Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS)

Trauma Informed Organisations – Self Assessment Tool

Supporting organisations to culturally embed a trauma informed approach.

August 2024

Contents

Acknowledgements

On behalf of the Trauma Informed Executive Board and the Integrated Care Partnership, we would like to thank all partners across Hampshire, Isle of Wight, Portsmouth and Southampton who contributed towards the development of this Trauma Informed Organisation's Self-Assessment Tool. It would not have been possible without your on-going commitment, interest and expertise.

The development of this document was guided by the 'Trauma Informed Surrey and North East Hampshire Trauma-Informed Approach Framework and Toolkit' and we are grateful to our partners from Surrey and North East Hampshire for their support.

We hope that this self-assessment will be well-used by services across Hampshire, Isle of Wight, Portsmouth and Southampton, and that ultimately we achieve our goal of culturally embedding a trauma informed approach across services. This document will be reviewed annually to ensure it remains current.

We look forward to continuing to work alongside you to champion and promote a trauma informed approach in everything we do.

With best wishes

Joint Chairs of the Trauma Informed Executive Board: Terry Norton – Deputy Police and Crime Commissioner for Hampshire and the Isle of Wight, and Simon Bryant Director of Public Health for Hampshire County Council and the Isle of Wight Local Authority

And;

Police and Crime Commissioner for Hampshire and the Isle of Wight Donna Jones – Senior Responsible Executive for the Trauma Informed priority of the Integrated Care Partnership.

Welcome to the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) Organisational Trauma Informed Self-Assessment:

The purpose of this self-assessment tool is to provide a clear understanding of what it means to be a 'trauma informed organisation' and help organisations understand where they are on their journey to becoming culturally trauma informed. Culturally embedding a trauma informed approach doesn't have a start and end point, it is an ongoing journey of practice and self-reflection. This self-assessment was developed at the request of the Trauma Informed Executive Board (TIE Board) as part of a programme of work to deliver the Trauma Informed Concordat. It has been co-produced by colleagues across services. It also supports the Integrated Care Partnership (ICP), as 'Trauma Informed' has been identified as an enabler across all ICP priorities. A trauma informed approach adds value to every organisation, helping to increase feelings of safety and trust and increase accessibility to services by those who have or are experiencing adversity and/or trauma. This self-assessment can help organisations consider their role in preventing, mitigating, and addressing adversity and trauma, reducing the risk of re-traumatisation, promoting recovery, and strengthening reflective practice and self-care. It offers an integrated approach, improving holistic outcomes with a focus on prevention and early intervention. Through this self-assessment, organisations can identify existing strengths, and upskill their workforce to positively impact themselves, their services, wider relationships, communities and future generations.

How does it work?

The Trauma Informed Organisational Self-Assessment includes a checklist, clustered into 10 themed domains. It is suggested that the self-assessment is completed by small, defined teams which cumulatively make up whole services or organisations. Each section of the self-assessment can be completed in isolation. Those completing the self-assessment should consider the questions and determine if they: Strongly Agree, Agree, Disagree, Strongly Disagree, Don't Know, or Not Applicable and record evidence to justify their response. There is no scoring guide which explains what would constitute a response of 'Strongly Agree or Disagree', this is a consideration for each service, in recognition that one size doesn't fit all. Furthermore, the purpose of this self-assessment isn't for organisations to compare themselves against each-other, but to have the ability to recognise progress at an organisational level, through a shared and commonly understood framework.

Completed sections should be emailed to Project Manager Lucy Clark lucy.clark1@justice.gov.uk who will transfer responses onto a maturity model, which visually highlights where the service or organisation are on their journey. This is helpful because if the service or organisation undertakes the same exercise in future, they can track progress and be reassured that they are heading in the right direction.

Glossary

Communities: groups within HIPS linked by protected characteristics, social ties, sharing common perspectives, or engaging in joint action in geographical locations or settings.

Co-production: an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies and the best way to deliver services.

HIPS – Hampshire, Isle of Wight, Portsmouth and Southampton

Intersectionality: the interconnected nature of social categorisations such as race, class, gender and neuro-diversity, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Organisations: any health, social care, criminal justice, local authority or third sector body providing services for the people of Hampshire and the Isle of Wight.

People: Everybody! Including visitors to services and the workforce (which could be one and the same).

Policies: a published statement by the organisation that describes the principles or position intended to direct decision-making and how services will be delivered.

Procedures: a document describing the steps to follow in a defined order to accomplish an element of service delivery.

Public Health Approach: A four-step process 1) What is the problem? 2) What is causing it? 3) What works and for whom? 4) Scale up effective programmes.

Service: the work delivered by staff on behalf of an organisation to meet the needs of people living in HIPS.

Staff: The workforce. Anyone employed (permanent, on a fixed term contract, through an agency or bank) or volunteering in any capacity to deliver the organisation's work.

System: the collection of organisations working for, and with, all people in Hampshire, Isle of Wight, Portsmouth and Southampton.

Trauma Informed Principles: There are six principles of a Trauma Informed Approach founded upon Safety, Trust, Choice, Collaboration, Empowerment and Cultural Considerations. See below for more information.

Visitors – Anyone using services.

What is trauma?

Trauma is one possible response to adversity. A traumatic event can be an experience or series of experiences perceived as harmful or life threatening which overwhelms the central nervous system, impacting on our cognitive, emotional and social functioning and exceeding our capacity to cope. [1] Experiences of trauma are varied and could include a one-off, stressful or dangerous event (e.g. a car crash), ongoing highly stressful events (e.g. repeated domestic abuse, a serious illness, living in a traumatic atmosphere such as a war zone or being affected by trauma within the community or wider family), or exposure to multiple, traumatic events (e.g. Adverse Childhood Experiences - ACEs). Vicarious trauma can also be experienced through witnessing harm to someone else, or living alongside or caring for someone who has faced difficult life experiences.

We vary significantly in our response to adversity and trauma, and responses can occur at any time, even years later. While many who experience adverse events are only briefly impacted and may not even consider them as traumatic, others experience negative effects long after the event or events have happened. Furthermore, previous experiences of adversity, limited social and/or systemic support, attachment challenges and cultural contexts can result in vulnerability toward experiencing trauma but not certainty [9-10].

Trauma is common and widespread: Many of us that live and work in Hampshire, the Isle of Wight, Portsmouth and Southampton have experienced trauma or support someone who has. The World Health Organisation (WHO) mental health survey suggests that 70% of adults will experience trauma in their lifetime. Traumatic events can occur at any age and affect any gender, race, ethnicity, socioeconomic status or sexual orientation.[2] It is important to note that the experience of trauma is more prevalent in vulnerable populations or populations affected by inequality, including people involved with the criminal justice system or accessing mental health, substance use and other public services.[3–7]

People who work in services helping others may have prior traumatic experiences.[8] Staff may be exposed to traumatic experiences whilst carrying out their job. People using and working in physical health, mental health and public services are therefore likely to have experienced trauma.

