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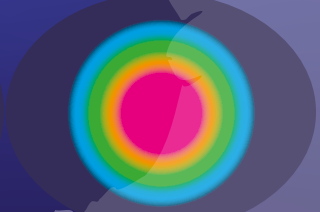
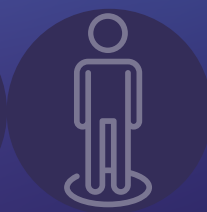
Traumatic  
Stress  
Wales



Hyb ACE Cymru  
ACE Hub Wales

# Trauma-Informed Wales:

A Societal Approach to Understanding,  
Preventing and Supporting  
the Impacts of Trauma and Adversity





## Acknowledgements

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# Ministerial Foreword

During our lives we may all experience traumatic events. Most of us will develop ways to cope with such experiences and will continue our lives without any long-term consequences. We may receive help and support from our families, friends, or others in our community. We must never underestimate the importance and value of such social connections.

For some of us, the magnitude of these experiences is such that we will need longer-term specialist help to recover from the impact of trauma. These experiences are likely to have an impact, not only on our physical and mental well-being, but also on our families and relationships with others. We know people affected by trauma may lose trust in individuals and services. However, we have seen examples of where adopting a trauma-informed approach can help to rebuild trust and relationships.

This Framework is a significant step in raising awareness and understanding of how trauma can impact on everyone's lives and provides a consistent way of helping people who have experienced trauma. It is a milestone in our journey towards becoming a trauma-informed nation.

Importantly, the Framework helps us to understand the roles we have, and the difference we can make by simply being kinder, more compassionate and more understanding of each other.

The introduction of the Framework could not be more timely. The COVID-19 pandemic and events in Ukraine have raised our consciousness of trauma and its potential impact on people's health and well-being. Against the background of adversity, we have seen how simple acts of kindness, and help, can make a positive difference in the lives of those affected. Across Wales we have seen how people and communities have come together to help others, including offering sanctuary to those who have fled from conflict. It is these kinds of behaviours and actions which underpin how we can live in a trauma-informed way.

The Welsh Government has made support for people's mental well-being a priority. We recognise that good mental well-being is important to help people realise their potential and cope with life's challenges. Responding in a trauma-informed manner can improve positive mental well-being.

We want to see public services, third sector organisations, communities and individuals adopting this Framework and embedding it into practice, so that all interactions with each other and the people we serve, are based on a trauma-informed approach. Through collective action we know we can make a difference.

The Framework is an important aspect of the Welsh Government's new Adverse Childhood Experiences (ACEs) Plan and it will help us to achieve the actions in our 'Together for Mental Health Strategy'. It will also influence the delivery of wider Welsh Government policies, particularly those which support vulnerable people and communities. We strongly believe working in a trauma-informed way can transform lives, help those living with the impact of trauma to heal and, importantly, empower people to cope or seek help to cope with the many challenges life brings. We look forward to continuing to work with our partners to implement the Framework. It is important to turn all the interest and goodwill shown during the development of the Framework into action which can make a real difference to the lives of those impacted by trauma and adversity.

We would like to thank ACE Hub Wales, Traumatic Stress Wales and members of the Expert Reference Group for co-producing the Framework. We would also like to express our sincere thanks to everyone who took part in the consultation exercise.



**Julie Morgan MS,**  
Deputy Minister for  
Social Services



**Lynne Neagle MS,**  
Deputy Minister for  
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# Glossary

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<b>Adverse Childhood Experiences (ACEs)</b>	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).
<b>Adversity</b>	A difficult or unpleasant situation, set of circumstances or experiences.
<b>Chronic Stress</b>	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.
<b>Complex Post Traumatic Stress Disorder (CPTSD)</b>	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.
<b>Person Centred Approach</b>	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 autonomy.
<b>Post Traumatic Stress Disorder (PTSD)</b>	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).
<b>Recovery</b>	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.
<b>Resilience</b>	The ability for individuals to overcome serious hardships such as those presented by ACEs or trauma. Resilience is impacted by context.
<b>Social Determinants</b>	The broad social and economic circumstances that together influence health throughout a person's life course.
<b>Strengths Based</b>	A focus on the positive attributes of a person or a group rather than the negative ones.
<b>Systems</b>	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.

