Bristol, North Somerset
& South Gloucestershire

# Trauma-Informed Practice Framework

# Contents


**Foreword** 5

**Introduction** 6

- Language used in this document: an explanation of terms 7

**The Framework** 13

**Trauma & Adversity** 16

**What is Trauma-Informed Practice?** 26

- Our BNSSG Model 27
- Trauma-Informed Principles 30
- Principles into Practice 31
- The Benefits of Trauma-Informed Practice 40

**Trauma-Informed Practice in action** 43

- Trauma-Informed Practice in different settings 44
- The Four Phases 51

**References** 52

**Self-Assessment Questionnaire & Action Plan** 55


This Framework is designed to be a living document and we welcome any feedback.

Our collective understanding of adversity and trauma is constantly evolving, and this document is designed to be developed alongside this ever-growing body of evidence.

If you have any feedback, please email: hello@bristolhealthpartners.org.uk

# Acknowledgements

This Framework has evolved from the Bristol North Somerset and South Gloucestershire (BNSSG) Trauma-Informed System Knowledge & Skills Framework documents. The Knowledge & Skills Framework, published in March 2021, was developed by a group of trauma champions from across a range of organisations and lived experience experts working together to develop and promote a trauma-informed approach across BNSSG.

Thank you to those who contributed to the Knowledge & Skills Framework and to those who have been involved in creating this document. Production of the BNSSG Trauma-Informed Practice Framework has been made possible through funding for the BNSSG Trauma-Informed Systems Programme from Bristol Health Partners and the NHS England South West Health and Justice funded BNSSG Vanguard (Framework for Integrated Care for Children and Young People).

The OPCC and police, who have contributed to this work, cover a wider geographical area than BNSSG, so part of the Trauma-Informed Systems Programme is also to share learning and establish links within Bath & North East Somerset and Somerset.

In April 2023 Bristol City Council engaged an external provider, Dignifi, to support the local authority to promote and embed trauma-informed practice. As a part of this, Dignifi have also provided valuable support to the wider system work, including the writing and development of this Framework.

A special thanks to those who shared their lived experiences and their stories. Your courage, insights and belief in the importance of this work has been vital and is so appreciated.

# Acknowledgements


## Contributors

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Bristol City Council

Bristol Health Partners, Academic Health Science Centre

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Independent Futures

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Second Step

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University of the West of England

Wellspring Healthy Living Centre & Priory Surgery

Young Victims Service

# Foreword from Lived Experience Representatives

The way we support one another is essential. Moving through our lives with people we can trust and feel safe with, especially when we encounter trauma or adversity, is an important and valuable human experience. Trauma-informed practice is how this is achieved in services and organisations.

The development of trauma-informed approaches is a fundamental step toward creating more effective, more compassionate solutions for every single person involved. It improves the experience for those who need that support but also helps staff with their own resilience and needs. Creating the individual and institutional changes needed will take time and commitment, but the challenges will be worth it to transform our society for everyone.

Adversity and trauma are threads which run through all our lives, so it makes sense to create a golden thread that runs through the organisations, service providers and institutions. This is the process of embedding trauma-informed approaches. As Independent Mental Health Network (IMHN) Lived Experience Representatives in the BNSSG Trauma-Informed Practice & Evaluation Group, we've been supporting the development of this Framework focused on aiding the transformation of services.

Lived experience and codesign support this transformation by providing developers with rich insight into the experiences of the people they seek to support, as well as the experiences of staff who work with them.

Co-design and co-production are ways for professionals and citizens to work together, with equal levels of influence, toward a common goal: to deliver effective support. The power to plan, assess, design, and create is shared, with the value of each person involved, recognised. The result is a project informed by expertise from all areas, a project which is authentic, useful and progressive.

J&S, IMHN Lived Experience Representatives

# Introduction

Experiences of trauma and adversity can have a profound and wide-reaching impact on the lives of individuals, families and communities. These experiences can influence people's interactions and how they interpret the world and their surroundings. Trauma-informed approaches acknowledge the prevalence of trauma in society, recognise the signs and symptoms of trauma and resist re-traumatising people.

This Framework aims to create a shared language and approach across Bristol, North Somerset and South Gloucestershire (BNSSG), as an accessible resource to develop a system that recognises the potential impact of trauma and adversity and that can respond in compassionate and timely ways that support recovery and prevent further harm. In BNSSG this work has been developed by the Trauma-Informed Practice and Evaluation Group in response to the opportunities and interest that exist within our local area and with a commitment to contributing to the growing evidence base around trauma-informed ways of working, with the support of partners in both the University of Bristol and the University of the West of England. While this programme of work has been hosted by the NHS Integrated Care Board since 2023, supported by Healthier Together's ambition of becoming a trauma-informed Integrated Care System, through increasing knowledge and providing practical tools to start applying trauma-informed practice, our hope is that this approach will become embedded across organisations and the wider system in BNSSG and that this Framework will feel relevant and meaningful for all sectors, professions and areas of work.

Trauma-informed practice is not just about signposting and increased referrals to specialist services. Instead, it is the collective action that can be taken, including universal approaches for those who may or may not have experienced adversity and trauma, to improve health, wellbeing and life outcomes for all.[1] [2] [3]

It is important to acknowledge that we each have our own stories and life experiences that we bring into this work, whether consciously or subconsciously and at some point in our lives we may all experience trauma or adversity. As you read through this Framework, some of the content may resonate with you and may feel difficult to read. We encourage you to be mindful of your own responses and needs within this process and to prioritise your own self-care and wellbeing.

# Introduction

## Language used in this document: an explanation of terms

The language we use is a vital component of working in a trauma-informed way and can have a powerful impact on others. People who have experienced trauma and adversity are often misunderstood and their presentation or actions can be labelled in ways that are deficit-based or stigmatising (such as asking "what is wrong" with someone or describing them as manipulative or disordered). Through the language that we use, trauma-informed practice provides an opportunity to reframe responses to these experiences in a way that promotes understanding and compassion and that *"serves to empower individuals and de-stigmatize their experience".*[4]

This Framework contains terms that may be unfamiliar to some or that may not be regularly used in their lives or place of work. Some of these terms are explained below:

# Introduction

## Glossary of terms

| | |
|---|---|
| **Adverse Childhood Experiences (ACEs)** | The term ACEs was first used in 1998[5] to refer to 10 categories of abuse in childhood used to predict a variety of poor adult outcomes. As trauma research has evolved, we now have a more in-depth understanding of the impact adversity and trauma on people's lives, for both children and adults, and a greater understanding of the significance of environmental factors or 'adverse community environments' (eg poverty or poor quality housing). |
| **Compassion/ Compassionate Leadership** | Compassion can be something we feel for others, experience from others or direct towards ourselves. Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work. There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn results in high-quality care.[6 7] |

# Introduction

## Glossary of terms

| | |
|---|---|
| **Psychologically-Informed Environments (PIE)** | "Psychologically Informed Environments are services that are designed and delivered in a way that takes into account the emotional and psychological needs of the individuals using them." This includes a consideration of the physical environment. PIE and trauma-informed approaches complement each other, with trauma-informed emphasising the importance of understanding and responding to experiences of trauma and adversity in a way that avoids re-traumatising or causing further harm.[8] |
| **Reflection/Reflective** | The process of learning from experience and using it to inform, develop and improve future actions. |
| **Shame** | Shame is commonly characterised as a negative self-conscious emotion; it is an experience that arises when we are concerned about how we are seen and judged by others. "We feel shame when we are seen by another or others… to be flawed in some crucial way, or when some part of our core self is perceived to be inadequate, inappropriate, or immoral."[9] |

# Introduction

## Glossary of terms

| | |
|---|---|
| **Strengths-based** | Explores, in a collaborative way, the individuals' abilities and their circumstances rather than focusing on 'problems'.[10] |
| **Trauma and adversity** | The word trauma is emotive and can feel uncomfortable for people. In BNSSG we talk about trauma and adversity as people with lived experience described how some people may not connect to the term trauma or describe their experiences in this way. Including adversity is also a reminder that difficult experiences can be stressful and potentially traumatic. |

# Introduction

## Glossary of terms

### Trauma-Informed/ Trauma-Responsive

‘Trauma-informed’ or ‘trauma-informed practice/care’ are terms that are increasingly gaining recognition. This Framework sets out what we mean in BNSSG when we use the term ‘trauma-informed practice’. However, we recognise that knowledge of trauma and adversity is continually evolving and therefore the language may also change. At this stage of our system-wide journey, consistency and building on the trauma-informed work already happening in BNSSG felt particularly important, and so ‘trauma-informed’ is used as an overarching term to describe our ambition and approach.

