



Trauma-informed approaches

What they are and how to introduce them

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Understanding the context

At the most basic level, 'trauma-informed approaches' are ways of supporting people that recognise specific needs they may have as a result of past or ongoing trauma. Trauma can arise from many places, so it is difficult to estimate how many people in Britain are living with its lasting effects. What we do know is that at least one in ten of us will have had four or more traumatic experiences as children.

This short guide is written for charity leaders to help you to understand what trauma-informed approaches are, and how to introduce them into your service.

Key terms

Trauma: Severe psychological distress caused by deeply frightening or stressful experiences in someone's life. Trauma can be triggered by singular events (called acute trauma) such as witnessing the death of a parent, or from prolonged and repeated traumatic experiences (called chronic trauma) such as neglect, exposure to domestic violence, or repeated sexual abuse.

Adverse childhood experiences (ACEs): A term used to describe traumatic experiences in childhood.

Multiple disadvantage: A complex combination of problems faced by an individual, which may include homelessness, substance use, contact with the criminal justice system and mental ill-health.

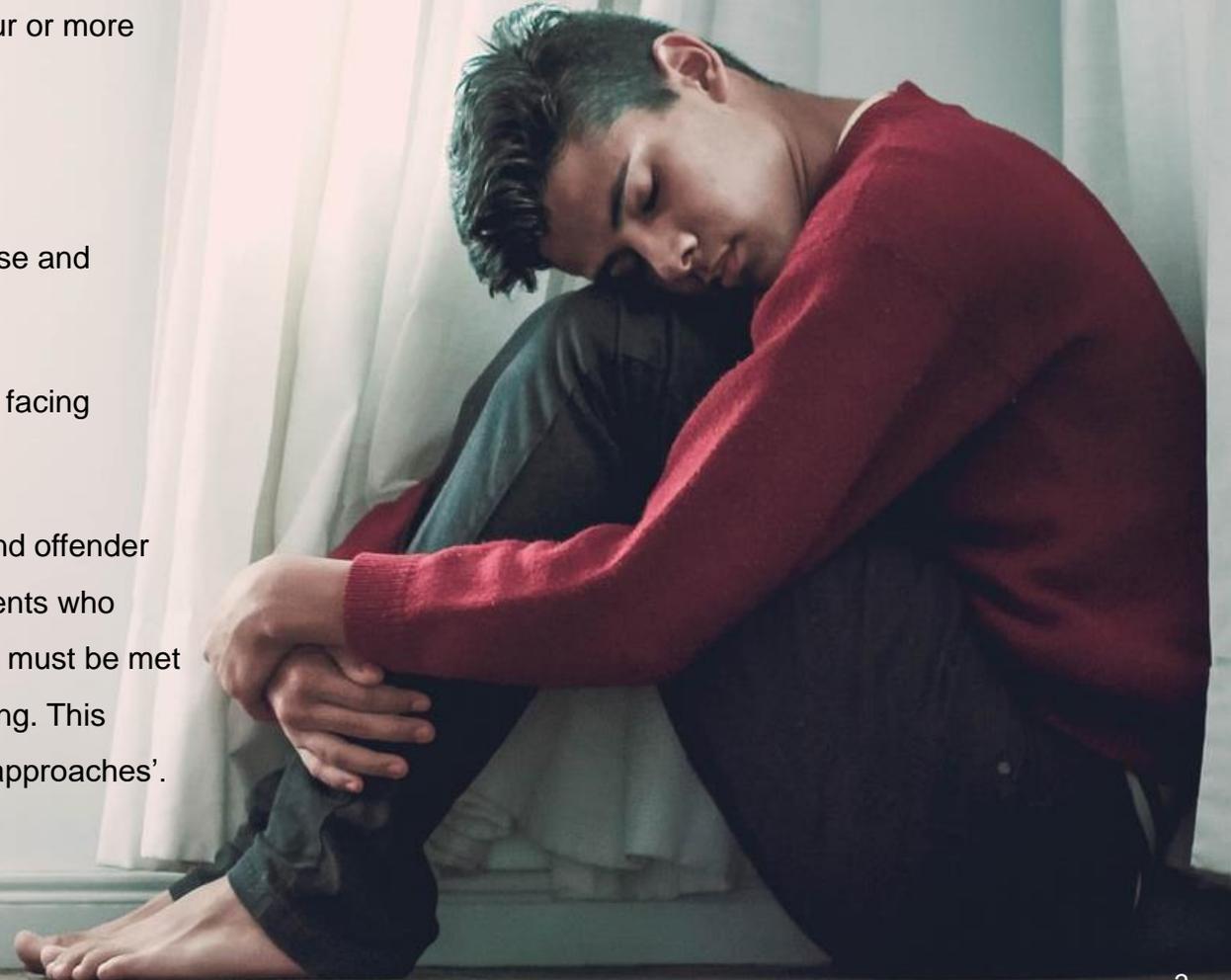
Why is trauma relevant to how charities deliver services?

