

Trauma-Informed Training Organisation Workbook

This training package has been funded by Welsh Government and developed by Barnardo's Cymru to support community organisations on their journey to becoming trauma-informed.



We really hope you find this training useful; it could be the start of an exciting journey for your organisation.

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Welcome and Overview of the Training

This training package has been funded by Welsh Government and developed by Barnardo's Cymru to support community organisations on their journey to becoming trauma-informed.

This handbook is to be used alongside the Trauma-Informed Organisation e-learning videos that can be found on the ACE Hub website. We recommend watching the video first and then referring to the relevant sections in this workbook. It may seem like a large resource and a bit daunting but it is broken down into bite-sized Chapters, so take your time exploring each section.

There are reflection exercises for you to complete that relate to each chapter and planning exercises for the implementation of the trauma approach in your organisation. These could be completed individually or in sessions with your staff as a group.

We really hope you find this training useful; it could be the start of an exciting journey for your organisation.

Who is the Training Aimed At?

This training has been specifically developed for smaller community organisations which make a significant contribution to supporting people in Wales. It aims to promote them to become trauma-informed, whilst recognising that some have already made progress on this journey.

Whether you support children, young people or adults, trauma-informed approaches will do no harm and can promote healing and recovery for all.

We will refer to 'organisations', however when you this please relate this to your own service area/project.

Aims

The aim of this training is to develop your understanding of how to become a trauma-informed organisation and how you can work towards implementing the principles and approaches.

Becoming a trauma-informed organisation is a journey and this is just the start, but by the end of this training you will:

1. Better understand adversity and trauma and its impact across one's life
2. Understand the key elements of a trauma-informed approach
3. Recognise the significance of organisational culture and beliefs.
4. Understand the key principles of becoming a trauma-informed organisation
5. Understand how to implement trauma-informed approaches and principles into your organisation.
6. Plan the next steps on your organisation's journey towards becoming trauma-informed.

Pre-Course Learning

This training follows on from the ACE Hubs E-Learning. If you haven't already completed this, we would recommend you do so as it provides foundational learning.

Within the Introduction to eLearning – Ace Aware Wales Adverse Childhood Experiences (ACEs) eLearning you will learn: **(see link to the right)**

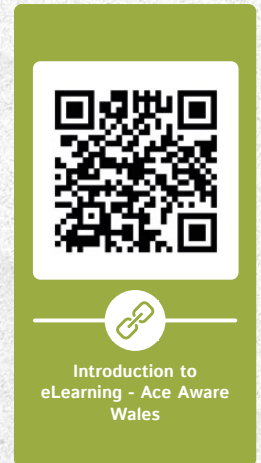
1. What are Adverse Childhood Experiences (ACEs)
2. The prevalence of ACEs in Wales
3. The importance of brain development, attachment and toxic stress
4. The risks associated with ACEs and impact across the life course
5. What to do to prevent and respond to ACEs.

Resources, contacts and websites are at the back of this workbook including ways to support your wellbeing.

The following film produced by **Public Health Network** also gives an explanation of ACEs.



These resources can also be useful if you want your staff or teams to have a shared understanding of ACEs or a trauma-informed approach.



Self-care

Grounding Techniques

Looking after ourselves is equally as important when supporting others.

There are more resources and useful links at the back of this workbook including ways to support your wellbeing but here are some examples that you can use to support your own wellbeing.

Breathing Mindfulness - Breathing Exercise (youtube.com)



Relaxation Support - simple-body-scan-relaxation.pdf (barnardos.org.uk)



BREATHING Exercises

These exercises can help you feel calmer & more able to cope when you feel anxious or sad.



Count 1,2,3 as you breathe in through your nose and 1,2,3 as you breathe out through your mouth...

Trace the outline of your own hand as you breathe in & out.

Welsh Government Minister's Foreword for Trauma-Informed Organisation Training

Our childhoods have an important influence on the lives we go on to lead. As a government we want children to develop and thrive in happy homes, with caregivers who are able to meet their needs.

Sadly, this is not every child's experience, and some children will be exposed to Adverse Childhood Experiences (ACEs). Traumatic experiences in childhood can make it hard for them to trust others, build positive relationships or control their emotions and make good decisions in stressful situations. This is why it is so important for all of us to behave and respond to others in trauma-informed ways.

Community based groups play a key role in preventing and supporting those who are or have experienced adversity. That is why I am pleased to support this important training, which has been developed by and for community groups. The training, which has been developed by Barnardo's in collaboration with the ACE Support Hub and Caffeine Creative, marks an important step in our drive to raise awareness and understanding of childhood adversity and trauma and how to respond to it.

We have made significant progress in Wales over the last five years in raising people's awareness and understanding of ACEs. Last year we decided to take stock of our position by conducting a review of our ACEs policy. One of the main findings of the review was the call from stakeholders for the need to move from being ACE aware to trauma-informed. Responding to the review, I was very keen to support community-based and self-help organisations in the early intervention and prevention of ACEs and wider childhood adversity. I was delighted, therefore, to be able to provide funding to support the development of this training, which not only aligns with my wish for greater community support, but also reinforces stakeholders' requests for Wales to become a trauma-informed and responsive nation. It is an important piece of the jigsaw and I would encourage you to undertake the training and apply its learning to your work to support others.

Julie Morgan MS
Deputy Minister for Social Services



Understanding Trauma

The terms adverse childhood experiences (ACEs) and trauma are often used simultaneously or interchangeably. ACEs relate to a range of adversities which can either directly harm a child (e.g. abuse and neglect) or affect their home environment (e.g. domestic abuse, household mental illness).

ACEs occur within childhood, whereas trauma can occur at any time of your life.

Adverse experiences and trauma do not have to dictate the future of the child. Children can survive and even thrive despite the trauma in their lives when such adverse experiences are counterbalanced with protective factors which help to foster their resilience.

There are several, significant types of trauma which are not mutually exclusive. Indeed, a person may experience more than one type of trauma with the cumulative impact being greater.

Trauma can include events where you feel frightened, abandoned, unsafe, shame, unsupported or powerless. Trauma can happen to anyone at any time of our lives. We may be more vulnerable at certain times of our lives and might not always anticipate when an event will impact on us.

Trauma is not always visible, and we should not make assumptions that we know what people are experiencing or if it is traumatic for them.

The trauma definition adopted highlights the need to consider three aspects:

EVENT(S)

The EVENT(S) that took place



EXPERIENCE

The individual's EXPERIENCE of the event(s)



EFFECTS

The long-lasting EFFECTS of the event(s)

Exercise 1: Trauma and Adversity

Let's reflect...

a. Think about some of the adverse events that people face across their lives

b. What are the factors that can either worsen the impact of this experience or mitigate against/offset it?

Understanding a Trauma-Informed Approach

Wales National Trauma Framework

A Wales trauma-informed approach is defined as:

A trauma-informed approach recognises that everyone has a role in sensitively facilitating opportunities and life chances for people affected by trauma and adversity.

It is an approach where a person, family, community, organisation, service or system takes account of the widespread impact of adversity and trauma and understands potential ways of preventing, healing and overcoming this as an individual or with the support of others, including communities and services.

It is where people recognise the multiple presentations of being affected by trauma in individuals, families, communities, staff, and others in organisations and systems across all Welsh society.

In this approach, knowledge about trauma and its effects are integrated into policies, procedures, and practices. It seeks to actively resist traumatising people again and prevent and mitigate adverse consequences, prioritising physical and emotional safety, and commits to 'do no harm' in practice and to proactively support and help affected people make their own informed decisions.

Moving from an approach that asks:

“What is wrong with you?”

To one that considers:

“What has happened to you?”



Exercise 2: Trauma-Informed Approach

Reflect on the Welsh Trauma Framework and what the phrases below mean to you. Is it something you have not considered before or do you do this already? Think about your experiences in your organisation as well as the people you support.

Adversity and trauma

People recognise the multiple presentations of being affected by trauma

Ways of preventing, healing and overcoming impact

Actively resist traumatising people

Prioritising physical and emotional safety

Do no harm

Understanding the Impact of Trauma

Developmental and Relational Trauma can have a lasting impact on all areas of a child's development. These have potential lifelong consequences.

