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ROOTS

A reflective framework for mapping the implementation journey of trauma-informed care

User Manual and Forms

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Acknowledgements

Roots is the outcome of a collaboration between the Trauma-Informed Care Programme at Tees, Esk, and Wear Valleys NHS Foundation Trust, the Programme's various internal and external stakeholders (including service users and trauma leads), the department of Computer-information Sciences at the University of Northumbria at Newcastle and the product of a doctoral project. It builds on an implementation framework for Trauma-Informed Approaches developed from a National Summit by the Academic Health Science Network and the Northern England Clinical Network.

Preface

Welcome to the guide for the use of **Roots**.

This guide assumes you have a working knowledge of the following:

- The principles and customary practices of your area of work
- Trauma-informed models of care

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Chapter 1 • Conceptualisation

For an organisation to be trauma-informed, it needs to apply trauma-informed principles and culture in practice. Adopting a systems-wide value model requires enthusiasm and commitment from all members of the organisation. As organisations and individuals within the organisation change, the service must adapt to meet the needs of staff and service-users to ensure they remain trauma-informed (Thirkle 2021). Communication and clarification of these values, across teams, departments, buildings or trusts will assist in providing individuals with the self-knowledge that is often missing, i.e. 'How are we adhering to the principles of trauma-informed care that we, as a group, have selected as being primary right now?', and 'How are we able to improve in the areas that we are not adhering so well in?'.

Conceptualisation of Trauma-informed Care in Roots

The UK has been developing its interpretation of trauma-informed conceptualisation and implementation (Sweeney *et al*. 2018). Numerous examples of good practice were examined and themes for implementation were extracted by Kennedy (2020). Sweeney *et al*., (2018, p.323) state: "They are based on a recognition and comprehensive understanding of the widespread prevalence and effects of trauma. This leads to a fundamental paradigm shift from thinking 'What is wrong with you?' to considering 'What happened to you?' Rather than being a specific service or set of rules, trauma-informed approaches are a process of organisational change aiming to create environments and relationships that promote recovery and prevent re-traumatisation". The implementation framework (Kennedy, 2020) is based on this systemic understanding.

Roots reflective tool is a practice-based guide to support the transformation of services and settings in becoming trauma-informed building on the learning in the implementation framework (Kennedy, 2020). The practice points in **Roots** could be reviewed by individuals or teams in organisations. If it is agreed on how trauma-informed care is to be achieved in the organisation, with a shared understanding, they are better able to meet their independent values.

Roots is designed to provide an organisation or team with a reflective overview of how well they are adhering or progressing towards trauma-informed care in key identified areas. The framework is designed to be used cyclically, prompting mapping, planning, action and review. The results provide learning value to inform organisations (and individuals) towards self-knowledge and a culture of development.

Learning and knowledge sharing can take place with the comparison of results across individuals and settings. In services where outcomes are poor, a closer examination of trauma-informed practice could take place to identify areas for improvement. In areas working well, the tool can sketch how that is happening and the key factors contributing to successful outcomes that others can learn from. Changes in Trauma-Informed Cultures could be mapped over time too.

Overview of Roots

Roots is a reflective framework for mapping the implementation journey of trauma-informed care. The tool is for staff, service users, and teams to think about what might make up trauma-informed care in their areas.

Roots is comprised of 7 domains: Safety, Language, Social (relationships), Trauma-specific Interventions, Empowerment, Whole System and Compassionate Leadership. Each of these domains consists of several potential practical items. There are two parallel forms: one for staff and one for service users. Each form gives a different perspective but comparatively, they can highlight different perceptions that may need addressed and together they give a more rounded overview of actual delivery, helping to mitigate against bias. A RAG (red, amber, green) rating system is proposed for each domain. The ratings add to the qualitative data in the reflections.

Domain Definitions

The domains within **Roots** were obtained from the National Trauma-Informed Care Community of Action's implementation report titled "Creating a Narrative for Trauma-Informed Service Transformation" which emerged from a Summit of clinicians, managers, leaders, people with lived experience, researchers and others on Thursday 28th March 2019 (Kennedy, 2020).

Definitions for each domain can be below. Further description of the domains and how the methodology that created them can be found in the report which is available in the public domain (Kennedy, 2020).

