

Trauma-Informed Wales: A Societal Approach to understanding, preventing and supporting the impacts of Trauma and Adversity

Public Consultation open until 17th June 2022

Date of issue: 16th March 2022

Action required: Responses by 17th June 2022

Overview

The Adverse Childhood Experiences (ACE) Support Hub and Traumatic Stress Wales have collaborated on the co-production of a National Trauma Practice Framework for Wales that covers all age groups and all forms of adversity and traumatic events. The aim of the framework is to help people, organisations and systems to prevent adversity and trauma and their associated negative effects. It will facilitate the development of a whole systems approach to supporting the needs of people who have experienced adversity and trauma and seeks to bring consistency and coherence to support that effort and ensure that it meets the needs of those affected by trauma. This extends from the need for empathic, compassionate responses across all Welsh society and more acute and specialist interventions that may be required to support those who have clinical needs following experiences of trauma. The Framework provides agreed definitions and a consistency of understanding of what is meant by the different levels of practice in preventing adversity and trauma and supporting people affected by it.

We brought together an Expert Reference Group to advise us and support this work; this includes people with lived experience, practitioners from a range of sectors, clinical and non-clinical leads and academics to ensure the Framework is truly co-produced and which places humanity at its heart.

This document has been developed in partnership with the Welsh Government.

How to respond

This framework is now open to public consultation and will remain so until 17th June 2022. To submit a response please download the response form attached on the email or via our website:

<https://aceawarewales.com/trauma-informed-framework/>

Email the completed version to traumaframework@wales.nhs.uk.

For any further information about the Framework or the public consultation process, please email the ACE Support Hub at ACE@wales.nhs.uk.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

UK General Data Protection Regulation (UK GDPR)

Public Health Wales will be data controller for any personal data you provide as part of your response to the consultation, as organisational host for the ACE Support Hub. Any response you send us will be seen in full by staff from both the ACE Support Hub and Traumatic Stress Wales dealing with the issues which this consultation is about.

In order to show that the consultation was carried out properly, the ACE Support Hub and Traumatic Stress Wales intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

Any information received, including personal information, may be published or disclosed in accordance with the Freedom of Information Act 2000, the Data Protection Act 2018 and the Environmental Information Regulations 2004.

If your details are published as part of the consultation response then these published reports will be retained indefinitely. Any of your data held otherwise by the ACE Support Hub and Traumatic Stress Wales will be kept for no more than three years.

Your rights

Under the data protection legislation, you have the right:

- to be informed of the personal data held about you and to access it
- to require us to rectify inaccuracies in that data
- to (in certain circumstances) object to or restrict processing
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- to (in certain circumstances) data portability
- to lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection.

If you have any queries about how Public Health Wales processes your personal data, or if you want to exercise your rights under the UK GDPR, please contact:

Data Protection Officer

Public Health Wales NHS Trust

2 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

Alternatively you can email PHW.InformationGovernance@wales.nhs.uk.

The contact details for the Information Commissioner's Office are:

Wycliffe House

Water Lane

Wilmslow

Cheshire SK9 5AF

Tel: 01625 545 745 or

0303 123 1113

Website: <https://ico.org.uk/>

Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity

Ministerial Foreword

Setting out how this forms part of creating a kinder, fairer society

Contents

To be inserted

Purpose

This document aims to set out a framework to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales, providing the best possible support to those who need it most. The framework establishes how individuals, organisations and systems take account of adversity and trauma, recognising and supporting the strengths of an individual to overcome this experience in their lives. It also sets out the support they can expect to receive from the organisations, sectors and systems that they may turn to for help. It has been written to be inclusive of people of all ages, from children and young people right through to older adults.

The framework has been produced to support society in Wales to ensure we create the best possible conditions for people to receive timely support that is trauma-informed, trauma-reducing and based on individual needs, to prevent suffering and aid healing and growth. This covers a continuum from recognising the signs and symptoms of the impacts of trauma, enabling services to support practice that helps people feel connected, valued and safe, through to specialist clinical interventions when these are required.

The framework recognises that people do not follow a linear path in their response to, or experience of, overcoming adversity and trauma and seeks to promote systems change to reflect that understanding. Reducing exposure to adversity and trauma is about ensuring everyone has a chance to access the right conditions to thrive. This framework is not about labelling people, or reducing their experience to a metric based on scores or screening, but seeks to guard against negative or damaging practices.

This framework promotes an understanding that all of us will have experiences in our lives that we may find distressing or traumatic for which we may at times benefit from seeking help.

Aim

The aim of this framework is to:

1. Provide a co-produced, single framework which provides a continuum from universal through to specialist approaches; and that these specialist approaches need to be 'wrapped around' by universal trauma-informed approaches.

