



Trauma & Psychologically Informed Framework

A Resource for Empowering Local Initiatives for Trauma-informed Practice

Team around the staff - "we all need to feel held by wrap around support"

RELATIONSHIP-DRIVEN & COLLABORATIVE

Choice, Control, & Agency
Strengthening Ties
across Professional Networks

CURIOUS & REFLECTIVE

Beyond the Surface:
Understanding and Curiosity
Cultivating Emotional
Intelligence Building a
Supportive Environment

STABILISATION & SAFETY IN CONTEXT

Warm and
Welcoming Environments
Language & Communication



Contents



Introduction



Using the Framework



Understanding and Defining Trauma



Supporting the Workforce



Principles, Practice and Reflective Learning



Our Process, Learning and Stakeholder Map



Forewords

This is a time where the complexities of human experience demand our most thoughtful and compassionate responses. The Trauma and Psychologically Informed Framework, co-created with the efforts of dedicated individuals across our borough, stands as a testament to our commitment to continuous learning so that we can stay attuned to the unique needs of those we serve.

The framework is not just a set of guidelines but a commitment to a way of being that honours the resilience of the human spirit. It is a call to embrace a mindset that prioritises understanding, compassion, and the unwavering belief in the possibility of positive change.

Jess McGregor
Executive Director, Adults and Health

The Camden and Islington trauma-informed network is a unique bubble of reality within the wider system. To create this framework people from within different institutions, who are eager to improve them, met co-producers like me who have lived experience of receiving help and services. We all contributed by illustrating all kinds of system malfunctions and by suggesting ideas for better systemic designs.

Our inherited systems tend to leave no room for trauma to be acknowledged or healed from. By default, it prioritises the survival of the ideas that gave birth to its design in the first place. According to that design, we are processed as a bundle of problems to be treated separately, lacking the tools to look at the 'bigger problem' cohesively. This can result in people seeing themselves as the problem.

Healing cannot happen just in one's own mind. We need reinforcement in our daily lives from people who apply trauma-informed approaches. Real change, both personal and collective, can only happen when we have a daily practice of applying trauma-informed approaches to the small nuances of the interactions with one another, as well as with ourselves.

Trauma-informed co-production at the level of an organisation provides people with lived experience of trauma with a chance to rewrite our past (laden with the consequences of system failures) in a way in which we are no longer victims of it but agents of future change.

We must redesign our systems to support the healing and flourishing of the population. We can and we will transform our society in profound ways if we truly apply in practice this new understanding of how to be more human. I have experienced how our minds and bodies can learn to release the accumulated dysfunction acquired from unhealthy environments.

We can learn to tune in to and practise radical psychological safety. It's a very slow process. But it works.

Fernando, Lived Experience framework contributor.

Interested in learning more about embodied transformation? See [here](#).

Working with those with trauma, we are reminded that people are incredibly resilient, and we must remind ourselves daily that trauma response behaviours that we might experience as challenging or difficult to understand have helped them to survive their adverse experiences thus far and are therefore integral to feeling safe and protected in their current reality.

This framework seeks to encapsulate experiences of working with those with trauma, and how approaching those with adverse life experiences in a trauma-informed way; with kindness; with empathy; and as a human being who has control and direction over their life; can make immeasurable difference in healing the wounds of the past. We wish to embed this system wide, across different types of services and partnerships, through strengthening social relationships and community connectedness.

Rosie Skead, Service Manager SHP



Trauma-Informed Practice: Setting the Scene

Trauma-informed practice potentially offers a structure through which we can understand and support individuals who have experienced trauma, enhancing our capacity for empathy and establishing a more honest foundation for recovery. The aim is to break cycles of harm and exclusion, shame and blame, enabling people to maintain relationships and their community, and to access care and support when needed. However, it also presents a significant challenge. By its very definition, trauma resists being known and neatly contained. It is an unbearable, unthinkable, and unspeakable mental pain that can manifest in behaviours and ways of being that challenges many traditional approaches to help. We might even say that “trauma gets in the way of trauma-informed practice” **Camden Peer Worker**.

At the heart of trauma-informed practice lies a simple yet profound truth: it is through our relationships that we truly come to know ourselves and each other. Beyond the methodologies, beyond the structured interventions, the core of healing and understanding unfolds within the connections we foster. Our framework invites you to consider that, at its essence,

trauma-informed practice is about nurturing these connections. As you navigate through these pages, we encourage you to reflect on the simplicity and depth of this idea, amidst the complexities of trauma, the path to recovery often begins with the simple act of reaching out, of understanding, and of being understood.

This framework has been built from a partnership, we used our experience and knowledge to create something meaningful and valuable for our local system. It reflects the essence of collaboration, mirroring the everyday interactions of co-production that we often encounter, yet may go unnoticed.

“Co-production is absolutely everywhere, we encounter it every day, often without realising it. Consider a visit to a hardware store to buy materials for building a fence with a gate. You wouldn’t expect the person behind the counter to simply know what you need without input from you. Instead, you provide specific details such as the precise measurements for the gate, the preferred type of wood, the nails, screws, and hinges. This interaction is a classic example of co-production, where the knowledge and input from both of you come together to achieve the desired outcome. The interaction between you is co-Production.”
Camden co-producer.



The Background, How, and Why: Creating a Framework and Empowering Local Initiatives for Trauma-informed Practice

This initiative originated from people working in and using services in Camden, driven by our collective local insights, our frustrations and a shared commitment to addressing the system which we believe should work better for everyone. It has been built using our combined strengths, skills, knowledge, expertise, and the goodwill of everyone involved. Throughout a series of six workshops in 2023, we identified the essential components to include in our framework. Our sessions featured formal learning - exploring topics such as the 'Window of Tolerance' and 'Secondary Trauma' - and group discussions, through which we collaboratively developed our content.

