

Trauma-Informed System

Knowledge and Skills Framework

Bristol, North Somerset & South Gloucestershire



Acknowledgements

Thank to you to the members of the Bristol, North Somerset and South Gloucestershire (BNSSG) Trauma working group for their input and support in development this Framework. The group reports to the BNSSG Mental Health partnership and is made up of trauma champions from across a range of organisations and lived experience experts who are working together to develop and promote a trauma informed and responsive approach across BNSSG.

Organisations represented in the group include:

BNSSG CCG

Bristol City Council

North Somerset Council

South Gloucestershire Council

Avon and Wiltshire Mental Health Partnership Trust (AWP)

Independent Mental Health Network

Lived Experience Experts

Second Step

Golden Key

Wellspring Healthy Living

Sirona

University of the West of England

Adverse Childhood Experiences Health Integration Team

This Knowledge & Skills Framework is designed to be a living document and we welcome any feedback. We have also developed an Implementation Toolkit to help you and your organisations embed this Knowledge & Skills Framework within your daily work, as well as a set of principles for adversity and trauma-informed care. All of these documents are available to download [here](#). Our collective understanding of adversity and trauma, including ACEs, is constantly evolving, and this document is designed to be developed alongside this ever-growing body of evidence. If you have any feedback on either this Knowledge & Skills Framework or the accompanying Implementation Toolkit, please email us at: ACEHIT@bristolhealthpartners.org.uk

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Foreword from Lived Experience Representatives

The way we support one another is essential. Moving through our lives with people we can trust and feel safe with, especially when we encounter trauma or adversity, is an important and valuable human experience. Trauma informed practice is how this is achieved in services and organisations which provide support to people.

The development of trauma informed approaches in support services is a fundamental step toward creating more effective, more compassionate solutions for every single person involved. It improves the experience for those who need that support but also helps staff with their own resilience and needs. Practitioners, in-house porters, nurses, policy developers, paramedics, cleaners, managers, police, consultants, and admin staff; service users, teachers, carers, social workers, friends, and family; everyone benefits.

Creating the individual and institutional changes needed will take time and commitment, but the challenges will be worth it to transform our society for everyone.

Adversity and trauma are threads which run through all our lives, so it makes sense to create a golden thread that runs through the organisations, service providers and institutions. This is the process of embedding trauma informed approaches.

As Independent Mental Health Network (IMHN) Lived Experience Representatives in the BNSSG Trauma Informed Subgroup, we've been supporting the development of the suite of documents (Trauma Informed Principles; The Knowledge and Skills Framework; The Implementation Toolkit) focused on aiding the transformation of support services.

Lived experience and codesign support this transformation by providing developers with rich insight into the experiences of the people they seek to support, as well as experiences of staff who work with them.

Codesign and coproduction are ways for professionals and citizens to work together, with equal levels of influence, toward a common goal: to deliver effective support. The power to plan, assess, design, and create is shared, with the value of each person involved, recognised. The result is a project informed by expertise from all areas, a project which is authentic, useful, and progressive.

J & S

IMHN Lived Experience Representatives

Executive Summary

Adversity and trauma can have a considerable impact on people's lives, both when it occurs and throughout the lifespan. This Knowledge and Skills Framework aims to ensure a consistency of approach, supporting staff in recognising adversity and trauma and applying that knowledge to ensure a trauma-reducing rather than a trauma-inducing way of working.

A system that is trauma and adversity aware will lead to better outcomes for both individuals directly affected by adversity and trauma and wider society as a whole.

This framework has been written by partners across Bristol, North Somerset and South Gloucestershire (BNSSG) and has been co-produced with lived experience representatives.

This framework describes the knowledge and skills required by individual workers¹ and their organisations to become adversity and trauma informed, to recognise the potential long-term impacts of these experience on themselves, on the individuals, families and communities with whom they work and to respond in compassionate and timely ways that help to support recovery and prevent further harm.

