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**Good practice example for submission to Narratives Open Narrative System site for Trauma Informed Implementation**

**Title of your narrative:**

**Please describe a relationship, service intervention, program implementation, policy, or other that you initiated or know about that would be considered trauma-informed. You don’t have to name individuals or services if you don’t want to. Include any useful outcomes that you noticed and any factors that were important to the success of this example:**

**If you would like to add a contact for people to get in touch for more info then add this here:**

**Tick which of the seven implementation factors that you consider most relevant:**

Empowerment

Safety

Human experience language

Whole system planning/ commissioning

Trauma specific interventions

Leadership

Healthy relationships

There is a table below of trauma informed principles and influencers. This may help inform your narrative above. How did these factors show themselves? What impact did this make on the outcome? Please indicate which aspects of trauma informed systems were important in your example by leaving a mark in the right hand column. There is space for you to add any factor that you think may be missing from this list.

|  |  |
| --- | --- |
| **Trauma informed factor** | **Important in your example?** |
| Physical and psychological safety in the people who use our services. | \* |
| The safety and psychological wellbeing of the staff who work for the organisation |  |
| Trusted organisational systems, processes and policies that are clearly set up to facilitate trauma informed care. | \* |
| A leadership style that facilitates trust, transparency, empowerment and respect. |  |
| The incorporation of lived experience perspectives at different levels of the organisation. | \* |
| The delivery of support by ‘peers’/ people with lived experience of trauma and mental health difficulties. |  |
| Explicit attempts to mitigate how power affects interactions, relationships and choices. |  |
| The accessibility of a range of trauma specific therapies. |  |
| The provision of basic medical care, welfare, housing, food etc. |  |
| Recognition of the value of common humanity, respect and attunement in relationships | \* |
| Shared reflective learning, co-produced decision making or co-design |  |
| A focus on strengths | \* |
| Addresses and is sensitive to issues of stigma, inequality and cultural differences. |  |
| The prevention of trauma or of its impact on longer term difficulties. |  |
| Symptoms and distress are understood in the context of the person’s life and as potential survival strategies | \* |
| Active attempts to avoid causing harm or reinforcing/triggering more trauma reactions. | \* |
| Knowledge of the impact of trauma and practical strategies about how to help | \* |
| Capacity to build helpful relationships and alliances even in a crisis situation |  |
| Bearing witness to the impact of trauma with sensitivity and tolerance | \* |
| Recourse to justice or reparation |  |
| Overt screening or assessment of trauma or its impact |  |
| needs led provision matched to level of need and hope for recovery |  |
| Seamless system or community wide response or cooperation between multiple agencies |  |
|  |  |
|  |  |

**Please forward completed templates to** [**angela.kennedy@cntw.nhs.uk**](mailto:angela.kennedy@cntw.nhs.uk)