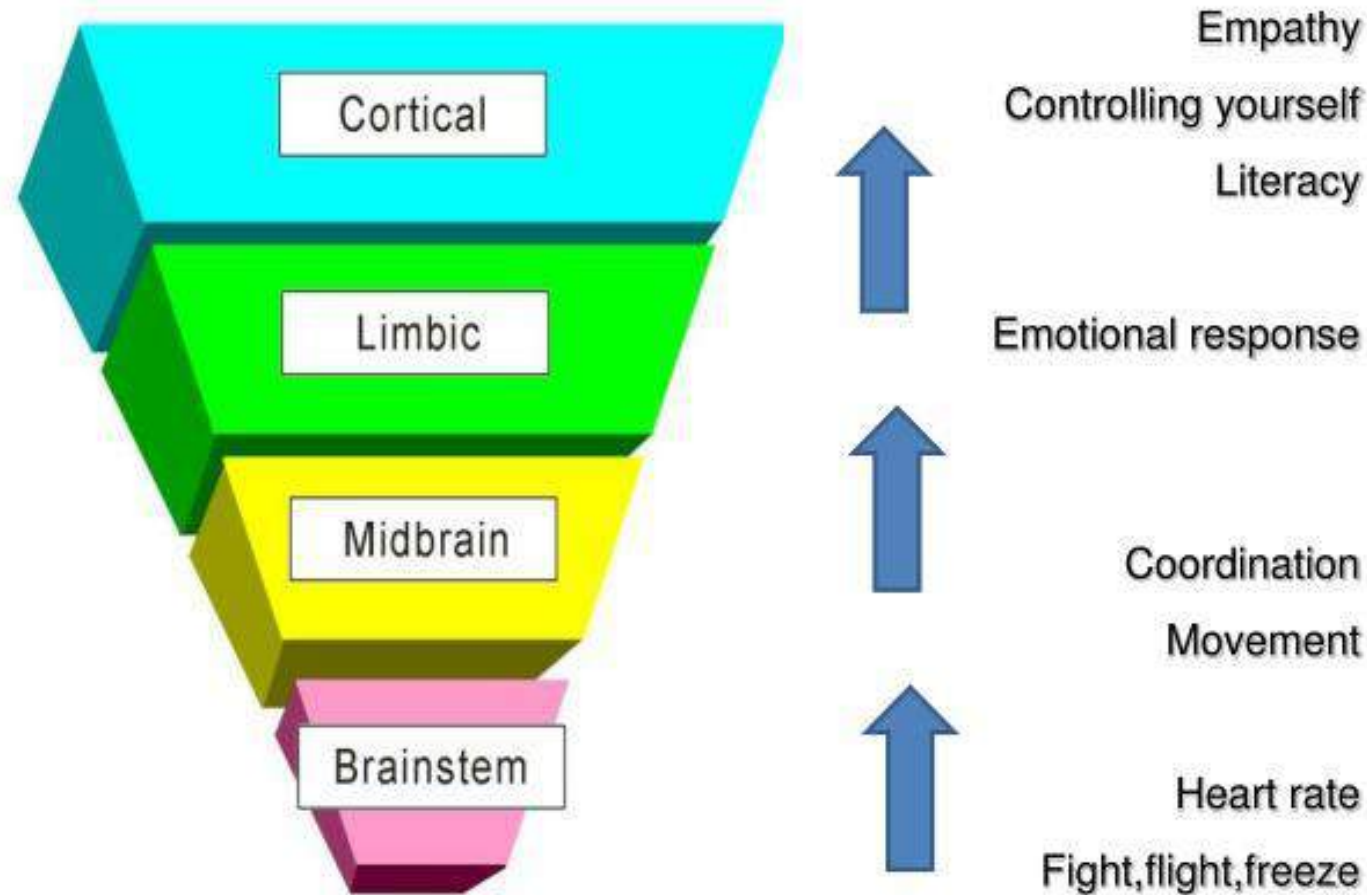


## Developmental Trauma



Adapted from Holt & Jordan, Ohio Dept. of Education

# Perry's Neurosequential Model



Perry, B.D. (2002). *Brain Structure and Function I: Basics of Organisation*. Adapted in part from "Maltreated Children: Experience, Brain Development and the Next Generation" (W.W. Norton & Company).

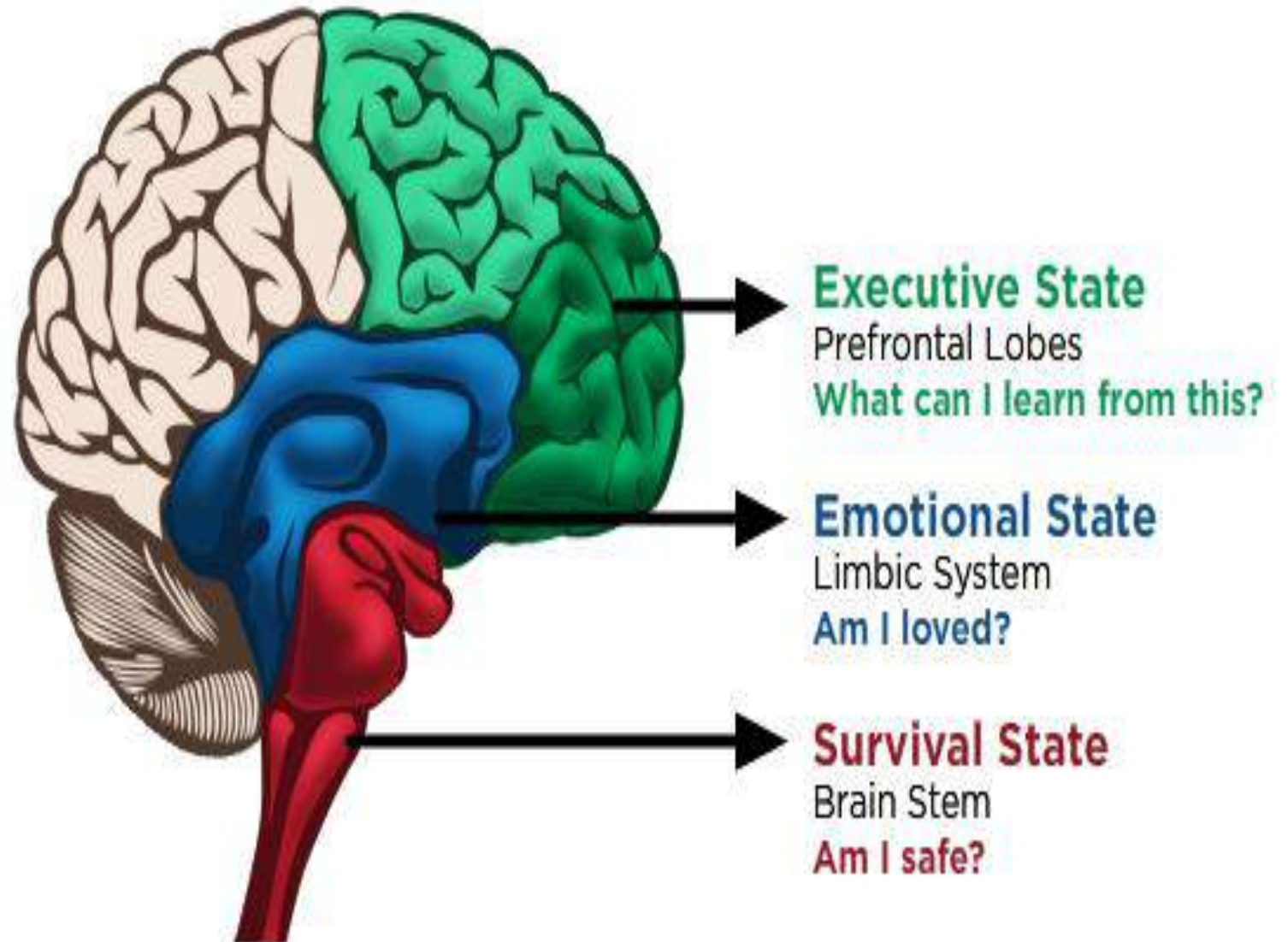


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## Maltreated children show:

- smaller volume of  
prefrontal cortex.
- Smaller hippocampus
- Smaller corpus  
callosum
- Higher levels of brain  
inflammation



# Safety is the foundation

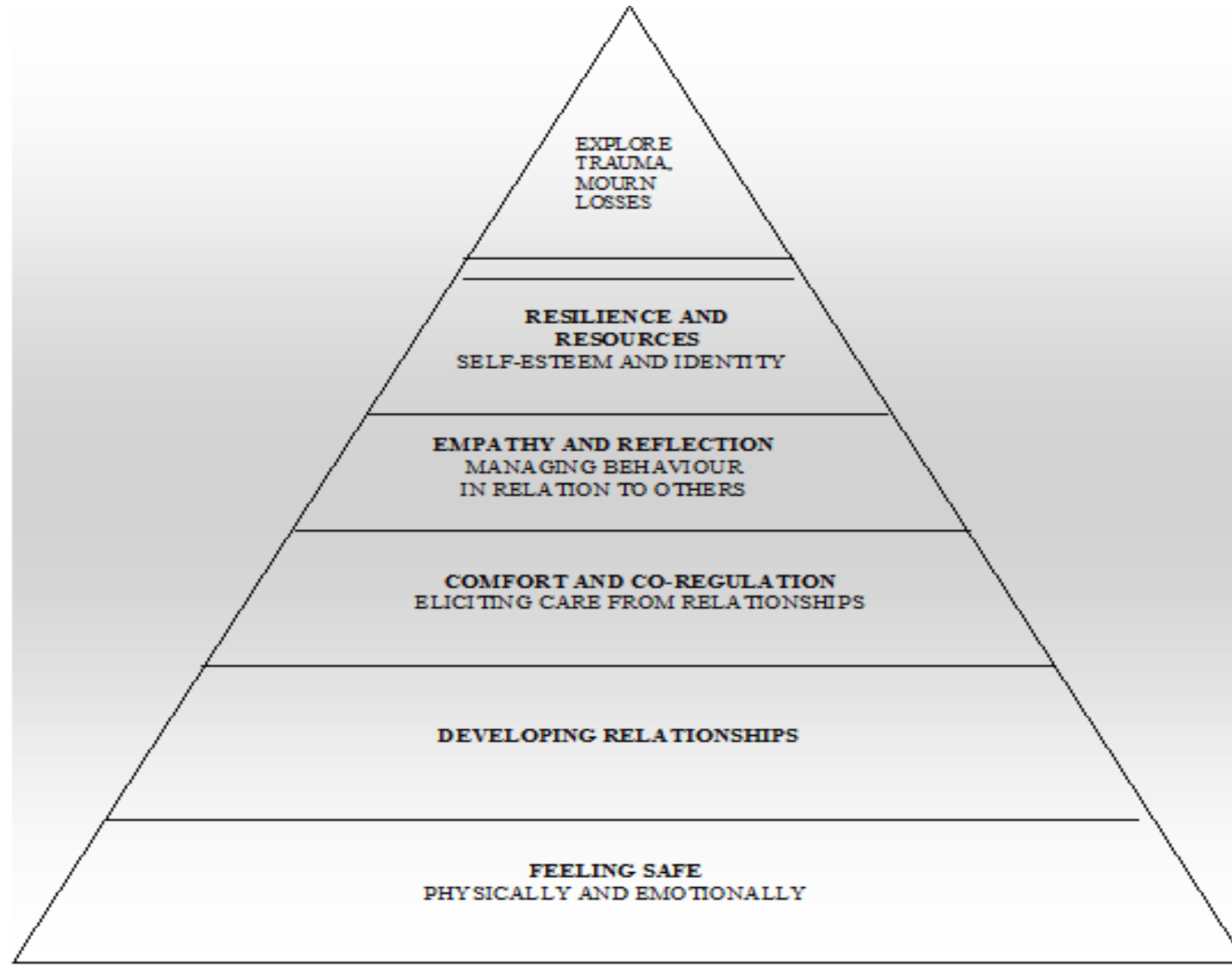
- What do we mean by safety?



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# Adapted Hierarchy of Needs (Kim Golding)

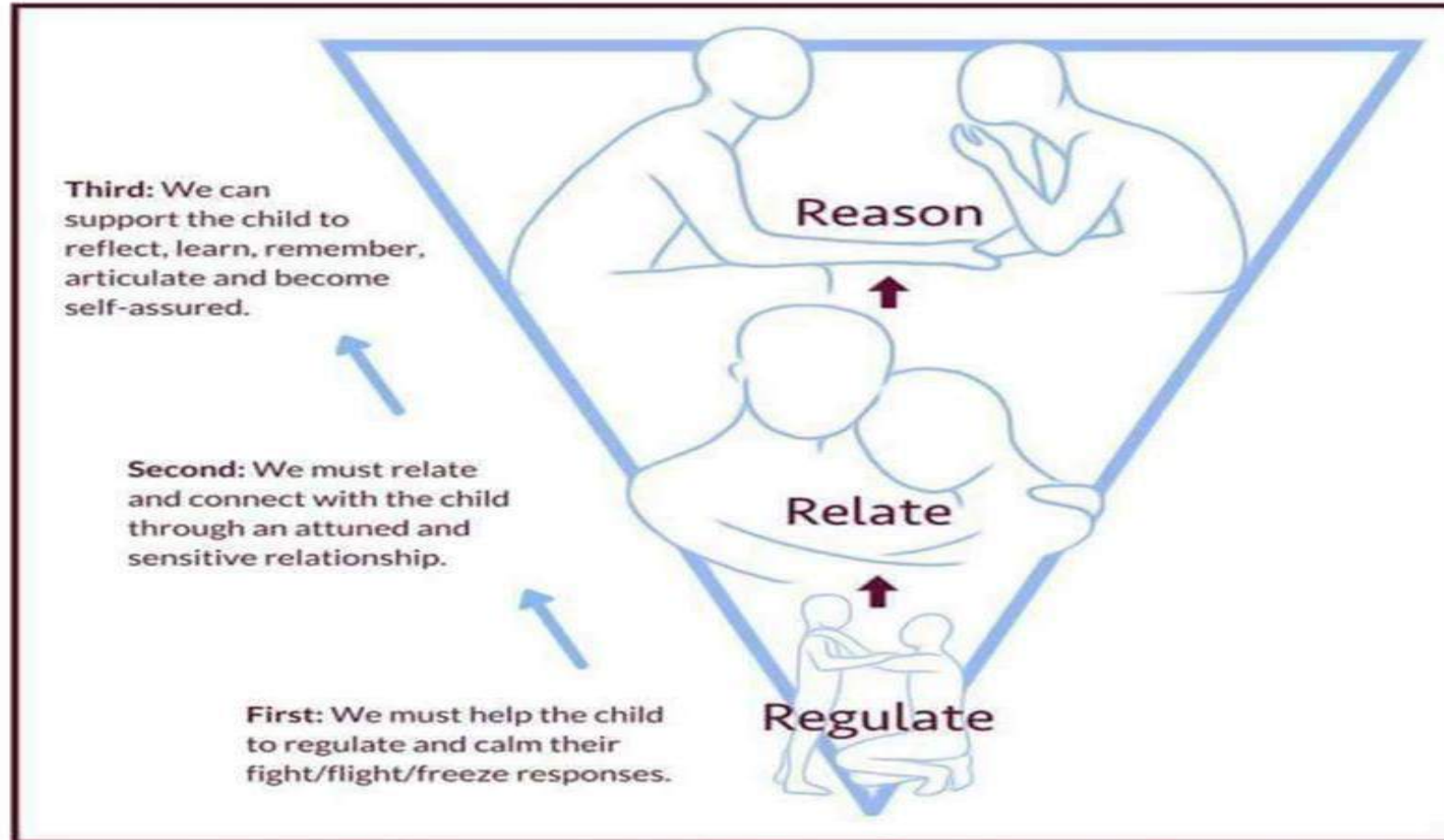


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## The Three R's: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.



