

A Shared Language for Trauma-Informed Practice and Adverse Childhood Experiences in Cumbria and Lancashire

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Executive Summary

Language is important to people affected by trauma and to those who provide services for them. The terminology around trauma, ACEs and Resilience can be complex and overlapping. To facilitate organisations in Lancashire and South Cumbria to become ACE-aware and Trauma-Informed, we have developed a lexicon of descriptions and explanations of key terms. It is intended they will be adopted across these organisations to help communicate the concepts more clearly and consistently.

Using local, national and international sources, the following descriptions and explanations of ACEs, Trauma and Trauma-Informed Practice have been developed. The wording of each was tested for readability and usefulness by professionals attending the North West ACEs Conference 2019. Following the feedback from this audience, the definitions have been updated. See Appendix 1 for a summary of the feedback from the conference and Appendix 2 for the changes made to the wording.

ACEs

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that happen in childhood and can affect people as adults. They include events that affect a child or young person directly, such as abuse or neglect. ACEs also include things that affect children indirectly through the environment they live in. This could be living with a parent or caregiver who has poor mental health, where there is domestic abuse, or where parents have divorced or separated. ACEs can be single events, long-term or repeated experiences.

ACEs are very common; about half of all people will have experienced one ACE, and about one in ten will have experienced four or more.

Research shows the more ACEs that occur in childhood, the higher the chances of adults having poor mental health and also physical conditions such as cardiovascular disease, liver disease and cancer. Having more ACEs also increases the likelihood of engaging in health harming behaviours in adulthood such as smoking or using drugs or alcohol, or being involved in crime.

A lot of people do not develop problems despite having ACEs. Things that improve the chances of staying well despite experiencing ACEs include relationships with trusted adults and physical activity in childhood. In adulthood, protective factors include community engagement, and supportive employers and services.

Many organisations are recognising the impact of ACEs, how they can be prevented and how to help people who have had them to live well.

Trauma and Trauma-Informed Practice

Trauma is a term for a wider set of experiences or events that can happen at any time of life and includes some of the adversities in childhood known as ACEs. Trauma describes the psychological impact of experiencing or witnessing a physically or emotionally harmful or life threatening event. It may be a single incident or prolonged or repeating experiences. Trauma can affect people long after the event(s), by causing anxiety, depression or Post Traumatic Stress Disorder (PTSD). It may affect the way people relate to others or deal with day-to-day stresses. Long term activation of stress responses can also have effects on physical health. How someone is affected by a traumatic event depends on the trauma, their support network, their personality and previous life experiences.

Trauma Informed Practice is a way of working that recognises

- that anyone using a service may have experienced trauma or ACEs a
- that people with a history of trauma may be less likely to engage with services
- the importance of relationships in preventing and recovering from the effects of trauma and ACEs.

A trauma-informed workforce understands that trauma may impact the way clients cope with stresses or interact with staff and others. They ask “What’s happened to you?” rather than “What’s wrong with you?”. They incorporate this understanding of trauma into all policies and areas of practice, and they actively try to prevent re-traumatisation.

Trauma-Informed Practice aims to:

- Create physically and emotionally **safe** spaces
- Work **transparently** and establish **trust**
- Give people **choice and control** over their care
- Help people to **heal** and develop healthy coping strategies
- Work in **collaboration** with service-users, **respecting** their experience and **co-producing** policies and materials wherever possible
- Create a culture of **compassion** within the organisation.

Resilience

Resilience is an important concept within the narrative around ACEs and Trauma-informed practice. A recent analysis from The Welsh Adverse Childhood Experience (ACE) and Resilience Study showed that people with 4 or more ACEs who had certain “resiliency” attributes or resources in childhood or adulthood were less likely to suffer from mental illness as an adult compared with those who lacked those resources¹.

¹ [http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20\(Eng_final2\).pdf](http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20(Eng_final2).pdf)

The way in which the word resilience is used can differ considerably between organisation and by geography, and it can refer to individuals or to whole communities. A robust appraisal to find a definitive explanation of resilience was deemed to be beyond the scope of this document.

We recommend that when discussing Trauma and ACEs, the concept of resilience and protective factors is used to highlight that an assets-based approach can be taken when discussing these ideas or concepts. The specific application of these terms should be appropriate to your service and in line with any current work on the concept in your area.

Introduction

Language is important to people affected by trauma and to those who provide services to them. The terminology around trauma, ACEs and resilience can be complex and overlapping (See figure 1).

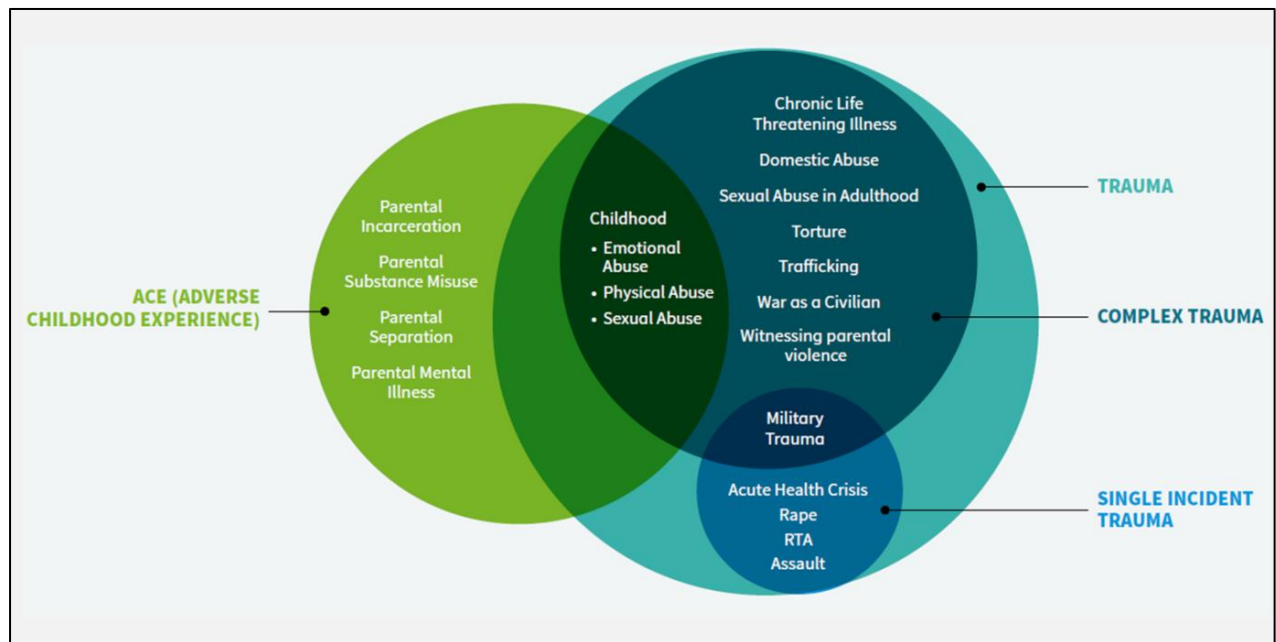


Figure 1 From *Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce*, NHS Scotland, 2017²

To facilitate organisations in Lancashire and South Cumbria to become ACE-aware and Trauma-Informed, we have developed a lexicon of descriptions and explanations of key terms. It is intended they will be adopted across these organisations to help communicate the concepts more clearly and consistently.

This document aims to draw together the work already being undertaken around Adverse Childhood Experiences (ACEs), trauma-informed practice (TIP) and resilience. It attempts to identify similarities, and differences, with a view to developing a shared lexicon or model of language around the three concepts that can be used across Lancashire, Cumbria and beyond.

The aim of developing these definitions and explanations is to create accessible, comprehensive descriptions that may be used within training of practitioners across agencies in Lancashire and south Cumbria. By harmonising language across the region and in different services, we can facilitate consistent provision and experience for communities.

² <https://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainningframework.pdf>

Objective

To review local, regional, national and international literature pertaining to the concepts of ACEs, trauma and resilience in order to develop a lexicon of definitions and descriptions of these concepts that can be used in training materials for staff within health, social care and allied services in Lancashire and Cumbria.

Method

In order to understand the work already done in Lancashire, Cumbria and nationally, online resources and internal documents were searched for definitions of key concepts related to ACEs, trauma, Trauma-Informed Practice (TIP) and resilience. The wording was coded and analysed to extrapolate the key features similar in the descriptions from each organisation.

From the data extracted from these sources, we developed a set of definitions for ACEs and TIP (see section on resilience for why this was not formulated in the same way) using guidelines for readability and use of plain English^{3,4}.

Testing the definitions and explanations

The aim of developing these definitions and explanations is to create accessible, comprehensive descriptions that may be used within training of practitioners across agencies in Lancashire and south Cumbria.

Many tools and guidelines for ensuring that information is accessible and easily read are based on their use with literature intended for the general public rather than for professionals. The language developed in this exercise has been developed using the principles of “Plain English”^{5,6}, however some terminology remains that may require a higher reading age than would be appropriate for material intended for patient or service-user audiences.

