

WEST MIDLANDS
TRAUMA INFORMED WORKFORCE:
**LEARNING AND
DEVELOPMENT
FRAMEWORK**



WEST MIDLANDS

TRAUMA INFORMED
COALITION

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REFERENCE GROUP

We would like to thank our reference group, who took the time to share their experiences and perspectives with us. Their willingness to participate was essential to our understanding of trauma, impact and recovery across the many diverse contexts of the West Midlands public and third sectors.

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FOREWORD



Dr Marie Kershaw | Clinical Psychologist & Head of Psychologically Informed Practice, Birmingham Children's Trust

Trauma, in its various forms, has touched the lives of many in our region, leaving an indelible mark on individuals, families, communities and professionals. The echoes of these experiences can reverberate through our lives, impacting child development, shaping our perceptions, relationships, overall wellbeing and day to day functioning.

While some individuals may have access to protective factors such as strong social connections, relational security, financial stability, access to services, and trust in support systems around them to mitigate potential long-term effects of trauma; others navigate their experiences without these essential safeguards. It is these individuals and communities who are often at the most significant risk from the impact of trauma across the lifespan.

Research shows us that whilst trauma can create additional vulnerabilities; as services, systems and society at large, we can also work pro-actively work with individuals, families and communities, to create the 'counter-conditions' needed to support people to recover and to thrive.

As we work together across sectors and disciplines, this Framework serves as a common language that connects us, enabling us to approach trauma with empathy, compassion, and shared understanding. It provides a platform for continuous improvement, enabling us to learn, grow, and adapt to the evolving needs of those we serve.

FOREWORD



Claire Dhami | Founder of the West Midlands Trauma Informed Coalition and Head of Systems Change and Inclusion, West Midlands Combined Authority



Nikki Penniston | Nikki Penniston: Head of Delivery, West Midlands Violence Reduction Partnership, Office of the Police and Crime Commissioner

The West Midlands Trauma Informed Coalition is a testament to the power of collaboration and shared purpose. We are a collective of professionals from diverse contexts across the public and third sectors, united by our unwavering commitment to create a trauma informed, emotionally safe West Midlands for all.

The West Midlands Trauma Informed Coalition is committed to fostering a community where trauma recovery is not a privilege but a fundamental human right.

Our mission is to transform the West Midlands into a place where trauma awareness and understanding of trauma, impact and recovery are embedded into everything we do. Where every individual has access to trauma-informed, emotionally safe support, where their experiences are validated, and where they have the opportunity to heal and flourish.

This vision is not merely an aspiration but a call to action. We invite all professionals, services, volunteers and organisations representing the breadth of the West Midlands to join us in this collective endeavour. We each have a role to play in developing and sustaining systemic resilience.

As we embark on this journey, we are proud to introduce the West Midlands

Trauma Informed Workforce Learning and Development Framework. Developed alongside the voices of those it seeks to represent, is a vital tool providing a unified approach for trauma informed learning and development within our region's diverse workforce. It seeks to ensure consistency of best practice across sectors, empower individuals and organisations to recognise the impact of trauma, create safe and supportive environments, and foster collaborative approaches.

Together, we can create a trauma-informed, emotionally safe West Midlands for all.

INTRODUCTION

Throughout recent years, there has been a rapidly increasing understanding of the widespread reach of trauma and adversity and how these experiences can go on to have a profound impact on individuals and families, across generations, and within collectives and whole communities.

Trauma can occur when a person is exposed to an event or a series of events that present a serious physical or psychological threat to life to us or others. When this occurs, it can overwhelm our capacity to cope, making us feel helpless and scared (Office for Health Improvement and Disparities, GOV. UK., 2022; SAMSHA, 2023). This experience can leave a lasting impact on a person's life.

Some people may have experienced a one-off frightening event, others may have been through multiple traumatic events across their lives, and some people may have witnessed something distressing. Trauma is multifaceted and multidimensional in nature and is felt uniquely from person to person. The potential impacts of trauma are vast and cannot be viewed deterministically. Where one person may experience minimal implications, others may experience ongoing effects across their life course. Sadly, these impacts can often be experienced disproportionately by racialised, under-recognised, or other discriminated against groups. (Gillespie et al., 2009;

Pumariega., Jo., Beck and Rahmani., 2022)

Research shows us that many professionals also experience traumatic stress in the context of their work, either due to first-hand experiences or through the secondary impacts of trauma accrued within their professional roles (Eikenaar., 2022; Foley & Massey., 2021; Lanyado, 2016; McNicholas et al., 2020). These experiences can be further complicated by the potential for collective trauma, which can be felt by organisations, adding a layer of complexity within organisational contexts and care.

Trauma can impact a person across multiple domains of a person's development, physical health and social wellbeing. Many people will go on to experience significant post-traumatic growth and recovery following their experiences of trauma. However, for some people, these impacts can increase the risk of adverse outcomes.

In the West Midlands, services across the breadth of the public and third sectors are crucial in creating the emotional safety required to best support opportunities for healing. Some people affected by trauma and adversity may require specific clinical interventions carried out by those with advanced specialist skills who may work as part of a multidisciplinary team to support potential pathways to recovery (The

Department for Levelling Up, Housing and Communities, 2023). However, everyone can play an essential role in creating a safe, empathetic system.

The more a collective and solution-focused approach to understanding the prevalence and impact of trauma is embraced, the more services and systems can be developed in ways that will support sustainable changes to allow people the best possible opportunities and outcomes (Han, 2021; Chung et al., 2009; Sweeney et al., 2016).

WHY A FRAMEWORK?

Imagine a West Midlands where everyone speaks the same language about trauma and adversity, where each professional representing the breadth of disciplines supporting individuals and communities across our region has a shared understanding of these experiences and knows how to respond effectively. This is the vision behind the West Midlands Trauma Informed Workforce Learning and Development Framework.

Trauma, in its many forms, can leave a profound impact on individuals, families, and entire communities. But there is hope. By building a shared foundation of knowledge and best practices, we can foster positive change on both personal and communal levels.

In light of this context, there is a need for our region, representing 2.9 million people, to adopt a collective responsibility for developing a more consistent and coherent, recovery and solution-focused approach to trauma across the system. An approach that can be adaptable to the diverse strengths and needs represented within both system-wide and hyper-local contexts to ensure those accessing and providing services receive the best support possible.

In a UK context, Scotland, Wales, Northern Ireland and a few select regions of England

have led the way in developing system-wide models around trauma. Here in the West Midlands, we have seen a range of positive approaches utilised within services and an increasing interest in formulating region and system-wide responses to the issue.

The primary purpose of the West Midlands Trauma Informed Workforce Learning and Development Framework is to provide regional guidance for workforce development. Building on our learning and that of other areas and nations, we understand that differing organisations and representing professionals will vary in their knowledge and ability to access resources. Therefore, this Framework has been designed to support organisations across systems and sectors to design, develop, and equip services to recognise better and respond to people's needs.

Acknowledging existing efforts and diverse trauma informed practice models, this Framework is not a prescriptive tool. Instead, it provides guidance that can support innovation and flexibility, tailored to the needs of different sectors based on core trauma informed values and principles.

This Framework aims to bring about a regional shift, a collaborative effort across all sectors to equip the workforce with the knowledge and skills needed to

recognise and support those impacted by trauma through a unified commitment to understanding trauma, its potential impact, and possible pathways towards supporting healing. This Framework is a shared journey towards a West Midlands where everyone affected by trauma can find the support they need to thrive.

INTRODUCTION

AIMS

The Framework aims to support:

- A shared understanding of trauma prevalence, trauma, potential impact and recovery.
- A shared language and terminology around trauma, potential impact and recovery.
- A shared understanding of what learning and development and good practice might look like while allowing for innovation and flexibility on a sector-by-sector basis.
- A regional understanding of the process of adopting whole organisational approaches to trauma and adversity.
- A shared understanding of the potential impact of secondary traumas and protective factors for those supporting trauma-experienced individuals and groups.



INTRODUCTION

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

Trauma informed practice is a journey, not a destination. Learning often happens through non-linear pathways and can take time and resources. While remaining conscious of pressures on organisations and being mindful of resource limitations, the tiered structure aims to avoid overwhelming individuals by offering entry points at accessible levels and acknowledging each step as valuable. The Framework has been designed to allow and encourage individuals and organisations to progress at their own pace, within their own professional boundaries.

The Framework offers a set of values and principles to guide learning and development in trauma informed practice. All professionals and training providers use these principles to develop an understanding of what is meant by a trauma informed approach. These values can support clarity across the system and align trauma informed initiatives with related practices.

The Framework includes a spectrum of knowledge and skills development, which can be used as follows:

HOW CAN THE FRAMEWORK BE USED?	BY WHOM?
<p>To indicate areas of strength and areas for growth in continuous professional development.</p> <p>To support identification and access to quality learning and development programmes, which are based on a secure knowledge of what effective trauma informed practice might look, sound and feel like within a variety of professional contexts.</p>	<ul style="list-style-type: none">• Professionals working in the West Midlands statutory, private, public and third sector organisations.• Organisations seeking to adopt a whole organisational approach.
<p>To plan or review learning and development programmes for workforces around trauma, adversity and emotional/ psychological safety to ensure they match the ambition of the framework.</p> <p>To plan or review workforce wellbeing provision to ensure it provides adequate support for professionals exposed to the potential impact of vicarious and secondary traumas.</p>	<ul style="list-style-type: none">• Senior and strategic leads working in all statutory, public and third sector organisations in the West Midlands.• Managers, supervisors and those with decision-making responsibility in statutory, public and third sector organisations in the West Midlands.• Training providers delivering content around trauma, adversity and psychological safety or related areas of practice.• Organisations seeking to adopt a whole organisational approach.

HOW WAS THE FRAMEWORK DEVELOPED?

To support the regional aim to see a trauma informed, emotionally safe West Midlands for all, a design sprint was undertaken by the West Midlands Trauma Informed Coalition. This activity focused on early intervention and prevention to glean the best collaborative, action-based evidence from research and practice. Based on this evidence and the reflections of Coalition members representing Criminal Justice, Charity and Voluntary Services, Policing, Education, Faith communities, Fire and Rescue, Health, Local Authorities, Prison Services and Social Care, a Trauma Informed Workforce Learning and Development Framework was commissioned.

To effectively develop a shared language and promote a system-wide approach that could be adaptable to the diverse contexts represented in the West Midlands, several activities were undertaken, including:

- An extensive review of literature relating to trauma, impact and pathways to recovery.
- The careful consideration of existing development frameworks relevant to trauma and emotional safety.
- Extensive stakeholder consultation and engagement.
- A three-month public consultation period: Using a trauma informed approach to capture the voices of organisations, communities, and individuals representing the diverse demographics of the West Midlands. This research included perspectives from adults, young people, children and those with lived experience of trauma.
- An intersectional approach to data collection to ethically capture the voices of marginalised communities, enduring to be poverty-aware and anti-racist at every opportunity
- An expert reference group comprised of researchers, clinicians, practitioners and community representatives.



INTRODUCTION

WHAT DO WE MEAN BY TRAUMA?

Definitions of psychological trauma and its potential impact have evolved over recent history. Historically, much more emphasis has been placed on the common and dominant construct of trauma impact: Post-Traumatic Stress Disorder (PTSD). However, we now understand that this is not the only lens through which the impact of trauma can be experienced and understood.

We are becoming increasingly aware that the impact of trauma can be wide-ranging and, while significant to the individual, may not reach a formal diagnosis for PTSD. It is, therefore, important that we widen our lens to understand the many ways in which trauma can have a significant impact on a person's function and wellbeing.

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

The potential impacts of trauma do not exclusively emerge as a result of something happening to us directly but can also occur through witnessing or hearing about something that has been perceived as traumatic. In addition, the impact of trauma can also be experienced in the absence of nurturing environments. Although difficult to categorise, traumatic impact is often subdivided across a continuum that ranges from Acute Trauma to Complex trauma:

Acute Trauma – Often associated with single incident events such as assaults, serious road traffic accidents, or other types of major emergencies or critical incidents, which can be experienced as extremely stressful by a person or a community/collective.

Complex Trauma – Can occur when experiences of trauma are prolonged, multiple in nature, or repeated, often in early childhood and within the contexts of interpersonal or intrafamilial harm. This might include abuse, neglect, experiencing or witnessing domestic abuse or significant attachment disruption, as well as other experiences such as war and conflict, human trafficking and refugee experiences, which can also profoundly compromise feelings of safety and security (DSM-5, 2013).



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Traumatic events are not always experienced as isolated incidents. For many, there can also be contributing traumas that can influence how a singular or series of adverse events might affect them:

- Attachment trauma can occur when a child does not experience consistency in physical and emotional support from caregiving or other nurturing relationships.
- Developmental trauma can occur when a child experiences early exposure to repeated traumas (including in utero). Often experienced within the context of significant caregiving relationships, these experiences can lead to high activation of the stress response system. As a result, developmental trauma can impact all aspects of development, which may leave lasting effects across the life course.
- Medical trauma can be experienced as an emotional and physical response to an experience of injury, pain, severe illness, or medical procedures that a person might have experienced to be frightening.
- Cultural/Identity and Insidious Trauma include systemic injustices, structural inequalities, racism, and prejudice.
- Historical Trauma can occur following an event or series of events, where the effect and impact can be felt intergenerationally.
- Secondary traumas can be experienced by those playing a supportive role in the life of trauma-experienced individuals and collectives. This can include vicarious trauma, compassion fatigue, burnout, or experiences of moral distress and moral injury regarding the way systems operate in practice in relation to a person's own values and beliefs.
- Collective traumas are where the impact of an event or series of events has been felt across collective demographics, such as communities, schools, or organisations.
- Mass trauma affects large numbers of people.

Trauma is a unique experience. For every individual, there can be a whole range of protective factors or risk factors which can mitigate or induce trauma and influence the way that a person might experience an event or series of events (Thabet, 2017). It can be helpful to remember that it is not always the event itself that can be traumatic; rather, it is the correlating impact of that event or events across a number of domains in a person's life.



We now understand that we cannot be deterministic about how an event might affect a person or what outcomes might occur. Instead, we can think about identifying trauma in relation to the 4 Es (Adapted from SAMSHA, 2023).

Environment: The environmental context in which an event has taken place.

Determined by:

- The physical space where an event has taken place
- How a person feels within the presenting space and context

Linked to:

- Historical experiences within the presenting space
- Collective or generational connotations of the environment

Event: Exposure to a stressful or traumatic event or series of events. This occurrence could be a one-off event, something that happens repeatedly over time, or an absence of something happening.

Experience: How did that person experience the event? If it was perceived as threatening or dangerous, this may have caused levels of stress hormones to rise in the body.

Determined by:

- How a person perceives and assigns meaning to what happened
- How someone is physically, psychologically and emotionally impacted

Linked to:

- A person's identity, cultural beliefs, and intersectionality
- Collective, community and historical contexts and experience
- The availability of social supports
- A person's developmental stage

Effect: How exposure to a stressful or traumatic event or series of events affects a person.

