

WEST MIDLANDS TRAUMA INFORMED COMMISSIONING GUIDANCE

SERVICES



WEST MIDLANDS

TRAUMA INFORMED
COALITION

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ACKNOWLEDGMENTS

The West Midlands Trauma Informed Coalition (commissioned by the West Midlands Combined Authority, West Midlands Violence Reduction Partnership and West Midlands Police and Crime Commissioner) represents senior leaders from across the public and third sectors. We are grateful to each member of the Coalition, who are each committed to working towards the strategic vision:

A trauma informed, emotionally safe West Midlands for all.

This guidance has been created to support this vision. The development of this regional guidance document would not have been possible without the invaluable contributions of many individuals and organisations. These individuals generously shared their knowledge, insights, and lived experiences during focus groups, surveys, and interviews.

To inform this guidance document, the voices and stories of over one hundred professionals were collected through interviews, focus groups, and an online survey. To ensure transparency throughout this process, anonymity has been maintained.

A special thanks goes to all of these contributors. Their input has ensured that this document considers the diverse needs and challenges faced by various stakeholders, both from a funder's and recipient's perspective. Their wisdom has

provided valuable insight that has supported the quality and accuracy of this guidance document.

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INTRODUCTION

Through the work of the West Midlands Trauma Informed Coalition, professionals across all sectors are uniting under a shared vision: to see a trauma informed, emotionally safe West Midlands for all.

Recognising the important role that commissioning plays in this vision, the Trauma Informed Commissioning Guidance has been developed.

This document aims to think about commissioning through a trauma informed lens. It serves as a tool to support professional and organisational reflection, offering starting points that can be adapted to meet the needs of varied contexts and constraints of commissioning and funding bodies. This reflective guidance aims to guide the creation of emotionally safe funding processes.

This Trauma Informed Commissioning Guidance has been created with both funding bodies and funding recipients in mind. It is designed to support those responsible for commissioning services or strategic system planning, especially for trauma-related services, to promote the best possible outcomes for all.

Funding and commissioning contracts can be extremely influential in the outcomes of those across the region. They shape how funding flows, impacting service providers, staff, individuals, families, and entire communities. The way in which these services are governed

can either hinder or propel positive and lasting change across society.

While recognising that implementing all the values in this guidance simultaneously may be hindered by systemic or organisational challenges within different commissioning contexts, this document does not strive for perfection. However, this document recognises the power of humility and a learning mindset and encourages a commitment to progression. By embracing a curious and open approach, organisations can make positive changes that promote systemic resilience and benefit everyone involved.

'Quality should not be the purview of the elite or an aspiration for some distant future; it should be the DNA of all systems' (Kruk et al., 2018)

What is trauma?

One recently developed national definition that is widely recognised is that trauma can:

Result from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life-threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual wellbeing.

- Office for Health Improvement and Disparities, GOV. UK., 2022

Over recent history, there has been rapidly increasing evidence to suggest that many people will experience adversity or trauma during their lifetime (Benjet et al., 2016). Events can be one-off occurrences, multiple separate incidents, or prolonged experiences that cannot be escaped from and can leave someone feeling powerless, frightened and overwhelmed (de Thierry., 2015; Office for Health Improvement and Disparities, GOV. UK., 2022). Whether experienced directly, witnessed, or simply known about, traumatic events can leave lasting impacts on individuals, families, communities and across generations.

Each person experiences adversity in unique ways. While some people may not go on to experience a lasting imprint, others may face widespread impacts across multiple aspects of a person's life (Bellis et al., 2017; Kirkbride et al., 2004). Without protective factors in place, traumatic stress can affect a person's physical health, emotional wellbeing, development, behaviour and memory (Center for Substance Abuse Treatment, 2014; McCrory et al., 2017; Moriah et al., 2017). In turn, these impacts can further influence how someone might feel about themselves, others, the world around them and their place within it (Center for Substance Abuse Treatment, 2014).

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Trauma informed approaches are those that take this knowledge and understanding into consideration and seek to:

Realise the significant effect that trauma can have on individuals, groups and communities, and understand the potential pathways to recovery.

Recognise the potential signs, symptoms and widespread impact of trauma.

Respond by fully integrating knowledge and understanding of trauma and impact into all aspects of service through a whole-organisation approach.

Resist: Intentionally resisting re-traumatisation by mitigating the risk of additional harm, while promoting an understanding of psychological safety.

(SAMHSA, 2023)

The guiding principles of **Safety, Trustworthiness, Choice, Collaboration, Empowerment, Cultural Consideration and Connection** underpin these approaches. These principles have been incorporated throughout this document.

¹ SAFETY

² TRUSTWORTHINESS

³ CHOICE

⁴ COLLABORATION

⁵ EMPOWERMENT

⁶ CULTURAL CONSIDERATION

⁷ CONNECTION

WHAT IS COMMISSIONING AND WHY IS IT IMPORTANT?

Commissioning needs careful consideration. It is the proactive, strategic process of planning, purchasing and contracting services to best meet the needs of people and communities (Department of Health, 2007; Regmi and Mudyarabikwa, 2020; Smith and Curry, 2016). Good commissioning should provide the most efficient, quality services to those with the highest need, ensuring the ethical distribution of funding (Regmi and Mudyarabikwa, 2020).

Many child and adult services across the West Midlands public and third sectors rely on commissioning to support and sustain the work they deliver and all those represented within.

Not all commissioning and funding bodies work in the same way. Sometimes, funding and commissioning bodies are accountable to higher authorities such as Government departments or national services, meaning commissioning governance and funding decisions are considered in line with regional and national contexts and may be impacted by economic constraints. In other contexts, such as private grant funding bodies and charitable trusts, commissioners may have more autonomy over governance and distribution decisions.

Commissioning creates a ripple effect but with unequal opportunities to influence. While some funding contexts can choose the “stone” (funding or resources), their direction and impact, other commissioning bodies are limited in their options, throwing a pre-determined “stone” with less control over its destination.



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Regardless of how commissioning or funding processes are structured, contracts have a widespread impact. This impact can be felt across service providers, staff, individuals, families, and entire communities. The way funding is allocated can shape society, and it has the power to either hinder or promote positive and sustainable change (Kruk, et al., 2018).

Effective commissioning can support positive relationships and foster trust across services and the communities they represent. Well-designed contracts can create lasting legacies and encourage continued engagement. In contrast, poorly executed commissioning can leave communities feeling abandoned, exploited, and distrustful (Campaign for Trauma Informed Policy & Practice., 2023); Kagan et al., 2019; Ungar, 2021). Experiences of systemic oppression, racism, exclusion, isolation, and institutional failures can fuel distrust and hopelessness, hindering engagement within trauma-affected communities (Pinderhughes et al., 2015; Porter et al., 2016). Repeated experiences of feeling ignored, left behind or harmed by entities that have not been able to deliver what was committed to can enhance feelings of futility and scepticism, creating further barriers towards engagement for trauma survivors (Marris., 2023).



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past traumas, re-traumatising individuals and amplifying feelings of systemic injustice and inequality (Campaign for Trauma Informed Policy & Practice., 2023; Treisman, 2018).

Similarly, for organisations, staff, and volunteer teams, commissioning can have a significant impact. Professionals often have to navigate the effects of organisational trauma or moral injury, where their internal values may not align with the way in which they are required to work (Esaki et al., 2013). This may be due to the constraints that arise in their working environment, sometimes as a result of commissioning decisions or due to the limitations placed on commissioners themselves in their context. Such misalignments include limited staff, financial constraints, time resources, and political or electoral cycles. By acknowledging the strong connection between work, health, and wellbeing, especially in public and third-sector industries facing high staff absence due to illness, we can leverage commissioning to improve the wellbeing of individuals in these critical roles and enhance staff retention across services (Department of Health, 2007).

The commissioning process can be viewed as a continuous cycle, with each stage – Reflect, Assess, Design, Procure, Relate, Evaluate and Sustain– revisited and refined. Commissioning stages are iterative, with aspects like working relationships, evaluation, and sustainability influencing tender design throughout the process.

TRAUMA INFORMED COMMISSIONING



INTRODUCTION

By centring this cycle on the people involved and upholding trauma informed principles, each stage becomes a safe space for everyone to contribute. This fosters an environment where all parties can thrive and develop.

For organisations with a history of trauma, events such as sudden service closures, broken commissioning relationships, impending or unexpected re-tendering can result in the commissioning process feeling like more like a perilous cliff edge rather than a nurturing cycle. Those with past negative experiences may carry lingering fear and negativity, impacting their approach to bidding for new work or entering into and engaging with new contracts. These circumstances can again mirror a person's existing experiences of individual or collective trauma, causing further harm and re-traumatisation.

“Commissioning can be a bit of a contentious point, Historical trauma can mean that even if it is done well, the impact has left people expecting it to be a difficult or negative process”.

- Funding provider

It's crucial to acknowledge that funding providers are not immune to moral injury as they bear considerable responsibility to ethically allocate limited resources amidst growing needs, alongside political and economic changes. By integrating trauma informed values into policies, procedures, and practices, we can support emotional safety for all involved (Treisman, 2018).

TRAUMA INFORMED PRINCIPLES

**SAFETY | TRUSTWORTHINESS | CHOICE | COLLABORATION |
EMPOWERMENT | CULTURAL CONSIDERATION | CONNECTION**

WHAT VALUES WOULD WE LIKE TO CONSIDER WITHIN TRAUMA INFORMED COMMISSIONING?

Understanding trauma: Understanding the importance of educating stakeholders about the widespread effects of trauma on individuals and communities. This includes recognising the prevalence of trauma and how it can manifest across multiple domains of a person's life course, and the potential barriers and pathways for growth after trauma (post-traumatic growth).

Engaging stakeholders: Involving diverse stakeholders, including trauma survivors, service users, community organisations, and experts in trauma informed care, to ensure diversity of thought in the identification of needs and the development of services.

Assessing needs: Conducting comprehensive assessments to understand the trauma-related needs of the population. This includes identifying existing services, gaps in care, and barriers to accessing support for trauma survivors.

Building collaboration: Fostering positive relationships among funding providers, government agencies, and community organisations to create a coordinated response to emotional safety. This involves breaking down silos and promoting cross-sector partnerships to promote high-quality support.

Promoting safety and trust: Prioritising

safety and trust within all areas of service delivery systems. Implementing trauma informed policies and practices that reinforce physical and emotional safety, opportunities for authentic, connected, transparent communication and strengths-based, hopeful practice.

Facilitating empowerment and choice: Ensure that those represented within the commissioning process, at all levels, have agency and appropriate choice in their care. This means involving them in decision-making processes, respecting their autonomy, and providing opportunities for self-advocacy and empowerment.

