

# Trauma Informed Organisational Toolkit



# Introduction

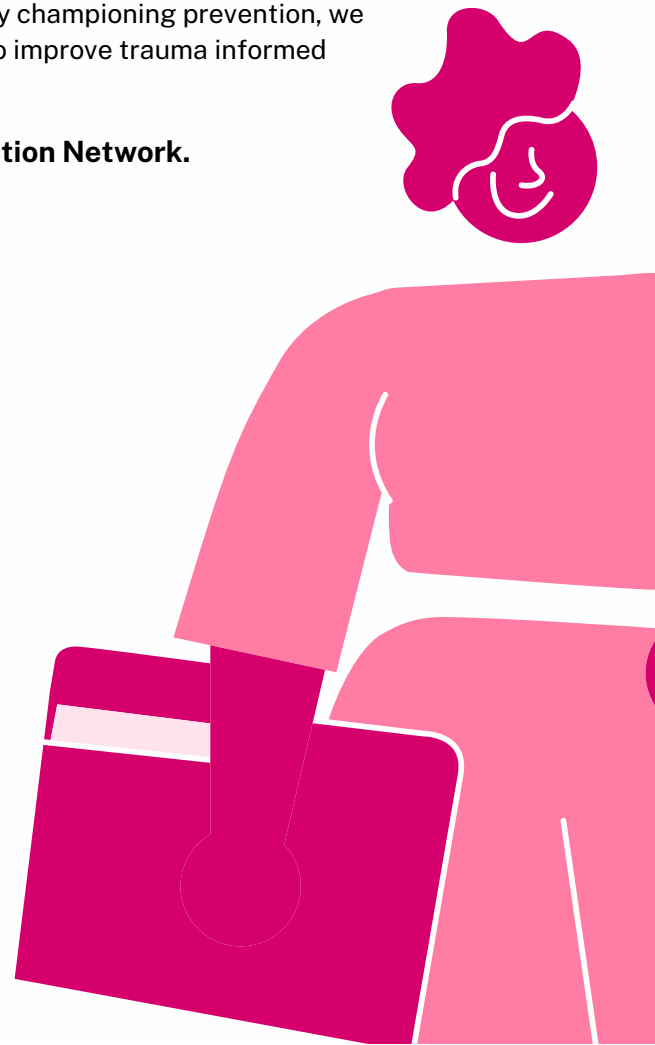
Prevention and Trauma Informed practice are a major part of the “Lancashire Violence Reduction Network”, it is in our DNA and is a fundamental pillar of what we do. The LVRN and our multi-agency partners are committed to “Trauma Informed Lancashire”, and many have signed a pledge to trauma informed practice, undertaken self- assessments, developed organisational plans and some are even applying for a national charter mark. All of this with the aim of becoming more trauma informed.

It is our belief that very few people wake up one morning thinking they would be violent, there are often “causes of the causes” and sometimes these underlying causes are related to personal trauma, social determinants, and health inequalities. Thus, trauma recognition and adapting your approach accordingly is a vital part of professional practice and when appropriate there is a need to challenge our existing systems. It is not about easy options or shortcuts but becoming the best professional version of yourself to meet our community needs. Being human and treating people (including yourself) in the best way possible is a vital ingredient to trauma informed practice.

Of equal importance is the resilience and wellbeing of professionals working in this arena and how to manage yourself accordingly. A healthy workforce are more effective when we recognise that trauma is everywhere, and this includes our own workforce. Showing yourself compassion, kindness, empathy and developing hope is just as important as working with our local community members in a trauma informed way.

This Trauma Informed Organisational Development Toolkit has been written by a team of subject matter experts who understand our Lancashire systems and processes. The team were keen to assist local system leaders in assessing where their organisation stands on addressing the causes of the causes of violence and trauma. By championing prevention, we aim to intelligently use the data and evidence available to us to improve trauma informed practice across Lancashire.

**Susannah Clarke Director of Lancashire Violence Reduction Network.**



This toolkit has been designed by the Lancashire Violence Reduction Network and Lancaster University as a resource to:

**Promote discussion about how we respond to trauma.**

- Reflect on current practices.
- Identify what trauma informed practices and resources organisations already have in place.
- Guide organisations to understand the process of embedding a trauma informed approach
- Carry out self and peer evaluations against specific statements.
- Facilitate collaborative learning.
- Identify developmental needs and next steps.
- Develop a common language within and across multi-agencies.
- Utilises the lived experience voice

**Encourage leaders to:**

- Think about their organisation through a trauma informed lens.
- Develop infrastructure to support cultural change.
- Incorporate understanding of trauma in all policies and practices.
- Develop reflective practice and critical thinking.
- Consider and minimise the impact of vicarious and secondary trauma.
- Provide effective supervision to the whole workforce.
- Utilises the lived experience voice.
- Encourage relevant organisations to apply a local TI Charter Mark



# Section 2: The Rationale

## Why adopt a Trauma Informed approach?

Trauma is recognised as a profound, global, public health burden. The pervasive and harmful impact of traumatic experiences on individuals, families and communities, and the inadvertent but widespread re-traumatisation of children and adults within existing services and systems, has made it essential to rethink 'how we do business'. Although many people who experience trauma will progress in life without any long-term negative impacts, far too many others will experience more profound difficulties and traumatic stress reactions. That said, research indicates that with appropriate support, people can overcome traumatic events. However, many individuals and families have gone – and continue to go – without appropriate support or interventions. Left unaddressed, trauma can prevent achieving good health and wellbeing. Over the years, a tendency to focus on the presenting symptoms (e.g. violence or substance 'abuse'), at the expense of addressing underlying issues, has led to huge human and economic costs to society. Now more than ever, there is an urgent need to tackle the impact of trauma and focus on how public systems can support people to prevent, as well as recover from traumatic events. Only by working together, across systems and with our communities, will we reduce the complex and interconnected social determinants and inequalities, which drive trauma. Consequently, this Trauma Informed Organisational Development Toolkit has been designed to cultivate collective, cross-sector learning, to support the ongoing development of trauma informed services.