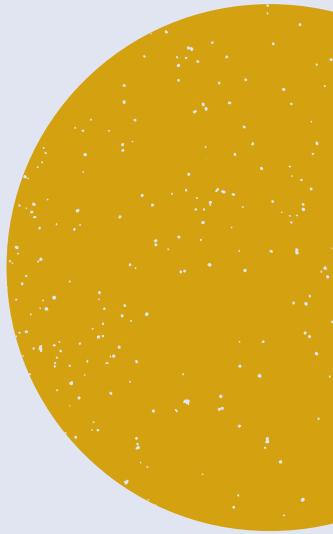
The ’four phases’ of trauma-informed practice included within this document, describe different ‘stages’ and the key indicators of each. We recognise that some professions, teams and services that are directly addressing experiences of trauma (eg therapeutic services), may require specialist skills and a level of responsiveness to trauma that extends beyond our aspiration for everyone within BNSSG to work towards in becoming trauma-informed.

# Introduction

This framework has been written by partners across Bristol, North Somerset and South Gloucestershire (BNSSG) and has been co-produced with lived experience representatives. It has been developed with thanks to:

- ACE Hub Wales: Trauma and ACE (TrACE) Informed Organisations Toolkit (2022)
- British Columbia Provincial Mental Health and Substance Use Planning Council Trauma-Informed Practice Guide and Organizational Toolkit (2013)
- Dignifi: Trauma Responsive Practice Handbook (2023)
- Humber and North Yorkshire Health and Care Partnership Children and Young People's Trauma Informed Care Programme: A Trauma Informed Organisational Development Framework Self and Peer Evaluation Toolkit (2022)
- Lancashire Violence Reduction Network: Trauma Informed Organisational Toolkit (2023)
- NHS Scotland's Transforming Psychological Trauma Framework (2017)
- NHS Scotland's Trauma-Informed Practice: A Toolkit for Scotland (2021)
- Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach (2023)
- Trauma Informed Care in the UK's: The Roots Tool (2022)
- Welsh Support Hubs Skills and Knowledge Framework for Wales (2018)

# The Framework



# The Framework

This Framework sets out four phases of trauma-informed practice. These phases are based on the BNSSG trauma-informed principles and model. Implementing a trauma-informed approach is an ongoing journey. How this will look in practice will vary depending on the setting, and the unique challenges and opportunities that exist within it. This document has been designed to be flexible and to be adapted to each specific context.

It has been written as a system-wide resource to:

- Provide an overview of trauma and adversity and trauma-informed practice
- Set out the BNSSG trauma-informed principles and model
- Provide practical tools to support organisations and different parts of the system to consider where they are in their journey towards becoming trauma-informed
- Support ongoing thinking around and commitment towards working in a trauma-informed way
- Reflect on where trauma-informed practice is already happening and identify gaps and areas for ongoing development (including training needs)
- Create a shared language and approach across BNSSG

The Framework consists of four phases, which are outlined in the graphic below (fig 1).

# The Framework

## 1. Trauma-Aware

There is a basic understanding of trauma and adversity and its prevalence, including how it can impact on people (including staff).

## 2. Trauma-Sensitive

Have started to explore how to apply a trauma-informed approach and the implications of this on current ways of working. Preparing for change.

## 3. Trauma-Informed

The impacts of trauma are being responded to, and support offered around this. The culture and ways of working have begun to align to trauma-informed principles.

## 4. Trauma-Responsive

A trauma-informed approach is the norm and no longer dependant on trauma-informed leaders/champions/ ambassadors. Already applying a trauma-informed approach to working with people with lived experience, communities and other organisations. Impact of changes made have been monitored and evaluated.

Fig 1. The Framework

# Trauma & Adversity

# Trauma & Adversity

*"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being."*[11]

Office for Health Improvement & Disparities,
Working definition of trauma-informed practice 2022

# Trauma & Adversity

There is a significant and growing body of evidence that trauma and adversity are common and can have a significant impact on an individual's life.[12] [13] Trauma is a felt experience, it lives within our nervous systems. It has been described as not what happens to a person, but what happens within a person because of what they have experienced. Living through trauma is associated with an increased risk of adopting potentially health-harming behaviours (eg drug and alcohol use), struggling in school and involvement with the criminal justice system.[14]

The long-term impacts of adversity and trauma may be due to the direct impact of the trauma itself but may also occur as a result of the coping mechanisms that an individual may use to help survive their trauma. Trauma can be particularly damaging when it is experienced in childhood, when the brain is growing at a rapid rate. If experienced in these formative years, the impacts of trauma can follow a person throughout their life-course and can affect someone's ability to emotionally regulate and their ability to form healthy relationships and connection with others. These experiences can also lead to increased vulnerability and the risk of being re-traumatised.

Many people who have experienced trauma and adversity also experience feelings of shame as part of an emotional response.[15] Persistent chronic shame resulting from trauma can feel debilitating and can affect an individual's "self-perception, social worth, identity, relationships and position within a social group."[16]

The potential negative impacts of trauma and adversity are not universal, but unique to each person; they do not define someone and are not deterministic. It is vital to balance our understanding of these impacts with the need to hold hope and focus on the whole person, their strengths, determination, power, resources, skills and abilities.

Traumatic events are more frequently experienced by people in low socio-economic groups, from black and minoritised communities and by those who have experienced adversity within childhood. Our understanding of trauma and adversity cannot be separated from the need to acknowledge the social, political, economic and cultural context in which these experiences take place.

There are many different types of trauma which can occur in different ways and at different times in someone's life. Often these experiences can be layered and interlinked[17] (Treisman 2021). Just some of these are presented in the illustration from Dr Karen Treisman's work (fig 2) and detailed in the list below.[18] [19]

# Trauma & Adversity

| Types of trauma | |
|---|---|
| **Single-event trauma** | A one-off single event or experience (eg an assault, a death or accident) |
| **Complex trauma** | Ongoing multiple experiences of abuse (eg childhood or domestic abuse, exploitation or war) often interrelated and can take place across childhood and into adulthood. |
| **Developmental trauma** | Trauma experienced at a young age which may include neglect, physical abuse or assault, sexual abuse or assault or emotional abuse. These often take place within the context of a caregiving relationship and impact healthy attachment and brain development. |
| **Intergenerational and historical trauma** | The emotional or psychological impacts of trauma and adversity that are experienced throughout lives and across or passed down through generations often affecting large groups. Examples include: colonialism, racism, genocide, slavery and famine. |

# Trauma & Adversity

## Types of trauma

| | |
|---|---|
| **Community or collective trauma** | Trauma occurring at a community or large group level and the layered experiences of many traumatised people from the same community, including communities with high incidences of violence. |
| **Cultural trauma (including racial trauma)** | Trauma that can be experienced in relation to someone's identity and culture. It is often connected to other experiences of trauma and adversity. For example: experiencing racism may also include being threated, witnessing violence or harassment, or discrimination. |
| **Secondary/vicarious trauma** | Secondary and vicarious trauma are both forms of indirect trauma. Secondary trauma can usually happen immediately after hearing or witnessing someone experiencing trauma and/or adversity and this causes emotional distress. Vicarious trauma describes the shift in the world view that can take place for some professionals after repeated exposure to trauma in the workplace. Both secondary and vicarious trauma can result in someone developing symptoms of trauma themselves (eg intrusive images related to what they have seen or heard). By acknowledging the impact of secondary and vicarious trauma and pro-actively developing strategies to support staff, the risk of staff being traumatised through their work can be minimised. |