This effect may occur immediately or have a delayed onset, and traumatic impact could have short or long-term effects.

INTRODUCTION

ADVERSITY AND IMPACT

Many people may have experienced adversity in various forms over the course of their lives during childhood and/or adulthood. Lots of people who have experienced trauma will go on to experience significant healing or recovery from their experiences, leaving few or no lasting effects. However, research demonstrates that for others, trauma can leave a significantly challenging impact on their lives and the lives of those around them. (Xiaou et al., 2023; SAMSHA, 2014)

If a person is repeatedly exposed to threatening, unsafe situations, the brain learns to keep them safe by adapting its responses to the environment around them. Although these adaptations can be critical to survival in the short term, the prolonged activation of the stress response system can lead to traumatic stress (sometimes referred to as toxic stress), which may cause long-term difficulties that can continue to impact a person across the life course. (Centre on the Developing Child 2007)

Although sometimes associated with extreme events, traumatic stress can also emerge as a result of exposure to more common adversities, for example, medical procedures, sickness, separation, relationship breakdown and ambiguous loss. Traumatic stress may also occur when the impact of the repeated activation of the stress response system, due

to constant perceived threats or psychological triggers linked to past trauma, compound over time (Murray, Grey, Wild et al., 2020; McCrory, Foulkes & Viding 2022).

Research shows us that the potential impact of trauma and traumatic stress is vast and is often a 'whole-body' experience that can profoundly impact a person across multiple domains (Van der Kolk., 2014), including:

- Physical health
- Psychological and cognitive development
- Language development
- Emotional wellbeing
- Relationships
- Behaviour*
- Sleep
- Memory
- Sense of self

(Anderson, 2017; Benjet et al., 2016; Cook et al., 2003; Clarke et al., 2019; Levine & Kline, 2006; Lum, et al., 2018; National Institute for the Clinical Application of Behavioural Medicine., 2017; Perry, 2006; Siegal, 1999; Sylvestre, et al., 2015; WHO, 2020)

**It is important to note that some behaviours indicative of trauma responses may be attributed to other explanations, and therefore, it is critical to view behaviour through a position of curiosity, with trauma being one possible explanation.*

INTRODUCTION

For some people, the adaptations associated with traumatic stress and coping responses to trauma can lead to an increased risk of outcomes relating to:

- Experiences of multiple disadvantage related to outcomes of homelessness, substance misuse, domestic abuse, contact with the criminal justice system and mental health issues.
- The use of substances or risk-taking behaviours: Where maladaptive coping mechanisms may be used to manage feelings of distress relating to past or ongoing trauma or to stimulate hormones to a level that feels most familiar.
- Negative impact on relationships and relationship-building: Where relationships have been violated, unpredictable, or absent, forming healthy and safe relationships can be difficult. Research also shows that people who have experienced abuse and neglect at a younger age are more likely to have poor language and social communication skills. These outcomes can result in feelings of isolation and exclusion and add additional risks of re-victimisation, for example, exploitation.
- Misunderstood trauma responses such as persistent hypervigilant or hypovigilant behaviours and dissociation can lead to inappropriate medical intervention and/or diagnosis and/or punitive sanctions, leading to increased vulnerability of outcomes such as school exclusion, online harm and criminal activity.
- Challenges in the context of multi-agency and cross-discipline responses, where undetected vulnerabilities can lead to missed opportunities for appropriate support and early intervention.
- Increased feelings of shame and a reduced sense of belonging and mattering.

(Copeland et al., 2018; Ministry of Housing, Communities and Local Government, 2023)

Although neurobiological data can evoke a deterministic view of the heightened risks towards negative trajectories for those who have experienced some types of trauma, it is essential to highlight that for many people, the experience of trauma and recovery will lead to positive outcomes such as greater empathy and resilience alongside skills of advocacy and developed expertise in their own experiences, which can go on to enrich the lives of those around them.

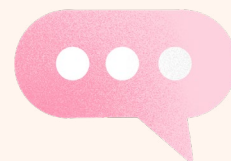
INTRODUCTION

RECOVERY

The healing process towards post-traumatic growth and recovery is complex and non-linear in nature. Some people may experience the impacts of trauma in varying degrees across their life course. However, many people also go on to experience hopeful outcomes following trauma, such as:

- A regained sense of self due to the development of an integrated and compassionate self-narrative.
- Trauma responses no longer impinge on the felt quality of day-to-day life.
- A sense of belonging and hope for the future is established and experienced.

These outcomes may develop quickly or over a long period and do not need to be present simultaneously, consistently, or in full to be acknowledged as significant for a person. At any point following on from trauma, we can support the best possible chance for people to experience positive outcomes by facilitating opportunities to:



Develop a felt sense of safety and trust through safe and supported relationships.



Co-regulate and self-soothe the nervous and sensory systems.



Create and co-create meaning out of experiences.

Leamy et al., 2011

INTRODUCTION

WHAT IS TRAUMA INFORMED PRACTICE?

According to an internationally recognised definition taken from the Substance Abuse and Mental Health Services Administration in the United States (SAMHSA, 2023), Trauma Informed approaches can be thought of as the 4 Rs.

1 REALISE

2 RECOGNISE

3 RESPOND

4 RESIST

Trauma Informed approaches are those that:

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

Recognise: Recognising the signs, symptoms and widespread impact of trauma for all.

Respond: Responding 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

A trauma informed approach realises the potential impact trauma exposure can have on people's neurology, development, physical and mental wellbeing. Understanding that this can negatively impact a person's ability to connect with others, sense of safety and belonging, ability to form and maintain trusting relationships and social development, whilst also recognising potential pathways to healing and recovery.

A trauma informed approach recognises the prevalence of trauma and the possible indicators of trauma in behaviour. It understands that behaviour is communication and acknowledges the importance of seeing beyond presenting behaviours, using professional curiosity to predict but not presume underlying causes related to trauma and adversity.

A trauma informed approach responds to trauma by ensuring a whole organisational approach within which leaders and professionals are skilled in providing supportive, psychologically safe contexts

and environments for staff and those using services. This approach aims to improve the inclusivity, accessibility and cultural humility of services, ensuring people are empowered to have choice and control over their health and wellbeing and have barriers to seeking support reduced or removed.

A trauma informed approach resists the possibility that people are re-traumatised when interacting with services by, wherever possible, reducing the likelihood of people being reminded of past trauma or re-living feelings, sensations, or thoughts associated with past events.

INTRODUCTION

WHAT VALUES DO WE NEED TO LIVE BY TO BE TRAUMA INFORMED?

Trauma informed practice can be considered a philosophical or cultural position on delivering effective services. This derives from an in-depth understanding of trauma and adversity and their potential impacts, recognising that systems may need to adapt to the unmet needs of the people they represent.

Due to the rise in the use of terminologies relating to trauma and the increase of readily available introductory training, the concept of trauma informed practice has become more widely known but can sometimes be oversimplified. Although initial training might bring essential foundational understanding, trauma informed practice promotes a much deeper understanding of trauma, impact, and recovery alongside a commitment to ongoing learning and action.

At the heart of this approach lies a deep understanding of how individuals and communities navigate challenging experiences and a commitment to fostering safe and supportive environments. To ensure that all of our services can promote access to the most effective support possible, the following trauma informed values can be acknowledged throughout every facet of service delivery:

Person-centred approach: Every individual's journey through trauma is unique.

Trauma informed practice emphasises flexibility, personalised care, and tailors interventions wherever possible to meet the specific experiences and circumstances of each person.

Behaviour as communication: A trauma informed approach views behaviour as a form of communication, understanding that challenging behaviours and feelings of shame can often stem from unmet needs or attempts to cope with past trauma or immediate overwhelming events. A trauma informed approach meets these behaviours with empathy and curiosity in order to foster safe spaces and opportunities for authentic connection, free from judgment, while actively challenging potentially stigmatising narratives.

Contextual understanding and safeguarding: Trauma informed practice recognises that safety encompasses more than just physical security and seeks to establish an in-depth understanding of context wherever possible. Contextual safeguarding acknowledges the complex factors that can contribute to vulnerability, such as family context, history, and structural positionality related to aspects such as poverty, social exclusion, and access to education and services. It takes proactive steps to address potential threats and

minimise risk to emotional, psychological, and social wellbeing, considering multiple domains of life, from a person's home and community to online spaces and social connections.

Do no harm: At the heart of trauma informed practice lies the fundamental principle of ensuring our actions and interactions contribute to healing, not cause further harm. This means creating safe spaces and acknowledging the potential triggers that certain situations might present.

Recognises every interaction as a potential intervention: Trauma informed practice understands that every encounter can contribute to a supportive and healing experience and is, therefore, intentional about how words, actions and spaces might be experienced.

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Resilience, recovery and strengths-focused:

A trauma informed approach focuses on individual strengths, capacities, and potential for growth, fostering hope and empowerment, acknowledging that even amidst adversity, individuals can possess resources and be supported towards outcomes of healing and recovery.

Supported reflection and meaning-making:

Trauma informed practices understand the crucial benefit of providing opportunities for individuals to reflect on their experiences within safe and supported environments, which can help them find meaning and reclaim hope.

Centring lived experience: Individuals with lived experiences of trauma and adversity hold invaluable knowledge and wisdom. Giving their voices, choices, and perspectives prominence is crucial for building effective support systems and ensuring services truly cater to the needs of those they aim to help in a trauma informed way.

Cultural humility and equity: While recognising and addressing the diverse experiences and intersecting challenges faced by individuals from different backgrounds, a trauma informed approach places a high value on the ability to provide culturally sensitive care and advocates

for equitable access to support for all.

Trauma informed practice embraces cultural sensitivity and humility, acknowledging the limitations of one's own knowledge and continually commits to actively seeking to learn from and understand diverse perspectives.

Collaboration and shared responsibility:

A trauma informed approach recognises that cultivating effective and coherent trauma informed systems requires collective and ongoing effort. Everyone, from individuals to organisations, across all disciplines, has a role to play in advocating for change. This can be best supported when we work together to challenge systems of oppression and power imbalances that perpetuate trauma, while simultaneously seeking to build supportive environments where healing can flourish.



INTRODUCTION

WHAT DOES A TRAUMA INFORMED ORGANISATION LOOK LIKE?

Services across the breadth of the public and third sectors are crucial in creating the emotional safety to best support opportunities for healing. Healing and post-traumatic growth are unique experiences for each individual, but for many people, positive interactions and supportive relationships can contribute. Due to the widespread impact and prevalence of trauma, professionals and organisations often step into the role of representing these supportive interactions. The West Midlands workforce forms this support network and their responsiveness matters. When their responses are sensitive and attuned, these interactions can improve outcomes for trauma survivors and professionals. Conversely, an unresponsive organisational environment towards trauma-experienced individuals can risk re-traumatisation, which can create significant barriers to service access and exacerbate existing social justice and equity issues.

Trauma can impact everyone, from individuals to entire organisations. Working in contexts marked by adversity can be both deeply rewarding and challenging. Many professionals working across the West Midlands will carry their own experiences of trauma or adversity. This can shape their roles in unique ways, both enriching their contributions whilst also presenting possible psychological triggers and trauma

responses that they may find challenging. In addition, other professionals might encounter secondary impacts of trauma as a result of the vital work that they do. These impacts may include compassion fatigue, vicarious trauma, secondary trauma, burnout, and moral injury. Organisations can also experience traumas as a collective. This experience may affect how an organisation operates, impacting both staff and those the organisation supports.

These services are most effective when staffed by professionals working within supportive environments that promote and prioritise wellbeing. Working with this understanding can help to support positive outcomes and continuity for those under their care.

Believing that implementing trauma informed values has the potential to support positive change, both organisationally and throughout the wider community, a trauma informed organisation seeks to embed trauma informed values across all aspects of service and delivery (Hopper et al, 2010; Moreton et al. 2018). By promoting a deeper understanding of the far-reaching impacts of trauma on individuals, families, and communities and incorporating these values, services can encourage positive outcomes relating to improved staff retention, increased

wellbeing, and greater confidence, better equipped to support those facing adversity. This approach has the potential to allow us to foster stronger, trust-based relationships between service users and practitioners, facilitating more effective interventions and contributing to more accessible care (Treisman, 2021).

A process of trauma informed organisational change seeks to infuse trauma informed values across all aspects of their service by adopting the 4Rs across their policies, procedures and practice. Realising the effects of trauma and potential pathways to recovery, recognising the signs of trauma and its impact, responding to trauma by integrating knowledge of its effect into a whole organisation approach, and resisting the possibility that someone is re-traumatised through their interactions with services. (SAMSHA, 2023)

To establish a trauma informed, emotionally safe culture across an organisation, we can look to consider how trauma informed guiding principles could be translated and experienced within an organisational context by both staff and those who are using our services.

INTRODUCTION

WHAT ARE THE PRINCIPLES OF TRAUMA INFORMED PRACTICE?

While understanding that a trauma informed, emotionally safe organisational approach can be beneficial for both those using services and the professionals representing them, rather than seeking to create separate initiatives for different groups, we can look to translate guiding principles of trauma informed practice into tangible experiences by permeating them into every aspect of an organisation.

In developing this Framework, we have drawn upon the work of other nations and regions (Public Health Wales., 2022; Scottish Government and NHS Scotland., 2021). Each has suggested similar values and principles when articulating what it means to be trauma informed. While slight differences may exist in how these ideas have been categorised or expressed in lists of principles and values, the themes are commonly shared and often reflect regional priorities. The West Midlands Framework has opted for seven fundamental principles that reflect the values important to our communities. These principles can be equally applied to service users, staff, systems, organisations and partnership working.



TRAUMA INFORMED PRINCIPLES:

- 1 SAFETY**
- 2 TRUSTWORTHINESS**
- 3 CHOICE**
- 4 COLLABORATION**
- 5 EMPOWERMENT**
- 6 CULTURAL CONSIDERATION**
- 7 CONNECTION**

HOW CAN THESE PRINCIPLES BE APPLIED TO INDIVIDUALS AND ORGANISATIONAL CONTEXTS?

PRINCIPLE	INDIVIDUAL UNDERSTANDING	ORGANISATIONAL UNDERSTANDING
Safety	The trauma informed principle of safety recognises and prioritises the physical, psychological, and emotional wellbeing of both residents and professionals in the West Midlands. This approach includes creating environments and interactions that minimise the risk of re-traumatisation and promotes a sense of security for all.	Every policy, process, practice, and physical space is designed to foster physical, psychological, and emotional safety for both staff members and those accessing services. The organisation prioritises minimising unnecessary stress and the risk of re-traumatisation for all individuals. Additionally, staff feel equipped and confident, through training and support, to deliver responsive and individualised care that meets the diverse needs of those they serve.
Trustworthiness	The trauma informed principle of trustworthiness encourages transparency, where decisions, actions, and communication are open and honest, recognising the importance of following through on commitments and keeping people informed. Ensuring that explanations are clear, accessible, and tailored to individual needs, ensuring everyone feels understood and respected.	Organisations meaningfully seek to foster trust among staff, service users, and the wider community. They ensure that all policies and practices are accessible, understandable, and readily available. Consistent and clear boundaries are set and communicated, offering predictability and comfort for all. There is a culture of respect for difference where organisations encourage healthy dialogue and act on authentic feedback when trust has been broken.