SAFETY	*An organisation that promotes that the individual feels of worth, validates their experiences and opinions, and also being safe from physical harm from others and feeling a sense of belonging.*
LANGUAGE	*The description of services and mental health, the language that is used within services and wider communities and language that includes everyday language to promote a more equal and inclusive discussion.*
SOCIAL	*Awareness of the way that people, when under stress, may be triggered in their current relationships with others based on their previous relationships (attachment patterns). The delivery of support by 'peers'/people with lived experience of trauma and mental health difficulties.*
TRAUMA-SPECIFIC INTERVENTIONS	*Interventions that are trauma-informed, and any support that is delivered to be done so in a way that appreciates the impact of trauma and minimises further harm.*
EMPOWERMENT	*The confidence gained by owning efforts towards change and feeling the outcomes is of value to you and a result of your own choices. Staff are motivated towards service change and feel positive*

	about their work.
WHOLE SYSTEM	*Processes and programmes meant to bring about positive change within the organisation and encourage ways of working that are trauma-informed. People in the whole system can easily access a range of therapies, which are specially designed to treat trauma, for the length of time that is right for them.*
COMPASSIONATE LEADERSHIP	*A leadership style that facilitates trust, transparency, empowerment, and respect (and devolved innovation and collective decision-making). People with lived experience of using mental health services can develop their leadership skills and take on leadership roles.*

Chapter 2 • Learning Model

Trauma-informed care requires a whole system approach where desired outcomes are unique to the individual and the service. Change and innovation are achieved through the ripple effects of individual actions, feedback on progress and the shared vision of networks of people (Thirkle, Kennedy and Sice, 2018).

Human change is complex because there is rarely one right way of doing something. The service will need to adapt to meet each individual's needs and remain responsive over time. These complexity principles guide the use of **Roots** towards change and evaluation:

- Change in individuals or organisations is rarely linear. A reflexive approach that evolves over time is of benefit.
- There is not a 'one size fits all' interpretation of trauma-informed implementation. Different settings need to define through coproduction what is needed for them.
- Different teams within an organisation, different individuals within teams and different service users may all display or perceive different strengths in relation to the implementation of trauma-informed care. **Roots** allows for the bringing together of different narratives towards a wider picture.
- The process of reflection via **Roots** is itself an important part of the outcome. This process is geared towards facilitating the assimilation of trauma-informed values and goals.
- The practice points emerged from previous examples and are created to be both generic and specific but not exhaustive. New ones can be created as long as they are tangible and observable.
- **Roots** needs to be embedded within a learning organisation framework accompanied by an attitude of respect to ensure that progress can be made.

Chapter 3 • Process of Engagement

This chapter covers the practicalities of engaging services in the use of **Roots** discovery. **Roots** is available in two different versions: a version for staff and a version for service-users. Individuals can complete **Roots** at their own instigation if so wished. However, **Roots** will only have significant meaning when used as part of a change strategy. Its recommended application would be within specific delivery groups– this professional manual is adapted towards this application.

Roots, therefore, benefits from significant independent facilitation to oversee the process. Completing the framework requires commitment and it would be appropriate to schedule a full day to complete it as a group. This process consists of three stages. The facilitator needs to have an understanding of trauma-informed care.

Stage One: Aligning the Undertaking to Clear Goals

The planning around timing, facilitation and agreed goals are critical. This needs to be tied to organisational objectives and the output of **Roots** given sufficient resource to deliver the resulting action plan. This process needs leadership engagement and potential investment of time and resources.

Stage Two: Practicalities of set up

The second stage focuses on obtaining necessary permissions from teams and individuals, identifying and recruiting necessary participants and if the preferred method of facilitation is to work on the framework in groups, organising a place or a platform for the sessions to be held. Specific permissions might be required, for example, securing ethical approval for research purposes or approval from a manager to conduct a service evaluation. Recruitment can either be selective or voluntary, it might be between your team or various volunteers in the service. If group facilitation is preferred, a venue or a platform needs to be decided on to host the session. **Roots** is to be applied to teams and services working together. This is so the team or service can set mutual goals and reflect on positive or negative practice. If the facilitator decides to run **Roots** organisation-wide, this can allow for a comparison between teams or services to take place. This can be a very beneficial step towards making significant positive progress towards a trauma-informed service. The principles of a compassionate learning organisation in chapter two must be adhered to for **Roots** to be successful.