# Trauma & Adversity

## Types of trauma

| | |
|---|---|
| **Moral injury** | Staff are often working in teams and settings that may be overstretched, with fewer resources, yet seeing people who have increased levels of need and experiences of trauma. Moral injury describes having to act in a way that conflicts with your values and the emotional impact or distress that this may cause. For example: having to make difficult decisions around waiting lists and thresholds or not having the capacity to deliver preventative, intensive or relationship-based support. |
| **Organisational, institution or system trauma** | Experiences that occur within an organisation or institution (eg a school, religious organisation or prison) or system can traumatise or re-traumatise staff and those it serves (eg structural racism, not recognising someone's experiences of trauma or invalidating them, not prioritising staff wellbeing and support, asking people to re-tell their stories of trauma or children in care being repeatedly moved). |

# Trauma & Adversity

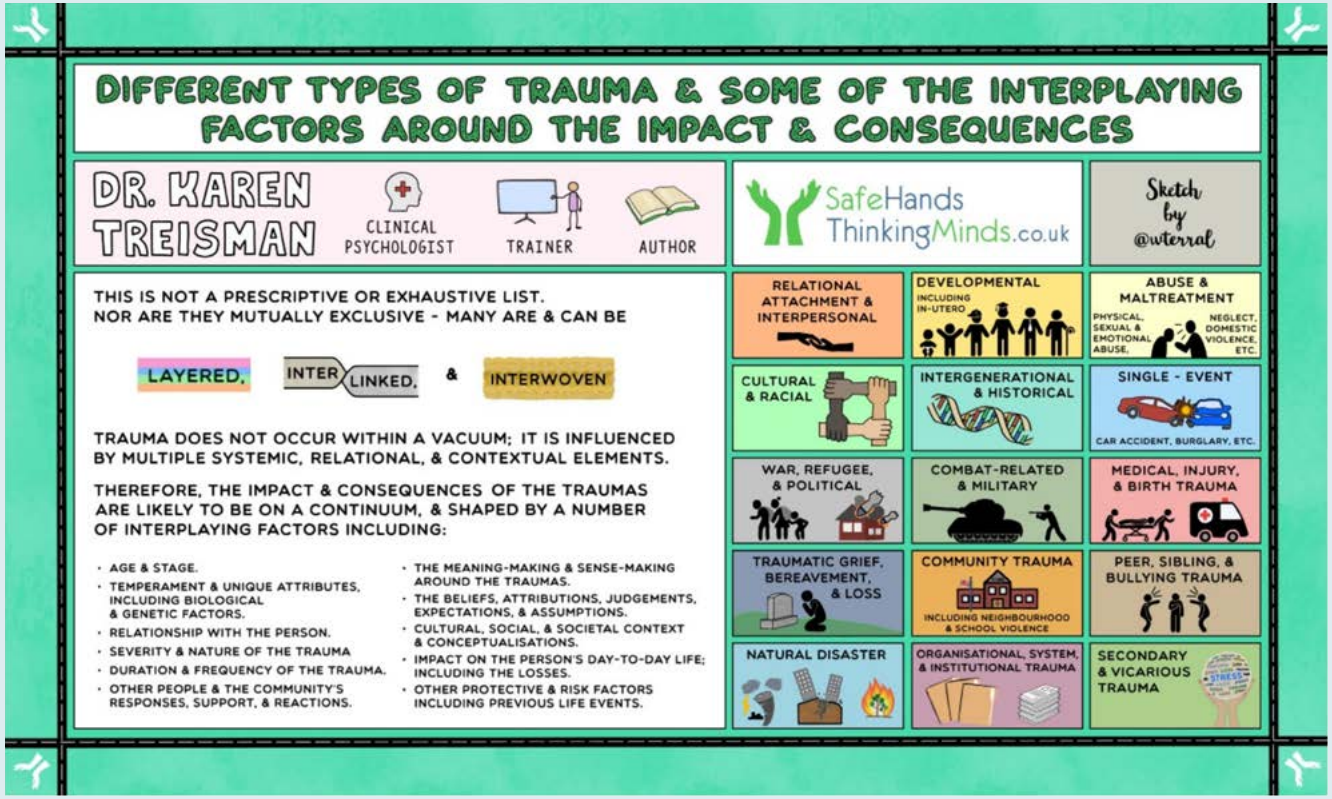



Fig 2. Dr Karen Treisman (2018) Sketchnote Types of Trauma.[20]

# Trauma & Adversity

Trauma can present itself in many ways. Instead of being met with curiosity and compassion, often responses to trauma can be misunderstood by others or sometimes labelled as ‘difficult’, ‘disengagement’ or ‘challenging behaviour’. Examples include:

- Withdrawal, avoidance or isolation
- Difficulties sleeping
- Difficulties recognising or managing emotions
- Nightmares or flashbacks
- Addictions, eating disorders or self-harm
- Loss of sense of self or identity
- Depression, hopelessness or loss of interest
- Low self-esteem or feeling worthless
- Shame, guilt or self-blame
- Anger or irritability
- Hearing voices
- Poor concentration
- Anxiety or panic attacks
- Hypervigilance
- Disassociation
- Difficulties forming trusting relationships
- Post-traumatic stress disorder (PTSD)

# Trauma & Adversity

This illustration, from Scotland's National Trauma Training Programme, shows some of the impacts that experiences of trauma and adversity can have in the absence of 'buffers' or protective factors.

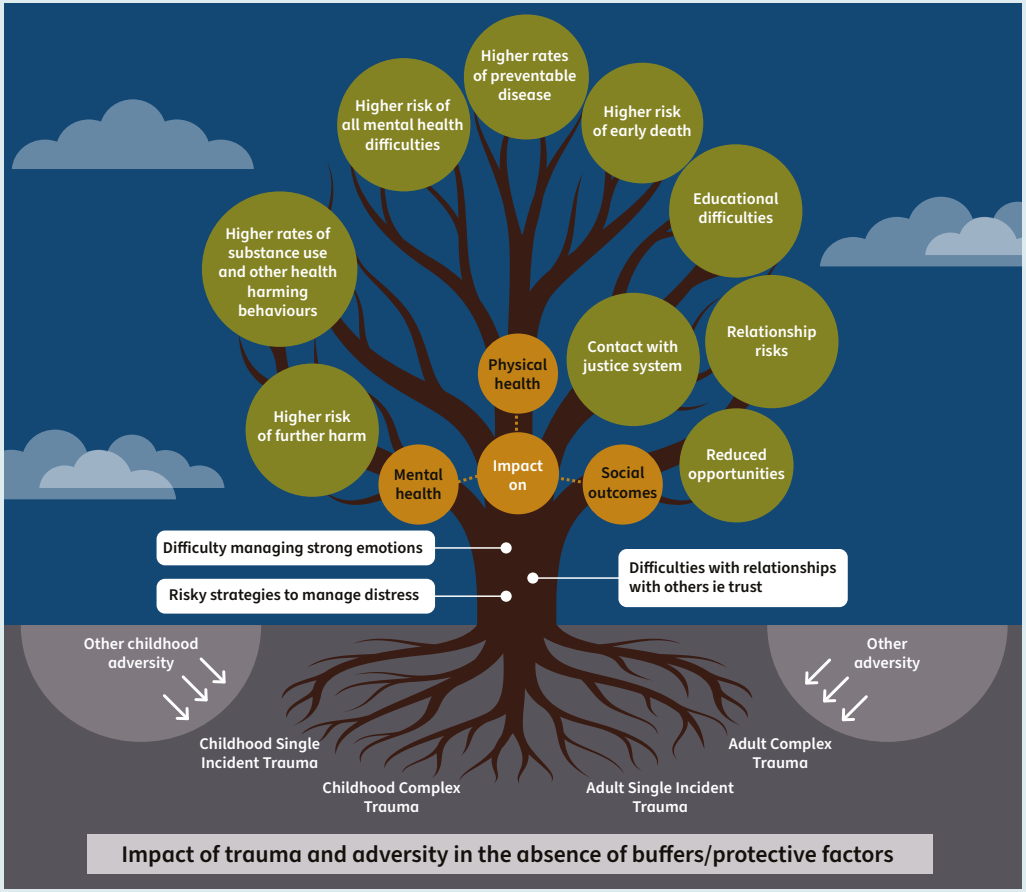



Fig 3. NHS Education for Scotland: the National Trauma Training Programme.[21]

# Trauma & Adversity

## A note on Systems

We are all part of a system, or a collection of systems. These systems have the potential to become trauma-informed but also hold the potential to cause harm.

