

CONNECTED AND SAFE

Guidance document to support the
Trauma Informed Practice toolkit for
professionals working in Midwifery and
Public Health Nursing



Changing childhoods.
Changing lives.

June 2024



**Trauma Informed
Partnership**
Leicester, Leicestershire and Rutland



PEOPLE



PROMOTE



PROTECT



PROVIDE



PARTNERSHIP

Delivering good health
and prevention services

Public Health in Leicestershire

CONTENTS

Title Page

Table of contents

- Acknowledgements 1.
- How to use this guide 2.
- Introduction 3.
- Understanding adversity and trauma 4.
- Window of tolerance 6.
- Professional curiosity 7.
- Trauma informed practice 8.
- Utilising trauma informed language 12.
- Trauma informed interactions 15.
- Culture of well-being 16.

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Leicestershire Public Health commissioned Barnardo's to develop this toolkit and guidance document for professionals working in Midwifery and Public Health Nursing services.

Leicestershire County Council is committed to working collaboratively across organisations and with communities to develop a trauma-informed system that simultaneously aims to prevent childhood trauma and mitigate its harmful impacts across the life course.

We want to acknowledge all the participants at the Focus Group who dedicated their time to taking part in the group conversations and helping us review this guidance.

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We would also like to thank all the professionals who have attended Barnardo's Training. We have learned so much from you about the reality of the challenges you face every day and the amazing work that you do to support children and their families and your colleagues.

We would also like to acknowledge our colleagues at the Maternal Mental Health Team, who helped us develop the section on Birth Trauma.

We have met many people committed to Trauma Informed Practice, and keen to embed its principles within Midwifery and Public Health Nursing. We hope that some conversations will continue, and more people will join them.



USING THIS GUIDANCE DOCUMENT

This guide was developed to support the toolkit and can be used by professionals working in health and social care with a particular focus on Midwifery and Public Health Nursing. This guide does not intend to replace any existing regulatory or practice requirements. This guide can be used as a tool for reflective practice or individual progression.

This guide includes definitions of adversity and trauma and looks at trauma within the perinatal period. Trauma is something that can happen to all of us. While reading this guide, if you find yourself feeling unsettled, uncomfortable, dysregulated, or as if you are back in the past when a difficult moment in your life happened, please be kind to yourself. Maybe put the guide down and chat with a colleague or friend, someone you trust. It is important that we are not left alone with our pain.

We have put together some grounding techniques that you might find helpful. We hope you find something to help you return to the present moment and feel safe and regulated. At the end of the toolkit, you will find a list of different services you can access if you need further support.



Look around and name

- 5 Things you can **see**
- 4 Things you can **feel**
- 3 Things you can **hear**
- 2 Things you can **smell**
- 1 Deep **breath**



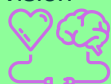
Go for a **walk** outside and try to find a blue flower or a butterfly



Trace your pointer finger around your hand breathing **in** on the way **up** and **out on the way down**, try to go slowly and do it as many times as you need

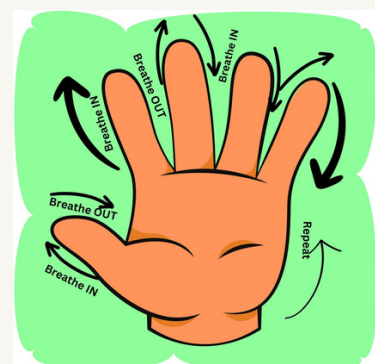
Connect with others:

Smile or chat to a colleague;
talk to a friend;
reflect in supervision



Butterfly Hug

Cross your arm over your chest and put each hand on your upper arm and shoulder. Gently tap each arms, one side then the other. Eyes open or closed. Try to slow and lengthen your breath.



INTRODUCTION

This guidance document supports the toolkit. We recommend that the toolkit is read and reflected on.

Embedding trauma-informed practice into midwifery and public health nursing services is crucial for creating the best start for families and children. This approach recognises the potential impact of trauma on individuals and the need for sensitive ways of working. Addressing trauma benefits not only patients and families but professionals too.