## What do we mean by trauma?

Decades of work have generated multiple definitions of trauma. The Lancashire VRN has adopted SAMHSA's (2014, p.7) definition, with this definition being now adopted by the UK Government.

*Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*

## What do we mean by Trauma Informed care?

Trauma Informed care (see glossary for further information) originally emerged in healthcare settings, but has since been adopted by criminal justice systems, schools and other services for children, adults and families.

- A primary aim of Trauma Informed care is to increase an organisation's awareness of how trauma can negatively impact on children and adults, so that they can adapt practices to avoid causing further trauma.

- Trauma Informed approaches have been defined as:

*An organisational change process focused on preventing (re) traumatisation within services.*  
Sweeney and Taggart (2018, p.385)

## What is an Organisational Strategy to becoming Trauma Informed?

Hanson, and Lange (2016) identified a variety of strategies for becoming Trauma Informed, mapping found 15 components, across three domains: workforce development (WD); trauma focused services (TFS); and organisational environment and practices (ORG).

In the table below, we highlight the activities and components that were most identified as important elements of Trauma Informed care.

### WD

Training all staff in awareness and knowledge on the impact of abuse and trauma.

Measuring staff proficiency in defined criteria to demonstrate trauma knowledge/practice

Strategies/procedures to address/reduce secondary trauma stress among staff.

Knowledge/skill in how to access and make referrals for evidence-based trauma focused practices

### TFS

Use of standardised, evidence-based screening/assessment measures to identify trauma history and trauma-related symptoms or problems

Inclusion of child's trauma history in child's case record/file/service plan

Availability of trained, skilled clinical providers in evidence-based, trauma focused practices

### ORG

Collaboration, service coordination, and information sharing among professionals within the agency and with other agencies related to Trauma Informed services

Procedures to reduce risk of client re-traumatisation

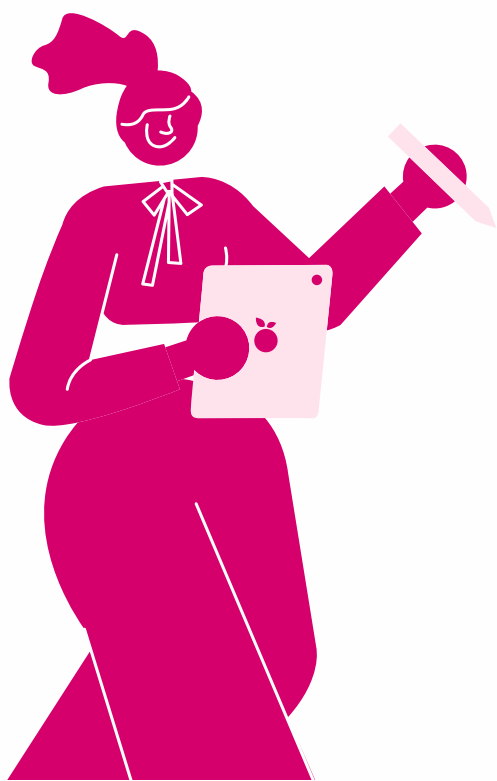
Procedures for consumer engagement and input in service planning and development of a Trauma Informed system

Provision of services that are strengths based and promote positive development

Provision of a positive, safe physical environment

Written policies that explicitly include and support Presence of a defined leadership position or job function specifically related to Trauma Informed care

Trauma Informed principles



## How was the toolkit designed?

For an organisation to be Trauma Informed we recognised there a 6 Core values- these 6 core values form the basis of the OD toolkit and they are documented below.

The toolkit is designed to allow leaders to self-assess whether they are Trauma Aware, Trauma Sensitive, Trauma Responsive or Trauma Informed. Therefore, each of the core values reflects what would be expected of that organisation within that journey.

### The 6 Core values of a Trauma Informed Organisation

#### Operational Commitment

Policy and Procedures reflect the 6 core values of Trauma Informed Approach and Practice

#### Leadership

Organisations have identified leads that ensure that the Lived Experienced and staff voices influence and shape decision making

#### Workforce Development

Trauma Informed Practice is supported throughout the organisation. Staff wellbeing is a priority.

#### The Environment

Organisations understand the impact of the spaces where their service operates and adapts such environments to ensure that re-traumatisation does not occur

#### Cultural, Historical and Gender

All areas of the Organisation lead with an inclusion to for all regardless of gender, faith, ethnicity, disability and sexuality.

#### Quality assurance

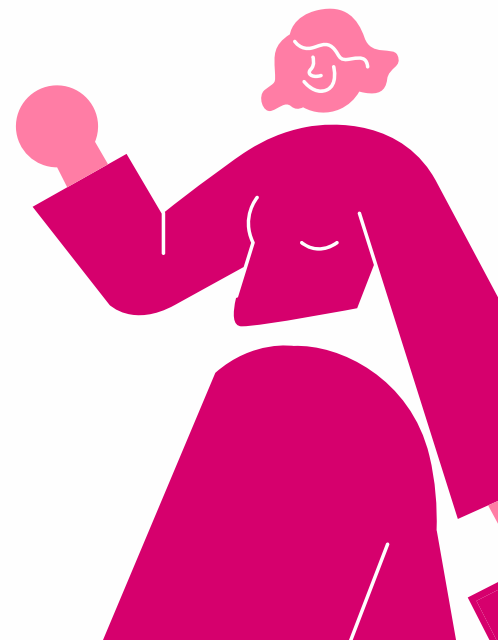
The Lived experience, staff voice alongside external evaluation on a consistent basis will ensure the effectiveness of the Trauma Informed Approach.