"...the sessions have been directly applicable to my work in a hostel where trauma informed practice is always advertised but never made clear."
Framework contributor.

Why Trauma-informed Practice?

Trauma is widespread with around 1 in 3 children or young people in the UK estimated to be exposed to traumatic events before the age of 18, and likewise a third of adults from the general population in England report having experienced at least one traumatic event. Being exposed to traumatic events can affect us in all manner of ways. **Mental health difficulties become twice as likely and trauma places us at greater risk of suicide and self-harm, substance misuse, social isolation, conduct and offending problems, as well as not being in employment, education or training, and higher service use.**¹

Reliable data on exposure to trauma is not straightforward as shame, silence and secrecy can be intertwined with multiple forms of trauma.² Prevalence data has also been impacted by the powerful influence of diagnostic frameworks where traumatic experiences can be concealed behind an array of mental health diagnoses. This has involved a medicalising of distress that is conceptually limited, struggling with inherent problems of reliability and validity.³ **It has also directed the focus towards trying to find out what is wrong with people, not trying to understand what may have happened in their lives, something trauma-informed work is redressing.**⁴

You can review all the slides from our sessions [HERE](#).



The increasing recognition of the multiple ways people can be affected by past trauma, particularly repeated and prolonged exposure to trauma, as seminally described by Judith Herman⁵, has led to **Complex-Post Traumatic Stress Disorder (C-PTSD)** being included as a new disorder in the ICD-11*. **C-PTSD is estimated as having a prevalence of 1-8% within the population and as high as 50% within mental health services⁶.**

What does this mean for local people?

It is difficult to measure the prevalence of trauma within Camden, both for the people who draw on support and within the staff teams that provide services. However, the many contributors to this framework spoke of the high levels of trauma they were observing and, in some cases, had experienced within their teams.

Camden also has significant markers of social, economic and health inequalities. For example:

- Two in five children in the borough are living in poverty ([State of Borough Report⁷](#)).
- Mental health needs in children and young people are increasing ([Camden's Annual Public Health Report, 2023⁸](#))
- Over 1 in 3 adults in Camden said they feel lonely some of the time, often or always (State of Borough Report⁷)

- Camden sees high levels of homelessness. For example, Camden has the second highest rate of people rough sleeping in London (in 2022/23, 719 people) and the number of people with overlapping support needs is on the rise.
- Camden supports a sizable population of asylum seekers and refugees, including unaccompanied children and young people, who have experienced significant trauma. There is also a growing number of asylum seekers and refugees faced with housing insecurity and homelessness.
- Camden has a high incidence rate of people diagnosed with a serious mental illness, where trauma will play a part in their mental health needs.

*The International Classification of Diseases (ICD-11) is the 11th edition of a global categorization system for physical and mental illnesses published by the World Health Organization (WHO). See more [here](#).



A Partnership Approach - Camden's Homelessness System Transformation and Camden and Islington Trauma informed Network

Camden's Homelessness System Transformation is a three-year programme (2022-2025) that aims to take a 'whole system' approach to addressing homelessness in the borough. It takes forward the learning from the integrated approach supporting people experiencing homelessness during the Covid-19 pandemic and acknowledges that tackling homelessness is not just a housing issue and requires collaboration across a diverse network of organisations, disciplines, and traditional boundaries.

As part of the programme's collaborative co-production approach, over 50 services and teams were involved in identifying the key challenges, barriers, and opportunities for systemic improvement. One of the priority areas was **a desire for consistency, accountability, and continuous improvement in addressing trauma within homelessness services in Camden.** Stakeholders articulated a need for a resource to support a unified approach to trauma-informed practice, including an agreed baseline standard and mechanisms for assessing and reflecting on practice.

Camden and Islington's trauma-informed network represents the collaborative efforts of a dedicated group of individuals, combining lived experience and professional expertise from across our local system. Our commitment is to embody **our principles** in every aspect of our work, fostering an environment of collective learning and unlearning. Established in 2021 through the support of the Fulfilling Lives programme in Islington and Camden (**FLIC**), **our goal is to connect the various components of the system, creating a shared language and unified approach to trauma-informed practice.**

Our research⁹, conducted in collaboration with UCL, underscored the crucial role of the wider system in actively supporting and facilitating trauma-informed practices. This encompasses the development of supportive policies, processes, and the provision of necessary resources. Crucially, meaningful collaboration among various service providers, individuals accessing services, and local leaders is vital for addressing power imbalances and fostering shared meaning-making. Such collaborative efforts significantly contribute to refining our approach, ensuring it meets the diverse needs of our community more effectively.



Aware or Informed? A Continuum of Approaches to Trauma. See [here](#) for an organisational approach

Different local areas adopt varied approaches to trauma-informed practice. Some initiatives such as the approach taken by [Lancashire](#), recognise that each service will have a different starting place, and begin by getting everyone on the same page with a baseline of 'trauma-awareness' working their way up to fully 'trauma-informed' status as part of their development. While others, like [Scotland](#), establish 'trauma-informed' as their foundational baseline, incorporating various levels recognising the diverse knowledge and responses required across a community and workforce. This encompasses everyone from taxi and bus drivers to professionals delivering trauma-focused therapeutic interventions.

We have designed this resource to provide some flexible guidance in the hope that it resonates with a range of people across settings and roles. Our ambitions were tempered by resource constraints, which shaped the scope of what we have been able to develop. While not formally part of the structure of this framework, we suggest it is possible to maintain an awareness of trauma that fosters thoughtfulness within interactions. Recognising that there is always room for understanding that can enhance our responses to one another.