Developing our awareness of Developmental and Relational Trauma can help us better understand how the early experiences of children, young people and adults have shaped them.

Developmental Trauma

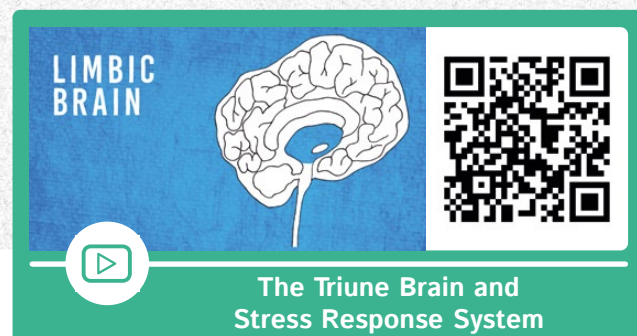
When children experience early repeated abuse, neglect, separation and adverse experiences within their important relationships, their brain development may be affected in significant ways. They often experience what is known as Developmental Trauma, which means their development has gone off track and they cannot behave, feel, relate and learn like other children their age.

Children do not develop the essential daily living skills that children need, such as being able to manage impulses, solve problems or learn new information.

Developmental Trauma can also arise from experiences which are not about relationships, for example in babies who have sensitive, dedicated parents but who undergo years of invasive medical procedures and life-threatening illness.

The Triune Brain and Stress Response System

It is important to remember that not every threat that sets off the stress response is traumatic, and some amount of stress helps us to learn and grow. Stress becomes traumatic when it overwhelms this system that is usually effective at keeping us safe. When the system becomes overwhelmed, the emotional brain remains on-alert and continues to send the body instructions to fight, flee, or freeze, even after the threat has passed. People exposed to trauma may remain in survival mode much of the time, which compromises their ability to learn and relate.



Children and young people who have experienced trauma are often not connected to their own reactions. They find it difficult to make sense of what has happened to them and what continues to drive their thoughts, feelings and behaviour.

We also need to consider the impact of stress on ourselves, staff and services. When stress gets too high it effects our daily functioning but also has long-term effects.

Exercise 3: Stress Response System

Please reflect on the below...

a. What situations during the working day have the potential to activate your stress response system?

b. What situations are more likely to set off the stress response in the people you support?

c. What does the "fight, flight, or freeze" response look like for you in the moment (e.g. sweating, heart racing, yelling, shutting down)?

d. What does the "fight, flight, or freeze" response look like for the people you support?

e. How might this information about the stress response inform your daily work?

Understanding Behaviour Through a Trauma-Informed Lens

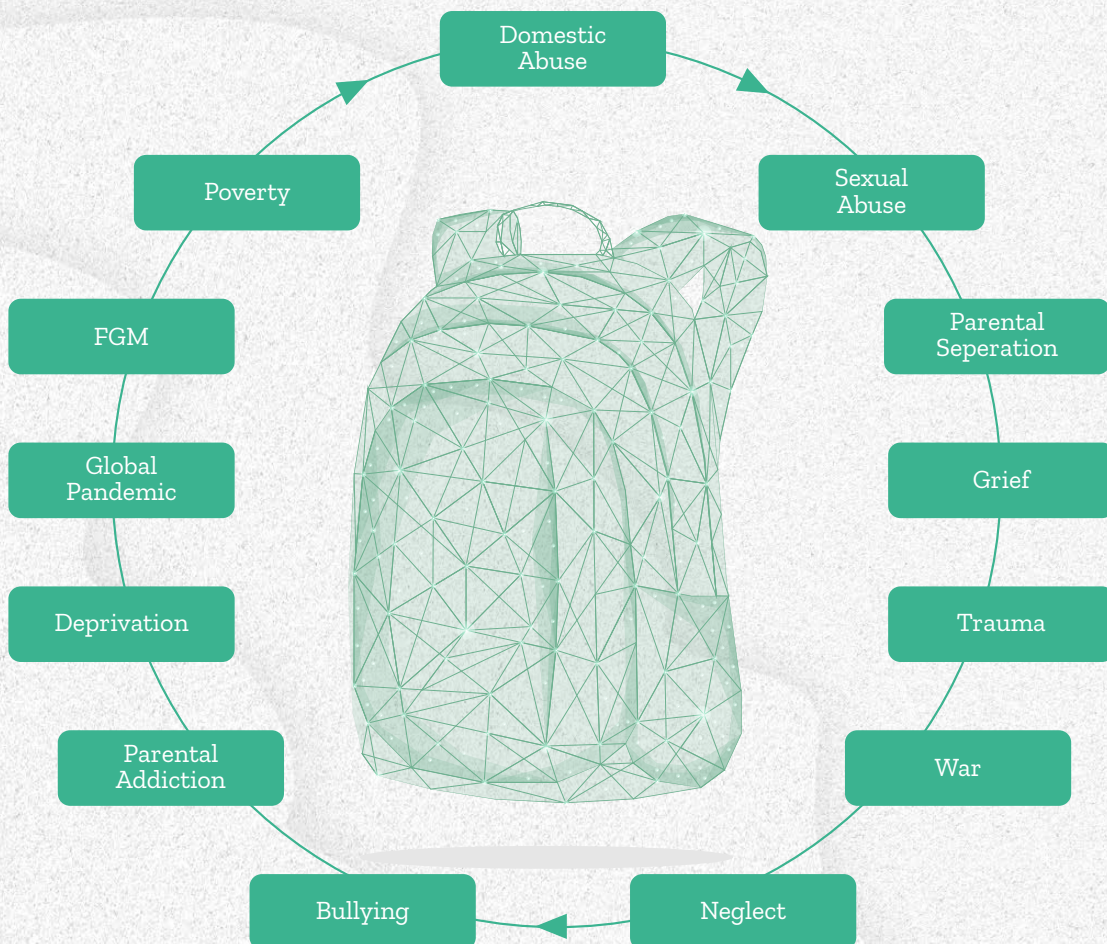
We have learned that trauma can potentially impact on all areas of development and functioning. You may observe people having trouble paying attention and maintaining safe and positive relationships. People may have difficulties regulating their emotions and may be aggressive, defensive or appear withdrawn and disconnected. These survival responses can become so much a part of how a person operates in the world that it is difficult for others to identify behaviours as trauma-related responses.

Without considering trauma, we run the risk of misunderstanding and mislabelling the core issues people may be facing. Applying a Trauma-Informed Lens to the situation or behaviour can help to understand a person's perspective, get a better understanding of their world and how you can support them.

This can be compared to a backpack—a trauma-informed approach will consider the wider world of the child and what 'baggage' the child is carrying. This can be used as an exercise to explore what the child is experiencing in their world

People exposed to trauma, particularly ongoing trauma from a young age, develop survival strategies to manage traumatic experiences. Their brains and bodies adapt based on these experiences in ways that may be misinterpreted by others.

The key to supporting people is to use the knowledge base about trauma to help understand them—their behaviour and their needs. And with such understanding comes hope.



Exercise 4: Understanding Behaviour Through a Trauma-Informed Lens

Reflect on the following descriptions considering the learning from the training and complete the empty boxes with your thoughts. The first description is an example which does not include every response, explanation or strategy, it is just to support the understanding.

Challenging event	Non-trauma informed response	Trauma-related understanding	Strategies that would be helpful
<p>1. This child wants everything done for them. They can't organise their belongings, take out their books and materials when asked or get started on a task on their own.</p>	<p>It is just laziness or even deliberate time-wasting.</p>	<p>The child may have missed out on the healthy experience of a caring adult.</p> <p>When a child has experienced neglect, abuse, separation or loss, those crucial bonds of attachment may have been disrupted.</p> <p>They may have lacked the experience of exploring the world and trying things for themselves, as they have not felt safe – no sensitive and responsive adult looking out for them.</p>	<p>The child might need a key adult in school who can get alongside them to provide safety and encouragement.</p> <p>The skills needed to be organised will need to be modelled and taught to the child, such as visual checklists or schedules, breaking down task into small steps, with their progress being checked and praised along the way.</p>
<p>2. A person is not showing up for appointments, not returning calls, and arriving late</p>			
<p>3. A person is showing aggressive behaviour, shouting and displaying anger.</p>			

Part 2

Trauma-Informed Workbook

Comprises 7 chapters





Culture, Adversity and Trauma Interface

Trauma does not occur in a vacuum, and is influenced by a range of cultural, political and wider systems within the contexts in which people live and work.