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# Establishing Safety

- Grounding techniques
- Mindfulness
- Nurture
- Emotion regulation techniques



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# Safe Place exercise



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# A perspective of trauma informed care: compiled by Young Addaction



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## Refreshment Break:

Take 15 minutes and then find your room for workshop session 1, starting at 11.15am.

Workshop A: In here

Workshop B: Dove Suite

Workshop C: Training Room 1 (Upstairs, follow signs)

Workshop D: Training Room 2 (Upstairs, Follow signs)

Workshop E: Training Room 3 (Upstairs, Follow Signs)



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# A Perspective of trauma informed care

Anthony Pickup, Service User Involvement Worker, Porchlight

Joining panel speakers:

Mick Haseldon, Parenting specialist and founder/CEO of Angel Lane CIC

Dr Katie Gulliver, Clinical Psychologist



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# Reflection point

- Find your buddy
- Thank them for their time
- Ask each other:
  - a. One thing you can do as a practitioner going forward?
  - b. One thing you can suggest to management?



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# Coming to the end....



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“...small actions can have major effects by shifting the focus of attention and intention.... Such ‘action’ might include a single word or conversation that might initiate an ‘entire cascade of system wide change’.”

*Collective Leadership: Where nothing is clear and everything keeps changing (2018)*



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From *The Art of Coproduction – A Guerrilla Guide*  
(we coproduce/ NHS England) <https://www.wecoproduce.com/the-art-of-coproduction-guide>



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## **Workshop briefing: Holding a trauma informed conversation**

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Using a reflecting team methodology, this workshop supports small group learning on holding a trauma informed conversation.

Reflecting team methodology is a structure designed to help support a more reflective and collaborative approach to thinking about issues. A champion of its use, Dr John Launer, recommends it as a learning tool as it combines the features of routine team conversations and collaborative learning.

We encourage you to think of an example which you are happy to share with others where you feel it may have been useful to discuss past trauma or were unsure how best to respond to a disclosure of a traumatic event. Remember not to include any identifiable information.

**Conversational structure** (adapted for the *Making it real: Co-creating trauma-informed spaces across Kent and Medway* conference, 19 September 2019)

A member of the group volunteers to talk about an example of their choice, removing any identifiable details.

1. The narrator first talks without interruption for around five minutes (to note, this can be shorter or longer if time permits).
2. Other members of the group then ask questions to clarify the case or its context, but they cannot give advice or make any suggestions (even indirect ones like “have you thought of...?”)
3. The narrator then poses a question or task for the team to consider (for example “how might I ask further questions regarding past experience of trauma whilst ensuring the person feels safe in this conversation?” or “how best to respond to this disclosure of a past traumatic experience?”)
4. The members of the group then respond by discussing this, but without looking at the narrator or involving him or her in the conversation (for example the presenter sits on a chair outside the circle for this time).
5. Finally, the narrator gives feedback to the team about what was most helpful in the discussion, and what change in approach it may lead to. All attendees are also encouraged to say one thing in terms of what they found useful from the session.

**The above is adapted from:**

Launer, J (2016) *Postgrad Med J* Vol 92 No 1086 <https://pmj.bmj.com/content/92/1086/245>

Further information on conversations inviting change can be found at <http://www.conversationsinvitingchange.com/> and in the book *Narrative-Based Practice in Health and Social Care: Conversations Inviting Change* (2018) by J, Launer (2nd edition Routledge)



### **A few principles to help people develop good questioning:**

- Pick up words or phrases that the person has said and use these as a starting point for further inquiry.
- If a question doesn't yield useful information, don't repeat it. Ask a different one, or wait to see what happens.
- Questions: keep short, don't add long explanations, ask one at a time.
- Monitor your own questioning and see how you can make them fit better with the other person's narrative flow.
- Pay attention to how colleagues ask different kind of questions, and the effect this has on opening the narrative up or closing it down.
- If the patient answers a question you didn't ask, go with the flow.
- Over time, build up your own collection of effective questions by trial and error, observing others etc

### **What hinders narrative:**

1. **Being dominated by time** – consider that a minute or two of inquiry may save time later, for example asking “Can you give me a bit of background?” “What has made you concerned?”
2. **Being dominated by records** – Records may be incomplete or incorrect and raising a recorded ‘inaccuracy’ may disempower the narrator.
3. **Imposing the professional agenda** – For example, the need to get a form completed. May be useful to openly ‘strategise’ for example “I’m sorry to suggest this at an inappropriate moment, but part of my job is to get these things done.”
4. **Not tracking language** – Instead be attentive to the language of the narrator and any ‘gaps’ that might provide greater context/ background information.
5. **Being wedded to your hypothesis** – Be aware of your own assumptions and keep open minded to other possibilities: “Do you have any ideas yourself about what triggers them?”
6. **Try not to dwell on emotions** – Always provide choice in terms of whether a person wants to explore feelings in more depth such as “Do you want to talk a bit more about how it felt then, or would you prefer to say where you are now?”
7. **Giving advice disguised as questions** – Be mindful of neutral questions
8. **Compulsive explaining** – A suggestion to start with “Can you just run through what you understand about your current circumstance/ condition and I can try and fill in the gaps?”
9. **The wish to change people** – Think about best ways to manage conversations about prevention and risk reduction, for example “At some point, I’d like to talk about your weight. Is this a good moment or do you want to focus on other things first?”

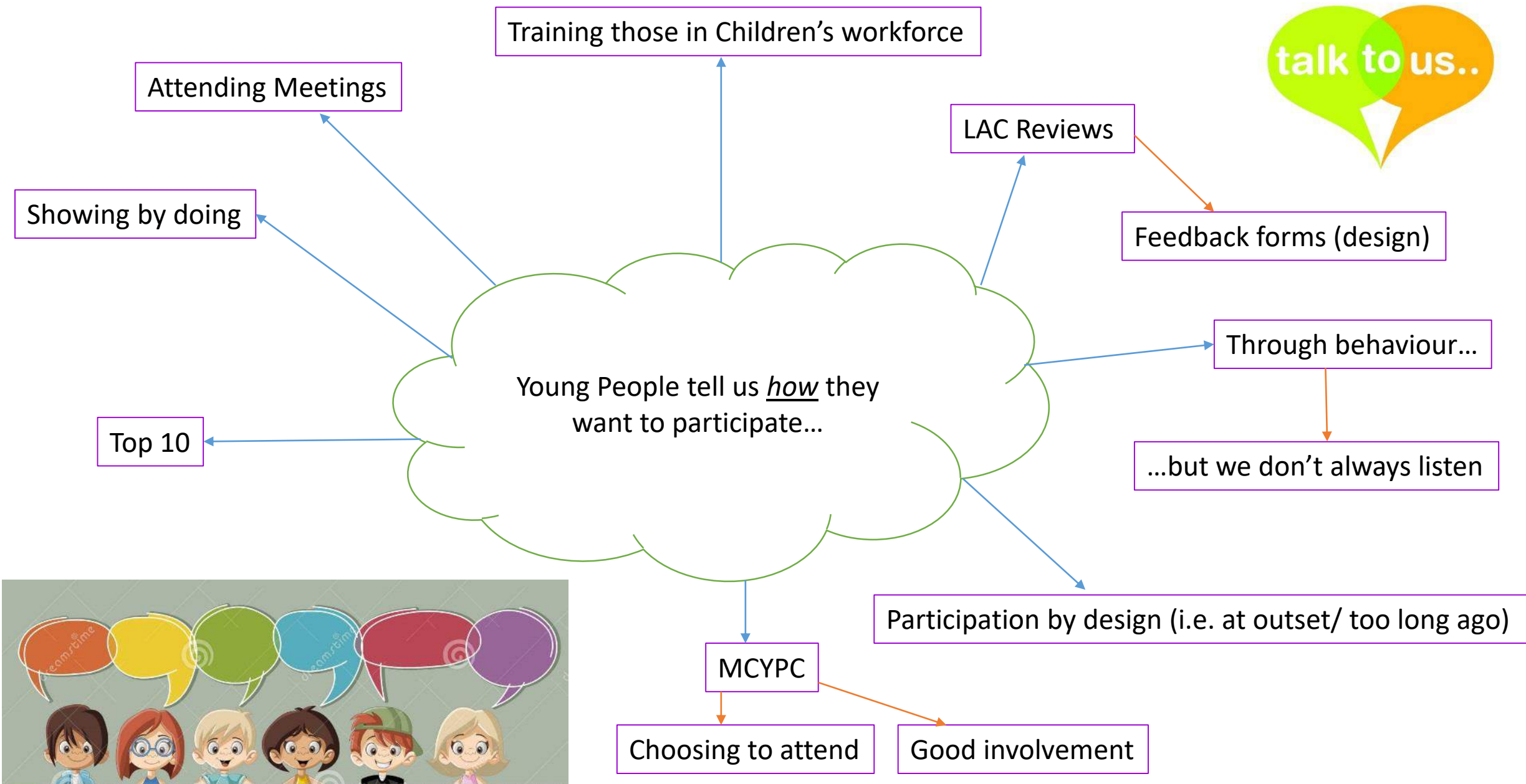
The above taken with kind permission from *Narrative-Based Practice in Health and Social Care: Conversations Inviting Change* (2018) by J. Launer (2nd edition Routledge)