Historically most services and systems haven't been set up to consider the intersections of trauma with social, political and cultural contexts and how they impact the way individuals and communities engage with services, if they're able to access services at all. In this way, systems can compound structural inequalities and past experiences of trauma and adversity.[22]

In health and social care systems in particular, organisations and services often exist and function within 'silos', focusing on specific symptoms or presenting problems without thinking of someone as a whole person, with interlinking and interwoven experiences and needs.

By working in silos and not recognising the widespread impact of trauma and adversity when it comes to designing and delivering services, there is a real risk that someone won't feel understood and that their experiences won't be responded to effectively or appropriately, and this is where further harm and re-traumatisation can occur.

There is a growing recognition of the need for partnership working, which is an opportunity to minimise harm and to build a trauma-informed approach into these spaces.

Systems are sometimes described in ways that place them as external or separate to us and they are dehumanised as a result. This creates a challenge for people working within systems as they can feel they have no ability to change or influence systems in a positive way.

But systems are made up of people and we all have a unique and important part to play, and contribution to make, in promoting and embedding a trauma-informed approach.

# What is Trauma-Informed Practice?

# What is Trauma-Informed Practice?



Our BNSSG model is adapted from the Substance Abuse and Mental Health Services Administration's trauma-informed approach, which suggests that for services to experience whole system and cultural change, four key assumptions are needed in addition to having a set of principles to work towards, 'a programme, organisation or system that is trauma-informed':

**Realises** the widespread impact of trauma and understands potential paths for recovery

**Recognises** the signs and symptoms of trauma in the people that they serve and in their families, staff and others involved with the system

**Resists** re-traumatisation (actively seeks to resist this)

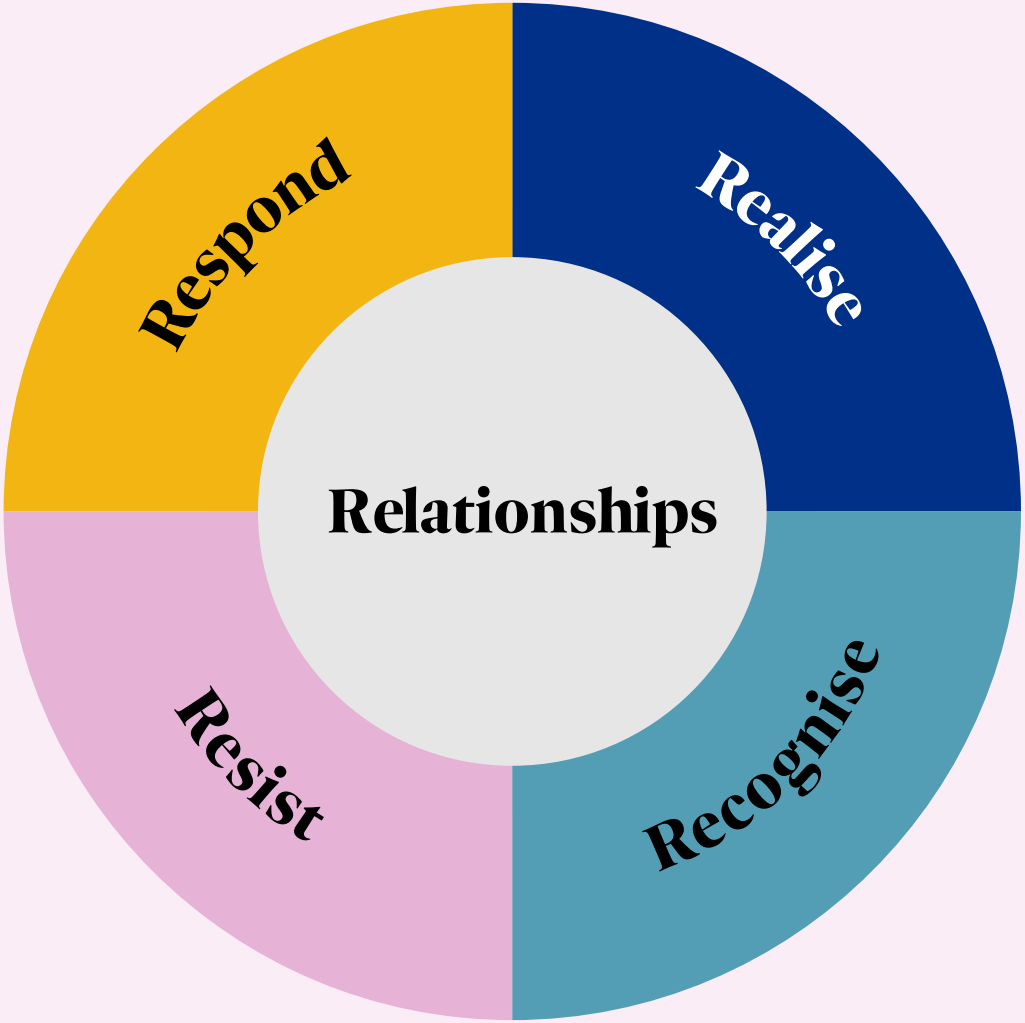
**Responds** by fully integrating knowledge about trauma into policies, procedures and practices.[23]

Trauma often occurs in the context of relationships, and traumatic events can impact not only the person affected but also their families and wider networks. Healthy relationships, a sense of belonging and a connection to others can be healing for people affected by trauma and are key to building a sense of psychological and emotional safety.[24]

Having supportive relationships with staff and peers is central to promoting recovery for people who have experienced trauma and adversity. To reflect this, our BNSSG model is based on these five 'Rs': **Realise, Recognise, Resist, Respond** and **Relationships**

# What is Trauma-Informed Practice?

## Our BNSSG Model




- **Realise**
  Realises the widespread impact of trauma & understands potential paths for recovery
- **Recognise**
  Recognises signs & symptoms of trauma in the people that they serve & their families, staff & others involved with the system
- **Resist**
  Actively seeks to resist re-traumatisation
- **Respond**
  Fully integrating knowledge about trauma into policies, procedures & practices
- **Relationships**
  Can be healing, create a sense of safety and support recovery from trauma and adversity'

The five Rs

# What is Trauma-Informed Practice?

*"It's not just practitioners who can be trauma-informed; desk staff are the first point of contact in services. A terrifying experience, which does traumatise a person, can be navigated better when a member of staff at the front desk recognises the signs of trauma. They can help make the space safer and begin lifting the mistrust and fear which holds a traumatised person in the conditions of their trauma."*

Lived Experience Representative

# What is Trauma-Informed Practice?



## Trauma-Informed Principles

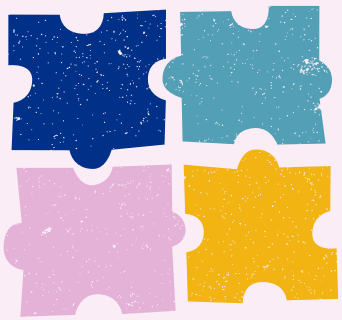
These principles are at the heart of trauma-informed practice. A vital part of our trauma-informed journey as individuals, organisations and systems is to consider how we are building these principles into how we work: our interactions with others, how we support each other, how we design, deliver and commission services and our policies and procedures.

In March 2021, BNSSG developed the following principles through discussions with people with lived experience, with input from staff and clinicians and through drawing on Adversity and Trauma-informed literature.[25] [26]

1. Safety

2. Trustworthiness and transparency

3. Choice and clarity



4. Collaboration

5. Empowerment

6. Inclusivity

# What is Trauma-Informed Practice?

## 1. Safety

Physical, emotional and psychological safety is a priority for trauma-informed practice, and a crucial factor enabling individuals to seek support. Some people may have never had an experience of feeling safe and might need support to work out what safety means to them.

# What is Trauma-Informed Practice?

## 2. Trustworthiness and Transparency

People who have experienced trauma and adversity may mistrust other people or services as in the past people in positions of power have let them down or abused their trust. Building trust involves being consistent and reliable, and doing what you say you will do.

