



**Redbridge Safeguarding Children
Partnership (RSCP)**

**Multi-Agency Guidance:
Trauma Informed
Practice**

September 2024

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Introduction

This multi-agency guide has been developed as part of the programme commissioned by London Borough of Redbridge Children's Services to introduce trauma informed practice into children and families' social work.

Whilst this brief guide is only able to cover the basic concepts of trauma informed practice, its aim is to provide partner agencies across the RSCP with an overview of this new way of working adopted within the Local Authority Children's Services and encourage agencies to consider how to introduce this into policies and practice.

We hope the case studies on pages 14 and 15 inspire you and that you go on to take some of the learning and development opportunities detailed on page 16 to find out more.

Your comments and feedback on this guide are welcomed. Please email RedbridgeSCP@redbridge.gov.uk.

Acknowledgement is given by the [Redbridge Safeguarding Children Partnership \(RSCP\)](#), to both the Local Authority and to [Interface](#), their project partners, for their commitment to this important development and contribution to working towards a child friendly Redbridge.

Thank you for your interest in this work.

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1. What is Trauma Informed?

Trauma is when a person experiences something physically or emotionally harmful or even life threatening. It can come from an event, a series of events or an ongoing situation. Not everyone will be affected in the same way.

'Trauma is much more than a story about the past that explains why people are frightened, angry or out of control'.

'Trauma is re-experienced in the present, not as a story, but as profoundly disturbing physical sensations and emotions that may not be consciously associated with memories of past trauma'.

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Trauma-informed approaches have become progressively cited in policy and adopted in practice as a way of reducing the negative impact of trauma experiences and supporting outcomes for young people. The government's working definition of trauma-informed practice is summarised in Diagram 1.

Diagram 1: [Working definition of Trauma-informed practice \(Office for Health Improvement and Disparities, 02 November 2022\)](#)



Since September 2022, the London Borough of Redbridge Children Services has commissioned [Interface](#) to deliver a Trauma Informed Practice training programme over three years consisting of:

- a) training over 300 front line practitioners, foster carers and offered free multi-agency [Trauma Informed Safeguarding Briefings](#)
- b) providing workshops and action learning sets to support managers and practitioners to embed TIP
- c) supporting schools to develop a whole school trauma informed approach
- d) supporting local authorities and partners to develop TIP policies, procedures and systems to underpin practice
- e) providing action focused and reflective sessions for leaders to drive culture change and develop trauma-informed organisations
- f) providing Train the Trainer sessions to develop a sustainable approach

The purpose of this training is to provide a trauma-informed approach to children, young people and families professionals need to have an awareness and understanding of the impact of trauma

and learn how to effectively minimise its effects without causing additional trauma. systems, and support networks that address secondary/vicarious trauma for workers.

Trauma-informed practice incorporates assessment of trauma and trauma symptoms into all routine practice; it also ensures that children, young people, and families have access to trauma-focused interventions that treat the consequences of traumatic stress. **Focusing on “What happened to you?” rather than “What is wrong with you?”**

- Approaching families with empathy.
- Building stable and trusting relationships that empower children and families.
- Understanding power differentials between families and practitioners, and how to reduce them.
- Being gender and culturally sensitive. Reducing the risk of re-traumatisation for both the child and family where for safeguarding reasons children are removed from families.
- Supporting placement stability and avoiding frequent placement moves.

It is anticipated that after Children Services implement this training program, there will be access to a pool of staff that will be able to conduct the training, ensuring sustainability and embedding the process as part of business as usual.

2. A Working definition of Trauma Informed Practice

Realise that trauma can affect individuals, groups and communities

Trauma-informed practice is an approach to health and care interventions which is grounded in **the understanding that trauma exposure can impact an individual’s neurological, biological, psychological and social development.**

Recognise the signs, symptoms and widespread impact of trauma

Trauma-informed practice aims to increase practitioners’ awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.

It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

Trauma-informed practice acknowledges the need to see beyond an individual’s presenting behaviours and to ask, ‘What does this person need?’ rather than ‘What is wrong with this person?’.

Prevent re-traumatisation

It seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations **experienced at the time of a traumatic event or circumstance in a person's past**. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves.

The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services.

Key principles of trauma-informed practice

There are 6 principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration.