Working with cultural sensitivity: Recognising and addressing the intersectionality of trauma with other factors such as race, ethnicity, gender, sexuality, and socioeconomic status. Tailoring services and commissioning processes to be culturally responsive and inclusive of diverse communities.

Continued professional development: Understand the importance of continuous training professional development opportunities for staff at all levels is essential to deepen their trauma knowledge and build capacity for trauma informed care. Equipped commissioners and service providers can better embrace a trauma informed approach

throughout the commissioning cycle and service delivery by staying current on research, survivor experiences, and evolving social/economic factors.

INTRODUCTION

Evaluation and continuous

Improvement: Establish mechanisms for ongoing evaluation and quality improvement to ensure that services are meeting the needs of trauma survivors effectively. This may involve collecting feedback from service users, monitoring outcomes, and making adjustments based on data and evidence.

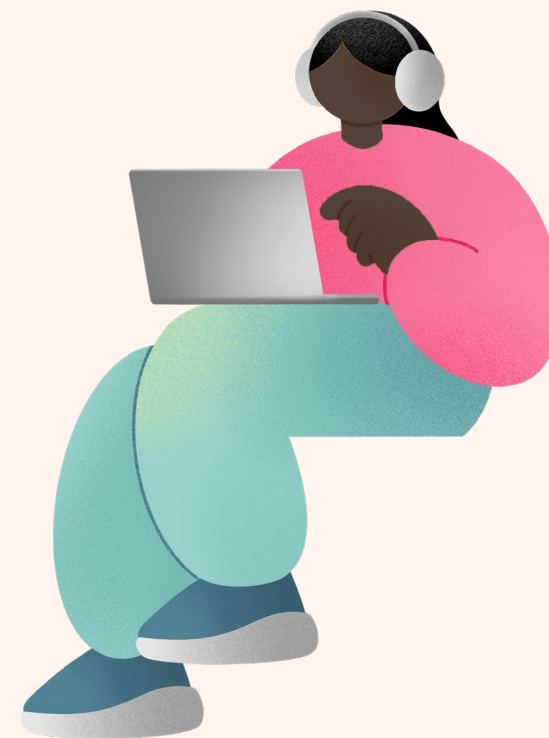
Sustainability: Develop strategies to minimise trauma informed initiatives coming and going. Ensuring the best possible chance of sustainable services over the long term. This includes securing funding, building infrastructure and cultivating space for strategic vision and innovation to mitigate the risk of emotional harm for both providers and those being supported through the service.

Model the model: Understanding the importance of modelling the practice you intend to see cultivated by working to develop a trauma informed environment. This involves actively integrating reflective practice, quality supervision, peer support, and empathy into all aspects of the organisation. By 'modelling the model,' we create a supportive and understanding culture that fosters healing and growth for all involved in the commissioning or funding relationship.

Levelling power: Recognising that positive outcomes are best met when able to recognise the interconnected nature of providers and commissioners. Neither can function effectively without the

other. Understanding the importance of acknowledging where hierarchical power structures can hinder feelings of safety, support, and optimal performance for both organisations and individuals.

Enough time: Trauma informed commissioning requires the acknowledgement that quality works needs time. Due to the non-linear nature of healing, building trust with trauma survivors necessitates a dedicated time investment. When commissioned services come and go, this is not conducive to the secure, relationship-based approach so effective in fostering post-traumatic growth and recovery. Dedicating sufficient time allows for comprehensive information gathering that ensures respect and data integrity, the fostering of authentic relationships and the flexibility to adapt to unexpected challenges and evolving needs.



VISION AND AIMS

Vision:

We recognise the impact of effective commissioning on people's lives. The Trauma Informed Commissioning Guidance is intended to inspire ongoing reflection and adaptation of operation and practice in relation to trauma. It is an invitation to mindfully consider each stage of the commissioning process. This commissioning guidance seeks to foster ongoing dialogue with all people involved and affected by the commissioning process. With end beneficiaries in mind, this document aims to empower those responsible for allocating and distributing funding (commissioners) and those receiving funding (service providers) towards a trauma informed approach to the funding process.

"We all need to do the best that we can. Some organisations might only be able to adopt in part. Some might be able to make huge strides. Every step is still valuable and worth celebrating."

- West Midlands Trauma Informed Coalition member

This Guidance aims to support:

- **A shared understanding:** This document aims to create a common understanding of how the various stages of the commissioning process relate to trauma, potential impacts and post-traumatic growth.
- **Reflective practice and development:** This document aims to encourage continuous reflection and improvement throughout the commissioning journey to promote best and evolving practices.
- **Compassionate practice:** This document aims to highlight the potential impact of secondary traumas and stress, in-order to promote positive wellbeing for all professionals involved in commissioning processes at every level.
- **A unified approach:** This document aims to equip commissioners, providers, and organisations represented with a shared understanding of the principles of trauma informed commissioning, to foster collaboration and support consistent approaches to the commissioning and funding process.



WHO IS THE GUIDANCE FOR AND HOW CAN IT BE USED?

The guidance promotes reflection at each stage to ensure that the process in its entirety aligns with trauma informed principles, effectively understands and prioritises community needs, encourages universal service standards and actively prevents re-traumatisation and additional harm wherever possible.

It can be used as a tool to support the identification and evidencing of existing or emerging trauma informed approaches represented within funding applications.

By encouraging a diverse and shared understanding of evolving contextual needs, this guidance can be used to identify real-life situations that can be changed and paves the way for progressive improvements to be considered, even where complete transformation may not be immediately feasible.

HOW CAN THE GUIDANCE BE USED?	BY WHOM?
This guidance can be used to help providers, commissioners and leaders to identify and develop trauma informed practice across the commissioning journey.	Service providers can use this tool to explore and advocate for emotionally safe practices that they can identify within tender opportunities. For Funding Bodies, this document can be used to identify and enhance the adoption of reflective practice and a trauma informed approach.
The guidance can be used as a reminder to consider the importance of including approaches to evidencing trauma informed work when submitting grant applications or funding bids. The guidance can support the facilitation of initial discussions, the identification of knowledge gaps, and can highlight potential training needs.	For Strategic Leaders, the document can be used to inform the development of governance frameworks, policies and legislation.

KEY TERMS

Collective trauma – Where the impact of an event or series of events has been felt across collective demographics, such as communities, schools, or organisations.

Commissioning – The process of translating aspirations and need, by specifying and procuring services for the local population, into services for users.

Co-production – A collaborative process in which individuals with diverse perspectives work together to jointly create, design, develop and deliver services, outcomes, or solutions ensuring the inclusivity of multiple viewpoints and expertise.

Cultural sensitivity – Cultural sensitivity involves recognising, accepting and welcoming cultural differences. Refraining from judgment, culturally sensitive workers adopt a position of humility, acknowledging the limitations of their own knowledge and continually committing to learn from and understand diverse perspectives. This practice can result in a deeper understanding of cultural nuances and enhanced cross-cultural relationships and communication.

Emotional safety – The profound sense of being accepted for one's authentic self

and emotions. It involves feeling secure in expressing true feelings and needs without fear of judgement or harms. It is a fundamental human need and a crucial foundation for healthy relationships.

Funding body – A funding body is an organisation that provides financial resources to support various initiatives, projects, or programs. These resources can come from a variety of sources, such as government budgets, philanthropy and private sector corporations.

Lived experience – Personal knowledge about the world acquired through direct, first-hand involvement, emphasising the unique understanding obtained through personal encounters as opposed to information constructed by others.

Moral injury – The psychological distress resulting from actions or witnessing events that conflict with a person's moral or ethical beliefs, leading to emotional suffering and inner turmoil.

Person-centred approach – Places the person at the core of the service emphasising their identity as a person first. This approach involves collaboration across sectors to

identify and understand the person's needs. Prioritising psychological and physical safety by offering choice, transparency, collaboration, and autonomy in the support provided.

Secondary trauma – Refers to the emotional and psychological stress experienced by people indirectly exposed to the trauma of others, often associated with helping professions or support roles.

Service provider – A service provider is an organisation or individual that provides services to other organisations or individuals.



KEY TERMS

Strengths-based | Solution-focused approaches

– A therapeutic method that emphasises identifying and building on an individual's strengths and resources, while collaboratively developing practical solutions to address specific challenges and promote positive change.

Supervision – Involves overseeing and guiding individuals or processes, typically within a professional or educational context, to enhance wellbeing, skills, ensure effective performance and development, and adherence to standards. Clinical supervision is where a psychological process of reflection is facilitated by a clinical specialist.

Systems – Refer to organised and interconnected structures, processes or institutions that work together to achieve a common purpose, for example referral pathways, multiagency safeguarding boards and communities of practice.

Systemic trauma – Refers to widespread and interconnected adverse events or experiences that impact entire communities, societies, or systems, causing collective psychological and emotional distress.

Systemic resilience – Is a multifaceted concept based on the ability of a system to anticipate, absorb, adapt to, withstand and recover from adversity while maintaining its essential functions and overall integrity.

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

Vicarious trauma – Occurs when an individual is indirectly exposed to another person's trauma, often through hearing or witnessing first-hand accounts. This can lead to adverse emotional and cognitive changes, impacting the individual's mental health.



THE COMMISSIONING JOURNEY

REFLECT

Readiness and reflection

The Reflect stage is critical for ensuring a funding body's genuine commitment to trauma informed commissioning. This process may include assessing readiness and strategic change management for those new to the approach to enable organisations to create lasting positive change for both staff and clients. This involves establishing a shared vision of what it means to be a trauma informed funder and funding in a trauma informed way by ensuring clear communication across the organisation, equipping staff with the necessary knowledge and skills, and the sensitive implementation of required changes. For established approaches, this may look like ongoing reflective practice, evaluation and being open to adjustments based on evolving needs and best practices. For service providers, this stage can help reflection on organisational strengths and areas for development in relation to trauma informed practice.

Guidance points

Know your why: Staff who understand the rationale behind a change are more likely to embrace it and contribute to its success. Promoting whole-organisation education to understand trauma prevalence and its potential impact on individuals and communities, including understanding how trauma in its various forms can manifest in behaviour and health outcomes for individuals and communities, can support approach ownership. Building awareness of the positive impact trauma informed funding can have on outcomes, coupled with a sincere long-term commitment to this approach, can foster greater engagement within an organisation.

Identifying the starting point: Effective commissioning can be supported by acknowledging internal roadblocks. Reflecting on potential organisational trauma, the presence of past trauma within the lives of individual staff members, and resource constraints, which could lead to change resistance or fatigue, can help to identify a baseline of the current organisational climate. Consider the impacts of secondary traumas and moral injury for commissioners that can arise from experiences of 'decommissioning services we liked'. This may influence how an approach can be effectively implemented.

'The funders I work with are downing. They swim in the same sea as we do'.