# Engagement and Participation Group

Medway Council Youth Service + Young Lives Foundation

John Clarkson  
Kristy Tidey  
Roy Smith





Key people/ relationships

Youth centres

We don't know what we don't know-  
Are we missing something?

'Troublemakers'

Home education

Social media and online tools

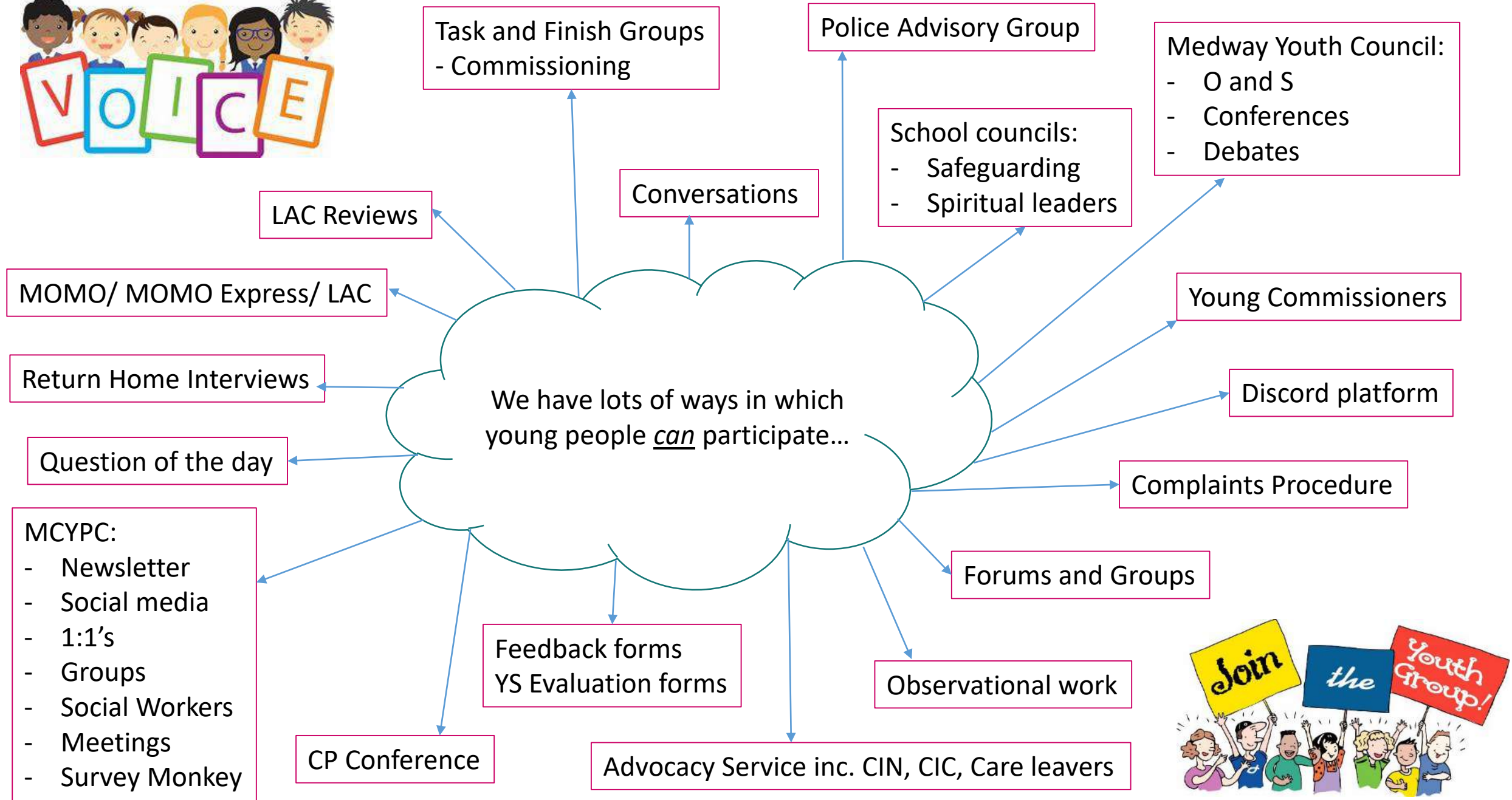
We make sure lots of different  
young people are included in  
participation...

Who isn't being heard?

- Faith groups
- Religion
- Ethnicity
- Sexuality
- Primary Schools and below
- UASC

Not supported/ ready to engage?  
(Location/ circumstances)





Child voice being seen on their file and used in reviews (words and pictures)

We do have some “youth voice” in place – but needs to be wider – use that voice

“I think we do bits but it’s not joined up and doesn’t always have any impact.

Ambition to do better.

A lot of youth groups out there.

That we have this project group and pockets of really good work.

## Areas of Strength:



A lot of young people participating

Even experienced Social Workers are attending refresher training.

We have many 1000's of articulate children and young people in Medway.

Direct work tools being used by social workers evidence seen in the child's file

## Areas of Development:



Priority needs to be given to listening to children and young people at risk of school exclusion from adult leadership.

Limited time!

Need to get wider representation of people

Money – resources – to develop and keep going and SUSTAIN

More young people having access to leaders

It is hard for young people to speak to their MP's (or Council) directly

School councils to have 'teeth'

Listen to the child/ young person

Training more adults to listen and do and capture and then use what we know

Inclusion of Children's Workforce

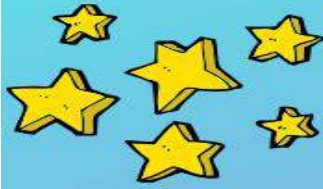
Understanding bad language doesn't always mean "go away!".

Groups need to be more out there – aren't easily recognised.

Development is everyone's business – not restricted to one service.

Sometimes it is not enough to say to young people "you have this, we are doing it". You need to show it.

Consistency in our approach to meet expectations and not just raise them. Deliver what we say we will do



# TOP 10!



## A Good Listener

Have at least 1 ear for me



## Non-Judgemental

If we are in care does that make us a problem?