The framework also aims to support managers and supervisors to recognise the educational, emotional and practical support required for their workforce to become adversity and trauma informed as the workforce itself is not exempt from the impact of adversity and trauma.

Every member of the workforce has a part to play in ensuring that organisations are adversity and trauma informed. We hope that training in adversity and trauma awareness will create a shared understanding, language and value system across different teams and organisations. While the whole system needs to become adversity and trauma informed, the specific knowledge and skills required varies depending on an individual's role.

This framework discusses the workforce in terms of four key categories, with these categories being intentionally broad to enable organisations and professionals to tailor this framework to their own specific needs:

Adversity and trauma-informed support staff

Adversity and trauma-informed practitioners

Adversity and trauma-informed managers and supervisors

Adversity and trauma-informed strategic leads

A detailed list of the knowledge and skills required by each of these categories of the workforce is outlined at the end of this document.

Glossary

Language used in this document

It was clear when developing this framework that a wide range of different terminology is used to talk about adversity, trauma and ACEs. We have described the definitions of trauma and ACEs earlier in this document. However, we use the phrase “adversity and trauma” throughout this document to encompass all forms of trauma, including ACEs. This is to ensure that the knowledge and skills outlined in this framework relate to all experiences of trauma, and not solely to those occurring in childhood.

Adverse Childhood Experiences (ACEs)

Negative experiences in early life and childhood that can have an impact on health and wellbeing throughout life. ACEs include both direct harm such as physical, sexual, emotional or verbal abuse and neglect; and indirect harms (household challenges) such as domestic violence, parental drug or alcohol misuse, parental criminal behaviour or incarceration, parental mental illness and bereavement (linked to death or separation).

The Good Lives Model

A strengths-based model used for offender rehabilitation. The Good Lives Model is based on the idea that to reduce the risk of reoffending, we need to build capabilities and strengths in people. It focuses on developing goals that directly respond to the interests, abilities and aspirations of offenders and is based on the idea that all individuals have the same basic needs and aspirations that they want to achieve in life.

Trauma

An overwhelming emotional response to a particular event. Trauma may occur as a result of ACEs, but may also be due to challenging or difficult experiences that occur in adulthood.

Trauma is often divided into two types:

- **Type 1 trauma** relates to single events such as rape, assault or serious traffic accident;
- **Type 2 trauma** is more complex and is usually experienced in relation to close relationships (i.e. domestic abuse, sexual assault), persists over time and is difficult to escape from.

Workers

In this document, “workers” is used to describe both paid staff and unpaid volunteers and foster carers.

Introduction

Background, aims and objectives

Adversity and trauma, including Adverse Childhood Experiences (ACEs), can have a profound impact throughout people's lives. Evidence suggests that adversity and trauma informed systems can lead to better outcomes for both people directly affected by these experiences, as well as society as a whole. ^{2,3,4}

This requires individuals across the whole workforce, not just those directly working with those who have experienced trauma, to have knowledge and skills around adversity and trauma, and how to prevent and mitigate their impacts.

This framework describes the knowledge and skills required by individual workers and their organisations to be able to make adversity and trauma informed practice the norm within their workplaces. This framework recognises that all members of the workforce need to be adversity and trauma informed and responsive, but that the specific knowledge and skills required varies depending on an individual's role. A separate Implementation Toolkit has also been developed to sit alongside this document and support organisations to implement the framework.

This framework aims to be an accessible tool in developing a workforce that recognises the potential impact of adversity and trauma on individuals, families and communities, and to be capable of responding in compassionate and timely ways that prevent further harm and that support recovery. It recognises the impact of contextual factors such as poverty and barriers to individuals and families accessing support and aims to address inequalities. This framework aims to enable workers, managers and strategists to recognise any barriers to accessing services in order to support people to build resilience and develop the tools to overcome them.

