

# Trauma-informed practice, co-production and staff well-being

## Staff survey results 2023

A survey has been conducted in Bristol to support organisations to become more trauma-informed. The survey was conducted by the University of Bristol, with [Changing Futures Bristol](#) staff and lived experience members from Independent Futures helping to design the survey. The staff survey asked questions about co-production, trauma-informed practice, staff well-being and equality, diversity and inclusion.

The survey was sent out to staff at the following organisations: Changing Futures Bristol, Bristol City Council Adult Social Care team, St Mungo's, Second Step, NextLink, Barnardo's and One25. Staff completed the survey from December 2022 - March 2023. We received 84 responses, 57 of these were complete surveys, 27 people did not answer every question.

This leaflet explains some of the key findings. We have collated responses for all organisations together, as for some organisations only a few staff answered. We've included a brief update on what's happening in different areas and next steps. Areas include:

1. Staff well-being.....	p.2
2. Lived experiences of staff.....	p.3
3. Trauma-informed practice at an individual and organisational level.....	p.3
4. Co-production.....	p.4
5. Equality, diversity and inclusion.....	p.5
6. Characteristics of staff respondents.....	p.5

If you would like further information or have any questions, please contact Michelle Farr  
[m.farr@bristol.ac.uk](mailto:m.farr@bristol.ac.uk)

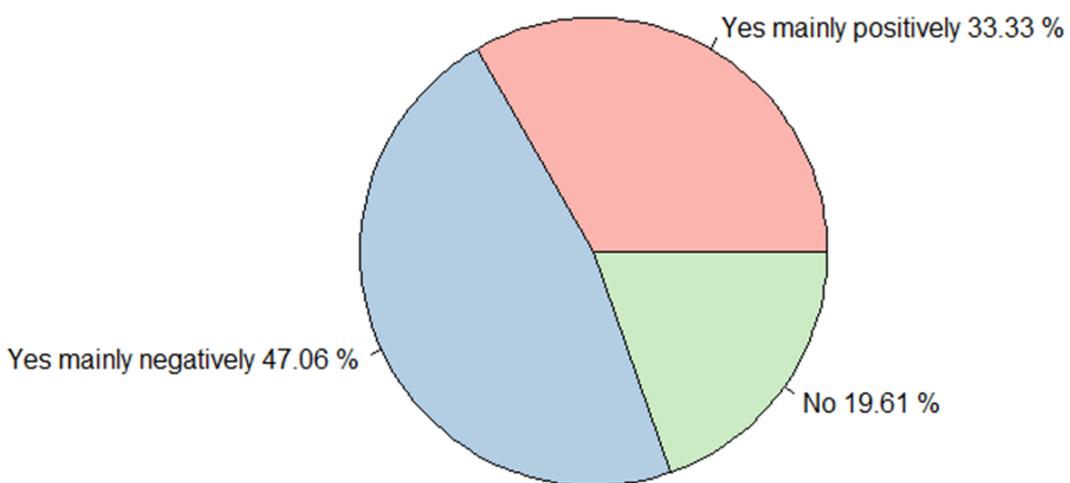


## 1. Staff well-being

A scale called the Short Warwick-Edinburgh Mental Well-Being Scale was used to measure staff well-being so we could compare the score against the national population. Staff well-being is slightly lower than the national average.

### How work affects health

Staff were asked if their work affected their health, 33% reported a positive impact, 47% reported a negative impact.



*Figure 1: How work affects health*

### Difficult times

Some staff provided additional comments highlighting the challenges of low financial resources, increased complexity of clients and in some areas low staff numbers. The stresses of work for some staff could have an impact on their personal lives. Where reflective practice was externally/ independently facilitated this could be helpful. However, even where there was comprehensive staff support (e.g. external supervision, reflective practice, flexible working policies) some staff highlighted how the impact of frontline working in the context of funding cuts and limited resources could contribute to burnout and vicarious trauma.