The definitions and explanations have been tested for readability using the SMOG (Simple Measure of Gobbledygook) readability tool⁷ which gives an indication of the “grade” (or years of schooling) equivalency of the reading level required to understand the text. This measure was chosen as it has been recommended in the literature for use in health settings because of its consistency of results, higher level of expected comprehension, use of more recent validation criteria for determining reading grade level estimates, and simplicity of use compared to other measures⁸. All the definitions outlined in the coloured boxes above have a SMOG grade of between 9.5–11, indicating that they should be suitable for people aged between 16-19 years old. As the text is intended for use with health and social care professionals, it was felt that this was likely to be appropriate.

³ <https://www.pifonline.org.uk/toolkit/guidance/communication/keep-language-clear-and-simple/>

⁴ <http://www.plainenglish.co.uk/free-guides.html>

⁵ <https://www.pifonline.org.uk/toolkit/guidance/communication/keep-language-clear-and-simple/>

⁶ <http://www.plainenglish.co.uk/free-guides.html>

⁷ McLaughlin GH. SMOG grading—a new readability formula. *J Reading*. 1969;12:639–646.

⁸ Wang, Lih-Wern. Assessing readability formula differences with written health information materials: Application, results, and recommendations. *Res Soc Admin Pharm*. 2013;9:503–516.

Readability tools have limitations as they simply apply mathematical formulae to analyse the density of poly-syllabic or long words, and the relative lengths of sentences. These algorithms do not consider comprehension of the subject-matter and so further testing is required to determine how “understandable” the text is, and how useful it would be to different service contexts across the Lancashire and South Cumbria area.

We circulated a copy of the Executive summary of this document to health and social care professionals in different services and areas of Lancashire and South Cumbria. We asked people to respond to a brief questionnaire about how easily the wording is understood and how applicable it would be for use in each location however we only received one response from this approach.

Subsequently, we presented the work at the PHE ACEs conference in January 2019. Each statement was presented to the delegates and they were asked to complete a paper form that was found on their table.

Each statement was followed with two questions: How easy is it to understand? And How useful is it? Responses were in the form of a Likert scale with 1 = “not at all” and 5 = “Extremely”. There was also the opportunity to provide free-text comments.

Seventy-eight forms were returned at the end of the session and these were analysed as described in Appendix 1. In summary, all four statements were well received, scored 4 or 5 by over 85% of respondents (and over 90% for statements 1, 2 and 4). There appeared to be no significant difference in opinion between different sectors.

A number of constructive comments were made and all comments received were scrutinised by the ACEs collaborative working group and the key points were incorporated into the definitions and descriptions. A summary of the changes made in response to feedback can be found in Appendix 2.

“All descriptions are very clear and in simple language that is easy to understand. 3rd sector organisations would feel confident using this as it is not using medical jargon, which is great. 😊” (respondent from 3rd sector organisation)

ACEs

What are ACEs?

The wording to describe ACEs and why they are important used by different organisations both locally and nationally was examined, and common elements were extracted to develop our own definitions. Figure 1 shows how extracts from local resources were coded.

Description	Agency	Target audience
Adverse Childhood Experiences (ACEs) are those that directly harm a child; such as physical, verbal and sexual abuse or physical or emotional neglect – as well as those that affect the environment where they grow up; including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration.	Better Start Blackpool	Public
Adverse Childhood Experiences (ACEs) refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life. Such experiences include multiple types of abuse; neglect; violence between parents or caregivers; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence (WHO definition)	Lancashire Care	Public
The term Adverse Childhood Experiences (ACEs) is used to describe a wide range of stressful or traumatic experiences that children can be exposed to whilst growing up. ACEs range from experiences that directly harm a child (such as suffering physical, verbal or sexual abuse, and physical or emotional neglect) to those that affect the environment in which a child grows up (including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration).	BwD council	Public
Adverse Childhood Experiences (ACEs) are a complex set of related childhood experiences which can either directly affect a child/young person (sexual, emotional and physical abuse; physical and emotional neglect) and, indirectly affect them due to the environment in which they live, often referred to as household dysfunction (such as living with a parent/caregiver who has mental illness; is incarcerated; has substance dependency; where there is domestic abuse or, loss due to separation / divorce).	EmBRACE	Public/ professionals
A complex range of stressful or traumatic experiences that children can be exposed to whilst growing up, including those that directly harm a child (e.g. abuse, neglect) and those that affect the environment in which a child grows up (e.g. parental separation, domestic violence).	Pennine Lancs	Professionals
The ACEs acronym is used to describe a broad range of adverse childhood experiences that can be stressful or traumatic events that children and young people can be exposed to. ACEs range from experiences that directly harm a child, such as physical, verbal or sexual abuse, and physical or emotional neglect, to those that affect the environments in which children grow up, such as parental separation, domestic violence, mental illness, alcohol abuse, drug use or imprisonment. ACEs are adverse childhood experiences that harm children's developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later. ACEs cause much of our burden of chronic disease, most mental illness, and are at the root of most violence.	Cumbria Resilience Project (Grassroots)	Public
Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. It can be single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaptation.	Young Minds	Public/ professionals
Coding Specific examples of ACES Non-specific examples of ACES Impact of ACES on (neuro)physiology, behaviour etc Timing		

Figure 2. Coded extracts from local resources defining ACEs.

Key points included in all the definitions were

- examples of ACEs, both specifically (e.g. parental separation and physical abuse) and more broadly (e.g. “stressful or potentially traumatic events”, or describing harms as direct or indirect)
- consideration of the timing of ACEs – in childhood, and may be one-off events or prolonged/repeated experiences

Some examples included examples of how ACEs impact on development or may lead to poor health in adulthood.

Using principles of plain English and readability, we produced the following suggested wording for a definition of ACEs to be used in training modules and literature.

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that happen in childhood and can affect people as adults. They include events that affect a child or young person directly, such as abuse or neglect. ACEs also include things that affect children indirectly through the environment they live in. This could be living with a parent or caregiver who has poor mental health, where there is domestic abuse, or where parents have divorced or separated. ACEs can be single events, long-term or repeated experiences.

Why are ACEs important?

Another element of the explanation of the ACEs research is the impact of ACEs on people's lives. The following extracts of text from local and national resources were examined to draw out the key concepts relating to explaining why we need to be aware of ACEs.

Description	Agency
[There is a] growing body of evidence suggesting that ACEs are proportionally linked and connected to poor physical, emotional and mental health outcomes and also have a significant impact upon social and educational outcomes .	Better Start Blackpool
ACEs are very common ; around half of the population experiences at least one. ACEs can increase a person's risk of developing various negative outcomes throughout the life-course; the greater the number of ACEs the higher the risk .	Lancashire Care
ACEs are common and endemic . Almost half (46%) of adults living across the Borough have suffered at least one ACE, with 12% of adults in Blackburn with Darwen having suffered four or more ACEs (Bellis et al., 2013). This study showed that the more ACEs people experience, the greater the risk of a wide range of health-harming behaviours and diseases as an adult. The impact on poor health and social outcomes is so evident, and with our own local findings, the ACE agenda must be considered within all communities and across all sectors.	Pennine Lancashire
Failing to address ACEs is expensive . In 2014, the estimated impact of social costs and lost earnings associated with child maltreatment was \$5.8 trillion in the USA alone. Dr Robert Anda, co-author of the original ACEs study, describes ACEs as 'chronic' and 'insidious' with their impact passing from generation to generation via epigenetic inheritance and he states that ACEs 'are the single greatest unaddressed public health threat facing our nation today.' It is, however, possible to prevent or reduce the consequences of ACEs in those that have already experienced them.	
The research provides a strong dose-response relationship between ACE and poor physical and mental health, chronic disease, lower academic success in childhood and, into adulthood. It also shows the relationship between ACEs and violence ; if we could prevent ACEs, violence would be halved – for both victims and perpetrators of violence . Children and young people who are exposed to ACEs have increased – and sustained – levels of stress .	EmBRACE
A Blackburn with Darwen study found that almost half (47%) of adults across the Borough have suffered at least one ACE, with 12% of adults in Blackburn with Darwen having suffered four or more ACEs. The study has shown that the more ACEs individuals experience in childhood, the greater their risk of a wide range of health-harming behaviours and diseases as an adult.	BwD
ACEs can therefore have a negative impact on development in childhood and this can in turn give rise to harmful behaviours , social issues and health problems in adulthood. There is now a great deal of research demonstrating that ACEs can negatively affect lifelong mental and physical health by disrupting brain and organ development and by damaging the body's system for defending against diseases . The more ACEs a child experiences, the greater the chance of health and/or social problems in later life.	
ACEs research shows that there is a strong dose-response relationship between ACEs and poor physical and mental health, chronic disease (such as type II diabetes, chronic obstructive pulmonary disease; heart disease; cancer), increased levels of violence, and lower academic success both in childhood and adulthood	
Coding 	

Figure 3. Coded extracts from local resources describing why ACEs are important.