Navigating Tough Times and Potential Harms - Considering the Unintended Consequences of Trauma-informed Practice

"Simplifying the inherent complexity of people, relationships and trauma risks overlooking the depth of each unique experience." Framework contributor, a practice perspective.

We invite you to consider the often less-discussed aspects of implementing trauma-informed approaches and critically engage with the subject to consider not just its benefits but also its inherent challenges and possible negative outcomes. For example, if approached without sufficient care, knowledge and understanding about trauma, time, support, and resources, it is entirely possible that trauma-informed practice could inadvertently lead to unintended, harmful consequences. Our hope is that engaging with the framework will support you to avoid this.



Scope

Individual trauma intersects with wider systemic determinants affecting life and health outcomes¹⁰, which are beyond the scope of this framework, and arguably, trauma-informed practice to address. Trauma-informed practice should be seen as a complement to specialist trauma treatment and evidence based clinical care.



Things That Can Be Difficult to Acknowledge: Remaining Curious about People in the Face of Moral Challenges and Harm

In our journey to respond with curiosity and understanding, we are confronted with the inherent complexity of human behaviour, including actions that challenge our values and involve harm to others. We invite you to explore the delicate balance of maintaining empathy and a non-judgmental stance when faced with individuals whose actions test your morals. This exploration encourages us to consider how untreated trauma might influence behaviour, not as a justification, but as a context for understanding. This nuanced approach, invites us all to grapple with the challenge of extending our empathy to include not only those who have been harmed but also those who have caused harm, acknowledging the often intertwined nature of harm and hurt. This viewpoint was inspired by a co-creator who highlighted the need to consider the unmet emotional needs of men in prison.



Using the Framework A Strength Based Approach

Moving away from a deficit-focused mindset to recognising and valuing people's adaptations and inherent strengths is central to the framework's objectives.

We encourage you to develop an understanding of trauma that:

- Influences the way individuals seek and draw on support.
- Sparks curiosity about the effect of trauma within services.
- Highlights and builds upon the existing strengths of services to encourage constructive developments.

If approached in this way, we anticipate that the framework will:

- Provide guidance for getting started or reflecting on your current approach, enabling you to navigate the complexities of trauma-informed practice with confidence.
- Validate and highlight existing good practices within your team, fostering assurance in how your collective efforts are approached and described.
- Facilitate reflective processes, prompting you to identify practical strategies that can enhance both your overall practice and operational processes.

We encourage you to adapt the framework in a manner that best supports your unique interests, needs, and challenges. However, we have also developed a guide to assist you in navigating the framework. See the following pages for Our Suggested Process.



The Framework - Overview



1. OUR CHARTER

Sign the Charter
Commit to trauma-informed practice.



2. UNDERSTANDING TRAUMA

Reflect, Record, and Adapt
A Process for Reflecting on Understand Trauma.



3. WORKFORCE SUPPORT

Create the Conditions Through Workforce Support
Information and preventative strategies about secondary trauma.



4. PRINCIPLES, PRACTICE & REFLECTIVE LEARNING

Principles: Relationship Driven and Collaborative, Curious and Reflective, Stabilisation - Safety in Context. **Practice** examples and a reflective tool.





Step 1: Using the Framework: Our Suggested Process

Step 1) Foundations and Intentions: Our Charter A Commitment to Trauma-informed Practice

Commissioners, managers and service leads, show your commitment to trauma-informed practice by signing the Charter [here](#).

Our Trauma and Psychologically Informed Charter serves as a way to commit to trauma-informed practice and provides an overview of the process outlined in the framework. This commitment should be made jointly, by either a small team or a person leading this work as part of a working group.

Step 2) Understanding & Defining Trauma Reflect, Record, and Adapt: A Process for Reflecting on Understanding Trauma.

This section invites you to discuss and explore trauma beyond definitions. Consider how this knowledge informs your relationships, practice, and service delivery, as well as where and how it is recorded and shared within a team.

Step 3) Creating the conditions for trauma- informed practice, starting with the workforce

We recommend that services begin this work by focusing on the health of the service itself, identifying potential indicators of traumatic stress/ secondary trauma, and ensuring that basic needs are being met to counter this. The aim is to model a trauma-informed approach by recognising and addressing the impact of trauma on all people.

Step 4) Trauma-informed Principles, Practice & Reflective Learning

This section introduces our three core principles which you are encouraged to weave into your existing organisational values. There is a resource to guide you in your journey of collective learning, ongoing reflection, and evaluation to gauge the effectiveness of your approaches, helping you to pinpoint and address areas for growth.

Step 2) Understanding & Defining Trauma

Reflect, Record, and Adapt: A Process for Reflecting on Trauma

Discuss & Explore, Moving Beyond Definitions:

Be sensitive to the potential overuse or misrepresentation of the term 'trauma'. Carefully consider how the term is understood within the context of best available evidence.

Sample exploratory questions:

- Do we understand how trauma occurs and its potential short- and long-term consequences?
- Can we describe the different types of trauma (including Post Traumatic Stress Disorder and Complex Post Traumatic Stress Disorder) and their prevalence amongst the people with whom we work?
- Have we received training in any aspects of the neurobiology of trauma?
- Can we recognise the connections between trauma, emotion regulation/dysregulation, and behaviour?
- How does our understanding of trauma shape our relationships, and what are our primary sources of information (e.g., lived experience, evidence-led training, reflective practice, peer discussions)?
- Do we recognise the effects of trauma on our service and organisation?

Document & Access:

Where is our shared understanding recorded? Can our team easily find and use this information?

Learn & Adapt:

Keep informed about new insights, research, and best practices. Adapt your approach based on continuous learning to ensure your practices align with evolving knowledge.