Carrying the weight of trauma can in itself be detrimental to health and can also lead to harmful coping strategies to help cope with intense feelings. This can include things like drinking excessive alcohol, harmful drug use, risk taking behaviour, self-harm, eating disorders and over-spending. Harmful coping strategies can result in Cardio Vascular Disease, Liver Disease, Kidney Disease, Diabetes Type 2, being arrested, going to prison, being a repeat victim or a repeat perpetrator of crime, becoming homeless, being socially isolated, being in debt, and losing contact with loved ones. The impact of trauma also increases demand across public services, and many are in crisis.

When our organisations recognise this, we can build services that can respond and promote recovery, and reduce the risks of services re-traumatising individuals, or the staff employed to help them.

In support of the Hampshire, Isle of Wight, Portsmouth and Southampton Trauma Informed Concordat, the ambition is for services across Hampshire, Isle of Wight, Portsmouth and Southampton to work in a trauma informed way founded upon six principles: Safety, Trust, Choice, Collaboration, Empowerment and Cultural Considerations. By working together to prevent adversity, address trauma and restore wellbeing, we can contribute to ongoing resilience for individuals, families, communities and public services.

What is a trauma informed approach?

When people experience severe adversity, they may develop symptoms of trauma if support is not available, and trauma can increase the risk of vulnerability, harm and exploitation at any age and across the lifespan.

A trauma informed approach benefits everyone, and because the impact of trauma is widespread, it makes sense for services, organisations and systems to be informed about it. For this reason, our systems across Hampshire and the Isle of Wight from child-care to law enforcement are adopting a trauma informed approach. Being trauma informed starts with learning about the impact of trauma and the possible paths for recovery from it. It also involves recognising the signs and symptoms of trauma. A trauma informed service, organisation and system incorporates effective ways of acting on this knowledge. As a simple example, an office with a calm atmosphere and friendly welcoming staff offers a better environment for people with a history of trauma than a noisy, chaotic, or unfriendly space. [18]

Systems are sometimes described in ways that place those suffering from trauma as external or separate to us. This can contribute to people feeling as if they have no ability to change or influence in a positive way. But systems are made up of people and we can all make a contribution in promoting and embedding a trauma informed approach.

A trauma informed approach is a strengths-based methodology grounded in an understanding of and responsiveness to the impact of trauma. It emphasises the physical, psychological, and emotional safety of those providing and seeking support, as both can and may experience trauma. Trauma informed services are delivered in ways which improve their accessibility and quality by creating culturally sensitive, safe environments that people trust and want to use. Experiencing significant or prolonged adversity in childhood, particularly in the absence of consistent loving adult caregiving, can cause trauma and disrupt healthy brain development. This includes poor attachment in early years, particularly the first 1001 days (nine months in the womb and the first two years of life). In adolescence, from ages 10-25, trauma can interfere with learning and relationships. In adulthood, trauma can cause or compound problems in functioning, including behavioural and health disorders. By understanding this and working in a trauma informed way, we can help reduce the risk of long term health and social problems. No matter a person's age, timely effective support helps with recovery[18].

A trauma informed approach considers the story behind the presenting behaviour. It shifts the question from 'what is wrong with this person?' to 'what has happened to this person?'

This does not mean that we need to know about, or even ask about the person's history or experience in order to be trauma informed. Instead, it means recognising that there are real and valid reasons for the behaviour and responding within the framework to promote the 6 principles of a trauma informed approach and identify where these could be better upheld.

Working Definition of Trauma

In Nov 2022, the Office for Health Improvements and Disparities (OHID) approved the following working definition of Trauma Informed Practice.

It reflects the original internationally recognised definition developed by the United States Substance Abuse and Mental Health Services Administration (SAMHSA). It is acknowledged that there may be bespoke definitions according to need.

Realise that trauma can affect individuals, groups and communities

Trauma-informed approaches are grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

Recognise the signs, symptoms and widespread impact of trauma

Trauma-informed approaches aim to increase awareness of how trauma can negatively impact individuals and communities, and their ability to feel safe or develop trusting relationships. They aim to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use.

Prevent re-traumatisation

It seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves. The purpose of a trauma-informed approach is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing services.

Key Principles of a trauma informed approach

Safety, Trust, Choice, Collaboration, Empowerment and Cultural Considerations. A trauma informed approach recognises that these principles are held within relationships and that a system, organisation or programme must embody each of these principles in how it operates, delivers services and empowers its staff, visitors and members of the community. [14]

Safety

- Physical, psychological, and emotional safety is prioritised, by:
- People knowing they are safe or being asked what they need to feel safe
- Reasonable freedom from threat or harm
- Developing an approach and an environment which helps prevent re-traumatisation
- Policies, practices, and safeguarding arrangements in place

Trust

Transparency exists in an organisation's policies and procedures, with the objective of building trust by:

- Explaining what is being done and why
- Doing what we say we will do
- Not overpromising

Choice

Shared decision-making, choice, and goal setting to determine the plan of action needed to heal and move forward, by:

- Having a voice in the decision-making process
- Listening to needs and wishes
- Explaining choices clearly and transparently
- Acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over their life which can cause difficulties in developing trusting relationships

Collaboration

The value of staff and visitor experience is recognised in overcoming challenges and improving the system, by:

- Using formal and informal peer support and mutual self-help
- Asking what is needed and collaboratively considering how needs can be met
- Focusing on working alongside and actively involving visitors in the delivery of services

Empowerment

Efforts are made to share power, giving visitors and staff a strong voice in decision-making by:

- Validating feelings and concerns of staff and visitors
- Listening to what a person wants and feels they need
- Supporting people to make decisions and take action
- Acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences, and have low self-worth

Cultural Considerations

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race, or ethnicity by:

- Offer access to gender responsive services
- Leveraging the healing value of traditional cultural connections
- Incorporating policies, protocols and processes that are responsive to the needs of individuals
- Ensuring that no one is treated less favourably, and diversity and similarity are valued

Ten domains of the HIPS Self-Assessment

Ten Domains of this Self-Assessment
 Communication and Relationships
 Co-Production and Collaboration
 Finance and Commissioning
 Governance, Leadership and Management
 Recovery Pathway
 Physical Environment
 Policy and Procedure
 Research, Evaluation, Audit and Monitoring
 Staff Wellbeing
 Recruitment, Training and Workforce Development