Safety

The physical, psychological and emotional safety of service users and staff is prioritised, by:

- people knowing they are safe or asking what they need to feel safe
- there being reasonable freedom from threat or harm
- attempting to prevent re-traumatisation
- putting policies, practices and safeguarding arrangements in place

Trustworthiness

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by:

- the organisation and staff explaining what they are doing and why
- the organisation and staff doing what they say they will do
- expectations being made clear and the organisation and staff not overpromising

Choice

Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by:

- ensuring service users and staff have a voice in the decision-making process of the organisation and its services
- listening to the needs and wishes of service users and staff
- explaining choices clearly and transparently
- acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships

Collaboration

The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:

- using formal and informal peer support and mutual self-help
- the organisation asking service users and staff what they need and collaboratively considering how these needs can be met
- focussing on working alongside and actively involving service users in the delivery of services

Empowerment

Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:

- validating feelings and concerns of staff and service users
- listening to what a person wants and needs
- supporting people to make decisions and take action
- acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth

Cultural consideration

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by:

- offering access to gender responsive services
- leveraging the healing value of traditional cultural connections
- incorporating policies, protocols and processes that are responsive to the needs of individuals served

[Working definition of Trauma-informed practice \(Office for Health Improvement and Disparities, 02 November 2022\)](#)

3. How the principles apply to Trauma Informed Practice?



REALISE



RECOGNISE



RESPOND



RESISTS RE-
TRAUMATISATION

Realise
<ul style="list-style-type: none"> • Trauma impacts individuals in different ways over different periods of their lives
<ul style="list-style-type: none"> • The trauma people have experienced is not always known to others
<ul style="list-style-type: none"> • The manifestation of adult, parents'/carers/children and young people's behaviours and reactions is not always reflective of the root cause of what has happened to them.

Recognise
<ul style="list-style-type: none"> • Having a greater awareness of the signs and symptoms of trauma
<ul style="list-style-type: none"> • Impact of trauma on staff and wider organisation (vicarious trauma)
<ul style="list-style-type: none"> • Understanding Adverse Childhood Experiences (ACEs) supports practitioners to identify trauma, for adults, children and young people

Respond
Not focusing on the presenting issue or behaviour but considering asking a different question. From 'What is wrong with you?' to 'Why has this happened?'
<ul style="list-style-type: none"> • Understanding how a person's history impacts on the individual and their family is key to identifying the appropriate way to support a child/young person and their families.
<ul style="list-style-type: none"> • Helps people to understand what is happening in their world and why they are reacting, responding, and experiencing the feelings they are.
<ul style="list-style-type: none"> • Identifying ways to embed Trauma Informed Practice (TIP) within policy, procedures and everyday practice.

Resists Re-Traumatisation
<ul style="list-style-type: none"> • Avoiding re-traumatisation is both a systems and practitioner response.
<ul style="list-style-type: none"> • Acknowledge that systems can add, exacerbate, or reinforce trauma.
<ul style="list-style-type: none"> • Understanding trauma is key to avoiding re-traumatisation. We need to sensitively avoid re-traumatisation with a resilience-based approach that meets the adult/child/young person's needs, which is person-centred, and child focused.

Treisman, K. (2021) *A Treasure Box for Creating Trauma-Informed Organizations*, Vol 1 & 2 p.139
London, JKP