### What's happening in this area and next steps

There is a recognition that implementing a trauma-informed approach is important for whole organisations and the systems they work in, and not just for client facing staff. Whilst locally it is difficult to change national funding issues, there are local commitments to trauma-informed practice across Bristol City Council and the Integrated Care System. These issues are being explored in the trauma-informed systems oversight group that includes professionals from the Integrated Care Board, Bristol City Council, voluntary and community organisations, the police and lived experience members from Independent Futures. Changing Futures will be adding a section on the workforce to the multiple disadvantage strategy to identify how staff can be better supported.

## 2. Lived experiences of staff

Most staff respondents have some lived experience of different issues including mental health issues, trauma and/or adversity, domestic abuse, substance use problems, homelessness (or risk of), contact with the criminal justice system, other (respondents could specify more details) and indirect personal experience of the above through family/ friends.

- 73% had direct (personal) lived experience of one or more of the above categories
- 11% had only indirect (friends/family) experience
- 10% reported no lived experience

The average number of different types of direct lived experience (without indirect lived experience) was 1.6; including indirect experience this was 2.2.

What's happening in this area and next steps

Changing Futures Bristol are looking at ways of how to support the workforce with their own lived experience, discussing this with the national support organisation [Making Every Adult Matter](#)

## 3. Trauma-informed practice at an individual and organisational level

The survey used a validated measure called the Trauma-Informed System Change Instrument ([Richardson et al. 2012](#)), which measures changes at an individual & organisational level. All questions were rated from 1-5, ranging from not at all true (1), a little true (2), somewhat true (3), mostly true (4), and completely true (5). Ratings were highest at the individual staff level. Staff were positive about their willingness to use trauma informed ways of working and try out new ways of trauma-informed working.