## Consistent and Stable

Be there for me, stick by me



## Contactable

Can i reach you? Will you make time for me?



## Understanding

Put yourself in my shoes, don't feel sorry for me



## Honest

Don't beat around the bush, just tell me!



## Focused

See me for me, I'm not just another number



## Realistic

Don't make me a promise you can't keep



## Good Timekeeper

It's just good manners!



## Resourceful

Be creative, the same approach won't always work!



Do you meet  
Medway  
Young People's  
TOP 10  
professional  
standards?



## **AREAS FOR IMPROVEMENT**

Area based Manager-  
More to be added in regards to how children and young people are involved in the role

A lot of 'Buzz words' in general –  
more plain language i.e stakeholders  
or customers

Make sure management posts  
don't lose sight of youth voice

Job descriptions not talking about  
children and young people enough

Social worker-  
Personal qualities are poor – use the 'Top 10'  
perhaps in all job descriptions relating to roles  
within children's services

More about promoting children's views and rights



### **JOB DESCRIPTIONS OF KEY STAFF, INCLUDING SKILLS AND COMMITMENT TO PARTICIPATION**

## **STRENGTHS**

Director – Mentions children a lot in the first sentence

Senior Practitioner-  
Some good statements about communication  
and assessing need

Youth worker-  
Job description is good although personal  
qualities could still be improved

# Guide for Writing a Children and Young People's Job Description

- ✓ Use the 'Top 10' in all service Job descriptions
- ✓ Ambitious for young people and promotes others share the same drive
- ✓ Championing Children and Young People's views and rights in everything we do
- ✓ Ensuring Children and Young People's voice is listened to and acted upon
- ✓ 'Do what you say and say what you do'



## Top 10 Questions for Appraisals

1. Do you feel your worker listens to you?
2. Does your worker treat you fairly and accepts you for who you are?
3. Is your worker there when they need them?
4. Are you able to contact your worker when you need them and do they respond?
5. Do you feel your worker understands you?
6. Is your worker honest with you?
7. How well do you think your worker knows you?
8. Does your worker do what they say they will do?
9. Does your worker arrive on time and manage their time well?
10. Does your worker have creative ways of working with you? Or  
Does your worker work with you in a way that works for you?

# What next?



- Recruitment Process and how young people are involved in interviews
- Capture the voice – Action on the voice
- Join up the pockets of good work to show consistency
- Routinely capture the voice of the excluded child
- Re-design of LAC and CP feedback forms
- Social workers (Children’s workforce) training to include / involve young people and children
- More voice work needed with schools
- Bring together different youth voice groups and methods of participation (formal and informal)
- Strengthen youth voice and participation expectations in organisational safeguarding audits

# Key Points



- Collaboration from practitioners, all levels of management and young people
- Ongoing meaningful participation and engagement needs to be embedded in work and ethos of an organisation - not just a one off project
- Inclusive participation, bringing groups together

# Psychologically Informed Environments (PIE) and Trauma Informed Care (TIC)

Porchlight's approach.

# Aim



- Demonstrate the cultural shift that has improved the psychological and emotional well-being of people accessing, and working across, the Organisation.

# PIE: Key Elements



1. Relationships
2. Staff support and training
3. The physical environment and social spaces

# Staff

- Best practice guide
- Reflective Practice
- De-brief Systems
- Employee Assistance Programme
- Mandatory PIE training for ALL
- Clinical Supervision

# E Therapeutic environments

## Making people feel safe in our spaces



Studies have shown that our environment can have a significant effect on our feelings, behaviours, health and productivity.

We need to keep this in mind when designing or choosing spaces for meetings with service users, so we can be sure we're doing everything we can to build trusting relationships and to help people feel safe.



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### SPACE

Studies have shown that using small rooms for sessions can have a negative effect on communication between counsellors and their clients.

The same is true for our service users, who may feel more at ease in large, spacious rooms.

If no large room is available, think about how your room is laid out. Arrange furniture to maximise the space, and make sure that you clearly separate 'public' areas from your working space (use screens, plants or furniture to create a divide if need be).



### NATURE

Bringing nature indoors with houseplants has been proven to increase people's comfort and improve their mood.

Even artificial plants can have a positive effect and help you create a more therapeutic environment for service users.

Where you can, try to place a few plants in the rooms you use for your sessions with service users.

They may feel more comfortable in a space that promotes good health and wellbeing.



### CREDENTIALS

Clearly displaying your Porchlight credentials, certificates and any other relevant qualifications can help reassure and build trust with service users.

It has been proven that displaying credentials leads to clients judging their therapists more positively – even before their session has started.

Where possible, display them on the walls, or use frames and photograph stands.

And, in the same spirit, remember to make sure your Porchlight ID is visible at all times.



### LIGHTING

Whenever possible, use rooms with windows – research shows that the human brain and body respond positively to natural light.

Soft/natural lighting in consultation rooms can reduce stress and anxiety, make people feel more comfortable about disclosing information and create a more positive impression of the worker.

Try to make your spaces light and airy, making the most of natural light where possible. Use lamps to soften the impact of harsh overhead lighting.



### FLEXIBLE SEATING

Research has indicated that having some control over the furniture in your consultation space can make service users feel more comfortable, more autonomous and on a more level playing field with their worker.

Try using moveable chairs in your space to provide the service user with an element of choice and to help promote a sense of personal autonomy.



### COLOUR

Colour can transform the most monotonous environment into an interesting and stimulating space.

Studies show that children and young adults associate positive emotions with light colours and negative emotions with darker ones. Adults generally prefer pastels, greys and beiges.

If you can, choose a space decorated with an appropriate colour. If choice is limited, try another way to bring the right colour into your environment – for example wall hangings, screens or artwork.



### SOFT FURNISHINGS

Bring soft furnishings into a room where possible – they help to create a more calming environment.

Rugs, cushions, throws – even bean bags – all can help add personality to a space.

Soft textures can also promote mindfulness, so make sure you choose furnishings that feel as comforting as they look.



Finally, soft furnishings can make a space feel more private and safe, facilitating more effective one-to-one sessions.

### TIDY SPACES

Whatever space you're using, keep it neat and tidy! Space that is free from clutter and distraction feels safer and more welcoming; and the clearer an environment is, the more productive it will be in its use.

Clear away paper and stationery, use boxes for storage and keep everything neat and tidy. Use the tidy space to your advantage, adding plants and soft furnishings.

It has even been proven that tidier spaces equals to tidier minds – and therefore more effective working by both the worker and service user!



### AFFIRMATIONS

Affirmations are positive statements that can help increase confidence and challenge and overcome self-sabotaging and negative thoughts. They can help to gently guide our thoughts to a more optimistic mindset.

While a service user may arrive in a state of distress and not notice specific elements of décor, it's been shown that the overall mood of an environment may be significant in helping them feel more at ease – and therefore to have a more effective session.

Clearly displayed positive affirmation just may help do this.



