PROFIADAU NIWEIDIOL MEWN PLENTYNDOD
ADVERSE CHILDHOOD EXPERIENCES

An exploration of the trauma informed terminology and approaches being used by significant projects, programmes and interventions in Wales

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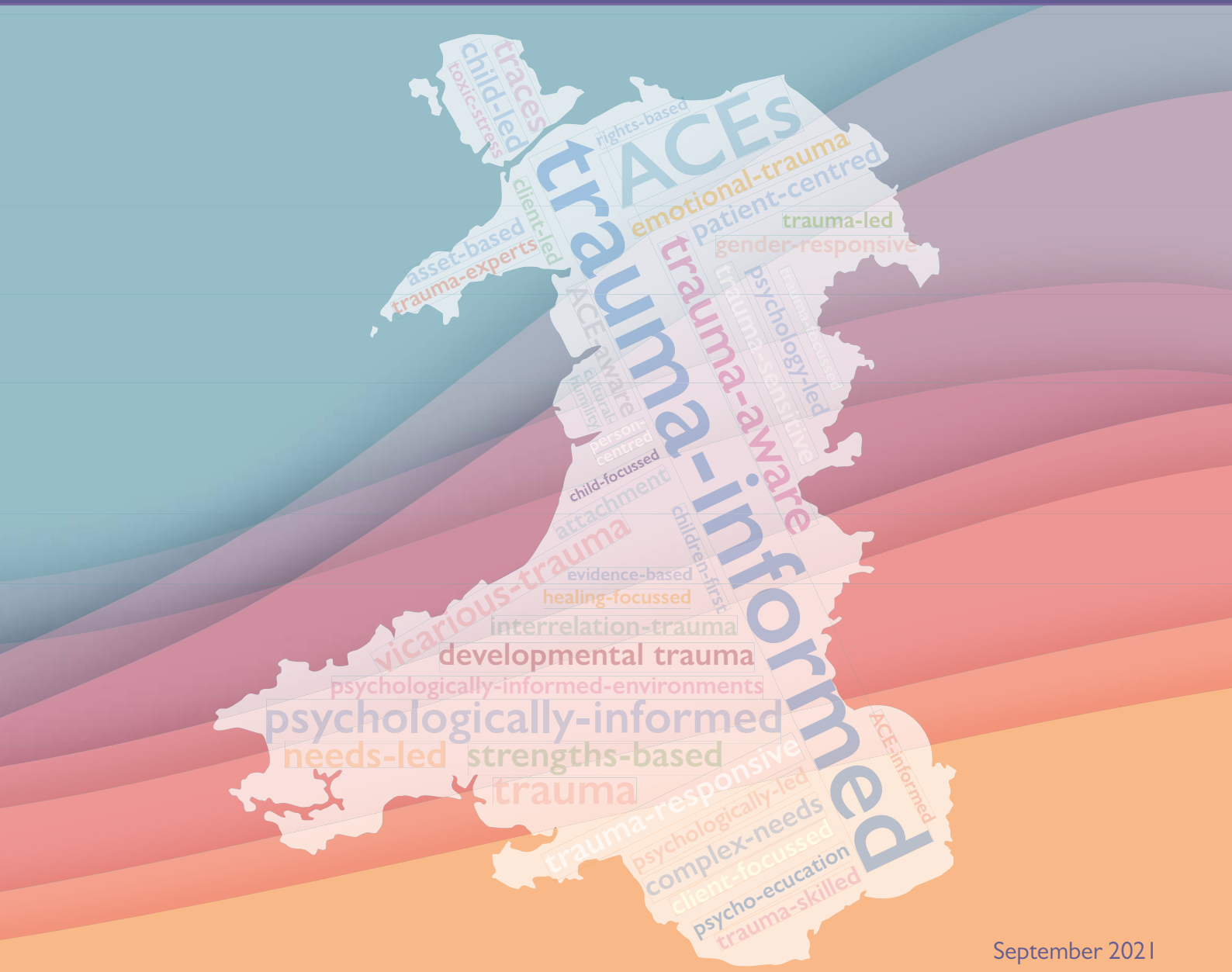

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Thank you to everyone who helped identify project, programme and interventions (PPIs) using trauma informed terminology and approaches.

Thank you to all project, programme and intervention leads who supplied information for this mapping project. A list of the projects programmes and interventions included can be found pp 21.

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The Adverse Childhood Experience (ACE) Support Hub Cymru: The ACE Support Hub Cymru was set up in 2017 to support professionals, organisations and the community to help create an ACE aware Wales. Their mission is to tackle, mitigate and prevent ACEs by sharing ideas and learning, and to challenge and change ways of working, so together we can break the cycle of ACEs. The ACE Support Hub is funded by Welsh Government and works closely with leaders across public and third sector organisations to develop and deliver the ACEs agenda, including youth justice, housing, local authority, health, education and sporting bodies, as well as the local community. The ACE Support Hub is hosted by Public Health Wales and is part of the WHO Collaborating Centre on Investment in Health and Wellbeing.

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Contents

Glossary of terms

Adverse Childhood Experiences (ACEs)	Stressful experiences that children can be directly or indirectly exposed to while growing up.
ACE Informed	Understanding and taking into account of the stressful experiences that children can be exposed to while growing up.
Attachment Informed	Understanding and taking into account of the child and adult relationship experiences that people may have.
Child Informed	Understanding and taking into account of the experiences of an individual child.
Culturally Informed	Understanding and taking into account of the differences in cultural experiences that a person may have.
Gender Informed	Understanding and taking account of the differences in life experiences that women and men may have.
Person Centred	The wishes of the individual are the basis of planning and delivery support for that person.
Psychologically Informed	See page 9.
Psychologically Informed Environments (PIE)	Environments that have been designed based on psychological theories.
Trauma Informed	See page 9.
Vicarious Trauma	Experiencing trauma symptoms from being repeatedly exposed to other people's trauma and their stories of traumatic events.