Stage Three: Roots Facilitation

The facilitator is expected to open the session with an explanation of how the session will run. A psychologically safe space is required and any barriers to transparency would be noted. Safety will be in large part determined by the

set-up phase where timing and agreement of goals are all appropriate to the team and collaboratively agreed upon. Safeness is assured by mutual respect, the ability to speak up, tolerate disagreement and reflect on limitations without feeling disheartened. A spirit of appreciative enquiry is encouraged. It is not anticipated that teams who are struggling with issues of social safeness will gain much from this process and may find the process unduly critical or stressful. This should be a very informal environment with fun and creativity actively encouraged. During facilitation, the facilitator should work with participants to complete **Roots** together and enter valuable insights into the relevant sections of the tool in Appendix A or B. Participants are invited to first discuss and agree how applicable that item is to their setting. They then share examples of how their service delivery adheres to each practice point. Finally, they need to agree on a rating for how well that is embedded in their service as a routine part of care. The domains are to assist in stimulating a discussion around the trauma-informed qualities of the service. The facilitator needs to use a style of "intelligent verbatim" (record relevant details) when recording entries, so the data is easier to work with and results are actionable.

The skills required of the facilitator are:

- Be able to encourage discussion in groups through wise coaching questions.
- Be able to balance the contribution of different members.
- Be able to address issues of power and ensure everyone can give examples.
- Be knowledgeable about trauma-informed good practice.
- Be aware of the sensitivities of focus group members and their own potential adversities.
- Resist a pull to using this as a performance tool or one that encourages competition rather than cooperation.
- Be embedded in a spirit of appreciative enquiry and focus on constructive dialogue and examples.
- To be skilled in managing distress as it arises and have a plan for support for anyone who needs it.
- Works to the model of complex systems in culture change.
- Ability to assimilate several narratives into a shared statement.
- Ability to write up results in a way that accurately reflects the discussion and gives a clear way forward.

Stage Four: Analysis and Interpretation

Once the session/s have come to an end, a written report which summaries the results of the sessions should be drafted and distributed. The completed framework should be retained and attached to this report so future reflection can be done. The report should include qualitative insights and quotes with examples provided in the session/s. The Red, Amber, Green (RAG) rating reports on the extent of trauma-informed service delivery at present within the domains (definitions of the RAG rating can be seen in the next chapter). Services should be identifying why they are not green and how they might achieve a green rag rating in the sessions. The goal for the gold standard Trauma-Informed service would be to be green in all domains, with the

specific ‘must do’ practice points agreed with all stakeholders. In certain settings, it might be impossible to reach a green rating, and this could be accepted as part of wider delivery. This begins to explain where the limits of trauma-informed implementation might be within current delivery contracts. The results of the framework usually determine specific actions to improve trauma-informed delivery across services.

The *process* of completing **Roots** is as important as the finished report. It is through the consensus decision making on practice points, reflecting on how well it is embedded using actual examples and then deciding how to take it forward that **Roots** uses what we know about complex system change. It builds shared awareness, shared motivation and shared goals. It assimilates multiple narratives. It deepens individual understanding and networks their efforts to others. The process of undertaking **Roots** is therefore one that should be savoured in itself.

Chapter 4 • Form Completion

Roots consists of seven domains filled with practice points for each. It takes the form of a word document that is completed by the facilitator on the discussion of each item. There are two forms depending on the participants. Appendix A is the document for staff focus groups. Appendix B is the document for the service user focus groups. These are parallel forms and are both ideally completed to ensure a rounded and balanced view.

Each item on the form asks for RAG (Red, Amber, Green) rating (Figure 1).