- Service Provider

Name your constraints: Critically assess metrics that you are required to work from to ensure a comprehensive understanding of needs. Identify areas where the organisation retains autonomy to make changes within the funding governing structures. Observe limitations outside direct control, where strategies to advocate for necessary changes may be required.

"One of the staff who reports the metrics switched off the area that collects data on adverse experiences to increase efficiency. He didn't know its' worth and so knocked off the section that helps us understand the need."

- Funder

Crafting a shared vision: Understand the organisation's commitment to implementing trauma informed practices. Collaborate with staff and teams to define a clear vision for the organisation as a trauma informed entity. This vision should encompass the perspectives on organisational service experience and staff wellbeing.

Identify positive practice: Modelling a strengths-based approach to ensure existing practices aligning with trauma informed principles within the commissioning service (such as flexible funding models, collaborative partnerships, or services prioritising user wellbeing) are acknowledged and celebrated.

Collective efficacy: Assess staff's readiness to implement new practices, ensuring they feel confident in their abilities and have the necessary knowledge and skills.

Leadership communication: Ensuring the clear and consistent communication of trauma informed values and organisational objectives.

Investing in continued staff expertise: Helping staff to feel equipped by identifying gaps in understanding around trauma, potential effects, trauma informed approaches and safeguarding practices. Providing staff at all levels access to comprehensive training programmes can support the ongoing development of knowledge, skills, and tools.

Model the approach: By cultivating a trauma informed culture across the organisation, commissioners gain first-hand understanding of the importance of creating safe environments for service users. Demonstrating a commitment to living trauma informed values by integrating aligned practices (such as reflective

practice) equips commissioners to identify and understand the importance of trauma informed approaches within service tenders.

Understand the landscape: Effective commissioning requires leadership to be aware of the social landscape. This means reflecting on current political, financial, and economic climates, which can significantly impact available resources and service provision. Remaining informed about social issues, such as food poverty or increased crime rates, ensures a dynamic and flexible culture to adapt to communities' ever-changing needs.

'The commissioner understood that our children were hungry, they gave us more finance so that we could provide young people with waffles to eat during our youth club.'

- Service Provider

Resistance to change: Demonstrating a commitment to addressing any ongoing concerns and resistance through open and safe communication with staff to benefit individuals and the organisation as a whole.

Continuous improvement: Effective commissioning requires learning from each other through open feedback. Promoting a two-way communication process that fosters collaboration and ensures the commissioning approach continuously

evolves to meet everyone's needs better. Facilitating conversations with staff, teams, and stakeholders to identify what elements of the service have been experienced positively and what could be improved can help to determine what lessons can be learned.

Am I ready? As a service provider considering applying for a grant that requires a demonstration of trauma informed practices, reflecting on your organisation's strengths and areas for development in relation to trauma informed practice and safeguarding can help to identify whether the tender is right to apply for. Consider whether a grant stipulates a fully developed program or if it would support the journey toward becoming more trauma informed. Identifying existing practices that align with trauma-informed principles that can be celebrated, alongside areas that may need further development to assure readiness can help to determine if a specific grant aligns with a provider's current stage.

Reflect and respond:

Do all staff understand the prevalence of trauma and how commissioning serves a role in supporting positive outcomes for individuals and communities?

As a funding body: Are there areas of governance which are externally established that might prevent or slow organisational change?

How can feedback be gathered from staff or volunteers to understand each perspective?

What does successful trauma informed practice implementation look like for both senior leaders and staff?

What organisational stressors has the organisation faced that could influence the way the change is perceived?

Do those in leadership champion trauma informed, emotionally safe practices internally and externally?

Do the data metrics collected by the organisational effectively capture the correct information to support understanding related to trauma and trauma prevention?

How is positive practice communicated to staff and teams?

How can the organisation address concerns

collaboratively?

Do messages consistently communicate a clear vision and rationale for trauma informed practices, regularly emphasising the value of these practices for both clients and staff?

What are the organisation's trauma-related training needs, and how can the appropriate providers be sourced?

How can the organisation adapt to model trauma informed practices to benefit the wellbeing of all employees?

What lessons has the organisation learned from speaking to others about their experiences?

As a provider: Reflecting on our current strengths in trauma informed practices and any gaps identified, does this specific grant align with our current stage of development? Consider using a relevant competency framework, such as the West Midlands Trauma Informed Workforce Learning and Development Framework, to help to identify an organisational starting point.

THE COMMISSIONING JOURNEY

ASSESS

Scoping and strategic needs analysis

The Assess stage of the commissioning cycle aims to comprehensively understand the needs of the local or relevant population. This includes analysing current data and historical patterns and engaging with community members, individuals with lived experience, existing providers, and field experts.

'Before the contract was re-tendered, the commissioner did a vast needs analysis looking at all services commissioned already. They committed one year to look into the needs and gaps. Locally based community members, staff and young people had the opportunity to feed into the assessment. They were able to share about barriers to service delivery and good practice... It was holistic. When the tender came out, you could see what had been fed back. We felt heard.'

- Service Provider

Guidance points:

Proactive over reactive: Combining research from various disciplines and

geographical locations can provide a more holistic understanding of trends. This practice can support the early identification of future needs, resulting in the proactive commissioning of services. Proactively commissioning based on research trends can support the strategic allocation of resources to support preventative measures rather than solely reactive interventions.

Setting the intention: While some commissioning processes have the resources for extensive co-production with communities, others might be more limited by time and budget. Open communication about these limitations can support the retention of trust between communities and commissioning bodies.

Who sits at the table? Funders promoting equity and community empowerment should have leadership structures that allow those values to be outworked. By ensuring that decision-making teams consist of individuals representing a wide range of demographics, protected characteristics, lived experiences, and cultures, commissioners can most effectively understand the needs and contexts of the communities they serve.

'We need to be thinking about who gets to be part of what's needed. Someone with a vague understanding can make funding available but with an imperfect

perspective rather than a citizens advice perspective'.

- Funding Provider

Engage stakeholders: To support a coordinated response to need, involve diverse stakeholders, including trauma survivors, service users, government agencies, community organisations, and experts in trauma informed practices, in the development of commissions. This practice ensures that perspectives from those with lived experience and expertise are integrated into the process. Communication limitations may require creative approaches to stakeholder engagement to ensure authentic accessibility.

Creating safety in collaboration: Consider how participants have been adequately prepared to contribute meaningfully. Recognise the potential for competitive undercurrents between services due to resource limitations within the commissioning context by managing logistics thoughtfully and conducting conversations in a way that fosters safety, respect, and individual communication styles to ensure everyone feels valued and comfortable sharing. This leads to richer discussions, better-informed decisions, and wisdom gathering.

'People don't want to share the details of their learning because of the competitive nature of competition. We hear so much gold, but we do not often have permission to share any of it.'

- Service Provider

Beyond insights: Where possible, cultivating long-term, authentic relationships that go beyond transactional information gathering can support trust between communities, service providers and funding bodies.

Power sharing: Outreach efforts need a focus on power dynamics to resonate with trauma-impacted communities. Historically, imposed changes may have lacked understanding of community contexts, leading to a sense of disenfranchisement and distrust. Structural oppression, racism, and exclusion further contribute to low engagement. Centring power sharing and acknowledging past harms is important to build trust and foster meaningful participation.

Be bold: Service providers can offer a vast amount of wisdom and grassroots insight into the needs of the communities they serve. Many funders are eager to hear ideas from these organisations and desire to fund initiatives developed from within these communities. As a service provider, recognising the value of your organisational

experience can encourage a proactive engagement with funders from conception.

Financial context: Consider the financial resources available in different regions. By recognising how funds are allocated and distributed for addressing trauma and trauma informed practice, we can seek to understand potential financial resource restrictions across borders and how this might impact supportive services and those using them.

Service landscape: Conduct comprehensive assessments to understand the trauma-related needs of the population. This practice may include a service review to identify existing services, gaps in care, and barriers to accessing support for trauma survivors. Understanding what has already been or is being commissioned can reduce the risk of duplication and repetition, avoid incidents of moral injury, and promote fairness, reach, and sustainability.

Connect the dots: Moving beyond individual programs to consider the bigger commissioning picture by aspiring to learn from historical commissioned services and how they have helped or hindered communities can help to identify people's holistic needs, even if they aren't directly related to the commission we seek to facilitate. Collaborate with existing commissioned projects, statutory services, and alternatively funded services to understand better where a commissioned

service should sit and stop, and to ensure effective signposting and support for wraparound care.

Asset-based understanding: Scoping and strategic needs assessments should integrate asset-based understanding alongside traditional needs analysis methods. Identifying community resources and competencies alongside needs can ensure a strengths-based approach and lead to more sustainable solutions.

Authentic data collection: Data collection should be completed thoughtfully. Quantitative data can be complemented by qualitative information and creative data collection methods to ensure a robust understanding of context and need. Remaining open to findings that may contradict initial assumptions by centring service user perspectives throughout the process can support commissioners and funding bodies in allocating finances appropriately.

Create sustainable pathways: Ideally, services that should be government-funded should be provided for in this way, rather than private or philanthropic support, as, over time, this scenario can weaken long-term systemic change and strategy and create an unsustainable reliance on external support.

Reflect and respond:

How can proactive commissioning based on research trends influence how commissions are developed?

What time and budget can be allocated to the scoping and strategic needs analysis stage of the commissioning process, and what can be achieved with efficacy within these limitations?

Do the decision-makers in the commissioning body represent a diverse understanding of experience? Where might gaps in representational hinder the ability to make informed decisions about the wellbeing of others, and what can be done to address this proactively?

Has everyone who would benefit from participating in the Assess stage of the commissioning process been invited, and do they understand that insights are welcome and valuable?

Is there any information available to ensure stakeholders have the best opportunity to meaningfully participate in the strategic needs assessment process (This might involve providing pre-reading materials, access to data sets, or holding introductory sessions)?

How can the information-gathering process promote shared decision-making to recognise people's expertise in their own

lives and preferences?

As a service provider, am I aware of the funders who work within the community or context I serve. Where appropriate, can a proactive discussion to facilitate shared learning and ideas be facilitated?

What are the existing services and organisations that might relate to the commission's aim directly or indirectly?

How can the strengths and resources of the communities and individuals the funding body seeks to support be incorporated into an assets-based commission approach?

What creative solutions are needed to ensure that broad and complete perspectives of people can be captured within the datasets required to be collected?

THE COMMISSIONING JOURNEY

DESIGN

Commission planning and design

The **Design stage** of the commissioning cycle uses all of the information gathered within scoping and strategic needs analysis (the Assess stage) to design a targeted strategy that best meets the needs of the people it intends to support. This stage includes collaboration between funders and stakeholders to consider the current service landscape, potential risks and challenges to implementation, evaluation strategies, and viable sustainability for a commissioned service.