The main benefits include:

- | | |
|--|--|
| <ul style="list-style-type: none">• enhanced well being for patients and staff• improved mental health• creation of psychologically and physiologically safe environments• increased resilience• feeling supported and accepted• increased inclusivity• active listening• open honest communication | <ul style="list-style-type: none">• non judgemental language and behaviour• greater awareness of bias• better outcomes for children• improved physical health• improved relationships• greater understanding of trauma and adversity that impacts communities, and individuals• better relationships |
|--|--|

Trauma informed practice requires us to do no harm and is guided by four key assumptions as seen below. It is also key that we see **reflection** as an ongoing process that will support us in implementing these principles and values.



UNDERSTANDING ADVERSITY AND TRAUMA

Understanding trauma and adversity is essential in providing care. The toolkit offers a snapshot of the current picture, however new research is always looking to know more, understand more, it is our job to keep learning. It is recommended that all practitioners seek suitable training in Trauma Informed Care.

“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” (SAMHSA, 2014).

4 E’s of Trauma

Event

Exposure to a stressful event or series of events. Also linked to the absence of something happening. For example, when children’s needs are not consistently met

Effect

The effect can be experienced immediately or have a delayed onset. Impact can have long or short-term effects.

Experience

How the person experiences the event. Could be influenced by age and stage of development; identity; support network; historical or cultural context.

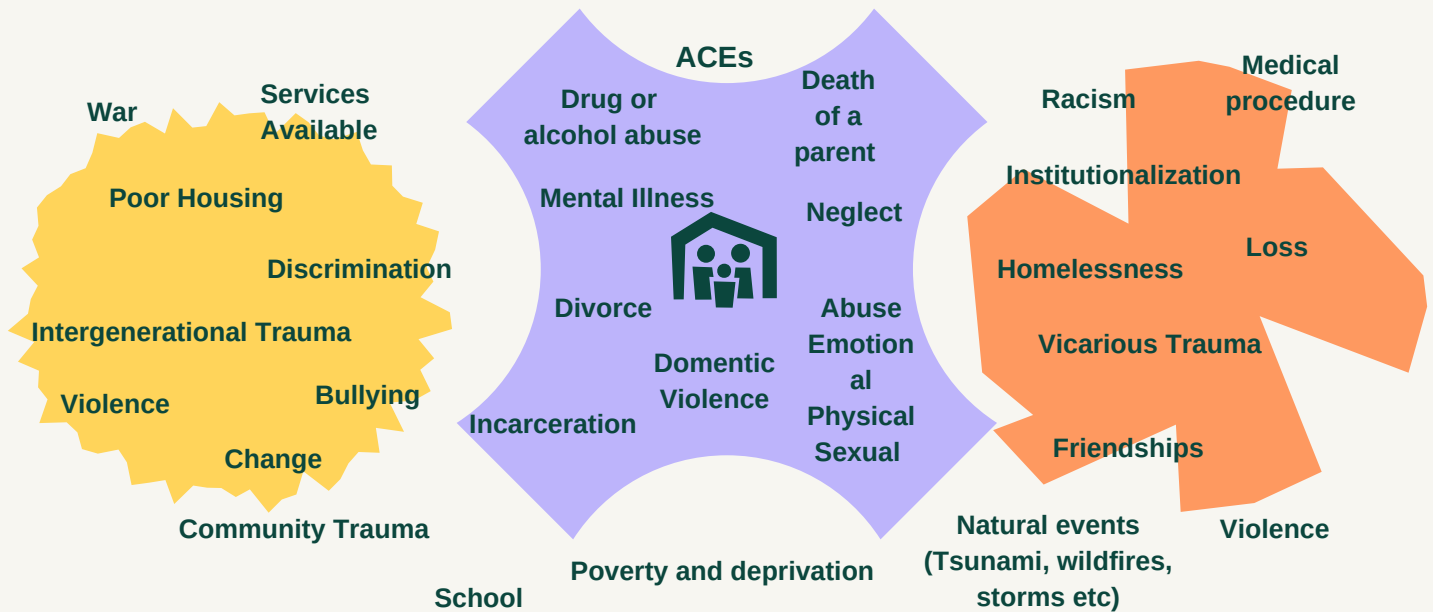
Environment

Environmental context in which the event takes place.
Physical space
Emotional significance of the space.

