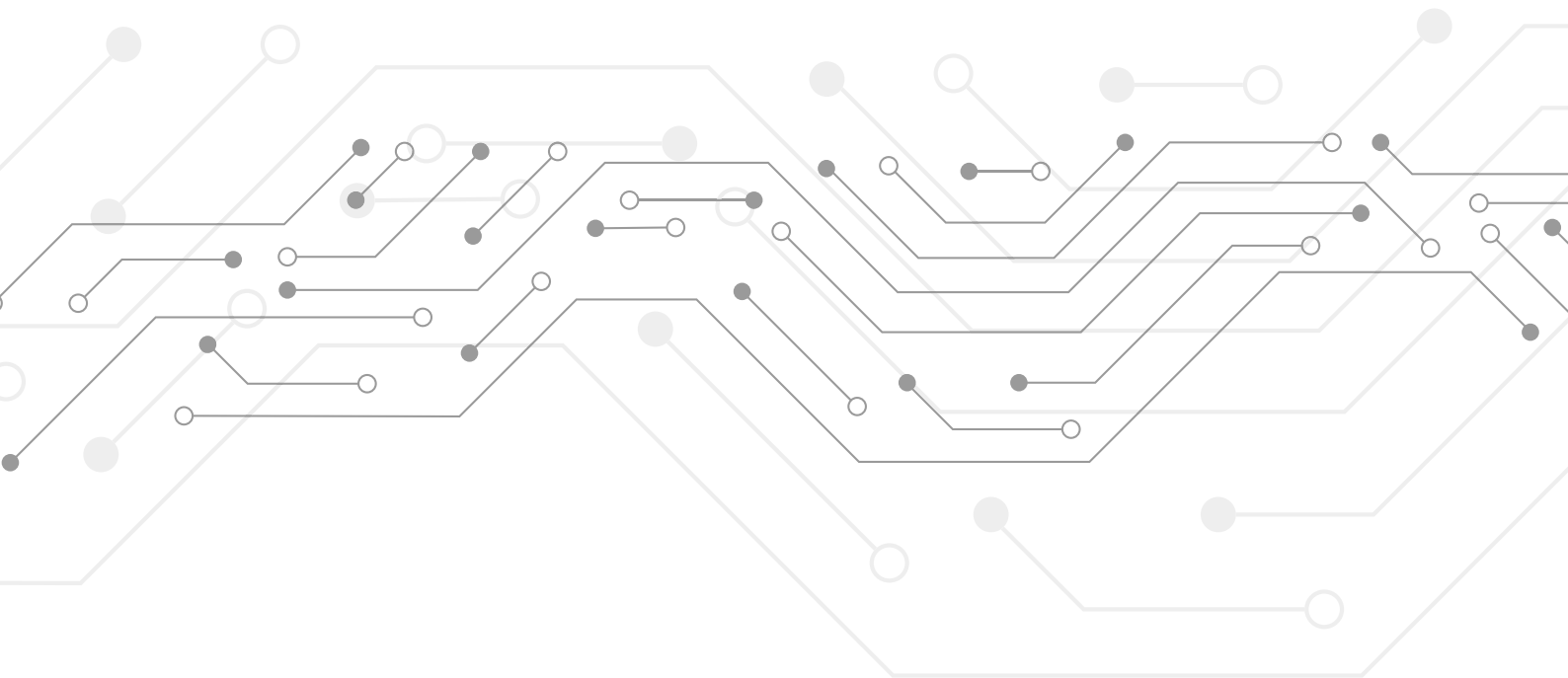


Trauma- Informed Practice Evaluation

Community Rehabilitation
Company Evaluation Series



November 2021

ingeus



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Introduction

Ingeus commissioned an independent, external consultant, Russell Webster, to undertake a series of evaluations on a range of interventions which Ingeus delivered as the lead organisation in the Reducing Reoffending Partnership (RRP), alongside Change, Grow, Live, and the St Giles Trust; which operated the Derbyshire, Leicestershire, Nottinghamshire & Rutland (DLNR) and Staffordshire & West Midlands (SWM) Community Rehabilitation Companies (CRC) between 2015 and 2021. This evaluation focuses on the investment into trauma-informed practice (TIP) made by Ingeus during this time.