Adversity and trauma can impact on people of all ages and across every section of society with a multifaceted relationship between culture, adversity and trauma.

People can experience adversity and trauma because of their culture and/or identity. Examples can include racism, homophobia, sectarianism, misogyny, bullying or hate crimes.

People might also experience abusive, coercive or harmful practices within their own culture. This could include FGM, forced marriage, harsh physical punishment. Because of their identity or experiences people may be isolated and vulnerable.

People may have experienced stigma and rejection due to their sexuality, disability or mental illness. This can be from society or from within their own culture or community. A lack of safety, acceptance and love within a person's family and community increases their vulnerability.

A trauma-informed approach will actively resist all discrimination. Wales is collectively working towards the unifying goal of creating a 'More Equal Wales'. For Wales, the vision is of a country that is proudly anti-racist, where everyone is treated as an equal citizen.

Ethnic Minorities and Youth Support Team Wales (EYST) have a range of resources to support anti-racist approaches and research, such as [Experiences of Racism & 'Race' in Schools in Wales](#) (eyst.org.uk).

A rights-based approach will also consider the impact of culture, adversity and trauma.

The Children's Commissioner in Wales has produced a resource consisting **(see link to the right)** of three lesson plans, designed for secondary schools, to help increase awareness of Islamophobia, tackle common myths and misconceptions about Islam, and present the real-life experiences of young Muslims in Wales.



Tackling Islamophobia
Resource - Children's
Commissioner for Wales

Culture

Adversity

Trauma

Community Trauma

Let's reflect...

Think about the **LGBTQ+ community** and the **individuals within the community**.

People may face trauma on a daily basis by having to 'come out' as there is still an assumption in some cultures that everyone is heterosexual. This assumption could lead a person to not disclose their true self and could lead to feelings of inadequacy.

It is also important to recognise **community trauma**. The LGBTQ+ Community faced a significant amount of trauma when the HIV Virus was little understood in the 1980s. Misinformation and homophobia was rife and HIV and AIDS was labelled as the 'gay plague'. There was a significant amount of trauma suffered by the community; there was trauma associated with surviving due to the label and stigma around being 'gay', and the trauma of bereavement, which for some people was multiple losses.

The recent television drama **It's a Sin** is a five-part series set from 1981 to 1991 in London. It depicts the lives of a group of gay men and their friends who lived during the HIV/AIDS crisis in the United Kingdom. It demonstrates the stigma, trauma and fear within the LGBTQ+ society and is very much a true reflection of how life was when very little was known about AIDS and HIV.

If you are curious to learn more, the following books offer a richer understanding into LGBTQ+ community and individual identity.

1. [Straight Jacket](#) by Matthew Todd
2. [I'm Afraid of Men](#) by Vivek Shraya
3. [The Truth About Trans](#) (stonewall.org.uk)



Exercise 5: The Power of Language

Let's reflect...

Think about some of the words used to describe the people you support by the media/courts/other professionals. For example drug addict, lost cause, hard to reach.

Now think about how the people you support would feel hearing those words as well as them being placed on them physically like a label. Would they feel respected or judged?

With all that in mind, what changes would you make to the language you use in your services going forward? Think about - posters, leaflets, planning documents, letters and conversations.

A Trauma-Informed Approach

The journey towards becoming a trauma responsive organisation requires it to be continuously learning, developing and progressing.

There is not a final destination, it's an ongoing process of learning and developing.

As discussed in the e-learning, there are four key assumptions in a trauma-informed approach involving the need to:

Please remember that adverse experiences and trauma do not have to dictate the future of a person. Children and adults can thrive when such experiences are counterbalanced with protective factors which help to foster their resilience.



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Exercise 6: The Four Rs

Let's reflect... Think about your organisation and how it delivers its service. Rate your service on a scale of 1-5 on how they currently Realise, Recognise, Respond and Resist re-traumatising (1 being poor and 5 being excellent).

If your scoring is low in areas, this is normal at this stage. The aim of this training is to increase your awareness of a trauma-informed approach and support you on your journey. Therefore by the end of this training and when you start your journey and put your actions plans into practice your scores should move more to the good and excellent area of the scale.

Score/Example	1	2	3	4	5
Realise			e.g. Staff receive training		
Recognise				We ask people about trauma	
Respond					
Resist					



The Importance of an Organisation's Values, Culture and Beliefs

Your organisation may be small and made up entirely of volunteers but if it has been running for some time there will be some history, experiences, practice, attitudes and a sense of identity or culture.

In order to be trauma-informed we need to be open to learning, not just training but reflecting – how does your organisation support that?

Being strength-based also requires the organisation to celebrate success and achievements – no matter how small.

As well as leaders modelling the model, cultures in an organisation can be mirrored that are unhelpful, such as a strict adherence to processes that do not take individual circumstances into account.



Exercise 7: Values, Culture, Beliefs

Let's reflect...

Think about your organisation's values, culture and beliefs.

Reflect on what you:

See in your organisation

Hear within your organisation

Feel within your organisation

Think about your organisation

Now identify a culture that isn't represented in your organisation, maybe in your staff or service users. How do you think they would answer above? **Culture identified:** e.g. partially sighted, asylum seeker. What would they...

See in your organisation

Hear within your organisation

Feel within your organisation

Think about your organisation



Practice Principles of Trauma-Informed Approach

A trauma-informed approach recognises that everyone has a role in creating opportunities and life chances for people affected by trauma and adversity.

Five practice principles were agreed as being essential to underpin any trauma-informed approach within Wales.

These Principles Are:



These principles reflect the fact that many of us, including those in 'helping' roles, have experienced traumatic events, and that a trauma-informed approach applies to us all.



Exercise 8: Trauma-Informed Organisation principles

Let's reflect...

Which one of these do you think your organisation does well and why? Think about the perspective of someone who access your organisation: would they agree with you?

Which one of these Principles do you think needs to be developed further in your organisation? Why?

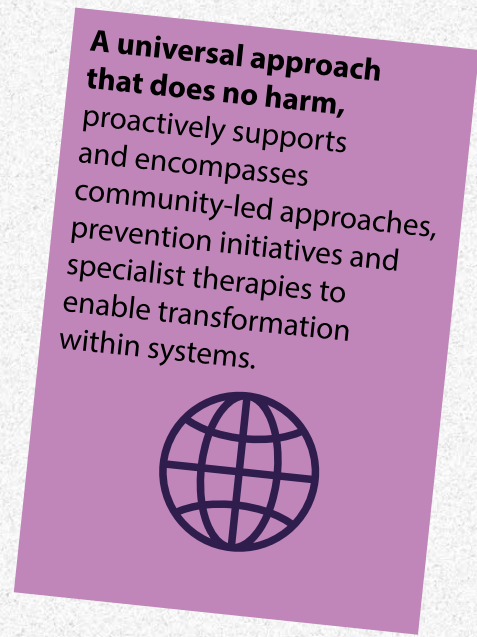
What would that improvement look like to a person accessing your service?

Principle 1: A Universal Approach That Does No Harm

A universal approach that does no harm, pro-actively supports and encompasses community-led approaches, prevention initiatives and specialist therapies to enable transformation within systems.

The universal approach recognises and emphasises the role that we all have as members of Welsh society, personally and professionally, and seeks to raise awareness and understanding to promote safe and inclusive communities.

A universal approach that does no harm, proactively supports and encompasses community-led approaches, prevention initiatives and specialist therapies to enable transformation within systems.