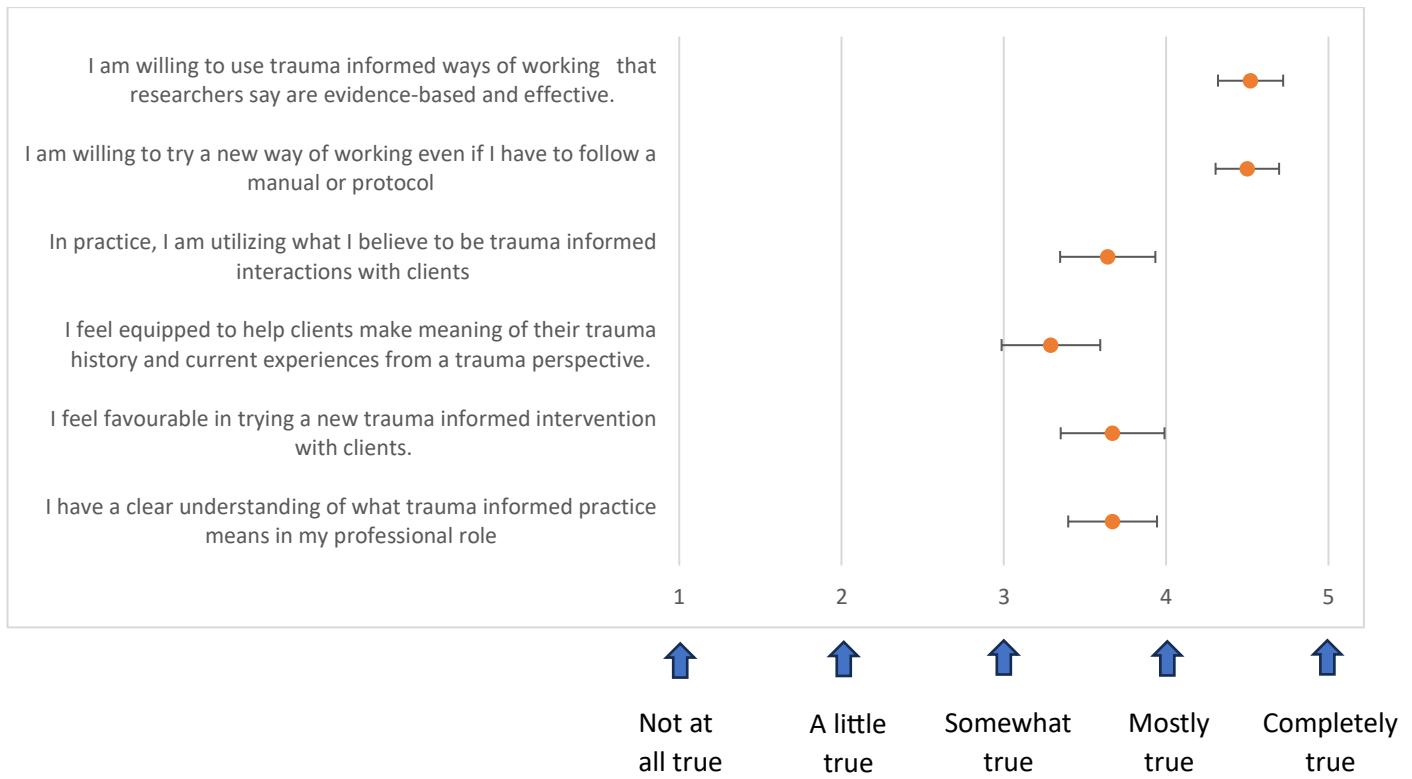


Figure 2 Trauma-Informed System Change questions at an individual level. The orange dots represent the average score across all respondents, and the bars are the 95% confidence interval around the average.

At the level of the organisation, ratings were generally lower around formalised systems or practices, and were on average around 2.5, specifically:

- a formal system for reviewing staff use of trauma informed practice
- timely trauma informed assessments for clients
- whether a client's definition of emotional safety is in treatment plans.

Questions about written policy and understanding of the impact of trauma being included into decision-making practices were better rated on average (roughly averaging out to 3.5).

Seventy per cent of staff have taken part in some form of trauma-informed training/ initiatives, which people generally found helpful and informative.

#### [What's happening in this area and next steps](#)

Organisations may have more work to do to integrate trauma-informed ways of working into formal policy and operating procedures. These results are being fed into the trauma-informed systems work within the Integrated Care System and Bristol City Council. We are discussing:

- Potential to develop a shared systems tool so that organisations can be better supported and guided in their work to create more trauma-informed approaches
- Support for different services to identify how trauma-informed practice can be embedded within their own services. For example housing, mental health services, and police all have different contexts within which they can adopt more trauma-informed ways of working.

#### **4. Co-production**

We adopted the “Co-production & Involvement Audit” self-assessment tool that has been widely used (originally developed by the New Economics Foundation and the Co-production Network for Wales [2019](#)). This tool helps organisations assess how effective they are at successfully adopting co-productive ways of working. It consists of fifteen action statements, organised in accordance with core principles of coproduction rated on a scale of 1-5 represented by little or no action (1), we've made a start (2), a little progress (3), good progress (4), and consistent progress (5).

The strongest results show good progress around client outcomes.

- “our work is shaped around what matters to the individual” (average score 4.09)
- “we focus on creating good outcomes – the difference in someone’s life” (average 4.07)
- using asset and strengths-based approaches (average 4.05)

The lowest rating on average was around shared responsibility and power at a policy and strategy level:

- decisions about policy and strategy are shared amongst all (average 2.81)

Staff comments illustrated a strong commitment to more co-productive ways of working, with some areas of good practice, and other areas limited by time, resource, and hierarchies.