Chapter 1 sets out the concept and principles of Trauma-Informed Practice. Chapter 2 describes Ingeus' investment in the TIP approach and its implications for practice. Chapter 3 presents how Ingeus will prioritise Trauma-Informed Practice in its delivery of Commissioned Rehabilitative Services and other work with people in contact with the criminal justice system.

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Executive Summary

The evidence base

In recent years there has been a rapidly growing evidence base demonstrating the links between childhood adversity, trauma and involvement in crime. People who have experienced trauma may experience symptoms of anxiety and anger and have reactions to 'triggers' that remind them of their initial traumas and losses which then influence their behaviour and responses. There is also increasing evidence that the experience of incarceration is often re-traumatising to many people. This increased awareness has led to criminal justice systems and organisations becoming more aware of the effects of trauma and moving to become trauma-informed, trauma responsive, and trauma specific in their work.

Ingeus' work

Ingeus was one of the first probation services to develop a strategic approach to promoting trauma-informed practice (TIP) across both its Community Rehabilitation Company (CRC) areas. In addition to commissioning trauma-informed practice training for all its staff, Ingeus developed a range of approaches to support both staff and people on probation affected by trauma. The organisation also developed a blueprint for trauma-informed environments and undertook a comprehensive review of all its communications with service users.

As a result of this review, Ingeus transformed the language in its existing communications with its authoritative, occasionally confrontative tone to more welcoming and motivating content. This process was applied to all letters sent to service users and included a change in the decoration of all reception areas. When these areas were reviewed from a trauma-informed perspective, it became clear that all the information on posters and signs was negative and proscriptive which combined to create a rather hostile and forbidding environment. All posters were reviewed and all Reducing Re-offending Partnership material re-written to reflect a more welcoming approach.

In addition, all reception staff attended the trauma-informed training and were encouraged to be actively welcoming. Ingeus' decision to employ people with lived experience as site hosts and ask peer mentors to circulate in reception areas to greet service users had substantial impact in changing the CRC environments from impersonal and hostile to welcoming and enabling.

Outcomes

Becoming a trauma-informed organisation requires a significant cultural shift and considerable investment in time and resources. Ingeus succeeded in training all its staff and making all its waiting areas and formal correspondence with people on probation more trauma-informed. However, its work on developing trauma-informed practice was only at a pilot stage when it was interrupted by the pandemic.

Going forward

Ingeus is determined to build on these initial building blocks. All staff involved in delivering Commissioned Rehabilitative Services have already received the same high-quality trauma-informed practice training which was made available to all CRC staff.

The organisation has also taken the significant decision to invest in clinical supervision for all team members. This will provide staff with expert input to discuss how best to help service users build resilience and to build their own resilience given the levels of trauma they regular experience through their work.

In addition to this proactive clinical supervision service, Ingeus has also invested substantially in a comprehensive employee assistance programme for those individuals coping with physical, mental and emotional health issues.

Additionally, the organisation has developed a new six module programme "*Managing Me*" designed to help service users deal with anxiety in a comprehensive approach which encompasses dealing with stress, building resilience, and understanding the impact past traumas can have on their behaviour and how to manage this impact more effectively.

By investing in high quality expert training and clinical supervision and promoting a trauma-informed practice strategy throughout the organisation, Ingeus has committed itself to work in a trauma-informed way across all areas of service delivery and in the way it supports its staff.

Chapter 1: Trauma-Informed Practice

Overview

Growing interest in the UK on the impact of psychological trauma on the behaviour, health and wellbeing of individuals, families, and communities has led to the concept of trauma-informed practice finding its way into national justice policy, including the Female Offender Strategy¹ for England and Wales and all twelve Regional Reoffending Plans² published by the Probation Service in August 2021.