The key concepts extracted from these descriptions included

- discussion of the prevalence of ACEs in the population
- the evidence of a correlation between experiencing ACEs and poor health or health behaviour or social outcomes in adulthood
- examples of the mental and physical health outcomes associated with ACEs
- examples of health harming behaviours associated with ACEs
- examples of social or educational outcomes associated with ACEs
- discussion of intergenerational transmission of ACEs

In addition to the concepts identified within the text, discussions with practitioners across several forums have indicated the importance of avoiding completely deficits-based approach to the discussion of ACEs, and of maintaining hope for improvement in the discourse.

Recent research from the ACEs Research team at Bangor University demonstrated the protective functions of resiliency factors against poor outcomes related to ACEs⁹.

The following description of the importance of ACEs is proposed:

ACEs are very common; about half of all people will have experienced one ACE, and about one in ten will have experienced four or more.

Research shows the more ACEs that occur in childhood, the higher the chances of adults having poor mental health and also physical conditions such as cardiovascular disease, liver disease and cancer. Having more ACEs also increases the likelihood of engaging in health harming behaviours in adulthood such as smoking or using drugs or alcohol, or being involved in crime.

A lot of people do not develop problems despite having ACEs. Things that improve the chances of staying well despite experiencing ACEs include relationships with trusted adults and physical activity in childhood. In adulthood, protective factors include community engagement, and supportive employers and services.

Many organisations are recognising the impact of ACEs, how they can be prevented and how to help people who have had them to live well.

⁹ [http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20\(Eng_final2\).pdf](http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20(Eng_final2).pdf)

Trauma-Informed Practice (TIP)

What is Trauma?

To explain the concept of TIP, first it is important to introduce the concept of trauma as understood in its psychosocial sense (as opposed to medical trauma which refers to major injuries sustained in accidents). This section has been compiled through synthesis of the literature cited in documents in use in the North West.

The DSM-5 (a medical manual for diagnosing mental health conditions) describes trauma in the context of diagnosing post-traumatic stress disorder (PTSD) as exposure to actual or threatened death, serious injury, or sexual violence¹⁰. It includes witnessed incidents and vicarious trauma in certain contexts.

The US's Substance Abuse and Mental Health Administration (SAMHSA) has a wider definition of trauma that includes the event itself, the experience of the event, and the effect. Their definition states that *“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being”*¹¹. The SAMHSA definition appears to be the most widely accepted and cited definition within regional and national resources relating to TIP.

Trauma can be experienced at any time of life, by any person. ACEs may be considered to be traumatic experiences that specifically occur in childhood. Trauma in adulthood may include experiences of domestic abuse, rape, assault, traffic accidents, terrorist attacks or other sudden, unexpected single-event or short-term events.

Trauma may also be “complex”; where trauma and abuse is experienced interpersonally, persists over time and is difficult to escape from. Complex trauma is often experienced in the context of close relationships (e.g. childhood abuse, domestic abuse) but can also be experienced in the contexts of war, torture or human trafficking.

How people are affected by trauma they experience depends on many different factors including what their life and relationships were like before the trauma happened, how people responded to them during and after the trauma, their own personality, strengths and resources, their other life experiences and the cultural context in which they live their lives.

From this synthesis of the literature, the following wording is proposed:

Trauma is a term for a wider set of experiences or events that can happen at any time of life and includes some of the adversities in childhood known as ACEs. Trauma describes the psychological impact of experiencing or witnessing a physically or emotionally harmful or life threatening event. It may be a single incident or prolonged or repeating experiences. Trauma can affect people long after the event(s), by causing anxiety, depression or Post Traumatic Stress Disorder (PTSD). It may affect the way people relate to others or deal with day-to-day stresses. Long term activation of stress responses can also have effects on physical health. How someone is affected by a traumatic event depends on the trauma, their support network, their personality and previous life experiences.

¹⁰ <https://books.google.co.uk/books?id=-JivBAAAQBAJ&lpg=PA1&pg=PA1#v=onepage&q&f=false>

¹¹ <https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

What is Trauma-Informed Practice?

Trauma-Informed Practice (TIP) is a way of working that appreciates that anyone using a service may have experienced trauma or ACEs. Online and unpublished literature from local and national organisations were reviewed to determine a harmonised definition of TIP. Extracts of the literature were examined and coded to draw out the key concepts (see Figure 3.). These were used in conjunction with international guidelines (from SAMHSA, and NHS Scotland) and peer-reviewed literature as shown in Figure 4, to develop a definition and 6 key principles of TIP.

From these resources, the key concepts that were extracted were:

- Understanding that many people have trauma, and working from an assumption that anyone accessing a service may have a trauma history
- Workforce-wide understanding of the potential impacts of trauma on how people react to stressful situations, or interact with professionals.
- Moving dialogue and approaches from “what’s wrong with you?” towards “what’s happened to you?”
- Cultural entrenchment of an approach to care for *all* clients that
 - Occurs in physically and emotionally safe places
 - Is based in compassion and empathy, and values connection
 - Takes a strengths-based approach and empowers people to heal, develop healthy coping strategies and to make choices about their care
 - Values collaboration with clients and co-produces policies and treatment plans as appropriate
 - Is transparent and trustworthy.

The following definition and key principles of TIP are proposed:

Trauma Informed Practice is a way of working that recognises

- that anyone using a service may have experienced trauma or ACEs a
- that people with a history of trauma may be less likely to engage with services
- the importance of relationships in preventing and recovering from the effects of trauma and ACEs.

A trauma-informed workforce understands that trauma may impact the way clients cope with stresses or interact with staff and others. They ask “What’s happened to you?” rather than “What’s wrong with you?”. They incorporate this understanding of trauma into all policies and areas of practice, and they actively try to prevent re-traumatisation.

Trauma-Informed Practice aims to:

- Create physically and emotionally **safe** spaces
- Work **transparently** and establish **trust**
- Give people **choice and control** over their care
- Help people to **heal** and develop healthy coping strategies
- Work in **collaboration** with service-users, **respecting** their experience and **co-producing** policies and materials wherever possible
- Create a culture of **compassion** within the organisation.

Description	Agency	Target audience
<p>Trauma Informed Care is an approach taken by an organisation providing services to community members that assumes that the individual is more likely than not to have a history of trauma. It requires a system to make a cultural shift from asking a person 'What is wrong with you?' to 'What has happened to you?'. We know that a large proportion of clients utilising local targeted provision such as substance misuse services or mental health support in Blackpool will be survivors of trauma. However victims of childhood abuse have been found to wait from between nine to sixteen years before disclosing trauma, with many never actually disclosing. It is also important to note that whilst many trauma survivors are accessing local service provision, many do not seek these services to specifically address the trauma.</p> <p>Creating a physically and emotionally safe environment, establishing trust and boundaries, supporting autonomy and choice, creating collaborative relationships and participation opportunities and using a strengths and empowerment-focused perspective to promote resilience are ways in which the principles of Trauma Informed Care work to reduce re-traumatisation and promote healing.</p>	Blackpool Better Start	Professionals
<p>A trauma informed school is one that is able to support children and teenagers who suffer with trauma or mental health problems and whose troubled behaviour acts as a barrier to learning. Our training programmes were born out of a response to major public health studies that have shown that when children who have suffered several painful life experiences, are unhelpt, there is a very high chance of them going on to suffer severe mental and physical ill-health. We therefore support schools, communities and other organisations in providing relationships for these children that heal minds, brains and bodies. Key conversational skills in addressing and making sense of what has happened are central to our work as is a major shift in whole school/organisation/community culture.</p>	Trauma informed schools UK (training provided to Lancashire County Council Educational Psychology Services, Adoption & Fostering Service, Cumbria County Council and Blackpool Council's Workforce Development Team)	Public / Professionals
<p>One Small Thing is striving for positive change in the criminal justice system by implementing small changes in a big way. We facilitate and fund trauma-informed treatment programmes for the prison and community sectors that consider the individual caught in a cycle of crime and incarceration and aim to humanise their process. We strive to shift the noise of blame and judgement and shift the 'what's wrong with them?' line of questioning to a more effective and healing 'what happened to them?' approach. We listen to the stories of human beings residing in prisons, we address how they are treated, we strive for communication and compassion, as opposed to outmoded methods that do not consider the individual. We train staff to understand the trauma of the individual through a lens of empathy and in turn, we help them to heal themselves through working together, as human beings united as opposed to divided, heard as opposed to ignored.</p> <p>Our name reflects the value of those small things – empathy, compassion, respect – and their combined power to make a big difference to the individual - and to society as a whole.</p>	One Small Thing (Organisation working with the Criminal Justice System) – have worked in North West prisons inc. Manchester, Styal, Garth.	
<p>Understanding trauma is relevant to mental health, as survivors may have had many reactions to trauma.</p> <p>A traumatic experience can affect the person as a whole in various areas of their life including their mental health, physical health and their relationships and feelings towards themselves and others. It is important for health care professionals to understand this bigger picture and to take life experiences into account when planning a person's care. The aim of trauma informed care is to develop an understanding of what's happened to a person and the impact this has had on their mental health. Once we have a good understanding of this, we can then move towards thinking about what we, the individual or their social network might be able to engage with that will move towards recovery.</p> <p>Trauma informed care sees the issues that people are experiencing are often as a reaction to adversity. It promotes healing from the trauma, values co-production and peer support. Trauma informed care doesn't just look at symptoms, instead it asks a person 'what has happened to you', it helps people to feel safe and build on their strengths and the support around them.</p>	Tees, Esk and Wear Valleys NHS Foundation Trust	Public/ Professionals
<p>Models of care that move beyond a purely diagnostic model of trauma, and instead place greater emphasis on creating safe environments and practices, building individual resources and wider resiliency, as well as restoring connection to supportive and safe communities.</p> <p>Trauma-informed care can be delivered by all organisations and professionals. Its core principles include building awareness of adversity and trauma (understanding of cultural, gender and sexuality contexts) into service protocols and staff culture in order to avoid re-traumatisation. Establishing and maintaining safety is at the heart of all adversity and trauma-informed models of care. Furthermore, these models focus on increasing levels of trustworthiness by being transparent with clients and investing in greater collaboration, shared decision making, and mutuality between the people who are using the services and receiving them.</p>	Young Minds	Public/ Professionals
<p>Coding</p> <p>Assumption of possible trauma history Cultural entrenchment 'What is wrong with you?' vs 'What has happened to you?' Strengths based, empowerment Compassion, empathy, connection</p> <p>Prevent re-traumatisation Promote healing Trust, transparency Safety Impacts of trauma Collaboration, coproduction</p>	<p>Figure 3. Coded extracts of local and regional sources describing Trauma-Informed Practice</p>	