Communication & Relationships

Relationships and communication can support recovery but can also unwittingly re-traumatise, with even the smallest contact or interaction having a significant impact. All healthy relationships are founded upon safety and trust. The creation of relational safety can re-establish feelings of internal and external safety, which are often disrupted by traumatic experiences. The way that we relate to each other can help us navigate the challenges of trauma and create pathways for recovery by providing emotional experiences that are consistent and safe.[13]

Question to consider

1. How are the principles of a trauma informed approach promoted within the service? (think meetings, printed materials, online or via telephone)
2. How do we keep each other fully informed, whilst being mindful to consider different communication and cognition needs?
3. Do we use trauma informed language in all interactions?
4. Are communications appropriate, trauma informed and safe?
5. How are we building relationships based on respect, trust, connection and hope?
6. How are we supporting curiosity and openness in conversations around conflict in our teams?
7. What priority and space is made for a sense of belonging, relationships and connection?
8. How does the organisation support, acknowledge and recognise people's relational safety?[12]
9. Which relationships are working well, and which could be

SA – Strongly Agree	**SD** – Strongly Disagree	**A** – Agree	**DK** – Don't Know	**D** – Disagree	**NA** – Not Applicable

Communication & Relationships	Criteria to Consider	SA	A	D	SD	DK	NA	Evidence	Action Plan
	The service models a Trauma Informed Approach in all interactions, recognising and considering the intersectional context of trauma	☐	☐	☐	☐	☐	☐		
	Language is used that is non-judgemental, inclusive and calming	☐	☐	☐	☐	☐	☐		
	We work in a trauma informed way that recognises that we might have ongoing difficulties managing distress (this could apply to anyone including the workforce and visitors to our services)	☐	☐	☐	☐	☐	☐		
	We seek to hear feedback on cultural accessibility and the cultural needs of each-other to be better informed and help shape the service we provide	☐	☐	☐	☐	☐	☐		
	We consistently respond to everyone in all interactions with compassion and consideration which nurtures emotional, psychological and physical safety and supports protective and healing relationships.	☐	☐	☐	☐	☐	☐		
	We adapt and evolve to meet the needs of each-other to prevent and mitigate the impact of trauma and adversity	☐	☐	☐	☐	☐	☐		
	We recognise that the impacts of trauma may be far-reaching and intergenerational	☐	☐	☐	☐	☐	☐		
	We communicate in a way that is mindful that we process information in different ways	☐	☐	☐	☐	☐	☐		
	We promptly support those that we know to be affected after an incident/significant event, and we share learning across services	☐	☐	☐	☐	☐	☐		
	We clearly communicate with people and stakeholders regarding the organisation's emphasis on using trauma informed approaches	☐	☐	☐	☐	☐	☐		
	We prioritise building safe and healthy relationships in our workplace	☐	☐	☐	☐	☐	☐		

Co-production and Collaboration

Collaboration and co-production empower individuals to share power, knowledge, and responsibility. Trauma-informed services recognise that the wisdom of lived experience is central to understanding what is working well and what could be improved. Recovery from trauma happens in collaborative relationships. We should take care to reach those who are seldom heard, not engaged with, and who have a silent voice. There is no single formula for co-production, but there are some key features that are present in successful co-production initiatives. These include: defining visitors to our services as people with skills, increasing connections between those who access support and the workforce, building on people's existing capabilities, including reciprocity (where people get something back for putting something in) and mutuality (people working together to achieve shared objectives), working with peer and personal support networks alongside professional networks, facilitating services by helping organisations to become agents for change rather than just being considered as service providers. Co-production can be broken down into the following areas [12]:

- Co-design, including planning of services
- Co-decision making in the allocation of resources
- Co-delivery of services, including the role of volunteers in providing the service and;
- Co-evaluation of the service

Questions to consider

1. Where are visitors involved in the development of services?
2. How do we capture feedback and how is it used?
3. How do we ensure that perspectives are gained?
4. What strategies are used to ensure that the approaches taken to recruit a range of people with a full range of perspectives are fair and open?
5. What strategies are used to reduce imbalance?
6. How are strategies which help us feel safe and empowered identified?
7. How do we collaborate?
8. How do we gain the perspective of those who are hard to reach? For example, those who reject services or do not attend when invited to?
9. Is there a Visitors Advisory Board?

SA – Strongly Agree	**SD** – Strongly Disagree	**A** – Agree	**DK** – Don't Know	**D** – Disagree	**NA** – Not Applicable

Co-Production and Collaboration	Criteria to Consider	SA	A	D	SD	DK	NA	Evidence	Action Plan
	We engage with people from diverse backgrounds to collaborate and co-produce throughout the lifecycle of a service (design, implementation and contract review)	☐	☐	☐	☐	☐	☐		
	We have a joint statement of purpose that describes how and why perspectives of staff and visitors to our services are essential in shaping services and how such an input makes a positive difference	☐	☐	☐	☐	☐	☐		
	Feedback is pro-actively collated, used and reviewed regularly and in a meaningful way, informing service delivery.	☐	☐	☐	☐	☐	☐		
	Imbalances are recognised with strategies in place to address them	☐	☐	☐	☐	☐	☐		
	Wherever possible, those responding to a consultation are notified of action taken as a result of their input	☐	☐	☐	☐	☐	☐		
	Outcomes are agreed in collaboration with Commissioners, Service Providers & Visitors to our service	☐	☐	☐	☐	☐	☐		
	Co-production is a key influence in service design and decision making	☐	☐	☐	☐	☐	☐		
	Co-production is recognised and rewarded	☐	☐	☐	☐	☐	☐		
	Visitors to our service are supported and trained to be active representatives	☐	☐	☐	☐	☐	☐		
	Where relevant to a service: Programmes avoid involuntary aspects of treatment where possible (e.g. involuntary medication, interventions, seclusion, restraints)	☐	☐	☐	☐	☐	☐		

Finance and Commissioning

A long-term financial commitment can help support a trauma informed approach, including staff training, dedicated trauma informed roles, creating a lived experience specialism, co-production, research and evaluation, and making physical modifications. Whilst significant funding may be needed for re-location or upgrading furnishings and amenities, many impactful changes can be implemented at a lesser cost. Even modest adjustments can yield significant benefits, and these can be phased to mitigate financial strain.

Thorough evaluations of service changes which incorporate direct feedback can be used to advocate for additional funding from local, regional, and national commissioning bodies.

The commissioning cycle offers a valuable opportunity to seek and secure providers that understand and place value on working in a trauma informed way, founded upon the six principles of a trauma informed approach.

Questions to consider:

1. Does the specification reference a trauma informed approach?
2. What investment does the organisation make in people with lived experience or peer support to influence co-production?
3. Is funding ring-fenced for research, evaluation and audit?
4. Is funding ring fenced for ongoing staff training?
5. Is funding ring-fenced for re-design or development of environments that are trauma informed?
6. How does the organisation encourage and welcome bids from providers who place value on, and work in a trauma informed way?
7. Once a contract has been awarded, how does the Contract Manager know that the provider is working in a trauma informed way?