# Environments



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# Service Users



- Reflective Practice
- Access to Porchlight's internal counselling service
- 'Chill out' zones
- Porchlight's Integrated Communities
- Coaching in PIE environments

# Trauma

- To understand someone's psychological make up we may need to know something about trauma.
- 85% of those in touch with criminal justice, substance misuse and homelessness services have experienced trauma as children. Lankelly Chase Foundation, (2015)

# Processes



Our processes allow for :

- Safety as a priority for clients
- Re-build control for clients

# Why PIE and TIC?



- Avoid re-traumatisation
- Empowered to manage and understand health and wellbeing needs
- Sustain recovery
- Staff retention and productivity

# The Million Dollar Question – when are we ‘PIE’ ?



- People with complex needs are not excluded
- Staff are trained and supported to recognise and work with the behavioural and emotional issues
- Staff are given time to reflect together

# Thank you



# Open Dialogue From Theory to Practice. Supporting trauma informed care

Yasmin Ishaq

Kent Open Dialogue Service Lead

Dr James Osborne

Consultant Psychologist

“People will forget what you said.  
People will forget what you did. But  
people will never forget how you  
made them feel”

Maya Angelou

# Topics

- Background
- Open Dialogue Model and how this can inform working with trauma.
- What we are doing in Kent
- Research
- Power Threat Meaning Framework 2016
- Questions and dialogue



## Tornio, Finland - 1980s

# Open Dialogue Outcome data from Western Lapland

Open Dialogue	Comparison with TAU
14 bed days over 2 years	117 bed days over 2 years
33% use of anti-psychotics	100% use of anti-psychotics
24% had some relapse	71% had some relapse
81% returned to work	43% returned to work

# Global Take Up

**Rapidly increasing interest** internationally and at home...

- First Wave:

Finland, Norway, Lithuania, Estonia, Italy and Sweden

- Recent Years:

Germany, Poland, Italy, Japan, New York, Massachusetts, Vermont, Israel, Czech Republic, Holland, Belgium, Greece

- Growing Interest

Egypt, Spain, France, South American countries

...training evolving and improving, becoming more accessible and focused.

# Open Dialogue is.....

- A way of delivering services
- A distinct form of therapeutic conversation call 'dialogic practice'

# MAIN PRINCIPLES FOR ORGANISING OPEN DIALOGUES IN SOCIAL NETWORKS

- IMMEDIATE HELP
- SOCIAL NETWORK PERSPECTIVE
- FLEXIBILITY AND MOBILITY
- RESPONSIBILITY
- PSYCHOLOGICAL CONTINUITY
- TOLERANCE OF UNCERTAINTY
- DIALOGISM

# Open Dialogue...

## *A Different Approach*

- Dialogism; promoting dialogue is primary and, indeed, the focus of treatment. “the dialogical conversation is seen as a forum where families and service users have the opportunity to increase their sense of agency in their own lives.”
- This represents a fundamental culture change in the way we talk *to and about* others. All staff are trained in a range of psychological skills, with elements of social network, systemic and family therapy at its core

## Twelve key elements of fidelity to dialogic practice in open dialogue

- 1 - Two (or more) therapists in the team meeting
- 2 - Participation of the family and network
- 3 - Using open-ended questions
- 4 - Responding to clients utterances
- 5 - Emphasizing the present moment
- 6 - Eliciting multiple viewpoints
- 7 - Use of relational focus in the dialogue
- 8 - Responding to the problem discourse in matter of fact style and attentive to meanings
- 9 - Emphasizing clients own words and stories
- 10 - Conversation amongst professionals in the treatment meetings
- 11 - Being transparent
- 12 - Tolerating uncertainty

# Open Dialogue in Kent...The Start.....

- In 2014 Kent and Medway Partnership Trust became interested about the possibility of becoming involved in a research trail looking into the Open Dialogue approach from a UK perspective.
- In 2014 formal discussions with NELFT led to becoming involved in the 1<sup>st</sup> training cohort for Peer Supported Open Dialogue (POD)
- In 2014 KMPT set up a Steering Group to start to consider processes and structures that would need to be in place for development of POD
- In February 2017 a pilot team started delivering POD in Canterbury and have seen over 200 service users and their networks. Early evaluative outcomes are positive.

# Reflective supervision

- Supervisory relationship conceptualised as a “working alliance”
- Tension between dependence of supervisees and the need for competence and autonomy
- Creating a safe space to be curious and at times to be vulnerable
- Take account of difference (e.g. gender, cultural, professional role, age, positional power)

# Kent Portfolio Study

- **Primary Outcome**
  - **Hospital Admission**
- **Secondary Outcomes**
  - **Mental Wellbeing (SWEMWBS)**
  - **Work and Social Adjustment (WASAS)**
  - **Carer Support Scale (CWSS)**
  - **Clinical improvement (HoNOS)**
  - **NHS Community Mental Health Survey**

# Community Mental Health Survey

	Question from the Community Mental Health Survey	2017 National Score	2017 KMPT Score	2017 POD Score at 6 months
Overall	Overall, on a scale of 0 (I had a poor experience) to 10 (I had a good experience)	7.03	6.51	9.38
Contact	In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.12	5.39	8.83
Family	Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	6.80	5.78	9.62
Listening	Did the person or people you saw listen carefully to you?	8.12	7.81	10.00
Help	Do the people you see through NHS mental health services help you with what is important to you?	6.36	5.62	9.62
Time	Were you given enough time to discuss your treatment and needs?	7.54	7.24	10.00

	Baseline		3 months		6 months	
	mean	SD	mean	SD	mean	SD
<b>Mental Wellbeing</b>	18.00	4.63	23.75	5.71	26.00	2.94
<b>Work and Social Impairment</b>	23.10	10.65	15.27	8.92	13.00	7.44
<b>Carer support scale</b>	43.09	5.72	48.33	3.08	50.25	0.96

## “Open Dialogue – Development and Evaluation of a Social Network Intervention for Severe Mental Illness (ODDESSI)”

- 5 year programme, NIHR Programme Grants for £2.4 m
- Comprehensive evaluation with 5 work packages, including a multi-centre cluster RCT
- 5 plus NHS Trusts across UK signed up as study sites
- Majority of OD staff teams, including peer support workers, will be trained by late 2017
- Feasibility study in KMPT and NELFT - July 2018-February 2019
- Full trial started July 2019



## National Recognition for Innovation in developing Open Dialogue



# The Power Threat Meaning Framework

- Replaces the traditions practice of “what is wrong with you” with 4 others;
- What’s happened to you? (How is power operating in your life?)
- How did it affect you? (What kind of threats does this pose?)
- What sense did you make of it? (What is the meaning of these situations and experiences for you?)
- What did you have to do to survive? (What kind of threat response are you using?)

# Relational understanding of distress

- No assumption of pathology and “biological” aspects are not privileged
- The individual does not exist separately from his/her relationships, community and culture. Meaning is intrinsic to the expression and experience of all forms of emotional distress, giving unique shape to the individual's personal response.

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# Summary

- **KMPT began running the first NHS Open Dialogue service in England in February 2017**
- **Service users are given the opportunity to take part in research**
- **Papers for publication Summer 2019**
- **Quantitative data will illustrate the measurable outcomes**
- **Qualitative data will illustrate what NHS staff think and feel about the approach**
- **The ODDESSI national trial has begun and KMPT will play a major role in recruiting and collecting data**

## THE KEY ELEMENTS OF DIALOGIC PRACTICE IN OPEN DIALOGUE: FIDELITY CRITERIA

Mary Olson, Ph.D.\*

Jaakko Seikkula, Ph.D.#

Douglas Ziedonis, M.D., MPH\*

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# University of Jyväskylä, Finland

This work has been supported by a grant from the Foundation for Excellence in Mental Health Care awarded to Dr. Ziedonis at the University of Massachusetts Medical School.

**OPEN  
DIALOGUE**

**1. Immediate Response**

“Responsive, quick to access”.. “Very quick contact and subsequent visit”

**2. Social Network**

“it helped us all to talk without arguing” .....“All present were involved in the discussion”

**3. Flexibility and Mobility**

“super flexible with appointments which is great “

**4. Responsibility**

“Things are done when asked. I feel no judgement towards myself”

**5. Psychological Continuity**

“I like that there are the same people that are around and not different ones”

**6. Tolerance of Uncertainty**

“it makes it easy to explore difficult and painful issues in a positive and open way”.

**7. Dialogism**

“come up with comments and reflections that help on that particular session”.