Note 1. The 6 core values Of a Trauma Informed Organisation guidance for Trauma Aware (Appendix 1)

Note 2. The toolkit utilises the 4 Domains of Trauma Informed Approach and 6 core principles of a Trauma Informed Practice to support Organisations to consider a holistic approach both internally and externally (Appendix 2)

Note 3. Hanson, and Lange (2016) identified a variety of strategies for becoming Trauma Informed, mapping found 15 components, across three domains: workforce development (WD); trauma focused services (TFS); and organisational environment and practices (ORG). (Appendix 3)

Note 4. The toolkit also provides a Practitioner and Manager Skills and Knowledge Toolkit for the purposes of workplace development (See Appendix 4)



# Section 3: How to use the toolkit?

The toolkit is divided into four phases and has been designed to be highly flexible so that each organisation (programme, individual, team or department) can focus on what is most relevant depending on the service they provide. The toolkit also considers the 6 core values Of a Trauma Informed Organisation.

## The 4 phases

Phase	Definition
Trauma Aware	The organisation has a basic understanding of what trauma is, its prevalence and recognises how it can impact on people who use services and staff
Trauma Sensitive	The organisation has begun to: explore the trauma informed principles in daily work; build consensus; consider the implications of embedding trauma informed practice; and is preparing for change
Trauma Responsive	The organisation is readily responding to trauma, including support for both the people who use the service and staff, and has begun to change the culture to align with the trauma informed principles
Trauma Informed	A trauma informed (TI) approach is the norm, accepted and embedded in the organisation so it no longer depends on a few 'champions', 'coaches' or 'leaders'. The organisation continues to work with partners (people with lived experience, communities and multi-agencies) to strengthen and adapt its trauma informed approach. The programme or service has been rigorously evaluated and outcomes demonstrate the positive impact of changes made

Note 1. This toolkit has been written primarily for organisational development purposes (taking a 'whole systems' approach), however we encourage flexibility in its application; the toolkit might also be useful for the development of individuals and teams, although individual or team completion is not to be taken as representative of a whole organisation.

Note 2. The Trauma Informed Organisational Developmental toolkit refers to the whole of this document, whilst the Self and Peer Evaluation Toolkit refers specifically to Section 6.

Note 3. This document forms one of several trauma informed resources produced by the Lancashire Violence Reduction Network. The document is not intended to be used in isolation; it is designed to complement existing trauma informed resources, training, and processes that organisations are currently engaging in locally, nationally and transnationally.

Note 4. An existing understanding of trauma informed care, approaches and practices is essential to implementing this toolkit.

Note 5. It is possible to begin at phase 1 and move through all 4 stages. Alternatively, some organisations may find it more appropriate (depending on their journey) to begin at a later phase.

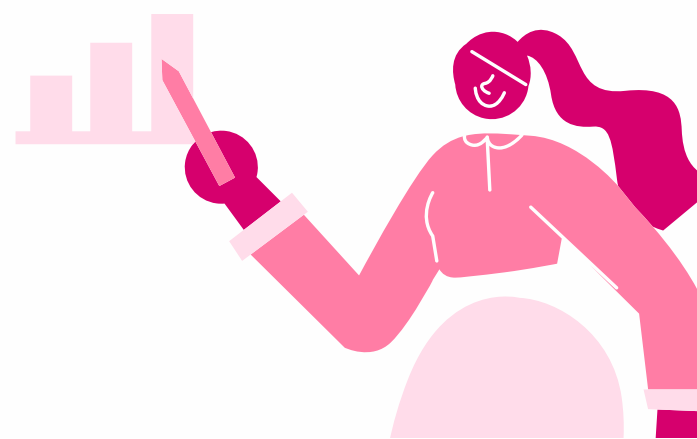
Note 6. Different individuals, teams and departments within organisations may be at different 'phases', at different points in time, along their trauma informed journey

## How to use the toolkit?

Self Evaluation	Peer Evaluation	Next Steps
The statements in each phase are intended to guide evaluation of current practice.	Once you have completed the self-evaluation, you can make contact with the VRN who will suggest a peer evaluating organisation.	If you choose not to take part in a peer evaluation, then you can make notes under the 'Plan of action / Reflective comments' heading yourself.
·For each statement, decide if the statement has been 'fully developed' (FD), is 'in development' (ID), or is 'under development' (UD).	The peer evaluation should be a supportive, developmental process, where learning is shared (not a process of critique).	Continue to work through each phase to progress along a continuum of being trauma aware > trauma sensitive > trauma responsive > trauma informed.
Place a tick within the appropriate column, then write down what evidence you have to support each statement.	The peer evaluating organisation should provide feedback under the 'Plan of action / Reflective comments' heading	Social life and organisations are continually evolving and therefore it is important to see the development of trauma informed approaches as an ongoing process (i.e. there will be new recruits, new challenges and a need to continually review policies and practices in the context of a changing landscape).

Note 1. The Peer and Self Evaluation Toolkit is not a formal evaluation or certification process.

Note 2. For further details about the peer review process please contact the VRN (contact details provided on the back of this document).