SA – Strongly Agree	**SD** – Strongly Disagree	**A** – Agree	**DK** – Don't Know	**D** – Disagree	**NA** – Not Applicable

Finance and Commissioning	Criteria to Consider	SA	A	D	SD	DK	NA	Evidence	Action Plan
	Commissioning takes a public health approach i.e. being informed by data, enabling a service to respond to need, and applying credible, evidence based interventions which are proven to work	☐	☐	☐	☐	☐	☐		
	Resources are in place to support organisations in developing and sustaining a Trauma Informed Approach (this could include funding, staff time and other input)	☐	☐	☐	☐	☐	☐		
	Contract reviews are conducted in a trauma informed way, with clearly defined processes and clear lines of communication between the Commissioner and Service Provider	☐	☐	☐	☐	☐	☐		
	Organisations that commission services welcome and encourage bids from Service Providers that understand and place value on working in a trauma informed way, and this can be monitored and evidenced through contract review meetings	☐	☐	☐	☐	☐	☐		
	Connection is at the heart of service design, recognising that relationships are key for preventing and mitigating the impact of trauma through building feelings of safety and trust.	☐	☐	☐	☐	☐	☐		
	Wherever possible, decisions to de-commission or reduce services are made in consultation with Commissioners, Service Providers and Visitors to services	☐	☐	☐	☐	☐	☐		

Governance, Leadership & Management

The process of change requires action at all levels of an organisation. Successfully embedding a trauma informed approach requires senior leaders to model a trauma informed approach, understanding the impact of trauma, and clearly communicating the rationale and benefits of a trauma informed approach.

Senior Leaders can empower a culture of being trauma informed by championing this approach, and leading by example

Questions to consider:

1. Does the organisation's mission statement include a commitment to work in a trauma informed way?
2. Are senior leaders trained in a trauma informed approach including being a Trauma Informed leader and the importance of role modelling this?
3. Do people in leadership champion a trauma informed approach?
4. Are there opportunities for senior leaders to come together and reflect?
5. How are transitions managed in a supportive and cohesive way?
6. Is there an understanding about the importance of relationships within the organisation?
7. How are relationships modelled, supported, measured and prioritised?

SA – Strongly Agree	**SD** – Strongly Disagree	**A** – Agree	**DK** – Don't Know	**D** – Disagree	**NA** – Not Applicable

Governance, Leadership & Management	Criteria to Consider	SA	A	D	SD	DK	NA	Evidence	Action Plan
	Senior Leaders and managers have participated in trauma informed training	☐	☐	☐	☐	☐	☐		
	Senior Leaders and managers enable staff to participate in trauma informed training	☐	☐	☐	☐	☐	☐		
	Senior Leaders and managers understand, communicate, embody, and model the values of a Trauma Informed Approach	☐	☐	☐	☐	☐	☐		
	Governance structures and processes actively include promoting the use of a trauma informed approach, for example through supervision, CPD and team meetings with trauma informed approach as a standing agenda item	☐	☐	☐	☐	☐	☐		
	Senior Leaders and managers recognise that experiences can shape how we respond to situations, and communicate in ways that promote safety, trust and foster positive relationships	☐	☐	☐	☐	☐	☐		
	There is an identified point of responsibility within the organisation to lead and oversee a trauma informed approach [17]	☐	☐	☐	☐	☐	☐		
	There is an organisational statement of commitment to growth and change toward being (more) trauma informed which is communicated and understood across the organisation[17]	☐	☐	☐	☐	☐	☐		
	The organisation has a trauma informed implementation group, and senior Leaders and managers reinforce that championing a trauma informed approach is a shared responsibility of all staff not just the implementation group or trauma informed champion	☐	☐	☐	☐	☐	☐		
	The service ethos promotes and maintains the importance of relationships through its service delivery, and recognises it is key to preventing and mitigating harm caused by trauma.	☐	☐	☐	☐	☐	☐		
	Senior Leaders and managers encourage the use of reflective practice and recognise its importance for everyone, including themselves.	☐	☐	☐	☐	☐	☐		
	Mechanisms are in place to safely highlight when a trauma informed approach is not happening to support learning	☐	☐	☐	☐	☐	☐		
	The organisation recognises the importance and power of language and uses positive, person-centred language which is culturally sensitive and shows consideration of lived experience	☐	☐	☐	☐	☐	☐		

Recovery Pathway

A trauma informed approach advocates a systemic focus that ensures that all visitors to services receive support that is sensitive and responsive to the impact of trauma. This must occur regardless of the 'door' through which they enter. Any service can unintentionally re-traumatise people, a trauma informed approach involves recognising lived experience of trauma and 'triggers' that may lead to re-traumatisation and seeks to minimise this. A trauma informed approach for people experiencing well-being difficulties and associated challenges must consider the possibility of trauma and its impact on recovery and create a safe space to engage with the service in a strengths-based way. It does not require them to disclose trauma. There may be a need for cross-sector collaborative working, particularly in cases where people have complex needs or where multiple agencies are involved in providing support, e.g. someone who is homeless or using substances to cope with trauma. Services should be mindful of how they share information in these situations, avoiding the risk of re-traumatisation that can occur when people are asked to repeat their story again and again. Being trauma informed means being able to realise, recognise and respond to trauma, working in a way which is founded upon the six principles of a trauma informed approach, namely: Safety, Trust, Choice, Collaboration, Empowerment and Cultural Considerations

Questions to consider

1. ***If relevant to your service***, is there a service-level policy on how screening should be completed and how people should be asked about trauma? Should there be?
2. How does the service address intersectional considerations? For example, can they offer gender, gender identity, sexual orientation, age, ethnicity, or disability-sensitive services?
3. Does the workforce talk to visitors of their service and each-other about the range of trauma reactions, and work to minimise fear or shame and increase self-understanding?
4. How is information recorded, and shared, respecting the collaborative and trusting relationships which have been built?
5. What measures are taken to reduce the risk of the person affected by trauma having to repeat their story again and again?
6. Is a visitor to a service' definition of emotional safety, and their strengths and goals included in plans?
7. How does the workforce help visitors to the service and each-other identify strategies that contribute to feeling safe and empowered?
8. Are collaborative partners trauma informed?
9. How does the service ensure the entire pathway operates in a way that is trauma informed?
10. What mechanisms are in place to promote cross-sector training on a trauma informed approach

SA – Strongly Agree **SD** – Strongly Disagree **A** – Agree **DK** – Don't Know **D** – Disagree **NA** – Not Applicable

