



TRAUMA INFORMED COMMUNITY OF PRACTICE

USING 'ROOTS' TOOL TO HELP US THINK ABOUT TRAUMA INFORMED CARE



WHAT IS 'ROOTS'

- **Roots** reflective tool is a practice-based guide to help teams and services become trauma-informed.
- It builds on the learning in the implementation framework (Kennedy, 2020) and is designed to help staff, service users, and teams to think about what might make up trauma-informed care in their areas
- Provides a service or team with a reflective overview of how well they are adhering or progressing towards trauma-informed care in key identified areas.
- The framework is designed to be used cyclically, prompting mapping, planning, action and review.
- The results provide learning value to inform organisations (and individuals) towards self-knowledge and a culture of development.
- Learning and knowledge sharing can take place with the comparison of results across individuals and settings.
 - Where outcomes are poor, a closer examination of trauma-informed practice could take place to identify areas for improvement.
 - In areas working well, the tool can sketch how that is happening and the key factors contributing to successful outcomes that others can learn from.

ROOTS DOMAINS

- **Roots** is comprised of 7 domains:
 - Safety,
 - Language,
 - Social (relationships),
 - Trauma-specific Interventions,
 - Empowerment,
 - Whole System and
 - Compassionate Leadership.
- Each of these domains consists of several potential practical items.
- There are two parallel forms: one for staff and one for service users. Each form gives a different perspective but comparatively, they can highlight different perceptions that may need addressed and together they give a more rounded overview of actual delivery, helping to mitigate against bias.
- A RAG (red, amber, green) rating system is proposed for each domain. The ratings add to the qualitative data in the reflections.

ROOTS RAG RATING



1. A lack of dedicated resources towards implementation of trauma-informed care
2. Very few progressive efforts to achieve a trauma-informed service
3. Little to no training, development or learning offered by the service



1. Moderate attention and resources are dedicated towards a trauma-informed service
2. Recognisable efforts in achieving a trauma-informed service
3. Some evidence of good enough practice



1. Significant awareness and resources dedicated towards a trauma-informed service
2. Proven efforts in achieving a trauma-informed service
3. Significant evidence of extensive value-based application of trauma-informed care

DOMAIN I: SAFETY

SAFETY:

An organisation that promotes that the individual feels of worth, validates their experiences and opinions, and also being safe from physical harm from others and feeling a sense of belonging.

- Trauma-Informed Care needs the explicit promotion of environments, communities and practices which are physically, psychologically and socially safe for people who use services and staff.
- Therefore, an emphasis on safety from both a user and staff perspective is not only a critical basis for the start of any healing, but it is also preventative of harm to both service users and staff by prevailing practices.
- Safety, in the long run, is rarely achieved by restricting freedoms.

Staff Perspective	Service User Perspective
Service users are safe from physical harm	I feel safe from physical harm in this service
Staff are safe from physical harm	Staff are safe from physical harm here
My team/service see's everyone as of worth with valid experience and opinion	Staff see everyone as of worth with valid experience and opinion
An individual's risks are understood and formulated in the context of previous experience and trauma	Staff understand my personal risks as arising from the consequences of my past or current adverse experiences e.g., abuse, housing, finance etc.
The underlying psychosocial causes of risks are actively addressed	The triggers and underlying reasons for my personal risks are addressed
There is an opportunity for staff and service-users to reflect on safety plans to understand what has contributed to a positive outcome	I have the chance to reflect and learn with staff after my safety has been at risk either from myself or others so things can be done differently in the future
It feels safe enough to reflect and be honest when things go wrong for service-users	Staff take into account my view when looking at risk in a way that promotes my long-term healing
We take a collaborative risk-management approach with service-users to minimise inadvertent long-term harm to healing	I trust staff and are able to respect each other's opinions
There is a culture where staff and service-users trust each other to voice opinions whilst maintaining respect and value for each other	My team makes plans around my personal safety in advance rather than after a crisis
My team proactively plans around safety rather than being reactive to crises	The staff have the ability to deal with safety in a way that is personal to me
I feel I have enough skills and autonomy to manage safety issues in a patient-centred way	I feel safe from physical harm in this service