Note: During the design stage of the commissioning cycle, it is crucial to consider the entire process, particularly the '**Relate**,' '**Evaluate**,' and '**Sustain**' stages. This ensures a comprehensive understanding of design needs from start to finish.

Guidance points: Things to be mindful of

Legacy planning: Integrating legacy thinking into commissioning from the start may involve creating springboards for further research, financial plans, training, or service development strategies to promote sustainability beyond initial funding cycles.

Balancing innovation and stability:

Where appropriate, the tendering process should value both innovation and existing programs.

Funding limitations focused solely on 'new initiatives' may disrupt service delivery, forcing providers to close, rewrite, or rename established programs. Similarly, rigid requirements based on past years can stifle creativity, especially for smaller organisations. By designing commissions that recognise the value of both established expertise and innovative ideas, we can ensure the right programmes to meet the need.

Understanding approaches:

A clear understanding of approaches and the differences between them can help commissioners identify the most appropriate to meet the needs, ensuring the most suitable service design. This clarity is equally important in communication. Ensuring the tender design incorporates the specifically desired approaches or intervention focuses can mitigate confusion.

'Documents can sometimes be requesting the delivery of a trauma informed service, when actually the ask is for Cognitive Behavioural Therapy or Domestic Abuse focused interventions specifically, but this has not been communicated effectively because of lack

of nuanced understanding'.

- Service Provider

Early adoption of trauma informed design:

Integrating trauma informed principles into a project's design from conception may involve making trauma informed values a key feature in tenders or embedding trauma informed themes throughout each stage. Early adoption can set expectations and promote emotional safety for all throughout the process.

Bridging borders: Commissions across geographical borders present a unique challenge to ensuring an ongoing sense of identity and belonging for communities. This becomes more apparent when commissions merge services across locations or integrate one area into another program. Understanding cultural identity and belonging can help to bridge potential communication gaps that arise when services and communities are drawn together through commissioning.

Bridging transitions: Effective commissioning should consider the evolving needs of the target demographic, particularly during life stage transitions. For example, eligibility changes due to the transition from child to adult can disrupt support and trusting relationships and overlook the individual needs of a person. Building bridges for ongoing support, fostering solid and lasting relationships between service providers and the individuals they support and effective signposting can offer continuity and emotional safety.

Collaborative design

Mapping local expertise: Local providers often have a deeper understanding of the community's needs and challenges, leading to more effective and culturally relevant services. Funding bodies can invest in mapping exercises to identify and build relationships with skilled providers within the target community. This proactive approach ensures a strong understanding of local resources and existing expertise, which can support quality project design.

Beyond Transactional: Stakeholder wisdom is valuable, but avoiding simply using local providers as transactional sources of information can help people to feel valued. This can create an imbalanced dynamic that may risk pressure to provide insights for potential funding, hindering genuine collaboration. Instead, focus on cultivating

authentic relationships founded on common aims and values.

Open exploration: This process allows organisations of any size to approach funders with reflections and solutions regarding the commission. This practice acknowledges the contextual expertise of existing practitioners and can lead to a design that best meets the needs of people and communities.

Co-production: Trauma survivors, families, and community organisations should have the opportunity for continued involvement in the commissioning process. Tight timeframes can lead to “lip service” to co-production. To address this, consider early approaches that promote accessible opportunities for input. Practices such as focus groups, involving experts by experience, and including service users directly on steering boards from the outset can create a deeper level of co-creation.

‘Traditionally, the commissioning process felt like a competition, but this felt different. Shortlisted providers were encouraged to collaborate. We were encouraged to share reflections, suggestions and challenges openly, fostering a sense of shared ownership and investment in the project's success before it reached the time to give our best and final offer. The relationship wasn't punitive anymore. We didn't feel like we needed to hide or fear.’

- Service Provider

Rethinking Time Allocation

Safety and trust for survivors: Trauma can severely impact a person's ability to build relationships. If a person has been hurt by an individual, collective, or system, in order to keep themselves safe, adaptations can be made to maintain a level of disconnect to prevent the risk of repeated exposure to harm. Substantial time may, therefore, be required to help service users feel safe enough to engage positively with professionals or an organisation.

Relationships matter: The nature of tight timeframes present in many funding contexts can overlook the significance of building positive relationships. Emphasising quantitative outcomes over qualitative evidence of progress can present a barrier to the relationship-based practice that is often required to be present before positive changes become apparent.

Personalised care: People play a critical role in understanding the care pathways that will produce the best outcomes for them, as they can provide valuable insight into what they might want from life and the risks they want to take. Creating services that can identify and understand people's unique needs and aspirations while avoiding imposing predetermined ideas of success can support positive engagement.

'We talk about people like they are on

a journey, but how accurate is that? What does the destination look like, and who gets to determine that? The commissioner might come with a preconceived idea of destination, which might not match what a person's aimed destination is at all.'

- Funder

Adjusting deadlines for delays: Delayed start dates can significantly disrupt project delivery and quality. When project start dates are delayed, transparency ensures that all parties can make appropriate considerations. Target deadlines should be communicated clearly and adjusted to reflect the revised timeline. This ensures that project goals remain achievable even if needs or circumstances change.

'Things can feel rushed when they are based around the financial year. By the time things have been clearly understood and finances allocated, you only really get seven months for delivery.'

- Service Provider

Streamlined reporting: Consider how reporting will be conducted in line with existing reporting processes. Where possible, streamline reporting requirements to ensure they are time-effective for service providers, allowing them to focus on delivering high-quality care. Reporting methods should be

accessible to all service providers, regardless of their size or technical expertise. This ensures that everyone can contribute effectively.

'They asked us what reporting processes were already in place and used two of our quarterly internal reports instead of getting us to write additional ones. It was brilliant.'

- Service Provider

Financial Considerations

Quality over growth: By prioritising quality when ensuring the cost-effectiveness of services, organisations can be encouraged to achieve the best possible outcomes for those in need. A constant push for growth may result in capacity challenges and high staff turnover, compromising service quality. Adequate funding to support quality delivery allows service providers to dedicate their full attention to delivering exceptional care.

Transparent priorities: In multi-commissioner projects, transparent roles and financial contributions from all parties create a streamlined approach and efficient resource allocation. Transparency from commissioners about funding priorities related to trauma informed practice allows service providers to tailor proposals and build a realistic foundation for a successful partnership.

Realistic expectations: Funding bodies can ensure optimal outcomes by setting realistic expectations based on the available financial resources. Rolling contracts with no cost-of-living adjustments may hinder sustainability, and budget cuts that do not adjust the target deliverables accordingly may cause distress, impacting service providers and those they support. Additionally, competitive tenders with unachievable target outcomes can force service providers to compromise on quality or work at a financial loss.

'The rolling contracts do not increase with the rising cost of living. It has been set at the same amount for years. As it is a competitive process, we feel the pressure to promise the same amount of work (or more) even when these costs are rising'.

- Service Provider

A shared and comprehensive understanding of expectations between funder and provider can lay the foundation for positive and trusting relationships with beneficiaries, ultimately leading to better long-term outcomes for them.

Long-term planning: Developing comprehensive strategies to ensure trauma informed initiatives can thrive beyond initial funding cycles may include securing stable funding or pooling resources to combine best practices and resources for greater sustainability.

Responsibly spend: Effective funding structures should incentivise responsible resource management by rewarding efficient use of funds, while avoiding practices that create pressure for hasty or wasteful spending. This includes eliminating penalties for underspending and refraining from large, last-minute funding allocations that hinder provider planning.

Flexible funding models: Flexible funding can allow providers to adapt their approach as needs evolve, ensuring resources are used effectively to achieve the best outcomes. Building in finance to enable services to meet reasonable requests for additional fees to cover unexpected costs can allow for positive and timely responsiveness to needs. Similarly, if expectations have changed due to the funder, financial adjustments can be made to support ongoing delivery costs.

Supporting staff: To ensure commissioned services can reach their full potential, it is essential to consider the infrastructure of the provider organisation. Supporting costs required to facilitate staffing, administrative tasks, supervision, and premises maintenance can create a positive work environment, releasing staff to deliver exceptional care. By investing in these areas, we can directly enhance the effectiveness of commissioned services and improve outcomes for staff and those using a service.

Reflection and innovation: Reflective practice is critical to trauma informed practice. Ensuring staff and volunteers have time within their allocated funding hours to ensure space for creative visioning, strategic planning, networking, and regular supervision that fits their needs and roles can act as a protective factor toward staff retention, organisational/service development, and positive staff wellbeing.

“The funder didn’t thoroughly understand the complexity of the service and the effect the work would have on our staff. Our staff needed more than one type of supervision; they also needed clinical supervision, specialised training, and reflective space, but this time and cost were not factored in.”

- Service Provider

Workforce development: Allocating resources to support training and professional development opportunities for staff to enhance their understanding of trauma and trauma informed practice can demonstrate a commitment to the value of continued learning. This may include training on topics such as trauma-sensitive language, trauma informed practices, and strategies for supporting survivors.

Cost-effectiveness of trauma informed practice: Advocating for the cost-effectiveness of trauma informed approaches throughout the design of a tender may encourage service providers to consider how they can increase how they work in this way.

Timely payments: All service providers, regardless of size require timely payment to support the smooth running of their operations.

Intellectual property and branding: While some commissioners have established branding guidelines, exploring collaborative branding strategies can ensure recognition for both a funding body and a service provider. Fostering a sense of shared ownership and accountability for the project’s success through guidelines that consider all parties can prevent risks such as:

- Organisations being unnecessarily prevented from using or adapting existing resources, leading to the duplication of effort.
- Restrictions on modifying training materials may hinder a provider’s ability to tailor the content to specific contexts, potentially compromising their effectiveness.
- Intellectual property created by specialist organisations, used outside of the commissioned partnership, may make

it difficult for authors to account for the quality assurance of training/intervention delivery and that the content remains in line with trending research.

Investing Locally: Procurement as a tool for positive social impact can include considering cost benefits for local communities. By deliberately considering sourcing products such as food, office supplies, or other necessities from local businesses to strengthen economic foundations and extend training opportunities for community members, we can support the ongoing positive development of local and regional areas.

Reflect and respond:

Has the design of the commission been informed by considerations to support legacy learning and sustainability?

How can the procurement process be leveraged to benefit local communities?

How can we ensure clear communication and tailored service design based on a nuanced understanding of interventions?

As a funding body, how can you create a commissioning design process that fosters open communication, shared ownership, and respect for expertise (including service user expertise)?

As a service provider, how do I network with other stakeholders and funders related to my field of work?

How can we ensure a sense of belonging and continuity of support for diverse communities where commissioning arrangements cross geographical borders?