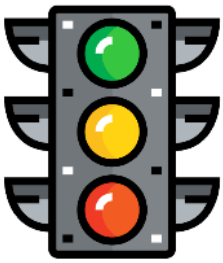

Figure 1: RAG Rating (Traffic Light System)

Each colour represents the extent of delivery for current trauma-informed practices in that service. Fundamentally, red represents a distinct lack of trauma-informed care in a particular domain. Amber represents that the service is making good progress towards most of the practice points. Green suggests that the service is effectively implementing trauma-informed care. The RAG rating is agreed on based on discussion and consensus decision making. The facilitator is there to ensure a fair rating and to challenge any gaming of the rating. For that reason, the facilitator could be someone with

lived experience of the service. The ratings can be judged based on this rationale:

RAG Standards

1. A lack of dedicated resources towards implementation of trauma-informed care
2. Very few progressive efforts to achieve a trauma-informed service
3. Little to no training, development or learning offered by the service

1. Moderate attention and resources are dedicated towards a trauma-informed service
2. Recognisable efforts in achieving a trauma-informed service
3. Some evidence of good enough practice

1. Significant awareness and resources dedicated towards a trauma-informed service
2. Proven efforts in achieving a trauma-informed service
3. Significant evidence of extensive value-based application of trauma-informed care

This section serves as a
practical guide to completing the **Roots** form. The forms for completion can be seen in Appendix A and B in its current layout.

Each domain is contained within its own separate table. The table details which domain it is with a reminder of each definition**.** Within the table, there are four columns: Practice point for consideration, Applicable to service

(Reason must be documented), Implementation status (RAG rating), and Example (Justification for rating).

The **set of practice points** for reflection by the group challenges thinking and enables discussion. The **Applicable to service (Reason)** column is asking for the reason why this item needs to be applied in your service to create trauma informed care. Each item is indicative and may not be applicable in every setting. The **Implementation (RAG)** is the RAG rating which asks the user how trauma-informed they believe their service is with regards to the item in question. The **Example (Justification)** asks for examples as to why the service may or may not be delivering a trauma-informed service. Reflecting on each practice point can stimulate positive or negative examples and provide meaningful information. The act of assigning a colour can allow the individual or service to reflect on their current standing with trauma-informed service delivery. This can also prompt and motivate individuals and services to improve delivery. Providing examples can be useful for clarity and comparison.

Illustrative Example

Figure 2 is an example from a focus group held during pilot testing. Participants agreed that the item was green within their control, but external influences made it amber. After discussing, participants decided on amber as there were too many unknowns and variables in the community. The discussion can help with identifying developmental strategies. In this example, outreach work and raising awareness in the community might be recommended.

Item	Applicable to Service	Implementation 	Example
1. Service users are safe from physical harm	+"Service-users are not safe from physical harm in prisons" +"Partner agencies..." +"People in the community... risky behaviour" +"lack of control in the community" +"other influences – at risk of physical harm" +"Became known in his community" +"Vigilante groups" +"Falsely accused..."	+Within control = "Green" External influences = "Amber" Unknowns and variables in community **+"Amber"**	+"Two service-users resided in same property – allegation su-su" +"Service-user returning to community – identity being leaked or found" +"Ran out of community" +"Remains on social-media" +"Placement breaking down..." +"Altercations in prison" +"Accusations against (staff members) partnership agencies for assaulting service-users" +"When the wing goes up" = if client does not take part in riot they get assaulted"

Figure 2: Focus Group Example

Chapter 5 • Alternative Participation

Roots is adaptable and can be used across many contexts. Exercises using **Roots** can range from being a simple one-day team event to a full-scale organisational effort to determine the level of trauma-informed care.

The intent for any service is to achieve the *"Green"* state for all items, be aware that this might not be possible for certain services or specific circumstances.

Roots has the potential to be transferred to online platforms for virtual communities. The suitability of these platforms can vary. For example, it can be difficult to find a platform that allows for the nomination of colour and reporting of examples in the same way that the document allows. However, there are ways around this, and several platforms have solutions to this. It is important to assign a RAG rating, request examples, collate group-based reports and offer participants at least one more round of reflection until some consensus develops. It is through the sharing and collaboration that **Roots** influences culture. The resulting report could reflect the opinions of 'communities' that are geographically disparate but brought together to consider practice in particular kinds of settings.

References

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Appendices

Appendix A – Roots Staff Form

Domain One - Safety

Trauma-Informed Care needs the explicit promotion of environments, communities and practices which are physically, psychologically and socially safe for people who use services and staff. Therefore, an emphasis on safety from both a user and staff perspective is not only a critical basis for the start of any healing, but it is also preventative for harms to both service users and staff by prevailing practices. It is certainly not envisaged that safety can ever be absolute and harm minimisation attempts to mitigate long term risks by short term empowerment is important. Safety, in the long run, is rarely achieved by restricting freedoms.