# What is Trauma-Informed Practice?

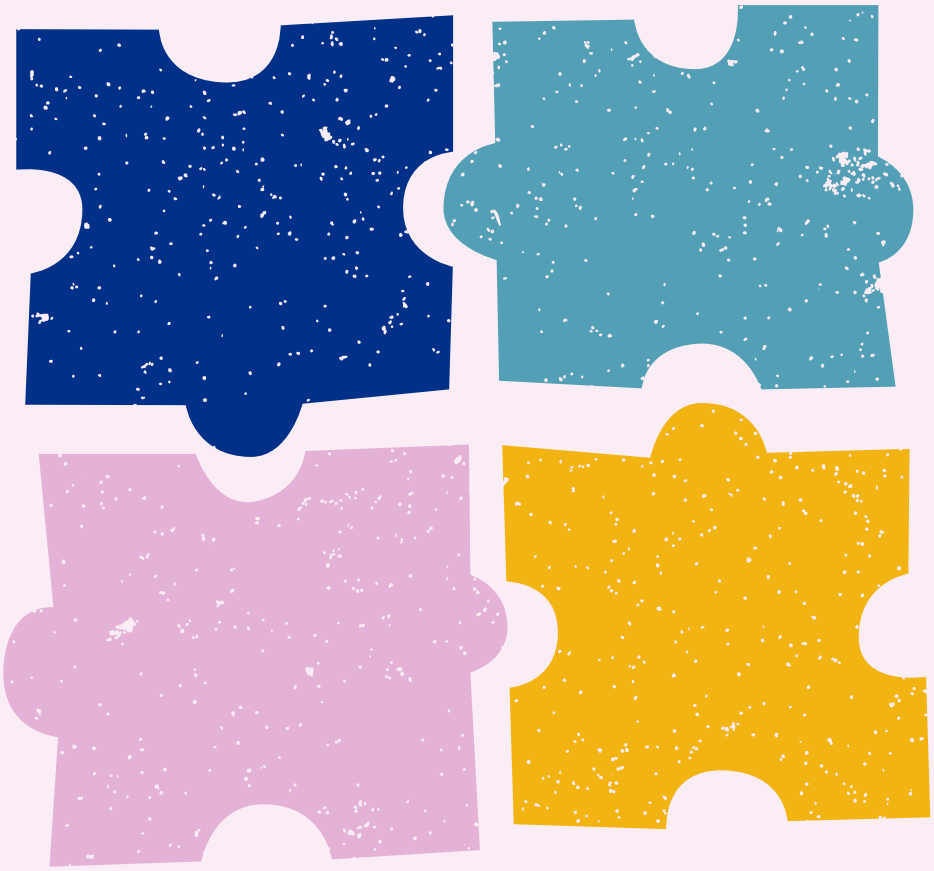
### 3. Choice and Clarity

Experiences of trauma and adversity can cause feelings of powerlessness. Even in settings where being able to provide choice may seem very limited, providing some choice wherever possible (such as communication preferences or where to meet), can give some sense of control back to individuals.

# What is Trauma-Informed Practice?

## 4. Collaboration

People need to be involved in decisions that affect them. It is important for organisations to identify areas where there is a culture of 'doing to' people and where there may be opportunities to collaborate and include people in the decisions being made about their lives. Rebalancing power dynamics will enhance meaningful engagement. This also extends to approaches in staff teams and collaborating with staff and offering autonomy and input into the way services are designed and developed.



# What is Trauma-Informed Practice?

## 5. Empowerment

This involves focusing on individuals' and communities' strengths and supporting them to claim or reclaim the power to take control over their lives. The ability to have a voice applies to everyone working with the organisation, so that people accessing services, family members, carers, staff and other people involved with the system have a sense of feeling heard too.[27]

# What is Trauma-Informed Practice?

## 6. Inclusivity

We need to actively seek to address inequalities, oppression and exclusion and recognise the individual differences and characteristics of individuals (for example: gender, age, ability, sexuality, ethnicity, culture) and how these intersect. This requires a commitment to understanding experiences of oppression and the impact of societal contexts on how individuals see themselves and how they are viewed by others.

## Testimony 1

Lived experience contribution to the Trauma-Informed Principles in Practice Webinar.[28]

*"Me and my lived experience colleagues in Independent Futures, we have reflective practice and when I started I was a bit worried about attending because I didn't know what to expect and I wasn't sure about making myself vulnerable in that space.*

*However, I didn't actually need to worry, even when sessions were online a very safe environment was created with people being respected and supported... I think part of the safety of that environment was offering people choice, we all had input into what was discussed and we weren't dictated to around certain subjects.*

*There was also the knowledge that the information would remain confidential so that we could be open and honest. And the group actually self-regulated a lot of the time and we kept each other supported.*

*I think the safe environment meant that I felt confident to contribute and say what I was really thinking which actually meant I got a lot more out of the sessions than I would otherwise. If a safe environment had not been created I don't think I would have continued to attend"*

—
SJ

# What is Trauma-Informed Practice?

## Testimony 2

Lived experience contribution to the Trauma-Informed Principles in Practice Webinar.

*"I started doing voluntary work about a year into rehab… they knew I had very little self-esteem… I didn't feel like I was good enough or worthy… they believed in me when I didn't believe in myself… it made me grow up, find my voice… I was broken, really broken – I didn't know how to live in this world without drugs or a drink.*

*So it was learning to communicate with people, I felt very judged in the beginning… then I found my Christianity, my faith and that's got me through a lot of stuff and then they asked me to go for an interview, I was petrified, I'd never been to an interview in my life… and they knew I was nervous but they still gave me the job and I think after that I became I felt I was valued and I felt that I was enough – they must have seen something in me, that I didn't believe I got.*

*If I look back to where I was… losing my children, losing my house and my partner… and then to be in the real world and to have a job it's just empowerment, I felt empowered that I was someone, or could be someone".*

Michelle

**Testimony 3**

Contribution from a lived experience representative who has supported the development of the BNSSG Trauma-Informed Systems work.

*"Trauma-informed staff are essential. Understanding how and why we all respond to adverse and traumatising events helps everyone, because everyone is affected by them. I've not had the benefit of trauma-informed practice in my experience with services and it's painfully obvious.*

*A lot of the time, I've not been understood or listened to. Staff have been dismissive and resistant. I've not been able to recover because my recovery has been prevented by lack of knowledge, a lack of understanding and compassion. Trauma-informed practice is how this changes. It's how we recognise one another and begin to heal."*

# What is Trauma-Informed Practice?

There is a growing evidence base that demonstrates a range of tangible benefits of organisations developing trauma-informed ways of working. These positively impact both individuals within an organisation and overall organisational culture, improving engagement and outcomes.

## Benefits of Trauma-informed Practice

| | |
|---|---|
| **Improved employee mental health and well-being** | By acknowledging and responding to the prevalence and impact of trauma, organisations create safer and more understanding environments which reduce stress and anxiety among employees. This in turn improves the psychological safety of people coming into contact with an organisation.[29] |
| **Psychological safety** | When people who come into contact with an organisation feel emotionally safe they are able to build healthy, supportive relationships and this reduces the risk of re-traumatisation.[30] |

## Benefits of Trauma-informed Practice

| | |
|---|---|
| **Increased productivity and performance** | Staff who feel safe, understood and supported are more likely to be productive. A trauma-informed environment is more likely to minimise triggers allowing people to focus on their work.[31] |
| **Organisation** | Services have better staff supervision, a safer environment, greater collaboration and team working, greater job satisfaction, improved staff retention, less staff burnout and improved relationships between staff and people coming into contact with an organisation.[32] [33] |
| **Staffing** | Services have improved service user engagement and are more cost-effective, as less money is spent on staff time for ineffective interventions (eg missed appointments).[34] |

# What is Trauma-Informed Practice?

## Benefits of Trauma-informed Practice

| | |
|---|---|
| **Reducing risk of secondary trauma** | By actively seeking to address trauma, organisations can reduce the risk of secondary trauma in staff by helping to prevent the transmission of trauma from one person to another.[35] |
| **Safeguarding** | Adversity and trauma-informed practice can enhance and work alongside existing safeguarding policies and measures for children and adults with care and support needs. |

# Trauma-Informed Practice in action

# Trauma-Informed Practice in action



The trauma-informed principles and model underpin trauma-informed practice in action.