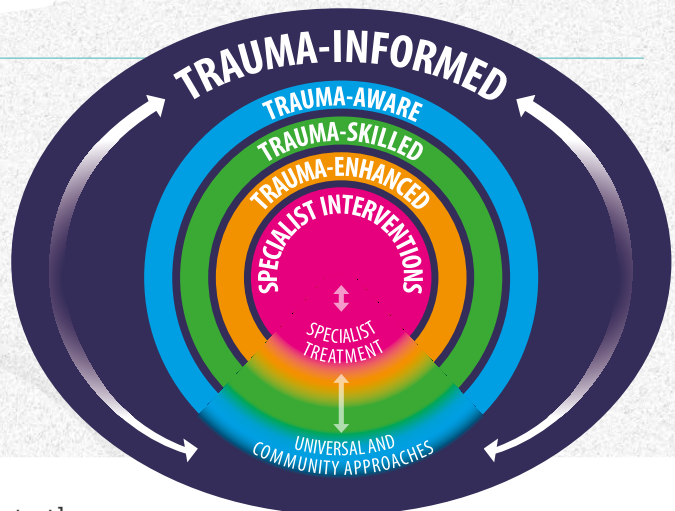
helping one person might not change the whole world,



but it could change the world for one person

Trauma and adversity are experienced by individuals and families, but also in communities. Community-led services and relationships within the community can provide protection from the impact of trauma and support resilience through connection, inclusion and compassion.

The Wales trauma-informed practice framework has four defined practice levels which describe the different roles that people may have within a variety of contexts, and represent a spectrum rather than a hierarchy. Many people affected by traumatic events will need support from different levels at the same time.



In what ways can your organisation contribute to the transformation in Wales that supports the universal approach?

Principle 2: Person Centred

The person is always at the centre of a trauma-informed approach.

It takes a co-productive, collaborative cross-sector approach to identifying, understanding and supporting the person's needs. It promotes psychological and physical safety by promoting choice, collaboration and transparency.

Being person centred in your work can be at an individual level but at an organisational level can influence a co-productive culture in the service.

The Co-production Network in Wales describes Co-production as: 'an asset-based approach to public services that enables people providing and people receiving services to share power and responsibility, and to work together in equal, reciprocal and caring relationships. It creates opportunities for people to access support when they need it, and to contribute to social change'.

The Network has a knowledge base that includes evidence, models, research, case studies, resources, and tools: Co-production Network for Wales **Knowledge Base** (copronet.wales) [\(see link to the right\)](#).

In Housing, Psychologically Informed Environments (PIE) take into account the psychological makeup and past experience of tenants. The framework is intended to help staff and services understand behaviours and in doing so be able to work more creatively and constructively with people. Cymorth Cymru has a further resource that outlines how people have choice and control over how they engage with services and the physical environment supports their wellbeing.

Cymorth Cymru - **Psychologically Informed Environments** [\(see link to the right\)](#).



Co-production Network
for Wales Knowledge
Base



Cymorth Cymru -
Psychologically Informed
Environments

Reflect on the following in your organisation. In each field **consider the following two questions... 1.** What does this mean to you? **2.** How are you demonstrating this approach in your organisation?

Choice

Transparency

Empowerment

Co-production

Principle 3: Relationship Focused

Safe, supportive, empathic, compassionate and trusting relationships are central to a trauma-informed approach.

It is generally accepted that in our early experiences relationships contribute to our development and strongly impact on our adult functioning. Evidence is now mounting that the emotional quality of our earliest attachment experience is perhaps the single most important influence on human development.

We can continue, however, to respect the value of relationships throughout adulthood and how significant they are in social care, therapy and our everyday interactions.

Bruce Perry highlights how modern-day life provides less opportunity for relational interactions but how the best predictor of your current mental health is your current “relational health”, or connectedness.

The Trauma Research Foundation has evidence of the importance of relationship ([see link to the right](#)).



“Every child deserves a champion: an adult who will never give up on them, who understands the power of connection and insists they become the best they can possibly be.”

Rita Pierson, Educator



Boys 2 was a two-year research project jointly funded by the Home Office and Barnardo's, which included the Better Futures Cymru service. The findings from the project led to the development of the Boys 2 workbook resource, which was co-produced with the boys and young men who participated in the research.

Resources to Help Identify and Engage Young People at Risk of Sexual Abuse and Exploitation | Barnardo's (barnardos.org.uk)

The service highlights how building trust and establishing a positive relationship is crucial to any successful intervention. Research has shown that young people who are abused, exploited, or who engage in risky sexual behaviours often feel guilt and shame. They may feel defined by this behaviour—which affects their level of openness and willingness to engage. The research demonstrated and recommended the use of relational approaches in engagement with boys and young men where there are indicators of exploitation present.



Resources to Help Identify and Engage Young People at Risk of Sexual Abuse and Exploitation

Safety

How do you communicate safety to your service users? Think about what they see, hear and experience.

Compassionate

How do you demonstrate compassion in your services? Think about your policies and procedures in relation to service users.

Principle 4: Resilience and Strengths Focused

A trauma-informed approach builds on the natural resilience of individuals, families and communities.

A strengths-based approach values the capacity, skills, connections and potential in people and communities. It focuses on the quality of the relationship that develops between those providing support and those receiving.

Focusing on strengths rather than problems provides the person with control and offers a new mindset. It brings hope and diverts away from negative language and labels.

Think about the glass being half full... rather than empty...

Services supporting people with disabilities adopt asset-based approaches which focus on what they can do and aspire to, rather than historical deficit-based approaches. Learning Disability Wales inform, train,

innovate, represent and challenge, so children, young people and adults with a learning disability in Wales are empowered to have greater choice and control over their lives and are able to live more independently. **Home - Learning Disability Wales** (ldw.org.uk) ([see link to the right](#)).

In the following video ([see link below](#)), Ian Wright (Premier footballer, now commentator) shares his personal experience of childhood adversity, the ongoing impact and the importance of a positive role model to provide hope and build resilience.

This was what he had with Mr Pigden who not only believed in his ability but also provided hope and built up his resilience... developing his ability to regulate his emotions and social skills.



Home - Learning Disability Wales

How are trauma-informed approaches demonstrated in this film?



What approaches do you use to enable people to identify and build on their strengths?

Principle 5: Inclusive

A trauma-informed approach recognises the impact of diversity, discrimination and racism. It understands the impact of cultural, historic and gender inequalities and is inclusive of everyone in society.

A trauma-informed approach acknowledges power imbalances and privilege and seeks to actively challenge discrimination and oppression. This requires cultural humility and responsiveness with the ability to learn from and relate respectfully with people of our own culture as well as those from other cultures.

It requires us to acknowledge the impact culture has on how we experience, interpret and view the world as well as our personal thoughts, feelings and beliefs. We need to continuously be curious about ourselves and others whilst actively challenging power imbalances and privilege.

Diverse Cymru is a Welsh charity committed to supporting people faced with inequality and discrimination because of: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. One of their projects helps to provide culturally appropriate mental health services that make a practical, ongoing, positive difference for Black, Asian and Minoritised Ethnic people in Wales.

Use the [link to the right](#) to learn about the **Diverse Cymru Cultural Competence Certification Scheme**



Read the case study below from the Friends of Cymru Sickle Cell and Thalassaemia C.I.C (FOCSCT) and consider its inclusivity.

Real names have been changed to maintain anonymity.

Background:

Sickle Cell Disorder (SCD) is an inherited, life-long and very debilitating rare red blood cell disorder. The disorder is punctuated with situations where the person experiences severe pain called a 'crisis'. SCD crises are unpredictable and at times can be managed at home, but many become an emergency and requires the person to be urgently hospitalised and treated by clinical specialists.

The disorder is very disruptive to all aspects of everyday life for people living with the disorder and for their families. Cultural backgrounds are such that there is much stigma around SCD so it is not openly discussed within communities, and this leads to feelings of isolation and loneliness. However, the majority become resilient and develop their own strategies for managing their situations, only seeking help when they recognise their need for more specific/specialised support with these challenges.

Although SCD can affect people from many ethnic groups, it mainly affects people of African or African-Caribbean

origin/descent. It is the most common of the rare red blood cell disorders in the UK which has around 15,000 people living with it. Despite this, the disorder remains relatively unknown to the vast majority of people in UK. As a result, many affected by the disorder experience discrimination and receive inadequate services in areas such as health, education, housing, employment, social welfare and from other agencies and organisations.