Patricia Durr³ in a summary of the evidence base relating to trauma-informed work with people in contact with the criminal justice system defines trauma as:

“exposure to actual or threatened death, serious injury or sexual violence, or other deeply distressing events, and its negative impact on important areas of functioning. It is both an event and a particular response to an event and can involve direct experience, witnessing, hearing about and involvement in the event, as well as collective or public trauma as a result of structural inequalities and injustices. A trauma-informed approach acknowledges that trauma affects all of us and includes a wide range of events and experiences.”

Durr goes on to show how the links between childhood adversity, trauma and involvement in crime and the justice system are well evidenced. The connection is substantiated by a famous Adverse Childhood Experiences (ACE) study by Felitti⁴ designed to examine the childhood origins of many adult physical and behavioural health problems.

¹ Ministry of Justice (2018) The female offender strategy. London: Cm 9642

² <https://www.gov.uk/government/publications/regional-reducing-reoffending-plans>

³ Patricia Durr (2018) Trauma-informed work with people in contact with the criminal justice system. Clinks.

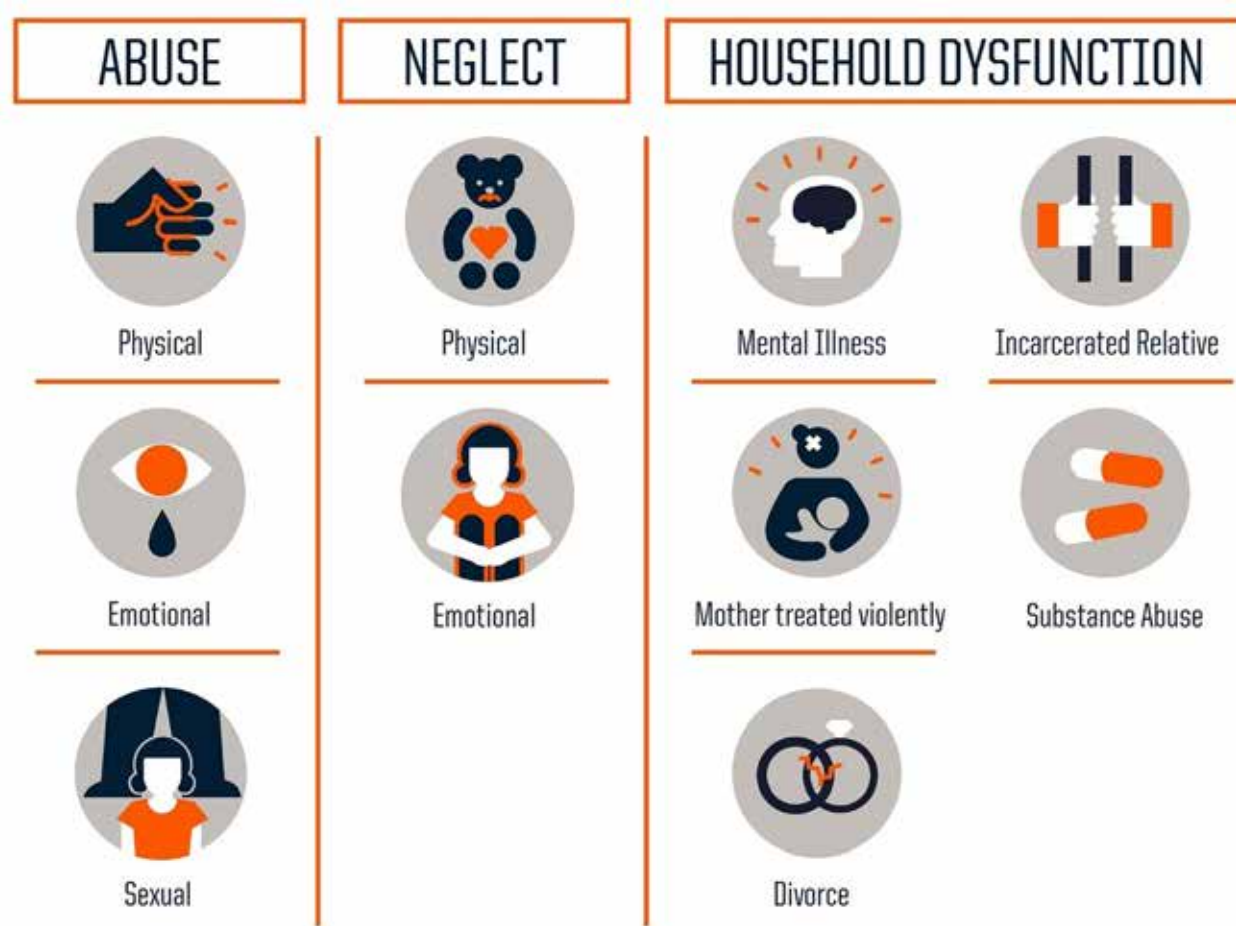
⁴ Felitti, M. D., Anda, R. F., Nordenberg, M. D. et al (1998). 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study'. American Journal of Preventative Medicine. 14.