This process may help you to identify additional training needs. If this is the case, do you have an agreed methodology for approving a trainer and training? **This process**, created by Scotland, may help, see page 56 of their comprehensive guidance.



Our Understanding of Trauma

During our co-creation session on trauma, our aim was to think together and discuss what these terms mean to us individually and as a collective. People felt it was important not see trauma as a defining characteristic of a person but, rather, as a helpful lens to understand each other more fully.

While diagnoses such as Post Traumatic Stress Disorder (PTSD) and Complex Post Traumatic Stress Disorder (C-PTSD) may provide valuable frameworks for understanding and addressing the impacts of trauma, we are mindful that not everyone's experience fits neatly within these diagnostic categories. Some individuals may not receive or identify with these diagnoses, yet their experiences of trauma are equally valid and require understanding and support. We include these diagnoses and acknowledge them as part of a broader spectrum of trauma responses. This approach ensures that we are sensitive to all of trauma experiences.

"Trauma...is not merely damage: suffering may well lead to change, and it is more often than not transformed into resilience....[like] the role of forest fires in habitat vitality and renewal...an ecological process called 'succession' whereby the burned trees in a fire-adapted ecosystem will come back stronger after the fire"¹¹

You can read about PTSD and c-PTSD [HERE](#) and [HERE](#).
You can read more about the effects of trauma on our mind and body [HERE](#).



What about Love?

Our co-creators felt it was important to incorporate something about love and human development in the framework. In response to this, we turned to one of our local trauma specialist psychotherapists Adam Flintoff for his insights. Adam's piece beautifully captures these essential aspects, offering a unique perspective on how they intertwine with trauma-informed practice. We are pleased to share this contribution: Human Development is a Complex and Precarious Process [HERE](#).



In our session on trauma, we considered the question, 'what are the key features of trauma we want to include in our framework? The following is some of what emerged in our discussions.

Trauma takes away our agency.

The nature of trauma is that you hide it. It can't be expressed, we suppress it, we deny our wounds and find ways to compensate but it lives with you, inside you.

Navigate – cut on your soul.

There is the strength of human character - We have in-built survival mechanisms.

Trauma is held in our body. "trauma disconnects people from their bodies"
Peter Levine.

Feelings of shame.

It leaves a mark on our relational world and with ourselves, e.g., A person threatened with a knife now cannot tolerate working with risk.



Case Studies: The Relationships and Environments that Enable Stabilisation and Recovery

At our core we are relational, connecting nervous system to nervous system. Trauma can impact not only individuals but also groups, such as teams, services, and entire communities, with its effects mirroring those of individual trauma. If trauma is a shared experience, then so too is healing. **Recovery from trauma is possible.** There is innate strength in the human character and a desire to find balance and live well, if the conditions allow.

“You showed me I was still there” The Slow Road to Change

For many people experiencing homelessness, stabilisation is often the crucial first step, a process that can take many years. Specialist services, like SHP’s navigator service, recognise that building relationships and enabling new feelings of safety in the context of trauma takes time. The following example was kindly shared by Mary and the **dedicated teams of people who worked persistently and creatively, overcoming systemic constraints and fragmentation through inter-agency working, systems advocacy and understanding Mary’s strengths and needs.**

Mary had experienced homelessness for 12 years, spending most of that time rough sleeping. She faced marginalisation from support services, with her **survival and defensive strategies often viewed as ‘non-engagement.’** Due to exposure to acute trauma, trusting anyone, especially new people, proved challenging. To help Mary to start to trust new people, introductions to services were facilitated by those with whom she had already established relationships, and they remained on hand for advice.

Mary had several difficult experiences living in mixed hostels, facing exploitation

and safety concerns, leading her to return to rough sleeping, the place she felt safe. Despite recommendations for assertive outreach, the hostels did not take this up and Mary’s bed space was closed.

After a year of rough sleeping, Mary secured a place in a women’s-only hostel. Her initial mistrust of the assigned worker was overcome through assertive outreach to her sleep-site, meeting her where she felt safest, and providing food and drink that she liked, fostering gradual rapport building.

Through systems advocacy and acknowledging the time required to establish trust, the project extended Mary’s bedspace for six months. Despite facing multiple crises and continuing to rough sleep during this period, her teams encouraged her to return to the project occasionally. Eventually, the project became a safe space for her and Mary’s first successful move-on in 12 years.

Read more about Mary’s experience and her support [here](#).



“this work needs time and takes time” framework contributor.



Case Studies: The importance of validation

“Life is so much harder if you’re autistic, it feels like being on a foreign planet constantly trying to fit in...”

Trauma-informed practice can benefit everyone, not just those who have experienced trauma. By fostering environments, principles and ways of being that promote communication, relationships, and supportive spaces where we aim to understand one another more fully, we can positively impact the broader community with everyone feeling valued and understood. R, has written a blog in which she shares her insights about how a positive relationship with someone knowledgeable and interested in people can help us to understand ourselves better, receive the help we need and flourish. Read R’s full piece [**here**](#).

Step 3) Supporting the Workforce - Creating the Conditions for Trauma-Informed Practice

How can individuals, teams, and entire services recognise when they are operating outside their window of tolerance?

We know that organisations and teams are susceptible to the impact of traumatic stress¹². For example, vicarious trauma, also known as the 'cost of caring'¹³, shares symptoms with PTSD, such as re-experiencing, numbness, avoidance, and feelings of hyper and hypo-arousal indicative of a heightened stress response. [See table on the following page for a full list of responses].