4. Impact of Childhood Trauma

Diagram 2: Impact of Childhood Trauma

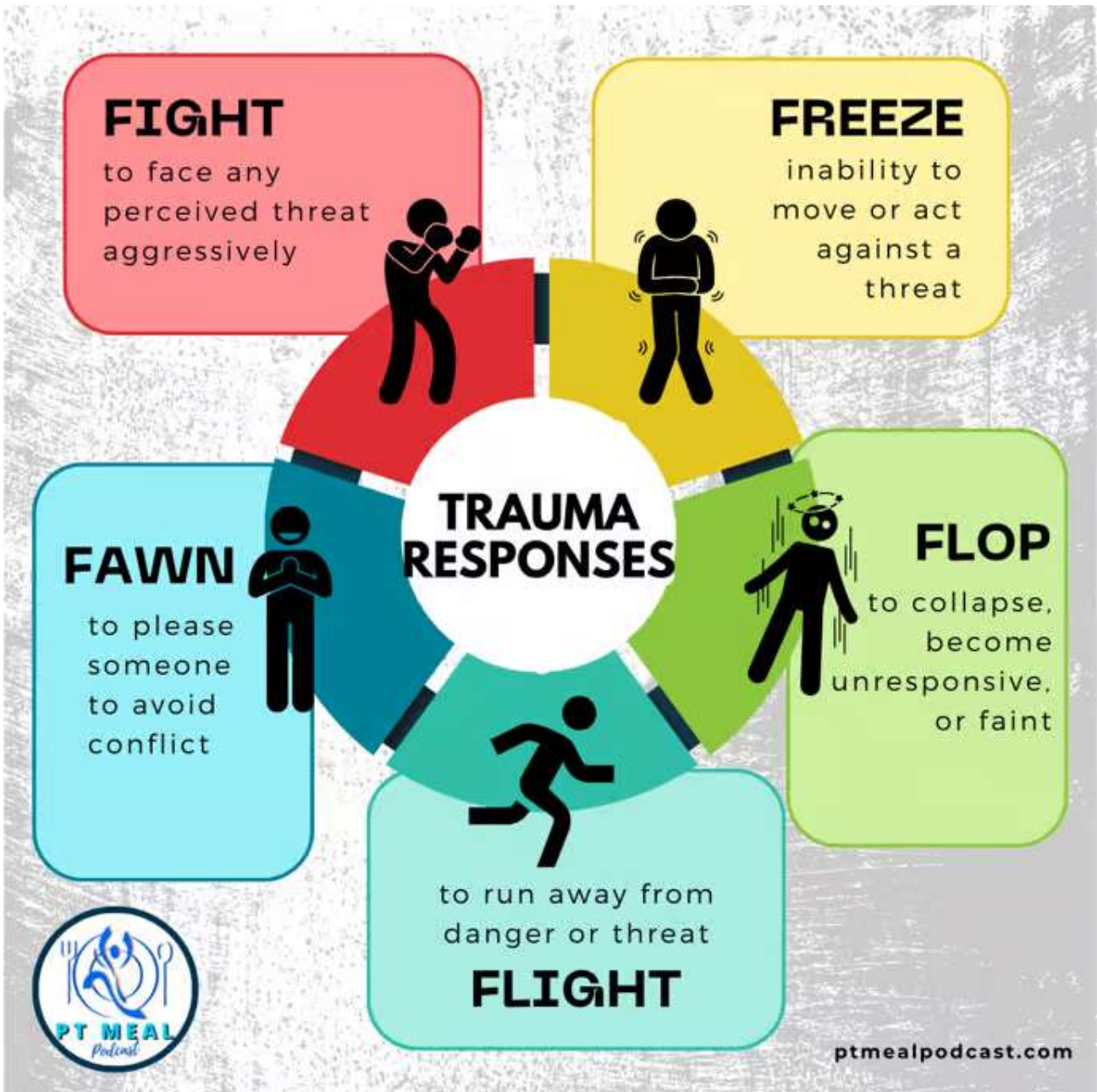


Child Trends (2024)

5. Trauma Responses

We respond instinctively when faced with threat such as trauma. Diagram 3 identifies five key responses to trauma and behaviours that might identify them.

Diagram 3: Responses to trauma



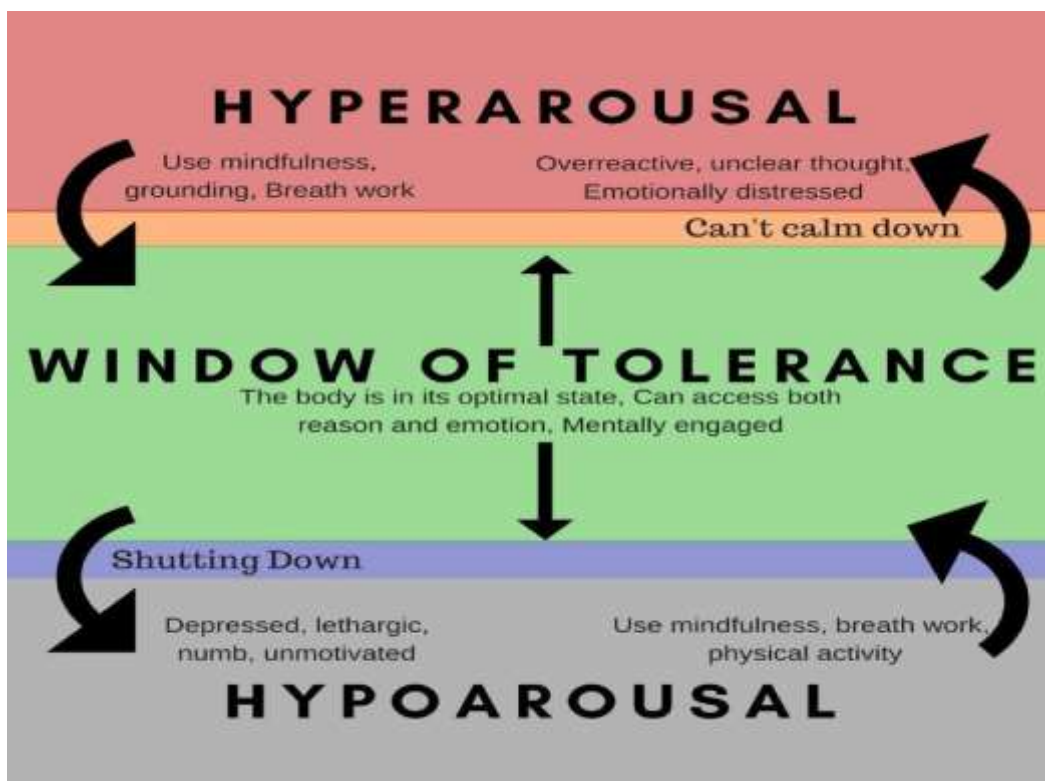
U PT MEAL Podcast, NOV. 7, 2023, *Understanding the 5 Trauma Responses: Fight, Flight, Freeze, Fawn, and Flop*