What Was Observed?

I met Sam when I was assigned to support him in all lessons. I therefore had time to observe Sam's behaviour, attendance, engagement with work/tasks as well as his interaction with peers and staff. By the second half-term, I had noticed Sam being absent for at least 1 day every other week. He was generally lively and had good relationships with peers.

There came a time when Sam had been off school for 3 days. On his return, I noticed he was quiet, lethargic and had his head down on the desk. I also noticed his eyes were very jaundiced. I offered to scribe the work for him and he accepted. This convinced me that he was not well because although he had been identified to me as one of the students who needed much academic support, he had up until then declined all my offers of support.

Let's reflect: What would you have hypothesised about Sam's behaviour in this instance? You can consider what you would have thought before you started using your Trauma LENS and now you have undertaken some training.

Because of my knowledge of Sickle Cell Disorder, I was able to identify the symptoms. After speaking to Sam I confirmed that he had SCD and after making some enquiries it became clear

his teacher was not aware of this. The teacher was also unsure of what that meant for Sam, so I gave them a brief overview. I also discussed some techniques with Sam that could help.

Let's reflect: Reflect on how important it was that the teaching assistant's hypothesis about Sam's behaviour considered his culture and race.

What action was taken to support Sam further?

Time went on, summer came bringing with it very hot weather which I knew would be a difficult time for Sam. I was able to use the opportunity at a Pastoral Meeting to support the Head of Year and all the form tutors for that year group, to learn about SCD. They found it useful as none had ever heard of the disorder.

Sam became ill in a lesson with a teacher I had previously spoken to about SCD. I was helping another student when I heard the teacher ask Sam if he was unwell: she was using her knowledge about SCD and recognised the symptoms. Whilst waiting, he was shivering with cold, complained of pain and was beginning to breathe heavily. The teacher and I supported Sam to get picked up by his father and to go home.

The following day in registration, a few of Sam's friends told me he was in hospital as he had messaged them with pictures of himself. They asked

me what was wrong, as they knew he had often been admitted and they were very worried. I reassured them that he needed time off to recover and rest.

I contacted Sam's mum for an update and she thanked me for looking after him. I told her his friends were worried and asked if it would be ok for me to talk to Sam about what he could share with his friends in the future, to which she agreed.

Sam returned to school the following week and I told him about how worried his friends were. I suggested it might be reassuring if he could speak to them about his health disorder. He said he would speak to the class so this is what he did with the support of his form tutor. On a positive note, one of his friends told me later that she felt less worried because Sam had spoken to the class about his illness. For Sam himself, I feel it was a relief because he no longer had to keep it a 'secret' since it isn't something he needs to feel embarrassed about.

Let's reflect: What trauma-informed principles does the action taken by the teaching assistant demonstrate? What more could the school do using Trauma-Informed Organisational approaches?

Implementation of Trauma-Informed Approaches to Become a Trauma-Informed Organisation

This section is aimed at supporting your learning and reflection, and enabling you to identify how the principles of a trauma-informed approach can be embedded in the systems and practice of your organisation and service.

It considers six areas of implementation (as identified by the work of the ACE Hub TRACE) as follows:

1. Governance, Leadership and Organisational Culture
2. Policies and Procedures
3. Workforce Training and Support
4. Physical Environment
5. Service Design and Delivery
6. Monitoring and Evaluation

1. Governance, Leadership and Organisational Culture

The organisation's leaders and governance structures model and embody trauma-informed care, enabling the systems and practice change required to develop safe, trauma-informed services.

Putting It Into Practice

The governance and leadership of organisations will vary greatly in size, make-up, structure and responsibilities but in seeking to be trauma-informed there are several key requirements:

Trauma-informed leaders who:

1. display authentic warmth and are open, approachable and caring.
2. communicate in a clear, consistent and warm manner.
3. are non-judgmental and consistent.
4. behave in a professional manner, staying calm and using positive approaches to motivate staff.
5. ensure that policies and practices promote a sense of safety for all.
6. validate the knowledge which people possess and incorporate this in developing practice and new ways of working.

Leaders establish a vision for how trauma-informed practice will be developed by:

1. Regularly communicating what is meant by trauma-informed practice within the organisation.
2. Articulating how the values and principles of trauma-informed practice can be translated into work, how staff will be supported to do this, and how organisational barriers will be removed.
3. Assessing and evaluating the extent to which the approach is being used in practice.

Leaders ensure training and development plans provide opportunities for staff to learn about the impacts of trauma and trauma-informed practice.

There is management support at all levels as this is an essential component of a long-term strategy for embedding trauma-informed practice in an organisation.

Leaders empower staff to look after themselves, especially in the modelling of self-care.

Starter Questions to Consider

1. What training provision is available or required for your leaders to enable them to become trauma-informed leaders?

2. Does your leader phone up the staff member who has suffered a loss within their family?
3. Does your leader explore solutions with staff?

Further Learning and Resources

Trauma Champions

The appointment of trauma champions or a trauma implementation group has been found to be of value in facilitating development. However, this has been most effective when a trauma champion has been given a seat at senior management meetings, with trauma-informed practice becoming a standing agenda item.

Service Walkthroughs

A trauma-informed service 'walkthrough' involves staff and people attending a service to come together to look at how the service is designed, delivered and where it sits in the context of the wider system. They can then collaboratively make a clear plan to further develop a trauma-informed practice approach and then meet regularly to review progress and report to senior management.



2. Policies and Procedures

Trauma-informed principles and practices are threaded through an organisation's policies and procedures in terms of both how they are developed and how they are put into practice.

Putting It Into Practice

The range and depth of policies and procedures will be specific to each organisation and service, but in developing a trauma-informed approach consideration should be given to the following aspects:

1. Written policies and procedures include a focus on trauma and issues of safety and confidentiality.
2. There is a health and wellbeing plan in place for staff, which recognises the prevalence of trauma and enables the provision of support for staff who have experienced trauma.
3. Policies and procedures are in place for the inclusion of people receiving services in meaningful roles in the organisation's planning, governance, policy-making, services and evaluation.
4. Recruitment policies have a commitment to a trauma-informed approach, which might include: involving and recruiting staff who are representative of the community you serve; have lived experience of trauma and recovery; and/or have a good understanding of trauma-informed approaches.
5. Policies and procedures to help staff deal with the emotional demands of their work and vicarious trauma.

Starter Questions to Consider

1. To what extent are trauma-informed principles and values embedded in the vision, policies and procedures of your organisation?
2. How do human resources policies deal with the impact of working

with people who have experienced trauma?

3. Does your service seek feedback from your service users which then helps shape and change the service?

Further Learning and Resources

SAMHSA distribute a Review Tool ([link to right](#)) which is designed to enable schools to assess their policies, protocols, procedures and documents through a trauma-informed lens. It not only promotes examination of such policies against the key principles of a trauma-informed approach but also enables a guided review of the language within such documents. Although this was designed for use by schools, it can be easily adapted to other settings and service types.

Recruitment Policy

Services have reviewed their recruitment policies and worked to make them more trauma-informed by:

1. Including trauma-informed practice as an essential element of job descriptions.
2. Asking questions relating to trauma-informed practice in recruitment interviews as a matter of standard practice.
3. As a matter of policy, routinely involving service users in the recruitment of staff so that service users meet candidates prior to the interview and then represent service users' voices by being a member of the interview panel.

Policy Survey

Do you have policies that recognise potential trauma and responds by supporting staff?

1. What current policies and practices need to be added?
2. What current policies and practices need to be dropped?
3. What current policies and practices need to be amended with the addition of a commitment to trauma-informed care?



Substance Abuse
and Mental Health
Services Administration
(SAMHSA)
Review Tool

3. Workforce Training and Support

Training and resources are provided by the organisation to provide staff with a shared understanding of trauma-informed approaches and facilitate the provision of a safe and nurturing environment for the growth and healing of everyone involved.