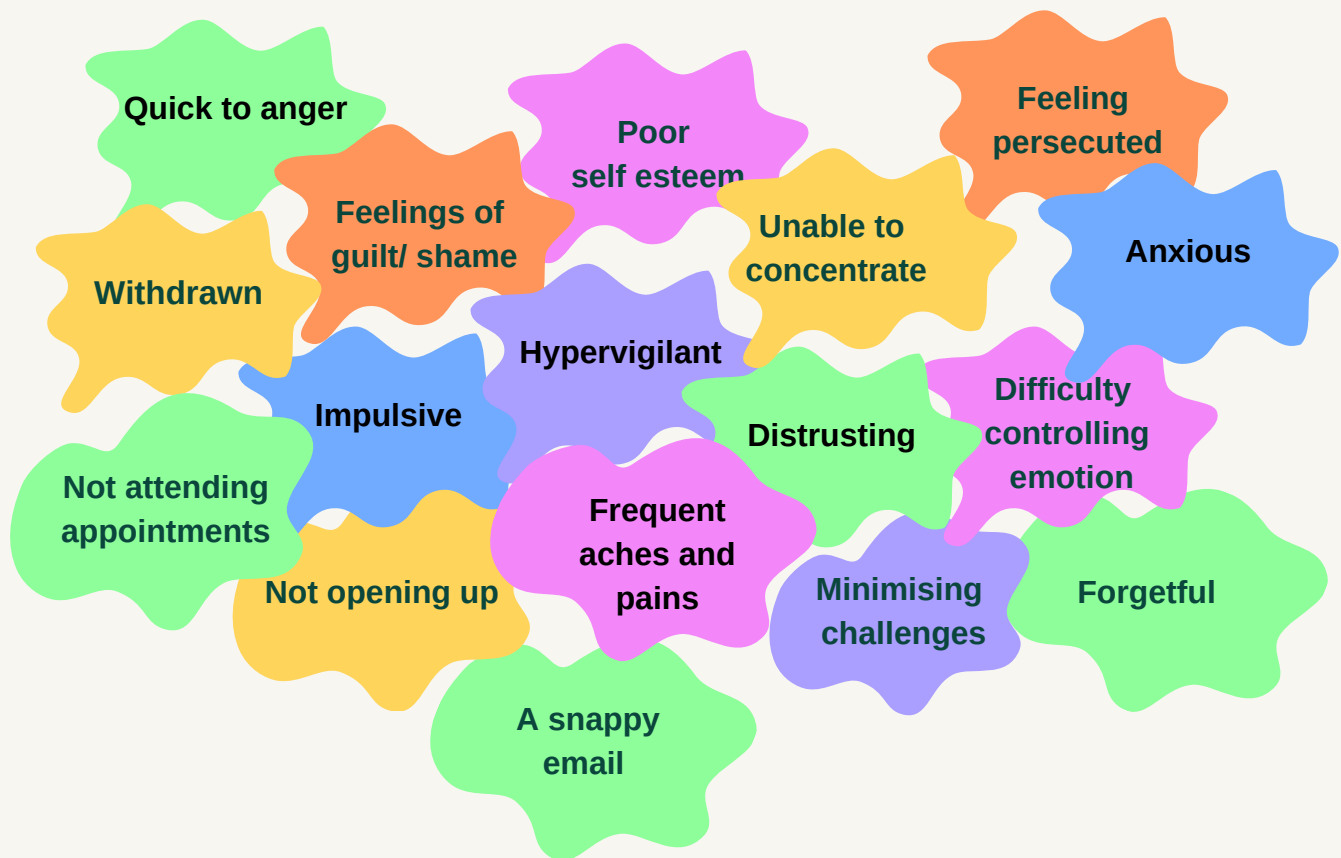
“...Trauma is not what happens to us, it is what happens inside of us, as a result of what happened to us. “

"It is not always caused by the bad things happening that shouldn't happen, it can be experienced when the good stuff that should happen, doesn't happen..." Dr Gabor Maté

Trauma and adversity happen in context and in relationships



Behaviour is communication - Trauma might look like



This is not an exhaustive list as trauma can take many shapes and sizes. The impact it can have on an individual depends on a variety of factors.