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<b>Trauma-Informed Approach</b>	This approach recognises that everyone has a role in facilitating 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.
<b>Trauma</b>	Different people find different things traumatic and there are a number of definitions of trauma, for example SAMHSA and Blueknot <sup>1</sup> . For the purposes of this document, trauma is defined as any experience that is unpleasant and causes, or has the potential to cause, someone distress and/or anxiety. It is important to note that trauma can also be used to refer to the impact of a traumatic event
<b>Trauma Therapies</b>	Formal, evidence-based psychological, pharmacological or other interventions that are offered within a range of settings.
<b>Trauma-Aware</b>	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.
<b>Trauma-Informed</b>	Taking into account that anybody could have experienced trauma and seeking to not retraumatise in our behaviours and interactions.
<b>Trauma-Enhanced</b>	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.
<b>Trauma-Skilled</b>	An approach embedded within the practice of everyone who provides care or support to people who may have experienced trauma.
<b>Vicarious Trauma</b>	Experiencing trauma symptoms from being repeatedly exposed to other people's trauma and their stories of traumatic events.
<b>Wider Determinants of Health</b>	The wider determinants of health are social, economic and environmental factors that influence health, well-being and inequalities <sup>2</sup>



# Purpose

This document aims to set out an all-society 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, families/other support networks, communities, 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 babies, children and young people right through to older adults. The Framework applies to the whole of Welsh society but the target audience for this document is those responsible for making trauma-informed policy and developing trauma-informed organisations and services. It is hoped that the Framework will be helpful to a much wider range of people. To ensure equity of access, a plain English summary, companion documents and other resources for a range of audiences, including specific populations such as children and young people, will accompany the Framework.

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 done with, rather than done to, trauma-informed, trauma-reducing and based on individual needs, to prevent suffering and aid healing and growth. This covers a continuum from awareness that trauma and adversity exists and recognising the multiple presentations of the impacts of trauma, enabling services to support practice that helps people feel connected, valued and safe, through to specialist clinical interventions, that are personalised and co-produced, when these are required.

The Framework takes a human rights and children's rights-based approach and aims to complement relevant legislation, policy and other frameworks, including the Equality Act 2010<sup>3</sup>, the Social Services and Wellbeing (Wales) Act 2014<sup>4</sup>, the United Nations Convention on the Rights of the Child<sup>5</sup>, More Than Just Words<sup>6</sup> and the Taking Time Framework<sup>7</sup>. It acknowledges the strengths and limitations of different paradigms and aims to support a balanced, joined-up approach that recognises and respects differences between people who share the common goal of improving the health and wellbeing of those affected by traumatic events and adversity. It recognises the need to be inclusive and consider the multiple factors, including social, psychological and biological, that contribute to the development of the many presentations encountered. It recognises alternative models to diagnostic ones, for example the Power Threat Meaning Framework<sup>8</sup>, and recognises the perceived utility of different models and paradigms to different people. It recognises the need for the whole of Welsh society to work together to create a better Wales.

The Framework recognises that people may experience a complex journey that does 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 and to separate the person from their traumatic experiences.

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. The Framework is strengths-based and outcomes focused.





# Aims and Objectives

The aim of this Framework is to develop a Wales that recognises and responds to trauma and its effects in a positive way to improve the health and wellbeing of those affected. Its objectives are 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 Make a positive difference to the lives and outcomes of children, adults and their **families/ support networks** in Wales through a consistent way of working, between services, organisations and sectors. This will include effective and secure systems for sharing information, ensuring that individual journeys that may lead to recovery, living well with the impacts of trauma, and/or growth are person-centred, person-led 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*'<sup>9</sup>
- A literature review: '*Trauma Informed: Identifying Key Language and Terminology through a Review of the Literature*'<sup>10</sup>
- 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)<sup>111213</sup>
- 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 Hub Wales 'Trace' Toolkit<sup>14</sup>
- The development of the NEST/NYTH Model<sup>15</sup>
- The SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach<sup>16</sup>
- NHS Education for Scotland (NES) Knowledge and Skills Framework for Psychological Trauma<sup>17</sup>.
- The Wellbeing of Future Generations Act (Wales) 2015
- 'Lessons from Lockdown' and systems responses to COVID-19<sup>18</sup>
- 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 connectedness and 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 directly cause distress and mean that for some of us access to support is not equitable or fair. As a result there may be other barriers to accessing support for marginalised communities including rurality and lack of public transport, language or costs. 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. In addition, organisations and systems that are not trauma-informed may exacerbate the impacts of adversity and trauma by being experienced as very traumatising.

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 physical and mental health and wellbeing.

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 5 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',<sup>19</sup> 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. It is also important to recognise that people of all ages and backgrounds are affected by adversity and traumatic experiences and the experience of adversity during childhood can manifest at any time in life, including in older age. People do not have to experience trauma or adversity to have significant needs, experience emotional distress or other presentations that trauma and adversity increase the risk of, including poor physical health, social difficulties and suicide.