## Trauma-informed Practice in different settings

It is important to highlight that different organisations may apply this Framework in different ways, depending on the type of organisation, their workforce and the processes that already exist. Different teams or parts of a service may also be at different phases. Staff changes, external pressures and contexts may also mean that some phases may be revisited over time.

Adapting a trauma-informed approach to different settings is more meaningful and powerful when the needs and views of those involved are brought into thinking around how to apply the trauma-informed principles and model to practice. The following is an example of what being trauma-informed means to one group of young people.

# Trauma-Informed Practice in action

## Barnardo's HYPE Service

With funding from the BNSSG Vanguard, three care experienced young workers from the Barnardo's HYPE Service have been involved in the design and delivery of trauma-informed training. Using examples from their lived experience, the training outlines how services can become more aware of the lasting effects of trauma and become more flexible and adaptive to meet young people's needs. The young workers use seven key messages for services to reflect on and build into their organisation's trauma-informed practice (fig 4):

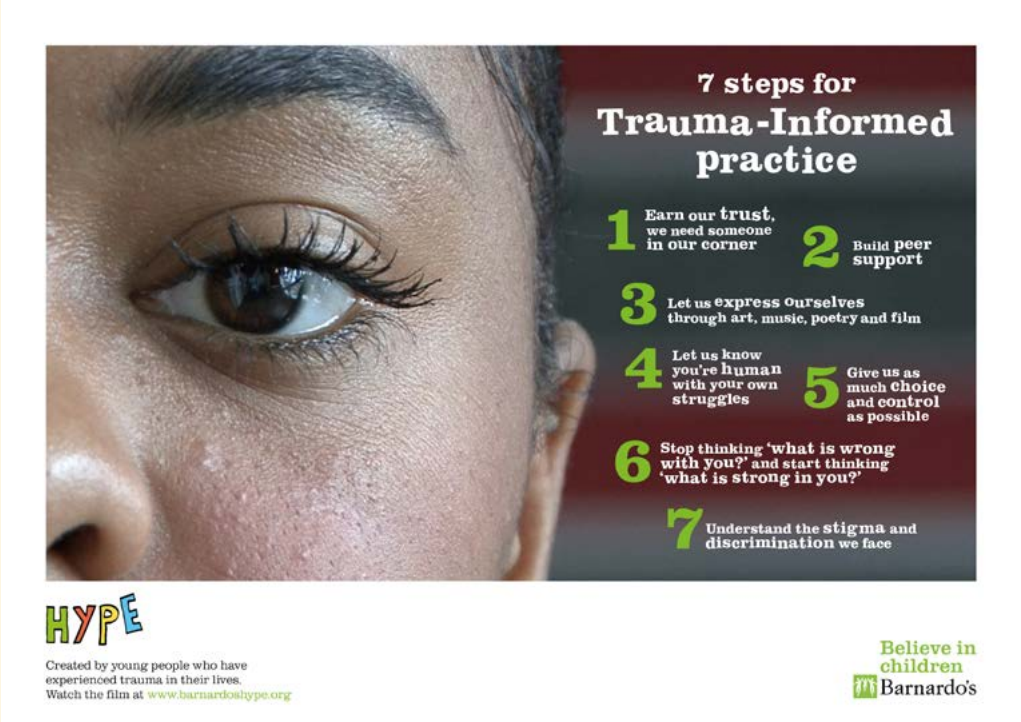



Fig 4. Barnardo's HYPE Top tips

Believe in children Barnardo's HYPE

# Trauma-Informed Practice in action



## Bristol Nights/Thrive at Night

It is also important to consider how to adapt trauma-informed ways of working to each unique context in a way that is relevant and using language and content that people can connect with. Bristol Nights/Thrive at Night is a local example of this (fig 5):

**Bristol Nights**

Bristol Nights works collaboratively with the night-time economy across the city, supporting and championing "essential issues which support better jobs, safer environments, and practical advice or training for night workers".

**Thrive at Night**

Thrive at Night provides mental health and wellbeing support to night-time workers in Bristol, through resources, training, peer support and trauma response support. The training is rooted in trauma-informed practice.


Fig 5. Thrive at Night workbook

# Trauma-Informed Practice in action



## Avon & Somerset Constabulary

Implementing a trauma-informed approach may feel particularly challenging within organisations where staff are regularly exposed to high levels of trauma or where some aspects of how an organisation operates may cause harm or distress to others (eg taking a child into care, detaining someone under the Mental Health Act or for those working or serving time in prisons).

In these contexts, an understanding of and commitment to trauma-informed practice is vital, as this has the potential to reduce the negative impacts of trauma and adversity and minimise harm for all involved. The following example has been provided by Avon & Somerset Constabulary:

*"As a Chief Inspector, I was responsible for managing the police response to a murder. This is clearly a traumatic incident.*

*However, my role is to lead the police response, the early investigation and to make sure we do everything that needs to be done for the victim and their family, friends and the community. This is a very busy and difficult time. However, it's really important that I look after myself and that I look after the police officers involved in the response. I made sure that the officers involved were spoken to before they went home to make sure they were asked if they were ok and to remind them of the support available.*

*I shared common normal reactions that people may experience following a traumatic event such as being unable to sleep, sadness, being irritable or annoyed, anxiety and isolation...*

*...It's important that they know these are normal reactions and provided advice on self-help such as talking to someone – even just letting their family know that they may have some of these responses and the reasons why, seeking support and maintaining hobbies and activities that they enjoy. I also made sure that I did this for myself."*

# Trauma-Informed Practice in action



## NHS

This example from the NHS, demonstrates how working collaboratively with people who have lived experience can encourage services to work flexibly, reducing health inequalities and minimising the ongoing impact of trauma on the lives of patients:[36] [37]

*"As a GP, patients often share traumatic stories with me. I also work with Bridging Gaps, a team of women who have experienced trauma, including addiction, homelessness, mental health problems, sexual exploitation, domestic and sexual violence, and poverty.*

*Together we have collaborated with local GP surgeries to make changes to services to better include and support people who have experienced multiple trauma. Part of this work included hearing from GPs the challenges of being able to deliver good trauma-informed care in short appointments and with limited prior information.*

*The surgeries we worked with made changes such as using care coordinator and enhanced access funding to provide better continuity, proactive care and more time for GPs to be able to better provide trauma-informed care. There is still much work to be done - Bridging Gaps are working on a website, working with other surgeries and collaborating with me on a PhD called 'The Connection Study: Improving access to general practice for and with people with severe and multiple disadvantage.' We are still learning but there are changes that can be done now. Involving people with lived experience has been central to us achieving this."*

# Trauma-Informed Practice in action



## Enhanced Case Management

A high proportion of children in contact with Youth Justice Services have experienced trauma in their lives. Part funded by Vanguard (Framework for Integrated Care for Children and Young People), the Bristol, North Somerset, South Gloucestershire Enhanced Case Management (ECM) service seeks to promote a shared understanding of the impact of trauma upon behaviour. Psychologists employed by Oxford Health NHS Foundation Trust work together with Senior Practitioners embedded in Youth Justice Services to develop this understanding and of the underlying needs of the behaviours that brought these children into contact with Police, and the professional network is then supported to meet these needs through relational interventions that are sequenced to the child's development.

*"Children in contact with Youth Justice Services are sometimes viewed as 'naughty', 'bad' or 'difficult' when only the behaviour that brought them into contact with the service is considered.*

*As a Psychologist I think it is important to look underneath these behaviours to understand what is driving them and this can be transformative in the approach of the network.*

*Realising, for example, that antisocial behaviour with friends might actually be meeting a need for connection, self-esteem and positive identity can shift the response of professionals entirely; instead of punishment and restriction (which might further impact on self-esteem and self-view), supporting the child to meet this need elsewhere can really help them to make different choices."*

# Trauma-Informed Practice in action



Research and evidence have identified key components or domains to consider when looking to implement a trauma-informed approach.[38] [39] [40] These include:

- Support from senior managers and a commitment to compassionate leadership
- Training and support for all staff (including reflective supervision and training designed to meet the needs of different roles)
- Incorporating trauma-informed principles and a commitment to trauma-informed practice into joint working with other organisations
- Funding to support the development of trauma-informed practice
- Environments that are physically and psychologically safe for all
- Involvement of people with lived experience
- Screening, assessment, treatment services to support identifying trauma-related needs, where appropriate/relevant
- Progress around trauma-informed journey is monitored and reviewed
- Strategies, policies and procedures reflect trauma-informed principles
- Evaluation of trauma-informed approach

Creating a committee or working group is also seen as useful to successfully embedding trauma-informed approaches.[41] Working groups should aim to include staff working in a variety of roles across different levels of an organisation or part of the system. The role of this working group can be to oversee the implementation of this Framework across the organisation, and to work with the organisation's leadership team and staff to develop an Action Plan.