Window of Tolerance



The 'Window of Tolerance' is the ideal state of arousal enabling effective stress and emotional regulation. When we feel overwhelmed, we are 'pushed' outside of our window of tolerance into either states of hyperarousal and/or hypoarousal. When we are outside of our window of tolerance we are dysregulated. This is not a conscious choice but our body's response to feeling overwhelmed. Co-regulation can help bring someone back into their window of tolerance.

The window of tolerance is an **exercise** we can do for ourselves or those we support to encourage the development of emotional regulation.

hyperarousal


FLIGHT / FIGHT RESPONSE



Hyperarousal is where an individual experiences overwhelming emotions or stress responses.

Looks like: Pounding heart, scattered or racing thoughts, butterflies, the urge to run, leave, fight, restlessness, panicking, sweating and difficulty relaxing, sleeping

window of tolerance



Trauma can shrink our window of tolerance so it is important to help those impacted by trauma to widen this window.

The 'window of tolerance' is an individual's emotional comfort zone where they can handle various experiences without being overly affected by stress or pressure.

Looks like: Calm, flexible, focused, engaged

hypoarousal

FAWN, FREEZE, FLOP

Hypoarousal is where an individual experiences reduced arousal.

Looks like: Disengagement, numbness, and dissociation from emotions and external stimuli, accompanied by lowered physiological responses like heart rate and respiration



Use professional curiosity

Be a detective and notice a change in behaviour or a response that feels disproportionate to the situation and respond to this with compassion.

I wonder.....

What is this behaviour trying to tell me?

What is the unmet need?



Remain
open minded
and flexible

Ask open
ended
questions

Reflect on
information

Use
professional
judgement

Predict but
not presume
or assume

Check out
theories

Think the
unthinkable
and believe
the
unbelievable

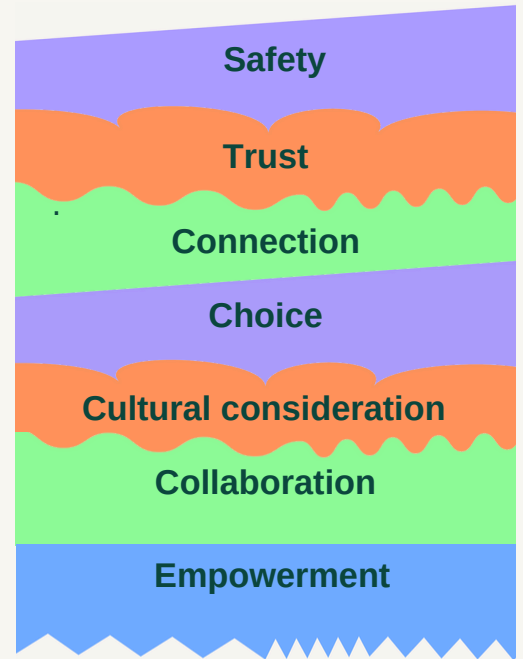
Utilise
supervision
and peer
support

Use multiple
sources of
information

Try to
disprove
your theory

TRAUMA INFORMED PRACTICE

The principles of trauma informed practice assist us in creating responsive and reflective environments and relationships that mean people feel heard and valued. Within the toolkit there is a definition for each heading. Trauma informed practice is not a 'one size fits all' approach, it is about seeing the individual and asking '*what happened to you*' rather than '*what is wrong with you*'. Practitioners will need to develop their understanding of these principles to guide them in meeting the needs of families they are supporting, colleagues and the wider system.



Practical ideas for implementing Trauma Informed Practice

Safety - physical, cultural and emotional safety for all

Applying the trauma-informed principle of safety in health care settings involves creating an environment where patients feel secure, respected, and understood. Please see below some practical ways to implement this principle. These suggestions might not be appropriate for everyone or every setting, so use your professional judgement.