Recovery Pathway	Criteria to Consider	SA	A	D	SD	DK	NA	Evidence	Action Plan
	When prior trauma is disclosed, we offer meaningful choice wherever possible about any action to be taken	☐	☐	☐	☐	☐	☐		
	Where relevant, we are curious about potential harm in relationships, including domestic abuse, and raise awareness of what is and what isn't a healthy relationship	☐	☐	☐	☐	☐	☐		
	When domestic abuse or sexual abuse is disclosed, we offer appropriate specialist services	☐	☐	☐	☐	☐	☐		
	Where possible, we offer choice regarding services and who provides them, with clear explanations when something is not possible	☐	☐	☐	☐	☐	☐		
	We adjust service provision to support choice (e.g. preference for gender of a staff member). We provide clear explanations when adjustments are not feasible.	☐	☐	☐	☐	☐	☐		
	We collaborate in a strengths-based way to develop written safety plans that include goals, avoid re-traumatisation, and offer practical grounding activities	☐	☐	☐	☐	☐	☐		
	Support plans are jointly reviewed regularly and modified if they are not meeting choice or preference. There is transparency where this is not possible	☐	☐	☐	☐	☐	☐		
	When something goes wrong, practices are in place which seek to repair relationships	☐	☐	☐	☐	☐	☐		
	Information is passed in a way that respects the collaborative and trusting relationship that has been built, and which reduces the risk of having to re-tell an experience(s). The transfer of information adheres to any privacy notice/GDPR	☐	☐	☐	☐	☐	☐		
	We work in ways that maximise opportunities for visitors to rebuild a sense of safety, control and power through choice, collaboration and empowerment.	☐	☐	☐	☐	☐	☐		
	We work together with other services and organisations in our response to needs and challenges	☐	☐	☐	☐	☐	☐		
	We recognise that services can re-traumatise, and we work together to become trauma reducing	☐	☐	☐	☐	☐	☐		

Physical Environment

Trauma informed services ensure that the physical environment promotes a sense of safety, supports collaboration, and facilitates choice. Individuals with lived experience of trauma should have a key role in identifying areas of strength and opportunities for improvement to make the physical and psychological experience more trauma informed. For example, waiting rooms and consulting/interview rooms are set up to make people feel more comfortable and at ease. Where possible, furniture is chosen for its non-institutional qualities, and there are a variety of seating options the person can choose from. In addition, attention is paid to the selection of neutral pictures for the walls, ambient music and reading materials that are non-triggering. When reflecting upon the physical environment, organisations should ensure that wherever possible, the location is safe for collaborating providers and families.

Questions to consider

1. If the building and the different spaces inside it could talk, what would they say? Has this been considered from a wide range of perspectives, including gaining views from Staff and Visitors to the service?
2. How is feedback sought from Staff and Visitors on the physical environment and what is important to them?
3. What is the purpose of the building and services, and how is this felt? Does this consider the history of the building, its positioning, and associations within the community?
4. How accessible is the building?
5. Is the physical environment safe? (parking, locks, fire alarms, clear exits, lit toilets, lit hallways, staff wearing ID, sign-in books, lockers)
6. How does the physical environment promote a sense of safety, calm, and de-escalation?
7. Are there areas in the building that may be reminiscent of trauma or triggering or re-traumatising (stark walls, deprived environments, close seating, doors banging, keys clinking)?
8. How do staff members recognise and work with people on developing strategies to deal with or mitigate associated risks?
9. Is there clear and accessible signage in and around the building? What messages does signage convey?
10. What posters are on the walls? What messages, impressions and feelings do these convey? Do they think carefully about language and the images used from the perspective of the population being served? How inclusive are they? Could they be overwhelming?
11. What are the rooms and spaces called, and how are they labelled? Do these convey positive messages?
12. How is space provided to support self-care?
13. How are confidentiality and privacy respected?
14. How are any cultural or gender differences considered, and needs accommodated?

SA – Strongly Agree	**SD** – Strongly Disagree	**A** – Agree	**DK** – Don't Know	**D** – Disagree	**NA** – Not Applicable

Physical Environment	Criteria to Consider	SA	A	D	SD	DK	NA	Evidence	Action Plan
	The environment is welcoming, promotes wellbeing and emotional regulation (calm colours, comfortable furniture, soothing lighting, plants, age-appropriate toys, gender-specific reading, peaceful pictures, access to outside spaces).	☐	☐	☐	☐	☐	☐		
	Water is offered and made readily available	☐	☐	☐	☐	☐	☐		
	Rooms are available that offer privacy (sight and sound) to deescalate stressful situations, promote calm and attend to self-care	☐	☐	☐	☐	☐	☐		
	Seating arrangements allow adequate space between individuals and clear sight lines of those entering a room	☐	☐	☐	☐	☐	☐		
	Safe spaces for interventions, with waiting areas that include clear exits and clearly labelled restrooms	☐	☐	☐	☐	☐	☐		
	Clear directions with well lit parking areas	☐	☐	☐	☐	☐	☐		
	Consideration is made on reducing risk of re-traumatisation e.g. no stark walls, clanging keys, banging doors. Language and imagery is welcoming, concise, inclusive, and culturally diverse, contributing to a sense of safety	☐	☐	☐	☐	☐	☐		
	The environment can be modified to meet need (e.g. a box available with twiddles, blanket, leaflets and lava lamp)	☐	☐	☐	☐	☐	☐		
	The workforce are routinely asked if they feel safe when undertaking work on-or off-site and this is acted upon	☐	☐	☐	☐	☐	☐		
	The environment is accessible with functional, cultural and gender issues considered, and the workforce are asked what is needed and try to accommodate this (e.g. space for breast feeding or place to pray). Non binary and gender fluid spaces are considered	☐	☐	☐	☐	☐	☐		
	There is access to single-gender spaces if required. In residential services, people have access to a private bedroom and bathroom	☐	☐	☐	☐	☐	☐		
	We consider potential power imbalances and take action to minimise them (e.g. the same chairs for everyone)	☐	☐	☐	☐	☐	☐		
	Well lit exterior which does not allow for congregation at entrances	☐	☐	☐	☐	☐	☐		

	Emotional and psychological safety is considered alongside physical safety in the design of environments	☐	☐	☐	☐	☐	☐		

Policy & Procedure

The way services operate may unintentionally cause distress and re-traumatisation to people or staff. An intentional review of the policies and procedures used within an organisation through a trauma-lens presents an opportunity to minimise any systemic barriers to a trauma informed approach. Policy and procedure review should not be undertaken in isolation but completed within the full context of the organisation to reflect any competing principles or needs