2. Provide a consistency of understanding of what is meant by a trauma-informed approach; setting out the essential knowledge and skills to operate at all practice levels to support and help people affected by traumatic events.
3. Bring together good practice across Wales in a single, accessible framework with resources which support workforce development in the context of trauma-informed organisations working in a system that enables and supports this.
4. Ensure improved trust and join up between services, organisations and sectors, and make a positive difference to the lives of children, adults and their families in Wales through a consistent way of working, ensuring that individual recovery and growth journeys are person-centred and effective.
5. Provide a Practice Framework that sets out the knowledge and skills needed for each practice level, and a repository of resources that support each area.

Evidence and best practice have been synthesised to inform this document including:

- The research report '*An exploration of the Trauma Informed terminology and approaches being used by significant programmes, interventions and projects in Wales*'ⁱ
- A literature review: '*Trauma Informed: Identifying Key Language and Terminology through a Review of the Literature*'ⁱⁱ
- National institute for Health and Care Excellence, International Society for Traumatic Stress Studies and Matrics Cymru/Plant guidelines on the prevention and treatment of post-traumatic stress disorder (PTSD)^{iiiiv}
- An Expert Reference Group of people with lived experience, researchers, clinicians, policy makers and practitioners working with people impacted by trauma in a range of settings in Wales
- Learning from the Ace Support Hub 'Trace' Toolkit^{vi}
- The development of the NEST/NYTH Model^{vii}
- The SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach^{viii}
- NHS Education for Scotland (NES) Knowledge and Skills Framework for Psychological Trauma^{ix}.
- The Wellbeing of Future Generations Act (Wales) 2015
- 'Lessons from Lockdown' and systems responses to COVID 19^x
- Consultation with key stakeholders

Background and Policy Context

We, as a Welsh society, have an important part to play in helping each other understand that we may all, at some point, struggle because of adversity, trauma or distress in our lives. To address these experiences, we need access to things that support and promote our personal strengths, such as good relationships with supportive peers, family and our communities around us.

Structural inequality, discrimination and factors that we call the social determinants of health, for example economic, social and other factors affecting our living conditions, may mean that for some of us access to support is not equitable or fair. Equally, a lack of knowledge and understanding about what makes us emotionally healthy can mean we don't always know when to ask for help or what to ask for. Similarly, emotional deprivation can preclude us from being able to seek the right support at the right time.

Trauma-informed organisations understand that adversity, trauma and distress can occur to anyone and at any point across the life course. They aim to create psychosocially healthy conditions for both the workforce and people they support to minimise exposure to adversity, trauma and distress. They will be confident in understanding what interventions and supportive factors someone may need in place to prevent and mitigate the long-term impact on mental health.

Trauma-informed organisations work most effectively when they facilitate time and resources where they are needed most. They are integrated, person centred and embody the five ways of working of the Wellbeing of Future Generations Act (Wales) 2015 (see Figure 4 below).

Welsh Government *'Review of Adverse Childhood Experiences (ACE) policy: report How the ACE policy has performed and how it can be developed in the future'*,^{xi} published in March 2021, set out the need to focus on what professionals, organisations and experts need to do to turn knowledge about ACEs into practice that makes a difference to people's lives. It recognised the shift towards using the term 'trauma-informed' to describe this, but also the lack of clarity about exactly what this means and how this is already being embedded in practice and different approaches. We know that ACEs are traumatic experiences, but the full range of possible traumatic experiences is much broader than ACEs alone.

Different people find different things traumatic, and this framework considers a traumatic experience to be any experience that is unpleasant and causes, or has the potential to cause, someone distress and/or anxiety. Not all traumatic experiences would fall into the categories required for a diagnosis of PTSD, (actual or threatened death, serious injury or sexual violence), but all traumatic experiences may be extremely distressing and significantly impact the person. Different people react in different ways to traumatic experiences, some people will not experience any distress, others will have a self-limiting response and a minority will experience more marked difficulties. Some people will develop diagnosable conditions such as PTSD, complex PTSD, depressive, anxiety and substance use disorders, and, albeit rarely, psychosis. This framework seeks to address and provide clarity on important questions around spectrums of distress, definitions and language.

The lack of consistency around definition and approach means that the impact of taking a trauma-informed approach is challenging to evaluate. Despite this, initial evidence suggests that trauma-informed approaches may have significantly positive outcomes for children and adults^{xii} in a range of services including clinical care^{xiii}. Examples include improvements in clinical care and prevention of illness by identifying who may be at risk and improving outcomes and engagement with health and wider services, which also leads to reduced health care costs.^{xiv} Trauma-informed care can also benefit health professionals with a personal history of trauma or who have experienced work-related trauma^{xv}.