Different people find different things traumatic. For the purposes of this document, trauma is defined as any experience that is unpleasant and causes, or has the potential to cause, someone distress and/or anxiety. It is important to note that trauma can also be used to refer to the impact of a traumatic event.<sup>20</sup> Not all traumatic experiences would fall into the categories required for a diagnosis of PTSD or complex PTSD (CPTSD) (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. Early trauma, especially prolonged and repeated trauma, can significantly impact the development of babies, children and young people.

Some people will notice changes in their own or others' behaviours. Some people will develop one or more diagnosable conditions such as PTSD, CPTSD, personality, depressive, anxiety and substance use disorders, and, albeit more rarely, psychosis. Other people's reactions and needs will be shaped by co-existing factors, for example, impaired capacity to make decisions, additional learning needs, neurodiversity, cognitive impairment and asylum status. This Framework seeks to address and provide clarity on important questions around spectrums of distress, definitions and language.





compassionate responses to people who have experienced adversity and trauma. This definition will be underpinned by a set of practice principles set out further in this document.

The literature review '*Trauma Informed: Identifying Key Language and Terminology through a Review of the Literature* (Addis et al 2021)<sup>ii</sup> also identified a range of definitions, including terminology above and both reports helped to establish a consensus.

We believe that there is a need for a definition of a trauma-informed approach that builds on what has been identified in the research, but also reflects what is important for our approach in Wales. This is a recognition of the impact of addressing the social determinants of health and that certain Welsh communities and individuals are impacted disproportionately by adversity and trauma. This can lead to barriers to accessing the right support at the right time as a result of things like structural inequality and discrimination. Furthermore, emotional deprivation whereby trusted relationships are not present or established further exacerbate our ability to access support or to acknowledge that we may need it. Within that we define a Wales trauma-informed approach as:

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

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

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

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

In practice, a Wales trauma-informed approach recognises that we all may at some point in our lives experience adversity, trauma or distress. To be trauma-informed, all individuals, communities, organisations and systems in Welsh society will understand behaviour as communication, recognises and understands the impact of cultural, gender and historic inequalities, and social injustice 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

There are many existing examples of trauma-informed work in Wales. 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 and affected by. 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 and represent a spectrum rather than a hierarchy. Many people affected by traumatic events will need support from different levels at the same time and a person-centred, integrated, interacting system is vital to maximise its effectiveness. More people will require support from the trauma-aware, trauma-skilled and trauma-enhanced practice levels than the specialist intervention practice level. Although the specific elements of the practice levels differ, they are all underpinned by the five practice principles, which are universal, and are based on the best evidence available (acknowledging research and practice generated knowledge). 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, empathic and supportive relationships, services and specific personalised and co-produced interventions. They enable self-awareness and self-determination in the individual and community cohesion. They recognise that an effective trauma-informed intervention often does not require formal treatment and access to the natural world in Wales has a great capacity to support people. 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, personally and professionally, and seeks to raise awareness and understanding. It challenges perceptions 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 applies 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 personalised and co-produced 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.