Questions to consider

1. How do our written policies and procedures include a focus on trauma and issues of safety and confidentiality?
2. How do our written policies and procedures recognise trauma in the lives of visitors to our services and Staff, and express a commitment to reduce re-traumatisation and promote wellbeing and recovery?
3. To what extent does the language used in relevant policies position trauma as a natural reaction to traumatic events? How do they normalise trauma and behaviours and coping strategies related to trauma?
4. How do policies and procedures demonstrate that the service provides emotionally and physically safe spaces to work and visit?
5. How do policies promote the development of trusting and transparent relationships that enable views to be heard?
6. Do policies provide opportunities to learn from those with lived experience?
7. How do policies, procedures and processes take into account relationships? E.g. transition planning, length of involvement, matching of staff and visitors, allocations

SA – Strongly Agree	**SD** – Strongly Disagree	**A** – Agree	**DK** – Don't Know	**D** – Disagree	**NA** – Not Applicable

Policy & Procedure	Criteria to Consider	SA	A	D	SD	DK	NA	Evidence	Action Plan
	The service has completed a review of relevant polices through a trauma-informed lens. This includes a commitment to being trauma informed and considers the wider context around equality, diversity, and inclusion to create an inclusive, supportive and safe workplace culture	☐	☐	☐	☐	☐	☐		
	The workforce are given the opportunity to share their views on policies and procedures and there is evidence that thinking, and reflection have taken place in relation to these	☐	☐	☐	☐	☐	☐		
	Policies and procedures promote a strength-based approach which is proactive, intentional, preventative, and restorative	☐	☐	☐	☐	☐	☐		
	Relevant policies recognise the potential impact on the workforce when supporting visitors experiencing trauma. This includes recognising and responding to vicarious trauma and compassion fatigue	☐	☐	☐	☐	☐	☐		
	Relevant policies are written in a way that demonstrates an awareness of intersectionality in a sensitive and trauma informed way	☐	☐	☐	☐	☐	☐		
	Relevant policies promote the development of trusting and transparent relationships between the workforce and visitors to the service	☐	☐	☐	☐	☐	☐		
	Relevant policies use language that position trauma as a natural reaction to adverse experiences, and associated coping strategies	☐	☐	☐	☐	☐	☐		

Research, Evaluation, Audit & Monitoring

Implementing a trauma informed approach is an ongoing change process that involves a shift in knowledge, perspectives, attitudes and skills throughout an organisation. Achieving this type of systems change requires continuous quality improvement.

A trauma informed approach is not a separate initiative. It is an overall approach or lens that an organisation uses while delivering all services[15]

Trauma informed organisations learn from credible research on taking a trauma informed approach and put measures in place to make positive changes. Trauma informed organisations continually track and monitor the outcomes and experiences of the workforce and visitors to the service and use that information to make continual improvements.

Questions to consider

1. Does the organisation monitor and learn from credible research on applying a trauma informed approach?
2. Does the organisation and service create an environment where feedback is welcome?
3. Does the organisation and service solicit feedback from the workforce and visitors to the service, and analyse that data to make positive changes?
4. Does the organisation share best practice in becoming trauma informed, and learn from others?
5. Does the organisation collect and incorporate ongoing feedback from the workforce and visitors during implementation of changes to assess levels of transparency, safety and trust they feel within the organisation?
6. Does the organisation dedicate time for reflective conversations with the workforce to strengthen staff commitment to embedding a trauma informed approach and brainstorm areas for improvement?

SA – Strongly Agree	**SD** – Strongly Disagree	**A** – Agree	**DK** – Don't Know	**D** – Disagree	**NA** – Not Applicable

Research, Evaluation, Audit & Monitoring	Criteria to Consider	SA	A	D	SD	DK	NA		
	Feedback about the service is encouraged, systematically collected, assessed, and reported on in a meaningful way	☐	☐	☐	☐	☐	☐		
	A range of outcomes is considered during service evaluation. Visitors to a service have an opportunity to define outcomes that are important to them	☐	☐	☐	☐	☐	☐		
	A variety of indicators to track progress and monitor impact are used, including visitors' sense of trust and safe relationships within the service and organisation	☐	☐	☐	☐	☐	☐		
	When feedback has identified service gaps, these are transparently acknowledged and addressed where possible	☐	☐	☐	☐	☐	☐		
	The organisation uses data to inform and strengthen the response to trauma (for example when designing survey questions)	☐	☐	☐	☐	☐	☐		
	There is a clear rationale and purpose for the collection of data and a transparent process on how this data is used and stored, which is made clear at the point of collection	☐	☐	☐	☐	☐	☐		
	Where possible, qualitative and/or quantitative data is captured to understand any positive impact that a trauma informed approach is making/has made	☐	☐	☐	☐	☐	☐		
	Data for service evaluation is collected in a range of ways (verbally, anonymously and in focus groups etc.) Assistance is available for people to complete feedback forms or surveys if required	☐	☐	☐	☐	☐	☐		
	Complaints can be made and accepted in a range of ways. Complaints are documented and responded to in a timely manner with clearly documented outcomes	☐	☐	☐	☐	☐	☐		

Staff Wellbeing

Given the prevalence of trauma, it is likely that the workforce will have experienced their own trauma. In addition, working with people in distress or organisations supporting people who have experienced trauma can impact staff and their wellbeing. As a result, staff may find themselves impacted/triggered. Roles in such organisations have a higher risk of compassion fatigue, burnout and vicarious trauma.

A trauma informed approach relies on establishing supervision and wellbeing practices that support, develop, nurture and sustain the workforce. Supervision can serve as a model and parallel process for a trauma informed approach to help to embed trauma informed principles across the service by identifying the competencies required that support its practice.

Leadership is vital in empowering the workforce to look after themselves, especially in modelling self-

Questions to consider:

How is the workforce supported to feel connected to each other, to the work and to the organisation?

How does the organisation and service address the emotional stress of working with others who have experienced trauma?

How does the organisation and service ensure that the workforce feels empowered and safe and that individual needs are considered?

What strategies and processes does the organisation and service use to evaluate whether the workforce feel safe and valued?

How does the organisation and service deliver health and wellbeing planning, recognising trauma and supporting those that have experienced trauma?

In what ways are the workforce given opportunities to come together and reflect on the work itself, and the impact of the work?

How is relationship based practice promoted within the workforce?

How is the intersection of multiple identities, for example age, gender, religion, race, sexuality, class, ability acknowledged and responded to within the organisation and service?