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Choice	The trauma informed principle of choice promotes the process of shared decision-making and self-agency within decisions, goal setting and action plans. Conferring with individuals and respecting their choice and voice allows individuals to feel respected, in control, and more confident as they move forward on their unique healing journeys.	Opportunities for choice are ethically facilitated wherever possible. The impact of power dynamics is carefully considered, and there is an active ambition to create safe spaces where individuals can authentically reflect, choose, and exercise autonomy. Informed consent is prioritised, informing every interaction from referrals to service delivery. There is an active encouragement of personal agency, in order to encourage individuals to feel in control and confident as they make choices that are right for them.
Collaboration	The trauma informed principle of collaboration values both staff and service user experiences as important contributions to overcoming challenges and improving the system as a whole to collectively shape a more supportive and effective system for everyone.	Organisations ensure that staff and service user voices are represented in dialogue and are meaningfully considered when overcoming challenges and maintaining and improving the service and systems as a whole. They promote opportunities to collaborate with those representing all aspects of service partnership, including staff, those supported through services, community members, stakeholders and cross-discipline networks to collectively learn, reflect, and effectively disseminate collective insights to support continuous improvement.
Empowerment	The trauma informed principle of empowerment ensures that efforts are made for sharing power, encouraging those using services and staff to have agency and influence in decision-making at both individual and organisational levels. People feel empowered and encouraged in the process of healing from their experiences.	A commitment to ensuring that everyone feels respected and empowered is modelled, celebrating strengths-based policies that share power and amplify the voices of residents and professionals in the West Midlands at every level, from individual decisions to organisational strategy. Dignity is promoted through strengths-based language within record keeping, assessments, cross-service communication, and every interaction across services.

INTRODUCTION

Cultural Consideration	The trauma informed principle of cultural consideration seeks to strive towards understanding and respect towards individuals' diverse cultures and backgrounds. Moving past harmful cultural bias and stereotypes based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity. (UK government 2022)	Organisations demonstrate an ongoing commitment to long-term learning and active implementation of culturally sensitive practice across all aspects of policy and practice. They are committed to identifying and addressing cultural stereotypes, biases, inequalities and disparities. Policies are reflective and responsive to the needs of different communities, acknowledging historical, collective and community traumas while being aware of intersectionality in relation to experience.
Connection	The trauma informed principle of connection ensures that both the West Midlands residents and those representing the professional workforce feel connected to themselves, their peers and their communities by promoting a high sense of belonging.	Supporting both staff and those accessing services to feel a sense of connection. Trauma informed organisations promote the value of belonging across their services. This deliberate focus helps individuals to feel valued and connected with themselves, their peers, and the broader community, fostering a sense of safety, shared understanding, and reciprocal support. This principle of connection also translates across services, prioritising effective cross-disciplinary and cross-service collaboration while cultivating practices of empathy and hope.

These guiding principles can help organisations to consider how each aspect of a service is experienced and encourage responsiveness to the dynamic needs of those represented within.

Knowledge about trauma, adversity, and psychological safety is continuously developing. As such, organisational change requires an ongoing long-term commitment from all levels of seniority to continual reflection and re-evaluation of position, processes and outcomes.

EMPOWERMENT FEELS LIKE...



- by Alan (age 5)

CULTURAL CONSIDERATION FEELS LIKE...

“Acceptance. There may be bad days and really good days but no matter what kind of day it is you still shine through, even if you will never see it there is this little thing inside of you that shines so bright. Your voice should be accepted, Your voice is important and I’m so sorry if your voice hasn’t been heard, hasn’t been listened to or has been silenced. Your voice matters, no matter how big or small the situation may be, your voice should always be accepted and listened to. Everyone is unique in their own incredible ways. People should be accepted for whoever they are. People should be accepted for their skin colour, beliefs, religion, how they look and their sexuality. Everyone is deserving of happiness. Never lose sight of who you are and never apologise for being you. You should be accepted for who you are... the best thing you can ever be is Yourself.”

- by Caitlin (age 14)

WORKING IN PARTNERSHIP

Many of the values and principles promoted within trauma informed practice are not new. In one form or another, similar and related ideas have existed and have been championed within different professional sectors over recent decades.

Many positive examples of practice across the West Midlands share the central values and principles of trauma informed practice and, most importantly, a prevailing set of goals focused on creating supportive, safe, and healing environments and services.

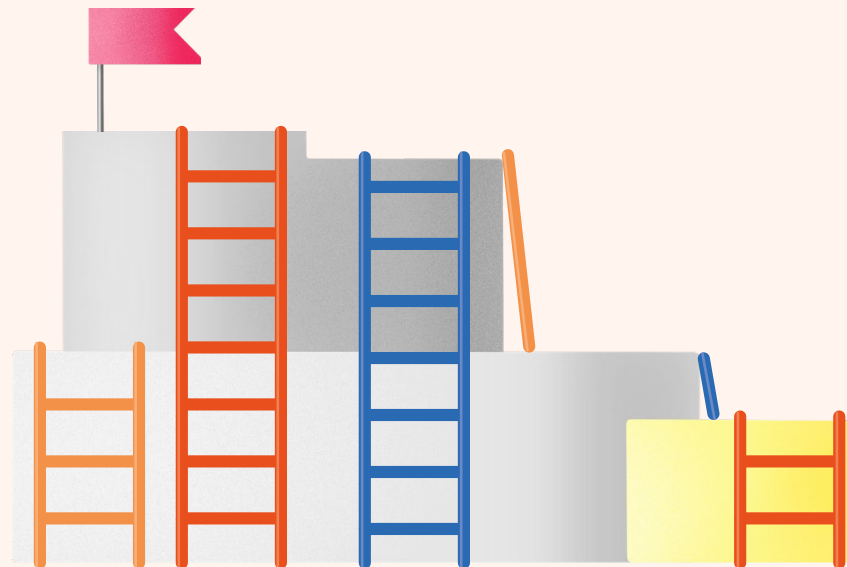
We believe that to live the values of trauma informed practice is to have regard for the right of each locality, organisation and community to develop contextually appropriate practices that work for those they represent when addressing the challenge of trauma and adversity.

Rather than considering alternate approaches as siloed and isolated ladders chasing unique and distinct goals, we can conceptualise a climbing frame instead. There are many ladders, connected and overlapping, with many routes to the same summit, a shared goal to create emotional safety and promote positive outcomes for all.

Consequently, in the spirit of collaboration and mutuality, this Framework is designed to work to complement a breadth of existing

and upcoming work represented across the West Midlands, including, amongst others, the West Midlands Serious Violence Duty, the Change for Children and Young People Strategy, UNICEF Child-Friendly Cities and Communities, Connections Count, Birmingham Children's Trust, Psychologically Informed Environments model, St Basils, Trauma Informed Attachment Aware Schools programme, the Birmingham Coproduction Charter, Birmingham's Reducing Offending Report, Birmingham's Inclusion Strategy, the Making Every Adult Matter approach and the West Midlands Faith Alliance Strategy.

This Trauma Informed Workforce Learning and Development Framework provides guidance and a route map toward a shared set of outcomes and is not intended to be binding or prescriptive.



WHAT DOES A TRAUMA INFORMED SYSTEM LOOK LIKE?

Trauma informed systems support reflections in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than silo-ed structures.

- Epstein. K., et al., 2014

The impact of trauma and adversity can be felt more profoundly when social and economic determinants of health, such as structural inequality, inequity, discrimination, and financial and emotional poverty, are left unaddressed and intersectionality not considered (Subica & Link 2022). When policy and practice do not reflect the impact of these broader socio-economic factors, there is a risk of repeated and further harm, pathologisation and reduced opportunity to access long-term support. Therefore, to prevent the risk of systemic trauma, ongoing and cumulative high harm and high financial and social cost, a collective, regional response to trauma and adversity is required, which must keep both the individual impact and underpinning systemic and structural factors in mind. A collective responsibility towards systemic resilience aims to understand, prevent, identify, and heal trauma while doing no harm. A trauma informed system recognises the importance of building on the developing evidence base to support effective and ethical engagement opportunities.

A trauma informed, resilient system works in collaboration and not in competition to form a coherent integration of services and disciplines, promoting clear and consistent pathways of support, which can better meet the needs of those affected by trauma and adversity. Trauma informed systems are developed and sustained when all representing services take an active responsibility in understanding and reducing the impact of trauma and re-traumatisation, recognising that each individual, organisation and sector can play an essential role in supporting positive outcomes for all.

While prioritising a deep understanding of cultural, community and historical contexts, resilient systems model the model of safe, supported, and trusted relationships, working intentionally with humility and authenticity to cultivate psychologically safe spaces to allow for diversity of thought, mistakes and forgiveness, compassion and learning between services and sectors. This multi-directional learning, enabled through meaningful, collaborative, and co-produced practice models, can promote creativity, inclusivity, courage and collective resilience across sectors.

Collective resilience: 'A community's capacity, hope and faith to withstand major trauma and loss, overcome adversity and to prevail, usually with increased resources, competence and connectedness.'

- Landau and Saul, 2004

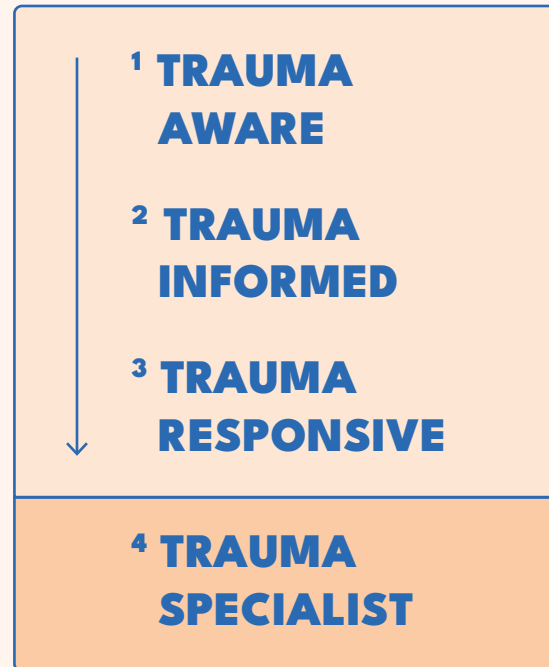
Building a trauma informed system requires a collective commitment, where all parts of a system aspire to model the guiding principles and values of trauma informed practice within all interactions and behaviours, at all levels, and in all spaces. Having grace for imperfections and ongoing opportunities to learn and develop while remaining hopeful for change.

INTRODUCTION

HOW IS THE FRAMEWORK STRUCTURED?

While 'trauma informed' has become a prominent term in various workforce development frameworks, its interpretation and application within levelling categories can differ across regions, with some opting to use 'trauma informed' as either an umbrella term or as the highest level to be achieved. Due to its familiarity with a broad audience, this Framework utilises the term trauma informed as an umbrella term, which refers to the approach as a whole, whilst also incorporating it into the levelling categories as a level organisations can progress towards.

Recognising professionals' diverse responsibilities regarding trauma across the sectors and even within organisations, the West Midlands Framework offers a non-prescriptive pathway for practical skill development and knowledge acquisition. To support our shared understanding of progression, the Framework adopts a distinct four-level structure along a spectrum of developing knowledge and skills: Trauma Aware, Trauma Informed, Trauma Responsive and Trauma Specialist (The Department for Levelling Up, Housing and Communities, 2023).



To promote best outcomes across the West Midlands, in line with our understanding of trauma, impact and recovery, all staff and volunteers are encouraged to seek to develop their knowledge and skills to a Trauma Aware level (Gerber., 2019). This fundamental understanding lays the foundation for compassionate and sensitive interactions with everyone. Most workers are then encouraged to progress their practice to the Trauma Informed level, where they

gain deeper insights into trauma's impact and learn practical strategies to create safe and supportive environments. Those with enhanced responsibility for supporting individuals directly affected by trauma are encouraged to further develop

their knowledge and skills to the Trauma Responsive level of this Framework. This progression involves advanced skills, understanding and commitment to creating comprehensive support systems.

While trauma informed approaches have been applauded for their potential for restorative outcomes (Han, 2021; Chung et al., 2009; Sweeney et al., 2016), it is essential to note that they do not replace or seek to replicate trauma specialist /trauma specific services, including clinical interventions and psychotherapy, particularly in the context of complex trauma or resulting dissociated states. Therefore, the Trauma Specialist level is reserved for those responsible for these specific and specialist interventions.

The ambition of this Framework is that every individual and organisation can embrace continuous learning along this spectrum, whether navigating towards Trauma Aware or striving for Trauma Responsive, within the boundaries of professional competency, remit and what is psychologically safe for the staff and users of services.

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The **Trauma Aware** level is for all staff and volunteers working across sectors in the West Midlands. While this Framework focuses on workforce development, all people in the region can benefit from being trauma aware.

Trauma awareness means a knowledge of trauma and its impacts and the fundamental principles of trauma informed approaches.

The **Trauma Informed** level outlines the knowledge, skills and values needed by all staff and volunteers who have direct contact with people who may have experienced traumatic stress, regardless of whether their experience is known. This knowledge will be relevant to people working in all organisations providing care and support, for example, those working within education or undertaking other public duties, such as criminal justice staff, emergency and mental health services, faith settings, health and social care, housing and homelessness services, prison and probation services, social services, statutory education settings, early years, private or further education settings, substance misuse services and third sector organisations.

Trauma informed means that a professional or organisation has built upon their awareness and has begun to act and behave in ways that provide better relational support

for those who have experienced traumatic stress within the current processes and structures of their organisation/system.

The **Trauma Responsive** level outlines the knowledge, skills and values needed by all staff working across the range of organisations who deliver, lead and manage regular and enhanced support for children and adults affected by trauma. It will be particularly relevant to: all organisations with statutory responsibilities for safeguarding children and adults, those working in prison and probation, housing and homelessness, third sector organisations, substance misuse, and mental health services. It could also include but is not limited to those working in education, health and social care, emergency services and justice staff, or any professional who wishes to enhance and deepen their knowledge and skills around trauma-responsiveness.

Trauma responsive means that a professional or organisation has developed enhanced awareness of trauma, complex trauma and its impacts and is acting to transform the processes and structures of their organisation and system. Trauma responsive services provide enhanced relational support, stability and safety for those with experiences of traumatic stress. Organisations at this level engage in robust evaluation, demonstrating

that the values and principles of trauma-informed practice are embedded into every aspect of the organisation.

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The **Trauma Specialist** level indicates the knowledge, skills and values required by professionals providing acute, direct, recovery-focused therapeutic services to people affected by trauma. Trauma specialist is also sometimes referred to as trauma specific. All professionals qualified to provide specialist interventions would benefit from the guidance according to the full Framework categories.

Trauma specialist or trauma specific services are services run by professionals with specialist knowledge, expertise and qualifications to provide psychotherapeutic interventions where both the conscious and unconscious impact of trauma can be safely explored to aid post-traumatic growth and recovery.