How can we prioritise safety, trust-building, and long-term outcomes over rapid progress expectations while remaining cost-effective, allowing for appropriate time allocation of support to promote healing and mitigate further harm for those who have experienced trauma?

Does the design incorporate flexible funding to consider unexpected changes or delays? Where not possible, has this been communicated effectively?

Are the expectations clearly understood by all parties involved?

Can a designed commission encourage bids to demonstrate a clear commitment to trauma informed service principles through service specifications, including elements like person-centred engagement, trauma-sensitive outcomes monitoring, and ongoing professional development?

Has there been consideration as to whether a commissioned service should be founded on new ideas or foster ongoing quality delivery of existing interventions? How has the need been determined?

Does the service design consider staff wellbeing and organisational infrastructure to support the effectiveness of a service?

How can we ensure space for reflection, creative visioning, and staff development within funded projects?

Is there an ethical balance between collaborative branding and intellectual property considerations to avoid hindering service development or compromising effectiveness?

THE COMMISSIONING JOURNEY

PROCURE

Procurement and tender process

The commissioning cycle's **Procure stage** adapts to a project's size, scale, and financial limitations. This stage often plays a vital role in selecting the most suitable provider to deliver the commissioned service. The Procure stage typically includes the development of clear and comprehensive tender documents outlining the service requirements, inclusive and accessible advertisement, and comprehensive candidate evaluation to identify the most appropriate provider for the service based on experience, expertise and value for money. Funding bodies may go on to shortlist services before selecting the provider/s that best meet the defined criteria and awarding them a contract to deliver the commissioned service.

Guidance points

Promoting fairness and accessibility:

By cultivating a more inclusive tendering process for candidates, we can allow for new and local organisations, as well as more established or larger organisations, to engage effectively in the tendering bid. This promotes a more diverse range of service providers and

a fairer finance distribution and can lead to a more robust support system for communities impacted by trauma. The tendering process can present challenges when evaluating bids from diverse organisations. Reflecting on how the Procure stage of the commissioning cycle is experienced across varied organisational contexts can help us to consider this further:

- Large organisations can be disadvantaged due to a higher representation of risk occurrences, such as data breaches.
- Smaller organisations may be disadvantaged due to less available evidence to enable high scoring on factors such as social impact.
- Services represented under a large brand may appear more attractive due to factors like existing learning partners, historical impact reports, and established evaluation tools. However, smaller organisations with specialist expertise to best meet the project's needs may be overshadowed because their scoring might be lower because they lack these elements.
- Applicants may experience uncertainty when proposals that align with previously funded projects are ultimately rejected due to a desire for innovation.

Fostering collaborative partnerships

Consortium bids: Identifying and encouraging opportunities for collaborative bids and consortium partnerships across organisations can empower smaller organisations to leverage larger partners' combined expertise and resources. This allows for the pooling of expertise and resources, contributing to a more diverse and skilled service delivery landscape.

'We can't have a saviour complex. When there are other organisations who are better placed to deliver, we 'qualify out'. If there are grassroots organisations, we will approach them to ask if they want support to bid, or we offer support with resources such as learning partners or evaluation tools.'

- Service Provider

Subcontracting transparency: Smaller charities play a vital role in ensuring services are culturally sensitive and able to address the specific needs of their community. Promoting transparency within consortium bids to ensure smaller charities with specific community expertise have genuine opportunities to contribute directly to service delivery, not just serve as subcontractors with limited involvement.

Creative collaborative design: Exploring collaborative commissioning processes, where potential providers participate alongside commissioners in designing and developing the service, can have a significantly positive impact. This shared approach fosters a deeper understanding of community needs and leads to more effective service models.

‘An alliance was formed between six organisations, those with lived experience and a commissioner. The decisions would all be made collectively. Everyone was seen as an equal partner. You talked each step through via a ‘rule by committee’ process to support collective and equal funding. The heart was that if they got to a point where they had to vote, they had failed. They had never had to vote. Initially, it took a long time, but then we all got it. Other members from the community would come into the group if experts were needed to enhance understanding... The group covered emotive topics but agreed on the principles they wanted to work towards, and together they achieved.’

- Service Provider

Community collaboration: Integrating local community representatives into the decision-making process can strengthen collaboration

with the community served, fostering trust and ensuring the service is truly responsive to local needs.

Flexibility in approach: Maintaining flexibility within the tendering process to consider valuable insights and expertise offered by knowledgeable providers, particularly regarding trauma informed approaches, can ensure the commission is built to best support services to deliver sensitive and effective projects.

Timing

Consider timings: While recognising the impacts of secondary traumas and the rise in incidents of burnout for staff representing services working with those who have experienced trauma, consider avoiding issuing tenders during or close to holiday periods or at the end of financial years to ensure a fair playing field and adequate time for applicants' preparation.

Realistic deadlines: Establishing deadlines that consider the complexity of proposals allows all applicants, regardless of size, to dedicate the necessary time and resources to develop high-quality tenders that truly reflect their expertise and capabilities.

Timely feedback: Wherever possible, offering timely feedback to all applicants, regardless of their final selection, can demonstrate respect, promote learning

and ongoing improvement and release unsuccessful candidates to explore other funding avenues.

Transparency: Developing clear and transparent evaluation criteria explicitly stating the weight assigned to cost and quality factors within the tender documents can allow potential providers to make informed decisions about applying resource allocation.

Early communication of application limits: The application process can be both exciting and time-consuming for service providers. When managing tenders with the potential for high application volume, consider how limitations on preliminary inquiries may be implemented and how this can be communicated promptly and transparently to avoid wasted efforts and disappointment.

Supporting a smooth application process

Simplifying the online process: Maintain an effective online tender process by ensuring an exceptionally user-friendly application system. Consider ensuring clear instructions and helpful tips are readily available.

'The tender process was completely online but the application was really easy to understand, with lots of helpful tips on the website. It was clear and simple.'

- Service Provider

Consistency: A consistent process fosters greater clarity and transparency for all participants, promoting a fairer and more efficient tendering environment. Tendering processes can be inconsistent across sectors. Frequent changes in acronyms, variations in IT systems, and inconsistent evidencing requirements can risk confusion for potential applicants. Initiatives to standardise the tender process wherever possible may include incorporating an acronym glossary and the use of universally understood and jargon-free language.

Using stored data ethically: Organisations sometimes store data from existing partners to avoid a full tender process for efficiency. Accessing pre-populated and accurate data on existing partners can streamline workload for some applications, freeing up resources for in-depth evaluation of new proposals. While this practice can streamline workload,

ethical considerations arise when data is oversimplified or not kept current risking a misrepresentation of current credentials and capabilities, potentially hindering the selection of the best service provider.

Transparent information requests:

By prioritising transparency and clarity in information requests, funders can create a more efficient and applicant-friendly tendering process. Providing a clear justification of 'the why' for all information requested within the tender documents and explaining how the requested data will be used can support applicants' feelings of emotional safety.

'We were requested to provide a list of the top five highest-paid roles. Why five? Why highest-paid and not lowest? Why do you need this information? We never found out.'

- Service Provider

Permission to share the story: Impact can sometimes be challenging to quantify. This can be due to the non-linear process of post-traumatic growth and the highly individual outcomes that may indicate a positive change for each person. A holistic review process that considers both quantitative data and qualitative impact stories can support an organisation in feeling like it can provide a deeper understanding of its work.

'We love sharing stories and examples because they help us show who we are and how we live out our values.'

- Service Provider

Space to add: There might be information beyond the application questions that feel incredibly important to an organisation to share. Providing dedicated space within tendering forms for organisations to add relevant details that may be otherwise missed can enhance understanding and connection (This might include information related to current trauma informed practices, historical or community context, core values, research contributions, or additional expertise).

User-centric approach: Consider incorporating prompts within application forms that encourage applicants to directly capture questions, feedback, and experiences from service users. This process allows commissioners to connect with the impact of services on a human level.

Tender support: By equipping organisations with the necessary skills and knowledge, funding bodies can foster a broader and more diverse pool of qualified applicants, leading to a richer selection process. Offering resources and ongoing guidance to help new and local organisations, particularly smaller charities and community groups, navigate the tendering process can promote accessibility for all.

'A back-and-forth conversation. 'This is what you need, but you're not quite ready. You need to do this first, and we need to connect with this person before we agree on what the collaboration/ commissioning will look like.' Working like this helps us all create the best possible solutions and care.'

- Service Provider

Open communication channels:

Accessible lines of communication minimises confusion and can empower potential providers to submit strong proposals that address the commissioning needs. Establishing readily accessible communication channels, such as dedicated phone lines or email addresses, for potential providers to ask questions and seek clarification on tender documents, project expectations, service requirements, and evaluation criteria before investing significant time in application development, leading to stronger and more appropriate applications.

'We had a question, and the funder came to see us. He invested in-person time to meet and have a conversation. Not only did he answer questions, but he also made it clearer, gave additional insight and encouraged us to go for more. It felt like he had given us time, encouragement, and coached us into

what we needed to do. The process encouraged us to stop shrinking back, to think bigger and to recognise where we could be better. They wanted us to be successful.'

- Service Provider

Humanised communication: Direct and personal communication can create a more positive and supportive experience for potential providers. Avoiding impersonal responses and embracing opportunities for direct engagement with potential providers can create a more welcoming and supportive process.

'The only communication we could have regarding the tender was through an inbox in the procurement form. The reply was seen by all who had tendered. It felt shame inducing.'

- Service Provider

Information sharing: Readily available information can support potential providers to develop well-informed and relevant proposals that address the specific needs identified by commissioners. Accessible information related to commissioning opportunities, such as data, needs assessments related to the specific service area, any known correlating or complementary projects, and any mapping that has been done around trauma informed or trauma-related activity, can protect time

resources and promote efficacy.

'Commissioners have already been researching data but there is rarely ever access to that information. When data is not shared, you have to spend hours researching, or estimate figures, which can lead to the over-estimation of numbers. This can make the provider appear less value for money because they have been unable to deliver the originally stated figures.'

- Service Provider

Development signposting: To support and encourage organisational development in trauma informed practices, commissioners can share information to signpost applicants towards valuable resources. These resources may include:

- A directory of known, reputable training providers offering trauma informed service delivery training.
- Information on resources and tools to support reflective practice within service delivery organisations.
- Guidance on accessing clinical supervision support for staff working in trauma informed settings.
- Connections to established communities of practice or networks. This allows for

Right provider, right support

Identifying trauma informed understanding: By implementing a well-designed and trauma informed procurement process, the commissioning body can select the most qualified provider to deliver effective and sensitive services that meet the community's needs. To do this well, evaluation criteria may consider the provider's experience and understanding of applying trauma informed approaches in their service delivery.