The specific objectives of this Knowledge and Skills Framework are:

- To set out the essential and core knowledge, skills and behaviours needed by the workforce to encourage a shared and co-ordinated approach to adversity and trauma, promoting resilience and mitigating the potential effects
- To support managers and supervisors to recognise the learning, development, emotional and practical support needs of the workforce
- To set out a consistent and shared approach to local training and resources

This framework has been developed with thanks to:

[NHS Scotland's Transforming Psychological Trauma Framework \(2017\)](#)

and the

[Welsh Support Hubs Skills and Knowledge Framework for Wales \(2018\)](#).

² Substance Abuse and Mental Health Services Administration (2014) Trauma-Informed Care in Behavioural Health Services, Treatment Improvement Protocol (TIP) Series 57, HHS Publication No. (SMA) 13-4801, Substance Abuse and Mental Health Services Administration, Rockville, MD

³ Loomis, B., Epstein, K., Dauria, E.F. and Dolce, L. (2018) Implementing a Trauma-Informed Public Health System in San Francisco, California, Health Education and Behaviour, 1-9

⁴ Sweeney, A., Filson, B., Kennedy, A., Collinson, L. and Gillard, S. (2018) A paradigm shift: relationships in trauma-informed mental health services, BJPsych Advances, 24(5): 319-333

Adversity, trauma and ACEs

ACEs are negative experiences in early life and childhood that can have an impact on health and wellbeing throughout life. ACEs include both direct harm such as physical, sexual, emotional or verbal abuse and neglect; and indirect harms (household challenges) such as domestic violence, parental drug or alcohol misuse, parental criminal behaviour or incarceration, parental mental illness and bereavement (linked to death or separation). However, this is not an exhaustive list and ongoing research continues to add to an understanding of ACEs and the impact on development, and the relationship between ACEs and community environments.

While the term 'ACEs' refers to the experience itself, trauma is defined as an overwhelming emotional response to a particular event and can lead to feelings of helplessness. Trauma may occur as a result of ACEs, but may also be due to challenging or difficult experiences that occur in adulthood.

Trauma is often divided into two types: Type 1 trauma relates to single events such as rape, assault or serious traffic accident; Type 2 trauma is more complex and is usually experienced in relation to close relationships (i.e. domestic abuse, sexual assault), persists over time and is difficult to escape from.

Research shows that both ACEs and trauma are common: studies have shown that for every 100 adults in England, 48 have experienced at least one ACE during their childhood and between 9 and 14 have experienced four or more⁵. Similarly, studies have shown that a large majority of adults report exposure to traumatic events during their lifetimes⁶.

There is a significant and growing body of evidence that adversity, trauma and ACEs can have a profound impact on an individual's life chances. Research has shown a relationship between ACEs and poor physical and mental health, and socioeconomic outcomes. Living through trauma is correlated with adopting health-harming behaviours (e.g. drug and alcohol misuse; risky sexual behaviours), performing poorly in school and involvement with the criminal justice system. The long-term impacts of adversity and trauma may be due to the direct impact of the trauma itself, but may also occur as a result of coping mechanisms that an individual may use to help deal with the trauma.

⁵ Bellis, M.A., Hughes, K., Leckenby, N. et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. *BMC Med* 12, 72 (2014). <https://doi.org/10.1186/1741-7015-12-72>

⁶ Kilpatrick, Dean G et al. "National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria." *Journal of traumatic stress* vol. 26,5 (2013): 537-47. doi:10.1002/jts.21848

The impact of adversity, trauma and ACEs differ between individuals. Some people with multiple ACEs do well, often because of one or more secure attachment relationships to adults which compensate for the stress and distress of adversity. In contrast, some people who experience one ACE may be affected profoundly. However, the effects can be mitigated by developing trauma-aware approaches in early intervention, community and specialist services, and through the demonstration of the values of compassion, kindness and empathy.

We know that people who have experienced adversity and trauma may be less likely to ask for or receive the help and support that they need. Recognising adversity and trauma early can help children and young people to receive timely and appropriate support. This can also help young adults to break the cycle of adversity and trauma when they become parents, and is important to prevent challenges with processing trauma from being inherited through families and communities. Helping adults identify the adversity and trauma that they experienced when younger is evidenced to have a positive impact on their psychosocial health and wellbeing and their ability to provide a stable home environment.