Sometimes, individuals, families or communities may require specialist support above the level provided by trauma informed or even trauma responsive care. These trauma specialist interventions and therapies, developed explicitly within the evidence base to support trauma processing and recovery, should only be undertaken by professionals with appropriate knowledge, skills, qualifications and clinical supervision.

The evidence base for specific clinical or psychotherapeutic interventions to support trauma recovery is still developing.

In recent years, there has been growing recognition of the limitations of Post Traumatic Stress Disorder (PTSD) as the dominant construct to explain the myriad of difficulties associated with the impact of traumatic stress across the lifespan. Whilst the recent addition of complex PTSD was a welcome development, it could be argued that this too, still does not go far enough in supporting services to understand the full range of presenting difficulties associated with trauma, particularly in relation to very early developmental trauma that occurs in the context of early attachment or other interpersonal relationships (Van der Kolk, 2010). As such, within this Framework, it is recognised that depending on the nature, type and extent of trauma impact on an individual, family, or group, a range of interventions may be clinically indicated in addition to the current NICE guidelines (2018) for PTSD.

This Framework does not seek to advise on specific therapeutic interventions, as this decision should be made by the appropriate responsible clinician or therapist depending on comprehensive assessment and formulation of the presenting issue(s). However, there are some common features across therapeutic models that should be considered in providing trauma specific services and interventions. These features

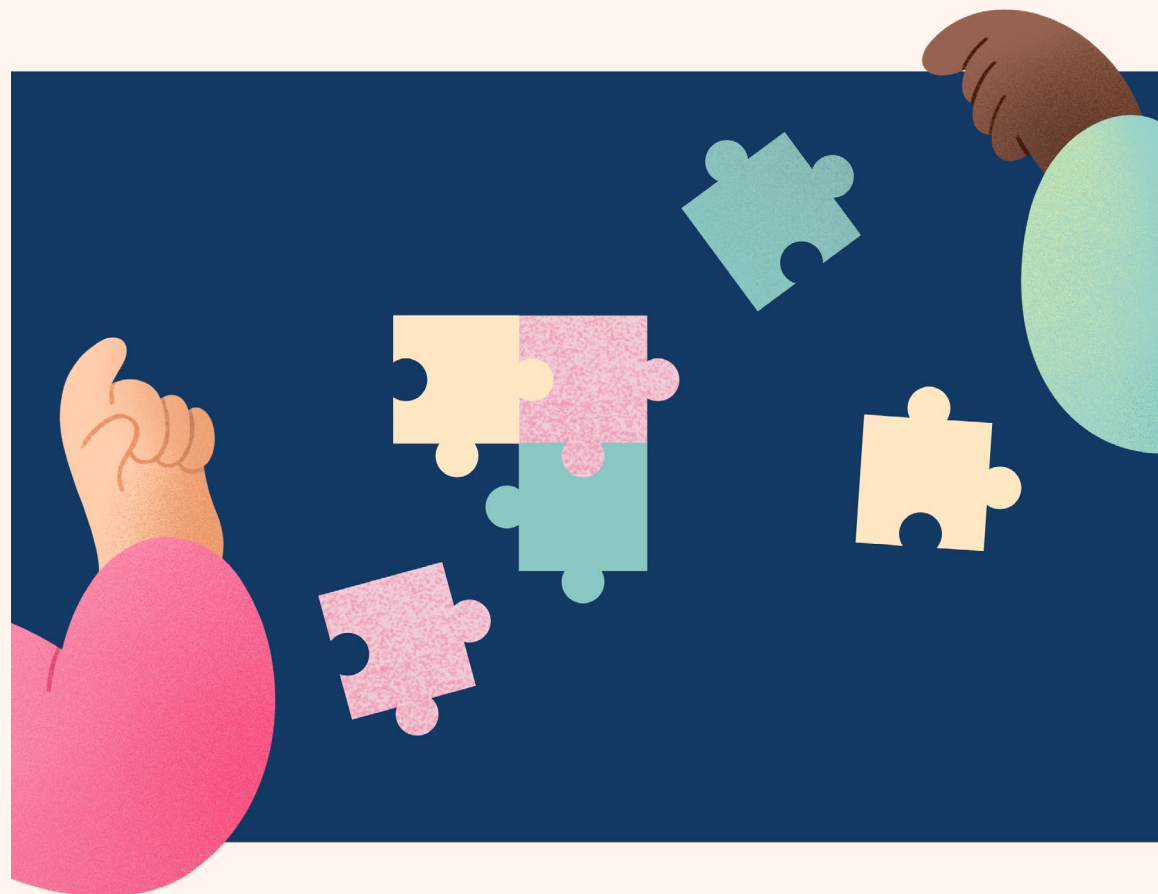
have been noted within the Trauma Specialist section of the Framework.

INTRODUCTION

Within the Framework levelling categories, repeating themes develop as the continuum from Trauma Aware to Trauma Responsive progresses. These themes are:

- Knowledge and Awareness
- Infusing Trauma Informed Language
- Creating Emotionally, Physically, and Psychologically Safe Environments
- Listening to and Supporting Those with Lived Experience
- Cultural Humility and Context
- Staff and Organisational Wellbeing

No single theme should be held in isolation from another as they overlap and complement each other to support best practice and positive outcomes for all. Each theme is required to be represented to form a holistic approach to trauma informed practice within roles, services and systems.



CONNECTION FEELS LIKE...



“I want to take a picture of my little brother because he plays a very important role in my life physically and mentally. My brother is called Alfie... He showed me that one little thing can change your whole life but to never give up and always be kind no matter what.”

- by Tiegan (age 13)

Photography:
Jaskirt Dhaliwalboora, A Place Called Home.

LEVEL 1 – TRAUMA AWARE

KNOWLEDGE AND AWARENESS	
Knowledge and understanding	Workers are expected to:
	Know how widespread and common experiences of traumatic stress and adversity are for both those supported through services across the West Midlands and those representing the workforce.
	Understand how the brain's nervous system might respond to stress, including the 5Fs of protective survival responses (Fight, Flight, Freeze, Friend/Fawn and Flop). Have an awareness that these responses can be activated during both immediate or perceived risk of danger, or when consciously or subconsciously reminded of a historical physical or emotional harm.
	Know the range of types of trauma and adversity. This includes but is not limited to Acute and Single Incident Trauma, Post Traumatic Stress Disorder (PTSD), Complex Trauma, Early Developmental Trauma, Attachment Trauma, Collective Trauma, Mass Trauma, Intergenerational Trauma, Cultural, Identity and Insidious Trauma, 'Historical' Trauma, Systemic Trauma, Secondary Trauma and Vicarious Trauma.
	Have an awareness of how the Es of trauma: Event, Experience and Effect can help to understand how a person has experienced an event and the effect that it has had on them both physically and psychologically, which can enable ethical and effective subsequent support and treatment.
	Understand that there is disproportionality in how different communities or groups experience trauma due to existing social, cultural, economic and systemic factors.
	Understand that people are not defined by their experiences of trauma. With supportive factors in place, many people who experience traumatic stress and adversity go on to experience significant post-traumatic growth and healing, leading to happy, healthy, successful and fulfilled lives. Experiencing trauma does not determine the outcome of a person's life, and many people are supported to create meaning from their experiences in ways that can enrich them and those around them.

Knowledge and understanding	Be aware that sometimes traumatic reactions are hidden and may not be obvious.
	Understand that for some people, the impacts of trauma and traumatic stress may have lasting impacts across the life course. This may include but is not limited to effects on physical health, psychological and cognitive development, emotional wellbeing, behaviour, sleep, memory and sense of self.
	Understand that in the absence of protective factors, impacts of trauma can lead to increased risk of adverse outcomes. This can include but is not limited substance misuse, health-harming behaviours, disordered eating, contextual harm, online harm, serious violence, exploitation, criminal activity, school exclusion and inappropriate medicalisation and/or diagnosis.
	Understand that people use different strategies to adapt to, survive, and cope with trauma. Many of these could appear confusing or self-defeating unless viewed as responses to an overwhelming sense of threat, danger, or unmet need.
	Understand that people's behaviour or responses can be affected by previous experiences of trauma.
	Understand that people who have experienced trauma and adversity still benefit from, and are subject to, consistency, consequences, and compassionate accountability.
	<p>Know what a trauma informed approach can be based on the 4 Rs (SAMHSA, 2023):</p> <ul style="list-style-type: none"> • Realise how trauma can impact communities, families, individuals, groups and organisations, and understand the potential pathways to recovery. • Recognise the signs of trauma in behaviour, including understanding re-traumatisation and the ways it may occur, such as through triggers. • Respond to trauma by integrating trauma informed principles into all aspects of the way systems and organisations operate. • Resist the possibility that someone is re-traumatised by their interaction with professionals or services. This can be done by reducing potential triggers associated with traumatic experiences across practice or by creating psychologically informed environments.

Knowledge and understanding	<p>Know the 7 core principles of trauma informed practice and the importance of their roles within safe, supportive and empathetic relationships and environments that are conducive to supporting trauma prevention and post-traumatic growth:</p> <p>Safety - Trust - Choice - Collaboration - Empowerment - Cultural Consideration - Connection</p>
	<p>Understand the window of tolerance model and its use in normalising and de-stigmatising a broad spectrum of hypovigilant (such as isolation, withdrawal, unusual fatigue and dissociation of awareness) and hypervigilant (such as anxiety, irritability, restlessness and intrusive thoughts) related behaviours that may present when a person experiences stress.</p>
	<p>Understand the importance of relationships, belonging and connection as a possible protective factor that can contribute towards to a person's process of recovery.</p>
	<p>Understand that the stages of progression through trauma informed practice (Trauma Aware, Trauma Informed and Trauma Responsive), everyone can play a part in cultivating more trauma informed, emotionally safe environments within their own professional remit.</p>
	<p>Understand the role of Trauma Specific services and how they differ from the stages of trauma informed practice progression from Trauma Aware to Trauma Responsive.</p>
	<p>Understand that while the process of trauma recovery is unique to each individual and is not a linear process, outcomes of post-traumatic growth can and should be recognised. Post-traumatic growth can result in:</p> <ul style="list-style-type: none"> • The presence of an integrated self-narrative, where self-compassion becomes easier. • A reduction in the presence of 'no-longer-needed' trauma adaptations or unhelpful coping tools that can hinder a person's day-to-day quality of life. • An increased ability to recognise and communicate a wider spectrum of emotions. • A regained sense of hope or future perspective.

Skills and capabilities	Workers are expected to:
	Be able to effectively communicate their understanding of trauma and impact.
	See behaviour as communication and utilise every interaction as an intervention.
	Understand trauma informed practice as an ongoing journey. Therefore, commit to continued training to refresh and enhance their awareness and understanding of trauma and impact.
	Understand when circumstances go outside of their professional remit and signpost accordingly.
	Recognise and celebrate outcomes of post-traumatic growth.

INFUSING TRAUMA INFORMED LANGUAGE	
Knowledge and understanding	Workers are expected to:
	Understand trauma informed language and how it can include, support and empower people.
	Understand the benefits of language based on strengths, dignity and hope.
	Understand how language can upset, offend or psychologically trigger people.
	Understand the importance of both effective verbal and non-verbal communication in creating a sense of safety and reflecting our values and principles.
	Understand the importance of inclusivity, equity and accessibility within all lines of communication.
	Understand that exposure to trauma and adversity, particularly in the context of developmental or early attachment trauma, can increase a person's risk of being vulnerable to experiencing speech, language and communication needs.
	Understand the benefits of ensuring that accessible language is utilised across all communications and publicity represented within a service.
	Observe the differing terminology between Trauma Awareness, Trauma Informed, Trauma Responsive and Trauma Specialist (specific) levels, to ensure ethical practice and coherent regional understanding (see this Framework).

Skills and capabilities	Workers are expected to:
	Be able to use language that is accessible and person-centred.
	Be able to incorporate trauma informed language into verbal and non-verbal communication and behaviour.
	Avoid the use of professional jargon, buzzwords and acronyms.
	Clarify and confirm understanding throughout any communication process.
	Use language in ways that empower and support people to feel included, dignified, and respected.
	Utilise formal or informal interpreter support if needed, wherever available to do so.

CREATING EMOTIONALLY, PHYSICALLY, AND PSYCHOLOGICALLY SAFE ENVIRONMENTS

Knowledge and understanding	Workers are expected to:
	Know that trauma and adversity can occur outside the home in community, environmental and online contexts.
	Understand that in the event of an acute, single incident or critical incident, psychological first aid involves paying attention to basic needs such as safety, shelter, acute medical needs, food and water as a priority before focussing on longer-term processing needs.
	Understand that in the event of an acute, single incident or critical incident, it is important to consider any contextual and historical factors that may contribute towards a person's experience of an event (such as trauma history, SEND needs, religious or cultural contexts, age and cognitive stage), and provide further insight into appropriate follow-on support.
	Understand how the physical and digital environment can be adapted to reduce the likelihood of re-traumatisation or soften its impact.
	Understand what welcoming, inclusive and accessible spaces look, sound and feel like and how these environments can create emotional safety and enhance wellbeing.
	Understands that abuse and experiences of trauma can occur within online or digital contexts and that impacts can be felt similarly to incidents of traumatic stress experienced in person.
	Recognise that positive experiences facilitated through safe environments can promote health and wellbeing and support continued service engagement.
	Understand how helping people to recognise, express and put language to a broad spectrum of feelings can support feelings of safety, validation and the communication of needs.

Knowledge and understanding	Know how to appropriately record and report trauma disclosures by adhering to safeguarding practices.
	Understand the role 'non-experts' can play in creating supportive contexts after disclosures of trauma, without needing to probe for information relating to details of experiences.
	Know the reasons why traumatic experiences may not be disclosed or be concealed, such as fear of abusers and other factors.
	Understand the role and importance of professional curiosity within safeguarding.
	Know the factors that may lead to people withdrawing from support or treatment related to safety, trust, collaboration, choice, empowerment, cultural considerations, connection, physical safety and re-traumatisation.
	Understand the importance and role of connection to space within cultivating safe environments.
	Understand how, experiences of trauma can further compromise an individual's sense of agency and control, thereby amplifying their challenges in identifying and exposure to potential risks and harm in the context of online environments.
	Know that people often experience trauma as an event outside of their choice or control where they may have felt powerless or lacking in agency. As a result, understand that a trauma informed approach includes being conscious of ways to soften power imbalances and create a sense of certainty, predictability and control where appropriate, proportionate and reasonable.