Creative service specification: Creative service specifications can encourage service providers to incorporate a trauma informed approach into their delivery plan/s. This may include building in examples of trauma informed practices and requesting required commitments to practices such as:

- Person-centred engagement strategies: Developing approaches that prioritise safety, empowerment, and choice for clients.
- Trauma-sensitive outcome monitoring: Implementing tools that track progress without re-traumatising clients.
- The development and implementation of, or evidence of trauma informed policies, procedures and competencies that prioritise physical and emotional safety within organisational settings for both staff and those supported.

- Culturally sensitive practice to ensure services are culturally responsive and inclusive of diverse communities.
- Ongoing professional development for staff and volunteers in current trauma and trauma informed practice research.
- Reflective practice and appropriate supervision for staff and volunteers.
- Co-production activities to capture the perspectives of service users, and those with lived/living experiences of trauma to ensure that their voices are heard.

Skills-based evaluation: Consider developing evaluation criteria that assess the specific skills and qualifications, relevancy of specialism and any registration to appropriate governance boards of the individuals who will be directly delivering the service, rather than just observing the organisation's overall brand reputation.

'The competitive environment means that people are going for things that may not be 100% fitting for their skills, knowledge, and abilities, or someone new could come into the area, be cheaper, and win the work but not be able to provide the quality.'

- Service Provider

Ethical procurement practices: Commissioners should implement robust

procurement practices that screen out potential providers with a history of fraud, corruption, poor performance, or involvement in modern slavery practices.

Emphasising ethical artificial intelligence use: Trauma informed services require skilled and compassionate practitioners. While AI tools can streamline the tender process, ensuring they do not become a barrier to commissioning providers who can truly meet the community's needs is critical. Providing clear guidance on the ethical use of AI can support the tender application process. A thorough, multifaceted assessment, considering alternative methods alongside written proposals, can help identify an appropriate provider. This process may include:

- Presentations focusing on lived experience or video interviews showcasing communication skills.
- Evaluating a provider's ability to understand and respond to both written and verbal communication.
- Conducting in-depth interviews that assess a provider's understanding of trauma, their service delivery approach, and their ability to adapt to individual needs.
- Utilising role-play or case-study scenarios if appropriate.

Local Expertise: Local providers often have a deeper understanding of the community's needs and challenges, resulting in more effective and culturally relevant services. Proactively identifying skilled providers within a target community can promote a strong understanding of both local needs and resources within a project.

Welcoming feedback: The commissioning process relies on strong partnerships between funding bodies and service providers. Open communication to allow opportunities for feedback on a tender process can support ethical and effective practices.

'We were asked to take part in a tender, but we felt the ask was not ethical practice, in line with our trauma informed valued. We wanted to feed our expertise and experience, but they were closed to any feedback.'

- Service Provider

Aligning values in funding partnerships:

As financial resources continue to be stretched across the public and third sectors, funding opportunities can be incredibly appealing to service providers. However, considering how each tender aligns with an organisation's existing values, ethos, and understanding of trauma and trauma informed practice can help identify whether a financial partnership will be positive.

To prevent the risk of a misaligned partnership that could hinder the ability to deliver effective services, provider organisations should consider these aspects within a tender:

- An analysis of requirements to identify if and where they reflect a trauma-informed approach.
- Whether the tender outlines trauma informed service delivery methods.
- If it prioritises service user choice and control in their recovery journey.
- Whether there is an emphasis on creating safe spaces and accessible services.
- Required recommendations for training on trauma informed practice for staff.



Reflect and respond:

How can we encourage and support collaborative bids and consortium partnerships?

How can we foster a shared approach that leads to a deeper understanding of community needs and more effective service models?

Can community representatives be integrated into the evaluation process to promote trust and strengthen collaboration with the served community?

Are there specific times of year we should avoid issuing tenders to ensure a fair playing field for all applicants?

How can the commissioning body facilitate support resources and guidance to help new and local organisations, particularly smaller charities and community groups, navigate the tendering process (This may include publications, workshops, webinars, or one-on-one consultations)?

How can we establish readily accessible communication channels, such as dedicated phone lines or email addresses, to answer questions, provide clarification and hear feedback on a tender process?

Is the online application system as user-friendly as possible? Does it provide clear

instructions and helpful tips to help applicants to navigate the process?

What initiatives can we take to reduce frequent changes in acronyms, variations in IT systems, and inconsistent evidencing requirements?

Can a phased approach to information collection be facilitated? For example: Sensitive financial information, could be requested only from shortlisted applicants after the initial evaluation stage?

Can we provide a clear justification for all information requested within the tender documents?

Is pre-populated data on existing partners accurate and kept up-to-date to avoid misrepresentation of current credentials and capabilities?

Do we provide dedicated space within applications for organisations to share additional details that may enhance understanding and connection?

How can we encourage applicants to ethically capture questions, feedback, and experiences directly from service users within application forms?

What specific guidance on the ethical use of AI in the tender process can we provide to ensure a level playing field for all potential providers, especially those with limited

resources for crafting written proposals?

Is a transparent evaluation criteria that explicitly states the weight assigned to cost and quality factors within the tender documents clearly communicated?

How can we offer timely feedback to all applicants, regardless of their final selection, to demonstrate respect and allow for ongoing improvement?

As a service provider, when applying for funding, how can I best showcase our organisation's understanding and evidence of trauma-informed practice, even if the application itself doesn't explicitly request it? Consider using appendices, further correspondence, or integrating it within the application itself.

As a service provider, how can we identify areas of strong alignment and potential mismatches between your organisation's trauma informed practice and values, and the priorities outlined in a tender?

THE COMMISSIONING JOURNEY

RELATE

Working relationships and contract management

The **Relate stage** goes beyond contract management. It builds upon the relationships formed within the tender process and seeks to further develop a collaborative and empathetic environment for all parties involved in the contract agreement. This process may focus on effective, transparent, and meaningful communication. The Relate stage ensures accountability through effective problem-solving, allowing all parties to adapt to unforeseen challenges to ensure service delivery remains responsive to the needs of those the commission had intended to support.

Guidance points

Power dynamics: The nature of funder/recipient dynamics can often result in relationships being built on unequal power distribution. These power dynamics can be challenging to navigate, particularly for those with a history of trauma. Feelings of powerlessness and lack of control can mirror those experienced during traumatic events. Acknowledging this power imbalance and aiming to reduce it whenever possible can

support healthy dialogue and emotional safety for all involved.

'Whilst we all have jobs to do, when we put one above another, we won't be as productive.'

- Funder

Recognising worth: 'Providers and commissioners are interdependent; one cannot exist without the other' (Funding Body). Understanding this interdependence helps us see the value each entity brings. Working from a stance that respectfully recognises the worth and expertise represented by both parties can support trust and empowerment.

'In the voluntary sector, you have to prove yourself. We don't hold power. We have to prove that we can adapt and problem-solve quickly, but we are constantly questioned as to whether we can do it. We work in partnership. We are either trusted or we are not.'

- Service Provider

Empathy in Commissioning: Many professionals involved in the funding process experience various effects related to secondary traumatic stress, vicarious trauma, burnout, and moral injury. Each of these outcomes can have a significant

impact on a person, affecting their view of work, colleagues, and the world around them. Some professionals may experience feelings of cynicism, guilt, or anger on behalf of the people they support, while others may feel fatigued, desensitised, and disengaged. Moral injury can occur when internal values conflict with work requirements.

These impacts can be vast, affecting professionals at all levels, whether working directly with families under stress or as funders having to navigate difficult decommissioning decisions. They may influence a person's ability to communicate, regulate emotions, or behave.

Starting from a place of empathy, and extending the ethos of understanding behaviour as communication, can support compassionate conversations and build understanding across all parties involved.

Authenticity without fear: The competitive nature of commissioning can discourage service providers from engaging in authentic communication. Providers may fear funding loss if they raise concerns or challenge unrealistic demands. The pressure for 'perfect' services can lead to inaccurate representations of project challenges and success. This outcome can erode trust between commissioners and providers. Trauma informed practices promoting open communication and valuing expertise can create a more trusting environment where providers feel safe to be authentic.

'When we do challenge, when we do push back, we worry about people. There are jobs on the line. It takes confidence.'

- Service Provider

'Having to always give an optimistic perspective can feel unsafe for a recipient, as it stops them from feeling able to be authentic. It is also not helpful to commissioners because it cultivates a culture of mistrust and makes it feel like you can't take things at face value.'

- Commissioning Provider

Advocacy, not adversary: When all parties work together as advocates and allies, united in supporting the communities, far greater things can be achieved. By building trust and a sense of pride in the partnership,

opportunities can be developed for mutual advocacy. This creates a sense of having an ally in each other, leading to a more effective and supportive environment for all.

Choice and voice: The importance of agency for both service providers and trauma survivors continues throughout the Relate Stage of the commissioning cycle. This means involving all stakeholders in informing the contract management process. When implementing changes, using exercises that ensure everyone understands the rationale and providing opportunities to engage in ongoing feedback can support each party to feel valued and able to participate actively at each stage.

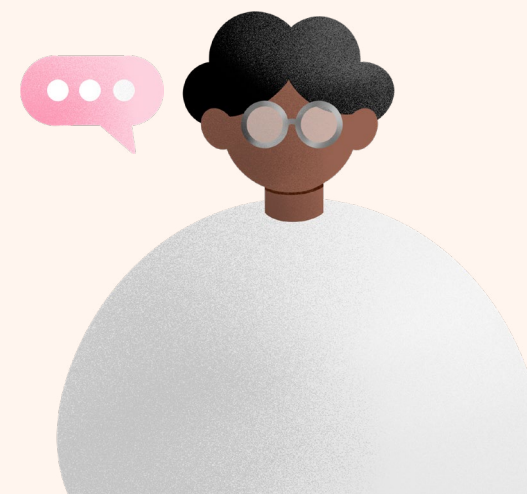
Two-way ownership: By working together as partners with a shared responsibility for project outcomes, commissioners and service providers can create a more collaborative and supportive environment. Each party brings unique skills and expertise to the table. Cultivating a genuine interest in mutual problem-solving and fostering the open exchange of valuable networks can strengthen the overall support system and pave the way for successful project implementation.

'We were struggling to get the right person to engage in the discussion. The commissioner had connections with the stakeholders and was able to use their networks to help. They were genuinely

interested in the challenges and offered tangible ways they could help. They wanted us to win.'

- Service Provider

Contextual competency: Working with skilled and experienced funders who understand the local area and its specific needs and embrace cultural competency to ensure inclusive services that can build stronger relationships with service providers. Commissioners aware of location-based challenges such as overprescription, policy changes, funding cuts, or rising crime rates can better support a shared understanding, leading to increased empathy for the realities on the ground and allowing for proactive solutions tailored to the community's specific needs.