Childhood trauma is linked to worse outcomes in later life. A recent [rapid evidence review](#) from the Early Intervention Foundation found that people who experienced four or more adverse childhood experiences (one in ten of everyone in Britain) had:

- a very strong likelihood of problematic drug use and violent behaviour; and
- a strongly increased likelihood of poor mental health, problematic alcohol use and sexual risk-taking.

Meanwhile, Lankelly Chase's [Hard Edges](#) report suggests that 85% of people facing multiple disadvantage as adults experienced trauma as children.

Charities who help people facing these issues (such as mental health, drug and offender support services) are therefore likely to have a disproportionate number of clients who have experience of trauma. Survivors of trauma may have specific needs that must be met to help them properly access and benefit from the services charities are offering. This relatively recent recognition has led to a renewed focus on 'trauma-informed approaches'.



What does it mean to follow a trauma-informed approach?

It is difficult to define trauma-informed care. Providers whose services are described as 'trauma-informed' have different views about exactly what it entails. That said, the academic literature suggests some consistent principles which often underpin trauma-informed approaches. These principles do not define trauma-informed care, but they do help us to understand what it looks like.

Here we explore five principles for providing care in a trauma-informed way.

1. Recognise and respond to trauma:

It is vital that you understand the prevalence of trauma among the people you work with, and the impact this trauma may have had on them. Knowing this is the first step to tailoring your policies and procedures to better meet the needs of traumatised individuals, and to ensure your service does not inadvertently re-traumatise someone.

For instance, requiring someone to continually repeat their life story to multiple practitioners could be distressing and a painful reminder of the past. You should think about how someone who has been traumatised experiences your services, and consider how to improve your processes to provide more sensitive care.



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2. Provide safe environments:

People who have experienced trauma need to access services in an environment which does not exacerbate their trauma. You can help foster and sustain safe environments in your service by putting collaboration, choice and empowerment for service users at the heart.

For instance, people who have been victims of abuse—where they have been placed in a powerless position—must be aware of the choices they have over their care, and should be supported to make informed choices. Trauma-informed care purposefully avoids putting people in situations which remind them of previous trauma.

3. Take a strengths-based view:

The most successful services for people with experience of trauma build on what people are capable of doing to create positive possibilities, rather than 'doing things for them'. People who have experienced trauma are often asked by services 'what is wrong with you?' rather than 'what happened to you?'. This view fails to empower people to support their own recovery.

Everyone working in a trauma-informed service should understand the connection between someone's experiences and the difficulties they face, and apply this to how they perceive people they support.

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4. Build empowering relationships:

Many traumatic experiences involve 'power over' abuses (i.e. where someone is abused by another person who is in a position of power over them). This can make it difficult for survivors of trauma to engage with services that are built on the professional having power over the service user (such as many mental health services). Power-based relationships between the professional and service user can trigger distress responses in survivors of trauma which undermines their recovery from abuse.

You can alleviate this risk by giving service users a say over how services are delivered, and focusing on building respectful, compassionate and trusting relationships between professionals and service users, so that the user is not in a position of powerlessness.

5. Promote equality of access:

At the heart of trauma-informed care is a recognition of the needs of each individual. People facing multiple disadvantage are not a uniform group; they are individuals with unique and diverse experiences.