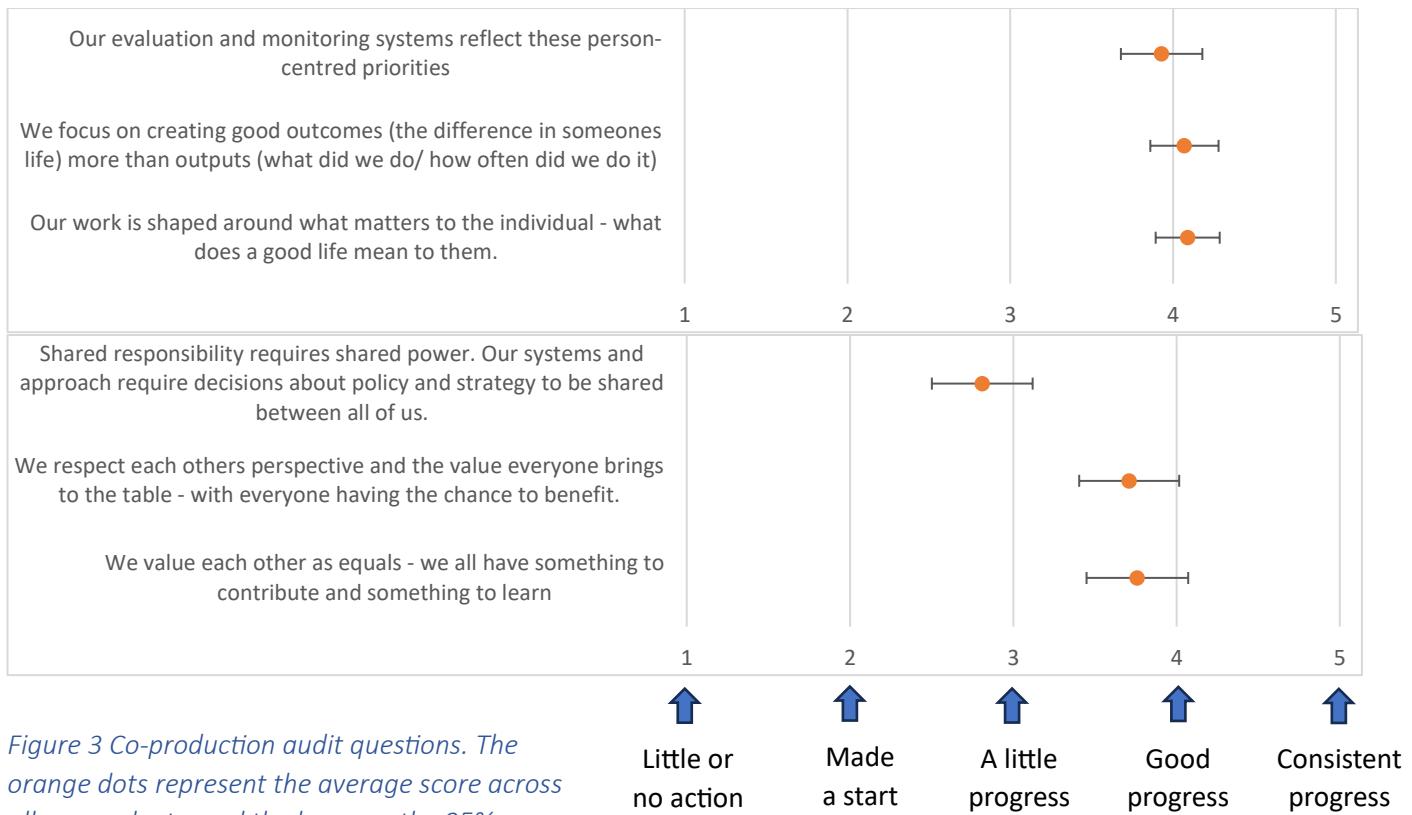


Figure 3 Co-production audit questions. The orange dots represent the average score across all respondents, and the bars are the 95% confidence interval around the average.

What's happening in this area and next steps

Changing Futures have set up The Copro Lab which is a community of practice focussing on co-production work in Bristol to share practice and learning to maintain high standards of co-production in Bristol, in partnership with [Making Every Adult Matter](#). For further details please email [Sarah-Jane.Freni@second-step.co.uk](mailto:Sarah-Jane.Freni@second-step.co.uk)

## 5. Equality, diversity and inclusion

The Equality, Diversity and Inclusion questions were developed from Kurzawa et al. (2021) and further edited and tailored with Changing Futures staff. Respondents on average felt comfortable raising issues about any inequalities they face at work. Respondents felt that unconscious bias is recognised and action taken to address it within their organisation between some of the time and often. However it is difficult to draw firm conclusions from this, for example because of the small numbers of respondents from Black and mixed ethnic heritage groups.

What's happening in this area and next steps

The Changing Futures Programme Board are planning their next steps for systems change work. The short list of work programmes includes a focus on addressing racial abuse from the position of the workforce who experience it and clients who may perpetrate this, addressing the policy changes needed.