Background

The ACE Support Hub (hereafter, "the ACE Hub") was established in 2017 and has been funded by Welsh Government for the last four years to increase awareness of adverse childhood experiences (ACEs) and bring about systems transformation to prevent, mitigate and tackle the impact of ACEs across the life course. The ACE Hub's annual report highlights how much progress has been made in the last year relating to ACE awareness in Wales. Six hundred schools in Wales have received ACE training. Further, findings from the National Survey into knowledge and ACEs found that 78% of respondents understood what ACEs are (ACE Support Hub, 2021).

Welsh Government's "Review of Adverse Childhood Experiences Policy Report" (hereafter, "the report") has highlighted a breadth of work that has been done in Wales in relation to ACEs (Welsh Government, 2021), with promising findings. The report also found that ACEs awareness was satisfactory across the board, and the next steps are to raise awareness of "what works" to prevent, and support people with, ACEs.

Whilst the main focus has been on preventing ACEs, services cannot ignore the need to provide support to those who have already been impacted by ACEs. The Deputy Minster for Health and Social Service has said *"we cannot ignore the need to provide sympathetic responses and trauma informed support to those who have already been impacted by ACEs or the importance of adopting a strengths based approach and building resilience"* (Welsh Government, 2021). Despite the push for trauma informed support throughout Wales, the report states that stakeholders felt that *"there is a lack of clarity regarding the language and definitions used within the ACE framework, such as ACE aware, trauma informed and other variants which are used interchangeably and have different meanings between service providers"* (Welsh Government, 2021, pp. 14).

The importance of implementing a trauma informed approach has also been recognised internationally; for example, the State of Michigan has a trauma informed state program while Australian state leaders are endorsing the concept of trauma as a priority mental health issue (Australian Government, 2016). Academics and professionals worldwide are recognising the link between trauma and well-being (physical, emotional, spiritual and mental) (Ramasubramanian & Riewestahl, 2021). Recognising the long term impacts of traumatic experiences allows professionals to offer support services which aim to mitigate any further impacts of the trauma.

There is national and international recognition of the importance of working in a trauma informed way when interacting with others, and public statements to that effect by services and organisations in Wales. Yet the definitions being attributed to being trauma informed vary. This was apparent within the report, within which Welsh Government suggested that trauma informed support is the most effective way of working with those who have been impacted by ACEs. Yet, the report *"called for the Welsh Government to take the lead in developing a common and consistent language, including what is meant by a 'trauma informed' approach"* (Welsh Government, 2021, pp 19).

In response to the Welsh Government report, and as requested by the Deputy Minister for Health and Social Service, the ACE Support Hub are working with Traumatic Stress Wales to develop a "National Skills and Knowledge Framework to Respond to Trauma*". As part of this framework, and in line with the recommendation from Welsh Government, the ACE Support Hub have identified a need to better understand the use of trauma informed terminology, the definitions being attributed to the terminology and the approaches being implemented across programmes, projects and interventions (PPIs) in Wales.

*Working title.

This project aims to:

1. Map, as far as possible, interventions/projects/programmes (PPIs) publically using trauma informed terminology or approaches in Wales.

2. Identify what terminology the PPIs are using, where their chosen terminology originates and what definitions they are attributing to their work (either from published/programme documentation, or from conversations with programme leads).

3. Identify the approaches being used by the PPIs (either from published/programme documentation, or from conversations with programme leads).

4. Develop a matrix of terminology and how it is interpreted.

Methodology

This mapping project consisted of two phases:

1. **Scoping, as far as possible, the significant PPIs that use trauma informed terminology and/or approached in Wales. This scoping exercise involved conversations with Welsh Government and explored publically available materials.**
2. **Semi-structured interviews with PPI leads to further explore their use of trauma informed terminology, definitions and approaches.**

Permissions

This mapping project received approval from Public Health Wales, Research and Evaluation Division (28th June 2021).

Identification of PPIs

To identify PPIs using trauma informed terminology and/or approaches, a snowballing technique was utilised. Initially, Senior Commissioners were approached to identify relevant projects they commission. Through conversations with these projects, more were identified, and so on.

Data collection and analysis

A timeline for this project can be found, Appendix A. Of the 73 PPIs who were included in this mapping exercise (see Appendix B), leads from 63 PPIs met with the researcher to have further conversations about their work. For the remaining 10 PPIs, publically available documents (websites and publications) were used.

Conversations were held over Microsoft Teams.

The data collected was collated into a table framework for consistency (Appendix C). The data was analysed, identifying similarities and divergences, using ATLAS ti. 8.