Through increasing knowledge and skills among professionals, adversity and trauma informed practice will become embedded across organisations and cultures. Increased adversity and trauma informed practice is not about signposting and increased referrals to specialist services. Instead, it is the collective action that can be taken, including universal approaches for those who may/may not have experienced adversity and trauma, to improve health, wellbeing and life outcomes for all.

Workforce

Understanding and defining “the workforce”

This Knowledge and Skills framework acknowledges that every member of the workforce has a part to play in ensuring that organisations are adversity- and trauma-informed. This framework describes the workforce in four key ways:

Adversity and trauma-informed support staff

All workers who come into contact with individuals who may be affected by early adversity and trauma, but who do not work with them directly e.g. receptionists, cleaners, porters, administrative staff, HR staff.

Adversity and trauma-informed managers and supervisors

Those individuals who directly manage and/ or support adversity and trauma informed practitioners and who are responsible for putting policy into practice.

Adversity and trauma-informed practitioners

All workers, including volunteers and foster carers, who work directly with individuals (children and adults) who may be affected by early adversity and trauma. The individual’s experience of trauma may or may not be known about.

Adversity and trauma-informed strategic leads

Those who are strategic leads/policy makers/commissioners and/or have a remit or responsibility for policy, service design and delivery. These individuals will develop and sustain organisational culture and systemic support that enables the delivery of adversity and trauma-informed services.

Some workers will have multiple roles and levels of responsibility; the categories are intentionally broad to enable organisations and professional groups to freely, creatively and responsibly identify and address their own specific learning and development needs within the context of their organisations, roles and settings.

Principles

All members of the workforce, whether volunteers, practitioners, managers or strategic leads, should have the opportunity to become adversity and trauma aware and responsive.

We hope that training in adversity and trauma-awareness will create a shared understanding, language and value system across different teams and organisations. Adversity and trauma-awareness recognises that early adversity occurs within the context of relationships. Positive change can also take place in relationships - relationships between individuals and families; relationships between families, and volunteers and professionals; and relationships between different services and systems.

Training the workforce in adversity and trauma awareness provides the initial building blocks to the development of adversity and trauma informed services, with emerging evidence showing that these services and systems can have better outcomes for people affected by adversity and trauma.

Adversity and trauma informed approaches also involve considering the workspace within which these conversations are happening. This includes the layout and use of space, design of the environment and sensory factors, such as noise levels.

The following principles underpin the implementation of the Knowledge & Skills Framework:

Safety

Choice & Clarity

Collaboration

Trustworthiness

Empowerment

Inclusivity

Please see the accompanying Trauma-Informed Principles document for descriptions of what these principles mean in practice. This document is available to download [here](#)

The document also includes full references and detail on how these principles were developed.

Whole system change is really important for adversity and trauma informed approaches to be embedded in a meaningful way. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014a) developed four key assumptions which are helpful to acknowledge in this work. According to SAMHSA (2014a) 'a programme, organisation or system that is trauma informed':

Realises the widespread impact of trauma & understands potential paths for recovery

Recognises the signs & symptoms of trauma in the people that they serve & in their families, staff & others involved with the system

Resists re-traumatisation (actively seeks to resist this)

Responds by fully integrating knowledge about trauma into policies, procedures & practices

These assumptions relate to all visitors, peers, volunteers and staff involved with the organisation regardless of role and to all areas of the organisation's work. They also require agreement and sign up at all levels of staffing in order to be effective.

The perspectives of people with lived experiences of adversity and trauma, as well as evidence from practitioners working on the ground, should be central to the process of becoming trauma-informed.

Becoming a trauma-informed organisation is an ongoing process, not a one-off event.

Embedding cultural change across an organisation is not quick or easy.

Organisations should therefore have a realistic timeframe for implementing the Knowledge & Skills framework within their organisation.

Engagement at the highest levels of the organisation is critical for trauma-informed approaches to be successfully embedded.