Skills and capabilities	Workers are expected to:
	Utilise clear signage across all environments, ensuring clarity and direction to amenities such as exits, toilets, and drinking water.
	Be able to consider foundational factors of safety such as to basic needs such as security, shelter, acute medical needs, food and water in relation to acute or critical incidents of trauma.
	Work effectively to contact or signpost to appropriate emergency service/s and support in the event of a critical, single incident it or acute trauma.
	Ensure that next steps are communicated clearly effectively, transparently and where possible decided in collaboration between professionals and those effected by a traumatic incident.
	Consider private spaces, which enable optional safe spaces for activities such as prayer, breastfeeding, or contemplation.
	While ensuring their own wellbeing, cultivate compassion and empathy for others' experiences of trauma and adversity.
	Be able to facilitate and maintain supportive relationships with others within their professional parameters.
	Consider how contextual and emotional safety planning tools can support someone's sense of safety both within an environment and once leaving.
	Consider softening power imbalances where possible and appropriate by mitigating dominating body language and making physical adaptations, such as keeping exits clear.
	Ensure that the buildings and technology used within services work for all those using them.

LISTENING TO AND SUPPORTING THOSE WITH LIVED EXPERIENCE

Knowledge and understanding

Workers are expected to:

Understand how recovery and healing can be advanced by acknowledging, validating and including lived experience perspectives.

Understand what lived experience is and the benefits of including lived experience' voice and influence' in creating and designing services and support.

Recognise that lived experiences of trauma do not always equate to negative results. Acknowledging that many people who suffered trauma can go on to experience positive outcomes, such as but not limited to the significant ability to empathise with others, advocate for others, and discern behaviours, needs and threats within presenting circumstances.

Recognise the importance of building trust and psychological safety when collaborating and co-producing with those with lived experience.

Understand the importance of active listening in helping people feel seen, heard and understood.

Understand the importance of ensuring someone's time is compensated, ensuring a person's participation and time spent on a project is appropriately acknowledged.

Acknowledge that lived and living experience perspectives are vast and intersectional. Recognising that the expectation or responsibility to 'fix' should not fall on one person or group but instead, be seen as a collective and ongoing pursuit of understanding where we all have a responsibility to play our part.

Understand the importance of communicating hopeful messages when working with those who have experienced trauma. Validating feelings of current distress while holding onto hope for a positive future and the potential to lead a happy, healthy and fulfilled life.

Knowledge and understanding	Know the importance of encouraging people to recognise, reflect, and build on their strengths, skills, protective factors and resources.
	Understand how building a strong practice of transparency to encourage trust between people and services is essential in helping to support the emotional safety of those with lived experience of trauma.
	Know the importance of communicating that 'it's what happened to you, not what's wrong with you'.
Skills and capabilities	Workers are expected to:
	Be able to create opportunities for those with lived experience to influence services and their delivery routinely.
	Be able to provide meaningful activities for participation and inclusion routinely.
	Be able to respond with empathy, kindness and compassion through active listening approaches when engaging with those with lived experience.
	Be able to act upon feedback from those with lived experience through identifying ways to improve services.
	Remain curious to avoid defining someone's experience by choosing terminology such as 'victim' or 'survivor' and instead offer curiosity on how people choose to define themselves.
	Be able to protect those sharing experience and wisdom by offering choices around anonymity and ensuring the right to consent and withdraw are clearly communicated.
	Consider why they are pursuing the perspectives of those with lived experience to ensure that 'tokenistic' activities that could cause harm are avoided.

CULTURAL HUMILITY AND CONTEXT	
Knowledge and understanding	Workers are expected to:
	Understand that communities and groups can experience structural and systemic abuses perpetrated against individuals, such as under-recognition, racialisation, prejudice and discrimination based on their cultural or community identity.
	Understand that racialised, underrecognised, or other discriminated against groups experience trauma in disproportionate ways.
	Understand the importance of anti-racist practice and cultural humility when supporting those with experiences of trauma and adversity and how these practices benefit everyone, not solely those who represent underrecognised communities.
	Understand that the over-recognition or underrecognition of any demographic can act as a barrier to inclusive practice and access to services.
	Recognise that poverty is a form of structural abuse that can be experienced as traumatic by individuals, families, groups and communities.
	Understand that other forms of stress and adversity related to housing, living with health problems, finance, employment, or prejudice can compound experiences of trauma.
	Understand that culture is not defined solely by things that we can ordinarily note, such as clothing, religious literature, or celebrations, but can be represented across a wide range of elements such as self-concept, expectations, values, beliefs, body language, ideologies and religion.
	Understand that culture is not fixed or static in nature and is continually evolving.
	Understand that people will bring different cultural perspectives on trauma, mental health and social norms around help-seeking behaviours.

Knowledge and understanding	Understand that direct or indirect experiences of historical traumas and injustice, whether collective or individual, can have a long-term or ongoing impact and can be felt across generations.
	Recognise that the impact of trauma (collective and individual) can stem from spiritual abuse and cohesive control from a person or system of perceived trust.
	Understand that children and adults need to be protected irrespective of religious or cultural beliefs. Professionals must be aware that it is never acceptable to harm a child or adult, no matter what beliefs a person or collective might uphold.
	Understand that with those for whom English is not their first language appropriate interpreters and support may be required to effectively provide access to appropriate assistance and facilitate disclosures of trauma. Taking into consideration regional dialects and understanding that it is not appropriate to ask children to interpret for their parents or caregivers at these times.
	Understand that with those for whom language, speech or hearing is impaired, appropriate interpreters and support may be required to effectively provide access to appropriate assistance and facilitate disclosures of trauma.
	Understand the benefits of connection to culturally relevant social networks, which are a source of safe relationships.
	Understand that resilience resides within communities as well as individuals.
	Acknowledge that conscious and unconscious bias can impact the way that a person is treated.
	Understand why culturally sensitive practice is beneficial for staff, teams and organisations, as well as for the families and individuals they support.
	Recognise the benefits of working collaboratively with as diverse and wide a range of partner organisations as possible to support the cultivation of authentically representational, reflective, connected and responsive environments.

Skills and capabilities	Workers are expected to:
	Be committed to the ongoing learning process of anti-racist practice and cultural humility.
	Be able to challenge the social norms that allow structural abuses and inequities such as poverty and discrimination to become normalised.
	Be able to challenge approaches that do not grant equity of access, support, or inclusion.
	Consider where the presence of power, positionality and privilege, historically and presently, can impact supporting robust culturally sensitive practice.
	Understand the value of authentic and ethical opportunities for voice and influence practice across services and systems.

STAFF AND ORGANISATIONAL WELLBEING	
Knowledge and understanding	Workers are expected to:
	Have an awareness of how secondary traumas, including Secondary Trauma, Vicarious Trauma, Moral Injury and Burnout, can be experienced by those playing a supportive role in the life/s of trauma-experienced individuals and collectives.
	Understand that impacts of secondary trauma can occur following exposure to a single incident or when supporting people through their experiences over long periods of time.
	Recognise compassion satisfaction as a significant outcome for many professionals working within the context of trauma.
	Understand that there is a significant representation of the West Midlands workforce demographic with personal experience/s of trauma.
	Understand the importance of supporting the wellbeing of ourselves and those we work with.
	Understand that to effectively support emotional coregulation by helping someone stay within their window of tolerance, we need ourselves to be regulated.
	Understand that the concept of 'behaviour as communication' is equally applicable for professionals as those they support and how the window of tolerance can support our understanding of this.
	Understand that teams and organisations can experience collective experiences of trauma.
	Understand the 5Fs in relation to protective survival responses (Fight, Flight, Freeze, Friend/Fawn and Flop), which can be activated during both immediate perceived risk of danger or when consciously or subconsciously reminded of historical physical or emotional harm, as a natural response for professionals encountering adversity.

Knowledge and understanding	Understand the significance of replicating strengths-based and solution-focused practices within and across staff teams.
	Know how the 7 core principles of trauma informed practice (Safety, Trust, Choice, Collaboration, Empowerment, Cultural Consideration and Connection) can contribute towards cultivating relationships and environments conducive to trauma prevention and post-traumatic growth for professionals.
	Understand that trauma is a unique experience and, as a result, adversity will be felt differently across teams.
	Recognise the importance of colleagues' sense of connection to self and the culture or cultures they represent.
	Understand the role of human connection to people in creating outcomes of belonging and mattering.
	Understand that professional resilience is a collective responsibility, requiring awareness and action from self, colleagues, organisation and systems to support the best possible outcomes.
Skills and capabilities	<i>Workers are expected to:</i>
	Understand how to promote self-care and wellbeing within workplace communications, practices and policies.
	Be able to cultivate self-awareness and identify self-care strategies and regulation techniques that work for them.
	Be able to recognise behaviour as communication for self and other colleagues.
	Understand the importance of reflective practice and regular supervision.
	Be able to recognise signs and symptoms of secondary traumas such as compassion fatigue, transference, burnout, secondary trauma, vicarious trauma and moral injury.

Skills and capabilities	Promote a regular check-in process with colleagues who have returned from leave or absence.
	Feel accepted and safe to bring any or all aspects of themselves to work.
	Be aware of available support for themselves and colleagues who might need it.
	Have opportunities to engage in peer support and optional social interactions with colleagues and broader teams regularly to promote connection and belonging.
	Be able to recognise and celebrate positive steps towards trauma informed practice within personal, team and organisational practice.
	Be able to recognise signs and symptoms of secondary traumas such as compassion fatigue, transference, burnout, secondary trauma, vicarious trauma and moral injury.

LEVEL 2 – TRAUMA INFORMED

KNOWLEDGE AND AWARENESS	
Knowledge and understanding	Workers are expected to:
	Understand the importance of early attachment relationships and their potential impact on individuals across the life course, including attachment relationship dynamics in contexts such as school, workplace and social/family settings.
	Understand how experiencing emotional and physical neglect can impact a person across a life course and present challenges in building secure attachments.
	Understand that traumatic incidents do not have to be experienced first-hand to cause a profound impact on a person. Bystander experiences, community, collective and mass trauma can affect individuals and collectives in a variety of ways.
	Understand the potential impact of traumatic stress across a range of domains including sensory systems, polyvagal systems, brain development, social emotional and cognitive development.
	Understand the increased risk of those who have experienced trauma to becoming re-victimised and the factors that impact this, such as exploitation, mental health, or experiences of relational trauma.
	Understand that trauma occurs in the body through specific physical health impacts.
	Understand how psychological triggers can be created through traumatic experiences, which can be activated at any point where a person is consciously or subconsciously reminded of a threat. Recognising where factors such as sight, sound, smell, touch, taste, feelings, times and dates can cause a person to become dysregulated.

Knowledge and understanding	Recognise that due to the correlating feelings of powerlessness associated with experiences leading to trauma, some people will seek a sense of control through other outlets, such as food control, which may result in presentations of disordered eating behaviours.
	Understand that some behaviours that may indicate an individual has a history of trauma could be explained by, or overlap with, other health factors.
	Understand that in the event of an acute single or critical incident, basic biological factors and needs such as safety, shelter, security, acute medical needs food and drink, take priority over de-briefing immediately after traumatic events.
	Understand the importance of 'watchful waiting' or monitoring over the weeks following a traumatic experience to ascertain whether support needs to be provided to people who continue to experience mental ill health or significant distress.
	<p>Understand how trauma can impact on a persons':</p> <ul style="list-style-type: none"> • Semantic memory: The memory of general facts and knowledge. • Episodic memory: The autobiographical memory of an occurrence, such as who was there, where they were and the linear understanding of the timeline of events. • Emotional memory: The memory of emotions and senses experienced during an event. • Procedural memory: The subconscious memory which supports automatic responses and behaviour patterns within experiences
	Know that complex trauma cannot be fully verbalised through speaking therapies as much of the traumatic imprint is stored subconsciously. Integration through Trauma Specialist services is often required to provide the necessary integration of memory, subconscious and body to support recovery.
	Know practical steps that can be taken to prevent re-traumatisation.

Knowledge and understanding	Understands that a wide spectrum of behaviours can present in people who have experienced trauma and those experiencing the same or similar events may respond in different ways.
	Understand the risks of pathologising normal human responses to trauma, remaining cautious not to unethically or inappropriately label trauma responses as mental health illness.
	Understand that resilience is the capacity to withstand and overcome adversity using internal and external resources. As a result, resilience can mean asking for help and taking the time needed to process and heal before returning to regular activities. The development of resilience can be supported individually, collectively and systemically.
	Be aware that pathways towards recovery can be supported through opportunities to: <ul style="list-style-type: none"> • Develop a felt sense of safety and trust through safe and supported relationships. • Co-regulate and self-soothe the nervous and sensory systems. • Create and co-create meaning out of experiences.
	Be aware that people will experience post-traumatic growth in varying degrees. Understanding that some people may go on to experience no lasting effects of trauma, others may experience live with the effects of trauma in varying degrees across their life course.
	Understands how trauma informed and responsive values and principles can be embedded into systems, processes and structures and the benefits this can have for all.
Skills and capabilities	Workers are expected to:
	Be able to sensitively discuss experiences of trauma and adversity, where appropriate to role and remit, and know how to respond helpfully.
	Be able to recognise potential signs and symptoms of trauma and respond accordingly.
	Be able to recognise signs that children, young people, families, or colleagues could be at risk of harm, and know how to follow safeguarding procedures.

Skills and capabilities	Be able to work collaboratively to identify protective factors and strengths for individuals and families, and are able to build upon these skills, resources and positive roles (e.g.: parent/carer, employee, neighbour etc.) in ways that align with everyday life.
	Be able to advocate for others when trauma responses are unacknowledged or misunderstood.
	Understand emotional risk and apply caution when engaging in activities that could trigger semantic memories and associated emotions for a person who has experienced trauma, such as sandbox exercises, sensory activities, or life story work.
	Know how to support and advocate for those who have experienced trauma in accessing local resources which promote wellbeing, such as sports provisions, spiritual and religious organisations, artistic provision, education or training provision and volunteer networks.

INFUSING TRAUMA INFORMED LANGUAGE	
Knowledge and understanding	Workers are expected to:
	Understand the benefits of embedding trauma-informed language into service information, policies, processes, strategies and systems across organisations so they become routine terminology focussed on strengths and recovery.
	Understand how to embed culturally sensitive values within the use of language into service information, policies, processes and strategies to create responsive, safe and trusted practice.
	Know the kinds of language that may offend, psychologically trigger or upset.
	Be aware that feelings of shame can often correlate with direct or indirect exposure to trauma and adversity and how our language can either mitigate this impact or fuel it.
	Understand the importance of language in reducing stigma, labelling, othering and victim-blaming, which can create unnecessary barriers to people accessing support.
	Understanding the potential impact that language used within media and publicity surrounding events can have on individuals and communities' sense of dignity or shame.
	Understand that preferences of language and terminology regarding identity may differ across individuals and groups. Not presuming that one terminology will fit all individual preferences (This includes the terminology used within this Framework).

Skills and capabilities	Workers are expected to:
	Use inclusive, person-first language that is accessible, balanced and strengths and hope-based.
	Use their knowledge of cultural humility to ensure language is sensitive to diversity, belief and culture.
	Reflect on and develop an awareness of own conscious/unconscious bias concerning terminology as our understanding grows.
	Avoid victim-blaming language or language that others, labels or stigmatises people.
	Advocate for language that promotes dignity and contextual understanding where the reporting of events occurs, avoiding terminology that could insight further trauma through feelings of guilt, fear, anger or shame.
	Incorporate creative and multi-modal forms of communication, such as imagery and visual aids, where written language may present as a barrier to understanding.
	Complete recording, documentation and assessments in collaborative, first-person, strengths-based and hopeful ways that are proportionate and fair.
	Work collaboratively to create culturally accessible and relevant materials.
	Ensure that there are clear lines of communication wherever possible across services and sectors to avoid the need for repeated statements or clarifying conversations.