Item	Applicable to Service	Implementation 	Example
1. Service users are safe from physical harm			
2. Staff are safe from physical harm			
3. My team/service see's everyone as of worth with valid experience and opinion			
4. An individual's risks are understood and formulated in the context of previous experience and trauma			

5. The underlying psychosocial causes of risks are actively addressed			
6. There is an opportunity for staff and service-users to reflect on safety plans to understand what has contributed to a positive outcome			
7. It feels safe enough to reflect and be honest when things go wrong for service-users			
8. We take a collaborative risk-management approach with service-users to minimise inadvertent long-term harm to healing			
9. There is a culture where staff and service-users trust each other to voice opinions whilst maintaining respect and value for each other			
10. My team proactively plans around safety rather than being reactive to			

crises			
11. I feel I have enough skills and autonomy to manage safety issues in a patient-centred way			

Domain Two - Language

Ways of understanding and discussing mental health that uses everyday language are of value. This will promote a more equal and inclusive discussion around mental health. Such language would frame the meaning of mental distress within the socio-cultural context in which it evolved and how it comes to be expressed.

Item	Applicable to Service	Implementation 	Example
12. Service-user presentations and symptoms are considered as strategies to cope with current or historical life experiences			
13. All potential causes of current presenting issues are assessed including physical health issues			
14. The survival value of a service-user's coping strategies is			

acknowledged as a result of their adversity or trauma history			
15. We allow for multiple narratives around someone's distress and seek to understand rather than to seek to impose one model of understanding			
16. Our services are flexible and will adapt to the broader needs of those with complex trauma histories			
17. Understanding the trauma narrative needs to evolve over time and at the service user's pace			
18. Our model of understanding of trauma accounts for cognition, sense of self, relationships, and physiological impact			
19. It is acknowledged that staff may have their own personal/professional trauma journeys that influence their motivation and			

understanding			

Domain Three - Social

As social animals, it is through a striving towards connectedness, clear boundaries, attuned relationships and social safeness that we learn about safety and inherent worth. There is a particular need to focus on human therapeutic relationships based on trust and collaboration when people are suffering because their trust or value has been breached.

Item	Applicable to Service	Implementation	Example
20. There are good working collaborative alliances between staff, service-users, teams and agencies around trauma-based needs			
21. Staff collaborate with service-users and each other towards a personalised healing journey that prevents further harm			
22. There is an emphasis in my service that healing from trauma occurs within safe and trusting relationships			
23. Attention is paid to ensure all forms of communication (written, verbal, non-			

verbal, and behaviours) are compassionate			
24. Reflective practice and the capacity to think non-critically about the motivations behind the action of others are paramount			
25. Staff actively seek to contribute towards a functioning open relationship even when things are difficult			
26. Policies and performance targets include a focus on patient and staff experience			

Domain Four - Trauma Specific Interventions

Services need to deliver a range of trauma-informed and trauma-specific interventions that address the multi-level impact of trauma on well-being and functioning. Services need to be flexible to enable choices and interventions based on unique personal need.

Item	Applicable to Service	Implementation 	Example
1. Sensitive routine inquiry of adversity and trauma forms the basis of our assessments and			

planning			
2. Our interventions are delivered in an explicit trauma-informed way, matched to needs and available long enough to make a difference			
3. Staff support service-users to create conditions where healing from trauma can begin e.g., housing, income, physical safety etc.			
4. A range of specialist trauma therapies are available including for those with complex trauma and dissociation			
5. Any new interventions are evaluated for clinical outcomes, impact on functioning and service user experience			
6. Trauma interventions are offered proactively to prevent crises			
7. Any trauma			

interventions are delivered as part of a wider coherent plan across agencies			

Domain Five - Empowerment

Empowerment is the process by which confidence is gained through owning efforts towards change and feeling the outcome is of value to you and a result of your own choices. Empowerment relates to staff too so that they are motivated towards service change and so that they can retain a sense of wellbeing about work.