The more recent Welsh ACE Study⁵ evidenced the link between ACEs, substance misuse, violence and imprisonment. Within the general population, those with 4+ ACEs (in comparison to those with none) were:

- 15 times more likely to be a perpetrator of violence
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated in their lives

Durr also cites evidence that experience of prolonged stress in childhood has been found to disrupt healthy brain development and lead to risk-taking and offending in adulthood.

Adverse Childhood Experiences



© Center for Disease Control

⁵ Public Health Wales (2015) Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population.

People who have experienced trauma may experience symptoms of anxiety and anger and have reactions to ‘triggers’ that remind them of their initial traumas and losses which then influence their behaviour and responses.

Dr Stephanie Covington⁶, a leading US authority on trauma-informed practice in the criminal justice system, identifies four common behaviours:

1. Retreat: may include individuals isolating, disassociating, and may lead to mental health problems such as depression and anxiety.
2. Self-harming: includes substance misuse and eating disorders as well as physical self-harm.
3. Harming others: aggression, violence, rage and making threats.
4. Physical health issues: can include experiences of health issues such as disease, autoimmune disorders and obesity.

There is increasing evidence⁷ that the experience of incarceration is often re-traumatising to many people. This increased awareness has led to a move towards criminal justice systems and organisations, including prisons and probation services, becoming more aware of the effects of trauma and moving to become trauma-informed, trauma responsive, and trauma specific in their work.

Kieran McCartan in a recent summary of the evidence base around trauma and Adverse Childhood Experiences in the lives of people who have committed offences for Her Majesty's Inspectorate of Probation⁸ describes the trauma-informed approach:

“Trauma-informed approaches are rooted in strength-based research and practice (i.e., Risk Need Responsivity and the Good Lives Model) which emphasise that offending behaviour is only one part of the characteristics of an individual. Strengths-based interventions highlight that to reduce reoffending, we need to focus on the positive aspects of the individuals that we work with, their protective factors, not just the risk factors.

Desistance is rooted in the life course and development of an individual and focuses on the way that they can learn to stop offending and change their lives. This is important in terms of reintegration as many people, because of past trauma and ACEs, may not have been fully or appropriately integrated in the first

⁶ Covington, S. (2012, rev. 2015, rev. 2016, rev. 2018, rev. 2019). *Becoming Trauma Informed: A training for correctional professionals*. La Jolla, CA: Center for Gender & Justice.

www.stephaniecovington.com/becoming-trauma-informed-a-training-for-correctional-professionals.php

⁷ For example: Beyond Youth Custody (2016) *Trauma and young offenders: a review of the research and practice literature*.

