*[Insert organisations logo]*

[Name of Organisation] Trauma Informed Strategy

[Date]

Template notes – to be removed after template is completed:

* Amendments can be made to any sections to suit the organisational context.
* Using the LVRN Trauma-Informed Organisational Development Toolkit, start at trauma-aware before moving onto trauma-sensitive, trauma-responsive, and trauma-informed.
* Becoming and being trauma-informed is a gradual and continual process of development – it requires ‘buy-in’ throughout the whole system, and continual investment of time and effort to adapt to the evolving context, e.g., as new staff join the organisation, as policies are reviewed and revised. It is not a training package, a ‘tick-box’ exercise or a simple case of re-writing policies.
* The LVRN Trauma-Informed Organisational Development Toolkit can be used to review services to identify strengths and areas for development, to produce clear actions, with those actions feeding into a longer-term plan.

# 1.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.

*[Insert Organisations logo]*

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 Strategy has been developed to support the ongoing dedication and development of [NAME OF ORGANISATION] in becoming a trauma-informed service.

[AMEND RATIONALE AS APPROPRIATE]

# 2.Definitions and Terminology

**Trauma**: results from an event, series of events, or set of circumstances that is experiences 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 wellbeing (SAMHSA, 2014).

**Trauma-informed care**: 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, 2022, p.22).

# 3.Our trauma-aware service pledge

We will:

1. Attune to the possibility of trauma in the lives of everyone seeking support

2. Understand the needs and vulnerabilities of those impacted by trauma from diverse communities 3. Minimise re-traumatisation and promote healing

4. Understand and recognise coping strategies and the different ways/presentations of coping 5. Collaborate with those who access support to further develop our service

6. Recognise and promote dignity, respect and hope for those who access our service

7. Commit to a whole-service trauma-informed culture

8.Work towards applying the six principles of trauma-informed approach [AMEND PLEDGE STATEMENTS AS APPROPRIATE]

*[Insert organisations logo]*

# Trauma Informed Principles

**Safety**: Throughout the organisation, staff and the people they serve, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is high priority.

**Trust and transparency**: Organisational operations, procedures and decisions are conducted with transparency, with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organisation (e.g. providing timely, accurate and honest information about what is happening, what will happen next and why).

**Peer support and self-help**: Support people to connect with peer support and identify mutual self-help – vehicles for establishing safety, hope, collaboration, feeling valued, healing and recovery.

**Collaboration**: Understand power differences between staff and clients, and among organisational staff, working to ‘flatten the hierarchy’, share decision-making, work together in developing healing relationships and promote the approach that everyone has a role to play in a trauma-informed approach – one does not have to be a therapist to be therapeutic.

**Empowerment, voice and choice**: Promote recovery and 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. Support clients to make shared decisions and collaborate in setting goals and determining a plan to support them to heal and move forward. Staff are facilitators not controllers of recovery. Staff are also empowered to do their work, with adequate organisational support.

**Cultural, historical and gender issues:** Move past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity etc.). Offer gender-responsive services and promote the healing value of cultural connections. Develop policies and procedures that are responsive to intersectionality, historical trauma and the needs of individuals served.

\*Trauma-informed principles adapted from SAHMSA (2014)

*[Insert organisations logo]*

Our pledge is for all staff working in NAME OF ORGANISATION to work towards being trauma-informed, meaning that they are skilled and confident in applying a trauma-lens to their daily practice with CHILDREN/YOUNG PEOPLE/FAMILIES/COMMUNITIES/CLIENTS [INSERT APPROPRIATE TERMIOLOGY].

For all staff to be supported by policies, procedures and services that adopt a trauma-informed approach.

We will develop and invest in a learning culture for all staff and our communities within NAME OF ORGANISATION to develop a trauma-informed service that realises the widespread impact of trauma, recognises the signs and symptoms of trauma, responds in a manner that is in-keeping with our knowledge and seeks to resist re-traumatisation.

We will support the workforce to implement trauma aware approaches in practice through whole service learning and development. This will involve reviewing policies and procedures, and developing tools, across the service that support the use of a trauma-lens and ensure the resources are readily accessible to practitioners. All policies will be reviewed as part of our Trauma-Informed Development Plan, at the next natural review point. Once reviewed, all relevant policies will include a statement referring to the Trauma-Informed Development Plan and will refer to the six Trauma-Informed Principles as part of the statement and policy process. Tools will include how trauma is considered through ASSESSMENTS/PLANS/SUPERVISION [INSET APPROPRIATE TERMINOLOGY] and our interactions with CHILDREN/YOUNG

PEOPLE/FAMILIES/COMMUNITIES/CLIENTS [INSERT APPROPRIATE TERMIOLOGY] within the wider multi-agency footprint.

We acknowledge that this is a long-term strategy and will undertake reviews of progress to critically assess the impact of our practice.