Case studies

“What had happened to me rather than what was wrong with me ...

It had before been about my deficits and disorders sprinkled with a little recovery dust. It had been medication for other things but not addressing Adverse Childhood Events.

A trauma-informed practitioner recently spent the time and used her energy to build my trust in the process - so that the question what had happened to me (rather than what was wrong with me) was something I could contemplate answering. She ‘gave me permission’ (my words) to speak aloud for the first time some of what had happened to me during my childhood. I had tried many years ago with a non-specialist mental health practitioner, but that had failed near the start and I had not revealed much; not the extent and duration of my experiences.

The trauma-informed practitioner did not need to know if I liked / disliked her (I did happen to like the little I saw) but that we could work together on changing things for me. I could ask if she had support available before saying some of the things I said. She just let me know, yes.

The changes towards an adversity- / trauma-informed approach allowed this practitioner to give me information about ‘grooming’ and other aspects of behaviour the offender used towards me. It allowed me to understand for the first time the truth that a child is not responsible for the actions of an adult.”

“The worst experience I ever had was in a ten-week group therapy programme ...

I’d told the facilitators that I had a long trauma history but it fell on deaf ears. The sessions were riddled with triggers and I was given no warning. The facilitators never showed any concern, they never checked if I was okay. I left after four sessions, sobbing. I’m not able to go into that building anymore.”

"Trauma-informed staff are essential ...

Understanding how and why we all respond to adverse and traumatising events helps everyone, because everyone is affected by them.

I've not had the benefit of trauma-informed practice in my experience with services and it's painfully obvious. A lot of the time, I've not been understood or listened to. Staff have been dismissive and resistant.

I've not been able to recover because my recovery has been prevented by lack of knowledge, a lack of understanding and compassion,

Trauma-informed practice is how this changes. It's how we recognise one another and begin to heal."

"I've only ever had one experience where my trauma was recognised, acknowledged and treated with compassion. One experience, out of dozens. How did they do it? By holding the space gently and seeing me. And that skill comes from their training and experience."

"It's not just practitioners who can be trauma-informed; desk staff are the first point of contact in services. A terrifying experience, which does traumatise a person, can be navigated better when a member of staff at the front desk recognises the signs of trauma. They can help make the space safer and begin lifting the mistrust and fear which holds a traumatised person in the conditions of their trauma."

Knowledge and Skills Framework

Adversity and Trauma-Informed Support Staff are:

Those people who may come into contact with people who have experienced adversity and trauma, but do not work with them directly. They have a basic understanding of adversity and trauma, their potential impacts throughout the life course and mitigating factors and strategies. They know how to communicate and respond effectively, and when to seek advice and support.

Knowledge	Skills/Behaviours
<ul style="list-style-type: none"> • Adversity and trauma can affect people in different ways. • Some people manage to do well despite experiencing adversity and trauma, and do not wish for or need any further response. • Adversity and trauma can affect people's mental health and wellbeing, physical health, capacity for learning and life chances. • The consequences of adversity and trauma can affect people's ability to successfully access the care, support and treatment they require in a range of settings (for example physical health, mental health, education, justice, employment, housing). • A person's young age when first experiencing adversity, the person(s) responsible for the experience and its duration are among the reasons for people's different responses to adversity and trauma as well as other contextual factors such as poverty, racism, gender identity, sexual orientation and cultural norms, and how those factors intersect with one another. Resilience and linked protective factors are key to determining how adversity and trauma affect people. • People use different ways to survive, adapt to, and cope with negative traumatic experiences and their impacts. These depend on internal vs external factors. Some of these can seem confusing or self-defeating unless viewed as adaptive coping responses to overwhelming threat and its consequences. 	<ul style="list-style-type: none"> • Can identify what adversity and trauma are, how someone who has experienced adversity and trauma might present and the kind of situations that might trigger memories or associated feelings. • Actively listen when a person speaks about his or her experiences of adversity and trauma. • Respond to the person with empathy and without criticism or blame. • Respond to the person by asking what help (if any) he or she would like or needs. • Hold in mind that a person's behaviour or reactions might be adversity or trauma related. Observe possible signs and symptoms of adversity and trauma. • To make sense of a person's current difficulties by considering "What happened to you?" instead of "What's wrong with you?" and goes on to ask, 'How has this affected you?' and 'Who is there to support you?' • Support and enable people affected by adversity and trauma to access services, support and interventions to improve recovery and build resilience, where needed. • Know own limits and when to seek advice and support. • Recognise own trauma, prioritise self-care and organisational support structures (both formal and informal) to mitigate the possible effects of secondary trauma.