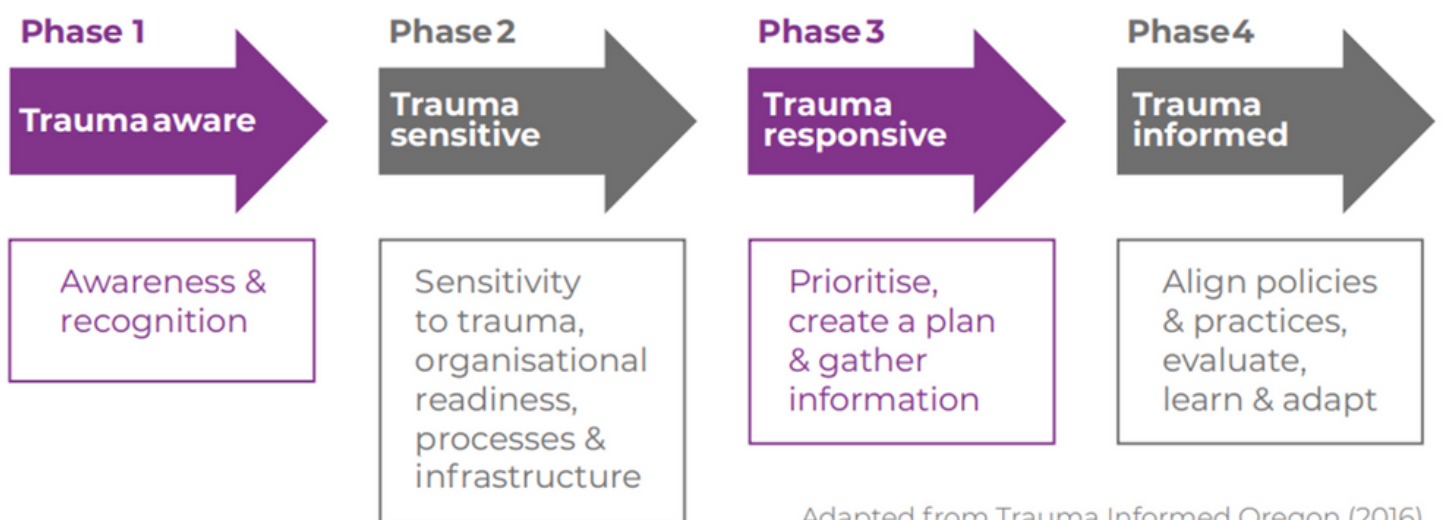




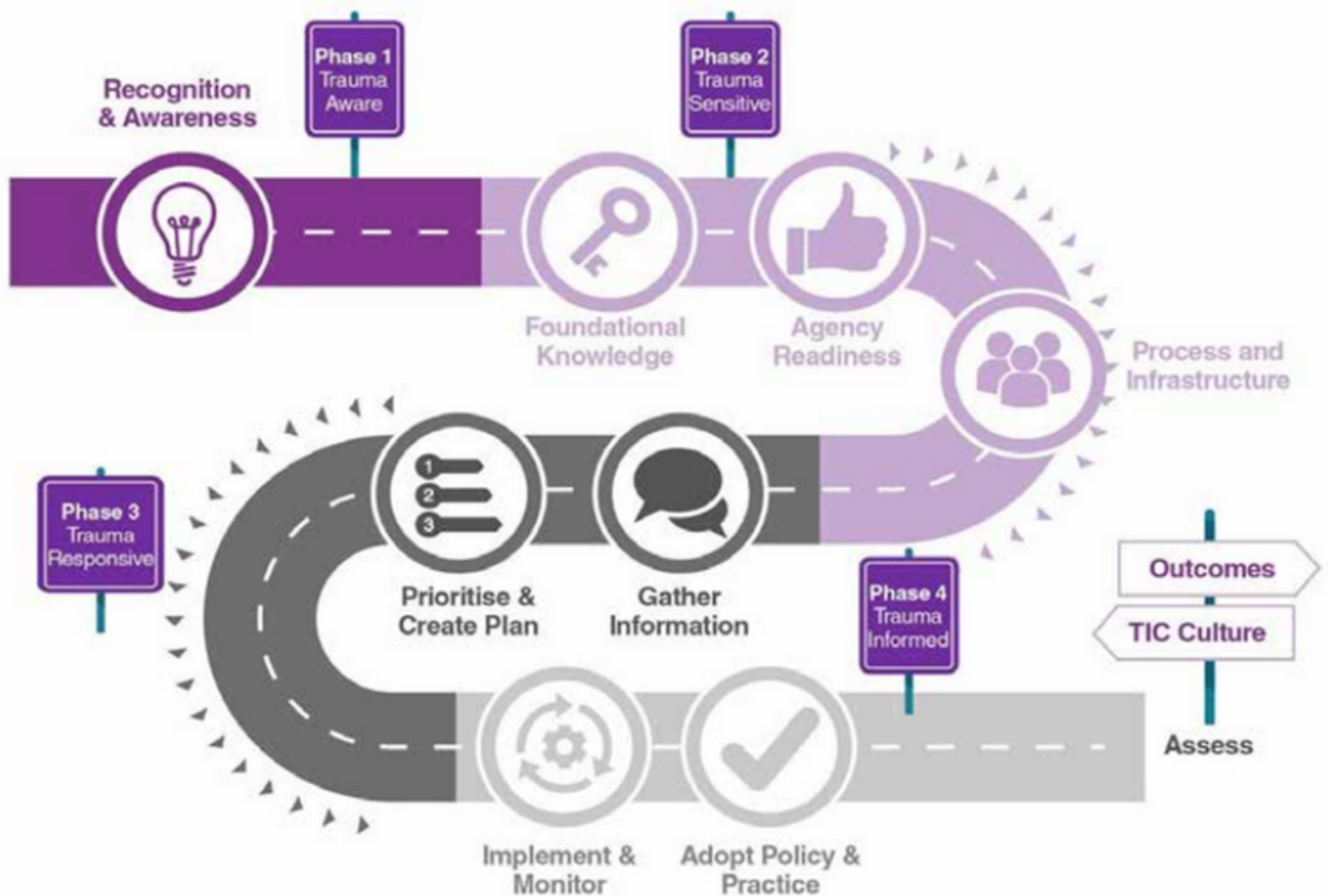
# Section 4: Why use a phased approach?

By taking a phased approach we:

- Anticipate that different organisations will be at different points along their Trauma Informed journey.
- Also recognise that different people within organisations, are likely to be at different points along the phased continuum and can move backwards and forwards based on internal and external factors.
- Encourage you to refer to the most appropriate phase depending on your (individual, team or) organisation's current practices.
- Consider that implementing a Trauma Informed approach takes time; it is a gradual process of continual development (not a training package or a tick-box exercise) and requires 'buy-in' throughout the whole system.



# Section 5: A Trauma Informed journey



Adapted from Trauma Informed Oregon (2016)

## Section 6: The Self and Peer Evaluation Toolkit

Please see Appendices for additional guidance and support.