SA – Strongly Agree	**SD** – Strongly Disagree	**A** – Agree	**DK** – Don't Know	**D** – Disagree	**NA** – Not Applicable

Staff Wellbeing	Criteria to Consider	SA	A	D	SD	DK	NA		
	Processes are in place to build and support a diverse inclusive work environment	☐	☐	☐	☐	☐	☐		
	The workplace culture models and supports self-care and wellbeing	☐	☐	☐	☐	☐	☐		
	The workplace culture understands the benefits of team cohesion, morale and team spirit	☐	☐	☐	☐	☐	☐		
	The service recognises that the workforce may have lived experience of trauma and creates a culture where people feel safe to disclose and be supported	☐	☐	☐	☐	☐	☐		
	The workforce is asked if they feel safe and supported in conducting their work	☐	☐	☐	☐	☐	☐		
	Health and safety risk assessments are carried out and any concerns promptly addressed	☐	☐	☐	☐	☐	☐		
	Mechanisms exist to measure and celebrate success and show appreciation and recognition	☐	☐	☐	☐	☐	☐		
	The workforce are made aware of potentially triggering or sensitive forthcoming information and have the opportunity not to receive it or to leave the meeting without feeling judged	☐	☐	☐	☐	☐	☐		
	Supervision occurs regularly, is protected from distractions wherever possible and is delivered through a trauma informed approach.	☐	☐	☐	☐	☐	☐		
	Supervision includes awareness of the potential impact of any prior trauma on direct provision	☐	☐	☐	☐	☐	☐		
	A mechanism exists to allow an assessment of workforce needs when a personal or work-related traumatic event occurs, and a trauma informed process for support follows	☐	☐	☐	☐	☐	☐		
	A mechanism exists to support staff following critical incidents	☐	☐	☐	☐	☐	☐		
	The workforce are involved in establishing goals and objectives for their position. Where possible flexible work practices and choices are accommodated	☐	☐	☐	☐	☐	☐		
	Accessible material regarding work related stress and well-being is readily available	☐	☐	☐	☐	☐	☐		
	Staff who experience work related stress are supported in a timely way and where possible, have a choice in the support they can access	☐	☐	☐	☐	☐	☐		
	Staff are actively involved in the process of service change before it occurs and as it progresses	☐	☐	☐	☐	☐	☐		
	There is a culture of safety and continuous learning where staff feel safe to express feelings, make mistakes and reflect on their own and others thoughts, feelings and behaviours	☐	☐	☐	☐	☐	☐		

Recruitment, Training and Workforce Development

Services that are trauma informed foster healthy and effective workforces and the standards presented should sit alongside good human resource practice. Recruiting and retaining a workforce that embodies and embraces the principles of a trauma informed approach is critical to creating and sustaining service change. The workforce and visitors to our services may have experience of trauma. Some work practices could unintentionally compromise a sense of safety and potentially cause re-traumatisation, for example, service redesign contributing to job uncertainty, being held in police custody, receiving a custodial sentence, being detained under the Mental Health Act, or having children removed by Social Services.

An awareness of a trauma history and the diverse ways that traumatic experience can manifest itself, can help reframe complex behaviours, to see distress reacting to the context of experiences.

The workforce should receive training about a trauma informed approach and the potential impact of trauma. Supported by the consistent communication of the trauma informed principles of SAFETY, TRUST, CHOICE, COLLABORATION, EMPOWERMENT and CULTURAL CONSIDERATIONS

Questions to consider

1. How has the service specifically recruited individuals with the skills and qualities necessary to be trauma informed, e.g. empathetic, non-judgemental, welcoming and consistent?
2. How does the service support training and workforce development to increase understanding of trauma, its impact and what it means to embody a trauma informed approach so that we can work sensitively and effectively together?
3. How will the service ensure the workforce responds in an emotionally safe way?
4. How does training and development consider intersectionality in terms of experiences of trauma, access to support, resources, and opportunities for safety?
5. What training or resources are provided to supervisors on incorporating a trauma informed approach into 1-1s?
6. What strategies are in place to assist the workforce in supporting visitors with lived experience of trauma, and recognising their support as integral?
7. Does the workforce have access to CPD?
8. Do Senior Leaders and managers encourage reflection based on the 6 principles of a trauma informed approach at team meetings so that it is constantly on the radar and learning can be shared?

SA – Strongly Agree	**SD** – Strongly Disagree	**A** – Agree	**DK** – Don't Know	**D** – Disagree	**NA** – Not Applicable

Recruitment, Training and Workforce Development	Criteria to Consider	SA	A	D	SD	DK	NA	Evidence	Action Plan
	Where relevant, the workforce and visitors to services are included in recruitment processes	☐	☐	☐	☐	☐	☐		
	Job descriptions accurately describe the desired skills and attributes that support a trauma informed service	☐	☐	☐	☐	☐	☐		
	Recruitment materials describe the job role and application process in a way that promotes a trauma informed approach (e.g. it is clearly explained, removes unknowns wherever possible and gives the opportunity to speak to someone to discuss further if interested)	☐	☐	☐	☐	☐	☐		
	The organisation is supportive of its workforce completing either the Trauma Informed E-Learning commissioned by the ICB (which is generic and will resonate across public services), or the Solent NHS produced E-Learning (which is more health focused)	☐	☐	☐	☐	☐	☐		
	Applicants who are not selected for employment are informed in a trauma informed way (e.g., asking candidates how they would like to be informed of the outcome of their interview in advance)	☐	☐	☐	☐	☐	☐		
	During the interview process, applicants are provided with a safe environment and process for interviewing (e.g. within the bounds of reasonable adjustment and not just a one size fits all approach)	☐	☐	☐	☐	☐	☐		
	The process and purpose around pre-employment testing and background checks are communicated to candidates in a trauma informed way	☐	☐	☐	☐	☐	☐		
	Initial expectations are communicated between staff and their supervisor/line manager at the start of employment	☐	☐	☐	☐	☐	☐		
	New staff are given an induction plan which includes information about personal and service-wide safety measures and resources for staff self-care and work-life balance	☐	☐	☐	☐	☐	☐		
	Consideration is given as to how to support the workforce in a trauma informed way following the loss of co-workers, or changes in organisation structure	☐	☐	☐	☐	☐	☐		
	The service has a policy/procedure for providing references/information for former staff members	☐	☐	☐	☐	☐	☐		