Knowledge	Skills/Behaviours
<ul style="list-style-type: none"> • It is important to be able to recognise when someone is affected by adversity or trauma so that help can be given, if and where needed • Adversity and trauma are common – it is therefore important for all workers to be adversity and trauma-informed and to understand that adversity and trauma are everyone’s business. • Understand that good social support and relationships are key to building resilience in individuals (workers and service users) and communities. • Understand the importance of the staff member themselves being supported to practice good self-care and have access to formal and informal support/supervision to help them manage the impact of secondary trauma exposure in the workplace. • Understand the power of language in creating an adversity and trauma informed culture/setting/service. 	<ul style="list-style-type: none"> • Reflect on and demonstrate own role in preventing, mitigating the impact of adversity and trauma and contribute to continuous improvement in relation to own practice. • Use adversity and trauma informed language and challenge

Adversity and Trauma-Informed Practitioners are:

Those individuals who work directly with people who have experienced adversity and trauma. They have a detailed understanding of adversity and trauma, their potential impacts throughout the life course and mitigating factors and strategies. They have universal knowledge, know how to communicate and respond effectively, establish trusted relationships, build resilience, reflect on their own personal and professional experience and how it may influence their work, use a range of positive and creative strategies and know when to seek advice and support.

Some senior practitioners may also have a strategic role within their organisations; these people should also read on to the knowledge & skills recommended for Adversity and Trauma-Informed Strategic Leads.

Knowledge	Skills/Behaviours
<ul style="list-style-type: none"> • Adversity and trauma can affect people in different ways. • Some people manage to do well despite experiencing adversity and trauma, and do not wish for or need any further response. • Adversity and trauma can affect people's mental health and wellbeing, physical health, capacity for learning and life chances. • The consequences of adversity and trauma can affect people's ability to successfully access the care, support and treatment they require in a range of settings (for example physical health, mental health, education, justice, employment, housing). • A person's young age when first experiencing adversity, the person(s) responsible for the experience and its duration are among the reasons for people's different responses to adversity and trauma as well as other contextual factors such as poverty, racism, gender identity, sexual orientation and cultural norms, and how those factors intersect with one another. • Resilience and linked protective factors are key to determining how adversity and trauma affect people. 	<ul style="list-style-type: none"> • Can identify what adversity and trauma are, how someone who has experienced adversity and trauma might present and the kind of situations that might trigger memories or associated feelings. • Actively listen when a person speaks about his or her experiences of adversity and trauma. • Respond to the person with empathy and without criticism or blame. • Respond to the person by asking what help (if any) he or she would like or needs. • Hold in mind that a person's behaviour or reactions might be adversity or trauma related. Observe possible signs and symptoms of adversity and trauma. • To make sense of a person's current difficulties by considering "What happened to you?" instead of "What's wrong with you?" and, if appropriate, goes on to ask, 'How has this affected you?' and 'Who is there to support you?' • Use strengths-based approaches to building interpersonal relationships and resilience, such as the Good Lives Model. Recognise that another person's perceptions of strengths (e.g. what makes a good life) may differ from your own.