Description	Agency	Target audience
<p>Someone offering trauma-informed care uses all the tools and treatments they can to promote healing, while preventing further harm from hyper- or hypoarousal. An organization or person offering trauma-informed care prioritizes six key principles</p> <ul style="list-style-type: none"> • Safety • Trustworthiness and Transparency • Peer support • Collaboration and mutuality • Empowerment, voice and choice • Cultural, Historical, and Gender Issues 	SAMHSA	Public/ Professionals
<p>The trauma informed approach argues that those in most need of services may also be the hardest to reach and most unlikely to engage effectively with services. There are many aspects of trauma informed care and practice that overlap with principles of good care more generally, including person centered and compassionate care. The application of trauma informed care builds on and adds to these principles by recognizing the specific ways in which the experience of trauma can negatively impact on people's experience of care, support and interventions. Key points in the approach are</p> <ul style="list-style-type: none"> • being safe and protected from harm: trauma is safely recognised and understood and its immediate effects addressed at the earliest possible opportunity so that people can be protected from ongoing or future harm. • copng well: people are enabled to develop effective coping strategies to help them manage their lives, both current and past, and to develop safe and nurturing relationships. • processing and making sense of trauma: people are enabled to make sense of the traumatic events they have experienced and move through the distress they feel in connection with these events. • living the life you choose: people are enabled to develop skills, move towards goals and participate in valued roles and experiences that may not have previously been possible, due to trauma. 	NHS Scotland "TRANSFORMING PSYCHOLOGICAL TRAUMA - A Knowledge and Skills Framework for the Scottish Workforce"	Professionals
<p>Key principles of trauma informed approaches as being:</p> <ul style="list-style-type: none"> • Recognition of the prevalence, signs and impacts of trauma (the 'trauma lens') • Resist re-traumatisation by understanding operational practices, power differentials and other potentially re-traumatising features of psychiatric services • Cultural, historical and gender contexts and acknowledging community or other specific trauma • Trustworthiness and transparency with the aim of building trust • Collaboration and mutuality with an understanding of the power imbalances between service users and staff • Empowerment, choice and control, with the adoption of strengths based approaches • Safety encompassing moral, physical, psychological, social and cultural safety • Survivor partnerships and an understanding that survivor leadership, peer support and coproduction are integral to trauma informed organisations • Pathways to trauma-specific care with support for survivors to access it where desired. 	Sweeney A, Clement S, Filson B, Kennedy A. (2016) Trauma-informed mental healthcare in the UK: what is it and how can we further its development? Mental Health Review Journal 21 (3) 174-192.	Professionals

Figure 4. Key principles of Trauma Informed Practice from guidelines and literature

Resilience

Resilience is an important concept within the narrative around ACEs and Trauma-informed practice. A recent analysis from The Welsh Adverse Childhood Experience (ACE) and Resilience Study showed that people with four or more ACEs who had certain “resiliency” attributes or resources in childhood or adulthood were less likely to suffer from mental illness as an adult compared with those who lacked those resources.

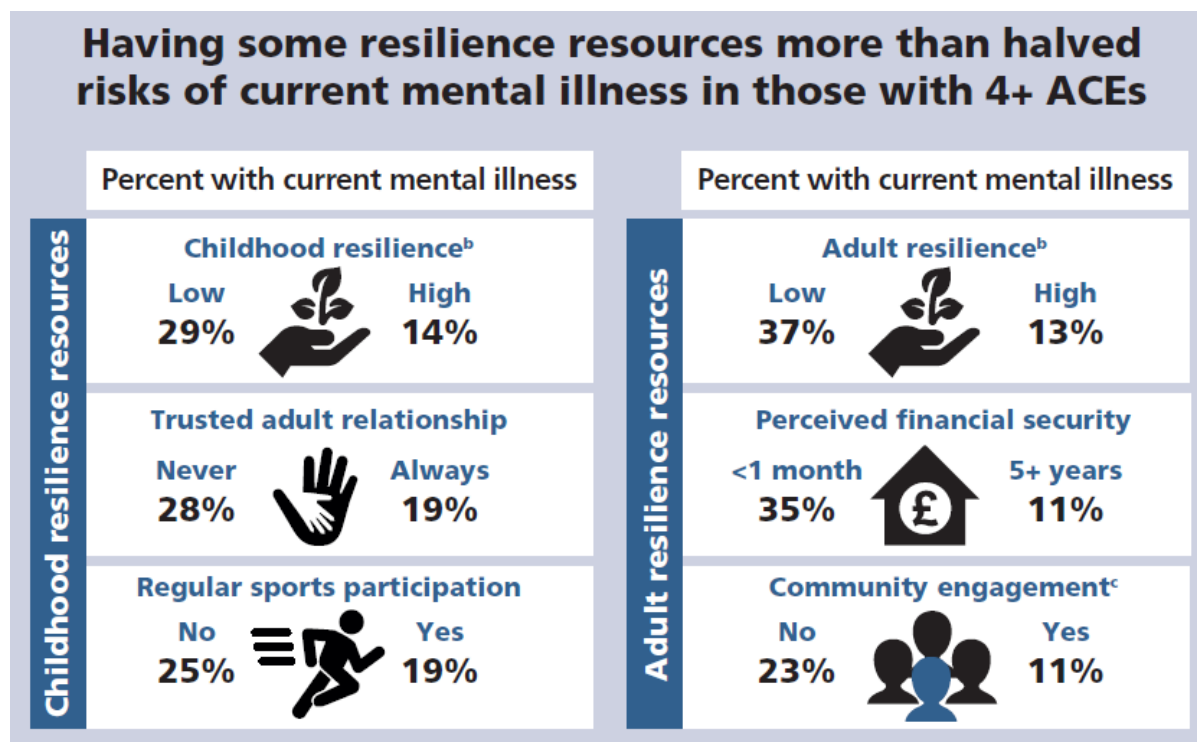


Figure 5 The effect of resiliency factors on mental health in adults. From the Welsh Adverse Childhood Experience (ACE) and Resilience Study (Hughes, K. et al. 2018)¹²

The concept of resilience encompasses several intrinsic and extrinsic factors that make a person more likely to do well despite adversity. The way in which the word resilience is used can differ considerably between organisation and by geography, and it can refer to individuals or to whole communities. The diverse application of the concept of resilience is well recognised in peer-reviewed literature¹³, and a robust appraisal and recommendations for a definitive explanation of resilience was deemed to be beyond the scope of this document.

We would recommend that when discussing Trauma and ACEs, that the concept of resilience and protective factors is used to highlight that an assets-based approach can be taken when discussing these ideas and language of factors to be discussed should be in line with any current work on the concept in your area.