Putting It Into Practice

Leaders should ensure there is a training and development plans which provides ongoing, appropriate opportunities for staff to learn about trauma-informed practice. For this to be effective in practice development it is essential that staff are “introduced to new ideas, given opportunities to use them in practice, and then reflect on those experiences with their peers and managers.” (Godar, 2018,19)

Research has highlighted that there is particular value in training that examines:

1. The impact of trauma on relationships and a person’s ability to trust others.
2. The impact of trauma on children and families and how to prevent re-traumatisation.
3. The healing nature of relationships and the importance of working with respect, honesty, transparency and consistency.
4. Secondary and vicarious trauma and how to effectively support staff who had their own trauma histories or who may have been affected by working with people who have experienced trauma.
5. The importance of self-care and strategies to undertake this.

Services that work in partnership with other agencies can benefit from joint training to develop shared understanding of trauma-informed practice and more joined-up approaches to its local delivery.

People will often forget what you have said to them, but they will always remember how you made them feel -

this also applies to how the workforce is supported.

Starter Questions

1. How do you support your staff wellbeing?
2. Does your workforce have clear work life balances?
3. How does the organisation ensure that all staff receive basic training on trauma, its impact, and strategies for trauma-informed approaches across every aspect of the organisation?
4. What types of training and learning resources are provided to staff and supervisors to help them incorporate trauma-informed practice and supervision in their work?
5. Does learning around trauma-informed practice knowledge and skills form part of the organisation’s induction process?

Further Learning and Resources

Staff identified how some of the processes which comprised a key element of an organisation’s work (e.g. removing a child; arrest and custody; detention under Mental Health Act) were by their very nature potentially re-traumatising for people. In response, they sought out trauma training that would help staff to:

1. Reframe complex behaviours such as hostility, manipulation, resistance to engage as a survival mechanism in light of a perceived threat to a person’s safety.
2. Understand how to effectively provide a safe and healing environment in such circumstances working with hope, respect and empathy.

The safe, respectful and appropriate involvement of people with lived experience in training and workforce development sessions has been seen to be an effective learning process.

4. Physical Environment

Everyone experiences the setting as being a safe and welcoming place, where their physical and emotional safety is promoted and the risk of being retraumatised is minimised.

Putting It Into Practice

Our physical environment has an impact on attitude, mood, and behaviours.

The physical environments within which you work will be diverse and differ in many ways but trauma-informed designs have helped to highlight some of the practical ways in which we can create safe spaces for staff and people attending. The application of these will be specific to your setting but could include the likes of:

Colour

Stark white walls should be avoided. Cool colours such as blue, green, purple are known to have a calming effect, and lighter-coloured rooms are perceived as more open and less crowded, providing the feeling of a safer and more calming space. The avoidance of deeply warm colours including red, orange and yellow helps to discourage negative emotions.

Furniture

Furniture should be durable and easy to clean, while the use of natural materials and colours can increase the connection to nature and develop a sense of calm.

The arrangement of furniture is also important, as an open space with clear sight-lines and few barriers can increase the sense of safety. It should encourage socialisation and also promote a positive and communicative relationship with staff. For example, sitting face-to-face across a desk or table may be perceived as confrontational, whereas sitting corner-to-corner invites conversation and interaction.

Lighting

Natural light makes rooms appear less crowded whilst lower levels of illumination can reduce both any sense of perceived crowding and the resulting stress and discomfort. Lighting should not buzz, hum or flicker.

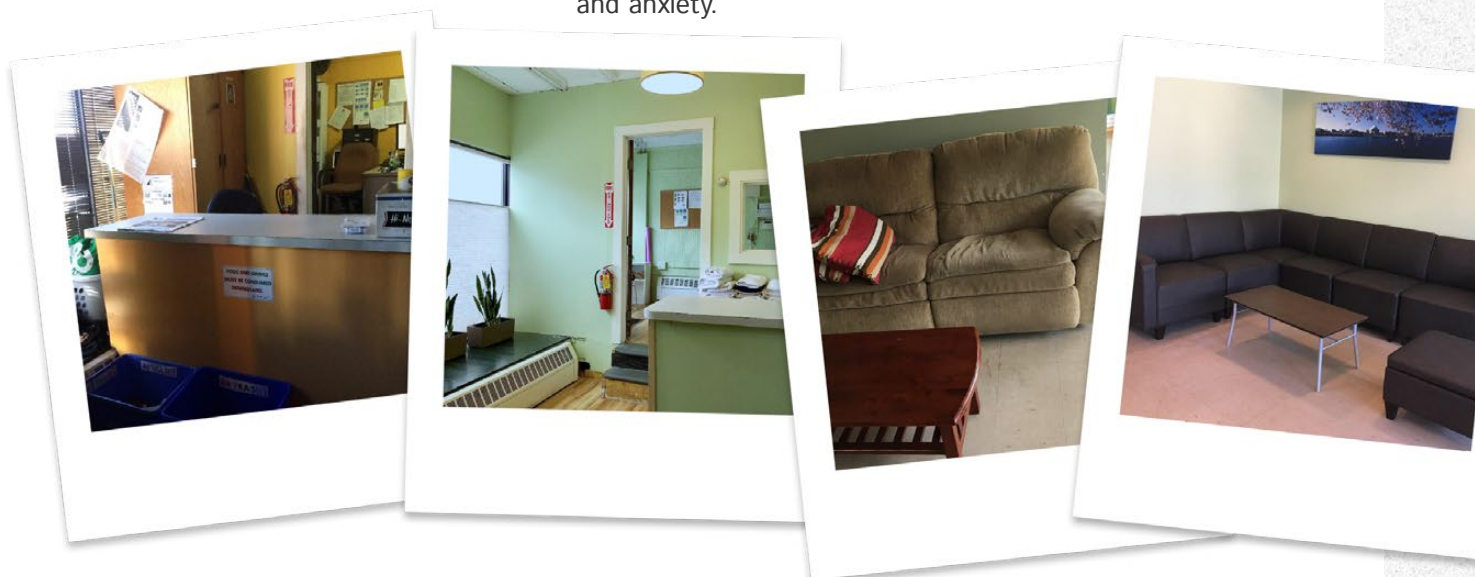
Plants

Although plants have an important decorative function, research shows they also help to reduce stress, promote peace and improve mood. If this is not possible then views of nature and landscape paintings can help to promote positive moods instead.

Space and Layout

A simple, linear and easy-to-navigate space is calming with a value in emphasising personal space such as individual chairs with arms, giving choices in where/with whom to sit, quiet areas vs. engaged areas, etc.

It is helpful to create spaces that are open and not too dense, as too much visual complexity can increase stress and anxiety.



Starter Questions to Consider

1. How does your physical environment promote a sense of safety, calming and protection for people attending and staff?
2. What elements of your physical environment might be retraumatizing, and how can you work to improve these?
3. How can you collaborate with people attending the building to improve your physical environment and make it more trauma-informed?
4. Do you provide spaces that promote health and wellbeing and for people to use to practice self-care?

Further Learning and Resources

Trauma-Informed Walk Through

Think about undertaking a physical walk through of your premises with staff and those attending to consider how you can make it safer and more welcoming. This might include thinking about: the sense of privacy and confidentiality possible; providing drinks for people; furniture that is non-institutional; neutral pictures for

the walls; ambient music instead of a radio; and the availability of reading materials that are non-triggering.

Focus Group

Think about establishing a focus group of the people attending your service, with a specific remit of advising on the development and implementation of a trauma-informed environment.

Visual Contrast

Trauma-informed designers have produced a set of images demonstrating how physical environments can be changed to offer calmer and safer spaces for people to attend and work in. Think about how the contrasting images might make you feel if you were coming into them for the first time.



5. Service Design and Delivery

Trauma-informed service design and delivery:

1. The whole service recognises the impact of trauma and seeks to respond by delivering interventions which are relational.
2. Interventions are informed by the knowledge that behaviours are connected to people's experiences.
3. The service recognises the important of relationships as a means of promoting healing and recovery.
4. Monitoring and evaluation is embedded throughout the service and learning is taken from it to provide meaningful change.