Defining a Trauma-Informed Approach

The term 'trauma-informed' is now commonly used when we talk about responding to adversity, trauma and distress. Despite this, there has never been a collective agreement about its definition and how this translates into practice. There are several training providers, organisations and programmes offering trauma-informed approaches within Wales, but there is a lack of consistency about what this means. This framework provides a working definition that applies to the general population through to specialist services, as well as the communities and systems that provide the context to those events and in which the services providing support operate. The definition seeks to facilitate the collective adoption of an approach that helps to minimise the occurrence of trauma,

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

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

In this approach knowledge about trauma and its effects are integrated into policies, procedures, and practices. It seeks to actively resist re-traumatisation and prevent and mitigate adverse consequences, prioritising physical and emotional safety and commits to 'do no harm' in practice.

In practice, a Wales trauma-informed approach means that we all may at some point in our lives experience adversity, trauma or distress. To be trauma-informed, all individuals, organisations and systems in Welsh society will understand behaviour as communication, recognise cultural, gender and historic issues and their causal link with experiences of trauma. Collectively, we will seek to be non-judgemental, kind and compassionate, promoting resilience and strength as collective rather than individual resources. We will understand the importance of safety and trust in addressing adversity, trauma and distress.

We will seek to create healthy psychosocial environments in which people can thrive but where adversity, trauma or distress occurs there is peer support embedded in local communities and clear pathways to more specialist involvement at the appropriate level, as set out in the Wales Trauma-Informed Practice Framework.

Principles of a Wales Trauma-Informed Approach

At its most simple level a **Wales trauma-informed approach** recognises and understands the adverse and traumatic experiences that people of all ages can be exposed to. It is underpinned by a set of five practice principles:



Figure 2 The 5 Practice Principles

Trauma-Informed Practice Framework

The Wales **trauma-informed practice framework** has four defined practice levels. The levels describe the different roles that people may have within a variety of contexts. Although the specific elements of the practice levels differ, they are all underpinned by the five practice principles, which are universal. These practice levels are not defined by the profession or setting of the individual, instead they describe different helping roles to support people of all ages who have experienced trauma. They promote compassionate, empowering and supportive relationships within the community, services and specific interventions. A trauma-informed organisation will understand how these practice levels apply to their own workforce, and how to facilitate support within each level by developing policies, procedures and practices, both for people who use its service and the staff that make up that organisation. The approach enables each practice level to operate through a trauma-informed set of commissioning structures. Performance indicators recognise the principles of the trauma-informed approach and measure success in outcomes that reflect them.

Trauma-aware is a universal approach that emphasises the role that we all have as members of Welsh society, and seeks to raise awareness and understanding. It challenges social norms that maintain oppression and inequality, and highlights that people in all communities have a role to play in preventing ACEs, adversity and traumatic events, providing community-led responses to the impact of ACEs and trauma, and supporting resilience through connection, inclusion and compassion.

A **trauma-skilled** approach is embedded within the practice of everyone who provides care or support to people who may have experienced trauma, whether or not the trauma is known about. This may apply to most organisations and services in Wales, and many working in and with the community.

A **trauma-enhanced** approach is used by frontline workers who are providing direct or intensive support to people who are known to have experienced traumatic events within their role, and encompasses ways of working to help people to cope with the impact of their trauma.

Specialist interventions may be formal, evidence-based psychological or pharmacological interventions that are offered within a range of settings or specialist input to support organisations and systems to be trauma-informed.

Together, these four practice levels provide an integrated, trauma-informed practice framework that provides a coherent and joined-up way of working within organisations, systems and the community.