⁸ Kieran F. McCartan (2020) *Trauma-informed practice*. HM Inspectorate of Probation.

place. Taking a trauma-informed approach enables the service user to recognise that they are being heard, supported, and enabled to change which means that they can own their desistance. Additionally, there are benefits to staff who become enablers of change rather than managers of change. They become fully aware of how desistance can feed into prevention and a reduction in first time offending.”

McCartan goes on to say that in developing a person first, trauma-informed workforce, the individual service user needs to be placed at the centre of the process, allowing their voice to be heard and enabling them to move forward at a sustainable pace; promoting desistance, behaviour change, harm reduction and prevention. He advocates for a trauma-informed approach to be framed in terms of policy, practice, place, and people:

“Policy: Workplaces need to have trauma-informed practice embedded at a policy level, ensuring it is a key plank in all organisational policies and factored into the development of new policies. An organisation can then demonstrate that being trauma-informed is at the core of its ethos and business.

Practice: Being trauma-informed should be part of the day-to-day practice in an organisation; it should be constantly considered and developed. It should be written into all aspects of the organisation’s activities and be reflected in development, planning and maintenance of all working practices. It should be the subject of clear leadership in all parts of the organisation. This may mean that trauma-informed practice is recognised as a Key Performance Indicator against which all practice is measured.

Place: Being trauma-informed means that you develop a space for service users that is not trauma inducing or triggering, and where they feel able to engage with treatment, rehabilitation, or supervision without feeling that they are at risk of relapse. This is a challenge in criminal justice settings, but one that needs to be considered as the shape, layout and flow of a building may have a traumatic impact on service users in general; especially if their traumatic experiences were criminal justice related.

People: Being trauma-informed means training staff in how best to communicate and interact with service users. This involves staff training, appropriate leadership and awareness raising. Being trauma-informed needs to be at the forefront of practice in all forms of communication, support, and interactions, especially with challenging and difficult service users. In addition, having a trauma-informed workforce means a reflective workforce that is supported, supervised, and enabled in a pro-active way.”

This chapter has set out the evidence about the high prevalence of Adverse Childhood Experiences among people in contact with the criminal justice system and the increasing awareness of the importance of trauma-informed practice. The next chapter describes Ingeus’ work to promote trauma-informed practice across both CRC areas.

Chapter 2: Trauma-Informed Practice within Ingeus

Overview

Ingeus was one of the first probation services to develop a strategic and comprehensive approach to promoting trauma-informed practice across both its Community Rehabilitation Company (CRC) areas. In this chapter we set out its work in this area, separated out into the four key components recommended by McCartan above: policy, people, practice and place.

Trauma-informed policy

In 2018 Ingeus launched its strategy to build an Adverse Childhood Experiences (ACE) aware and trauma-informed organisation. The strategy was underpinned by both the evidence base outlined in the previous chapter and research commissioned by Ingeus itself. The strategy set out a number of benefits to the organisation, its staff and service users to adopting a trauma-informed approach, describing them as *“potentially transformational”*:

- Trauma-informed practice addresses ‘what matters’ and is a key enabler for other interventions to work. It will change lives and reduce reoffending.
- Trauma-informed practice motivates and energises all involved. As well as enabling Ingeus to help change lives of our service users, it also gives the organisation the ability to have an impact up-stream in preventing ACEs and reducing inter-generational offending.
- Ingeus will have a skilled and knowledgeable workforce who are up-to-date with the latest research and effective practices.
- It directly contributes to HMI Probation improvement activity.
- Ingeus can fully realise the strength in the high prevalence of ACEs amongst their staff by ensuring that key enablers and support are in place.
- It will assist in the achievement of Service Levels particularly those relating to successful completions.

The strategy set out several key objectives including:

- Developing trauma-informed practice.
- Integrating trauma-informed practice within Ingeus' operating model.
- Developing a blueprint for trauma-informed environment in two pilot sites.
- Develop Mental Health First Aid and resilience training for staff.
- Develop a range of partnerships to embed trauma-informed practice across the broader criminal justice system.