Recruitment, Training and Workforce Development	Criteria to Consider	SA	A	D	SD	DK	NA	Evidence	Action Plan
	Staff receive feedback about their performance in a manner that is consistent with the principles of a trauma informed approach	☐	☐	☐	☐	☐	☐		
	Staff are provided with opportunities to offer their observations and suggestions and contribute to staff collaboration activities	☐	☐	☐	☐	☐	☐		
	The workforce are supported to develop safe therapeutic relationships	☐	☐	☐	☐	☐	☐		
	Relationships are characterised by mutual respect, compassion, and healthy boundaries	☐	☐	☐	☐	☐	☐		
	The workforce are offered development, training, or other support opportunities to assist with work-related challenges and difficulties and further their career goals	☐	☐	☐	☐	☐	☐		
	The workforce can recognise common impacts of trauma and trauma related forms of distress and know simple techniques to help themselves and others to self-regulate using grounding techniques	☐	☐	☐	☐	☐	☐		
	Senior Leaders and managers are offered training on trauma informed supervision, which includes being able to recognise and respond to vicarious trauma and compassion fatigue	☐	☐	☐	☐	☐	☐		
	The principles of a trauma informed approach are incorporated into staff learning and development processes, including mandatory training	☐	☐	☐	☐	☐	☐		
	Leaving staff members have an opportunity for a safe and confidential exit interview with an understanding of how their feedback will be acted upon	☐	☐	☐	☐	☐	☐		

Recruitment, Training and Workforce Development	Criteria to Consider	SA	A	D	SD	DK	NA	Evidence	Action Plan
	A communication plan exists for sharing information about a colleague's departure with the rest of the service and presenting information about the staffing changes in a neutral way	☐	☐	☐	☐	☐	☐		
	Job descriptions and recruitment processes highlight the value of a trauma informed approach	☐	☐	☐	☐	☐	☐		
	The organisation celebrates and highlights workforce achievements in a meaningful and genuine way and staff are consulted on what they would like to see	☐	☐	☐	☐	☐	☐		
	The organisation considers methods which support the recruitment of a diverse workforce that have a range of skills, experiences and backgrounds	☐	☐	☐	☐	☐	☐		
	Team meetings are collaboratively planned for. They are a space for reflection and offer a non-judgemental and empathetic environment where staff are encouraged to be curious.	☐	☐	☐	☐	☐	☐		
	Supervision is high-quality and takes a person-centred approach which is proactive, relational and shows empathic understanding	☐	☐	☐	☐	☐	☐		
	Supervision processes are closely related to need and styles of those being supervised, and are agreed with the staff member	☐	☐	☐	☐	☐	☐		

Annex 1 – Action Plan Template

Domain	Criteria	Rating and Date	Comments	Action owner	Data and Action Taken
Example *Finance and Commissioning*	Organisations that commission services welcome and encourage bids from Service Providers that understand and place value on working in a trauma informed way, and this can be monitored and evidenced through contract review meetings	*SD* *30th July 2024*	*We don't currently encourage bids from providers that understand and place value on working in a trauma informed way*	*xxx*	*30th Sept 2024* *Specifications now include a section on Trauma Informed and there are weighted questions as part of the grant or tender process where providers that can demonstrate working in a TI way score more highly. Once a service is up and running, quarterly case studies are shared giving examples of how the provider worked in a trauma informed way.*

References

1. Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Accessed February 1, 2023. https://ncsacw.acf.hhs.gov/ userfiles/files/SAMHSA_Trauma.pdf

2. Substance Abuse and Mental Health Services Administration. Trauma and Violence. Accessed February 1, 2023. https://www.samhsa.gov/trauma-violence

3. Mezzina R, Gopikumar V, Jenkins J, Saraceno B, Sashidharan SP. Social Vulnerability and Mental Health Inequalities in the "Syndemic": Call for Action. Front Psychiatry. 2022;13:894370. doi:10.3389/ fpsyt.2022.894370

4. The King's Fund. Tackling poor health outcomes: the role of trauma-informed care. The King's Fund. Published November 14, 2019. Accessed March 2, 2023. https://www.kingsfund.org.uk/blog/2019/11/ trauma-informed-care

5. Hatch SL, Dohrenwend BP. Distribution of traumatic and other stressful life events by race/ ethnicity, gender, SES and age: a review of the research. Am J Community Psychol. 2007;40(3-4):313- 332. doi:10.1007/s10464-007-9134-z

6. Marryat L, Frank J. Factors associated with adverse childhood experiences in Scottish children: a prospective cohort study. BMJ Paediatr Open. 2019;3(1):e000340. doi:10.1136/bmjpo-2018-000340

7. Scottish Government. Trauma-informed practice: toolkit. Accessed February 1, 2023. http://www.gov. scot/publications/trauma-informed-practice-toolkit-scotland/

8. Esaki N, Holloway HL. Prevalence of Adverse Childhood Experiences (ACEs) Among Child Service Providers. Soc Welf Fac Scholarsh. Published online January 1, 2013. doi:10.1606/1044-3894.4257

9. Carlsen E, Dalenberg C. A Conceptual Framework for the Impact of Traumatic Experiences. Trauma Violence Abuse. 2000;1(1):4-28. doi:10.1177/1524838000001001002

10. Lawrenz L, Ryder G. Genetic Trauma: Can Trauma Be Passed Down to Future Generations? Psych Central. Published February 18, 2022. Accessed March 29, 2023. https://psychcentral.com/health/ genetic-trauma

11. Office for Health Improvement and Disparities. Working definition of trauma-informed practice. GOV. UK. Accessed February 1, 2023. https://www.gov.uk/government/publications/working-definition-oftrauma-informed-practice/working-definition-of-trauma-informed-practic

12. Karen Treisman Values, Principles, Commitments, and Underpinnings of Adversity, Culturally, and Trauma-Informed, Infused, and Responsive Organisations, Safe Hands and Thinking Minds Trauma-informed-organisations-by-Karen-Treisman.pdf (sigmateachingschool.org.uk) Accessed July 09, 2024

13. Harden, T, Bosk, E., Mendez, A, Williams-Butler, A, Fabrys, J & MacKenzie, M (2023) A Relational Workforce Capacity Approach to Trauma-Informed Care Implementation: Staff Rejection Sensitivity as a Potential Barrier to Organizational Attachment Behavioural Sciences, 13, 652 A Relational Workforce Capacity Approach to Trauma-Informed Care Implementation: Staff Rejection Sensitivity as a Potential Barrier to Organizational Attachment (nih.gov) Accessed July 09, 2024.

14. Substance Abuse and Mental Health Services Administration (2023) Practical Guide for Implementing a Trauma-Informed Approach (samhsa.gov) Accessed 24 July 2024

15. National Council for Behavioural Health Trauma-Informed-Care-Quality-Outcomes-Crosswalk-1.pdf (thenationalcouncil.org) Accessed 24 July 2024

16. Research In Practice Strategic Briefing: Embedding a trauma-informed approach to support staff wellbeing in children's social care trauma_informed_approach_sb_web.pdf (researchinpractice.org.uk) Accessed 24.07.24

17. ACE Support Hub's self-assessment tool for Trauma and ACE Informed Organisations: Embedding ACE Awareness and ACE Informed Practice (2021) Organisation-Self-Assessment-Tool-September-2021-Version-1b.pdf (gov.wales)