## Workshop C Making Innovation ACE Aware: A Prototyping Workshop

•	<p><b>Wicked Problem:</b></p> <p>A wicked problem is a social or cultural problem that is difficult or impossible to solve.</p> <p>Our wicked problem is:</p> <p><b>Reducing the impact of Adverse Childhood Experiences (ACEs)</b></p>	
•	<p>We might take that a step further and suggest the problem is also, or might instead be...</p> <p><b>Preventing ACEs from occurring in the first place.</b></p>	
Q?	<p><b>What makes a wicked problem difficult to solve?</b></p> <ol style="list-style-type: none"> <li>1. Incomplete or <b>contradictory knowledge</b></li> <li>2. The number of <b>people and opinions</b> involved</li> <li>3. The large <b>economic burden</b></li> <li>4. The <b>interconnected nature</b> of these problems with other problems.</li> </ol>	
•	<p>Reducing the impact of ACEs is...</p> <p><b><i>“A complex issue that requires systems leadership across multiple organisations in order to support a shift in paradigm thinking that recognises pathways between social exposures and health outcomes.”</i></b> (Laura Austin-Croft, Public Health Registrar)</p>	
•	<p>(Taken from the Kent and Medway ACE Ambassadors development programme)</p> <p><b><i>“Here in Kent and Medway we are working together to prevent and reduce the impact of ACEs by co-creating settings and services which recognise and respond to trauma and offer additional support where it is chosen.”</i></b></p>	
Q?	<p>If our role might therefore be to design, develop and sustain that additional support, <b>what might hinder us?</b></p> <p>The system as it currently exists <b>lacks supporting infrastructures.</b></p>	

➤	<p>(From "Leading from the Emerging Future: From Ego-System to Eco-System Economies" by Otto Scharmer, Katrin Kaufer)</p> <p><b>Where are we now? (Presencing)</b></p> <ol style="list-style-type: none"> <li>1. Organisation and System Assessment (Now)</li> </ol>	
➤	<p><b>Where do we want to be? (Crystallising)</b></p> <ol style="list-style-type: none"> <li>2. Organisation and System Assessment (Future)</li> </ol>	
•	<p>The 4.0 way of organising:</p> <ul style="list-style-type: none"> <li>• <b>Influence by attraction rather than control</b></li> <li>• <b>Tolerance for uncertainty</b></li> <li>• <b>Organising around common intention</b></li> </ul>	
•	<p>What we need is <b>infrastructures that provide new spaces for profound collaborative renewal...</b></p>	
•	<p>—that is, <b>new and safe spaces</b> that allow us to <b>prototype new behaviours, new mindsets, and new cultures</b> of collaborating across boundaries.</p>	
•	<p><b>Prototyping is:</b></p> <ol style="list-style-type: none"> <li>1. Translating an idea or a concept into experimental action</li> <li>2. Allowing an individual or group to explore the future by doing</li> <li>3. An early draft of what the final result might look like</li> <li>4. A practical learning experience</li> </ol>	
Q?	<p><b><i>What are you now or what would you like to be prototyping? Give examples from your organisation or setting.</i></b></p>	
•	<p><b>Some prototyping principles:</b></p> <ol style="list-style-type: none"> <li>1. <b>Crystallise your vision</b> and intention</li> <li>2. <b>Stay connected to the future</b> that stands in need of you</li> <li>3. Create a <b>place of silence</b> for yourself every day</li> <li>4. Clarify key <b>questions that you want to explore</b></li> <li>5. Form a <b>core group</b> to cultivate your shared intention</li> <li>6. Design a <b>tight review structure</b> that accelerates fast feedback</li> </ol>	

➤	<b>Prototyping Worksheet 1</b>  Use the following questions to help clarify the intention of your prototype:	
Q?	<b>Is it relevant?</b> Does it matter to all the key stakeholders: <i>individually</i> (for the person involved); <i>institutionally</i> (for the organisations involved); and <i>socially</i> (for the communities involved)?  Often, the relevance for each stakeholder is framed quite differently.	
Q?	<b>Is it right?</b> Does it have the right size and scope? Does the microcosm that you are focused on reflect the whole (eco-system) that you are dealing with? For example, ignoring the patients' perspective in a health project, the consumers in a sustainable food project or the students in a school project misses the point.	
Q?	<b>Is it revolutionary?</b> Is it new? Could it change the game? Does it address and change (some of) the root issues in the system?	
Q?	<b>Is it rapid?</b> Can you do it quickly? You must be able to develop experiments right away in order to have enough time to get feedback and adapt (and thus avoid analysis paralysis).	
Q?	<b>Is it rough?</b> Can you do it on a small scale? Can you do it locally? Let the local context teach you how to get it right. Trust that the right helpers and collaborators will show up when you issue the right kinds of invitations "to the universe".	
Q?	<b>Is it relationally effective?</b> Does it leverage the strengths, competencies and possibilities of the existing networks and communities at hand?	
Q?	<b>Is it replicable?</b> Can you scale it? Any innovation hinges upon being replicable and whether or not it can grow to scale. In the context of prototyping, this criterion favours approaches that activate local participation and ownership and excludes those that depend on massive infusions of external knowledge, capital, and ownership.	
	<i>"We aren't going for lots of huge strategic actions at this event, it's about learning something and taking that onboard in one's personal and professional life."</i>	

## Organisation and System Assessment – ACEs Prevention: PRESENT

	Ownership	Capital	Leadership	Coordination	Workforce	Prevention	Learning	
1.0	Government	Philanthropic	Authoritarian	Central Planning	Homogenous	Punitive	Doctrinal	Traditional – Authority and Input-centric
2.0	Local Authority	Financial	Incentivised	Commissioned	Professional	Do To	Academic/ Evidence-based	Outputs – Efficiency-centric
3.0	Funders/ Providers	Social/ Economic	Consultative	Networked	Regulated	Do For	Evaluative	Outcomes – Stakeholder/ Person-centred
4.0	Shared/ Co-Productive	Cultural/ Creative	Community	Awareness Based	Entrepreneurial	Do Together	Experiential/ Co-sensed	Generative – Eco-system-centric

## Organisation and System Assessment – ACEs Prevention: FUTURE

	Ownership	Capital	Leadership	Coordination	Workforce	Prevention	Learning	
1.0	Government	Philanthropic	Authoritarian	Central Planning	Homogenous	Punitive	Doctrinal	<b>Traditional – Authority and Input-centric</b>
2.0	Local Authority	Financial	Incentivised	Commissioned	Professional	Do To	Academic/ Evidence-based	<b>Outputs – Efficiency-centric</b>
3.0	Funders/ Providers	Social/ Economic	Consultative	Networked	Regulated	Do For	Evaluative	<b>Outcomes – Stakeholder/ Person-centred</b>
4.0	Shared/ Co-Productive	Cultural/ Creative	Community	Awareness Based	Entrepreneurial	Do Together	Experiential/ Co-sensed	<b>Generative – Eco-system-centric</b>



[www.HeadStartKent.org.uk](http://www.HeadStartKent.org.uk)



HOMWOOD SCHOOL  
& SIXTH FORM CENTRE

Learning • Respect • Belonging

[www.Homewood-School.co.uk](http://www.Homewood-School.co.uk)



# Workshop Objectives:

1. *To gain an understanding of Homewood School's whole school approach to resilience and wellbeing*
2. *To explore how being ACE aware can be embedded within a whole school/setting approach and create trauma-informed spaces*

# A Whole School Approach

*“A whole school approach is cohesive, collective and collaborative action in and by a school community that has been strategically constructed to improve student learning, behaviour and wellbeing, and the conditions that support these”.*

Public Health England (2015) Promoting Children and YP Emotional Wellbeing: A Whole School and College Approach.