Trauma-informed workforce

Ingeus commissioned trauma-informed practice training for all practitioners across the two CRC areas delivered by Lisa Cherry, an author and leading international trainer and consultant specialising in communicating an understanding of trauma, recovery and resilience. Ms Cherry trained 475 Ingeus staff across a series of eleven workshops.

The feedback on the training was extremely positive with many participants describing it as the best and most relevant professional training they had ever received. The training resulted in widespread staff support for the development and delivery of trauma-informed practice.

Many staff became engaged in identifying the key challenges for developing Ingeus Justice into a trauma-informed organisation; these included:

- Workload management;
- The pros and cons of group work compared with one-to-one supervision;
- The restrictions of the working environment;
- Well-being resources for staff; and
- The impact of a target-driven culture on quality of core practice.

There was also widespread acknowledgement that many staff members had also experienced ACEs and the consequent impact on the workforce's resilience. There were concerns about "*secondary traumatisation*" (how staff's own traumas can be triggered by working with people with trauma) and the need for increased wellbeing support.

In response, Ingeus strengthened the support available to staff via both its Human Resources and Learning and Development teams and prioritised a fast response to staff suffering from work-related stress.

Trauma-informed practice

Ingeus implemented a number of activities to develop trauma-informed practice across the organisation. These included establishing a trauma-informed practice champion practitioner group; joining a multi-agency partnership in Nottinghamshire: Routine Enquiry about Adversity in Childhood (REACH) which aimed to establish and support organisational practice and culture change to embed TIP; and establishing a trauma-informed practice and wellbeing lead within DLNRCRC.

The researcher interviewed the trauma-informed practice and wellbeing lead, David Robinson, who described work aimed at supporting staff in their own wellbeing and in their work with service users with ACEs. He had developed a training package for staff to deliver to service users on the impact of childhood trauma. This included focus on the fact that many people experience ACEs and can lead successful and satisfying lives. The training package was strengths-based, aiming to help service users build on the qualities which supported their resilience and look to identify and modify coping mechanisms which were counter-productive and led to offending behaviour.

Staff were offered support via mindfulness, resilience building and stress management sessions. These sessions were retained and moved online when the coronavirus-induced working restrictions came into place in April 2020.

The trauma-informed practice and wellbeing lead also developed a trauma-informed practice rehabilitation activity requirement with similar objectives which was piloted with people with lived experience. This initiative and others were interrupted by a combination of the pandemic which meant that all frontline staff had to focus on service delivery and the winding up of the CRCs as part of the probation reunification process completed in June 2021.

Trauma-informed places

Few probation offices across the country are conducive to the sorts of enabling and safe environments which promote trauma-informed practice. Waiting areas often prioritise health, safety and security issues over creating a more welcoming environment and much one-to-one probation work is undertaken in small, bare cubicles. Ingeus recognised this issue and decided to test and develop a blueprint for trauma-informed environments in two pilot sites but this work was, again, interrupted by the pandemic and a shift to primarily remote working. However, the organisation undertook a comprehensive review of all its communications with service users, converting the inherited, stock probation language with its authoritative, occasionally confrontative tone to more welcoming and motivating. This process was applied to all letters sent to service users and included a change in the decoration of all reception areas. When these areas were reviewed from a trauma-informed perspective, it became clear that all the information on posters and signs was negative and proscriptive which combined to create a rather hostile and forbidding

environment. All posters were reviewed, and all Reducing Reoffending Partnership material re-written to reflect a more welcoming approach. In addition, all reception staff attended the trauma-informed training and were encouraged to be actively welcoming. Ingeus' decision to employ people with lived experience as site hosts and ask peer mentors to circulate in reception areas to greet service users had substantial impact in changing the CRC environments from impersonal and hostile to welcoming and enabling.