• Physical Safety

- Create a welcoming **atmosphere**
- Ensure that waiting areas and treatment **rooms** are clean, well-lit, and tidy.
- Use **calming colours** and artwork to create a soothing environment.
- Provide **comfortable** seating and ensure **privacy** in all areas.
- Use clear, simple, and **accessible signage** to help patients navigate the environment.
- Ensure all signs are in **multiple languages** relevant to the patient population.
- Ensure any staff in contact with patients have received **training** in Trauma Informed Practice, including reception, admin and cleaning staff.
- Focus training on **understanding** trauma responses and practicing empathy, active listening, and **non-judgmental** attitudes.
- Ensure that patients are **informed** about what to expect during their visit, including procedures and potential wait times.
- Use **clear and simple language** to explain medical procedures, and obtain informed consent.
- Always address patients by their **preferred name and pronouns**.
- **Involve patients** in decision-making processes regarding their care and respect their autonomy.
- Encourage **questions** and provide thorough, **honest answers**.



• Emotional Safety

- Use a calm and reassuring **tone**.
- **Validate** patients' feelings and experiences without judgment.
- Ensure that all patient interactions are **confidential**.
- Discuss sensitive information in **private spaces**.
- Be aware of and **respect cultural**, racial, and gender differences.
- Provide **translation services** and culturally relevant resources as needed.
- Develop care plans that consider a patient's **trauma history** and its potential impact on their health and behaviour (If this has been disclosed.)
- Offer **flexible appointment** scheduling to accommodate patients' needs and reduce stress.
- Regularly gain **feedback** from patients about their sense of safety and comfort.
- **Use this feedback** to make continuous improvements in policies and practices.



Trust

Building and demonstrating trust creates a **supportive and healing environment** for patients.

Practical ways to show trust:

- **Listen** attentively to patients without interrupting (listen to understand).
- Use **body language** that shows you are engaged and interested.
- **Reflect back** what the patient says to ensure understanding and validation.
- **Explain** procedures, treatments, and policies clearly and thoroughly.
- Be **honest** about what you know and don't know.
- If there are delays or changes in plans, **communicate these promptly** and explain the reasons.
- Show **genuine empathy** by acknowledging patients' feelings and experiences.
- Avoid judgmental **language** and attitudes.
- Respect patients' **boundaries and personal space**.
- **Involve** patients in their care plans by discussing options and respecting their choices.
- **Encourage** patients to ask **questions** and express their preferences and concerns.
- Provide information that helps patients make **informed decisions** about their care.
- Ensure that patients see the **same healthcare providers** whenever possible to build rapport and trust (**continuity of care**).
- Maintain consistent policies and procedures to create a **predictable environment**.
- **Do what you say you will do**, and follow up on any promises or commitments made to the patient.
- Provide **clear timelines** for follow-up appointments, test results, and next steps in care.

- Be aware of and **respect cultural differences** that may affect how patients perceive and interact with the healthcare system.
- Provide **culturally appropriate** care and resources.
- Provide written materials in the patient's **preferred language**.



Connection

Implementing connection creates a safe and supportive environment for individuals who have experienced trauma. Practical ways to foster connection:

- Build trusting **relationships**.
- **Consistency**: Maintain regular, predictable interactions to build reliability.
- **Transparency**: Be open about processes and what to expect.
- **Active Listening**: Show genuine interest and listen without judgment.
- Strengths-Based Approach: Focus on and build upon the **individual's strengths** and resources.
- **Language**: Use supportive, non-stigmatizing language.
- Validation: Acknowledge and **validate** the individual's experiences and feelings.
- Build **support systems** with families and communities if appropriate.
- **Peer Support**: Facilitate connections with peer support groups or individuals with similar experiences.
- **Self-Care** for all: Encourage self-care practices among colleagues to prevent burnout and ensure they can provide the best support.



Choice

Offering choice helps to restore a sense of control and autonomy to individuals who may have experienced powerlessness due to trauma. Practical ways to offer choice:

- **Informed** decision-making.
- **Clearly explain** all available options, including potential benefits and risks, to help individuals make informed decisions.
- **Break down complex information** into manageable parts to avoid overwhelming the individual.
- Provide **flexibility** in scheduling appointments and activities to accommodate the individual's preferences and routines.
- Allow **choices** in the physical environment, such as seating arrangements, lighting, and room temperature, to enhance comfort and safety.
- Take into account **personal preferences in communication** styles, such as how they prefer to be addressed or the level of formality in interactions.
- Allow individuals to set their **own boundaries** regarding physical touch, personal space, and privacy.
- **Establish safe words or signals** that the individual can use if they feel uncomfortable or need a break.