We will develop, grow and maintain a strong network of connections to ensure that NAME OF ORGANISATION uses emerging research, evaluation and practice to be at the cutting-edge of trauma-informed approaches. This will see us continuing the work begun by the Lancashire Violence Reduction Network (LVRN) and the Trauma-Informed Lancashire Network.

*[Insert organisations logo]*

# 4.The current landscape of trauma-informed practice in NAME OF ORGANISATION

Using the LVRN Trauma-Informed Organisational Development Toolkit, we have completed a review of current organisational practice to enable us to have a clear understanding of our strengths and needs in becoming a TI organisation. Our learning from the Toolkit has led to the development of the NAME OF ORGANISATION Trauma-Informed Delivery Plan (Appendix 1).

We draw on the Knowledge and Skills Practitioner and Manager/Supervisor Frameworks (Appendix 2) to reflect on and document both the strengths and needs of our staff, taking a ‘phased’ approach (Appendix 3) to consider the next steps in moving from trauma-aware, to trauma-sensitive, trauma-responsive and trauma-informed.

# 5.Timeline

**Trauma-Informed NAME OF ORGANISATION – ORGANISATIONAL DEVELOPMENT TIMELINE 2024-2026**

Aim: For **NAME OF ORGANISATION** to be a Trauma Aware/Sensitive/Responsive/Informed organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| April – June 2024 | July – Sept 2024 | Oct – Dec 2024 | Jan – March 2025 | 2025 onwards |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

|  |
| --- |
| **NAME OF ORGANISATION**Trauma Aware/Sensitive/Responsive/Informed Delivery Plan |
|  | **Self-evaluation** | **Peer evaluation if appropriate** | **Evidence***What is already in place?* | **Plan of action***Where are the gaps?**How will they be addressed?**Set SMART[[1]](#footnote-1) actions* |
| FD[[2]](#footnote-2) | ID[[3]](#footnote-3) | UD[[4]](#footnote-4) |
| **Strategy, policies and procedures*** Strategic planning addresses the development and implementation of trauma-informed (TI) practice
* Policies and procedures are reviewed, updated and implemented to incorporate a TI lens, TI principles and support TI practice (e.g. recruitment and staff wellbeing policies)
 |  |  |  |  |  |  |
| **Leadership*** TI leads/champions are identified/in place
* The organisation promotes distributed leadership, with staff and lived experience perspectives incorporated into service design and delivery, and continuous learning and development of provision
 |  |  |  |  |  |  |
| **Workforce development*** There are opportunities for staff to engage in TI training
* There is development and implementation of TI approaches and practice across the organisation
 |  |  |  |  |  |  |

*[Insert organisations logo]*

# Appendix 1: NAME OF ORGANISATION Trauma-Informed Delivery Plan

*[Insert organisations logo]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Workforce development*** There are opportunities for staff to engage in TI training
* There is development and implementation of TI approaches and practice across the organisation
 |  |  |  |  |  |  |
| **The organisational environment*** Workplace and community spaces have been reviewed, and action plans are in place to ensure that environments support the TI principles
 |  |  |  |  |  |  |
| **Cultural, historical and gender issues*** Organisations are aware of - and responsive to - community characteristics and individual needs of clients, recognising and responding to intersectionality and diversity, both of staff and those who access services
 |  |  |  |  |  |  |
| **Quality assurance, monitoring, outcomes and impact*** There are plans in place to measure quality, monitor progress and evidence outcomes and impact
* Lived experience and staff feedback is reviewed and addressed
* Accountability systems acknowledge and inform the development of TI practice
 |  |  |  |  |  |  |

|  |
| --- |
| **Trauma-Informed Practitioners** |
| **Knowledge** | **Skills** |
| **Trauma-aware*** Adversity and trauma can affect people in different ways.
* Some people manage to do well despite experiencing adversity and trauma, and do not wish for or need any further response.
* Adversity and trauma can affect people’s mental health and wellbeing, physical health, capacity for learning and life chances.
 | **Trauma-aware*** 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.
* Respond to the person by asking what help (if any) he or she would like or needs.
* Respond to the person with empathy and without criticism or blame.
* Know own limits and when to seek advice and support.
 |
| **Trauma-sensitive*** 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.
* Resilience and linked protective factors are key to determining how adversity and trauma affect people.
* People use different ways to survive, adapt to, and cope with negative traumatic experiences and their impacts. These depend on internal and external factors – some of which can seem confusing or self-defeating unless viewed as adaptive coping responses to overwhelming threat and its consequences.
 | **Trauma-sensitive*** 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?”.
* Use strengths-based approaches to build interpersonal relationships and resilience. Recognise that another person’s perceptions of strengths (e.g. what makes a good life) may differ from your own.
 |
| **Trauma-responsive*** Understand that good social support and relationships are key to building resilience in individuals (workers and service users) and communities.
* 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.
 | **Trauma-responsive*** Explain the fight/flight/freeze stress responses so that people affected by adversity and trauma can make sense of their reactions.
* Provide information on relevant local services that offer advice or support skills and training, where appropriate to role.
* Actively listen when a person speaks about his or her experiences of adversity and trauma.
 |
| **Trauma-informed*** Understand the importance of reflective practice, and recognition of the impact of their own personal and professional experiences on themselves and on their work.
* Have a good working knowledge of local and national services or know where to find that information.
* Understand the power of language in creating an adversity and trauma informed culture/setting/service.
 | **Trauma-informed*** 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.
* Support and enable people affected by adversity and trauma to access services, support, and interventions to improve recovery and build resilience, where needed.
* Recognise own trauma, prioritise self-care and organisational support structures (both formal and informal) to mitigate the possible effects of secondary trauma.
* Use adversity and trauma-informed language and challenge language used by others when appropriate.
 |
| **Action plan notes:** [TO FEED INTO THE PLAN OF ACTION IN APPENDIX 1] |