Terminology

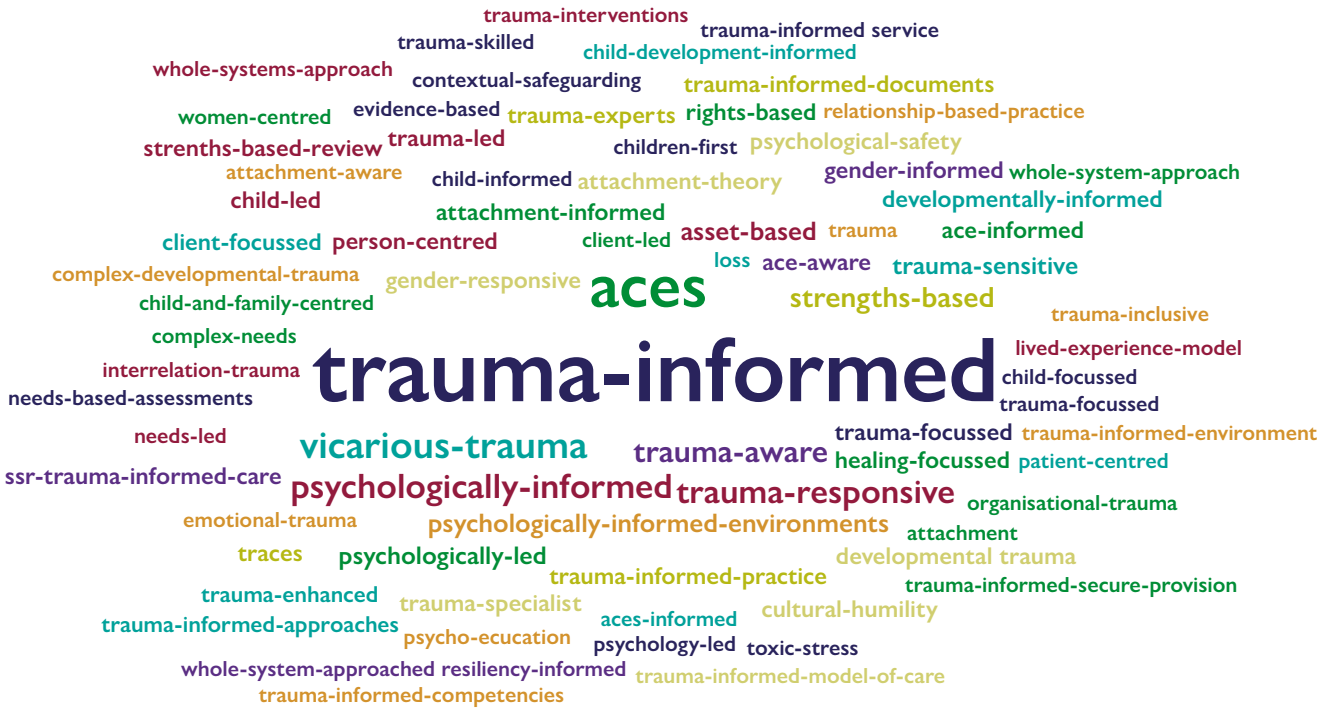
The PPIs use many different words relating to trauma informed. A matrix of this terminology can be found below (Figure 1). The larger the size of the word's font, the more PPIs use that term.

There were several terms used relating to different levels of being trauma informed. For example, trauma -aware, -sensitive, -enhanced, -focussed and -specialist are used by many PPIs to describe the different levels of being trauma informed. There was a general consensus that trauma aware depicts the most basic level of being trauma informed, while trauma specialist refers to the most advanced levels of being trauma informed. This links in to the approaches being used (pp 10).

There was a strong link between PPIs associating trauma informed with ACEs, being ACE- aware or ACE-informed. Psychologically-informed was used by several PPIs, yet the definition of this varied greatly (see pp 9). A significant number of PPIs made associations between being trauma informed and preventing vicarious trauma.

Examples of where these terms are used: "Attachment-informed" is used predominantly by services working with children. Mental Health Services primarily use "psychologically-informed".

Figure 1: Matrix of terminology being used



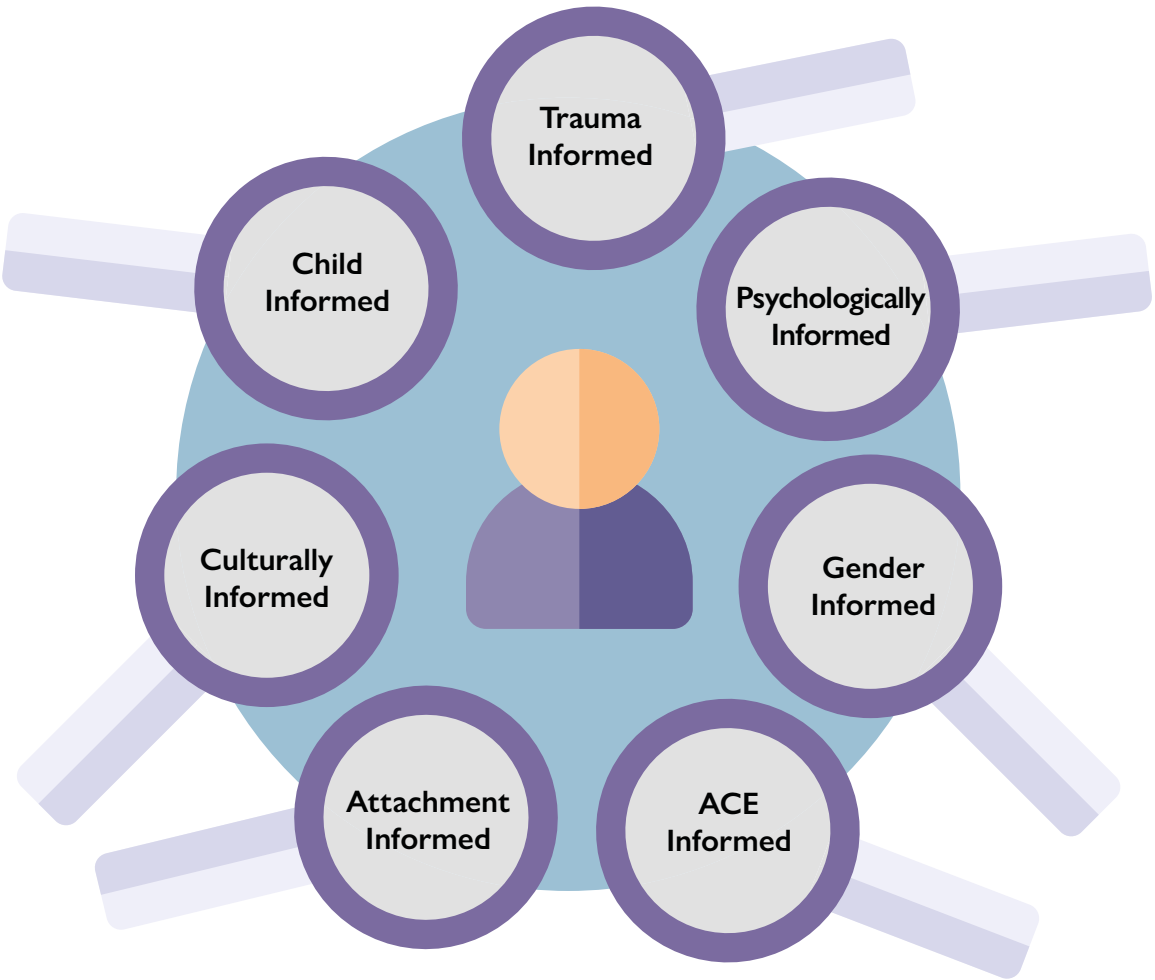
Different "lenses"