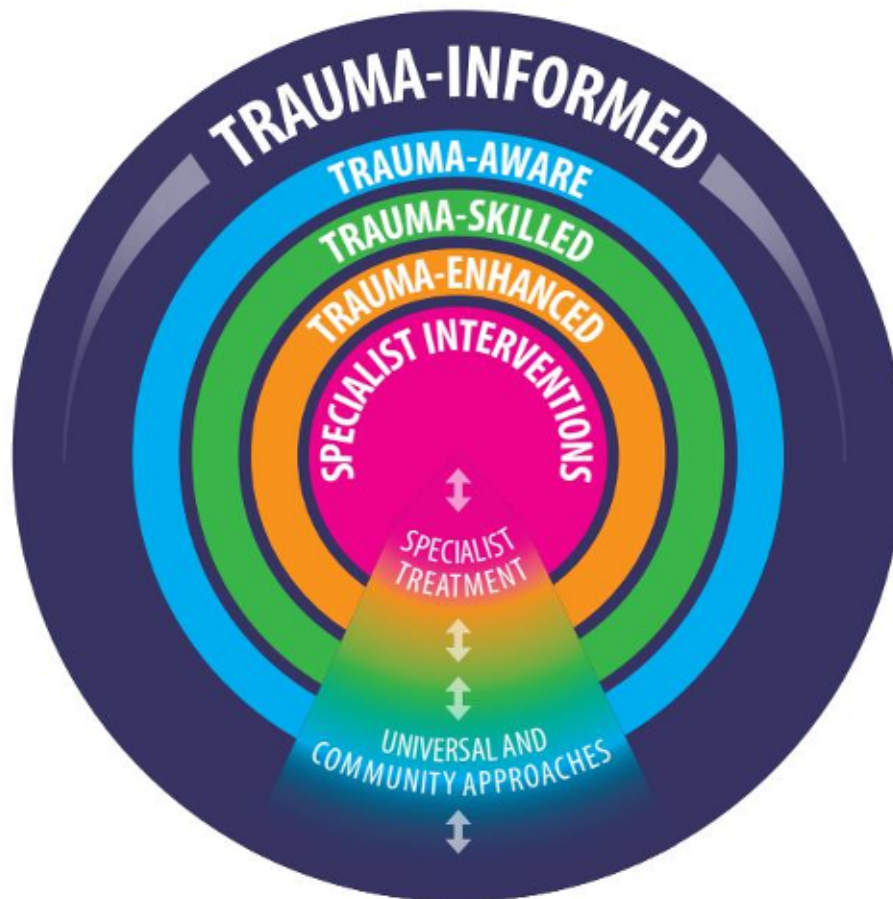


Figure 3 Trauma Practice Framework Model – the relationship between universal and specialist approaches all working in a trauma-informed way. It recognises how individuals move between practice levels based on need, in a non-linear way.

Level *	Who is this level aimed at?	What does this mean for people and those who need support?	What does good look like?
<p>Trauma-Aware</p>	<p>Everyone. The general public, communities, organisations and systems.</p> <p>This level is universal and includes the private, public and third sectors.</p>	<p>Understands that many people will have been affected by adversity and trauma in their lives.</p> <p>Raises understanding that we may all have been affected by trauma and adversity, and that compassion, kindness and supportive and empowering relationships within the family, community and beyond have a hugely important role to play.</p> <p>Understands that adversity in childhood is not just experienced in the family and the household, but in the community and the environmental context.</p> <p>Empathically recognises and supports people who are distressed</p> <p>Challenges social norms that restrict equity of access to protective factors that prevent adversity and trauma, provide safety and support resilience.</p> <p>Strengthens existing individual positive coping mechanisms and the development of resilience from ACEs and other traumatic events, for those with less protective factors to support them such as through an understanding of the importance of protective factors such as a trusted adult in childhood and peer support in adulthood, inclusive, involved and connected community, control of destiny and management of emotions.</p> <p>Helps to foster supportive relationships within families and communities.</p>	<p>Public awareness raising campaigns, such as ‘Time to be kind’ ensure individuals are aware of the impact of adversity and trauma</p> <p>Open and empowering discussions around social and environmental factors that underpin adversity.</p> <p>Policies and initiatives recognise and seek to address the social determinants of trauma and adversity, such as educational inequality, discrimination, marginalisation and poverty.</p> <p>Organisations invest in training and resources using socially responsible procurement that help them to develop trauma-informed policies and ways of working, and embed them into contracts.</p> <p>Systems are designed to work for people and their needs.</p>

		<p>Raises awareness of the role that individuals, organisations, and wider society play in challenging poverty, inequality and discrimination, as well as preventing and mitigating the negative impacts of adversity and trauma, and further exposure.</p> <p>Promotes an understanding that distressing reactions to trauma are normal but not universal and can be overcome. It reduces stigma, labelling and victim-blaming, and promotes a helpful response to people who have experienced trauma.</p> <p>Prevents the experience of ACEs and other traumatic events becoming normalised and challenges the structural inequalities and social norms that underpin them.</p> <p>Recognises that resilience is often not located within the individual, but instead recognises the impact of social and environmental factors.</p> <p>Relationships within the community help to strengthen people's ability to cope and grow and, where possible, provide protection from the impacts of trauma or adversity.</p> <p>Offers families the chance to live in healthy communities so that they have the opportunity to heal and grow themselves, give their children the best start, and break the transmission of inter-generational trauma.</p> <p>Recognises that community and collective trauma is not just the aggregate of individual trauma, but is located in</p>	
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		<p>social and cultural interactions, in the built environment and in the social, educational and economic opportunities within a community.</p> <p>Provides opportunities for inclusion and participation in meaningful activities.</p> <p>Relationships and organisations facilitate the disclosure and discussion of adversity and other traumatic experiences.</p> <p>Recognises that positive experiences can help promote and protect future health and well-being.</p> <p>Creates an organisational culture that facilitates positive outcomes for individuals.</p>	
<p>Trauma-Skilled</p>	<p>Staff and volunteers who have direct contact with individuals of all ages who may be affected by adversity or traumatic events, whether or not the trauma is known about and regardless of when it happened.</p> <p>This includes most organisations or settings in which education, care or support is provided and in which public duties are carried out.</p>	<p>Focuses on providing safety and promoting trust, preventing and mitigating the impacts of adversity and other traumatic experiences, and preventing re-traumatisation.</p> <p>Provides the individual or family with compassionate, person-centred and individualised support and care in language that they understand.</p> <p>Practitioners recognise the impact that life experiences and social factors have on individuals, and recognise the prevalence and range of adversity, traumatic experiences and impacts.</p> <p>Understands the central importance of safe relationships and the importance of trust.</p>	<p>Access to support is needs led and responses informed by an understanding of the experience of the individual.</p> <p>Individuals receive the support that they need to achieve more positive outcomes for their health, physical and mental wellbeing.</p> <p>Organisations have self-assessed how they are able to offer support to individuals and staff who present with greater needs. This includes the assessment of workplace environments.</p> <p>Policies, procedures and practices reflect an understanding of the importance of training and a confident and competent workforce who can respond to need appropriately.</p>