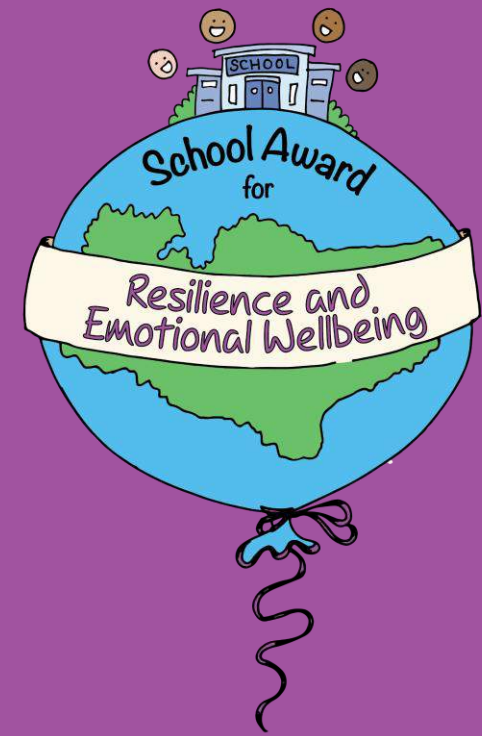
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Public Health England (2015)  
Promoting Children and YP  
Emotional Wellbeing: A Whole  
School and College Approach.

# Homewood School

- Created a Resilience Team
- Completed Resilience Toolkit
- Created an Action Plan
- Introduced Resilience Conversation Tool
- Accessed services and grants, where appropriate
- Developed student groups
- Contribute to the data and evaluation of the HeadStart programme
- Chair a district community of practice
- Reviewed Whole School Approach principles
- Awarded School Award for Resilience and Emotional Wellbeing



If you are interested in finding out more about this process and how you can apply for this award please visit [www.HeadStartKent.org.uk](http://www.HeadStartKent.org.uk)

# Activity

In pairs or small groups, match the Whole School Approach principles (in **green**) to the examples of practice from Homewood School (in **yellow**).



# Creating a Trauma-Informed School

<https://www.youtube.com/watch?v=XHgLYI9KZ-A>

# The 5 Rs of being ACE aware



## 1. Realisation

Awareness of the impact of adverse childhood events

## 2. Recognition

Understanding signs/ symptoms through caring centred support

## 3. Resilience

Empowering and collaborative approaches to care

## 4. Respond

A trauma informed approach becomes part of the culture of care and support

## 5. Resist

Seeks to actively resist re-traumatisation

# The 5 Rs of being ACE aware



## **1. Realisation**

Awareness of the impact of adverse childhood events

## **2. Recognition**

Understanding signs/ symptoms through caring centred support

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Empowering and collaborative approaches to care

## **4. Respond**

A trauma informed approach becomes part of the culture of care and support

## **5. Resist**

Seeks to actively resist re-traumatisation

# Whole School Approach

Staff Development  
Curriculum, Teaching and Learning

Leadership and Management  
Staff Development

All principles!  
Working with Parents/Carers  
Student Voice

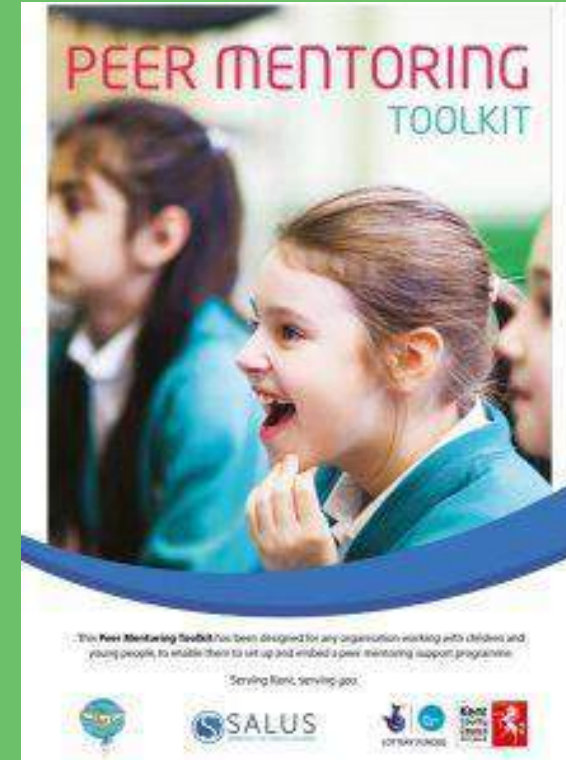
Identifying Need & Monitoring Impact of Intervention  
Targeted Support and Appropriate Referral

Ethos and Environment  
Monitoring Impact of Intervention

# Creating a Trauma-Informed School



PAY  
IT  FORWARD



## Parent Information

### Learning Journey Focus Points

[Year 7 & 8](#)

[Year 9, 10 & 11](#)

[Year 12, 13 & 14](#)

### Exam Stress

[Top Tips to support your mental health](#)

[Support in School](#)

[Mindfulness](#)

[How to help your child with exams](#)

[Peer Mentoring](#)

# Creating a Trauma-Informed School

### Useful Links

[General Mental Health](#)

[Addiction](#)

[Anti Bullying](#)

[Anxiety](#)

[Bereavement](#)

[Depression](#)

[Eating Disorders](#)

[E-Safety](#)

[Self Harm](#)

[Stress](#)

[Young Carers](#)

[Local Help Services](#)

## TIPS TO HELP WITH AN ANXIETY ATTACK

- Look around you.
- Find *five* things you can see, *four* things you can touch, *three* things you can hear, *two* things you can *smell*, and *one* thing you can taste.

***This is called grounding. It can help when you feel like you have lost all control of your surroundings.***

# Creating a Trauma-Informed School



## Mental health training in schools

Raising awareness of mental health amongst young people is very important to the Memorial Trust. Our programme for schools and young people provides evidence-based presentations and training sessions that motivate, build confidence, inform and offer ideas and tools that can easily be put into practice.



Beacon House is an integrated mental health and occupational therapy service offering a range of assessments and therapies for children, families, and adults.



Adult Mental Health



Child and Family mental health



Trauma and attachment



Looked after and adopted children



Occupational Therapy

## YOUNG MINDS

Find Help

Get Involved

For Professionals

## Building Resilience Training

Understand resilience and how to help build it in children and young people and the systems around them

What you'll learn

Why take the course?

ABOUT US

TRAINING

RESOURCES

SHOP

# Introducing Freddie...



# Links between a WSA and the Ofsted 2019 framework



*“The curriculum and the provider’s wider work support learners to develop their character – including their resilience, confidence and independence –and help them know how to keep physically and mentally healthy.”*

- ✓ A curriculum which extends beyond the academic, technical or vocational.
- ✓ A positive environment with a culture of anti-bullying and respect.
- ✓ Shared values, policies and practice at a Senior Leadership Level.

# Next Steps for Homewood School...

- Wellbeing Passports
- New PSHRE curriculum
- Ideas from our students
- Wellbeing evening
- Staff training
- Vulnerable student review meetings



# Feedback and Discussion

Do you have any questions for Wendy, her students, or Vicky?

What are your next steps in embedding a whole school/setting approach to wellbeing and being trauma informed?



# Contact Details

Vicky Saward

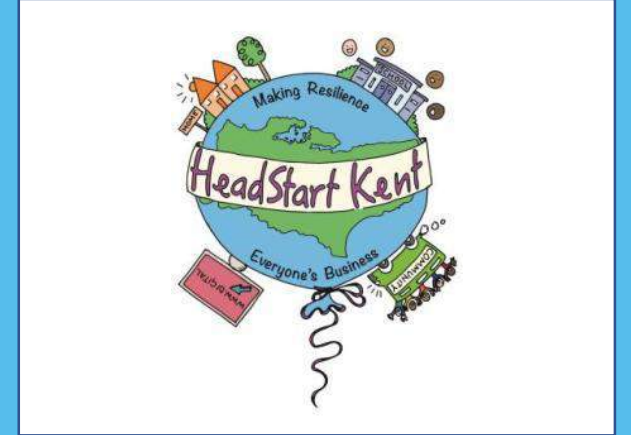
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[www.Homewood-School.co.uk](http://www.Homewood-School.co.uk)



# Thank you