CREATING EMOTIONALLY, PHYSICALLY, AND PSYCHOLOGICALLY SAFE ENVIRONMENTS

Knowledge and understanding

Workers are expected to:

Understand that non-trauma specialists should prioritise creating psychological safety over probing for details of experiences in their routine interactions with those who have experienced trauma. This includes removing pressure and judgment from environments and focussing on empathy and validation.

Recognise the importance of preparation related to critical, single and acute incidents of trauma. Ensuring that policies, resources and training are current and relevant to the context and community to support effectively.

Be aware that only trauma specialist professionals, such as those with expertise in clinical or therapy settings, can sensitively and safely enquire about the details of trauma experiences. These conversations should be set within the context of ongoing psychological support. Where professionals are required to make inquiries about past or recent experiences of abuse or trauma for evidence-gathering or safeguarding purposes, such as in a criminal justice context, this should be done in a sensitive way by trained staff who offer support and care and who are equipped and ready to signpost or refer to other relevant, specialist support.

Understand the importance of creating emotionally and psychologically safe contexts and environments around those who have experienced trauma to mitigate its impacts, encompassing self, family, peers, school/work, community and online spaces.

Know the importance of attunement in relational interactions between professionals and those accessing services to feel properly empathised with and supported.

Understands how building positive relationships can create the right conditions for discussing and disclosing trauma and adversity.

Knowledge and understanding	Understand how emotions can be communicated and supported through a broad range of mediums including but not limited to speech, music, art, drama, prayer, meditation, literature, sport and play.
	Understand why and how emotional coregulation can contribute towards supporting someone to stay within their window of tolerance.
	Understand that experiencing repeated or long periods of enforced solitude can be psychologically harmful, particularly where existing experiences of trauma and adversity are present.
	Be aware that due to neuroplasticity, positive, repetitive interaction can rewire the brain and promote post-traumatic growth and recovery.
	Know that an expectation to build immediate trust can be challenging and/or harmful to those who have experienced or continue to experience ongoing threats. Building trust can be particularly complex when breaches of trust have occurred within the contexts of interpersonal relationships, perceived trusted positions, or systems.
	Understand how emotional literacy and psychoeducation can support a person to feel able to communicate their needs and remain in their window of tolerance.
	Understand that adapting digital spaces to incorporate inclusive design that considers factors such as colour, fonts, imagery, audio and accessibility can support the emotional regulation of those using an online space.
	Understand that adapting physical environments to incorporate changes that consider factors such as regulating elements, access to nature, and use of colour, light, sound and space can support the emotional regulation of those using a space.
	Know the ways that resources, materials and physical environments may cause re-traumatisation due to the multi-sensory nature of triggers.

Knowledge and understanding	Acknowledge that changes to physical environments are only effective in supporting trauma-recovery when incorporated into a more comprehensive trauma informed approach, encompassing policies, procedures and practice.
	Understand how power dynamics can be a barrier to a person's sense of safety.
	Understands the benefits of including people with lived experience in the design or review of physical and digital environments.
	Understand the importance of not placing an expectation for those who have transitioned out of a threatening environment to feel immediately safe. Recognising that there may remain behaviours that continue to demonstrate feelings of fear, powerlessness and overwhelm in new environments and relationships that are free from harm.
	Understands how to undertake daily activities in ways that limit the risk of re-traumatisation and reduce the impact of traumatic stress and adversity.
Skills and capabilities	Workers are expected to:
	Work with a comprehensive understanding of their critical incident policies and procedures and practice. Ensuring they are familiar with their role and are well trained undertake their responsibilities.
	Advocate for safety and support from media sources. Recognising that each person has a right to privacy, along with a right to decide if, how and when their story is told.
	Be able to work in a way that mitigates power imbalance wherever possible and appropriate.
	Have a diverse understanding of emotional regulation and grounding 'tools' that (on a person-by-person basis) might support this.
	Identify some aspects of a physical environment that could hinder a person's sense of safety.

Skills and capabilities	Consider fixtures, fittings, furniture and resources, to ensure inclusivity and physical, psychological and emotional comfort.
	Be able to identify needs and adapt digital spaces to incorporate inclusive design and safeguarding understanding to promote accessibility and safety for all users.
	Be able to support someone in their journey of recognising, understanding and communicating a wide range of emotions.
	Use age and stage-appropriate communication to support emotional literacy for those they are supporting.
	Be able to work in a non-probing way that offers professional curiosity.
	Be able to design accessible, person-centred processes and systems.
	Be able to identify where someone's personal space might be a place of emotional safety and recognise where conducting challenging conversations, interviews or interventions could risk tarnishing the ongoing sense of safety for the individual involved and cause potential harm.

LISTENING TO AND SUPPORTING THOSE WITH LIVED EXPERIENCE

Knowledge and understanding

Workers are expected to:

Understand the importance of collaborating with people accessing support to develop person-centred, specific, time-framed plans to establish a sense of trust and predictability.

Understand how to signpost to relevant trauma specialist services.

Know how to work with individuals or families to empower them to make decisions about the help and support they are offered so they feel a sense of safety.

Understand that those who have experienced trauma may present with various needs such as healthcare, advocacy or emotional and social support.

Understand how to identify ongoing support needs throughout the recovery journey and treatment process.

Understand that for many people, support or therapeutic intervention may not be needed as any distress linked to the memory of traumatic events may resolve over time. For others, a 'watchful waiting' process may reveal that further support and therapeutic support is needed.

Understand that individuals may continue to experience distress, impact and intrusions following a traumatic event or ongoing complex trauma. Where this continues to occur beyond one month after the experience, evidence-based psychological therapy can be considered an option.

Understand key strategies for mitigating the impact of trauma, such as emotional regulation, reducing avoidance and increasing activity.

Knowledge and understanding	Understand that some behaviours that raise safety concerns may arise as a means to cope with trauma, threats and harm, such as substance misuse, suicidality and self-harm.
	Understand that people who have experienced trauma, should never be defined by their experiences.
	Understand the importance of preparing for and sensitively and safely ending or closing interactions with people accessing support, recognising that this may be experienced as a form of loss.
	Understand that experiences of trauma may impact the ability to regulate and cope with expressing difficult emotions, particularly within relationships.
	Understand the importance of listening to children, young people and families and widely publicising insights from these conversations in order to influence services and systems.
Skills and capabilities	Workers are expected to:
	Be able to create opportunities for people to have their voices and insights heard in ways that are most suited to the individual.
	Have clarity on how they listen to individuals and groups with lived or living experiences and should consider accessibility and methods of wisdom sharing to ensure that those who would like to partake in conversations can feel fully supported to do so.
	Be able to consider accessibility, equity, diversity and inclusion when arranging opportunities to give feedback.
	Be able to use Lundy Model principles to create voice and influence opportunities, focussed on space, voice, audience and influence.
	Consider how learning and outcomes can be disseminated to those who have shared their experiences to further progress and understanding.

Skills and capabilities	Consider the importance of sustainability and succession when promoting meaningful activities over time between professionals and those with lived experiences to support emotional safety.
	Be able to communicate change, transitions and endings in an effective and timely manner to ensure there is as much warning as possible.
	Avoid placing expectations on those with lived experience of trauma and adversity to drive advocacy or change.
	Make room for those with lived experience to speak for themselves. Drive to speak with a person of lived experience rather than speaking on behalf of them wherever possible.
	Be able to remain curious rather than presumptuous about a person's trauma-recovery journey.

CULTURAL HUMILITY AND CONTEXT	
Knowledge and understanding	Workers are expected to:
	Understand the importance and benefits of feeling comfortable and able to bring as much of 'your whole self' to services as desired to support inclusion and wellbeing.
	Recognise that collective or community traumas are based on social and cultural interactions. Collective traumas are also based on what is implied by the amount of investment in social, educational, infrastructure and economic opportunities within communities.
	Understand that incidences of social, political and structural inequalities, such as prejudice and discrimination, can be perceived as traumatic, whether singular or repeated. This may compound previous traumas experienced and can influence perspectives and trust of statutory interventions and institutions.
	Understand that those with experiences of migration, asylum or transition away from one context of adversity, does not mean their trauma will necessarily be 'over,' as people may face ongoing stress, uncertainty and may receive a hostile response from people within the new environment or relationship.
	Understand how groups and communities can face barriers to accessing and seeking support from services due to inequity and discrimination and how these barriers can be addressed.
	Understand the prevalence and impact of adultification bias for children and young people who represent global majority demographics.
	Understand the importance of ongoing reflective practice to identify, address, and mitigate microaggressions and conscious and unconscious bias.

Knowledge and understanding	Understand the sensitivities that may exist around cultural identities and the importance of allowing individuals to define themselves in the language they are most comfortable with, respecting the intersectionality of identity.
	Recognise how intersectionality related to identity and protected characteristics (Including, but not limited to, age, religion, gender, income, marital status, geographical location, race, recreational activities, disability, and sexual orientation) plays a significant role in how an individual might experience trauma, impact and recovery.
	Understand that different groups and communities have differing norms, views and behaviours around support, interventions and the duties of public and statutory organisations such as healthcare, education, policing and the courts. These variations may also include contrasting expectations and views on the role and manner in which statutory institutions provide these services and interventions. A trauma informed approach acknowledges and respects these differences and incorporates this understanding.
	Understand the benefits of considering local contexts when developing systems, processes and structures, particularly emphasising the gender, cultural and historical context.
	Understand that promoting an ethnocentric perspective, where a global minority understanding of 'best practice' is presumed as the best form of support or solution for individuals or communities across differing contexts, could result in harmful or inappropriate interventions.
	Understand that those with learning disabilities, intellectual disabilities and those with neurodiversity may not be able to communicate feelings of distress verbally and might use behaviour as both communication and/or as a means to support emotional regulation.

Knowledge and understanding	Understand that those with learning disabilities, intellectual disabilities and those with neurodiversity may face a potentially greater risk of exposure to trauma and adversity. These groups may also experience increased difficulty in recognising and/or disclosing abuse or trauma.
	Understand that some people may not be literate in their first language and be able to work collaboratively to consider whether spoken or written translations are of most support.
Skills and capabilities	Workers are expected to:
	Promote the right to have an ongoing connection to oneself, community, culture, and history.
	Be mindful of inclusive language, considering individual preference for person-first and identity-first language.
	Be able to effectively and ethically support and facilitate safe spaces to promote cross-cultural understanding and connection.
	Deliberately seek out alternative perspectives to ensure a broad representation of experience and understanding.
	Be able to act upon feedback from those who represent historically marginalised and underrecognised communities.
	Understand that the onus of driving and advocating for culturally sensitive, inclusive, and anti-racist practices does not fall to those who identify as one specific demographic but rather a collective responsibility.
	Be able to incorporate important cultural dates, festivals, and celebrations into practice.

STAFF AND ORGANISATIONAL WELLBEING	
Knowledge and understanding	Workers are expected to:
	Understand the potential warning signs and symptoms of secondary traumas, including Compassion Fatigue, Secondary Trauma, Transference, Vicarious Trauma, and Burnout.
	Be aware that acute and critical incidents can occur within the contexts of the workplace as well as within the public and external spaces.
	Understand how wellbeing can be impacted by systems, processes, and structures within organisations, multi-agency networks and pathways of support.
	Have an awareness of the ways in which transference and countertransference can occur between professionals and those they are supporting.
	Understand the significant impact of moral distress and moral injury on individuals and collectives working in environments and systems that are not conducive to supporting the quality of care that correlates with their personal values.
	Understand that compassion fatigue can act as a protective response to repeated or ongoing exposure to others' adversity. If experienced over a prolonged time, compassion fatigue can lead to outcomes related to reduced empathy and feelings of desensitisation, numbness and detachment, which can make it difficult to engage with the needs of others fully.
	Understand the importance of being able to tune up or tune down empathy to support positive outcomes for both professionals and those they are supporting.
	Understand what vicarious trauma is and be aware of how signs and symptoms might present within self and colleagues.

Knowledge and understanding	Understand that due to the role of affect regulation, a range of emotions, whether verbalised, or not, can often be felt and experienced across teams and collectives.
	Understand that trauma informed workplace cultures prioritise wellbeing and provide the support and supervision required to reduce the risk of workers who experience trauma in the workplace from developing vicarious trauma or other long-term mental health impacts.
	Acknowledge that the frontline worker demographic includes many professionals who are experts by experience and understand the ways in which to listen and support them (Please see the Listening to and Supporting Those with Lived Experience theme).
	Understand the protective factors that can mitigate adverse outcomes of secondary impacts of trauma, such as reflective practice, clinical supervision, compassionate accountability, boundary setting, 'de-rolling' practices (the proactive transition between work and home settings), rest, connection and fun.
	Understand the benefits of reflective practice for recognition and awareness of wellbeing and acknowledge when additional support may be required.
	Understand how to use trusted relationships to support individual reflection.
	Promote the option to personalise working spaces to encourage a sense of connection to space, self and context.
	Understand the importance of workers feeling valued and how this outcome can be supported through an organisation's practices, policies and procedures.
	Understand the importance of recognising the different ways different people like to receive praise and recognition to promote a sense of value.

Knowledge and understanding	Understand how cultivating safe, supported and trusted relationships through person-centred approaches can benefit professionals, teams and organisations.
	Understand how media and public perception can add additional pressure on individuals and organisations, and how this can act as a barrier to hopeful contagion and celebrating professional successes and achievements.
	Recognise the importance of facilitating clear lines of communication, management and organisational structure.
Skills and capabilities	<i>Workers are expected to:</i>
	Be able to work collaboratively when making decisions or solving problems.
	Be able to create a team ethos and culture that is inclusive and prioritises connection, the building and maintenance of relationships, and a sense of belonging.
	Be able to use one-to-one meetings or supervision contexts to connect with the team/service and feel integrated.
	Be able to use supervision to share ideas, concerns, hopes, feedback, reflections and strengths and to discuss aspects of their work that are important to them personally.
	Understand how to access opportunities to be supported through appropriate debriefing and reflection to support meaning making and positive action before reconnecting to their responsibilities following on from supporting within the context of acute or critical incidents.
	Know how to sensitively discuss the impact of traumatic stress on colleagues and those accessing support through services.

Skills and capabilities	Be able to access and engage in reflective practice with other professionals to support knowledge development through a diverse set of perspectives.
	Regularly access one-to-one supervision with a source of trusted support.
	Promote a regular check-in process with colleagues following exposure to adverse incidents to an effective method of debriefing and reflection if desired.
	Feel able to share positive stories of success and joy, promoting hopeful contagion between colleagues and across teams.
	Have the ability to access focused exit interviews to support healthy closure and ongoing organisational learning once a role has come to an end.
	Be able to engage with and consider equity, diversity, inclusion and cultural humility (See Cultural Humility and Context theme).
	Organisations should have the ability to hold hope for staff during times of challenge.