	<p>For example, schools, social services, health services, the third sector, emergency services and courts.</p>	<p>Understands the impact of discrimination and inequality as barriers to accessing and engaging with services and acts to remove and mitigate these.</p> <p>Understands the importance of trauma-informed environments and organisations.</p> <p>Individuals, organisations and systems prevent barriers to accessing services, care and support, and avoid re-traumatisation to help people feel safe.</p> <p>Staff and managers recognise the impact of vicarious traumatisation and work to ensure staff are given reflective spaces, regular supervision and support.</p> <p>Staff have an awareness of their own cultural and personal biases, and a sensitivity to the cultural identities that are most important to the individual.</p> <p>Provides people with a restorative experience of relationships.</p> <p>Empowers the individual or family to make decisions about the care and support that is offered to them, and feels safe to do so.</p> <p>Offers care and support in environments that are physically and psychologically safe.</p> <p>Promotes social prescribing and non-clinical interventions to improve health and wellbeing.</p>	<p>Systems understand their capacity to traumatise and seek to mitigate against this by making every contact count.</p> <p>Increased engagement with the right services and support where it is needed and at the right time.</p>
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Trauma-Enhanced	<p>Workers and carers who have regular and intensive interactions with people known to have been affected by adversity/traumatic experiences, and who provide specific supports or interventions and/or who direct or manage services.</p> <p>This includes people with specific roles in organisations or settings in which education, care or support is provided and in which public duties are carried out. For example, schools, social services, health services, the third</p>	<p>Provides the individual or family with a consistent approach across the range of organisations that they access, to ensure that there is no wrong door to accessing helpful support.</p> <p>Sensitively asks about what has happened to them, and provides compassionate and helpful responses to this disclosure.</p> <p>Recognises that those individuals close to those affected by adversity/traumatic experiences may also be affected themselves, e.g., children, other household members.</p> <p>Recognises when an individual person or family are overwhelmed by trauma related responses, and collaboratively supports them to use a range of grounding and other individually tailored techniques to enable them to return to within their window of tolerance.</p> <p>Advocates on behalf of a person or family to ensure that where possible systems and procedures do not trigger trauma related memories that lead to distress and/or re-traumatisation.</p>	<p>The experience of coping with trauma and adversity is supported to enable people affected to remain in employment, or with their family.</p> <p>Organisations provide training, management and supervision to support the workforce and ensure there are policies and processes that enable access to appropriate support based on need of the individual</p> <p>Support is available to all who need it in the workplace.</p> <p>Cultural, gender and historical traumatic experiences are recognised and an appropriate response is provided. Trauma specialist requirements are recognised and support facilitated.</p> <p>Organisations within systems recognise the risk of re-traumatisation and promote an integrated approach to prevent and mitigate this.</p> <p>Those experiencing negative coping strategies and behaviour understand that this may be rooted in their trauma experience(s) even if this is no longer taking</p>