1. What is the toolkit looking for within an organisation? - The 6 Core values guidance- Appendix 1

2. What is the toolkit looking for practice, culture, process, and procedure? The 4 Domains of Trauma informed approach and 6 principles of trauma informed practice- Appendix 2

3. What is the toolkit is looking for within the workforce? - Practitioner/Manager Knowledge and Skills Toolkit- Appendix 3

<p style="text-align: center;"><b>Trauma Aware: Awareness, Developing, Planning and Reviewing</b></p>	FD	ID	UD	Peer Evaluation	Evidence (What is already in place?)	Reflection/Action (Where are the gaps- How are they to be address- Why, When, Who?)
<p style="text-align: center;"><b>Operational commitment</b></p> <p>How policy and procedures are reviewed, updated, and implemented to incorporate awareness of the Trauma Informed Practice Core Principles</p> <p>Strategic planning addresses the development and implementation of TIP</p>						
<p style="text-align: center;"><b>Leadership</b></p> <p>The process of the development of Trauma Informed Hierarchy and Leads</p> <p>How the staff and lived experience voice and participation is reflected within service delivery</p>						
<p style="text-align: center;"><b>Workforce Development</b></p> <p>The development and implementation of Trauma Informed Approaches and Practice across the organisation</p> <p>The review process and development of Staff Wellbeing policies and procedures including recruitment and development pathways</p>						
<p style="text-align: center;"><b>The Environment</b></p> <p>Workplace and community spaces are reviewed, and action plans are in place to ensure that such spaces are reflective of the 6 core principles of TIA.</p> <p>How lived experience and staff voices are reflected in planning for change</p>						
<p style="text-align: center;"><b>Cultural, Historical and Gender Issues</b></p> <p>Organisations are aware of and responsive to community characteristics recognising intersectionality and need, both for staff and those who use the service.</p>						
<p style="text-align: center;"><b>Quality assurance</b></p> <p>The development of plans to measure impact and quality Lived experience voice and staff feedback is reviewed and addressed.</p> <p>Accountability systems acknowledge and inform about the development of TIP</p>						

<p><b>Trauma Sensitive: Collaborative Implemented</b> See Appendix 1 for guidance notes</p>	FD	ID	UD	Peer Evaluation	Evidence (What is already in place?)	Reflection/Action (Where are the gaps- How are they to be address- Why, When, Who?)
<p><b>Operational commitment</b></p> <ul style="list-style-type: none"> <li>·Policies and procedures reflect the voices and experiences of the people who use their service.</li> <li>Organisations work collaboratively share their trauma informed knowledge and practice.</li> </ul>						
<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>· Organisations have a top-down approach to working with trauma.</li> <li>· Staff and the lived experienced voice are given the opportunity to contribute to the development of both the corporate and service plans.</li> <li>Engaging with the wider community voice</li> </ul>						
<p><b>Workforce Development</b></p> <p>Organisations are committed to maintaining high standards of staff support and prioritise staff safety and wellbeing and are committed to regular and appropriate staff supervision and to staff development concerning trauma informed working.</p>						
<p><b>The Environment</b></p> <ul style="list-style-type: none"> <li>· Staff needs are recognised and responded to within the physical environment of the organisation.</li> <li>Where physical environment changes cannot be made, the organisation details the strategies in place to support individuals.</li> </ul>						
<p><b>Cultural, Historical and Gender Issues</b></p> <ul style="list-style-type: none"> <li>· Organisations recognise and respond to people's faith, disability, ethnicity, sexuality, gender, and non-binary identities.</li> </ul>						
<p><b>Quality assurance</b></p> <ul style="list-style-type: none"> <li>·Organisations regularly monitor the progression of their trauma informed approach and response to trauma.</li> <li>·Demonstratable process, procedure, governance and guidance</li> </ul>						

<p><b>Trauma Responsive: Committed. Dedicated</b> See Appendix 1 for guidance notes</p>	FD	ID	UD	Peer Evaluation	Evidence (What is already in place?)	Reflection/Action (Where are the gaps- How are they to be address- Why, When, Who?)
<p><b>Operational commitment</b> ·The organisation has identified current strengths based on the TI principles The organisation can demonstrate a change in culture towards being TI</p>						
<p><b>Leadership</b> · Organisational strengths are being captured and celebrated to create a positive movement and drive further change Workers are able to apply TI knowledge in practice and reflexive practice is supported</p>						
<p><b>Workforce Development</b> · Language used considers the TI principles The needs of workers exposed to trauma, whether directly or indirectly, are recognised and addressed (e.g. staff supervision and trauma therapy)</p>						
<p><b>The Environment</b> People are supported to safely disclose experiences of trauma where appropriate</p>						
<p><b>Cultural, Historical and Gender Issues</b> People affected by trauma have their immediate needs for safety identified at the earliest possible opportunity so they can be protected from further harm</p>						
<p><b>Quality assurance</b> · There are processes in place for gathering feedback and meaningful input from 'service users' and staff · Reviews of outcomes, policies and procedures, and organisational development plans incorporate change through a TI lens</p>						

<p><b>Trauma Informed: Innovative. Leaders. Excellence</b> See Appendix 1 for guidance notes</p>	FD	ID	UD	Peer Evaluation	Evidence (What is already in place?)	Reflection/Action (Where are the gaps- How are they to be address- Why, When, Who?)
<p><b>Operational commitment</b> ·Trauma Informed organisational cultures and approaches to working with those who have experienced trauma are embedded in practice Organisational strengths are being captured and celebrated to create a positive movement and drive further change</p>						
<p><b>Leadership</b> Organisations demonstrate and maximise the strengths of both staff and the lived experience voice in promoting excellence in trauma informed practice and are dedicated to developing nurturing relationships between staff and those who use the service.</p>						
<p><b>Workforce Development</b> · Workers are supported to deliver TI practice Reflexive practice is an essential tool and reflective supervision is embedded into routine practice</p>						
<p><b>The Environment</b> Organisations are dedicated to developing a trauma responsive service and workplace and are dedicated to having a trauma informed philosophy, culture and environment</p>						
<p><b>Cultural, Historical and Gender Issues</b> There is a dedication to healing and long-term recovery from trauma through the delivery of trauma specific interventions that are gender responsive, and person centred.</p>						
<p><b>Quality assurance</b> The development and review of quality assurance processes, to assess the value and effectiveness of the organisation's trauma responsive approach is in place.</p>						

# Section 7: Appendix

## Appendix 1

### The 6 core values Of a Trauma Informed Organisation

#### **Operational commitment**

Evidence in respect policy or procedure the organisation is planning to develop to reflect the 6 core values highlighting what would need to be changed and why, i.e staff wellbeing policy and procedure, induction process and documentation. Evidence highlighting the importance of the 6 core values within policies and procedures across the organisation. Evidence of how the organisation will include the voices and experiences of those who use their service, when designing and planning services.