Co-regulation

Being dysregulated can cause children to struggle in many aspects of their lives. If children are unable to regulate their own emotions, as professionals we need to co-regulate with them and teach them how to regulate themselves. We can only do that if we ourselves are emotionally regulated. When someone is out of their window, they may need someone to co-regulate them.

The 'window of tolerance,' a term first used by Daniel Siegel, UCLA, is a space within which we are comfortable and feel safe. This is where we are able to deal with the daily stressors of life without anxiety, exhaustion, or feeling out of control. This is where emotions are balanced and controlled, resulting in clear thinking and rational responses. On either side of this 'optimal zone' are the 'hyper-arousal zone,' an emotional state characterised by high-energy, anger, panic, feeling overwhelmed and chaotic, and the 'hypo-arousal zone' by contrast is an emotional state characterised by shutting down, numbness, withdrawal and depression. By expanding our 'window of tolerance' we can increase our capacity to rebound and be resilient.

Diagram 4: Window of Tolerance



Bamford, R. (2019) *Window of Tolerance*. Richard Bamford Therapy, Counselling and Psychotherapy

We don't know what kinds of experiences people have had when we come into contact with them, so we need to approach them in a universally sensitive manner. If we assume that their presenting issues are not related to trauma, then we miss a great opportunity to help. If we assume trauma may be playing a role, then we begin to **pay attention** to signs of trauma and ask the right questions. Professional curiosity will help us to consider what is behind a person's behaviour and responses.

6. Dos and Don'ts

Diagram 5: Dos and Don't of a Trauma-Informed Compassionate Classroom



7. Responding and Recovering from Trauma

Factors which influence recovery for individuals are:

- feeling safe
- relationships – in particular, trust
- processing the experience
 - a) adults - talking and going over the experience until it is contained in safe memories
 - b) children - through behavior and in play

People recover and develop resilience through building and strengthening new connections in the brain.

Brain connections develop through:

- Relationships – mindful co-regulation and mindful co-learning with safe and trusted adults
- Iteration – experiences repeated over and over again.

Three phases of recovery

- Stabilisation – feeling safe/feeling supported/feeling understood. This includes housing, routines, food, clothing, community, sleep.
- Integration – self-regulation/emotional processing/narrative. This involves controlling and managing physiological reactions, processing traumatic material and memories, rebuilding cognitive constructs.
- Adaptation – social skills/joy in living/self-esteem. This can include re-established social connectedness, personal efficiency, the continued development of trustworthy relationships and working on relational functioning.

Cairns K, (2002) *Attachment, Trauma and Resilience: Therapeutic caring for children*, London: BAAF

8. Case Studies

M

I'm a Lithuanian woman, sought refuge from domestic abuse who has mental health issues. My son has also subjected myself to domestic abuse, creating tensions in the family.

Summary of Case	Approaches Used
<ul style="list-style-type: none"> • Both father and eldest son abused mother. • Both mother/father have experienced domestic abuse during childhood in Lithuania. • Family struggled with a love-hate relationship, particularly between sons. The eldest son's physical outbursts became a distorted form of seeking affection. • Both mother/father feared oldest son. 	<ul style="list-style-type: none"> • A review of the full chronology of the case, where most intervention had been in parenting sessions, this had not been effective and did not consider generational trauma. • Exploring the family's experiences for a deeper understanding by conducting a Global Psychological Assessment.
Outcome achieved	What approaches would you have taken prior to using Trauma Informed Practice?
<ul style="list-style-type: none"> • To achieve a stable level of safety the eldest son was placed in residential care and the youngest son was placed within foster care. • Further assessments are being undertaken to support mother, with consideration for the longer-term planning of the family. 	<ul style="list-style-type: none"> • Signs of Safety-This involves a strengths-based, safety-oriented approach to casework designed for use throughout the safeguarding process. This involves task-based solutions. • Signs of Safety looks at the now and the presenting risks and the risks of the future. It doesn't account for the history and the impact of trauma. It is also task-based while Trauma Informed Practice is more holistic.