	<p>sector and emergency services.</p>	<p>Understands when it may be helpful to ask about a person's experiences, and feels confident about how to ask about traumatic experiences or adversity, and how to helpfully respond to this.</p> <p>Acknowledges the link between past trauma or adversity (including community or intergenerational trauma) and current coping strategies.</p> <p>Collaboratively considers the ways in which coping strategies may no longer be helpful/ have become actively unhelpful.</p> <p>Consistent and integrated approach between and within services to ensure shared understanding of the person's/family's needs, and joined-up and integrated support.</p> <p>Organisations have well established policies, practice guidance and mechanisms to facilitate supervision and support to staff who have enhanced responsibilities to support those who are affected by adversity/traumatic experiences.</p> <p>Organisations have policies, procedures and guidance in place that ensures that when enhanced support is needed it is facilitated without negative consequences for pay, performance, recruitment and commissioning.</p> <p>Collaboratively signposts/discusses options for care and support and facilitates access to specialist interventions if needed.</p>	<p>place, and services and systems recognise the life course nature of adversity and trauma.</p> <p>Individuals maintain their choice and discussions and decisions about support are made in collaboration and in an empowering way that reduces the risk of further escalation.</p> <p>Organisations and systems value the people that work with and for them, and recognise the importance of enhanced support through all levels of the organisation and provide clear guidance as to how they will provide that.</p>
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<p>Specialist Interventions</p>	<p>Practitioners/ services who provide low or high intensity, formal evidence-based or evidence-informed interventions for people impacted by traumatic events.</p> <p>Often provided by health care providers but may also be provided by the third sector and other people/ organisations.</p> <p>These services may be within community settings, out-patient services or in-patient services.</p> <p>These interventions may include specialist psychological therapies,</p>	<p>Individuals and families are able to access a comprehensive and co-produced assessment of their needs, and effective and evidence-based interventions that are matched to these.</p> <p>Practitioners/services will comprehensively and appropriately assess current psychological distress and functional difficulties in light of trauma history, taking into account the person's current context and the purpose of assessment.</p> <p>Together with the individual, practitioners will select the evidence-based intervention which is most likely to be helpful and meaningful.</p> <p>Services offering these interventions will be compassionate, empowering and person-centred.</p> <p>They will understand the psychosocial determinants of psychological and mental health and the central role of social inequity in the development of mental health difficulties, including PTSD, CPTSD, psychosis, eating disorders, depression and other mental health difficulties.</p>	<p>Individuals and families access specialist interventions that meet their needs, when they need them. They feel safe when accessing specialist support and empowered to make choices through trust and collaboration with practitioners and services.</p> <p>Services that are able to disseminate evidence-based interventions at scale, including those that can harness modern technology to do this.</p> <p>Services providing assessment & formulation-based interventions utilising a range of therapeutic modalities, including trauma-focussed approaches.</p> <p>Systems which distribute professionals with trauma-expertise across the pathway, including supporting with training, supervision & consultation at the community level.</p>

	<p>pharmacological and other treatments for the wide range of mental health issues associated with traumatic events.</p> <p>People working at this level are providing specific care, support and interventions for the consequences of traumatic events.</p> <p>They may also take a role in supporting and supervising trauma-skilled and responsive/enhanced services.</p>	<p>Individuals will be able to access evidence-based psychological interventions in a choice of settings and delivery modalities that are convenient for them, including guided self-help, internet-based therapies and video-conferencing.</p> <p>Individuals will evaluate their own outcomes using wellbeing measures, goal-based outcomes, and satisfaction measures, to ensure that the therapies are helpful and meaningful to them.</p> <p>Individuals will be able to access evidence-based pharmacological treatment that can be initiated and monitored in primary care and be stepped-up to more specialist evidence-based pharmacological therapies if indicated.</p> <p>Practitioners will be able to identify when individuals are not responding to treatment and may step-up to more specialist interventions as part of an individualised, person-centred pathway that is informed by their needs.</p> <p>Individuals may receive highly specialist interventions that integrate different modalities and therapies, and may be delivered within multi-disciplinary teams and across a range of services.</p> <p>Individuals will be supported by safe and effective practitioners who are appropriately trained and supervised.</p> <p>Practitioners working at this level will be trauma aware and skilled.</p>	
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		<p>Informed by practice guidelines such as the Matrics Cymru, ISTSS guidelines and NICE guidelines, practitioners will use best evidence to inform the work they do.</p> <p>When more than one option exists, be able to offer a choice of evidence-based treatments, e.g., EMDR and CBT with a trauma focus for PTSD or, where appropriate, use the phase-based model of trauma care to inform therapeutic interventions and care planning.</p> <p>Practitioners will be able to develop a psychological formulation to explain current distress and functional difficulties which draws on trauma and psychological theory and takes into account trauma-specific, life-span, neurobiological, developmental, gender-specific and cultural factors as well as the contribution of current physical health difficulties.</p> <p>Practitioners will use this formulation to inform psychological intervention/therapy and or a multi-agency care plan, as appropriate.</p> <p>Regular supervision that allows practitioners to reflect on their practice, identify and receive support for vicarious trauma, and to work safely and effectively.</p> <p>Regular training to keep updated around latest developments in interventions for trauma.</p>	
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Figure 4 Trauma-Informed Practice Framework

Trauma-Informed Organisations

Individuals requiring support often work within organisations; sometimes those organisations are also the services that provide that support to others. Organisations across Wales should ensure that their workforces, and the people that the organisations work with and for, operate in a trauma-informed way. Trauma-informed organisations consider their role in preventing, mitigating and tackling adversity, understanding traumatic events and what this can mean for those who experience them, particularly if individuals do not have access to the protective factors that enable positive coping strategies. To be able to embed trauma-informed practice into an organisation requires good leadership, reflection on current culture, practice and process and the identification of opportunities to develop and implement approaches that reflect the five principles of the Wales trauma-informed approach. All organisations, regardless of their purpose or service delivery or whether they are public or private, should be trauma-informed in their approach. But the practice levels that are specifically delivered within that organisation will depend on their self-assessment of what is required for their own work force as well as their service delivery model.