Summary

The initiatives described above created substantial momentum for Ingeus to create an organisation which embedded trauma-informed practice at the heart of its operations. The next chapter provides further details on how Ingeus is taking trauma-informed practice forward in the delivery of its Commissioned Rehabilitative Services and other contracts.

Chapter 3: The future of Trauma- Informed Practice at Ingeus

Introduction

Ingeus invested heavily in trauma-informed practice through the training of all frontline practitioners and reception staff and had developed a clear strategy for embedding trauma-informed practice within the organisation. The senior management team were fully aware that this was a long-term goal requiring a cultural shift and had agreed to invest in significant resources to support this shift. Inevitably, progress was slowed in the last fifteen months of the Community Rehabilitation Companies' existence by a combination of the impact of the pandemic and the Ministry of Justice's decision to discontinue CRCs.

Nevertheless, Ingeus remains committed to a trauma-informed practice approach throughout all its work and has invested significantly in the practice in its new work.

Taking trauma-informed practice forward

Ingeus has developed a strategic approach to taking forward its trauma-informed practice. It has invested in training, staff support and the development of new interventions.

Training

All staff involved in the Commissioned Rehabilitation Services have received the same high-quality trauma-informed practice training by Lisa Cherry described earlier in this report on a face-to-face basis. Ingeus also became aware that the move to remote work throughout the pandemic made many mainstream interactions feel more impersonal and less trauma-informed. The organisation has invested in additional training and practice reviews to ensure that remote working is as welcoming and engaging as possible and informed by an awareness of trauma.

Staff support

Ingeus has also taken the significant decision to invest in clinical supervision for all team members. This will provide staff with expert input to discuss how best to help service users build resilience to cope with their ACEs and to modify any negative behaviour caused by those negative experiences. Critically, clinical supervision will also allow staff the space and professional support to maintain and develop their own resilience and provide them with help to manage the impact of any re-traumatisation arising from their work. Ingeus has commissioned the award winning Community Interest Company, Innovating Minds, to deliver this clinical supervision which is available both on a quarterly basis for all staff and on a one-to-one basis for any staff member who requests it. Innovating Minds offer separate group supervision sessions to managers, frontline staff, and business support personnel to ensure that all employees received a service which is calibrated to their needs.

In addition to this proactive clinical supervision service, Ingeus has invested substantially in a comprehensive employee assistance programme for those individuals coping with physical, mental and emotional health issues.

New interventions

Ingeus has also developed a new six module programme designed to help service users deal with anxiety in a comprehensive approach which encompasses dealing with stress, building resilience and overcoming Adverse Childhood Experiences.

The modular programme, titled Managing Me, has been designed to be solution-focused with an emphasis on strategies for coping with anxiety and building resilience.

The six modules are:

1. Understanding worry and stress
2. How thoughts affect emotions
3. The impact of beliefs on feelings and behaviours
4. Resilience and overcoming adversity
5. Monitoring wellbeing
6. Graduation (a one-to-one session which helps people consolidate their learning from the programme).

Following a long testing and feedback process, the programme has been rolled out and is used by four police services (West Midlands, Staffordshire, Warwickshire and West Mercia) as an Out of Court Disposal and by Ingeus in its delivery of Commissioned Rehabilitation Services.