#### **Leadership**

Evidence of the organisation's plan to implement the 6 core values throughout the organisation. To incorporate varying roles and responsibilities in the Trauma Informed approach, such as Steering groups or TIA leads and the varying levels of representation within such groups for staff and lived experience. Evidence of the effectiveness of such an approach. Evidence of how staff and lived experience influence and shape the strategic decision making.

#### **Workforce Development**

Information reflecting how the recruitment process will implement a Trauma Informed approach including the written and verbal communication, clarity and accuracy of information and timescales that are considerate to candidate's needs. Evidence of the interview approach and expectations of interviewers. Process for induction and support for new employees. Learning and development toolkits that include Trauma Informed Approaches. Evidence highlighting staff wellbeing policies and procedures that demonstrate how staff trauma both personal and vicarious are supported and by managers with a clear expectation of safety and confidence within such processes. Information relating to staff development and opportunities within the organisation that are fair and without bias. Staff supervisions incorporate Trauma Informed practice and the impact on those who may utilise the service/organisation.

#### **The Environment**

Evidence of how environment would be adjusted/improved ensuring the 6 core values are reflected. Information of reviews of premises that will seek to avoid re traumatisation, will include staff and lived experience to consider the environment through a trauma informed lens and make adaptations based on recommendations and findings. These should include reception areas, self-care space for staff and community spaces for public and staff.

#### **Cultural, Historical and Gender Issues**

Information of how the organisations considers and understand cultural competency and the impact upon the staff and this that may engage with the service/organisation. Evidence of staff training including that of diversity and beliefs alongside evidence of impact and review of training and policies. Evidence of the organisations understanding of the varying communities, and the value of collaboration with communities, and their needs within society and hoe these are reviewed and implemented through policy and training with a lead of inclusion to for all regardless of gender, faith, ethnicity, disability and sexuality. Information in relation to the impact upon that engage with the service that promote a person-centred ethos and recognise the varying needs and experiences in such an approach.

#### **Quality assurance**

Evidence of the plan for, implementation and review process of the Trauma Informed approach across the organisation. This will include the process for staff and lived experience voices to be collated and utilised within all stages, the process of confidentiality within said processes and recognition of challenges that may arise and how such challenges will be managed.

### The 4 Domains of a trauma-informed approach (SAMHSA (2014):

#### Realisation

In a Trauma Informed approach, all people at all levels of the organisation or system have a basic realisation about trauma and understand how trauma can affect families, groups, organisations, and communities as well as individuals. People's experience and behaviour are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances, whether these occurred in the past, whether they are currently manifesting, or whether they are related to the emotional distress that results in hearing about the first-hand experiences of another.

#### Respond

The programme, organisation, or system responds by applying the principles of a trauma-informed approach to all areas of functioning. The programme, organisation, or system integrates an understanding that the experience of traumatic events impacts all people involved, whether directly or indirectly. Staff in every part of the organisation, from the person who greets clients at the door to the executives and the governance board, have changed their language, behaviours and policies to take into consideration the experiences of trauma among children and adult users of the services and among staff providing the services. This is accomplished through staff training, a budget that supports this ongoing training, and leadership that realises the role of trauma in the lives of their staff and the people they serve.

#### Recognition

People in the organisation or system are also able to recognise the signs of trauma. These signs may be gender, age, or setting-specific and may be manifest by individuals seeking or providing services in these settings. Trauma screening and assessment assist in the recognition of trauma, as do workforce development, employee assistance, and supervision practices.

#### Resist Re-traumatisation

A trauma-informed approach seeks to resist re-traumatisation of clients as well as staff. Organisations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the wellbeing of staff and the fulfilment of the organisational mission. Staff who work within a trauma-informed environment are taught to recognise how organisational practices may trigger painful memories and re-traumatise clients with trauma histories.



**The 6 principles of Trauma Informed Practice are:**

# 01

## **Safety**

Ensuring safety of the individual. Throughout all organisations people accessing services and staff feel culturally, physically, and psychologically safe

# 02

## **Trust**

Organisational procedures and decisions are transparent, including providing timely, accurate and honest information about what is happening, what will happen next and why

# 03

## **Peer Support/Self Help**

Enable people to feel valued, recognise their strengths, develop new skills, and become independent. Supporting them to identify peer support and mutual self help

# 04

## **Collaboration**

Understanding power imbalances and working to 'flatten the hierarchy' and make shared decisions. Ensuring empowerment, a voice and choice. Working With not too- in collaboration and with mutuality agree goals

# 05

## **Empowerment**

Promote choice. Recognise that every person's experience of trauma is unique and requires an individualised approach. Avoid re-traumatisation - Be conscious to prevent making people feel powerlessness

# 06

## **Cultural, Historical and Gender Issues**

Recognise trauma. Understand and be aware of history and Taking the time to hear the influences and impacts upon life

SAMHSA (2014)

## Appendix 3

### Knowledge and Skills Toolkit

Those individuals who work directly with people who have experienced adversity and trauma. They have a detailed understanding of adversity and trauma, their potential impacts throughout the life course and mitigating factors and strategies. They have universal knowledge, know how to communicate and respond effectively, establish trusted relationships, build resilience, reflect on their own personal and professional experience and how it may influence their work, use a range of positive and creative strategies and know when to seek advice and support.