Item	Applicable to Service	Implementation 	Example
1. Services explicitly mitigate the role of the power difference between staff, service users and carers			
2. Staff and service users have the freedom to be creative and flexible in planning care together and are supported to be part of service change and innovation			
3. Trauma-informed transformation is co-produced and co-designed with service			

users who have a range of views			
4. Availability of direct peer support is available which minimises stigma			
5. Personalised care and support plans are devised through shared decision making			
6. We consider how different staff and service-users view power dynamics in different ways and how this can be balanced			
7. People with lived experience of trauma are encouraged to be in positions of leadership and influence			

Domain Six - Whole System

Multi-agency partnerships and other models of integrated provision need to be commissioned so that access to services and flow through and between them is seamless and timely, especially for stigmatised groups. Without this people cannot access help for their needs or suffer iatrogenic harm from this struggle and service gaps.

Item	Applicable to Service	Implementation 	Example
1. Funding for trauma-informed approaches forms part of core business			
2. We monitor trauma-related outcomes			
3. Staff at all levels have adequate trauma-informed skills and are supported to work in a trauma-informed way			
4. A Trauma-informed approach is explicit in the commissioning framework for our service			
5. Staff have access to peer support with lived experience of trauma			
6. Service-users who need help can get help early without being passed around			

(pathways are clear and comprehensive to cover a variety of needs)			

Domain Seven - Compassionate Leadership

Authentic, mindful, and compassionate leadership that is committed to prioritising wellbeing and safety across the system is required to set an example and inspire collective action. This approach to leadership needs to apply to all levels: the wider system across health, care and other public agencies, particularly mental health services, or care pathways and by members of a multi-disciplinary team co-developing an individual's care and support plan with them.

Item	Applicable to Service	Implementation 	Example
1. Services have the capacity to manage demand in a way that promotes helpful outcomes			
2. Staff are supported to be motivated to address trauma-related issues			
3. Lived experienced voices are valid in supervision and learning			
4. There is a culture where it is safe to speak up about concerns			
5. Leaders address issues of stigma and			

acknowledge that adversity can limit all of us at various times			
6. Leaders at all levels are responsible for supporting trauma-informed developments and integrate them into their own areas of influences			
7. Leaders are open about their own experiences of adversity			
8. Staff are promoted into positions based on trauma-informed values and experience			

Appendix B – Roots Service-User Form

Domain One - Safety

Trauma-Informed Care needs the explicit promotion of environments, communities and practices which are physically, psychologically and socially safe for people who use services and staff. Therefore, an emphasis on safety from the perspective of both a service-user and a member of staff is not only a critical basis for the start of any healing, but it is also preventative for harms to both service users and staff by prevailing practices. It is certainly not envisaged that safety can ever be absolute and harm minimisation attempts to mitigate long term risks by short term empowerment is important. Safety, in the long run, is rarely achieved by restricting freedoms.

Item	Applicable to Service	Implementation 	Example
1. I feel safe from physical harm in this service			
2. staff are safe from physical harm here			
3. Staff see everyone as of worth with valid experience and opinion			
4. Staff understand my personal risks as arising from the consequences of my past or current adverse experiences e.g., abuse, housing, finance etc.			
5. The triggers and underlying reasons for			

my personal risks are addressed			
6. I have the chance to reflect and learn with staff after my safety has been at risk either from myself or others so things can be done differently in the future			
7. Staff take into account my view when looking at risk in a way that promotes my long-term healing			
8. I trust staff and are able to respect each other's opinions			
9. My team makes plans around my personal safety in advance rather than after a crisis			
10. The staff have the ability to deal with safety in a way that is personal to me			
11. I feel safe from physical harm in this service			

Domain Two – Language

Ways of understanding and discussing mental health that uses everyday language are of value. This will promote a more equal and inclusive discussion around mental health. Such language would frame the meaning of mental distress within the socio-cultural context in which it evolved and how it comes to be expressed.