A service that is trauma-informed understands that needs and feelings are often signalled through behaviour. Behaviour is recognised as a form of communication and viewed through a 'trauma lens'.

We need to

1. be curious about what individuals are communicating through their behaviour and not simply focus on 'managing' behaviours.
2. remember that they may be communicating their distress in relation to previous experience.
3. work to understand how they see and respond to the world around them.
4. provide safety and continuity for them and help them make sense of their behaviour by naming the underlying hidden feeling.

Putting It Into Practice

Individuals with lived experience of trauma should be an integral part of co-producing services to ensure they are trauma-informed through their involvement in:

1. how services are commissioned and designed
2. how staff gain the appropriate skills, knowledge and abilities to support people effectively.

People involved in the co-production of local services must be representative of the local communities enabling any changes to be meaningful for the very people they are designed to support. Their engagement should be supported with its focus being on aspects of service delivery that they think can improve and not the retelling of their trauma.

Starter Questions

1. Does your service collate feedback from staff or families regarding the service they have received?
2. How does the service respond to challenging or difficult behaviour?
3. Does your organisation make the opportunity to learn from the voices of everyone and reflect on these with curiosity?
4. Do staff understand the significance of data collection around diversity and the wider impact of this?
5. How does your organisation specifically take into account the experiences and needs of Black and Minority Ethnic people?

Further Learning and Resources

Development through trauma champions

Trauma champions in organisations have pro-actively worked to develop collaborative and multi-agency approaches to trauma-informed practice at a local level through the use of:

1. Local conferences and workshops for people from a range of agencies to meet up and explore this topic.
2. Multi-agency training on trauma-informed approaches.



SPRC
Engaging People with
Lived Experience

Lived Experience Toolkit

The Suicide Prevention Resource Centre (SPRC) have produced a toolkit for organisations entitled “Engaging People with Lived Experience” with funding from SAMHSA. Although the context of its development was suicide prevention it offers a range of good practice elements for such engagement (see link on previous page).

6. Monitoring and Evaluation

Organisations should collect a range of information and feedback, including that of people with lived experience, to evaluate the implementation of trauma-informed principles in their services so as to promote continuous learning and improvement in this respect.

Putting It Into Practice

It is acknowledged that the concept of a trauma-informed approach, which has been defined in various ways, can be a difficult to one evaluate. It is also important to ensure that a trauma-informed approach is used in the collection of data itself so that this is a safe process for those involved and will not result in re-traumatisation.

The aim of monitoring and evaluation will be to improve the design and delivery of services so as to enhance the outcomes for people attending the service through the likes of:

1. evaluating the understanding and implementation of trauma-informed approaches by staff.
2. monitoring changes in people's experiences of care and support following staff training to implement trauma-informed principles of care
3. organisation wide assessment of policies and practices to evaluate the implementation of trauma-informed principles within them.

It is essential that the views and feedback of both staff and people attending the services are obtained

and that the differing outcomes from the application of a trauma-informed approach are evaluated.

Starter Questions to Consider

1. How does the organisation gather information on the experiences of people attending the service and use this to inform service planning?
2. What measures or indicators does the organisation use to assess the its progress in becoming trauma-informed?
3. What strategies and processes does the organisation use to evaluate whether staff members feel safe and valued at the organisation?
4. How do the monitoring and evaluation systems use evaluate and promote multi-agency collaboration?
5. How does the perspective of people who have experienced trauma inform the organisation's performance evaluation?

Further Learning and Resources

Trauma-Informed Data Collection

The Wilder Foundation have produced a helpful short guide on **Trauma-Informed** approaches to collecting information on the experiences of people using services to ensure that this is undertaken in a safe and sensitive manner. It is available at: <https://www.wilder.org/wilder-research/research-library/trauma-informed-evaluation> (see link to the right).

Outcome Measures

A meta review of evaluation studies has highlighted some of the outcome measures used to assess the implementation of a **Trauma-Informed Approach** in a range of service sectors. This is available at: <https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/4/> (see link to the right).



Wilder Foundation
Trauma-Informed
Evaluation



Trauma-Informed
Practice Toolkit

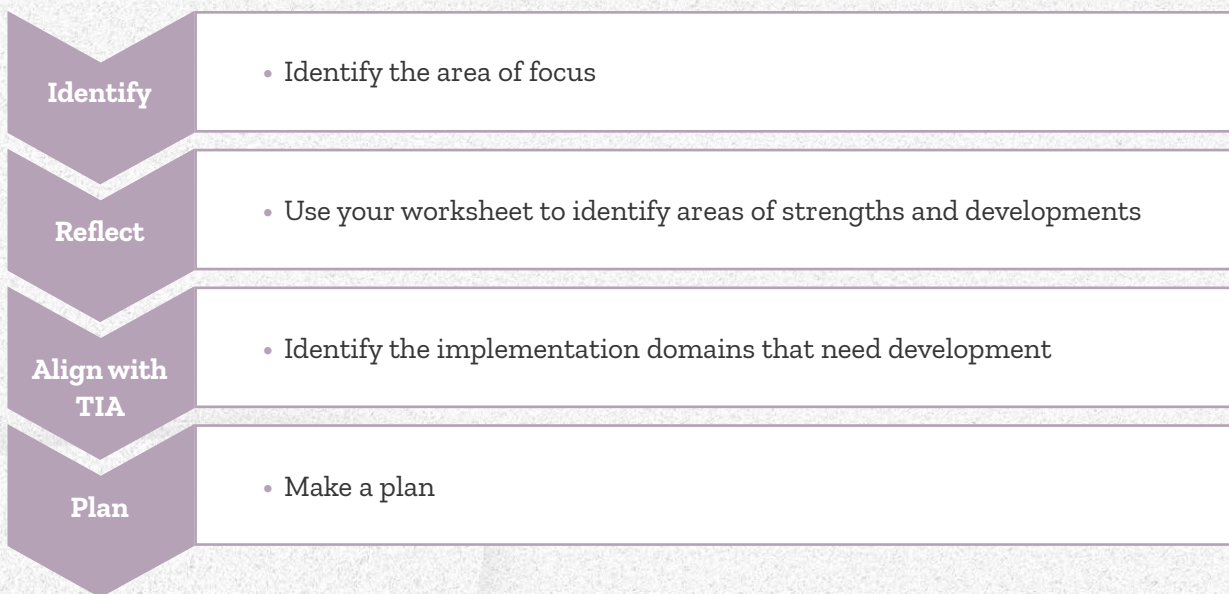
Becoming a Trauma Informed Organisation

Establish your base line

The following pages contain some planning tools to assist you in the next stages of your journey. If you have completed all of the exercises in the work book already, use these as a baseline to assist in understanding where you are on your journey to become a trauma-informed organisation and where you want to be.

Reflect and Focus

Identify areas of improvement, consider the Trauma-Informed Approach (TIA) and establish a plan.



RIVER Journey

Opposite is an action plan to get you to start reflecting.

You can focus on working on the Principles or the Implementation areas. You don't have to be working on all of these areas so the timescales and prioritisation of each of these will be for your individual consideration. Each of the areas of implementation include relevant questions for you to work through.

Think about a Trauma LENS:

Use the Four Rs: Realise, Recognise, Resist and Respond

Use the TIA principles

1. A universal approach that does no harm
2. Person centred.
3. Relationship focused
4. Resilience and strengths focused
5. Inclusive

Consider culture and adversity. Reflect upon your organisation's culture.

Our Source/Our History

Where We Are

Our Destination/Where We Want To Be?

TIO Worksheet

The worksheet can be used to work through a principle such as developing a strengths-based approach or an implementation area such as supervisions, staff wellbeing, policies etc.

Activity or Theme Identified: e.g. physical environment...

What is the purpose or objective of the theme or activity?

What TI principles are strong?

What TI principles can be strengthened?

What is the sensory experience:
see/hear/touch/smell?

What is the cultural experience:
language/disability/race

How we want our identified theme/activity to feel:

What do we need to do to get there?

- 1
- 2
- 3

Who do we need help from?

What values and principles will we demonstrate through this change?