From conversations with programme leads, it became evident that there is much overlap between trauma informed and other "lenses" used when working with people. The most prominent ones which were discussed during these conversations are below in Figure 2. Many of the programme leads believed that one "lens" could not work effectively without recognition of at least another "lens".

There was much inconsistency in the understandings of how these "lenses" interplayed. For example, some believed that a service could not be trauma informed, without being gender informed. Similarly, some believed that trauma informed was the overarching "lens", under which sat psychologically informed, while others believed that psychologically informed was the overarching "lens", under which sat trauma informed.

Where possible, a definition to help distinguish between these different ways of working has been provided in the glossary of terms (pp 2).

Figure 2: Interrelation "lenses"



Key concepts

Within the definitions and approaches being used, there was a consistency amongst PPIs on the key concepts that are deemed essential to being trauma informed. These are depicted within Figure 3. The larger the word, the more dominant it was within the trauma informed descriptions and approaches.

These concepts were used within the definitions of trauma informed (pp 9), to describe the approaches being used (pp 10), and are central to the operationalisation of the approaches. Therefore, they appear to be essential elements to being trauma informed as they are embedded within trauma informed practice.

None of these key concepts are PPI or sector specific. There is a general consensus that they should be present when being trauma informed, regardless of the situation, PPI or organisation. However, there are some contradictory concepts. For example, being bespoke, yet universal.

Figure 3: Key concepts aligning with being trauma informed

Definitions

The PPIs used many different phrases relating to trauma informed, as highlighted on page 6.

The two most common phrases were trauma informed and psychologically informed.

Trauma Informed

There was a general consensus on the definition of trauma informed, which mirrored many of the key concepts outlined on page 8. These definitions included the following components:

- Recognising the **impact** that **life experiences** can have on a person.
- Appreciating that **anyone** could have experienced trauma and treating people as **individuals**.
- **Understanding** that many things can traumatise a person (ACEs, physical injury, psychological trauma, racism, disability, trafficking, cultural, race and gender exclusion).
- Working in a way to **prevent re-traumatising** a person by making them feel **safe**, giving them **choices** and **empowering** them to make their own decisions. This includes being **kind**, **non-judgemental** and **compassionate**.
- Looking **past** the presenting behaviours at the underlying causes, and **understanding** how these traumas are manifesting into the person's behaviours.
- Identifying a person's triggers and working to mitigate these through **stabilisation** techniques.
- **Understanding** what matters to an **individual**. Promoting opportunities for **wellbeing**, healing and **recovery** with everyone having a role (**collaboration**). Encouraging **resilience** building through wellbeing opportunities.

Psychologically Informed

There was little consensus on the meaning of psychologically informed. Some definitions offered included:

- The implementation of evidence-based, psychological interventions. These interventions will be decided through formulation.
- Encompassing all of a person's needs, not just trauma.
- Addressing the wider remit of what influences someone's functioning. Recognising the person's thinking patterns and addressing/reprogramming the problematic ones.
- Having a psychologist interpret behaviours.
- Combining psychology, sociology and psychiatry.
- Considering a range of factors that may be influencing the way a person behaves (the environment, relationships, smells, body language, thoughts, experiences).
- Adapting physical environments to be person-centred.

Approaches

There was great divergence between PPIs and the approaches being used that align with being trauma informed. During conversation, some of the PPI leads struggled to identify what approach they were using that aligned with trauma informed. This often became more apparent after discussing the operationalisation of the approaches.

The key concepts (Figure 3) were present within both the definitions and approaches. These key concepts were central to trauma informed, and are therefore highlighted when they appear within the approaches being used.

Some of the key approaches being used by PPIs are listed below.

- Staff training is deemed an essential approach to a PPI being trauma informed. This ensures **consistency** of **understanding**, terminology and definitions within an organisation. However, the sources of this training varied greatly across PPIs, with most developing and delivering training "in house". Further, the PPIs recognise the impact of **vicarious trauma** and work to ensure staff are given **reflective** spaces, regular **supervisions** and **support**.