Item	Applicable to Service	Implementation 	Example
1. My symptoms, or the way I appear and behave, are considered as meaningful reactions to my current or past experiences			
2. All causes of my symptoms, or the way I appear and behave, are considered, including my physical health			
3. Staff recognise the survival value of my ways of coping as well as my personal strengths			
4. Staff hold in mind different ways my distress can be understood and do not impose a single model of understanding			

5. My mental health services are able to adapt to my individual needs			
6. Staff recognise that a person's understanding changes over time and needs a sense of safety to adapt			
7. Staff's understanding of the context of my mental health problems takes into account my relationships, physical impact, thoughts and sense of self			
8. I understand that staff may have their own stories of adversity which impacts their way of being and understanding of me			

Domain Three - Social

As social animals, it is through a striving towards connectedness, clear boundaries, attuned relationships and social safeness that we learn about safety and inherent worth. There is a particular need to focus on human therapeutic relationships based on trust and collaboration when people are suffering because their trust or value has been breached.

Item	Applicable to Service	Implementation 	Example
1. I notice good working relationships between staff, teams and other agencies			
2. Staff work together with me to create a personal healing journey that tries to reduce further harm			
3. There is an understanding within my service/team that they can help best with safe and trusting relationships			
4. Efforts are made to communicate compassion through all types of interaction and communications			
5. Staff can reflect, non-judgementally, on their own actions and those of others			
6. Even during difficult			

times, staff seek to promote positive, open relationships			
7. It seems that policies and staff targets have included a focus on service user and staff experiences			

Domain Four - Trauma Specific Interventions

Services need to deliver a range of trauma-informed and trauma-specific interventions that address the multi-level impact of trauma on well-being and functioning. Services need to be flexible to enable choices and interventions based on unique personal need.

Item	Applicable to Service	Implementation 	Example
1. Sensitive questions about bad things in people's lives from the basis of assessments			
2. Interventions are delivered in a way to suit my individual needs for long enough to make a difference			
3. Staff support me in creating a life where my recovery can begin			
4. A range of			

specialist trauma therapies are available if I needed them			
5. Interventions are evaluated properly and include me in this evaluation			
6. I have access to 'interventions' to prevent a crisis in my mental health			
7. Interventions addressing the bad things in my life are coordinated with the rest of my care			

Domain Five - Empowerment

Empowerment is the process by which confidence is gained through owning efforts towards change and feeling the outcome is of value to you and a result of your own choices. Empowerment relates to staff too so that they are motivated towards service change and so that they can retain a sense of wellbeing about work.

Item	**Applicable to Service**	**Implementation** 	**Example**
1. Staff actively make me feel as empowered as they are			
2. New ideas about			

my care are welcomed			
3. Changes to the service are made and agreed with people who use this service			
4. The service has linked me to support from others who have faced similar challenges to myself			
5. I am involved in decisions about my care			
6. Services show they know that people react differently to power imbalances			
7. People who use services are openly in positions of leadership & influence			

Domain Six - Whole System

Multi-agency partnerships and other models of integrated provision need to be commissioned so that access to services and flow through and between them is seamless and timely, especially for stigmatised groups. Without this people cannot access help for their needs or suffer iatrogenic harm from this struggle and service gaps.

Item	Applicable to Service	Implementation 	Example
1. The service is adequately funded to provide what I need to recover from my adversity			
2. Outcomes related to the impact of the bad things in my life are important to this service			
3. Staff show they have adequate training & support to work with me on addressing the bad things that have happened to me			
4. Services have ways to help me recover from any bad experiences I have had			
5. I have access to peer support from people like me			

6. I can get help early without being passed around services			

Domain Seven - Compassionate Leadership

Authentic, mindful, and compassionate leadership that is committed to prioritising wellbeing and safety across the system is required to set an example and inspire collective action. This approach to leadership needs to apply to all levels: the wider system across health, care and other public agencies, particular mental health services or care pathways and by members of a multi-disciplinary team co-developing an individual's care and support plan with them.

Item	Applicable to Service	Implementation 	Example
1. Services deal with demand in a way that encourages my recovery			
2. Staff want to address issues related to bad things that have happened to me			
3. There are people with lived experience of adversity supervising staff			
4. I believe that staff would speak up about concerns they had about the service			
5. Staff at all levels			

are aware of issues of stigma			
6. Leaders at all levels support developments to address the causes of mental health problems			
7. Staff leaders are open about their own experiences of adversity			
8. Values relating to empowerment, choice and not labelling people are being promoted by the service I use			