In situations where pockets of the workforce shoulders unequal responsibility with minimal power and lacking voice, the question arises: How can they then authentically empower others? With a significant prevalence of past and ongoing trauma among people accessing homelessness and other support services, it is key that **commissioners and service providers** understand how exposure to others' trauma can

influence people delivering services, and to provide the necessary resources that enable people to implement trauma-informed practice.

"We all need to feel held by wrap around support" Framework contributor, practice perspective.



How can individuals, teams, and entire services recognise when they are operating outside their window of tolerance?

Individual responses

Physical responses

Overwhelm and Panic (panic attack).
Urge to run away.
Not feeling rested even after weekends and holidays.
Weight loss/gain.

Emotional

Compassion fatigue and blaming clients.
Becoming self-protective, withdrawing, isolating. (felt outwardly/perceived as not caring).
Catastrophizing. Changes in mood.
Worry about Mondays.
Defensive and judgemental.

Cognitive

Problems concentrating, forgetful.
Preoccupied/distracted from tasks.

Behavioural

Changes in performance.
Snappy.

Importantly, people drawing on the support of services recognise these changes.

Team responses

Less productive, not covering the basics.
Lateness and poor time keeping.
Low morale.
Conflict and issues that escalate quickly.
'Us and them' mentality impacting relationships and joint working.
Feeling isolated or overburdened, taking on the 'victim role'.

Service level responses

Diversion from service objective, less focus / loss of sense of direction.
Increase in complaints.
Not meeting basic requirements (targets, strikes).
Disillusionment and cynicism.
Withdrawal of goodwill.

During our co-creation session on **secondary trauma**, we explored how stress and trauma can impact us at work. We discussed the question: 'How can individuals, teams, and entire services recognise when they are outside of their **window of tolerance**, and what can we do about it?'. Here are the host of responses that framework contributors candidly shared with us that could be associated with acute stress / trauma reactions.



“Staff are the most valuable asset in this journey, they need looking after if they are going to be able to work in a relational way... which means regular reflective practice, training, and small caseloads.”
Framework contributor, commissioning perspective ([Read more here](#))

Framework contributors asserted that the framework should be used as a tool to advocate for the conditions that enable trauma-informed practice, with many people expressing that there simply was not an adequate level of resource to enable this way of working in its fullest expression. Our response was to put workforce support central in our approach.

Recognise that:

- Services have a responsibility not to cause further harm to anyone.
- Teams are exposed to trauma, some on a daily basis.
- Organisations, leaders and those with line-management responsibilities have a responsibility for managing the risks and impact of secondary trauma so that people accessing services are supported by well-resourced and well-equipped teams.
- Some helping professionals may have themselves experienced traumas that influence their strengths and vulnerabilities. Individuals have a responsibility for “keeping vicarious trauma at the door”.

Secondary Trauma and Burnout in Our Local System, written by Annie Scarborough, Coordinator Family Service; & Counselling Service Lead CGL. [Read full article here.](#)

Secondary trauma, sometimes called vicarious trauma, has been called the “cost of caring” for others (Figley, 1982). Figley defines **Compassion fatigue** as “the experience of extreme stress from helping or caring for others who are under stress or who have experienced some sort of trauma.” Schwanz proposes that “Compassion fatigue subsumes

burnout (BO), cumulative stress, and secondary traumatization”.

The University of York website defines **Burnout** as “a state of emotional, physical and mental exhaustion caused by excessive and prolonged stress. It occurs when an individual feels overwhelmed, emotionally drained and unable to meet constant demands”. Dr Lisa Finlay of the Headington Institute suggests that Burnout is “Overwork/Fatigue plus Cynicism plus Inefficacy”.



Approaching Trauma-informed Practice in a Trauma-informed Way - Suggestions for Supporting Services

The health and well-being of a team is foundational to overall service delivery and any effective trauma-informed approach. By centering this, you create a supportive environment that not only cares for the individuals you serve but also for those delivering the service.

1. Authentically Highlight and Build on Existing Strengths:

Start by identifying and reinforcing what's already working well within a team and service. A strength-based approach not only models the positive practices you aim to see across services but also acknowledges and builds upon the inherent capabilities you already have.

2. Recognise and Address Workforce Trauma: Burnout can be an occupational hazard in caring professions. Recognise the presence and impact of traumatic stress among the workforce, particularly if it mirrors the trauma experienced by those you serve or if recent serious incidents have affected team morale. Actively ensuring

that well-being needs are met is fundamental, as a supported team is better equipped to deliver compassionate, effective services.

3. Set Realistic Expectations Based on Resources: Honestly evaluate your available resources and understand their limitations. This awareness should guide the setting of realistic objectives that avoid overwhelming overstretched teams. An open dialogue about these constraints can also foster a culture of transparency and collective problem-solving.

4. Cultivate a Supportive and Connected Work Environment: Emphasise the importance of not facing challenges in isolation. Encourage connection within the broader organisation to leverage support, such as occupational health resources and health and safety policies. While promoting self-care, also foster a sense of collective care and support to combat isolation and enhance team resilience.



Organisational Responses Suggested by Framework Contributors:

Staff Well-being Check-ins and Support:

Regularly checking in with staff to assess their well-being, actively listening to concerns and responding.

Creating an environment where team members feel comfortable expressing fatigue or distress.
Ensuring annual leave is taken and providing regular breaks and flexibility during the workday.

Workload Management and Flexibility:

Have the necessary staffing levels and organisational support. Considering if changes in behaviour are due to workplace challenges, such as serious incidents.

Encouraging collaboration to combat isolation.
Being mindful of team members' capacity and roles, avoiding overload, and matching tasks with emotional bandwidth and skills.

Promotion of Positive Environment:

Incorporating moments of fun (**not toxic positivity**) to promote a positive atmosphere.
Emphasising teamwork and sharing responsibilities.