Knowledge	Skills/Behaviours
<ul style="list-style-type: none"> • People use different ways to survive, adapt to, and cope with negative traumatic experiences and their impacts. These depend on internal vs external factors. Some of these can seem confusing or self-defeating unless viewed as adaptive coping responses to overwhelming threat and its consequences. • It is important to be able to recognise when someone is affected by adversity or trauma so that help can be given, if and where needed • Adversity and trauma are common – it is therefore important for all workers to be adversity and trauma-informed and to understand that adversity and trauma are everyone’s business. • Give a clear statement about confidentiality. Understand where and how information relating to a given disclosure should be recorded and that information may need to be shared with others where disclosure indicates the risk to the individual and/or others is ongoing. • Understand that good social support and relationships are key to building resilience in individuals (workers and service users) and communities. • Understand the importance of the practitioner themselves being supported to practice good self-care and have access to formal and informal support/supervision to help them manage the impact of secondary trauma exposure in the workplace. • Understand the importance of reflective practice, and recognition of the impact of their own personal and professional experiences on themselves and on their work. • Have a good working knowledge of local and national services, or know where to find that information. • Understand the power of language in creating an adversity and trauma informed culture/setting/service. 	<ul style="list-style-type: none"> • Explain the fight/flight/freeze stress responses so that people affected by adversity and trauma are able to make sense of their reactions. • Support and enable people affected by adversity and trauma to access services, support and interventions to improve recovery and build resilience, where needed. • Know own limits and when to seek advice and support. • Respect the decisions made by the person, but follow organisational safeguarding procedures if needed. Share and communicate information in line with national and local legislation and guidance with respect to adult and child support and protection. • Identify collaboratively where current coping strategies are likely to be problematic in the longer term and discuss with the person possible alternatives to current coping and/or support and/or therapy services, where appropriate to role. • Provide information on relevant local services that offer advice or support skills and training, where appropriate to role. • Recognise own trauma, prioritise self-care and organisational support structures (both formal and informal) to mitigate the possible effects of secondary trauma • Reflect on and demonstrate own role in preventing, mitigating the impact of adversity and trauma and contribute to continuous improvement in relation to own practice. • Use adversity and trauma informed language and challenge language used by others when appropriate.

Adversity and Trauma-Informed Managers and Supervisors:

Those who directly manage and/or supervise staff who are people-facing and who are responsible for implementing policy into practice.

Knowledge	Skills/Behaviours
<ul style="list-style-type: none">• Knowledge of approaches to empower, build strengths, skills, resources, protective factors and resilience within individuals (workers and service users), communities and organisations.• Understand the importance of developing workplace systems, structures and policies to mitigate against the effect of adversity and trauma.• Understand the ways in which adversity and trauma can impact on brain development and neurobiological functioning and the implications of this for stress reactions, relationships and recovery in both the workforce and service users.• Understand that adversity and trauma can affect the way an individual (worker or service user) relates to others, thinks, acts and manages stress.• Understand the ethical duty on all workers to respond to individuals in a way which does no further harm and contributes to safeguarding those at risk• Understand the potential for adversity and trauma to impact on a person's interpersonal, emotional and cognitive functioning and to have implications for relationship stability, social functioning, educational attainment, parenting and employment.• Understand that people with learning disabilities (and other minority groups) are at potentially increased risk of exposure to adversity, trauma and abuse and may have greater difficulty in recognising and disclosing these.	<ul style="list-style-type: none">• Translate an understanding of the prevalence and impact of adversity and trauma into adversity and trauma-informed service systems and procedures and ensure effective support for staff.• Provide access and encourage a culture of reflective practice and formal/informal support/supervision in the workplace.• Recognise the importance of workers feeling safe to speak openly in supervision about the interaction between the personal and the professional and the value of supervision structures that separate professional from line management supervision• Understand the meaning and signs of compassion fatigue and secondary trauma and respond sensitively and empathically to staff who may be experiencing it.• Demonstrate self-awareness and an ability to recognise where their own reactions to adversity and trauma may affect their responses to workers and people accessing services, and seek advice and support to address this.• Establish and maintain appropriate professional boundaries, seeking advice within supervision where necessary.• Include awareness of the potential impact of exposure to adversity and trauma (historical and present) in the organisation's• Health and Safety protocols. Carry out a comprehensive risk assessment considering the impact of adversity and trauma on current behaviour.