Connection and consistency: Trauma informed commissioning thrives on solid and lasting partnerships. However, frequent staff changes can sometimes disrupt these connections. Building a more consistent environment conducive to connection may include the following:

- Investing in knowledge transfer by developing clear onboarding processes and knowledge-sharing strategies within commissioning teams to ensure that new staff can quickly learn about existing services and relationships with providers and communities.
- Regular meetings to help foster a sense of transparency and accountability, where all parties can be clear about expectations, track progress, and address any concerns collaboratively.
- Where possible, supplementing electronic communication with regular in-person meetings can foster a deeper understanding of context, strengthening connections between commissioners and service providers.
- Creating opportunities for services and funders to share more than impact reports. Seeking to understand the values and histories that underlay the work can help people feel seen and known.
- Where possible, implementing a multi-point of contact system to ensure

continuity of service even when key personnel are unavailable or on leave of absence to support smooth communication and minimise disruption.

'Commissioners have to feel it. He went away from that meeting really knowing what we were about. He was sure that we were who we said we were, and we felt encouraged.'

Service Provider

Accessible communication: By prioritising accessible communication, commissioners can build strong, trusting relationships with service providers. This supportive environment empowers providers to do their best work, ultimately leading to better outcomes for the communities they serve. When service providers receive clear, concise communication and readily available resources, they feel more confident and supported in their work. This reduces anxiety and allows them to focus on delivering excellent services. Proactive communication to ensure availability and input from funders can demonstrate respect for service providers' expertise and their valuable contribution, helping to demonstrate that their work is seen and appreciated.

'If no one communicates with us, it is difficult to know whether that is because they trust us and our competency, or if

it is because they are uninterested or don't see the importance. We are left wondering if no one cares about it.'

- Service Provider

Modelling trauma informed practices:

Modelling behaviours that are centred on valuing people and relationships rather than focusing solely on outcomes within everyday interactions can strengthen working relationships between service providers and funding bodies. Building trust through transparency, incorporating trauma informed language that is person-centred, strengths-based, and respects the dignity and experiences of those represented can allow for an ongoing holistic understanding of needs and solutions.

'Transparency is a core value of good contract management, with integrity sitting at the heart of the process'.

- Funder

Reflect and respond:

How can I, as a service provider or commissioner, acknowledge and navigate the power imbalance inherent in this relationship?

In which ways can respect for the expertise and value that the other party brings to the table be demonstrated?

How can we ensure a deep understanding of the specific needs and challenges faced by the community being served to ensure that services are culturally and contextually relevant?

Are regular opportunities to connect in accessible ways prioritised within the working relationship (Consider whether online, in-person, or hybrid meetings are most beneficial for the context)?

As a funder, how can I ensure that communication can remain open and honest, even when discussing challenges or concerns?

Is there an opportunity for all stakeholders, including service providers, trauma survivors, and the community, to have an ongoing voice in the decision-making process?

What strategies can be implemented to ensure clear and consistent communication

throughout the duration of the project?

How might we collaborate to identify and share valuable resources and networks that benefit all parties involved and promote shared ownership (you might want to think about resources, data, or networks)?

What language and approaches can be used to create a holistic understanding of needs to create a more equitable partnership?

How can funding bodies and service provider relationships be maintained in a way that transcends individual professionals who may interchange during a project to promote strong, lasting relationships between partner organisations?

THE COMMISSIONING JOURNEY

EVALUATE

Evaluation and evidence

The Evaluate stage of the commissioning cycle focuses on assessing the effectiveness of a commissioned service. This process may involve tracking the provider's delivery against agreed-upon service standards and performance indicators. Formal evaluations may be conducted, and diverse feedback may be gathered from staff members, volunteers, and those supported by a service to help understand the effectiveness of the project's overall impact on the community.

Guidance points

Capturing evidence

Time-saving measures: Time and capacity limitations are widely experienced across the public and third sectors. Building upon existing data collection processes and reports whenever possible, which capture relevant information before creating new reporting requirements, can reduce pressure and allow for time spent on service delivery to be prioritised.

'Our organisation won a minimal grant amount. When the contract

came through, it came with extensive instructions on recognising the funder and five different reporting requirements. It felt insurmountable.'

- Service Provider

Templates: Having adaptable evaluation templates ready for organisations to use as a basis for feedback can save time and provide helpful guidance.

Clear expectations: A provider can efficiently collect robust data by ensuring transparent communication to establish evaluation expectations in advance. Considering the budget available to identify limitations helps inform how evidence is gathered.

Understanding the “why” behind data

collection: Data collection can vary between contractors. Expecting compliance without providing rationale can promote feelings of being ‘done to’ and not ‘with.’ Communicating the purpose and reasoning behind data collection desires to providers can prevent moral injury and minimise confusion.

Co-production: Organisations and professionals often have relevant understanding of how best to ethically capture data within their contexts. Supporting opportunities for service providers to co-produce evaluation strategies can help to

ensure that the evaluation process is relevant and meaningful.

'You were encouraged to write your own evidencing ideas. This helped us to think about what we are promising to deliver and how we could evidence best for the people we support.'

- Service Provider

Similarly, acknowledging that theories of change and evaluation practices may be unfamiliar to some service providers, commissioners can play a proactive role by offering to co-develop the evaluation approach. Sharing resources and training materials on trauma informed evaluation principles and theories of change can empower service providers to confidently participate, which in turn increases the quality of the evaluation.

Minimising re-traumatisation: Developing a data collection strategy that balances the need for robust information with the potential risk for re-traumatisation can be challenging. Sensitively considering how the following aspects may affect the way in which information is collected, evidenced and reported can help:

- Shame-sensitive practice: Identify methods for collecting, evidencing, and reporting data on sensitive topics in a shame-sensitive manner. This might involve using anonymous surveys, offering multiple response options, or providing resources and support throughout the data collection process.
- Ethical considerations: Prioritise ethical commissioning practices throughout the evaluation stage. Avoid 'othering' or replicating power imbalances. Consider the ethical implications of randomised controlled trials for trauma informed services.
- Individualistic outcomes: Trauma and adversity can profoundly impact both individuals and groups of people. However, each will experience impact and steps towards recovery in unique ways. Therefore, mindful evaluation should come from this understanding. For example, it should recognise that methods such as scaling and scoring will be subjective to an individual and may

not reflect a project's success.

- Cultural sensitivity: Effective evaluation requires acknowledging cultural diversity. Evidence collection methods should be adapted to ensure accessibility for people from various backgrounds. Engagement with services can be influenced by cultural beliefs, stigmas, and historical traumas. These factors can impact how a project's success is perceived in an evaluation process.
- Relationship-based practice: While acknowledging the time it may take for individuals who have experienced trauma to build trusting relationships, services should not be encouraged to capture invasive baseline assessments during introduction sessions, focusing instead on building rapport and emotional safety.

'A person's marital status can determine which worker we might need to place. We need to ensure that the correct language is taken into consideration. That language may be a local dialect, where a skilled interpreter may be more difficult to identify and can incur additional costs. Building trust can take longer. It can take months for us to even start the work.'

- Service Provider

- Nuanced progression: Traditional evaluation methods often focus on easily quantifiable data (such as attendance or risk factors) that might not reflect the true impact of a service. Many projects support long-term, positive outcomes that are difficult to measure immediately. Collecting data on trauma-related outcomes, such as improvements in mental health symptoms, developed consideration of consequences, a difference in decision-making, changes in behaviours, feelings of safety, supportive relationships, or service engagement, can support the evaluation of the effectiveness of trauma informed interventions and services. Evidencing that considers how a person might progress uniquely can support a more complete picture of the potential change.

Flexible evaluation: Promoting a holistic approach to evaluation through flexible evidence collection that is adaptable to the dynamic nature of service delivery can help capture the complete picture of service delivery and its impact.

'Evidencing approaches that say, 'We trust you to do what you say. We will collect evidence, but we will also take the whole business into consideration.' Recognising that it is not just about 'numbers of children seen' but allowing for flexibility, understanding that the work may result in a segue into things like needed staff development or community outreach work, depending on what has happened or what has been disclosed, can support real change.'

- Commissioning Body

Long-term impact evaluation: The success of trauma informed services might not always translate into immediate, measurable outcomes. Develop evaluation frameworks that consider long-term impact, community engagement, and staff development.

Meaningful and innovative data sets: To support the development of data collection methods that capture the impact of services beyond traditional quantitative measures. These methods may explore innovative approaches such as storytelling, arts-based methods, or pre/post surveys capturing themes of safety and empowerment.

Gathering voices: Inviting feedback from a range of people, including those who have been supported by a service, staff members,

volunteers and other stakeholders about their experiences of a project, using surveys, focus groups, or interviews can help to identify areas for improvement and inform quality assurance efforts.

Inclusive interventions: In our increasingly digital world, many organisations are utilising hybrid intervention models. These models may combine in-person meetings with online contact to engage with and check in on those they support. Ensuring that every interaction, whether online or in-person, can be valued within the evaluation process is crucial for effectively understanding service reach and impact.

Embedding trauma informed practices: Consider assessing the service's commitment to sustaining trauma informed practices beyond the current project. Consider including questions about organisational policies and practices, training plans, resource allocation, and leadership buy-in during the evaluation process, as well as encouraging qualitative narratives to incorporate harder-to-capture impacts such as ethos and culture changes to promote the value of continuous learning and improvement.

Staff Wellbeing: Including questions related to staff, such as access to supervision, training, and support, that can evidence the presence of practices towards preventing secondary traumas and moral injury, can help integrate staff wellbeing into the evaluation

process.

Community Capacity Building: Where appropriate, consider encouraging and evaluating a service's contribution to building the community's capacity to address trauma. This could involve assessing collaborations with community organisations, training initiatives, or awareness-raising campaigns.

Data analysis

Mind the gaps: Traditional data collection methods, such as forms, can result in missing information. Evidencing methods should consider a person's age, stage, circumstance, abilities, or functioning: An adolescent who has experienced developmental disruption may not have the literacy skills required to complete a form. Homeless individuals may not have permanent addresses or access to healthcare. Someone living in a threatening situation may be unable to remember a postcode. Another person may not want to disclose their age. These 'data gaps' should not reflect poorly on an organisation's reach or impact.

The value of learning in pilot projects: Pilot projects function as crucial exploratory endeavours within the commissioning landscape. Their primary purpose lies in evaluating service delivery, with the goal of gaining valuable insights to inform future service design and implementation. Funders and providers may experience concerns during pilot projects when participation rates fall below expectations; however, this outcome should not equate to project failure. Regardless of initial quantitative or qualitative outcomes, pilot projects may offer indispensable learning opportunities.