- When working with service users, approaches include being **person-centred**, looking at the **whole person** and their **life history**, being **needs-led** and **empowering** the person through **strengths-based** ways of working. Staff work in a way to ensure the **safety** of the service users, and are **non-judgemental** of the person's situation. Where possible, staff should be **relatable** to the service user, and build a positive **relationship** with them. Where needed, interventions are **bespoke** to the individual and targeted at boosting the **resilience** of the person.

- Being trauma informed requires a move away from medical models and being process-led, to being **person-led**, giving the service user **choices**, and offering **appropriate support** and interventions in a **non-medicalised** way. **Collaboration** and **multiagency** working is essential to delivering **holistic** care and support.

- All daily interactions (spoken and written) with another person (service user and co-workers) are **kind** and **considerate**. Sentences are framed **positively**. The **well-being** of the individual is given precedence. This includes being aware of **culture**, gender, **ACEs**, disabilities and **individual differences**.

- Physical environments also need to be trauma informed. They need to be **accommodating**, **comfortable** and **safe**. Spaces should be designed to give service users a sense of **belonging** and **normalisation**.

Operationalising the approaches

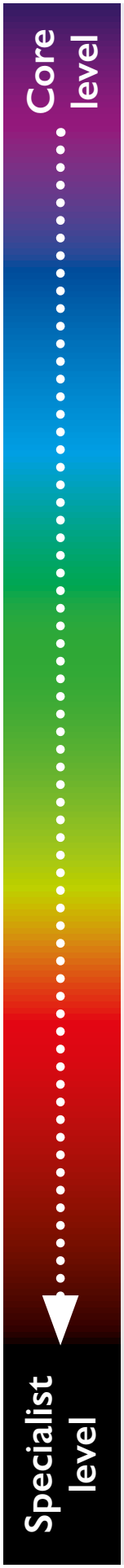
The operationalisation of these approaches significantly differs across PPIs. Some are working with a basic level of understanding that people coming into their service may have experienced trauma, and aim to work in a way that prevents re-traumatisation, whereas others work to identify and directly address the specific traumatic events causing the person distress.

Page 12 depicts a spectrum which identifies the different levels of operationalising trauma informed approaches. All PPIs involved in this mapping project can be mapped against this spectrum. Further, all staff roles within a PPI can be mapped against this spectrum too.

The suggested titles on the spectrum were formulated from the descriptions provided to each level. Whilst some may resonate with those used by other PPIs, they are not intended to favour any PPIs trauma informed model over another. They are purely used to depict the work being conducted at that specific level, as explained by PPI leads in this mapping project.

There may be scope to split trauma focussed, at the specialist end of the spectrum. A distinction could be made between those who are solely cognitive behavioural therapy (CBT) trained, and those who are qualified clinical psychologists or psychiatrists. Future work may find sufficient evidence to support this additional level to the spectrum, whereas there was not enough supportive evidence within this project to justify it. If future work were to find enough evidence to justify the additional tier, the suggested title for that may be “trauma specialist”- intended for those with clinical psychology or psychiatrist training.

Spectrum of the operationalisation of trauma informed approaches



Suggested title: **trauma sensitive**

This is the most basic level of trauma informed approaches. At this level, people are working in such a way as to be sensitive to the possible presence of trauma within another person. It is not necessary to know if a person definitely has experienced trauma to be functioning at this core level of trauma informed.
All staff within an organisation should be working at least to this most basic level, from cleaning and security staff through to those at a managerial level.
This could be achieved by working in a compassionate, kind, positive and sensitive way.

Suggested title: **trauma aware**

At this level, people are aware that those they interact with may have experienced trauma, but do not necessarily know what that specific trauma is.
For example, Welsh Women's Aid know that people coming into the service are likely to be survivors of domestic violence and abuse, but they do not necessarily require the person to disclose it.
This level builds on the core level, but requires staff to additionally be aware of additional services should the person disclose any trauma.

Suggested title: **trauma informed**

At this level, people are informed of the presence of trauma, but do not need to know the details of the trauma.
For example, Action for Children are aware that they work with children who have experienced trauma, but do not need the child to talk about their trauma for them to access the services offered.
When the person is ready to talk about their trauma, the organisation may have to signpost to alternative sources of support for the individual.
This level builds on the levels that come before, but additionally introduces activities to help the person build resilience, coping mechanisms and life skills.
At this level, staff may need to be supported to overcome vicarious trauma.

Suggested title: **trauma responsive**

At this level, people are working in a way as to respond to the symptoms of the trauma experienced, but do not directly address the root trauma.
For example, NPSCC's "Building Blocks" programme helps parents identify their triggers and teaches them how to overcome them.
This may take the form of grounding exercises - breathing techniques, mindfulness and emotional regulation.
Further, at this level, psychoeducation is used to normalise the individual's response to their trauma.
These exercises are likely to be evidence-based.
At this level, staff will be supported to overcome vicarious trauma.

Suggested title: **trauma focussed**

At this level, people are working in a way that focusses directly on tackling the root trauma.
For example, Wales Veterans' Service primarily work with veterans who have PTSD from their military service history (e.g. war zones).
Support at this level may require specialist services from professionals, such as psychologists or psychiatrists. The interventions and support offered at this level will be evidence-based and require specific training.
Staff will be supported to deal with vicarious trauma at this level of trauma informed.

Origin of definitions and approaches

There was much divergence in the origin of the definitions and approaches being used by the PPIs in this mapping project (see page 14).

Personal and professional experience was the most commonly sighted origin of the definitions and approaches being used (see Table 1). This included professional training, learning from reflective practice, and schooling. Other popular origins were the evidence-base/academic publications, learning from partnership working, the Scottish Framework and the Trauma Recovery Model, as well as the work of the ACE Support Hub, Stephanie Covington and Karen Triesman.