LEVEL 3 – TRAUMA RESPONSIVE

KNOWLEDGE AND AWARENESS	
Knowledge and understanding	Workers are expected to:
	Understand that children and young people rely on adults to provide stability and safety and how direct workers may be required to facilitate this stability when secure attachment figures are not present.
	Know the importance of promoting safe and nurturing relationships between children, carers and parents as a crucial protective factor to the contribution of trauma recovery, particularly in instances of attachment and developmental trauma.
	Be aware that attachment patterns are not deterministic in nature. Some people might sit more prominently within one particular style, while others might move fluidly between attachment styles based on their response to connection and safety themes at any given moment.
	Understand social determinants of health that could influence outcomes, including the conditions in which people are born, grow, work, live, and age, and the broader set of forces and systems shaping the needs of daily life. These forces and systems include economic and political policies and systems, development agendas, social norms and social policies.
	Understand how historical trauma experienced individually and collectively can link to current coping strategies as presenting trauma responses. For both individuals and collectives.
	Understand the role in which epigenetics can play a part in how someone might experience trauma and adversity.
	Understand that a person does not need to see violence or aggression to be impacted by it. If someone is hearing, feeling, or aware of adversity, trauma can be felt and internalised.

Knowledge and understanding	Know the critical importance of a whole-family and intergenerational approach to supporting positive outcomes for those who have experienced trauma.
	Understand how loss, leading to trauma, can be experienced within multiple contexts, including, but not limited to, bereavement and ambiguous loss, the removal of home settings, routine, anchor points, communities, cultures, friendship groups, possessions, freedom, and professional roles.
	Have an awareness of how complex trauma can result in dissociated states, derealisation, depersonalisation and Dissociative Identity Disorder, which can leave someone with a profound sense of estrangement from self and others.
	Understand how an integrated and compassionate self-narrative can be developed over time to support someone's sense of hope for the future, ability to set goals and reimagine and reset core beliefs.
	Understand how neuroplasticity can be a protective factor to support trauma recovery, recognising how positive interactions and experiences can support the development and strengthening of neural pathways.
	Understand the dynamic and evolving nature of research around best evidence on trauma, impact and recovery and how this impacts practice.
	Understand how trauma informed practice sits within a public health approach, which requires multidisciplinary understanding and action.
	Understand that alongside a broad public health approach perspective, trauma informed practices should be designed to support the prevention of and recovery from trauma with local and hyper-local contexts in mind.

Skills and capabilities	Workers are expected to:
	Understand that recovery work can be supported by facilitating an understanding of impact, emotional regulation and social skills.
	Be able to incorporate accessible and appropriate forms of psychoeducation into support programs and interventions.
	Be able to utilise whole-family, solution-focused support to enable best outcomes and prevent intergenerational experiences of trauma.
	Understand how to consider trauma history and present contexts in the process of identifying effective interventions, that can best support a person's individual needs.
	Be able to identify trauma responses and coping strategies that no longer support or serve the safety or wellbeing of a person. Discussing this observation sensitively and collaboratively to form goals and solutions.
	Support a person to recognise the strengths, skills and potential that they carry to promote hopeful outcomes.
	Prioritise ongoing learning to support critical thinking and knowledge development around the growing evidence base in relation to practice and lived experience perspectives of trauma and recovery.
	Endeavour to remain informed on local, regional and national political and economic contexts that can either help or hinder positive outcomes, particularly concerning access to support for trauma-experienced people.

INFUSING TRAUMA INFORMED LANGUAGE	
Knowledge and understanding	Workers are expected to:
	Acknowledge that individuals can and have the right to access personal data both in the near and far future. Therefore, the implications of any unethical or inappropriate terminology used within the report writing process could cause repeated or ongoing harm.
	Understand how speech and language needs can be captured to ensure someone is able to access support to meet their full language and literacy potential.
	Understand how policies, processes and strategies can acknowledge and take steps to address structural and systemic abuses such as discrimination, underrepresentation and inequity that create disproportionality in the way trauma and adversity are experienced.
	Understand how policies, processes, strategies and resources can be written in ways that avoid triggering, victimising, victim blaming, labelling and underrecognising language and terminology.
	Understand how utilising common language across services and systems can support consistent and coherent care for those who have experienced trauma and positive outcomes for all.
	Understand how utilising common language across service and systems can support effective research and evaluation. Promoting this by capturing consistent understanding to support the regional understanding representing baseline positionality, progression and goal setting.

Skills and capabilities	Workers are expected to:
	Be able to complete assessments and reports that demonstrate a clear understanding of potential risk while promoting strengths-based, whole context language.
	Where possible, write reports and records in a style that speaks to the future adult.
	Ensure opportunities for effective reciprocal communication and feedback are readily available.
	Ensure that reflective spaces to listen to those representing lived experience and under-recognised groups are facilitated to continually capture a diverse understanding of trauma and language, which promotes dignity and recovery.
	Work intentionally to create and promote space for collaboration across services and disciplines to share learning.
	Seek to identify and collaborate on regionally recognised terminology around trauma, impact, recovery and trauma informed practice, to support a system-wide approach to understanding.

CREATING EMOTIONALLY, PHYSICALLY, AND PSYCHOLOGICALLY SAFE ENVIRONMENTS

Knowledge and understanding	Workers are expected to:
	Recognises the different presentations of shame and understands the importance of embedding shame-sensitive practices across all areas of service delivery.
	Understand how to facilitate and design psychologically safe and accessible physical environments and services across all spaces, while incorporating understanding of how physical spaces can cause re-traumatisation or distress.
	Understand how agency and autonomy around decision making can support a person's sense of safety and trust.
	Recognises the importance of collaborating with others to gain a diverse understanding of how physical spaces should be designed.
	Understand the importance of restoring public confidence if required, through engagement, resolution and inquiry, following on from critical incidents where community trust may have been harmed.
	Understand the importance of incorporating personalised hopeful practices to support meaningful, culturally appropriate and strengths-based goal setting and outcome evaluation into intervention programmes.
	Understand the importance of a whole team, whole organisational understanding of a trauma informed approach to ensure a consistent and coherent model of top-down, bottom-up practice is being modelled.
	Understand the importance of an ongoing and robust audit and evaluation process that take into consideration the 7 principles of trauma informed practice within each aspect of a service including communication, voice and influence, physical spaces, policies and procedures, staff and organisational wellbeing and access to learning.

Knowledge and understanding	Recognise the importance of being able to hold the physical, psychological and emotional needs in mind at all times.
	Understand the local, national and organisational policies around risk-management and safeguarding around all aspects of service including data storage and safeguarding.
	Understand the value of having a clear strategy of progression towards the development of emotionally, psychologically and physically safe services.
	Understand that cultivating emotional safety is a significant attribute across all stages in the non-linear journey from trauma to recovery.
	Understand how impactful intervention and relationship endings can feel to someone who has experienced trauma, particularly within interpersonal contexts, and know how to support effective exit plans that mitigate risk of psychological harm.
Skills and capabilities	Workers are expected to:
	Be able to recognise the psychological and physical aspects and elements of service provision.
	Work with the understanding that trauma history can result in a person or a collective feeling unsettled or deregulated during a process of change and communicating plans and process of changes to spaces with this in mind.
	Be able to effectively facilitate the stability and safety of a person.
	Understand how privacy, personal space and the use of boundaries can support someone's capability of feeling safe.
	Be able to promote self-agency agency and perceived control for individuals in order to support a sense of safety.

Skills and capabilities	Be able to recognise and respond to signs of trauma, gender-based violence and coercive control and intervene or signpost accordingly within the parameters of professional remit.
	Be able to facilitate choice in gender of worker where appropriate and possible.
	Be able to incorporate flexibility into services where possible when the timing and delivery of a supportive service becomes a barrier to access.
	Be able to collaboratively determine effective and personalised trauma-recovery-focused care plans that consider emotional safety, planning and contextual safeguarding.
	Be able to advocate for and support a stable home environment that can act as a protective factor from harm.
	Be able to support a clear understanding of timescales and expectations through transparent and collaborative discussion.
	Be able to ensure that service spaces are appropriate, accessible, non-stigmatising and safe for all using them.
	Prevent re-traumatisation by identifying and responding to mitigate potential triggers in a space.
	Know when targeted therapeutic interventions and trauma specific services should be accessed for those experiencing ongoing or complex trauma impacts.
	Know how to decrease support when appropriate to meet the needs of an individual in line with their own non-linear journey of post-traumatic growth.
	Utilise best practice and evidence-based approaches to develop and implement targeted interventions that promote trauma prevention, identification and recovery.

LISTENING TO AND SUPPORTING THOSE WITH LIVED EXPERIENCE

Knowledge and understanding

Workers are expected to:

Understand that the desire to disclose and/or discuss trauma and adversity at any point or repeatedly during a person's recovery journey can support the process of making meaning and sense of past experiences.

Understand the importance of enabling access to training and learning to nurture interpersonal skills, self-regulation strategies, and emotional intelligence.

Understand the importance of the continued connection to existing sources of formal and informal sources of support where appropriate for those who have experienced trauma.

Understand how to identify and access more comprehensive support systems built of trusted and safe relationships within the community to promote resilience and a regained sense of belonging for individuals and families.

Acknowledge the importance of timely access to trauma recovery-focussed interventions.

Have a robust understanding of accompanying services that can contribute towards post-traumatic growth outcomes, such as trauma specialist services, domestic abuse refuges, social housing support, drugs and alcohol services, physical and mental health services and debt management services.

Acknowledge the value and worth of incorporating and amplifying expert by experience voices to support learning and improvement for services, systems, and the wider public.

Understand that how, whether or when an individual might want to use their experiences to educate or advocate around trauma and recovery is an entirely individual decision that should not be expected, presumed, or taken for granted.

Knowledge and understanding	Understand how professionals can work with those who have experienced trauma to gain an informed understanding of the message they would like to communicate to advocate on their behalf, with consent, where unable to do so themselves.
	Understand the differences between the value of promoting cultures conducive to empathy as a positive response to testimonies of experiences rather than sympathy or pity, which can be unwelcome or harmful responses for those receiving it.
	Understand why people should never be seen as 'projects'. Professionals should avoid presumptions of a person's positionality within the trauma-recovery process, instead prioritising the ability to notice the existing resilience, individual capabilities and strengths already held.
	Understand the importance of working with partner organisations, professionals, and community members who hold existing relationships when seeking to gain the perspective of others where a relationship is not already existing to support consistency, trust and safety.
Skills and capabilities	<i>Workers are expected to:</i>
	Be able to discuss and identify avenues of support that are informed by the views of the affected individuals, families, or collectives.
	Be able to accept and adhere to a person's wishes on how they would like to be defined in relation to their experiences and what support they feel would benefit them.
	Provide advocacy support where existing support is lacking or when a person is unable to or is not present to speak on behalf of themselves. The outworkings of advocacy should occur with consent and in collaboration wherever possible.
	Be able to design and implement research projects and coproduction activities that adhere to ethical practices of informed consent, informed choice, accessibility, accountability and feedback.

Skills and capabilities	Be able to facilitate emotionally, physically and psychologically safe environments to support a person before, during and after sharing their experiences and perspectives.
	Be able to help someone to remain within their window of tolerance through co-regulation strategies and an extensive understanding of appropriate grounding tools that could meet the needs of the individuals involved.
	Understand how listening to lived experience perspectives might impact or re-traumatise others in the space, and how to keep everyone's emotions safe when views are shared.
	Be able to listen to, value and act upon the learning from those with lived or living experiences of trauma.
	Be able to forge strong connections partner organisations, professionals, and community members to work collaboratively to maintain consistency, trust and safety when exploring the perspectives of others.
	Be accountable to those who have shared their experiential views to support organisational or system development by providing timely and accessible feedback on what learning, and actions have occurred due to their input and expertise.

CULTURAL HUMILITY AND CONTEXT	
Knowledge and understanding	Workers are expected to:
	Understand the importance of fostering good relationships with community members, community leaders and those who represent longstanding anchor points for communities (such as places of worship, barber shops, local shops, cafes and community centres).
	Understand that many current systems are designed in ethnocentric ways, which predominantly prioritise a white, global minority, male, heterosexual and neurotypical perspective. Professionals should be able to acknowledge this as a barrier to forging resilient systems and proactively seek to identify and implement solutions.
	Have an extensive understanding of how cultural, insidious, collective, historical, intergenerational and mass trauma can impact whether or to what extent someone feels able to access and engage with services, support and interventions.
	Have an extensive understanding of how discrimination, underrepresentation, inequality and inequity can contribute to a person's ability to access and engage with services, support and communities. Furthermore, proactively responding to prevent any such (further) occurrences.
	Understand how determinants of health, health inequalities, and health disparities play a role in transitioning from a positionality of systemic trauma into one of systemic resilience.
	Understand the importance of having global majority representation within leadership positions as genuine contributors who hold power. Recognising that authentically promoting and engaging with differences through all service, organisation, or system aspects can transform cultures to enable more equitable, inclusive and accessible spaces.
	Understand the importance of advocating, promoting and amplifying the voices of underrecognised people groups.

Knowledge and understanding	Understand the importance of commitment to supporting continuous, genuine, trustworthy and purposeful practices of inclusivity and equity but also facilitating, acting on and disseminating learning.
	Understand that the responsibility of developing, promoting and educating anti-racist and inclusive practice falls on everyone. While gaining the expertise of those with experience is crucial, there should be no expectation or pressure for them to carry the weight of establishing change.
Skills and capabilities	<i>Workers are expected to:</i>
	Be able to identify the need for and support access to service that specialise in offering culturally specific therapeutic services and psychological support.
	Be able to promote access to a range of person-centred therapeutic options for someone needing support, considering identity, learning, developmental and linguistic needs.
	Be able to utilise best practice and evidence-based approaches to develop and implement targeted interventions that promote the prevention, identification and recovery of trauma for underrepresented people groups.
	Recognise that pursuing anti-racist and inclusive practice includes practicing vulnerability and grace for mistakes. Therefore, professionals should understand the critical role of cultivating psychological safety and wellbeing practices, which can support the facilitation of environments that enable people to ask questions, collaborate, reflect, and learn in safe ways.
	Share learning and successful outcomes in internal and external contexts to promote organisational understanding and cross-discipline knowledge development.
	Recognise the importance of being agile to meet needs. Organisations should consider differing culture-related responsibilities, expectations, traditions, and rituals (such as cross-continent financial responsibilities, mourning practices and travel times), ensuring that this understanding is reflected within the policies and procedures of an organisation.