¹² [http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20\(Eng_final2\).pdf](http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20(Eng_final2).pdf)

¹³ Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology*, 21(2), 152-169. doi:10.1017/S0959259810000420

Appendix 1 – Feedback from the North West ACEs Conference

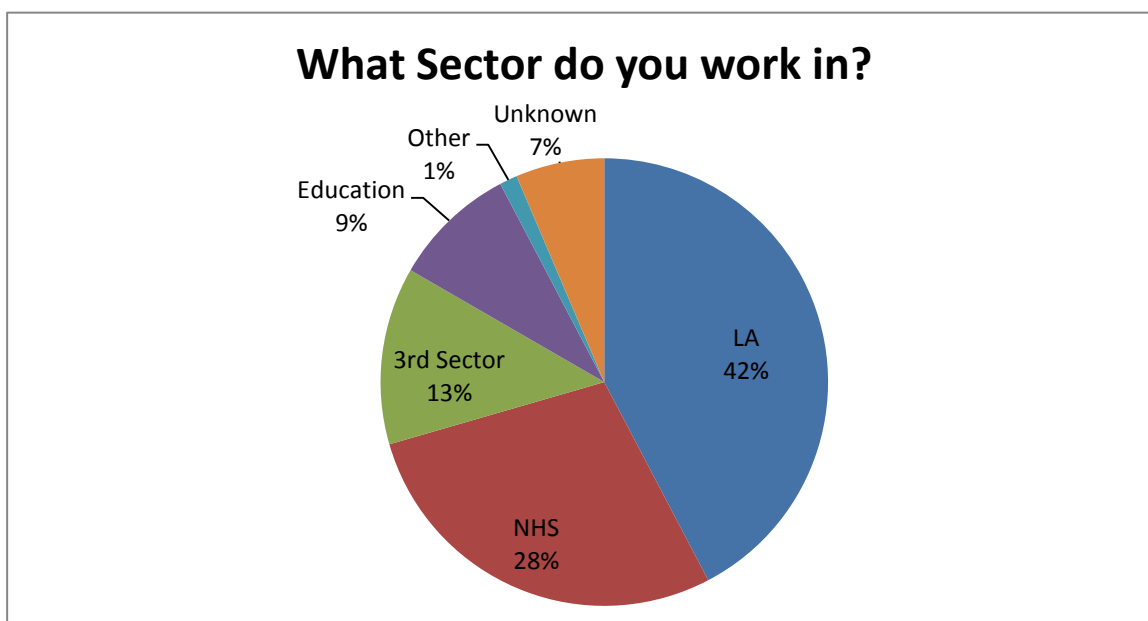
Please note: all statements in this section are the original unedited versions and should not be used. Please use the statements in blue or green boxes in the main part of this document.

Delegates were asked to score each statement 1-5 on a Likert scale to indicate ease of understanding (5 = very easy) and usefulness (5= very useful). We received 78 forms back from an attendance of approximately 120.

Area of work

The responses were anonymous, but we asked the delegates to specify their sector of work.

The largest proportion of respondents worked within a local authority, but the NHS, 3rd sector and education were well represented. 7% of delegates that completed some part of the form did not specify their employment sector.

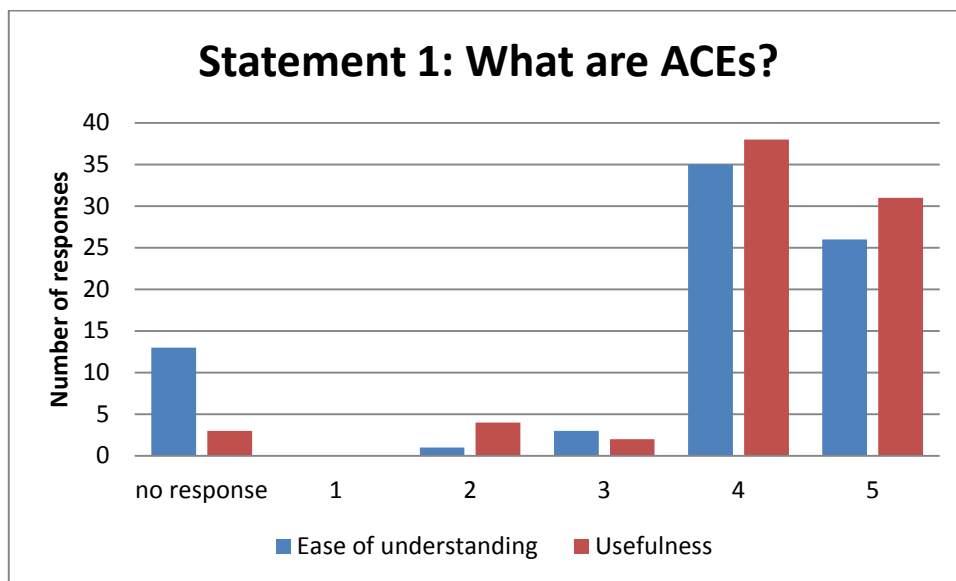


Statistical analysis of all responses to all questions by each of the sectors found that no sector was statistically significantly more likely to score the statements lower. To enable analysis despite the relatively small sample, responses 1-3 were used as “low scores” and 4-5 were pooled as “high scores”. Chi-squared testing was possible for the responses from LA, NHS and 3rd sector organisations, however the “Education and other” pooled group was still too small to test using a chi-square so Fisher’s exact test was used.

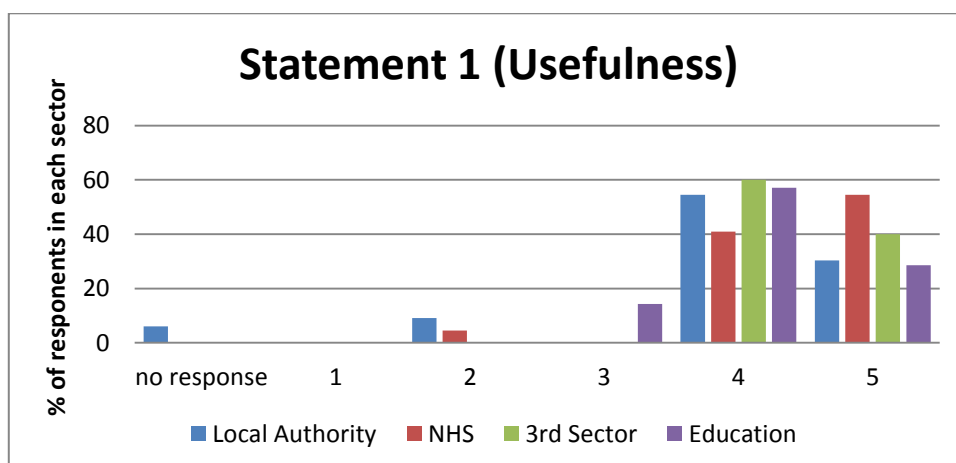
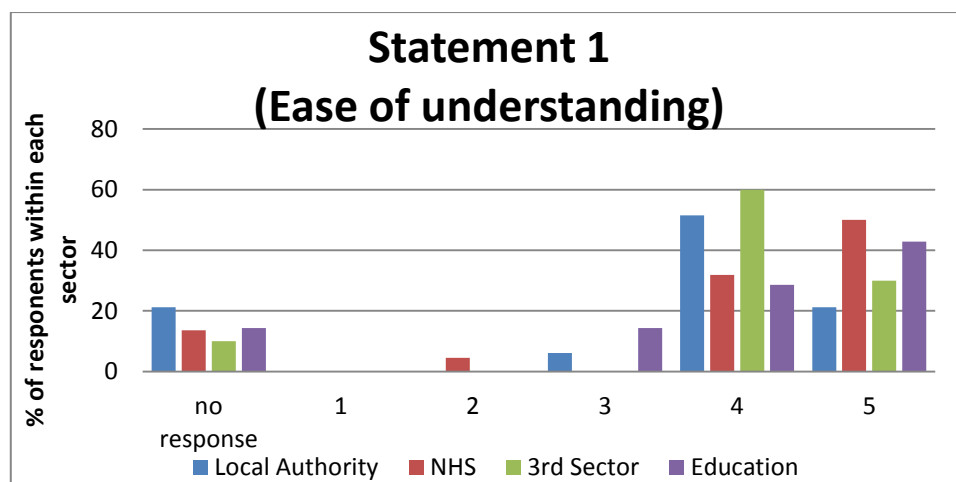
Statement 1: What are ACEs?

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that happen in childhood. They can be things that affect a child/young person directly (such as abuse or neglect) or indirectly through the environment they live in (such as living with a parent/caregiver who has mental illness, where there is domestic abuse, or where parents have divorced or separated). ACEs can be single events or long-term or repeated experiences.

In response to “how easy is this statement to understand?” 93.8% of respondents rated the statement as very or extremely easy (4 or 5 on the Likert scale). Similarly, 92.0% rated the statement as very or extremely useful.



When the responses are broken down by employment sector, most people in each sector responded that the statement was both easy to read and useful, however a small number of LA and NHS respondents rated both areas lower.



Free- text comments pertaining to statement 1 are summarised in the table below:

Respondent's sector	Comment
NHS	Definition of ACEs looks like it could include any trauma (as aces described as single events too) - doesn't make clear what may be excluded from this definition.
LA	add to ACEs definition "that can affect you as an adult"
Unknown	add to end of ACEs definition "and continued adversity"
NHS	need to add effects as an adult to statement 1?
NHS	"that affect you as an adult", subjective to the person.
LA	good definition but may be a bit lengthy
LA	mental health problem (rather than illness). "1 in 4" (?), ? Applicable for frontline.
LA	what about incarceration?
NHS	removal of the brackets for the initial statement. Having these in italics under the initial statement takes less time to understand. E.g. Aces are..., Such as...
LA	think this would be better as a list of bullets. Very lengthy
LA	a bullet point list of ACEs would be useful
LA	Maybe need to add that impact can depend on length of exposure/age/severity (personal to individuals)
LA	Needs breaking up. Too long - bullet point. Re: last sentence "is this relevant?"