Professional Development and Support:

Providing skills development, ongoing learning, reflective practice, and supervision.

Empowering and supporting practitioners through joint creation and implementation of policies.

Incorporating workforce support initiatives and self-care practices into inductions.

Communication and Language:

Structuring communication with clarity and compassion. Communicating thoughtfully about serious incidents in particular, with regard to whom the news might affect and how.



Step 3) Trauma-informed - Using Principles to Guide and Reflect on Practice

"Trauma robs the victim of a sense of power and control over her own life; therefore, the guiding principle of recovery is to restore power and control to the survivor"
Herman¹⁴

Principles and Practice

Trauma-informed principles are rooted in the common legacy of untreated trauma, as highlighted by Herman's quote above. Our three core principles emerged from collaborative sessions during the development of our framework. These principles are interconnected and mutually influence each other, guiding both our actions and reflections. The aim is to leverage these principles to interrupt the cycle of trauma by fostering positive relationships. **We encourage you to embrace these three principles and integrate them into your organisation's mission.**

Framework contributors sought a practical resource that includes specific tools and learning opportunities, such as a self-assessment and peer-to-peer support, as part of a comprehensive resource kit. The following practice examples were also generated during our co-creation sessions, drawing on contributors' professional experience in service delivery and their lived experience as service users. **These examples serve as a guide to support your own reflections, rather than a prescriptive list to follow.** We anticipate and encourage you to incorporate your own practice-based examples into your service reflections.



Reflect, Record, and Adapt: A process for Applying Principles & Reflecting on Practice

Group Reflection

The aim of this is to capture the emotional experience of being in a service, with all the nuance we need to bring to bear on that. **Service reviews can be reductive, be mindful to avoid this.** Remember “it’s bigger than being nice” framework contributor.

Discuss & Explore:

Start with an open discussion with a range of people including people assessing the service. Note any existing organisational principles that are relevant to trauma-informed practice, review the three core principles and agree what you would like to incorporate into your service, ensuring that they are adaptable and can be applied across different contexts.

Document & Access:

Discuss and **show what your chosen principles mean in practice.** How are they/can they be integrated into daily operations, interactions, and decision-making processes. Your chosen principles and practice points need to be adaptive enough to provide a direction of travel for reviewing practice while addressing the complexities that are part of everyday service life.

Learn & Adapt:

We encourage you to embrace this process with a spirit of **reflective, open inquiry and acknowledging what currently works well.** The audit is not intended as a checklist to be hurriedly ticked off, but as an opportunity for engagement with the principles and practice. Let this be a starting point for an ongoing conversation within your team, one that values complexity and fosters continuous growth and adaptation. Remember, this is about cultivating a culture that goes beyond the surface.

Principle: Relationship Driven and Collaborative

Promoting Choice Control and Agency

Choice and control are robbed from us in trauma. This practice section prioritises choice, control, and agency, recognising the need to avoid 'rescuer' roles. It is dedicated to empowering individuals to make choices, exert control over their lives, and assert their agency. This underscores our commitment to respecting autonomy, which is often compromised in trauma.

Safe Space - St Mungo's gender informed and trauma responsive approach to working with multiple disadvantaged women

Practice Examples	We do this really well and have some examples.	We would like to develop more in this area.	We do not currently do/have this.	NA This does not apply in our setting.	Our plan is Who? How? By when?
We encourage shared decision making and nurture opportunities for choice, control, and agency.	Example:				
We find inherent strengths and get to know what the good times look and feel like, asking what helps when things get tough.	Example:				



We actively recognise and highlight the skills, qualities, and capacities that nurture empowerment.

Example:

We respect privacy and avoid unnecessary, intrusive questions.

Example:

Our service design allows for flexibility in how we work with people, recognising relational practice requires time to build connections.

Example:

The Personal Passport

This document is designed to empower individuals using services to document and share their personal stories, and preferences for support. It came from people with experience in the homelessness system, its purpose is to prevent the need for recounting their stories to multiple service providers, ensuring they feel seen, heard, and understood when seeking support. Are you a service provider interested in trialling it? Read more here - [Camden Homelessness System Transformation \(padlet.com\)](#)

Strengthening Ties: The Role of Professional Networks in Trauma-Informed Practice

By forming professional networks to connect with colleagues we can cultivate a collective understanding of complex situations. This collaborative approach not only fosters trust and empathy among professionals but also addresses professional isolation and helps to mitigate compassion fatigue. Such networks are vital in enhancing our capacity to navigate trauma sensitively.

We have opportunities for case formulation/ discussions about incidents as a team and with partners.

Example:

We maintain open and effective communication with our regular partner services

Example:

We have strategies for rebuilding relationships if they break down.

Example:

We share learning within our service and with partners.

Example:

Team Around Me: TAM.

Team Around Me (**TAM**) is a model for holding or multi-agency meetings for people who have support needs, which truly puts the person at the centre of their own support. See here for more information shp.org.uk

Principle: Curious and Reflective

Beyond the Surface: Cultivating Understanding and Curiosity

Guided by the principles of curiosity and reflection, we are committed to a deeper understanding of individuals, considering the entirety of their context including time, place and history. This is underpinned by an awareness that behaviours may signal underlying drivers, motivations, or unmet needs that could stem from untreated trauma. Our focus on fostering relationships grounded in respectful curiosity aims to avoid replicating the harmful dynamics associated with trauma. By avoiding the impulse to 'rescue' or 'punish', we strive to create a supportive environment that honours the whole person, always curious about the relationship between behaviour and the potential underlying causes. **This extends to being curious about our own reactions and responses to one another.**

Practice Examples	We do this really well and have some examples.	We would like to develop more in this area.	We do not currently do/have this.	NA This does not apply in our setting.	Our plan is Who? How? By when?
We reflect on how patterns of behaviour and adaptations from the past might show up in the here and now.	Example:				
We remain curious and supportive of people, even when presented with challenging behaviour.	Example:				

We use reflective practice and other meetings to reflect on our approach to trauma-informed practice.