Everyone deserves equal access to good quality treatment which takes account of the unique context of their life. Trauma-informed services do not exclude specific people because of things that have happened to them.

How can we move to a trauma-informed approach?

1. A whole organisational approach:

A shift to trauma-informed care cannot be done piecemeal. It has to apply to all aspects of your design and delivery, and be underpinned by a 'culture of thoughtfulness' across your organisation. As a leader, you need to provide committed and effective leadership to initiate and sustain such a significant operational and cultural change, supported by appropriate governance. Some organisations have had success in appointing 'trauma champions' tasked with the day-to-day delivery of trauma-informed services. Champions also serve as role models for their colleagues.

2. Provide staff training, support and supervision:

Your team should be trained to understand what providing trauma-informed care means, and why it is relevant to their work. For the move to trauma-informed approaches to be effective and valuable, staff have to want to work in a trauma-informed way because they believe it has value, not simply because policy obliges them to do so. This requires careful and meaningful training.

3. Protect staff wellbeing:

Since trauma-informed care requires staff to engage with people's traumatic experiences, it may cause them distress as well. You therefore need to promote a culture that supports staff wellbeing. This includes careful supervision and debriefing, ensuring no-one's workload is overwhelming, and leadership which fosters a culture of trust, so that staff can say when they are struggling to cope without fear of being penalised.

Case study: St Basils

St Basils is a charity providing housing and support to young people in the West Midlands who are homeless or at risk of homelessness. Since 2011, St Basils has developed into a 'Psychologically Informed Environment' (PIE), which uses psychological theories to inform practice, including trauma-informed principles. PIE provides a flexible but explicit framework that helps staff understand the experiences of homeless young people and gives them psychological 'tools' to work effectively. Working with an in-house Clinical Psychologist, staff receive a programme of on-going training, reflective practice sessions and staff support.

Staff develop reflection skills in order to build collaborative, compassionate relationships, avoid re-traumatisation, and mentor young people to achieve their personal goals. Developing young people's confidence and resilience empowers them to overcome challenges in their lives from previous trauma so they can make a sustained change. St Basils' evaluation suggests that the quality of relationships between staff and young people impacts outcomes, because overcoming any history of adversity and abandonment requires consistent and stable contact between staff and young people. A trusting relationship like this must be nurtured with time and attention, which has practical implications for both staff workload and the length of time young people stay at St Basils.



St
Basils
Works with young people

Further reading and resources

Lankelly Chase's report [Hard Edges: Mapping Severe and Multiple Disadvantage in England](#) may help you to understand the relationship between childhood trauma and experiencing multiple disadvantage later in life.

[A paradigm shift: relationships in trauma-informed mental health services](#) provides advice on how to ask service users about their previous trauma in a sensitive and respectful way (see Box 6).

Mental Health Foundation's report on [Providing effective trauma-informed care for women](#) includes a service directory of organisations who may be interested in sharing insights from their trauma-informed work.

This guide was produced by charity think tank and consultancy New Philanthropy Capital, and is based on a literature review by the Centre for Regional Economic and Social Research (CRESR) for Fulfilling Lives Lambeth, Southwark and Lewisham, [Understanding models of support for people facing disadvantage](#).

Follow NPC's work at [thinkNPC.org](https://www.thinkNPC.org) and by signing up to our newsletter.

About Fulfilling Lives Lambeth Southwark and Lewisham

Fulfilling Lives Lambeth Southwark and Lewisham is funded by The National Lottery Community Fund and is part of the National Fulfilling Lives Programme. This is a £112 million investment over 8 years supporting people who are facing multiple disadvantage; the people we work with have a combination and interconnected needs of mental ill-health, are homeless/or at risk of homelessness, substance use and/or offending histories.

Certitude is the lead agency of the programme, delivering the programme in partnership with Thames Reach and strategic partners; South London and Maudsley NHS Trust and the three boroughs of Lambeth, Southwark and Lewisham.

Fulfilling Lives Lambeth Southwark and Lewisham entered a new research and evaluation partnership with New Philanthropy Capital, Groundswell and the Centre for Regional Economic and Social Research in 2020.