*[Insert organisations logo]*

# Appendix 2: Knowledge and Skills Framework

*[Insert organisations logo]*

|  |
| --- |
| **Trauma-informed MANAGERS / SUPERVISORS** |
| **Knowledge** | **Skills** |
| **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-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*** 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-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*** 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-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*** The ethical and professional obligation to ensure that workers are appropriately trained and are working within the limits of professional competencies.
* 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.
 | **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 managers’/supervisors’ behaviour.
 |
| **Action plan notes:** [TO FEED INTO THE PLAN OF ACTION IN APPENDIX 1] |

**Appendix 3: A ‘phased’ approach**

By taking a phased approach we:

*[Insert organisations logo]*

Anticipate that different parts of our service will be at different points along a trauma-informed journey;

Recognise that different people in the service, are likely to be at different points along the phased continuum, and can move backwards and forwards based on internal and external factors;

Consider that implementing a trauma-informed approach takes time – it is a gradual process of continual development (it is not a training package, a ‘tick-box’ exercise or a simple case of re-writing policies) and requires ‘buy-in’ throughout the whole system.

# Phase 1 Phase 2 Phase 3 Phase 4

**Trauma**

**responsive**

Prioritise, create a plan and gather information

**Trauma informed**

Align policies and practices, evaluate, learn and adapt

**Trauma aware**

Awareness & Recognition

**Trauma sensitive**

Sensitivity to trauma, organisational readiness, processes and infrastructure

*[Insert organisations logo]*

# Bibliography

Asmussen, K., Fischer, F., Drayton, E. and McBride, T. (2020). Adverse childhood experiences: What we know, what we don’t know, and what should happen next. London, Early Intervention Foundation.

Care Quality Commission (CQC) (2013). Supporting information and guidance: Supporting effective clinical supervision. London, Care Quality Commission.

Department of Health and Social Care (2019). Strengths-based approach: Practice Framework and Practice Handbook. London, Department of Health and Social Care.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., and Marks, J. S. (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 Preventive Medicine, 14(4), 245–258.

Hanson, A. (2013). Recovering from trauma-informed care. Clinical Psychiatry News. Available at: https://[www.mdedge.com/psychiatry/article/77807/recovering-traumainformed](http://www.mdedge.com/psychiatry/article/77807/recovering-traumainformed) care

Hanson, R. F., and Lang, J. (2016). A critical look at trauma-informed care among agencies and systems serving maltreated youth and their families. Child maltreatment, 21(2), 95- 100.

[NHS Education for Scotland (2017). Trauma Informed Organisations (online). Available at: https://www.nes.scot.nhs.uk/our-work/trauma-national-trauma- training-programme/](https://www.nes.scot.nhs.uk/our-work/trauma-national-trauma-training-programme/)

NHS Education for Scotland (n.d.). Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce (online). Available at: https://transformingpsychologicaltrauma.scot/media/x54hw43l/nationaltraumatrainingframework.pdf

Pooley, J. A., and Cohen, L. (2010). Resilience: A definition in context. Australian Community Psychologist, 22(1), 30-37. Skills for Care (2007). Providing effective supervision. Leeds, Skills for Care.

Substance Abuse and Mental Health Services (SAMHSA) (2014). Concept of Trauma and Guidance for a Trauma-Informed Approach. Rockville, Maryland. Sweeney, A. and Taggert, D. (2018). (Mis)understanding trauma-informed approaches in mental health. Journal of Mental Health, 27, 383-397.

Trauma Informed Oregon (2016). Roadmap to trauma informed care (online). Available at: https://traumainformedoregon.org/roadmap-trauma-informed- care/

1. SMART: Specific, measurable, achievable, relevant and time-bounded. [↑](#footnote-ref-1)
2. FD: Fully developed. [↑](#footnote-ref-2)
3. ID: In development. [↑](#footnote-ref-3)
4. UD: Under developed. [↑](#footnote-ref-4)