Example:

Cultivating Emotional Intelligence: Building a Supportive Work Environment - enquire and listen, empathise, reflect, reframe, and learn.

We strive to create cultures that demonstrate a commitment to continuous learning and embrace emotional intelligence within our workforce. To showcase our dedication to this, our organisation/service/team provides robust support structures that enable individuals to:

Appreciate one's own strengths and identify areas for further learning

Example:

Build and sustain relationships with boundaries and flexibility even in challenging circumstances.

Example:

Able to think about defensive responses and can pause before acting on strong emotions.

Example:



Take self-care seriously.

Example:

Is committed to reflecting on unconscious bias and works to bring awareness to reduce its impact.

Example:

Brings compassion and a non-judgmental attitude into relationships.

Example:

Actively listens, seeks to understand the context before acting.

Example:

Actively listens, seeks to understand the context before acting.

Example:

Principle: Stabilisation and Safety in context

Creating a Warm and Welcoming Environment

These foundational processes aim to acknowledge how trauma can influence an individual's sense of safety with people and places. Central to this effort is the creation of warm and welcoming environments to foster a sense of belonging. By prioritising the environment, we lay the groundwork for stabilisation and spaces where everyone feels acknowledged, heard, and valued. We advocate for change to unfold at a pace that respects each person's readiness, emphasising gradual, supportive transitions. These actions, aimed at ensuring all individuals - whether service users or team members – can be recognised and valued, fostering trust, and belonging.

Practice Examples	We do this really well and have some examples.	We would like to develop more in this area.	We do not currently do/have this.	NA This does not apply in our setting.	Our plan is Who? How? By when?
We warmly welcome all people into the service.	Example:				
We develop trust by helping people to feel that they belong.	Example:				



We understand and embrace cultural differences. See [here](#) for Islington's Inequalities Toolkit

Example:

We ask people accessing the service to be part of our service reflections.

Example:

We recognise the importance of healthy boundaries can involve challenging people.

Example:

Our spaces are physically safe and accessible.

Example:



Language and communication. See our full letter writing guidance [here](#), with more examples [here](#) and [here](#).

This segment focuses on the role of language and communication in trauma-informed practice. It emphasises the importance of using empathetic, clear, and non-judgmental language to foster understanding and trust. The section offers guidelines on effective communication strategies that respect the diverse needs and experiences of individuals, aiming to create a supportive and empowering environment and one that does not shy away from difficult conversations.

We adapt our communication to suit the individual.	Example:				
Our language fosters belonging and community.	Example:				
Our communication is clear and easy to understand and welcoming.	Example:				
We consider the impact of terms we use on people (e.g., high risk, anti-social).					



We have consistent, well communicated processes that include our trauma-informed principles (e.g., procedures, and conflict management).

Example:

We explain processes, rather than signposting to services with no further information.

Example:

We have improved the quality of information in a person's records to better account for their strengths.

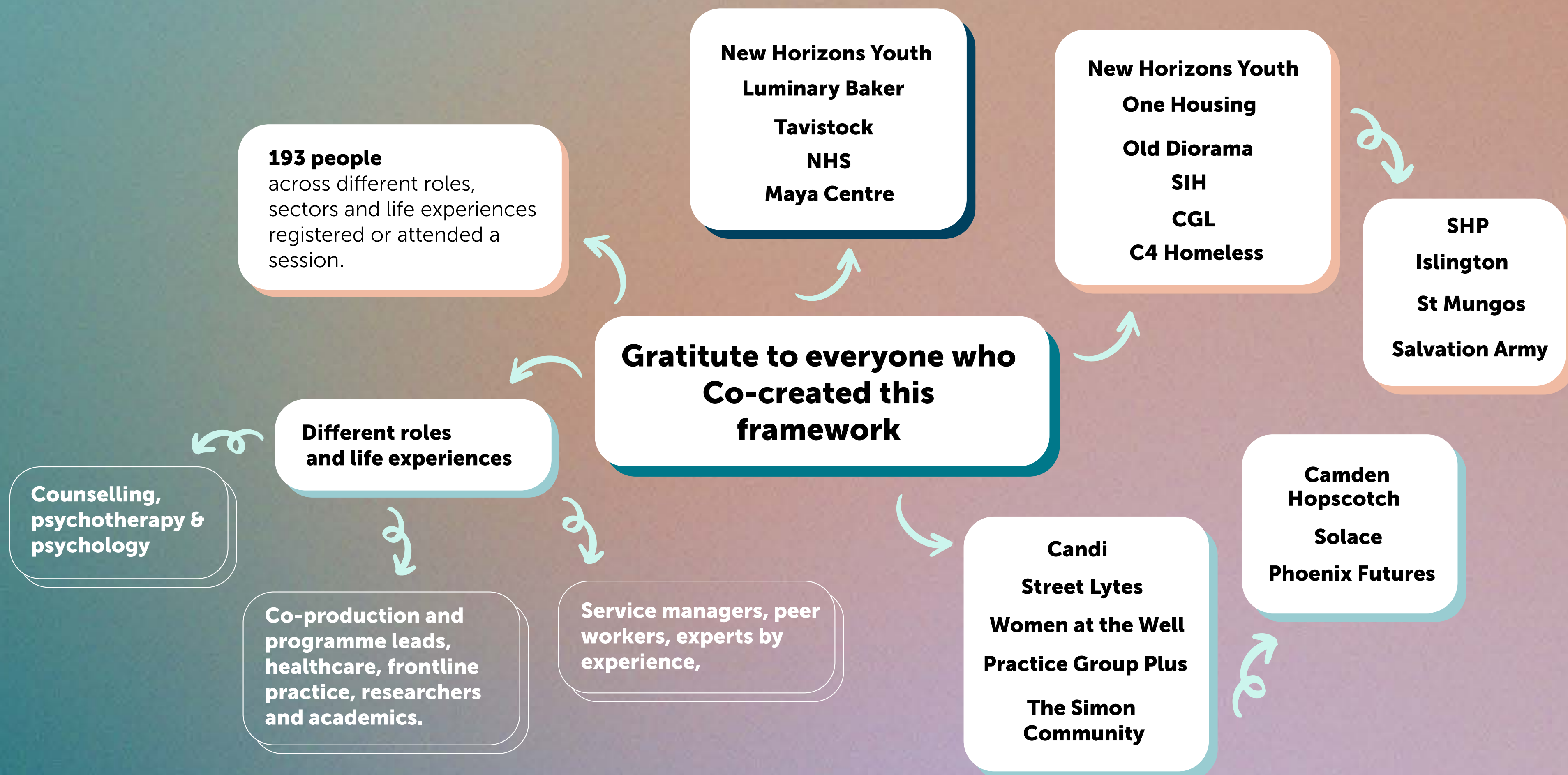
Example:



Our Approach

Our framework is based on the assumption that we exist within **complex systems**. To gain a deeper understanding of the issues we face, we recognise the benefits and necessity of engaging a diverse range of people and opinions. To assess the framework's impact on individuals and the community, we will establish an ongoing feedback loop through the Camden and Islington Trauma-informed Network's community learning spaces. This will help us refine and improve these guidelines continuously.

A special thanks goes to Vasiliki Tzouvara, Lecturer in Mental Health & Psychological Trauma at King's College London, who generously helped us review our approach and content.





Final Thoughts



Our capacity to destroy one another is matched by our capacity to heal one another; **Restoring relationships and community is central to restoring wellbeing.**



Language gives us the power to change ourselves and others by communicating our experiences, helping us to define what we know and finding a common sense of meaning.



We have the power to regulate our own physiology, including some of the so called involuntary functions through activities such as moving, breathing and touching.



We can **change social conditions to create environments** where children and adults feel safe and thrive.



References

1. Lewis, S. J., Arseneault, L., Caspi, A., Fisher, H. L., Matthews, T., Moffitt, T. E., Odgers, C. L., Stahl, D., Teng, J. Y., & Danese, A. (2019). The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales. *The Lancet Psychiatry*, 6(3), 247-256.
2. Allnutt, L. et al. (n.d.). Breaking Silences: Survivors, researchers and practitioners speak about Child Sexual Abuse. [Networknrca.com](https://www.networknrca.com).
3. Johnstone, L. & Boyle, M., With Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D., & Read, J. (2018). The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behavior, as an alternative to functional psychiatric diagnosis. British Psychological Society.
4. Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: Relationships in trauma-informed mental health services. *BJPsych Advances*, 24(5), 319-333. <https://doi:10.1192/bja.2018.29>
5. Herman, J. L. (1992). *Trauma and Recovery*. New York: Basic Books.
6. Maercker, A., Cloitre, M., Bachem, R., Schlumpf, Y. R., Khoury, B., Hitchcock, C., & Bohus, M. (2022). Complex post-traumatic stress disorder. *Lancet (London, England)*, 400(10345), 60–72. [https://doi.org/10.1016/S0140-6736\(22\)00821-2](https://doi.org/10.1016/S0140-6736(22)00821-2)
7. State of the Borough – We Make Camden [Internet]. Available from: <https://www.wemakecamden.org.uk/state-of-the-borough-report/>
8. **Adolescent health and wellbeing in Camden [Internet]. Available from: <https://www.camden.gov.uk/documents/20142/0/Camden+annual+health+report+2023.pdf/34ee4106-a36b-daf4-4fad-72dfb6620480?t=1701173061910>**
9. MCGOWAN J, TIMMS M, DAHIYA M, RUBENS I, BUTTERLY M. A DELPHI analysis of the actions that need to be taken to develop a trauma-informed network. *EXPERIMENTAL PSYCHOLOGY [Internet]*. [cited 2024 Jul 10]. Available from: [https://discovery.ucl.ac.uk/id/eprint/10160440/1/DELPHI%20research%20report%20\(1\).pdf](https://discovery.ucl.ac.uk/id/eprint/10160440/1/DELPHI%20research%20report%20(1).pdf)
10. Bellis, M.A., Hughes, K., Leckenby, N. et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC Med* 12, 72 (2014). <https://doi.org/10.1186/1741-7015-12-72>
11. Mukherjee A. *Unseen City*. Cambridge University Press; 2021.
12. Bloom S. Organizational Stress as a Barrier to Trauma-Sensitive Change and System Transformation [Internet]. Available from: [https://www.nasmhpd.org/sites/default/files/Organizational%20Stress%202010%20formatted%20NTAC\(1\).pdf](https://www.nasmhpd.org/sites/default/files/Organizational%20Stress%202010%20formatted%20NTAC(1).pdf)
13. Figley CR. *Compassion fatigue: coping with stress disorder in those who treat the traumatized*. New York ; London: Routledge, Cop; 1995.
14. Herman JL. Recovery from psychological trauma. *Psychiatry and Clinical Neurosciences*. 2002 Sep;52(S1):S98–103.
15. Van der Kolk B. *The body keeps the score: brain, mind and body in the healing of trauma*. New York: Penguin Books; 2014.