# Trauma-Informed Practice in action



## The Four Phases

Becoming a trauma-informed or trauma-responsive organisation is an ongoing journey that requires thought and commitment across all services or departments within an organisation.

It is not a 'one-size-fits-all' process. The four phases detailed here are designed to help you to map how far along the trauma-informed journey you are.

The self-assessment tool in Appendix A is intended to support this process and to help identify areas for development and next steps.

### 1. Trauma-Aware

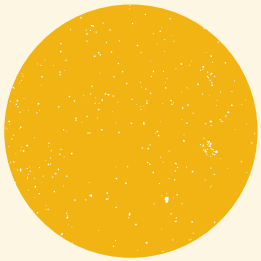
There is a basic understanding of trauma and adversity and its prevalence, including how it can impact on people (including staff)

### 2. Trauma-Sensitive

Have started to explore how to apply a trauma-informed approach and the implications of this on current ways of working. Preparing for change.

### 3. Trauma-Informed

The impacts of trauma are being responded to, and support offered around this. The culture and ways of working have begun to align to trauma-informed principles



### 4. Trauma-Responsive

A trauma-informed approach is the norm and no longer dependant on trauma-informed leaders/champions/ ambassadors. Already applying a trauma-informed approach to working with people with lived experience, communities and other organisations. Impact of changes made have been monitored and evaluated.

# References


1. Substance Abuse and Mental Health Services Administration (2014) 'Trauma-Informed Care in Behavioural Health Services: Treatment Improvement Protocol' Series 57, HHS Publication No. (SMA) 13-4801, Substance Abuse and Mental Health Services Administration, Rockville, MD

2. Loomis, B., Epstein, K., Dauria, E.F. and Dolce, L. (2018) 'Implementing a Trauma-Informed Public Health System in San Francisco, California', *Health Education and Behaviour,* 1-9

3. Sweeney, A., Filson, B., Kennedy, A., Collinson, L. and Gillard, S. (2018) 'A paradigm shift: relationships in trauma-informed mental health services', *BJPsych Advances,* 24(5) 319-333

4. British Columbia Provincial Mental Health and Substance Use Planning Council (2013) *Trauma-Informed Practice Guide* p23.

5. Felitti 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, 245-258.

6. Bailey, S. and West, M. (2022) *What is compassionate leadership?* What is compassionate leadership? | The King's Fund (kingsfund.org.uk)

7. Gilbert, P. (2013) *The Compassionate Mind.* London: Little, Brown Book Group.

8. Homeless Link (2023) Psychologically-informed. Available at: https://homeless.org.uk/areas-of-expertise/improving-homelessness-services/psychologically-informed/

9. Dolezal, L., Gibson, M. (2022) 'Beyond a trauma-informed approach and towards shame-sensitive practice'. *Humanities Social Sciences Communications* 9, 214 (2022) p3

10. Department of Health & Social Care (2019) 'Strengths-based approach: Practice Framework and Practice Handbook Strengths-based social work: practice framework and handbook' Strengths-based approach: Practice Framework and Practice Handbook (publishing.service.gov.uk)

11. Office for Health Improvement & Disparities (2022) 'Guidance: working definition of trauma-informed practice'. Working definition of trauma-informed practice - GOV.UK (www.gov.uk)

12. Bellis, M.A., Hughes, K., Leckenby, N. et al. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England'. BMC Med 12(72)

13. Kilpatrick, Dean G et al. (2013) 'National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria', *Journal of traumatic stress* 26 (5) 537-47

14. Bellis, M.A., Hughes, K., Leckenby, N. et al. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England'. *BMC Med* 12(72)

15. Dolezal, L., Gibson, M. (2022) 'Beyond a trauma-informed approach and towards shame-sensitive practice'. *Humanities Social Sciences Communications* 9 (214) p3

16. Dolezal, L., Gibson, M. (2022) 'Beyond a trauma-informed approach and towards shame-sensitive practice'. *Humanities Social Sciences Communications* 9 (214) p3

17. Treisman, K. (2021) *A Treasure Box for Creating Trauma-Informed Organizations A Ready-to-Use Resource for Trauma, Adversity, and Culturally Informed, Infused and Responsive Systems Volume 1.* London: Jessica Kingsley Publishers

18. Treisman, K. (2021) *A Treasure Box for Creating Trauma-Informed Organizations A Ready-to-Use Resource for Trauma, Adversity, and Culturally Informed, Infused and Responsive Systems Volume 1.* London: Jessica Kingsley Publishers

19. British Columbia Provincial Mental Health and Substance Use Planning Council (2013) *Trauma-Informed Practice Guide* p23

# References


20. Dr Karen Treisman (2018) Sketchnote Types of Trauma. Available at: http://www.safehandsthinkingminds.co.uk/wp-content/uploads/2018/09/sketchnote-types-of-trauma.pdf

21. NHS Education for Scotland (2023). Introducing the National Trauma Training Programme. Available at https://transformingpsychologicaltrauma.scot/media/h4wdfopv/nttp-webinar-intro-slides-pdf'

22. ACE Hub Wales: Trauma and ACE (TrACE) Informed Organisations Toolkit (2022)

23. Substance Abuse and Mental Health Services Administration (2014) 'Trauma-Informed Care in Behavioural Health Services: Treatment Improvement Protocol' Series 57, HHS Publication No. (SMA) 13-4801, Substance Abuse and Mental Health Services Administration, Rockville, MD

24. Herman, J. L. (2001) *Trauma and Recovery: From Domestic Abuse to Political Terror.* London: Rivers Oram

25. Substance Abuse and Mental Health Services Administration (2014) 'Trauma-Informed Care in Behavioural Health Services: Treatment Improvement Protocol' Series 57, *HHS Publication* No. (SMA) 13-4801, Substance Abuse and Mental Health Services Administration, Rockville, MD

26. Chart by the Institute on Trauma and Trauma Informed Care (ITTIC) (2015) What is Trauma-Informed Care? - University at Buffalo School of Social Work - University at Buffalo

27. Substance Misuse and Mental Health Services Administration (2014). 'SAMHSA's Concept of trauma and guidance for a trauma-informed approach', *HHS Publication No.* (SMA) 14-4884.

28.Changing Futures Bristol (2023) Trauma Informed Principles in Practice Webinar. Available at https://www.youtube.com/watch?v=0Y0_-XMXSZo

29. Purtle, J., Nelson, K.L, Counts, N., and Epperson, M.W. (2020) 'Adapting trauma-informed approaches for a pandemic of racial injustice and police brutality'. *JAMA Health forum*, 1 (6)

30. Hopper, E., Bassuk, E. and Olivet, J. (2010) 'Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings'. *The Open Health Services and Policy Journal* 3:80-100

31. Harvard university centre on the developing child (2015) 'Supportive Relationships and Active Skill-building strengthen the foundations of resilience: Working Paper 13'

32. Damien, A., Gallo, J., Leaf, P. and Mendelson, T. (2017) 'Organizational and provider level factors in implementation of trauma-informed care after a city-wide training: an explanatory mixed methods assessment', BMH Health Services Research. 17(750) p.1-10.

33. Substance Misuse and Mental Health Services Administration (2014). 'SAMHSA's Concept of trauma and guidance for a trauma-informed approach', HHS Publication No. (SMA) 14-4884.

34. Hepburn, S. (2017) Quantitative Benefits of Trauma-Informed Care. Assessment #5. Virginia: National Association of State Mental Health Program Directors.