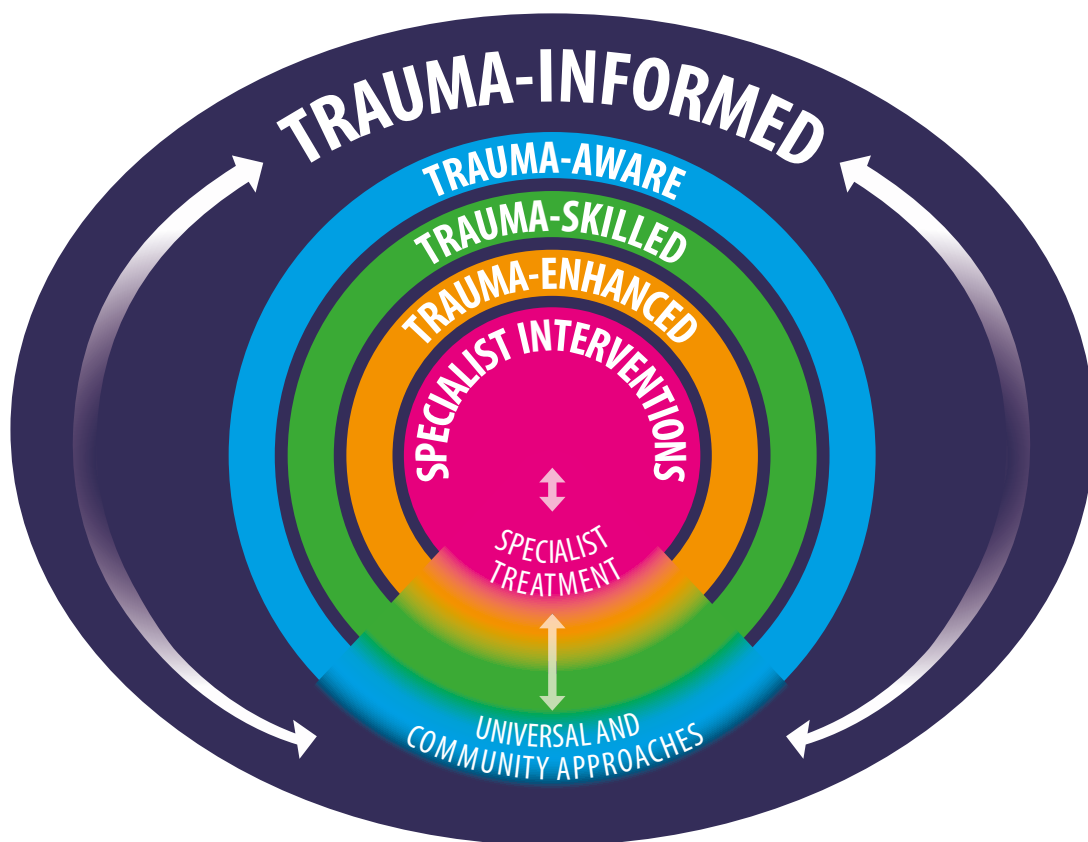


Figure 3 Trauma Practice Framework Model – the relationship between universal and specialist approaches all working in a trauma-informed way. It recognises how individuals move between practice levels based on need, in a non-linear way.

Level *	Who is this level aimed at?	What does this mean for people and those who need support?	What does good look like?
<p><b>Trauma-Aware</b></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 facilitating 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 approaches 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 childhood adversity 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/other support networks and communities.</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>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 facilitating 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>People know where to find the information to signpost those affected by adversity and trauma effectively to services if and when they need them; and those services are able to respond when accessed.</p> <p>People are aware of intersectionality and diversity and the importance of these in understanding the often multi-dimensional complexity of the experience of adversity and trauma.</p> <p>Organisations use continuous reflection to develop and improve their trauma-informed practice.</p>



Level *	Who is this level aimed at?	What does this mean for people and those who need support?	What does good look like?
<b>Trauma-Aware</b> <i>continued</i>		<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>Recognises the importance of accessibility and adjustments for people with additional learning needs.</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 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>	





Level *	Who is this level aimed at?	What does this mean for people and those who need support?	What does good look like?
<b>Trauma-Skilled</b>	<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. For example, community leaders, faith based groups, early years settings, schools, colleges of further education, universities, social services, health services, the third sector, emergency services and courts.</p>	<p>Focuses on providing safety and promoting trust, preventing and mitigating the impacts of adversity and other traumatic experiences, and preventing traumatising people again.</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>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, help people feel safe and avoid traumatising people again.</p> <p>Recognises the needs of staff and the importance of organisational culture.</p> <p>Directs people to the best resources for them.</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>Helps the individual or family to make their own decisions about the care and support that is offered to them, and feels safe to do so.</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>Community and faith based groups establish peer-mentoring and support schemes.</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>Organisational culture and decision-making processes take into account the impacts of adversity and traumatic experiences.</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>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> <p>Staff recognise behaviours and other non-verbal forms of communication that can be associated with adversity and traumatic experiences, including vicarious trauma, and that experienced by colleagues and friends.</p>



Level *	Who is this level aimed at?	What does this mean for people and those who need support?	What does good look like?
<b>Trauma-Skilled</b> <i>continued</i>		<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>Provides the individual or family with opportunities for wellbeing and resilience building, prioritising their preferences and needs.</p> <p>Individuals and families/other support networks are supported by people and organisations who prioritise self-care and support their staff to work safely and within appropriate personal and professional boundaries.</p>	
<b>Trauma-Enhanced</b>	<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</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>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>The experience of coping with trauma and adversity is supported to enable people affected to remain in employment, and 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 traumatising people again 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 place, and services and systems recognise the life course nature of adversity and trauma.</p>