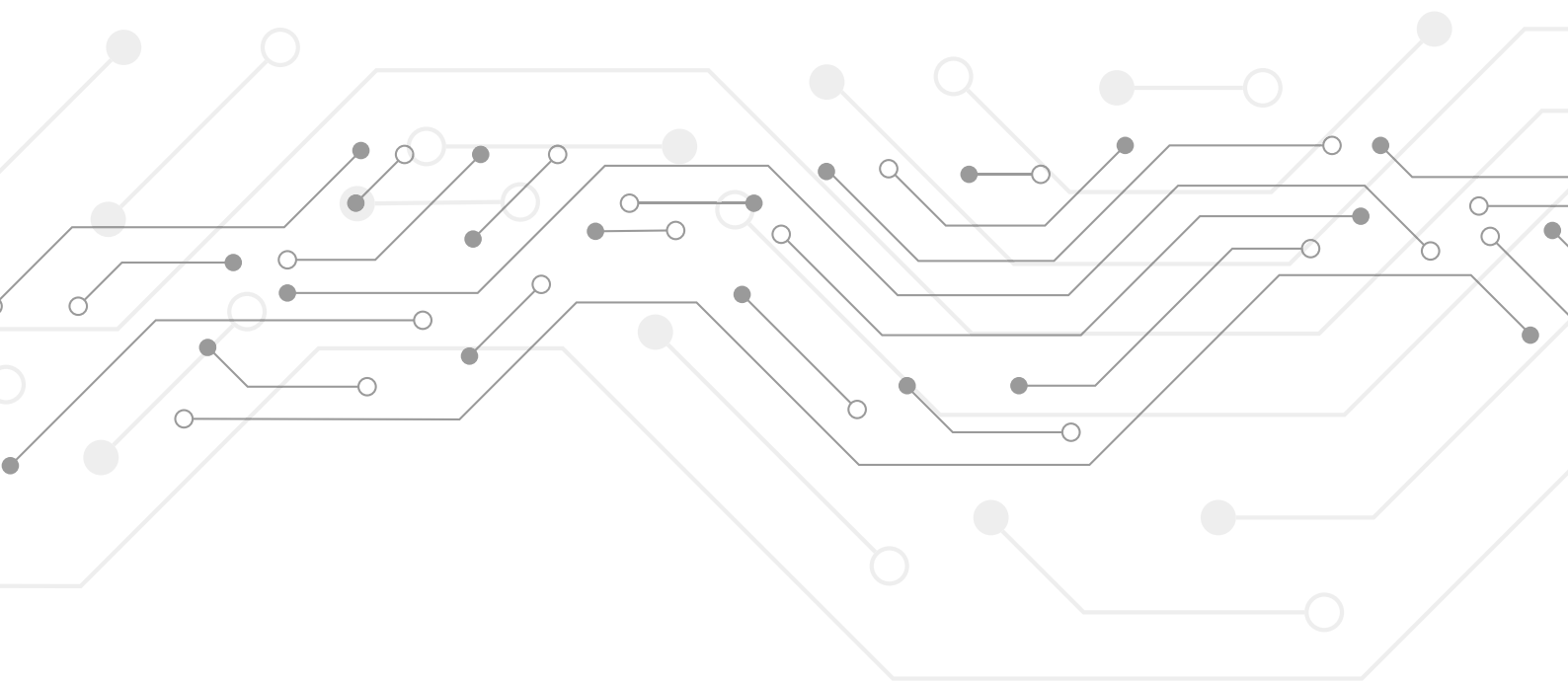
Ingeus is committed to ongoing evaluation of the programme but the feedback from service users during the pilot stage was very positive with all either agreeing or agreeing strongly with seven key statements:

- This session met the aims of the intervention – Understanding/Managing Anxiety.
- The material was easy to understand.
- The video clips were easy to access and relevant to the learning aims.
- The length of the session was appropriate.
- This session improved my understanding of anxiety.
- This session improved my understanding of coping strategies linked to emotions.

Summary

The academic evidence base provides a clear rationale for the importance of trauma-informed practice for both service users and staff in the criminal justice sector. The process of developing trauma-informed practice and culture is a lengthy one and the research continues to evolve at a substantial pace with some aspects of practice which were recommended only a few years ago, now discredited and discarded.

By investing in high quality expert training and clinical supervision and promoting a trauma-informed practice strategy throughout the organisation, Ingeus has committed itself to work in a trauma-informed way across all areas of service delivery and in the way it supports its staff. The investment in experts will enable the organisation to continue to develop practice in line with the developing evidence base.



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