35. Figley, C.R (2020) 'Compassion fatigue: Psychotherapist's Chronic Lack of Self-care', Journal of Clinical Psychology, 58 (11), 1433-1441

36. McGeown, H, Potter, L, Stone, T, et al. (2023) Trauma-informed co-production: collaborating and combining expertise to improve access to primary care with women with complex needs. Health Expectations. 26: 1895-1914. https://doi.org/10.1111/hex.13795

37. Potter, L, Stone, T, Swede J, et al. (2023) Improving access to general practice for and with people with severe and multiple disadvantage. British Journal of General Practice. https://doi.org/10.3399/BJGP.2023.0244

# References


38. Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a. Trauma-Informed Approach (2023) SAMHSA Publication No. PEP23-06-05

39. Scottish Government (2021) NHS Scotland's Trauma-Informed Practice: A Toolkit for Scotland  Trauma-Informed Practice: A Toolkit for Scotland (www.gov.scot)

40. Lewis, N. et al (2023) 'Trauma-Informed Approaches in Primary Healthcare and Community Mental Healthcare: A Mixed Methods Systematic Review of Organisational Change Interventions', Health & Social Care in the community

41. Treisman, K (2018) Becoming a more culturally, adversity, and trauma-informed, infused, and responsive organisation. Available at: https://www.wcmt.org.uk/sites/default/files/report-documents/Treisman%20K%202018%20Final.pdf [Accessed 12 October 2020]

# Self-Assessment Questionnaire & Action Plan

**Phase 1: Trauma-Aware**

There is a basic understanding of trauma and adversity and its prevalence, including how it can impact on people (including staff)

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Most staff have an awareness of trauma & adversity and its prevalence | | | |
| Most staff have some understanding of the different ways trauma and adversity can impact people and communities (including the impact for the workforce, intersectionality and the different meanings trauma and adversity may have for different groups and identities) | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 1: Trauma-Aware**

There is a basic understanding of trauma and adversity and its prevalence, including how it can impact on people (including staff)

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Most staff recognise when people are affected by trauma | | | |
| A trauma-informed lead has been identified and awareness raising around the importance and relevance of trauma-informed practice has started | | | |
| Most staff (including management and senior leaders) are committed to trauma-informed practice | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 2: Trauma-Sensitive**

Started exploring how to apply a trauma-informed approach and its implications on current ways of working. Preparing for change.

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| All staff have attended trauma-awareness training | | | |
| Senior management team have started to explore the implications of adopting the BNSSG trauma-informed principles and model and are preparing for change | | | |
| Exploring how to include those with lived experience in developing a trauma-informed approach in a collaborative way has started | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 2: Trauma-Sensitive**

Started exploring how to apply a trauma-informed approach and its implications on current ways of working. Preparing for change.

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Staff are committed to the BNSSG trauma-informed principles and model and each team is considering how to embed these in their specific area of work | | | |
| Resources (eg time and staffing) have been allocated to support embedding trauma-informed practice | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 2: Trauma-Sensitive**

Started exploring how to apply a trauma-informed approach and its implications on current ways of working. Preparing for change.

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| A trauma-informed working group has been set up (if in the context of a big enough organisation and to include staff from across the organisation at all levels) | | | |
| The trauma-informed working group/ lead (or others) have identified practices and policies that may not be trauma-informed | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 3: Trauma-Informed**

The impacts of trauma are being responded to, and support offered.
The culture and ways of working have begun to align to trauma-informed principles

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Trauma-informed approach works in collaboration with people with lived experience (which may include individuals, parents/ carers and communities) | | | |
| Have identified current strengths based on the BNSSG trauma-informed principles and model | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 3: Trauma-Informed**

The impacts of trauma are being responded to, and support offered.
The culture and ways of working have begun to align to trauma-informed principles

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Current strengths being captured and described using the language of trauma-informed practice to encourage further change | | | |
| Can demonstrate a change in culture towards being trauma-informed | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 3: Trauma-Informed**

The impacts of trauma are being responded to, and support offered.
The culture and ways of working have begun to align to trauma-informed principles

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| People affected by trauma signposted to appropriate support to meet their needs | | | |
| Staff wellbeing and support are a priority, including providing staff with regular reflective supervision | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 3: Trauma-Informed**

The impacts of trauma are being responded to, and support offered.
The culture and ways of working have begun to align to trauma-informed principles

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Staff impacted by trauma and adversity are recognised and supported | | | |
| It is acknowledged that we each bring our own identities, stories and life experiences to our work and interactions with others | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 3: Trauma-Informed**

The impacts of trauma are being responded to, and support offered.
The culture and ways of working have begun to align to trauma-informed principles

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Language used considers the BNSSG trauma-informed principles and model | | | |
| Staff can apply their knowledge of trauma-informed practice and are provided with opportunities to reflect on this with others | | | |

Continues ⟶

# Self-Assessment Questionnaire & Action Plan

**Phase 3: Trauma-Informed**

The impacts of trauma are being responded to, and support offered.
The culture and ways of working have begun to align to trauma-informed principles

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Policies, procedures, strategy and development plans are regularly reviewed through a trauma-informed lens | | | |
| A whole system approach is considered and the implications of working in a trauma-informed way within partnerships and relationships with communities, other organisations and parts of the system are being explored | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 4: Trauma-Responsive**

Trauma-informed approach is the norm, no longer dependant on trauma-informed leaders/champions/ ambassadors. Applying a trauma-informed approach to working with people with lived experience, communities and others organisations. Impact of changes made have been monitored and evaluated.

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Trauma-informed change and its impact is being monitored and evidenced through data collection | | | |
| Staff feel confident and supported to work in a trauma-informed way | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 4: Trauma-Responsive**

Trauma-informed approach is the norm, no longer dependant on trauma-informed leaders/champions/ ambassadors. Applying a trauma-informed approach to working with people with lived experience, communities and others organisations. Impact of changes made have been monitored and evaluated.

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Reflective, trauma-informed supervision is provided to staff on a regular basis | | | |
| Safe, inclusive and effective reflective practice spaces are being offered to staff and are valued by them | | | |

Continues ⟶

# Self-Assessment Questionnaire & Action Plan

**Phase 4: Trauma-Responsive**

Trauma-informed approach is the norm, no longer dependant on trauma-informed leaders/champions/ ambassadors. Applying a trauma-informed approach to working with people with lived experience, communities and others organisations. Impact of changes made have been monitored and evaluated.

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| People affected by trauma are supported to access timely interventions and supported to recover | | | |
| Policies, procedures, strategy and development plans are aligned to a trauma-informed approach and embedded into practice | | | |

Continues →

# Self-Assessment Questionnaire & Action Plan

**Phase 4: Trauma-Responsive**

Trauma-informed approach is the norm, no longer dependant on trauma-informed leaders/champions/ ambassadors. Applying a trauma-informed approach to working with people with lived experience, communities and others organisations. Impact of changes made have been monitored and evaluated.

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Policies, procedures, strategy and development plans are regularly reviewed and revised in line with a trauma-informed approach | | | |
| Recruitment processes demonstrate a commitment to the BNSSG trauma-informed principles and model | | | |

Continues ⟶

# Self-Assessment Questionnaire & Action Plan

**Phase 4: Trauma-Responsive**

Trauma-informed approach is the norm, no longer dependant on trauma-informed leaders/champions/ ambassadors. Applying a trauma-informed approach to working with people with lived experience, communities and others organisations. Impact of changes made have been monitored and evaluated.

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Leaders are key in supporting and implementing trauma-informed change and look for opportunities to promote trauma-informed practice through their areas of influence | | | |
| A whole system approach is considered and a trauma-informed approach is being built into partnership working and relationships with communities, other organisations and parts of the system | | | |

Continues ⟶

# Self-Assessment Questionnaire & Action Plan

**Phase 4: Trauma-Responsive**

Trauma-informed approach is the norm, no longer dependant on trauma-informed leaders/champions/ ambassadors. Applying a trauma-informed approach to working with people with lived experience, communities and others organisations. Impact of changes made have been monitored and evaluated.

| Areas to consider | Evidence: What is already in place? | Gaps or where things could be done differently | Next Steps |
|---|---|---|---|
| Trauma-informed practice is evaluated and evidence-base is used to inform decision making | | | |
| Evaluation considers partnership working and relationships to support the promotion and development of trauma-informed systems | | | |

With thanks to the following organisations who have funded the development and production of the BNSSG Trauma-Informed Practice Framework

NHS England South West

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Bristol Health Partners