Statement 2: Why are ACEs important?

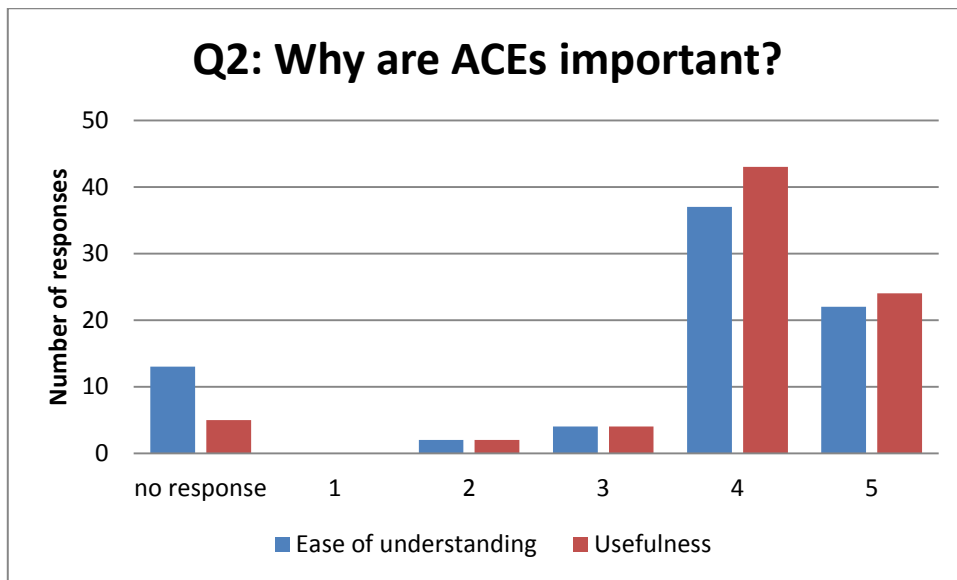
ACEs are very common; about half of all people will have experienced 1 ACE, and about 1 in 10 will have experienced 4 or more.

Research has shown that experiencing 4 or more ACEs can increase the chances of having poor physical or mental health, smoking or using drugs or alcohol, or being involved in crime as an adult.

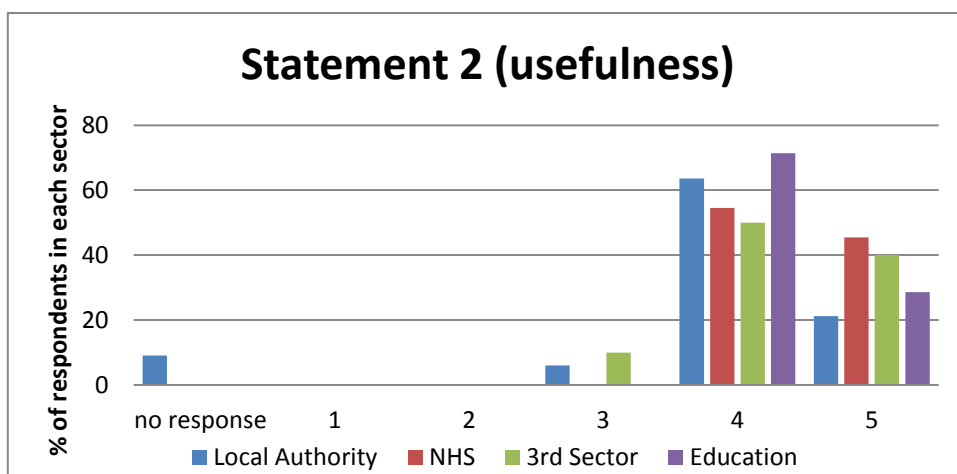
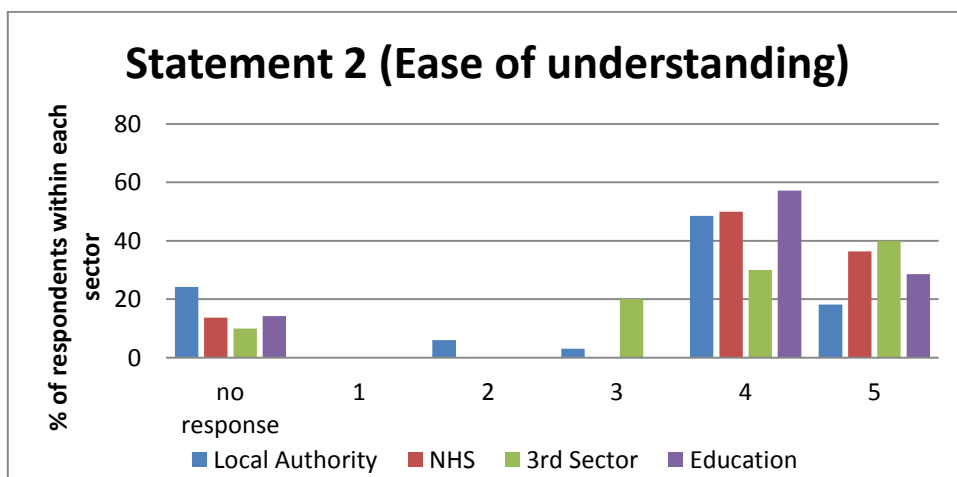
A lot of people do not develop problems despite having ACEs. Things that improve the chances of staying well despite experiencing ACEs include relationships with trusted adults and physical activity in childhood, and community engagement and gaining and using skills in adulthood.

Many organisations are trying to be more aware of the impact of ACEs, how to prevent them and how to help people who have had them to live well.

In response to "how easy is this statement to understand?" 90.8% of respondents rated the statement as very or extremely easy (4 or 5 on the Likert scale). Similarly, 91.8% rated the statement as very or extremely useful.



When the responses are broken down by employment sector, most people in each sector responded that the statement was both easy to read and useful, however a small number of LA respondents rated both areas lower.



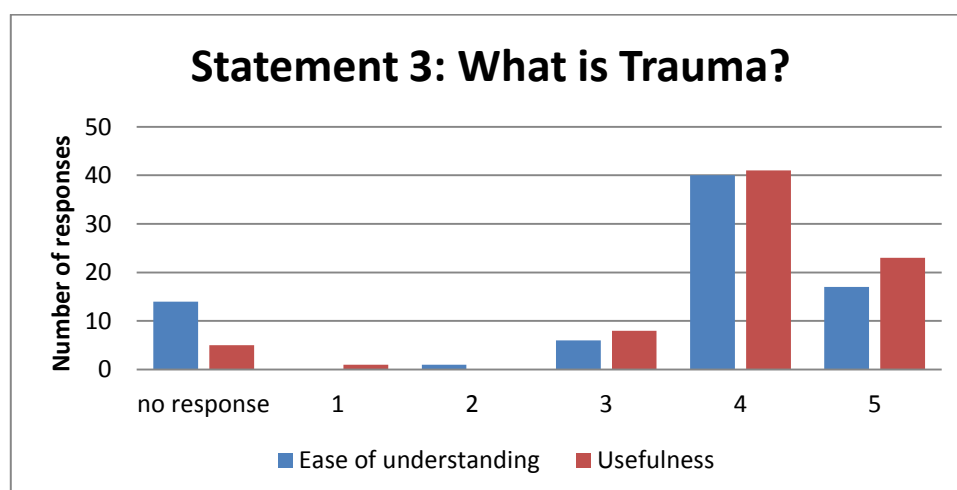
Free- text comments pertaining to statement 2 are summarised in the table below:

Respondent's sector	Comment
LA	think it focuses too much on the "4".
LA	mention resilience
LA	what skills?
LA	Maybe emphasise physical health more, i.e. obesity, cancer etc - these impacts are very important and unexpected compared to mental health. 2nd para: Nice addition to the normal explanation.
Unknown	The importance is the impact
LA	What are the protective factors? Not just ACEs. More detail. (Last paragraph annotated with a "?")
LA	Too wordy
LA	A bit too wordy
LA	Too many numbers
LA	(indicated to remove "ands" from 2nd para)
LA	re: very common "makes it less important". Add to 3rd para" and how they can affect individuals"