## 6. Characteristics of staff respondents

Overall, there was a mix of age groups (see Figure 4 next page). The gender ratio overall was skewed heavily towards female respondents, with a roughly 3:1 ratio (Figure 5). The majority of respondents were White, with the rest of participants (6.58%) reporting Black or Mixed Heritage (Figure 6).

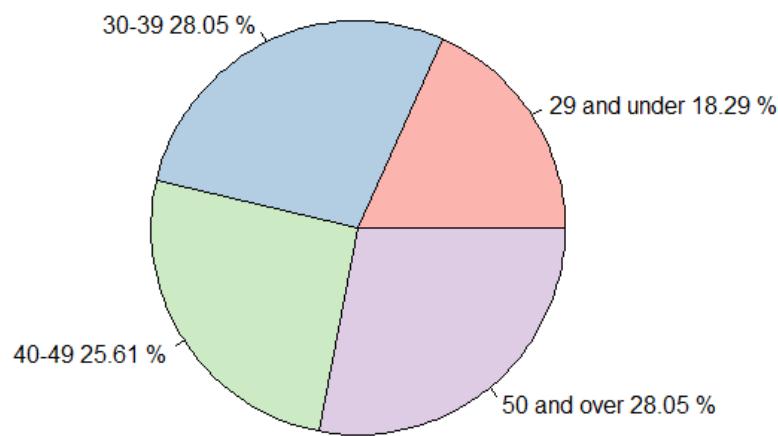


Figure 4: Age groups of staff survey participants

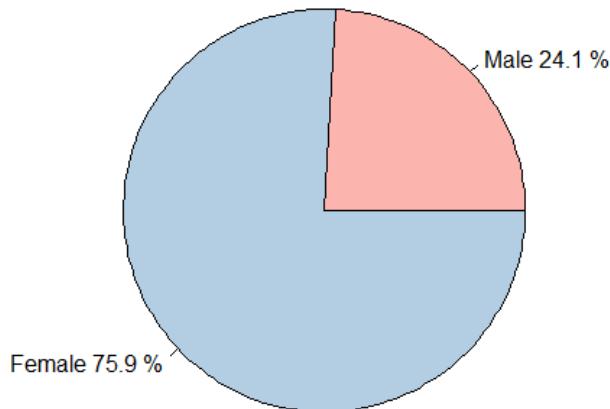


Figure 5: Gender of participants

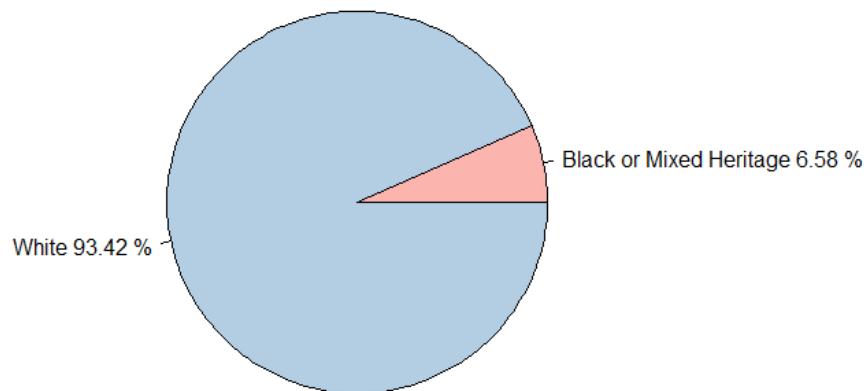


Figure 6: Ethnicity categories

## Funding

This project is funded by the NIHR Three Research Schools Mental Health Practice Evaluation Scheme 2021, reference number MH021. It is supported by the National Institute for Health and Care Research Applied Research Collaboration West (NIHR ARC West). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

## Acknowledgements

Thanks to everyone who was involved in the development, distribution and analysis of this survey, including Changing Futures staff and partners, Independent Futures members Thomas Traub and Jason Burrowes, and researchers working on this survey including Emily Eyles and Theresa Redaniel.