As page 14 shows, reference to the different origins differs across sectors. For example, justice builds mostly on the work of the ACE Support Hub and Early Action Together (EAT), whereas mental and physical health services build predominantly on personal and professional experience, including professional training.

Table 1: Popular origins

Origin	Number of PPIs who referenced it
Personal/professional experience	33
Evidence base	18
ACE Support Hub/EAT	12
Partnership working	10
Karen Triesman	9
Trauma Recovery Model	8
Stephanie Covington	7
Scottish Model	5

Different origins across sectors

Physical and Mental Health

Personal/Professional Experience (11)
Partnership working (4)
Policy/Law (3)
Evidence-base (3)
Scottish Model (2)
Trauma Recovery Model (2)
Karen Triesman (2)
Bruce Perry (2)
Jon Bisson (2)
ACE Hub (2)
Gwent Attachment Team (1)
12 Steps Model (1)
Traumatic Stress Wales (1)
Louise Bomber (1)
Dan Hughes/PACE (1)
Truth Project (1)
Barnardo's Training (1)
Promoting Positive Pathways (1)
Lucy Faithful Foundation (1)
Umbrella Cymru (1)
Sue Gerhardt (1)
Stepwise Model (1)
Matrics Cymru (1)

Education and Children's Services

Personal/Professional Experience (7)
Evidence-base (6)
Karen Triesman (5)
Trauma Recovery Model (4)
Dan Hughes/PACE (3)
Scottish Model (2)
ACE Hub/Early Action Together (2)
Good Lives Model (2)
Bruce Perry (2)
Welsh Gov/Policy (2)
Caroline Ferman (1)
Barnardo's/PESI (1)
MYST (1)
Sandra Baum (1)
Sandra Bloom (1)
Kim Goulding (1)
Dan Siegell (1)
Peter Levine (1)
Van Der Kolk (1)
Gabor Mate (1)
Anna Fred (1)
Sally Hog (1)
Louise Bomber (1)

Justice

ACE Hub/Early Action Together (7)
Evidence-base (7)
Personal/Professional Experience (5)
Stephanie Covington (5)
Partnership Working (3)
Corston Report (2)
Policy (2)
Trauma Recovery Model (2)
Alexander Bradley (1)
Barnardo's (1)
David Best (1)
Enhanced Case Management (1)
Harris and Fallot (1)
IOM Cymru (1)
Karen Triesman (1)
Needs-led (1)
Rockpool Training (1)
Seema (1)

VAWDASV

Partnership working (4)
Policy/Law (2)
Babette Roschild (1)
Peter Lavine (1)
Van Der Kolk (1)
Zoe Loderick (1)
Good Lives Model (1)
Stephanie Covington (1)

Training

Personal/Professional Experience (3)
Stephanie Covington (1)
Harris and Fallot (1)
Karen Triesman (1)
SAMHSA (1)
Evidence-base (1)
Scottish Model (1)

Housing, older people, racially minoritised groups, asylum seekers, refugees, other

Personal/Professional Experience (3)
Evidence-base (1)
ACE Hub (1)
Partnership working (1)
Policy/Law (1)
Managerial level (1)

Further observations

1. Many of the PPIs in this mapping project made a connection between trauma informed and ACEs. Trauma can originate from many different contributory factors, not solely ACEs. For example, veterans may experience trauma through their military experience. This needs to be reflected in the definition.

2. The definition needs to appreciate that events that may cause trauma to one individual, may not traumatise another. These individual differences can be attributed to many things, including resilience levels and pre-existing contributory factors. Similarly, trauma can be caused by a single incident, or an accumulation of incidents over time.

3. Many of the people that spoke with the researcher for this mapping project emphasised a concern that they did not want trauma informed practice to become a tick box exercise. They recognised that it needs to be embedded in the everyday practice of every employee/staff member, from a managerial level down through the organisation.

4. Technical terminology (e.g. "trauma informed") is seldom used with service users. As such, it is also rarely used within the publically available information for the PPIs. With service users, the language used is very simple, relatable and offers transparent explanation for the processed and techniques being used.

5. A few PPIs felt that "trauma informed" was the latest "buzz word", and were reluctant to brand their working as such. They felt that trauma informed was simply a label for a way of working that they had already embedded in their practice long before trauma informed became popular.

6. There was a general consensus that a definition which is relatable to all would be welcomed. However, a definition alone is not enough. Some PPIs explained that they would also like guidance on how to implement trauma informed practice. This may need to be individualised to that PPI and require 1:1 consultation (which some training organisations already offer).

7. Very few of the PPIs included in this mapping project had completed evaluations on the services they offer. It is therefore unclear if the services they offer are as effective and impactful as intended.

Discussion

This mapping project has shed light on some of the PPIs using trauma informed terminology and/or approaches in Wales. Similar to Welsh Government's "Review of ACEs Policy" report, findings from this study uncovered a matrix of terminology being used interchangeably with "trauma informed", with little to no consensus on how they differ.

On the whole, the definitions being attributed to trauma informed were generally similar. Despite the PPIs citing various sources for their trauma informed information (pp 14), there was a consensus that trauma informed required an understanding of the impact of trauma, working in a way not to re-traumatise people, and generally being kind, considerate and positive.