In any organisation, access to support at all practice levels should be facilitated for the workforce itself based on need, including practice levels delivered by the same workforce as part of service delivery. Organisations must ensure they practice an integrated and innovative approach to health and wellbeing generally and support prevention and early intervention. It is imperative that organisations and staff are equipped with the skills and knowledge needed to consider their impact on future generations living in Wales, and do so taking account of the five ways of working as set out in the Wellbeing of Future Generations Act (Wales) 2015.



Figure 5 The Five Ways of Working

This also includes a consideration of the particular adversities that may be faced in the context of the local area and the population they serve, including adversity within a community such as deprivation, poor housing, racial discrimination, or violence. These broader adversities can also impact an individual's long-term physical and mental health across the life-course, including the risk of chronic stress and negative coping mechanisms.

The ACE Support Trauma and ACE (TrACE) Informed Organisational Toolkit provides a practical guide to support organisations to embed ACE Awareness and Trauma-Informed Practice. The toolkit aims to support organisations to reflect on current culture, practice and process and identify activity to implement more trauma-informed and trauma responsive approaches, resulting in increased ownership for transformational change within their setting.

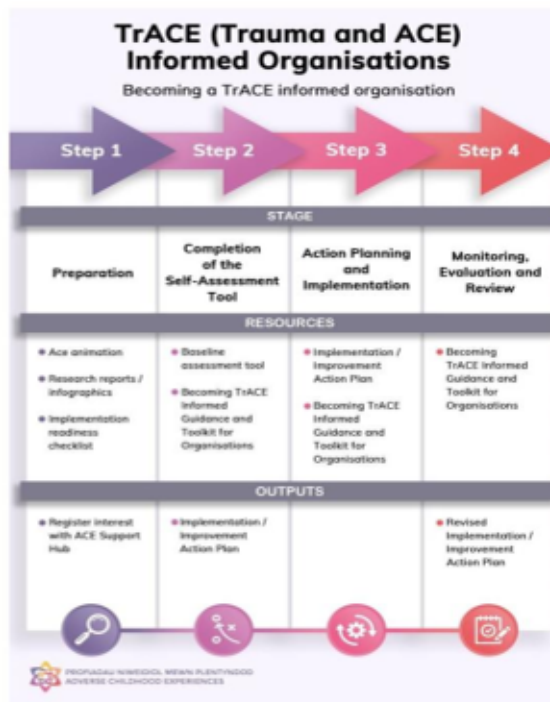


Figure 6 TrACE Informed Organisations

Trauma-Informed Systems

All trauma-informed organisations operate within a system, or collection of systems, that are complex, complicated and have the potential to be trauma informed or cause more harm. Systems that are not trauma-informed risk re-traumatisation of individuals through multiple contacts and requests to retell or relive their trauma, or siloed working that focuses on individual problems based on expertise, rather than taking a holistic and often whole family approach to understanding the needs of people who may need support. Systemic problems are often rooted in broader societal issues; the social determinants of health, health equity and structural inequalities. Organisations working in a trauma-informed way, reflecting the five principles of this approach, can also effect transformational system change through developing communities of practice, prioritising systems thinking and leadership within its business strategy and recognising the importance and power of shared language and vision as well as joined up, integrated services. Listed public bodies must work to achieve all of the seven wellbeing goals as set out in the Wellbeing of Future Generations Act (Wales) 2015.



Figure 7 Wellbeing Goals

Trauma-informed systems are not the preserve of public services; they recognise, prioritise and empower the voices of the community, voluntary and third sectors, public and private sectors and are integrated with the functions of local and national government. Systems that are trauma-informed are the products of collective action.

Trauma-Informed Systems:

- Challenge silo working and restrictive funding and outcome frameworks
- Review and rationalise overly bureaucratic processes that serve the system not the individual
- Create an environment where creativity and fluidity flourish
- Promote collaboration where all partners, and communities, share power equally
- Avoid the individualisation of problems that label, stigmatise or restrict access to services
- Understand that individuals are affected by the environment and context of their lives but depending on their experience may not be affected equally
- Ensure people are safe to seek help and emotional support within the system and are not penalised by it
- Promote trust in leadership that demonstrates the five trauma-informed practice principles, and enables dispersed leadership
- Values and measures the things that make a difference to wellbeing.

Figure 8 Trauma-Informed Systems

Understanding Impact

Monitoring progress towards the adoption and delivery of a trauma-informed approach throughout Wales, and evaluating the impact this has on the population, will be challenging but essential to achieve the ambition set out in this document. An important next step will be more detailed work to identify key deliverables and qualitative and quantitative indicators of success that can be routinely measured. Establishing consistency around definitions and approach provides an opportunity to develop an evaluation framework that commits to conducting audit, research and quality improvement work to drive a continuously learning, developing and increasingly effective system.