Level *	Who is this level aimed at?	What does this mean for people and those who need support?	What does good look like?
<b>Trauma-Enhanced</b> <i>continued</i>	<p>and in which public duties are carried out. For example, community leaders, faith based groups, early years settings, schools, colleges of further education, universities, social services, health services, the third sector and emergency services.</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>In collaboration with services, the individual/family develops an individualised approach to understanding their strengths and trauma-related responses, and is supported to develop effective coping strategies.</p> <p>The individual/family is supported to recognise when psychological therapies and/or other treatment may be helpful for them, and is supported to access these.</p>	<p>Individuals maintain their choice and discussions and decisions about support are made in collaboration and in a 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> <p>Staff appropriately respond to behaviours of attribution to distress and other non-verbal forms of communication that can be associated with adversity and traumatic experiences, including vicarious trauma, and that experienced by colleagues and friends.</p>



Level *	Who is this level aimed at?	What does this mean for people and those who need support?	What does good look like?
<b>Specialist Interventions</b>	<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, pharmacological and other treatments for the wide range of mental health issues associated with traumatic events.</p>	<p>Individuals and families/other support networks 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, collaborative 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 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 benefiting from 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 and families/other support networks access specialist personalised and co-produced interventions that meet their needs, when they need them. They feel safe when accessing specialist support and supported 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 and 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 and consultation at the community level.</p> <p>Specialist practitioners supporting those without a health or clinical background to develop trauma-informed approaches.</p>



Level *	Who is this level aimed at?	What does this mean for people and those who need support?	What does good look like?
<p><b>Specialist Interventions</b> <i>continued</i></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 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> <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>	

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 and staff who interact with 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, continuous 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.

## THE FIVE WAYS OF WORKING



<https://futuregenerations.wales/about-us/future-generations-act/>

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 Hub Wales 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.



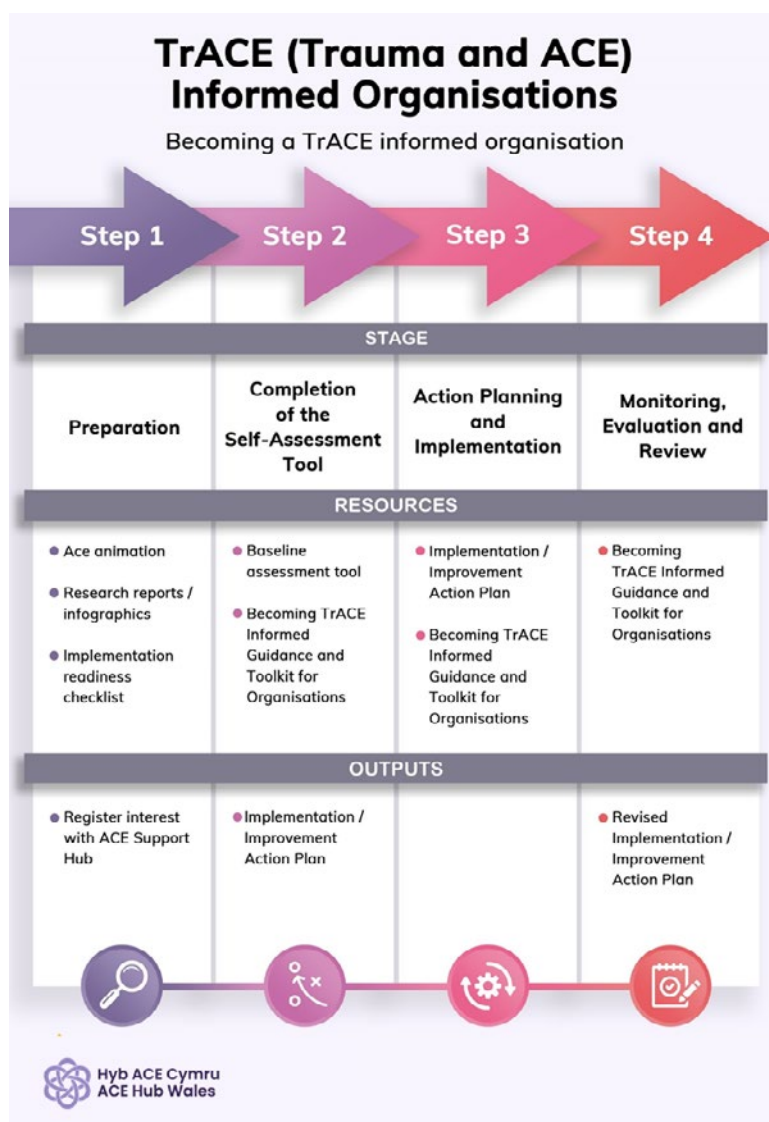


Figure 6 TrACE Informed Organisations

## 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 traumatising individuals again 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, and working in a trauma-informed way will help them to do so.



Figure 7 Wellbeing Goals

**Trauma-informed systems are not the preserve of public services; they recognise, prioritise and facilitate 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.





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