J

I'm a young mother, who is struggling with substance misuse and have experienced domestic abuse and have been abusive.

Summary of Case:	
<ul style="list-style-type: none"> • Involves an 8-month-old infant born to a South African mother and British father. • Mother struggled with substance misuse, involving cocaine and alcohol, leading to dangerous situations for the infant, including being left alone. The mother, in denial of the problem, resisted seeking help. • The quiet demeanour of the baby seemed to be a coping mechanism for self-preservation. • The father, though having parental responsibility, failed to prioritise the child's safety. • The mother exhibited resistance to acknowledging the issues, and domestic abuse the mother subjected the maternal grandmother to domestic abuse further complicated the scenario. • Police were involved and the Child Protection Plan was not taken seriously. 	
Approaches used	Outcome achieved
<ul style="list-style-type: none"> • A psychological assessment revealed issues in the mother's relationships with her parents and highlighted the need for a trauma-informed approach. • Understanding the mother's denial, refusal to seek support for substance misuse, and potential trauma became crucial in formulating an effective intervention 	<ul style="list-style-type: none"> • Ultimately, the father obtained custody of the child, while the mother engaged with assessment. Weekly contact was established with mother. • The chronological understanding of events leads to a recognition of the need for more comprehensive assessments.
What learning did you implement from TIP in this case?	Why did you use the approach used?
<ul style="list-style-type: none"> • Understanding the causative factors. • The actions of the parent's stem from the inability to address trauma. • Being trauma-informed helps us understand and value systems, personalities, and their situation. 	<ul style="list-style-type: none"> • Help us gain a wider depth of understanding. • Understanding that there is often generational cycle. • Helped us to understand lived experiences. • Be more rounded and empathetic understanding of the 'why' and the causes.

9. Further learning and development opportunities

Below are a list of books, articles, videos and other resources which compliment this guide and provide the opportunity to extend learning.

<p>Listen </p>
<ul style="list-style-type: none"> • Trauma Matters podcast (Trauma Matters Omaha) – episodes lasting approximately one hour covering topics such as Secondary Trauma; Intersectionality and Trauma; Keeping Youth Safe: sexual trauma prevention; Trauma-Informed Education; Trauma of Gang Violence; and Navigating Someone Else’s Trauma. These include interviews with survivors of trauma and practitioners. https://www.youtube.com/@traumamattersomaha
<p>Read </p>
<p>Suggested books:</p>
<ul style="list-style-type: none"> • The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma, Bessel Van Derk Kolk, Penguin, 2015 • Healing Trauma, Levine. P., Sonds True, 2005 • Trauma through a child’s eye, Levine. P., North Atlantic Books, 2006 • Attachment, trauma and resilience. Therapeutic caring for children, Cairns. B, & K, CoramBAAF, 2016 • Trauma Proofing Your Kids, Levine. P., and Kline M., North Atlantic Books, 2014 • Help for the Helper, Rothschild. B., W W Norton & Company, 2006
<p>Articles:</p>
<ul style="list-style-type: none"> • Beacon House – free to use articles and other resources written using a ‘trauma lens’, including the impact of trauma on parenting with a focus on practical application. https://beaconhouse.org.uk/resources/ • Vicarious trauma: signs and strategies for coping, BMA https://www.bma.org.uk/advice-and-support/your-wellbeing/vicarious-trauma/vicarious-trauma-signs-and-strategies-for-coping
<p>Watch </p>
<ul style="list-style-type: none"> • Impact of Adverse Childhood Experiences (ACEs) on brain, body and behaviour https://www.youtube.com/watch?v=W-8jTTIsJ7Q
<ul style="list-style-type: none"> • Window of Tolerance (Beacon House) https://www.youtube.com/watch?feature=youtu.be&v=Wcm-1FBrDvU&app=desktop
<ul style="list-style-type: none"> • NHS Scotland Opening Doors what TIP looks like https://vimeo.com/274703693