Glossary

Adverse Childhood Experiences (ACEs)	Chronic stress on individuals during childhood. Such stress arises from the abuse and neglect of children but also from growing up in households where children are routinely exposed to issues such as domestic violence or individuals with alcohol and other substance use problems. Collectively such childhood stressors are called ACEs (Adverse Childhood Experiences).
Adversity	A difficult or unpleasant situation, set of circumstances or experiences.
Chronic Stress	A sustained and consistent feeling of being pressured and overwhelmed. This occurs over a long period of time as opposed to acute stress which is a physiological and psychological reaction to a specific event.
Complex Post Traumatic Stress Disorder (CPTSD)	A condition that can arise following exposure to a major traumatic event, commonly after prolonged exposure or exposure to multiple events. In addition to the symptoms of PTSD, people with CPTSD experience difficulties controlling their emotions, feel negatively about themselves and have difficulties in relationships with other people.
Person Centred Approach	Where the individual is placed at the centre of the service and treated as a person first. The approach takes a co-productive, collaborative, cross-sector approach to identifying, understanding and supporting the person's needs and promotes psychological and physical safety by promoting choice, collaboration, transparency and empowerment.
Post Traumatic Stress Disorder (PTSD)	A condition that can arise following exposure to a major traumatic event or events. The symptoms of PTSD are re-experiencing (nightmares and flashbacks), avoidance (of thoughts and reminders) and increased arousal (being very cautious and jumpy).
Recovery	The journey to being able to live in the present without being overwhelmed by traumatic events in the past. Recovery does not necessarily mean the complete freedom from the effects of trauma or adversity.
Resilience	The ability for individuals to overcome serious hardships such as those presented by ACEs or trauma.
Social determinants	The broad social and economic circumstances that together influence health throughout a person's life course.
Strengths Based	A focus on the positive attributes of a person or a group rather than the negative ones.
Systems	A set of components including individuals and organisations working together as part of an interconnecting network. A system is the whole sum of the parts.

Trauma-Informed Approach	This approach recognises that everyone has a role in creating opportunities and life chances for people affected by trauma and adversity. It is an approach where a person, organisation, programme or system realises the widespread impact of trauma and understands potential paths for healing and overcoming adversity and trauma as an individual or with the support of others, including communities and services.
Trauma	Different people find different things traumatic; a traumatic experience is any experience that is unpleasant and causes, or has the potential to cause, someone distress and/or anxiety.
Trauma Therapies	Formal, evidence-based psychological or pharmacological interventions that are offered within a range of settings.
Trauma-Aware	A universal approach that highlights that everyone from all communities have a role to play in preventing ACEs and traumatic events, providing community-led responses to the impact of ACEs and trauma, and supporting building resilience through connection, inclusion and compassion.
Trauma-Informed	Taking into account that anybody could have experience trauma and seeking to not retraumatise in our behaviours and interactions.
Trauma-Enhanced	An approach used by frontline workers who are providing direct or intensive support to people who are known to have experienced traumatic events within their role, and encompasses ways of working to help people to cope with the impact of their trauma.
Trauma-Skilled	An approach embedded within the practice of everyone who provides care or support to people who may have experienced trauma.
Vicarious trauma	Experiencing trauma symptoms from being repeatedly exposed to other people's trauma and their stories of traumatic events.

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Consultation Response Form

Your name:

Organisation (if applicable):

Email / telephone number:

Your address:

Question 1: Before reading this document, how familiar were you with the concept of a trauma informed approach? Do you agree it should be a priority for everyone in Wales?

Question 2. We would like to know your views on the **aims** of this framework, specifically whether it reflects the experience of adversity and trauma

Question 3. Is there anything missing in the overall approach set out in this document?

Question 4: Thinking about the definition of a trauma-informed approach proposed in this document, is there anything missing?

Question 5: The approach set out in this framework is underpinned by 5 practice principles; are they right? Is anything else that should be included?

Question 6: The trauma-informed practice framework has four practice levels. Are the difference between each of these levels clear, and can you see who they might be aimed at?

Question 7 Within the practice levels, is the support that might be received in each level clear, and do you have any further examples of what good looks like in relation to this?

Question 8: Thinking about trauma-informed organisations and systems, is it clear how the definition, 5 principles, and practice framework applies?

Question 9: The practice framework aims to exemplify the approach it sets out; does it achieve this in the tone, language and inclusivity of diverse lived experience?

Question 10: We want to understand your thoughts on implementation of the framework. What are the challenges to putting this into practice, and what else might you need to do so?

We have asked a number of specific questions. If there is any further information you wish to add please do so here:

Responses to consultations are likely to be made public, on the internet or in a report.

If you would prefer your response to remain anonymous, please tick here

Please attach this response form to an email and send to traumaframework@wales.nhs.uk.