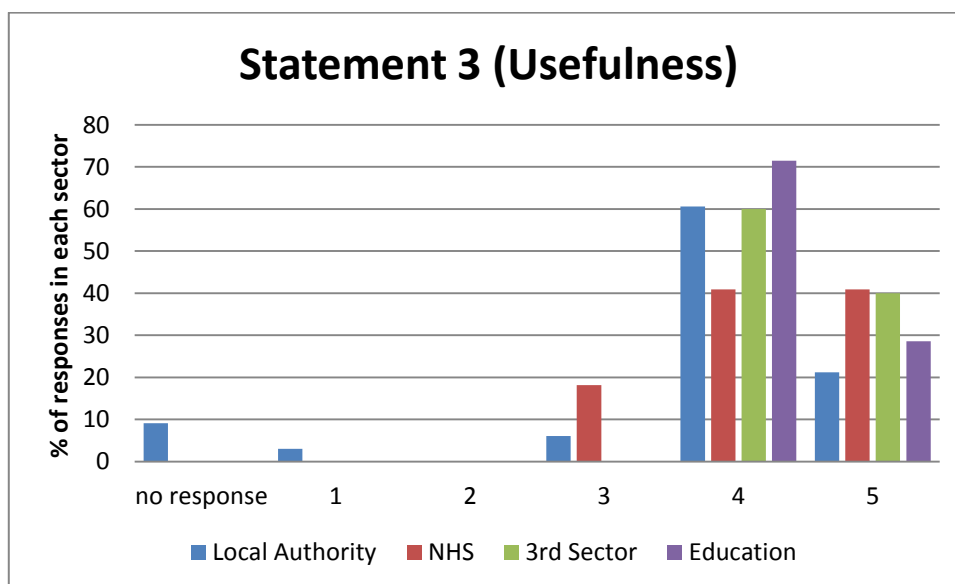
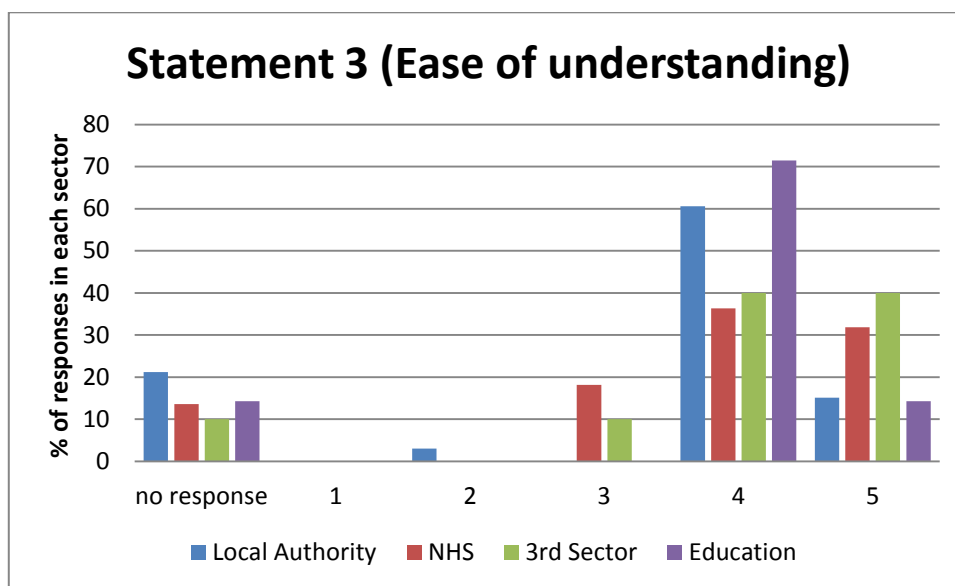
Statement 3: What is Trauma?

Trauma occurs when a person experiences or witnesses a physically or emotionally harmful or life threatening event. It may be a single incident or prolonged or repeating experiences. Trauma can happen at any time of life to anyone. Some traumas that happen in childhood are known as ACEs. Trauma can affect people long after the event(s), by causing anxiety, depression or Post Traumatic Stress Disorder (PTSD), or may impact the way people relate to others or deal with day-to-day stresses. How someone is affected by a traumatic event depends on the trauma, their support network and their personality and previous life experiences.

In response to "how easy is this statement to understand?" a lower proportion (89.1%) of respondents rated the statement as very or extremely easy (4 or 5 on the Likert scale). Similarly, only 87.7% rated the statement as very or extremely useful.



When the responses are broken down by employment sector, most people in each sector responded that the statement was both easy to read and useful, however one person felt it was not useful in a LA setting.



Free- text comments pertaining to statement 3 are summarised in the table below:

Sector	Comment
Unknown	it doesn't make it clear what traumas that happen in childhood are ACEs and what are not.
Education	do you need to clarify or differentiate the difference between ACE and trauma as there is obviously a crossover?
NHS	"too much link between trauma and other reasons why. Makes me think of worst case scenario.
NHS	too wordy, had to read 3x
LA	confusing messages, not clear ACEs vs trauma, hard to follow and understand.
LA	quite wordy
LA	bullet point

Statement 4: What is Trauma Informed Practice?

Trauma Informed Practice is a way of working that recognises

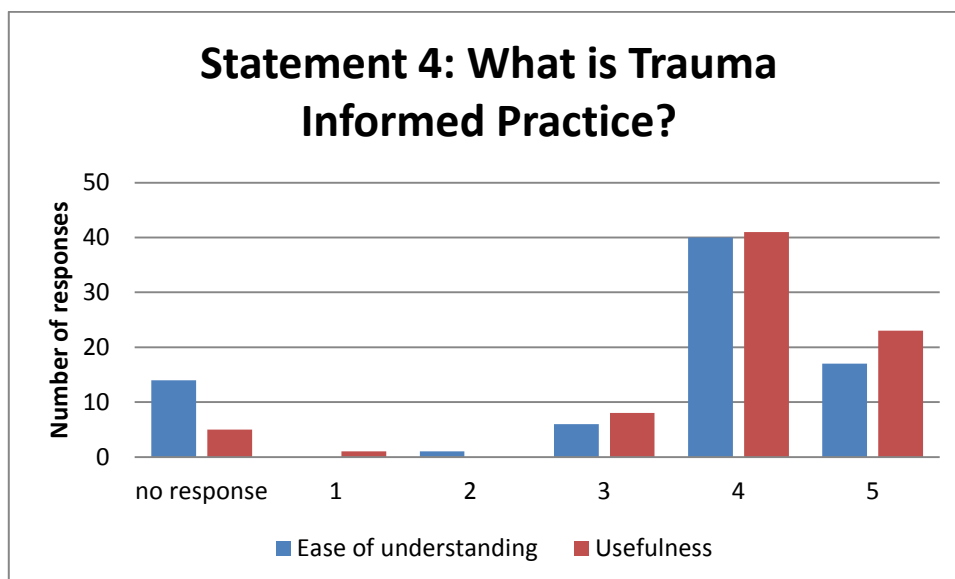
- that anyone using a service may have experienced trauma or ACEs
- that people with a history of trauma may be less likely to engage with services.

A trauma-informed workforce understands that trauma may impact the way clients cope with stresses or interact with staff and others. They ask “What’s happened to you?” rather than “What’s wrong with you?”. They incorporate this understanding of trauma into all policies and areas of practice, and they actively try to prevent re-traumatisation.

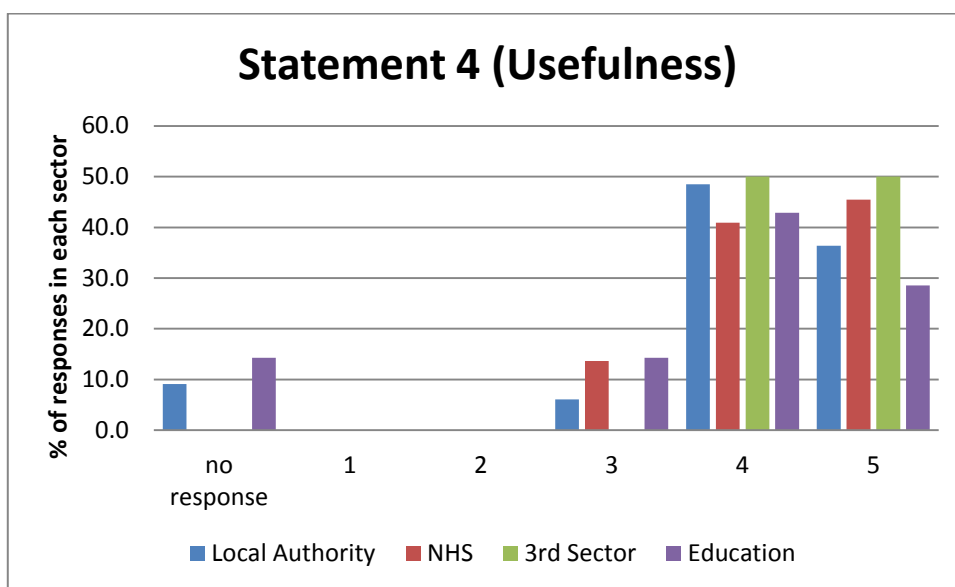
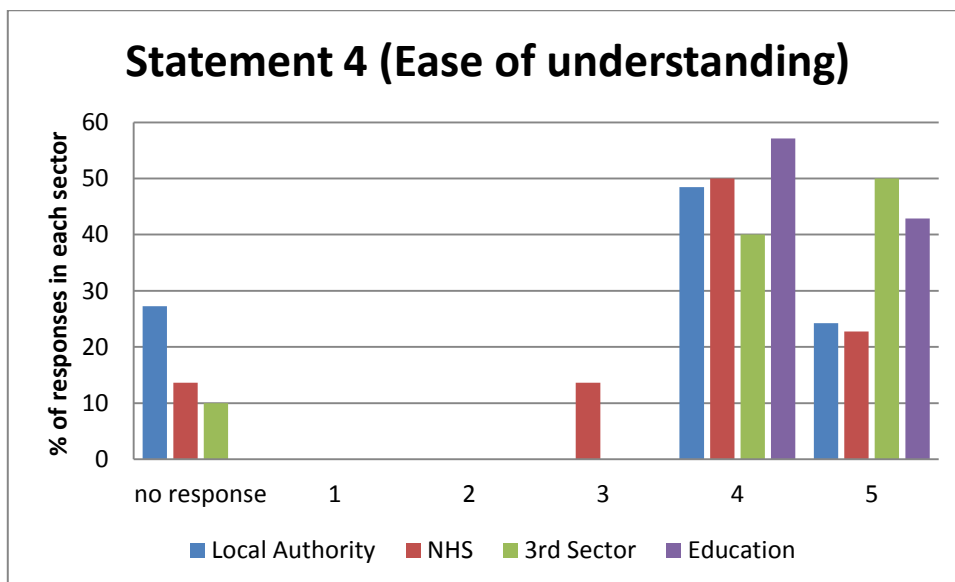
Trauma-Informed Practice aims to:

- Create physically and emotionally **safe** spaces
- Work **transparently** and establish **trust**
- Give people **choice and control** over their care
- Help people to **heal** and develop healthy coping strategies
- Work in **collaboration** with service-users, **respecting** their experience and **co-producing** policies and materials wherever possible
- Create a culture of **compassion** within the organisation.

In response to “how easy is this statement to understand?” 93.5% of respondents rated the statement as very or extremely easy (4 or 5 on the Likert scale). Similarly, 90.3% rated the statement as very or extremely useful.



When the responses are broken down by employment sector, most people in each sector responded that the statement was both easy to read and useful, however more people selected 3 (neither useful nor un-useful).



Free- text comments pertaining to statement 4 are summarised in the table below:

Sector	Comment
NHS	add to statement 4: systems understand people's difficulties in the context of their experiences and not as a set of symptoms or a simple diagnosis.
LA	[TIP aims to] help to develop trusted relationships- in the community (long lasting).

General comments on the work

Sector	Comment
LA	Use/ease of ACES statements context dependent. ACEs hidden in children. Community versus individual traumas. Family trauma leading to ACEs. Culture change, policy driven, universal approach. Listening/hearing/supporting/choice
3 rd Sector	would be useful to have as part of a national policy too.
LA	Is there need for a definition of a trauma informed culture wider than a service perspective?
LA	These definitions clearly assist with understanding the approach and will help culture change
NHS	Additional: These are language and concepts I am familiar with, it is likely to be harder to understand and less useful to some NHS clients.
NHS	very clear
NHS	very informative, will use in delivery of risk sensible model
NHS	clarifies terminology and useful for all community
LA	good summary but again maybe needs to be more succinct.
LA	really useful definitions and explanations.
LA	agree we need a common understanding of the terms, however they seem quite wordy. Who is the audience? maybe more visuals/images may help understanding.
NHS	these are very useful definitions. It would be helpful for them to be complimented with real life colloquial descriptions that people with ACEs would say so that this language can also be used by professionals along with the formal definitions. E.g. how would a child explain trauma, stress, feeling safe in their own words?
NHS	who are these comments for? Are there child friendly/parent friendly? What is the reading age? These are very professional-friendly.
LA	Practical applications of TIP?? Recognition of understanding protective factors
3 rd sector	All descriptions are very clear and in simple language that is easy to understand. 3rd sector organisations would feel confident using this as it is not using medical jargon, which is great. :)

Appendix 2 – Amendments made to the Lexicon in response to the feedback

What are ACEs?

Version 1

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that happen in childhood. They can be things that affect a child/young person directly (such as abuse or neglect) or indirectly through the environment they live in (such as living with a parent/caregiver who has mental illness, where there is domestic abuse, or where parents have divorced or separated). ACEs can be single events or long-term or repeated experiences.

Version 2

Added

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that happen in childhood and can affect people as adults. They include events that affect a child or young person directly, such as abuse or neglect. ACEs also include things that affect children indirectly through the environment they live in. This could be living with a parent or caregiver who has poor mental health, where there is domestic abuse, or where parents have divorced or separated. ACEs can be single events, long-term or repeated experiences.

Sentences restructured for clarity

Why are ACEs important?

Version 1

ACEs are very common; about half of all people will have experienced 1 ACE, and about 1 in 10 will have experienced 4 or more.

Research has shown that experiencing 4 or more ACEs can increase the chances of having poor physical or mental health, smoking or using drugs or alcohol, or being involved in crime as an adult.

A lot of people do not develop problems despite having ACEs. Things that improve the chances of staying well despite experiencing ACEs include relationships with trusted adults and physical activity in childhood, and community engagement and gaining and using skills in adulthood.

Many organisations are trying to be more aware of the impact of ACEs, how to prevent them and how to help people who have had them to live well.

Version 2

Restructured to reduce emphasis on 4 ACEs being "a cut off"

ACEs are very common; about half of all people will have experienced one ACE, and about one in ten will have experienced four or more.

Research shows the more ACEs that occur in childhood, the higher the chances of adults having poor mental health and also physical conditions such as cardiovascular disease, liver disease and cancer. Having more ACEs also increases the likelihood of engaging in health harming behaviours in adulthood such as smoking or using drugs or alcohol, or being involved in crime.

A lot of people do not develop problems despite having ACEs. Things that improve the chances of staying well despite experiencing ACEs include relationships with trusted adults and physical activity in childhood. In adulthood, protective factors include community engagement, and supportive employers and services.

Many organisations are recognising the impact of ACEs, how they can be prevented and how to help people who have had them to live well.

Added to highlight physical health impacts

Sentence restructured for clarity and to better reflect the evidence

What is Trauma?

Version 1

Trauma occurs when a person experiences or witnesses a physically or emotionally harmful or life threatening event. It may be a single incident or prolonged or repeating experiences. Trauma can happen at any time of life to anyone. Some traumas that happen in childhood are known as ACEs. Trauma can affect people long after the event(s), by causing anxiety, depression or Post Traumatic Stress Disorder (PTSD), or may impact the way people relate to others or deal with day-to-day stresses. How someone is affected by a traumatic event depends on the trauma, their support network and their personality and previous life experiences.

Version 2

Added to clarify the relationship between trauma and ACEs

Trauma is a term for a wider set of experiences or events that can happen at any time of life and includes some of the adversities in childhood known as ACEs. Trauma describes the psychological impact of experiencing or witnessing a physically or emotionally harmful or life threatening event. It may be a single incident or prolonged or repeating experiences. Trauma can affect people long after the event(s), by causing anxiety, depression or Post Traumatic Stress Disorder (PTSD). It may affect the way people relate to others or deal with day-to-day stresses. Long term activation of stress responses can also have effects on physical health. How someone is affected by a traumatic event depends on the trauma, their support network, their personality and previous life experiences.

Added to clarify not only psychological phenomenon

What is Trauma informed practice?

Version 1

Trauma Informed Practice is a way of working that recognises

- that anyone using a service may have experienced trauma or ACEs a
- that people with a history of trauma may be less likely to engage with services.

A trauma-informed workforce understands that trauma may impact the way clients cope with stresses or interact with staff and others. They ask "What's happened to you?" rather than "What's wrong with you?". They incorporate this understanding of trauma into all policies and areas of practice, and they actively try to prevent re-traumatisation.

Trauma-Informed Practice aims to:

- Create physically and emotionally **safe** spaces
- Work **transparently** and establish **trust**
- Give people **choice and control** over their care
- Help people to **heal** and develop healthy coping strategies
- Work in **collaboration** with service-users, **respecting** their experience and **co-producing** policies and materials wherever possible
- Create a culture of **compassion** within the organisation.

Version 2

Trauma Informed Practice is a way of working that recognises

- that anyone using a service may have experienced trauma or ACEs
- that people with a history of trauma may be less likely to engage with services
- the importance of relationships in preventing and recovering from the effects of trauma and ACEs.

A trauma-informed workforce understands that trauma may impact the way clients cope with stresses or interact with staff and others. They ask "What's happened to you?" rather than "What's wrong with you?" They incorporate this understanding of trauma into all policies and areas of practice, and they actively try to prevent re-traumatisation.

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- Help people to **heal** and develop healthy coping strategies
- Work in **collaboration** with service-users, **respecting** their experience and **co-producing** policies and materials wherever possible
- Create a culture of **compassion** within the organisation.

Added to clarify role of relationships