STAFF AND ORGANISATIONAL WELLBEING	
Knowledge and understanding	Workers are expected to:
	Understand the need to reduce the impacts of secondary traumas and build workforce resilience. Recognising how observing trauma informed practice principles across an organisation, within every area of service, benefits the staff, teams and volunteers represented within.
	Understand the benefit of having a physical safe space for colleagues that promotes a sense of belonging and connection.
	Understand where power dynamics can hinder a person's ability to be authentically able to speak and be listened to in all aspects of their professional setting.
	Understand how collective traumas such as unexpected loss of funding, episodes of staff misconduct, times of transition, bereavement, severe or sudden challenges for those under an organisation's care or support, staffing restructures, redundancies and sudden changes can impact teams and organisations, and know the protective factors that can support wellbeing during these times.
	Understand why and how organisational and collective trauma can contribute to moral injury and distress, which can impact upon staff resilience, retention and responsiveness.
	Understand the importance of assessing and preparing organisational readiness as a vital process to support sustainable trauma informed practice and changes across a service.

Knowledge and understanding	<p>Have a comprehensive understanding of how each aspect of the 4 Rs outwork within the organisational context of services for staff, volunteers and those supported through the organisation:</p> <ul style="list-style-type: none"> • Realise how trauma can impact communities, families, individuals, groups and organisations. • Recognise the signs of trauma in behaviour, including understanding re-traumatisation and the ways it may occur, such as through triggers. • Respond to trauma by integrating trauma informed principles into all aspects of the way systems and organisations operate. • Resist the possibility that someone is re-traumatised by their interaction with professionals or services. This can be done by reducing potential triggers associated with traumatic experiences across practice or by creating psychologically informed environments.
	<p>Understand the importance of correctly identifying a trauma informed practice's baseline position, utilising the levelling terminology of Trauma Aware, Trauma Informed and Trauma Responsive.</p>
	<p>Understand why access to timely and appropriately distributed finance is essential to supporting adequate and sustainable person-centred trauma informed practices.</p>
	<p>Understand the importance of developing robust quality assurance methods when delivering messages around trauma impact, recovery and trauma informed practice to ensure that messages are not diluted, unethically monetised, or misrepresented.</p>
	<p>Be aware that resilient systems need built-in margins for inefficiency to allow for relationship-based, person-centred values that incorporate the ongoing need to allow space for flaws, forgiveness and repair.</p>
	<p>Understand how blame and shame can present and be transferred across disciplines and professions. Recognising the importance of 'modelling the model' to build systemic resilience by demonstrating empathetic and affirming interactions across services and systems.</p>

Skills and capabilities	Workers are expected to:
	Feel confident in their ability to authentically share and feel listened to in all aspects of their professional role, including within meetings, service design, supervision and social engagements, while encouraging and empowering others to do the same.
	Have an awareness of how to implement protective solutions to combat moral injury across services to mitigate this such as reflective practice, clinical supervision and positive story sharing.
	Be able to use their understanding of the levelling categories of Trauma Aware, Trauma Informed, and Trauma Responsive, to set ambitious goals to develop individual and organisational trauma informed practice further.
	Be able to hold the tension between hope for change and any righteous frustration towards systemic flaws and injustices in a ratio which protects the wellbeing of themselves and others from emotional harm and moral injury. Recognising where additional support or changes are required to prevent negative outcomes and support resilience.
	Be able to identify and advocate for trauma informed practice within commissioning and funding process.

LEVEL 4 – TRAUMA SPECIALIST LEVEL

Common features across therapeutic models that should be considered, in addition to the full framework guidance for those providing trauma specialist services and interventions are:

Have specialist knowledge, skills, training, qualifications and clinical supervision in understanding the impact of different types of trauma (single incident, complex, developmental, intergenerational etc) across the lifespan (appropriate to client group) along with pathways to recovery. Only working within their level of training and competency to avoid risk of further re-traumatisation.

Pro-actively work in collaboration with the service user 'doing with, not to', recognising people are often the experts of their own experience, and ensuring informed consent, choice and agency wherever possible.

Undertake or review comprehensive assessments of the client group (children, young people, families, groups, &/or adults as appropriate) presenting issues, considering developmental history, trauma history, inter-generational factors, current context, risk increasing / decreasing factors, strengths and hopes.

Consider or seek specialist advice re: issues of differential diagnosis between impact of adversity, trauma, and other mental health and neurodevelopmental difficulties (e.g. PTSD, ADHD, ASD, conduct disorder, personality disorder, substance misuse etc); including consideration of trans-diagnostic presentations.

Develop co-created and shared psychological formulations of current distress and impact on functioning; drawing on evidence based psychological theories/models, relevant developmental and trauma history, strengths and considering a full range of neuro-bio-psycho-social-sensory and contextual factors (including protected characteristics).

Understand a variety of evidence-based models and theories relating to therapeutic interventions. Be able to appropriately select an intervention to meet current needs. Recognising the full spectrum of trauma impact across a number of domains of functioning (e.g. neuro-bio-psycho-social-relational-sensory-developmental-cognition-learning) as potential areas for intervention.

When working with children & adolescents, recognise that regardless of specific therapeutic intervention utilised, trauma interventions may need to be graded / sequential in nature (to meet developmental needs) and may need to include key attachment figures. Recognising that full trauma recovery may not be possible in one period of therapy, and people may need to return for further support at different life stages / trigger points.

Understand the crucial importance of psychological and physical safety as an important precursor for trauma processing, whilst not making this a barrier to accessing support. For example, recognising that working together with the individual or key partner agencies to secure these pre-requisites can, in itself, be an important focus for therapeutic intervention.
Understand that the development of relational safety, security and consistency can, in itself, be an important and necessary part of the work to enable clients to engage in further trauma focused therapeutic support.
Recognise that although specific therapeutic models vary; key ingredients to trauma recovery include some combination of opportunities to; build relational safety & trust, develop self/co-regulation, make meaning about the experience, integrate a coherent trauma narrative, develop adaptive skills and coping, develop a sense of agency, choice, and mastery, develop a sense of hope for the future.
Understand how to recognise, work with and safely integrate dissociative aspects of a trauma presentation.
Understand common barriers to accessing services (shame, mistrust, avoidance, hypo-arousal, power imbalances, difficulties sequencing / 'time-stamping', more disorganised functioning, physical access, cultural or language barriers) and pro-actively scaffold around these to pro-actively enable access.
Understanding the importance of working collaboratively in a multidisciplinary and inter-agency context (where appropriate) to support holistic assessment, formulation and intervention planning to best meet presenting needs.
Understand or seek appropriate advice re: appropriate pharmacological treatments available to support the process of recovery.
Understand the importance of consistency, predictability and continuity of care within therapeutic provision, including during periods of transition or in preparing for and managing endings.
Work collaboratively with service users, regularly and routinely seeking feedback, monitoring impact and actively listening to the voices of those with lived experience in evaluating services and in new service development.
Identify when an individual is not responding to support or finding support beneficial and provide knowledgeable advice on alternative intervention recommendations.

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 Workforce Learning and Development Framework is a shared and working document.

The West Midlands Trauma Informed Coalition recommends that the Trauma Informed Workforce Learning and Development Framework 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 socio-economic 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 Framework 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?

The West Midlands Trauma Informed Coalition recommends that the West Midlands aspire to develop accompanying resources to the Trauma Informed Workforce Learning and Development Framework. These resources should support accountability, progression, embedment, and evaluation. They should also offer practical examples and case studies demonstrating how these approaches can be implemented in various contexts.

Additionally, further work is needed to bolster Trauma Informed Commissioning processes across the region through appropriate guidance.

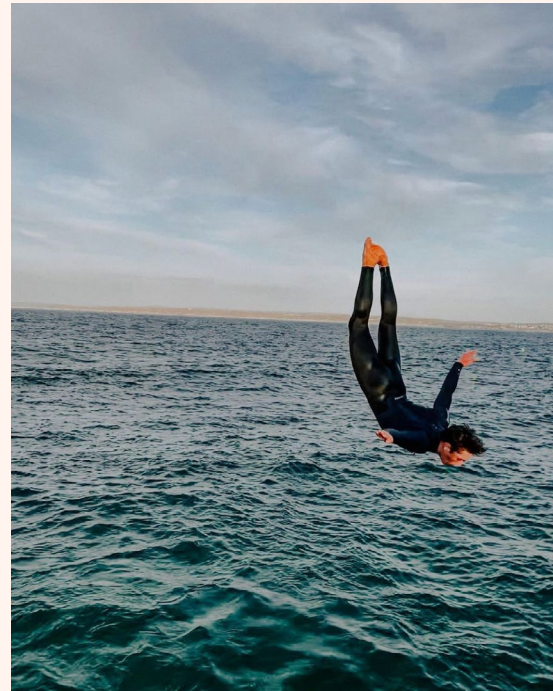
COLLABORATION FEELS LIKE...

“On my darkest days, I felt invisible; I felt dirty, and I felt like I was only valuable when complying with people who would hurt me. On the outside, my behaviour screamed broken; on the inside, my heart cried hurt. Today, I sit in a role where I get to be a small part of helping systems to support change for positive outcomes for people like me. My journey of trauma recovery cannot be attributed to one individual, one profession, or one sector.

My story of hope is built upon countless mini miracle moments, where people representing healthcare, education, faith organisations, third sector, family and beyond chose to see the gold that was hidden and call it back into action. They may never remember those small interactions, but I do. Together, they saved my life.”

- West Midlands Trauma
Informed Coalition member

TRUST FEELS LIKE...



“The tide has to be at the perfect and the height has to be safe before you jump.”

- Life as a Photo (age 14)

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GLOSSARY

Adultification bias – Is a form of racial prejudice where children of minority groups are perceived as older than their white counterparts. This can result in more punitive sanctions and fewer opportunities for innocence and childlike behaviour.

Anti racist practice – Ensuring inclusivity and accountability for addressing instances of racism. Intentional and proactive efforts to eliminate racism by addressing issues at individual, institutional and societal levels. Actively challenging bias, raising awareness, promoting policy change, advocating, engaging with underrepresented groups and communities and a commitment to continuous learning.

Attachment trauma – Can occur when a child does not experience consistency in physical and emotional support from caregiving, or other nurturing relationships.

Burnout – Is a state of mental, emotional and physical, exhaustion caused by an excessive or prolonged exposure to stress.

Coercive control – A harmful pattern of behaviour, intended to harm, punish, or frighten an individual. It includes acts of assault, threat, humiliation, and intimidation with the goal of creating dependency by isolating, exploiting, depriving the person of independence, and regulating their behaviour. Recognised as a criminal offence.

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

Compassion fatigue – Often experienced in the context of caring professions, compassion fatigue can arise due to repeated exposure to suffering. It can lead to outcomes related to reduced empathy and feelings of desensitisation, numbness and detachment, which can make it difficult to engage with the needs of others fully.

Complex trauma – Complex trauma refers to repeated, prolonged exposure to traumatic events, often interpersonal, during childhood or adolescence, resulting in lasting emotional, psychological, and relational difficulties.

Contextual safeguarding – To consider and address potential risks to a person's wellbeing within the broader environmental and social context, rather than focusing solely on individual factors. This approach recognises and responds to risks that may arise from various settings, such as family, school, community or online, to ensure safety and protection.

Coproduction – 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.

Coregulation – A process where individuals learn to recognise their emotions and regulate their arousal levels through interaction with nurturing and supportive caregivers. It involves providing a warm and calming presence, verbal acknowledgment of distress, modelling of behaviours that self soothe and the creation of an emotionally and physically safe environment.

Cross-discipline approach – A cross-discipline approach integrates ideas and methods from different academic areas, promoting collaboration to address complex issues or explore a specific topic. It aims to blend diverse insights for a more comprehensive understanding and innovative solutions, leveraging the strengths of various disciplines for holistic outcomes.

Cultural/Identity and Insidious trauma – Includes systemic injustices, structural inequalities, racism, and prejudice.

GLOSSARY

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.

Developmental trauma – Developmental trauma can occur when a child experiences early exposure to repeated traumas (including in utero). Often experienced within the context of significant caregiving relationships, these experiences can lead to high activation of the stress response system. As a result, developmental trauma can impact all aspects of development, which may leave lasting effects across the life course.

Dissociation – A state where you may feel disconnected from yourself and your surroundings, often as a coping mechanism during times of stress or trauma. It can manifest in numerous ways, from everyday experiences (like getting absorbed in a book) to more prolonged and profound experiences. Dissociation may occur briefly during traumatic events or can become a learned coping strategy developed over time.

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.

Ethnocentric -Belief or attitude that one's own group, ethnicity or nationality is superior to others, often leading to a biased view of other cultures based on one's own interpretation of cultural norms and values.

Gender based violence – Involves harmful acts directed at individuals based on their gender. It includes physical, sexual, emotional, or psychological harm and can manifest in various contexts like intimate partner violence, sexual harassment, human trafficking, and harmful traditional practices. Rooted in gender power imbalances. It is a violation of human rights.

Health disparities/ Health inequalities – Health differences closely linked to social, economic and environmental disadvantage, adversely affecting groups that face systematic barriers to health, contributing to avoidable variations in health. The terms health “disparities” and “health inequalities” are sometimes used interchangeably. The complex causes of these disparities are associated with factors influencing individual health-related behaviours, such as smoking, diet, access to services, social deprivation, work access, education levels, social networks, and the perceived level of control over one's life.

Historical trauma – Can occur following an event or series of events, where the effect and impact can be felt intergenerationally.

Intersectionality – The recognition that various forms of discrimination, such as racism, sexism, and classism, intersect and overlap, especially impacting marginalised individuals or groups. It emphasises that everyone experiences unique forms of discrimination and the interconnected nature of social categorisations, creating overlapping systems of oppression.

GLOSSARY

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

Mass trauma – When an event affects large numbers of people.

Medical trauma – Can be experienced as an emotional and physical response to an experience of injury, pain, severe illness, or medical procedures that a person might have experienced to be frightening.

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.

Psychoeducation – Therapeutic approach that educates people on mental health, emotional wellbeing, and psychological issues. The aim is to support emotional literacy through providing knowledge and skills to understand, manage and cope with mental health challenges.

Psychological safety – The shared belief within a group or organisation that individuals can express themselves, take risks and share thoughts and ideas without fear of negative consequences. It creates an environment where people feel comfortable being themselves, foster creativity, innovation, and effective collaboration.

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.

Self-agency – The ability of people to take intentional actions, make independent choices and exert control over their lives.

Shame sensitive practice – Adopting approaches that consider and respect a person's feelings of shame, emphasising empathy, understanding, and fostering a supportive environment to address and alleviate shame-based experiences.

Social determinants of health – The external factors such as socio-economic status, education, environmental conditions, that can significantly influence an individual's overall wellbeing and health outcomes.

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.

Stress response system – The stress response system is a complex network of bodily reactions that activates when threat is detected, signalling the release of stress hormones, which trigger physiological changes through the body for the purpose of survival.

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.

GLOSSARY

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.

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.

Traumatic/toxic stress – Severe and prolonged physiological and psychological strain resulting from exposure to adverse experiences, often disrupting development and negatively impacting overall wellbeing and outcomes.

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.

Trauma specialist – An expert who helps people cope with and overcome the emotional and psychological effects of distressing or traumatic experiences.

Transference – When feelings and attitudes from past relationships or experiences get redirected onto someone in the present, particularly within a therapeutic setting.

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

Workforce – A workforce refers to the number of people employed by a business, organisation, industry, or sector, collectively engaged in work or employment activities.



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