Divergence was identified within the approaches being used that aligned with trauma informed. PPIs were less confident about what approaches were applicable to being trauma informed. This confusion around trauma informed approaches has already been documented within the literature: *"trauma informed approaches can seem fuzzy, complex, something that service providers already do"* (Sweeney & Taggart, 2018, pp 1). For the PPIs involved in this mapping, the disparities within trauma informed approaches is likely due to the vast array of sources that they utilise for information, consultation and staff training. Despite this, many of the approaches that PPIs consider to be trauma informed align with those within the literature; strengths-based, preventing re-traumatisation, good relationships, collaborations and safe environments (Sweeney & Taggart, 2018; SAHMSA, 2014).

Naturally, the way the approaches are being operationalised varies across individual PPIs and sectors. For example, clinical psychologists are operating at a specialist level of trauma informed, delivering complex interventions targeted specifically at the traumatic event(s), while support workers (for example) provide the person with life skills and aim to increase resilience. This stresses the importance of a universal definition, that everyone can relate to, but also highlights a clear need for bespoke training and consultation at an individual organisation level. As with trauma informed interventions, one size does not fit all.

All the PPIs involved in this mapping project recognised the importance of utilising trauma informed principles within their every day practice, even if they do not want to use "the brand term". Welsh Government and the ACE Support Hub have also recognised the importance of utilising trauma informed principles, and are aiming to have trauma and ACE (TrACE) informed communities by 2025 (ACE Support Hub, 2021). This further emphasises the need to have a general consensus across Wales regarding the definition and approaches of trauma informed.

The PPIs who were included in this mapping shared several concerns over the use of trauma informed. These concerns mirror some of those within Welsh Government's report. Namely, a concern that trauma informed tends to focus on ACEs and not the wider contexts within which trauma may occur (Welsh Government, 2021, pp 12). For example, PPIs included in this mapping project work with trauma from a variety of sources (ACEs, war, sexual and domestic abuse, asylum seeking and refugee status, cultural and gender exclusion, etc). An accurate definition of trauma informed needs to recognise this. For example, SAMHSA define trauma informed as *"realizing the widespread impact of trauma and understands potential paths for recovery. Recognizing the signs and symptoms of trauma in clients, families, staff, and others involved with the system. Responding by fully integrating knowledge about trauma into policies, procedures, practices, and settings. Seeking to actively resist re-traumatization"*. This definition makes no reference to ACEs being the cause of the trauma.

Further, the report highlights a concern that when looking at ACEs in particular, there is no consideration for the individual circumstances around the event (Welsh Government, 2021). This is consistent with expert concerns discussed during the conversations with PPI leads. There was a worry that generalisation of "trauma" (especially identifying trauma through assessments) would result in people being identified as needing trauma informed support when they do not. What is traumatising for one individual, may not be for another. Factors such as duration, intensity, when it happened, personal traits (resilience) and the support already offered all play a crucial role in the individual being traumatised by the event (Dillon, Johnstone, & Longden, 2012).

This project found that relatively few of the PPIs has conducted evaluations of the trauma informed approaches they are implementing. This mirrors the findings from an Early Intervention Foundation Report, which found that relatively few trauma informed practices had been evaluated (Asmussen et al., 2020). It is essential to evaluate trauma informed practice to ensure the approaches are having the desired positive outcome, assess the impact of the approaches and add to the evidence base.

Limitations

There were several limitations to this mapping project that need to be identified.

- **Identification method –** this project relied heavily on experts and practitioners signposting on to further PPIs using trauma informed terminology and/or approaches, or on publically available information stating that the PPI uses trauma informed terminology and/or approaches. It is likely that many PPIs were not identified through this method, given the timeframe.

- **Timeframe –** Coupled with the identification method, this project was conducted over a relatively short time frame. It is therefore likely that many PPIs were missed from the identification stage due to lack of time to fully explore the scope of what is occurring in Wales.

- **Missing sectors –** There are several sectors that are underrepresented within this mapping project (for example, older people and diverse communities). Attempts were made to identify PPIs using trauma informed with the missing groups, but this was difficult given the time frame for this project and lack of publically available information.

- **Language –** This mapping project focussed on the use of trauma informed by PPIs. As page 6 shows, there are many phrases being used in conjunction with, or as alternatives for, trauma informed. It is possible that, by advertising specifically for PPIs using trauma informed, many other PPIs were not identified for this mapping as the alternative phrase they use was not on the initial email for help with the project.

Key findings

1. **There are many PPIs in Wales who are using trauma informed terminology and/or approaches (pp 6). This mapping exercise identified as many as possible in the given timeframe.**

2. **There are a wealth of terms being used in conjunction with, or as alternatives for, trauma informed (pp 7). The most common are utilising "trauma" as the root word and adding different levels of "informed" to the end (e.g. trauma –aware, -sensitive, -expert, -specialist).**

3. **There is a general consensus across PPIs in Wales relating to the definition of trauma informed (pp 9). The definitions originate from a variety of sources, including professional experience, training and the evidence-base (pp 13).**

4. **There is less clarity on what constitutes a trauma informed approach (pp 9), and further disparities on how these approaches are operationalised. The operationalisation of trauma informed approaches is dependent on the service being offered (pp 11).**

Areas for consideration

- More time should be allotted to identify and include all PPIs in Wales who are using trauma informed terminology or approaches. This includes trying to ensure there is representation from all sectors.

- Considerable work has been done to ensure understandings of ACEs are consistent across sectors. Similar resource should be drawn upon to ensure understandings of trauma informed are equally as consistent across sectors. A new definition of trauma informed should be developed, which is relatable to all services.

- PPIs should be offered bespoke training and consultation to help them implement trauma informed approaches that are specific to their organisation/services.