Reviewing Your Progress

This type of simple planning can be useful to review your progress as you work through your development.

Continue

What helped us move forward?

Stop

What held us back?

Invent

How can we do things differently?

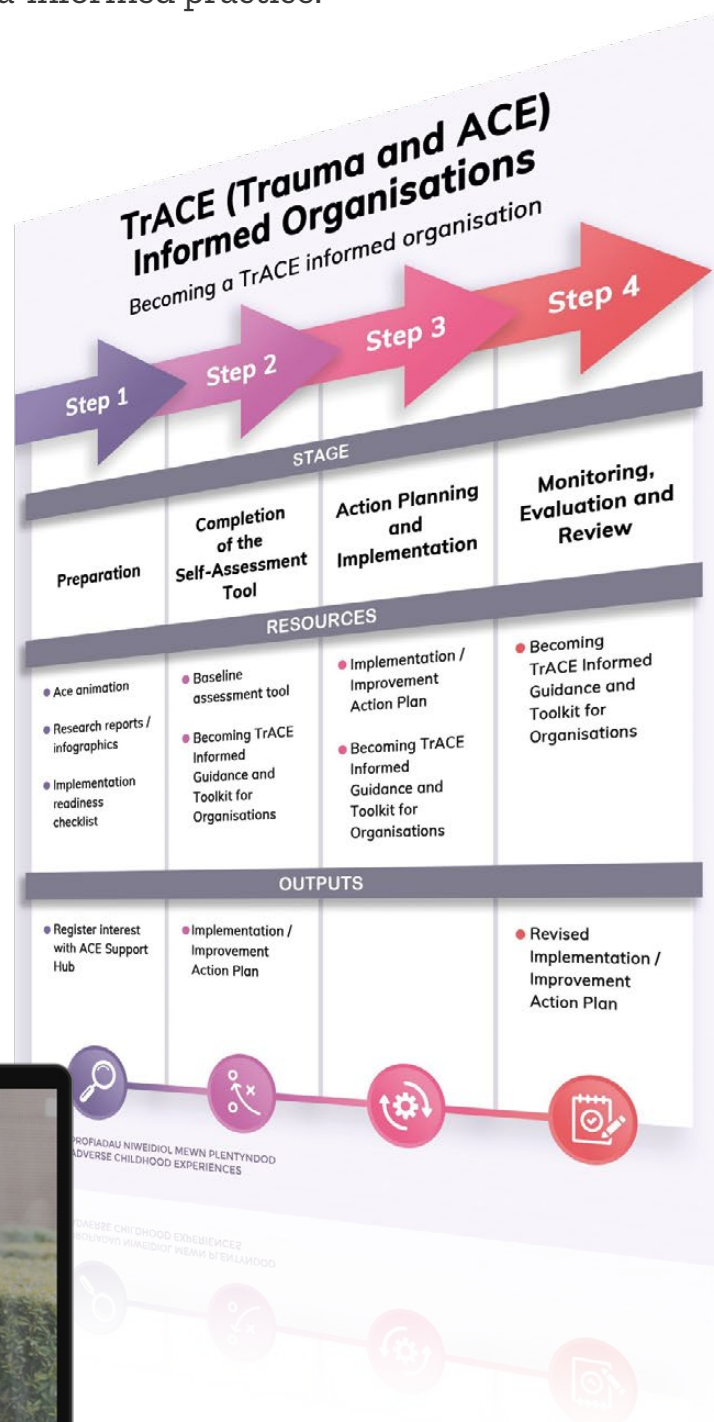
Act

What should we do next?

Introduction to TrACE

The TrACE Toolkit has been developed to support organisations to develop their trauma-informed practice.

Here is the link to the ACE Hub where you can find helpful resources as well as the TrACE toolkit for you to consider as a tool for your development as a trauma-informed organisation ([see link below](#)).





Wellbeing and Final Reflections

Engaging in a self-care routine has been clinically proven to reduce or eliminate anxiety and depression, reduce stress, improve concentration, minimise frustration, improve energy and many more benefits.

Self care should be discussed with staff and service users to ensure this is built into their lives. This is about preventing issues rather than being reactive.

Encouraging individuals to develop self-care plans can be completed during their one-to-ones with staff or within an intervention session with service users. Below are a few examples of self-care plans which can be used to help shape your thinking.

Vicarious Trauma

People have experienced adversity and toxic stress within their life, including living in poverty and deprivation, experiences of domestic abuse, bullying, parental separation and substance abuse whilst navigating the pandemic. Staff providing support to the children, young people and adults, are likely to be exposed to trauma and this can, and does, lead to vicarious trauma.

Vicarious trauma impacts your wellbeing as a whole. Physical symptoms can become apparent such as exhaustion, insomnia, headaches, feelings of sickness and impaired appetite amongst others. There is also a host of emotional signs including compassion fatigue, guilt, anger and feelings of hopelessness. It can be common for this to have an impact on your work / life balance and carrying this burden into your personal life.

There are a number of strategies that you could use, listed in the resource below, if you believe you are

experiencing vicarious trauma. This includes increasing your own self-observation, recognising your signs of stress and burnout. Another is seeking social support from colleagues, friends or family members or implementing a peer-support service within the education setting. It is also important to keep your physical health maintained through good exercise and diet, giving you a better wellbeing base to support your emotional state.

When we are supporting people we may experience vicarious trauma ourselves. There are some factors that may make us more vulnerable to experiencing vicarious trauma including:

1. Our own previous traumatic experiences and related triggers;
2. If we are new to a role or less experienced;
3. Having a heavy workload with constant and intense exposure to trauma;
4. Neglecting our social, physical and emotional needs;
5. Our approach to work, either pushing too hard to get things done or trying to do everything on our own;
6. Having a lack of time to recover or chance to discuss traumatic aspects of our work;
7. A heightened sense of empathy.



Vicarious Trauma - Signs and Strategies for Coping



Wellbeing Planner

My SELF CARE planner



Things to watch out for : What might empty your self care jug too quickly that you should keep an eye on?

Start Small - Everyday self care



Be sure to schedule them in!



Warning flags I need extra self care



How can I fill my self-care jug?

Things that make ME feel good



Nourish my body



Care for my body



Rest the mind and body



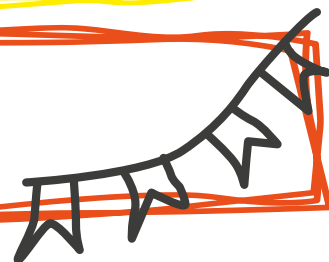
Move my body



Emotional care



Treats I love



My self care SUPERPOWERS
Draw on these when times are extra tough

Websites and Resources

This isn't an infinite list but there are so many other organisations with resources we wanted to share some!

Dan Siegel; Wheel of Awareness, Healthy Mind Platter – [Dr. Dan Siegel Home Page - Dr. Dan Siegel \(drdansiegel.com\)](#)

Research in Practice – [Supporting Evidence-informed Practice](#)

Practical Ways to Help Yourself Cope – [samaritans.org](#)

The Five Ways to Well-being – [Dewis Wales](#)

Trauma – [Barnardos Education Hub \(educators-barnardos.org.uk\)](#)

[UK Trauma Council UKTC \(uktraumacouncil.org\)](#)

Anna Freud – [Institute Anna Freud National Centre for Children and Families](#)

[Childrens-Rights-Poster-September-2019pdf.pdf \(childcomwales.org.uk\)](#)

[NHS Scotland National Trauma Training Programme](#)

[A Guide to the Human Rights Act: A booklet for people with learning disabilities \(equalityhumanrights.com\)](#)

SAMHSA - [Substance Abuse and Mental Health Services Administration](#)

Age UK /Cymru [Coping With the Death of a Loved One](#) (ageuk.org.uk)

[Lemn Sissay](#) poet, writer and care leaver

Darren McGarvey – [Official Website](#) – Author, Musician, Journalist author of Poverty Safari

[Traumatic Stress Wales](#)

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South Riverside Community Development Centre

ACE (Action in Caerau and Ely)

Your Voice Advocacy Project

LGBT+ North Wales Group.

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