Knowledge	Skills/Behaviours
<ul style="list-style-type: none"> • Understand the power of language in creating an adversity and trauma informed culture/setting/service and that many people whose first language is not English will therefore require language support, for example use of an interpreter. This should be an independent interpreter, rather than a family member or friend. • Understand that a worker's own experience of adversity and trauma can have implications for his or her capacity to respond to the needs of those affected by adversity and trauma in a work context. • Build knowledge and practice around employee safeguarding and protection, particularly in these situations where work may impact on a worker's own adversity or trauma. • The ethical and professional obligation to ensure that workers are appropriately trained and are working within the limits of professional competences • Understand the importance of being supported to practice good self-care and have access to formal and informal support/supervision to help manage the impact of secondary trauma exposure in the workplace. • Understand the importance and role of reflective practice. • Understand the importance of the use of language in creating an adversity and trauma informed culture/setting/service. 	<ul style="list-style-type: none"> • Recognise and, where possible, address service systems and procedures that are likely to compound distress experienced by those affected by adversity and trauma. • Contribute to the development of adversity and trauma-informed multi-agency policies and systems designed to reduce the likelihood of systemic re-traumatisation. • Recognise the value of workers' and service users' experiences and views in developing a safe adversity and trauma informed physical environment • Use adversity and trauma informed language and challenge language used by others when appropriate. • Model the message of compassion and kindness in their behaviour.

Adversity and Trauma-Informed Strategic Leads:

for those who are strategic leads/policy makers/commissioners and/or have a remit or responsibility for policy, commissioning, service design and delivery. They will develop and sustain organisational culture and system-wide support that enables the delivery of adversity and trauma-informed services.

Knowledge	Skills/Behaviours
<ul style="list-style-type: none">• Ensure that the BNSSG Trauma-Informed Principles shared values of adversity and trauma-awareness are embodied in service design and delivery wherever possible, recognising that being aware of adversity and trauma is everybody's business• Recognise the potential life-long effect of adversity and trauma on an individual• Understand what it means to be adversity and trauma-informed as a worker, a manager, a leader, a team, an organisation and a wider system• Recognise the co-ordinated response needed to mitigate the effects of adversity and trauma.• Understand how to have an adversity and trauma informed approach underpinning the organisation's strategic direction, service design, monitoring and evaluation.• Understand support needs of the workforce and take steps to address them directly.	<ul style="list-style-type: none">• Demonstrate open and collaborative leadership• Model and adopt an adversity and trauma-informed approach to setting the organisational culture that values safety, trustworthiness, choice, collaboration and empowerment.• Apply an adversity and trauma-informed approach to developing and implementing policies and processes and in designing, developing, monitoring and evaluating services.• Develop and implement adversity and trauma-informed policies and processes that lead and support staff in taking an adversity and trauma-informed approach.• Demonstrate an ability to plan an adversity and trauma-informed strategic direction for the service/team/organisation.• Prioritise an adversity and trauma-informed approach, recognising the needs of people, including workers and service users, who may have been affected by adversity and trauma.• Demonstrate a commitment to effective monitoring and evaluation; ensuring evidence generating practice and quality assurance of the adversity and trauma-informed approach.

Knowledge	Skills/Behaviours
	<ul style="list-style-type: none"> • Provides adequate training, resources and appropriate support for staff, including access to coaching or supervision and protected reflective practice time. Embed trauma-informed practice into the recruitment and induction of new staff. • Ensure the engagement and participation of lived experience representatives to ensure reciprocal learning. • Use adversity and trauma informed language and challenge language used by others when appropriate. • Demonstrate self-awareness and an ability to recognise where their own reactions to adversity and trauma may affect their responses to workers and people accessing services, and seek advice and support to address this. • Recognise own trauma, prioritise self-care and organisational support structures (both formal and informal) to mitigate the possible effects of secondary trauma.