### Trauma Informed Practitioners

Knowledge	Skills/Behaviours
<p style="text-align: center;"><b>Trauma Aware</b></p> <ul style="list-style-type: none"> <li>· Adversity and trauma can affect people in different ways.</li> <li>· Some people manage to do well despite experiencing adversity and trauma, and do not wish for or need any further response.</li> <li>· Adversity and trauma can affect people's mental health and wellbeing, physical health, capacity for learning and life chances.</li> </ul> <p style="text-align: center;"><b>Trauma Sensitive</b></p> <ul style="list-style-type: none"> <li>· The consequences of adversity and trauma can affect people's ability to successfully access the care, support, and treatment they require in a range of settings.</li> <li>· Resilience and linked protective factors are key to determining how adversity and trauma affect people.</li> <li>· People use different ways to survive, adapt to, and cope with negative traumatic experiences and their impacts. These depend on internal vs external factors. Some of these can seem confusing or self-defeating unless viewed as adaptive coping responses to overwhelming threat and its consequences.</li> </ul> <p style="text-align: center;"><b>Trauma Responsive</b></p> <ul style="list-style-type: none"> <li>· Understand that good social support and relationships are key to building resilience in individuals (workers and service users) and communities.</li> <li>· Understand the importance of the practitioner themselves being supported to practice good self-care and have access to formal and informal support/supervision to help them manage the impact of secondary trauma exposure in the workplace.</li> </ul> <p style="text-align: center;"><b>Trauma Informed</b></p> <ul style="list-style-type: none"> <li>· Understand the importance of reflective practice, and recognition of the impact of their own personal and professional experiences on themselves and on their work.</li> <li>· Have a good working knowledge of local and national services or know where to find that information.</li> <li>· Understand the power of language in creating an adversity and trauma informed culture/setting/service.</li> </ul>	<p style="text-align: center;"><b>Trauma Aware</b></p> <ul style="list-style-type: none"> <li>· Can identify what adversity and trauma are, how someone who has experienced adversity and trauma might present and the kind of situations that might trigger memories or associated feelings.</li> <li>· Respond to the person by asking what help (if any) he or she would like or needs.</li> <li>· Respond to the person with empathy and without criticism or blame.</li> <li>· Know own limits and when to seek advice and support.</li> </ul> <p style="text-align: center;"><b>Trauma Sensitive</b></p> <ul style="list-style-type: none"> <li>· To make sense of a person's current difficulties by considering "What happened to you?" instead of "What's wrong with you?" and, if appropriate, goes on to ask, 'How has this affected you?' and 'Who is there to support you?' <ul style="list-style-type: none"> <li>· Use strengths-based approaches to building interpersonal relationships and resilience. Recognise that another person's perceptions of strengths (e.g. what makes a good life) may differ from your own</li> </ul> </li> </ul> <p style="text-align: center;"><b>Trauma Responsive</b></p> <ul style="list-style-type: none"> <li>· Explain the fight/flight/freeze stress responses so that people affected by adversity and trauma can make sense of their reactions.</li> <li>· Provide information on relevant local services that offer advice or support skills and training, where appropriate to role.</li> <li>· Actively listen when a person speaks about his or her experiences of adversity and trauma.</li> </ul> <p style="text-align: center;"><b>Trauma Informed</b></p> <ul style="list-style-type: none"> <li>· Identify collaboratively where current coping strategies are likely to be problematic in the longer term and discuss with the person possible alternatives to current coping and/ or support and/or therapy services, where appropriate to role.</li> <li>· Support and enable people affected by adversity and trauma to access services, support, and interventions to improve recovery and build resilience, where needed. <ul style="list-style-type: none"> <li>· Recognise own trauma, prioritise self-care and organisational support structures (both formal and informal) to mitigate the possible effects of secondary trauma</li> </ul> </li> </ul> <p style="text-align: center;">Use adversity and trauma informed language and challenge language used by others when appropriate.</p>

## Trauma Informed Managers & Supervisors

### **Knowledge**

#### **Trauma Aware**

- Knowledge of approaches to empower, build strengths, skills, resources, protective factors and resilience within individuals (workers and service users), communities and organisations. Understand the importance of developing workplace systems, structures and policies to mitigate against the effect of adversity and trauma.
- Understand the ways in which adversity and trauma can impact on brain development and neurobiological functioning and the implications of this for stress reactions, relationships and recovery in both the workforce and service users.

#### **Trauma Sensitive**

- Understand that adversity and trauma can affect the way an individual (worker or service user) relates to others, thinks, acts and manages stress.
- Understand the ethical duty on all workers to respond to individuals in a way which does no further harm and contributes to safeguarding those at risk.
- Understand that people with learning disabilities (and other minority groups) are at potentially increased risk of exposure to adversity, trauma and abuse and may have greater difficulty in recognising and disclosing these.

#### **Trauma Responsive**

- Understand the power of language in creating an adversity and trauma informed culture/setting/service and that many people whose first language is not English will therefore require language support, for example use of an interpreter.
  - Build knowledge and practice around employee safeguarding and protection, particularly in these situations where work may impact on a worker's own adversity or trauma.

#### **Trauma Informed**

- The ethical and professional obligation to ensure that workers are appropriately trained and are working within the limits of professional competences
  - Understand the importance of being supported to practice good self-care and have access to formal and informal support/supervision to help manage the impact of secondary trauma exposure in the workplace.
  - Understand the importance and role of reflective practice.

### **Skills/Behaviours**

#### **Trauma Aware**

- Translate an understanding of the prevalence and impact of adversity and trauma into adversity and trauma-informed service systems and procedures and ensure effective support for staff.
- Provide access and encourage a culture of reflective practice and formal/informal support/supervision in the workplace.