- There is little consensus on the interplay between the various "lenses" of –informed (pp 7). How these lenses interplay should be made explicit and definitions need to be developed for each (e.g. the meaning of "psychologically informed" as there was no consistency regarding this). These definitions should be applicable across sectors. Support should be offered to aid in the translation of these definitions into practice.

- All approaches should be utilising the evidence-base. More should be done to help PPIs implement the evidence-base and good practice models into their own practice. Similarly, formal evaluation of the PPIs should be encouraged to help build the evidence-base.

References

ACE Support Hub (2021). *Annual Report 20-21*. Ace Support Hub, Cardiff.

Asmussen, K., Fischer, F., Drayton, E & McBride, T. (2020) *Adverse Childhood Experiences: What We Know, What We Don't Know, and What Should Happen Next.* Available at **Adverse childhood experiences: What we know, what we don't know, and what should happen next | Early Intervention Foundation (eif.org.uk)** [Accessed October 2021].

Australian Government (2016). *Trauma Informed Care in Children/Family Welfare Services.* Available at **Trauma-informed care in child/family welfare services | Child Family Community Australia (aifs.gov.au)** [Accessed September 2021].

Dillon, J., Johnstone, L. & Longden, E. (2012). Trauma, Dissociation, Attachment & Neuroscience: A New Paradigm for Understanding Severe Mental Distress. *Journal of Critical Psychology, Counselling and Psychotherapy*, 12, 145–155.

Ramasubramanian, S. & Riewestahl, E. (2021). *Trauma-informed Approaches. International Encyclopaedia of Health Communication.* Available at **Trauma- InformedApproaches.Ramasubramanian.Riewestahl.2021.pdf** [Accessed September 2021].

SAMHSA (2014). *SAMHSA's Working Concept of Trauma and Framework for a Trauma-informed Approach.* Rockville, MD: National Centre for Trauma-Informed Care.

Sweeney, A. & Taggart, D. (2018). (Mis)understanding Trauma-informed Approaches in Mental Health. *Journal of Mental Health*, 27(5), 383-387.

Welsh Government (2021). *Review of Adverse Childhood Experiences (ACE) Policy: Report.* Available at **Review of Adverse Childhood Experiences (ACE) policy: report | GOV.WALES** [Accessed September 2021].

Appendices

Appendix A – Timeline

Task	Date
Seeking permissions from Public Health Wales' Research and Evaluation Division.	June 2021
Phase 1: Scoping, as far as possible, the significant programmes, projects or interventions that use trauma informed terminology and/or approached in Wales.	June 2021
Phase 2: Semi-structured interviews with programme/project/intervention leads to further explore their use of trauma informed terminology, definitions and approaches.	July and August 2021
Analysis	September 2021
Write up	September 2021

Appendix B – Identified projects, programmes and interventions

Below is a list of all the projects, programmes, interventions and organisations that were identified as using trauma informed terminology and/or approaches, and were included in this mapping project.

- ABUHB Family Therapies
- ABUHB Healthy Weight Pathway
- ABUHB Psychology
- Action for Children
- Adferiad Recovery
- Alliance of Sport
- Anglesey Children's Services
- Barnardo's
- Barod
- BAWSO
- Calan DVS
- Cardiff University Counselling Service
- Ceredigion County Borough
- Council
- Children's Commissioning Consortium Cymru
- CVUHB Community
- Addictions
- CVUHB Healthy Weight Pathway
- CVUHB Locality Officer
- CVUHB Paediatrics
- CVUHB Psychology
- Cyfannol
- Cymorth Cymru
- Department of Work and Pensions
- Dewis Choice
- Diverse Cymru
- Dyfed Powys Police
- ENFYS
- Fearless
- Female Offending Blueprint
- Gwent Attachment Service
- Health for Health Professionals
- Kaleidoscope
- Media Academy Cymru
- Mental Health Foundation
- Mind Cymru
- MPAA
- National Psychological Therapies Management Committee
- New Pathways
- NHS Violence Prevention
- Team
- North Wales Police
- NSPCC
- Oasis
- Office of the Police and Crime Commissioner for Gwent
- Office of the Police and Crime Commissioner for South Wales
- One Small Thing
- Perpetrator Standards
- Offender Personality Disorder Pathway
- Pivotal Education
- Platform
- Public Health Wales
- RASA Wales
- Red Cross
- Respect
- Rockpool Life
- Safer Wales
- SBUHB Psychology
- Serious Violence Priority Projects Unit
- South Wales Police
- St Giles
- Stepping Stones
- Swansea Council
- The Baxter Project
- Together for Children and
- Young People Programme
- Trauma Informed Schools
- Trauma Recovery Model Academy
- Traumatic Stress Wales
- Umbrella Cymru
- Wales Veterans Service
- Welsh Refugee Council
- Welsh Government
- Welsh Women's Aid
- Women's Residential Centre
- Youth Justice Board
- Ysgol Llwyn yr Eros
- Ysgol Pen Rhos

Appendix C – Data collating table

Spoke with:		**Date:**
Project, programme or intervention discussed:		
Overview of project, programme or intervention:		
What types of documentation are publically available? Where can they be found?		
What terminology is being used that related to trauma informed?		**Key words:**
What definitions have been attributed to this terminology? **Where did this terminology originate?**		
What approaches are being used that align with trauma informed? **Where did these approaches originate?**		
How are these approaches being operationalised?		
Is this approach being used in conjunction with any other approaches, project or organisations?		
Has this project been evaluated?		
By who?	**What was the outcome?**	**Is the report in the public domain?**
Additional information:		

PROFIADAU NIWEIDIOL MEWN PLENTYNDOD
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