Bad before better: Initial data might show a negative trend even though an intervention may be working well. For example, where

a project aims to increase access to mental health services for young people. Initially, data might show a rise in the number of reported mental health issues. This may be a positive sign of increased trust in the service and an improved awareness of mental health issues, leading to more identifications. This highlights the importance of understanding the context behind data and evaluating progress over time.

'Trying to demonstrate impacts that aren't easy to see over a short space of time is hard. You may give someone access to a service and supported engagement by building positive relationships, but this can end up looking like an increase in appointments. This could be seen as negative, but in reality, it is preventing a crisis.'

- Commission Provider

Beyond a commissioned service: At times, a commissioned service may not provide the most appropriate intervention for an individual. This can be because their needs are more specific in nature or have escalated or de-escalated during the course of engagement. This may result in a handover to another service or a partnership working to support the most appropriate care. While this may look like a negative outcome based solely on numbers or resource cost, it may have been a stepping stone to a positive

outcome.

'...They needed different care. We had to get community leaders, religious leaders, etc., to work together. It took time and staff resources to do that, but we felt we had permission from those who had funded the project despite evidencing constraints.'

- Service Provider

Celebrating progress: Sometimes projects aim for ambitious 'hard outcomes' like eliminating negative experiences (for example, no hospitalisations). However, these outcomes may be unrealistic and discouraging if not achieved. By shifting evaluation approaches to consider 'soft outcomes' alongside hard outcomes, we can gain a more comprehensive picture of change and effectively celebrate the progress made.

Reflect and respond:

Are there opportunities to collaborate with service providers to adapt their existing reports for evaluation purposes?

How can the purpose and rationale behind data collection be clearly communicated to service providers?

Have budget limitations been considered when determining how evidence should be collected?

How can data collection methods be designed in ways that are sensitive to the experiences of individuals who have faced trauma?

Are there alternative data collection methods (For example, anonymous surveys) that could be used to gather information without causing re-traumatisation?

How can we ensure cultural sensitivity in the data collection process?

How can we move beyond traditional, quantitative data collection methods to capture the service's overall impact?

What innovative approaches can be used to measure the service's impact on long-term positive changes for individuals?

Does the evaluation process capture the voices of a diverse range of stakeholders (service users, staff, volunteers)?

Is there a process to allow organisations to demonstrate the service's commitment to continued development of trauma informed practices?

How can staff wellbeing considerations be incorporated into the evaluation process?

If data initially shows a negative trend, are there processes in place to allow for a comprehensive understanding of why this might be?

Are "soft outcomes" celebrated alongside "hard outcomes" to ensure change is celebrated accordingly?

THE COMMISSIONING JOURNEY

SUSTAIN

Exit and sustainability

The **Sustain stage** of the commissioning cycle aims to facilitate the smooth handover or responsible closure of commissioned services. This stage focuses on minimising disruption to those people that services have been supporting and the staff represented. This stage builds upon the work completed during the Design stage. It may include formally and ethically concluding contract agreements and facilitating the transfer of project knowledge and learning gained. Additionally, effective debriefing should be conducted with all relevant parties involved. The focus may shift towards securing a project's long-term viability. This may involve collaboratively identifying sustainable funding solutions or, if continuation is not possible, finding feasible alternative support for those who have been using the service.

Guidance points

Transparent expectations: By fostering a culture of transparent communication, all parties can maintain and manage expectations, minimise distress and disruption and prioritise the wellbeing of

stakeholders and service beneficiaries. By discussing desires and limitations around commissioning, both commissioners and providers can adjust expectations and find solutions. Open discussions can help all parties prepare and avoid unexpected shock. Transparent communication can help to protect relationships and maintain trust.

Sustainability planning for ongoing services:

Collaborate with successful providers to develop comprehensive strategies to support long-term financial stability through informed initiatives that can thrive beyond initial funding cycles. These strategies may involve exploring alternative funding models, securing ongoing resources, building organisational infrastructure, and integrating trauma informed principles into broader systems and policies to ensure that a service can continue to function and impact where appropriate.

Supporting innovation: By providing stable support and fostering a culture of continuous learning, services can organically grow to meet a community's ever-changing needs. Allowing permission for providers to pause and reflect can support the organisation's ability to identify innovative solutions, allowing it to continue to adapt, define clear goals, and focus efforts on areas with the most significant potential impact.

'The agreement built-in 'steady time' for thinking and strategy around organisational improvements. This meant we could think and grow so that we could understand the community, meet the needs, and ensure the work could organically grow and be sustainable.'

- Service Provider

Early Communication: Ensuring that service providers have clear and timely information about funding decisions, potential funding gaps, and renewal possibilities will allow for better planning and reduce uncertainty.

'Transparency and truthfulness matter, so I know things in plenty of time. Is the commission going to be renewed? Will there be a gap in payment? Can I keep my staff on? Knowing these things in advance prevents feelings of uncertainty and allows me to plan for either future work or supportive redundancy plans.'

- Service Provider

'The uncertainty was traumatic for both service users and staff, who were worried about their own lives. We lost good staff due to the uncertainty and unpredictability.'

- Service Provider

Connection and belonging: For individuals who have experienced trauma, consistency and connection are crucial. Service closures can be particularly damaging as they may reinforce feelings of distrust and unreliability towards those in positions of authority. Trauma informed services often foster positive relationships and a sense of belonging for users. These relationships may lead people to want to stay connected and reach out for support during times of celebration or challenge. Building partnerships with other services for referrals or establishing clear guidelines for appropriate contact can provide a needed sense of security for service users.

Network building: Collaborative partnerships between different commissions/stakeholders can address the holistic needs of service users. This may include developing strong networks between service providers to create a "safety net" for service users if one service closes, considering how services from different sectors can work together to meet a broader range of needs and collaborating to ensure continuity of care and reduce feelings of abandonment for those who are affected.

'Cross-sector relationship building takes time. We can't ensure trust by association during handovers to other providers if we do not have time to build the relationships.'

- Service Provider

Knowledge transfer: Facilitate the transfer of knowledge and learning gained throughout the project wherever possible. Generously disseminate findings to promote growth and development for all. Documentation, debriefing sessions, and knowledge-sharing workshops for commissioners, providers, and stakeholders can help to create a robust understanding of wisdom gained throughout a project.

'The legacy of the three-year programme was that it would become the springboard to the future training and research.'

- Service Provider

Encouraging legacy: Encourage sustainable approaches by recognising the value of existing, effective programs. Consider how effective innovations can be integrated into mainstream services when proven to work.

'Sometimes people can be a little obsessed with innovation and new things. Things that are staple and important can get overlooked. Everyone has to come up with something new when the best thing might be the old thing but for a ten-year running period rather than one financial year.'

- Funder

Trauma-sensitive exit strategies: The process of decommissioning can ignite feelings of helplessness, fear, worthlessness, and isolation. Developing clear and compassionate communication during service closure, acknowledging the service's achievements, explaining funding changes, and ensuring ownership of the decision can help an organisation feel supported and seen rather than silenced.

Access to support: Facilitating access to support services for providers and staff during transitions, especially during a decommissioning process, can mend a breakdown in trust, reduce organisational disruption and may prevent trauma or moral injury for staff and volunteers.

Reflect and respond:

Does the commission budget allocate time and resources for service providers to reflect on learning and develop strategic plans that support the program's future goals for the organisation and its work?

As a funding body, can you connect service providers with your network of partners who might offer additional or alternative financial support opportunities?

Can service providers be notified of changes in commissioning arrangements, including endings or retendering processes, with sufficient time to ethically develop plans and processes that best support their staff and service users?

If providing sufficient notice for changes isn't possible, are service providers informed clearly to ensure transparency and maintain trust within the relationship?

How can we ensure clear and continuous communication with service providers and their representatives during decision-making processes, especially during waiting periods?

Can joint commissioning arrangements be facilitated, offering greater stability and longevity for service provision?

Who can organisations contact during times of transition or exit from a commission?

Is this support service readily available to minimise additional stress?

How can we protect the reputation and relationships between service providers, community members, and service users? (For example, if a service is decommissioned due to financial limitations, could the funding body send out communications to service users and the community? These messages may acknowledge the positive impact of the service provider, explain the commissioning body's ownership of the decision, and provide the rationale for the changes. This information could help maintain relationships and prevent a breakdown in trust between service users/community and frontline workers/organisations.)

How will learnings and best practices from commissioned projects be effectively disseminated to ensure their legacy and further development and to prevent the repetition of ineffective practices?

How can we foster a sense of continued connection and belonging for those impacted by a commission end, either through effective referral pathways or by establishing clear boundaries for continued access to support?

As a service provider, how can I be proactive in collaborating with local and national organisations to maintain a comprehensive

understanding of potential support options that can be signposted to people in need?

RECOMMENDATIONS

The West Midlands Trauma Informed Coalition represents over 160 professionals and incorporates perspectives from many organisations representing the diverse contexts of the West Midlands workforce. Therefore, the West Midlands Trauma Informed Commissioning Guidance is a shared and working document.

This document serves as a reflective tool for professionals in the West Midlands and beyond. It encourages stakeholders to consider funding through a trauma-informed lens and participate in the ongoing conversation about sustainable trauma-informed practices. By doing so, we can shift systemic trauma towards systemic resilience, recognising the critical role of commissioning in this process.

The West Midlands Trauma Informed Coalition recommends that the Trauma Informed Commissioning Guidance is continually revised in accordance with current research and best evidence on trauma, impact and recovery. Revisions should be considered alongside the dynamic nature of the socioeconomic and political landscape of the West Midlands.

In addition, The West Midlands Trauma Informed Coalition recommends that regular consultation be facilitated to ensure that the guidance remains fit for purpose and beneficial and that it continues to represent the richly diverse population of the West

Midlands workforce and those it seeks to support. Consultation should consider the voices of those with lived experience of trauma, and ethical co-production should be prioritised accordingly.

What next?

Facilitating collaboration through connections and open dialogue can cultivate empathy and understanding between funders and providers. These stronger relationships can then support the ongoing development of trauma informed commissioning practices.

This guidance advocates for a shift from reactive approaches to a more proactive stance that emphasises prevention. This includes exploring data-driven early intervention strategies to identify and support at-risk populations. Additionally, promoting data sharing and collaboration across organisations can lead to a clearer picture of regional needs, allowing for better resource allocation to address them before problems arise.

This guidance also highlights the importance of demonstrating the long-term benefits of prioritising trauma informed practices. It recognises the role that exploring innovative funding models, such as pooled resources, can play in ensuring sustainable outcomes.

Furthermore, it recognises the value of fostering strategic conversations across regional and national networks to support

learning, share expertise, and maximise our collective impact.

We understand that by standing together to support a trauma informed commissioning process, we can work towards a future where trauma informed practices become not just sustainable, but transformative, empowering individuals and communities to thrive.



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WEST MIDLANDS
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