**Trauma Informed Narrative Template**

Thank you for joining us at our Summit, which hopes to respond to calls from people with lived experience of trauma in services and the challenge of trauma being in the new NHS 10 year plan. It has been arranged as a forum to share ideas for good practice and network with others who are motivated towards similar goals. You have a valuable contribution to make through your experience and we hope to harness this on the day.

We are interested in how to recognise a person, service, policy, treatment or an encounter as being trauma informed. From this we can get a collective view as to what services could be aiming for that acknowledges a range of perspectives. This template is the start of the work that we are doing together. We will use them to co-create the information needed to develop a commissioning framework for trauma informed services. We also aim to create a resource of written and spoken narratives about implementing trauma informed ideas.

If you want to take part, please think of a **specific positive** example that you have experienced, witnessed or been involved in. We are looking for concrete examples that can be replicated by others. We are tapping into your individual wisdom and creativity to explore the multiple dimensions of what it means to be trauma-informed. We will be having a follow up day in June to disseminate the results for anyone who is hoping to learn more about trauma informed practice. Therefore this event needs to have participants ready and willing to share good experiences and wisdom. I hope you appreciate that the success of this workshop is dependent on the expertise and experience of the people in the room creating the framework.

**Please use the template below to describe your experience and prepare this in advance of the workshop in a form that you are prepared to share and be used for the purposes of this enquiry. Your consent to taking part, to the use of your narratives, any videos and photography is assumed by your participation. Please bring along a hard copy** of the completed template and also send them to [Sarah.black@ahsn-nenc.org.uk](mailto:Sarah.black@ahsn-nenc.org.uk) for print out by 21st March 2019. We look forward to hearing your examples and sharing this learning journey with you.

Regards,

Angela Kennedy

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North of England Clinical Network Lead for Mental Health

Your name

Your signature and date:

What are you representing today (lived experience, a particular organisation or profession etc? It may be more than one):

Title of your narrative:

Please describe a relationship, service intervention, program implementation, policy, or other that you initiated or know about that would be considered trauma-informed:

What was the outcome?

What supported the positive outcome? (systemic supports? Organizational supports? Interpersonal supports?):

In what way has your example changed you, your practice or your goals:

Tell us more about what motivated you to bring this example to discuss:

Whose needs are met in the example that you outline:

Was there any one person or factor that was central to the success of your example and why:

What can you or others do to spread this good practice to colleagues and services:

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

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