#### **Trauma Sensitive**

- Recognise the importance of workers feeling safe to speak openly in supervision about the interaction between the personal and the professional and the value of supervision structures that separate professional from line management supervision
  - Understand the meaning and signs of compassion fatigue and secondary trauma and respond sensitively and empathically to staff who may be experiencing it.

#### **Trauma Responsive**

- Include awareness of the potential impact of exposure to adversity and trauma (historical and present) in the organisation's Health and Safety protocols. Carry out a comprehensive risk assessment considering the impact of adversity and trauma on current behaviour.
  - Recognise and, where possible, address service systems and procedures that are likely to compound distress experienced by those affected by adversity and trauma.

#### **Trauma Informed**

- Contribute to the development of adversity and trauma-informed multi-agency policies and systems designed to reduce the likelihood of systemic re-traumatisation.
- Recognise the value of workers' and service users' experiences and views in developing a safe adversity and trauma informed physical environment
  - Use adversity and trauma informed language and challenge language used by others when appropriate. Model the message of compassion and kindness in their behaviour.

# Section 8: Glossary

Adverse childhood experiences (ACEs):

The term ACEs was first coined in 1998 by a landmark population study (Felitti et al., 1998) to refer to 10 categories of abuse, neglect and family dysfunction in childhood used to predict a variety of poor adult outcomes. Since the original study was published, there has been widespread debate regarding the approaches used to prevent ACEs. It is also important to note that there are other negative child circumstances, beyond the original 10 listed, that can predict negative adult health outcomes (e.g. low birth weight, childhood disability, bullying and social discrimination). Furthermore, the link between ACEs and poor adult outcomes is not deterministic.

Critical thinking: Consideration of deeply held assumptions and questioning of accepted 'norms' and 'rules', not only the impact of our own roles, but also society's impact on people we work with and our practices.

Intersectionality: A term first coined by American scholar Kimberlé Crenshaw, that asserts that people are often disadvantaged by multiple sources of oppression, such as their race, class, gender, sexual orientation, religion and other categories of identity. Intersectionality theory argues that most sociological theories make the mistake of examining only one variable at a time (e.g. gender oppression or race oppression and so forth). The basic premise is that variables are not isolated but work in groups to create an intersecting or interlocking system of oppression.

Reflection: process of learning from experience and using it to inform future actions. Using reflection in a professional setting helps to develop and improve future practice.

Reflexivity: In contrast to reflection, reflexivity involves more than just recognising the importance of the past. Reflexivity can happen before, during or after events. It involves self-reflection to interrogate our beliefs, values and practices 'before and in action'.

Resilience: The notion of 'bouncing back' (Pooley and Cohen, 2010) or 'Ability to develop positively despite exposure to significant threat, severe adversity, or trauma that typically constitute major assaults on the processes underlying biological and psychological development' (EIF, 2020, p.22). The concept of resilience has been challenged by those who argue that we should take pro-social action to prevent trauma and change inequalities (e.g. poverty, social exclusion and poor housing) rather than mitigating their effects.

Strengths-based (or assets-based) approach: 'explores, in a collaborative way, the entire individuals' abilities and their circumstances rather than making the deficit the focus of the intervention' (Department of Health & Social Care, 2019, p.24).

Supervision: 'An accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team' (Skills for Care, 2007, p.5)

Case supervision: 'with workers or groups of workers to enable and support quality practice. A key aspect of this function is reviewing and reflecting on practice issues. This may include reviewing roles and relationships, evaluating the outcomes of the work and maximising opportunities for wider learning' (Skills for Care, 2007, p.5).

Clinical supervision: 'In some professions and occupations, alternative titles may be used, such as "peer supervision", "developmental supervision", "reflective supervision" or just "supervision", but generally clinical supervision is seen as complementary to, but separate from, managerial supervision, which is about monitoring and appraising the performance of staff. The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice' (CQC, 2013).

Continuing professional development supervision: ensures workers 'have the relevant skills, knowledge, understanding and attributes to do the job and profess their careers. Constructive feedback and observation in practice should be part of the learning process for workers and supervisors' (Skills for Care, 2007, p.5).

Line management supervision: 'is about accountability for practice and quality of service. This includes managing team resources, delegation and workload management, performance appraisal, duty of care, support and other people-management processes' (Skills for Care, 2007, p.5)

Trauma: 'Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well being' (SAMH 2014, p.7). Sometimes 'trauma' is subdivided into 'single incident trauma' and 'complex trauma'. The term 'single incident trauma' is used to describe 'one off' events (e.g. a rape, assault or serious accident). On the other hand, complex trauma involves exposure to and the impacts of multiple traumas or trauma that persists over time (e.g. child neglect or domestic abuse).

Secondary trauma: is when another person's experience of trauma starts to affect you.

Trauma informed care, approaches and practices: Often the phrases trauma informed care, trauma informed approaches and trauma informed practice are used interchangeably, although there are subtle differences in their meanings

Trauma informed care: This term and way of working originated in healthcare organisations. 'The primary aim of trauma informed care is to increase practitioners' awareness of how trauma negatively impacts children and adults and reduce practices that might inadvertently re-traumatise clients. Trauma informed care also aims to increase practitioners' sensitivity so that users perceive them as trustworthy and feel safe to disclose traumatic experiences' (EIF, 2020, p.22).

Trauma informed approaches: Over the years, the terminology of trauma informed approaches has evolved, reflecting the wider relevance of trauma informed ways of working beyond healthcare services. Trauma informed approaches is a wider umbrella term for integrating understanding of trauma and its potential impact into policies, procedures and practices in schools, social care, the criminal justice system and other frontline services.

Trauma informed practices: These are about applying trauma informed knowledge in our daily work, how we conduct ourselves and the decisions we make. Vicarious trauma: This can occur when a professional's perception of the world becomes distorted as a result of their area of work. Care' typically refers to the provision of what is necessary for health, welfare, safety and protection. An 'approach' is about a way of dealing with a problem or situation. 'Practice' is about the application of knowledge about trauma.

## Contact

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