Cultural consideration

Considering culture and context in trauma-informed care provides effective and sensitive support to individuals from diverse backgrounds. Practical ways to integrate cultural and contextual considerations:

- Provide **regular training** for staff on cultural competence, focusing on understanding and respecting different cultural norms, values, and practices.
- Encourage a stance of **cultural humility**, where staff recognise their own cultural biases and remain open to learning from others.
- Strive to hire a **diverse team** that reflects the cultural backgrounds of the community served.
- Provide **professional translation and interpretation services** to ensure clear communication with individuals who speak different languages.
- Consider **cultural factors** that may influence how trauma is experienced and expressed.
- **Tailor care plans** to align with the individual's cultural beliefs and values.
- Ask individuals about their **cultural preferences** and integrate these into their care plans.
- Build **partnerships** with local cultural organisations and community leaders to enhance cultural understanding and support.
- Develop **outreach programs** to engage with diverse communities and understand their unique needs and concerns.
- Use the **individual's preferred pronouns and names**, and be mindful of cultural naming conventions.
- Be aware of and respect cultural differences in **nonverbal communication**, such as eye contact, physical touch, and personal space.
- Create a **welcoming and inclusive physical environment** with culturally relevant artwork, reading materials, and symbols.
- Ensure that the environment is **free** from **cultural stereotypes** and microaggressions.



Collaboration

Collaboration ensures that care is holistic, coordinated, and respects the autonomy and voice of the individual receiving it. Practical ways to bring collaboration

- Form teams that include **various professionals** such as therapists, social workers, medical doctors, and peer support specialists.
- **Involve patients** in every step of their care plan, ensuring their preferences and voices are central.
- **Partner with community organisations**, such as housing services, employment agencies, and educational institutions, to provide comprehensive support.
- Teach **patients self-advocacy skills** so they can actively participate and voice their needs in their care.
- Allow **choices** whenever possible.
- Allow **time for reflection** when patients are given choices or important information is shared.
- Create a care **plan** together.



Empowerment

Empowerment helps individuals regain a sense of control and agency in their lives. Practical ideas for fostering empowerment:

- Provide patients with **information about their rights and the services** available to them.
- Work with patients to **identify their own strengths, skills, and resources**.
- **Connect** patients with peer mentors who have similar experiences and can offer guidance and support.
- Establish **patient advisory boards** to involve clients in decision-making processes and program development.
- Regularly acknowledge and celebrate patients' **progress and achievements**, no matter how small.
- Provide **access to educational materials** on trauma, recovery, and coping strategies

Utilising Trauma informed Language

Language is powerful, what we say and how we say it has an impact on the people we are speaking to. This can be particularly true for those who have experienced trauma. We communicate using our facial expressions and body language too.

A useful exercise

Speak to yourself in a mirror or on camera, look at your expression and body language, does it match what you were trying to convey?

Using sensitive, inclusive language is a key part of being trauma responsive in the care we provide. Just like any other skill, effective communication takes practice.

Trauma Informed Language aims to be:



Language

To Avoid

Language that is vague can lead to confusion, eg might, perhaps

Language that is judgemental, labels or stereotypes, E.g. lazy, irresponsible, addicted, non-compliant .

Language that is non-inclusive or reflects bias. E.g. "guys" when speaking to a group of people.

Language that includes colloquialisms or idioms, metaphors that are UK specific. E.g. "raining cats and dogs", "awfully good".

Language that uses jargon, abbreviations or acronyms and metaphors can exclude people. E.g. NICU, OR, HR etc.

Language that is threatening can be intimidating and triggering for many. E.g. "If you don't do (this) then (this) will happen".

Language that is sarcastic is often mocking or attacking, it is also difficult for many to understand, causing confusion.

To Build on

Seek language that is explicit, straightforward and unambiguous.

Use language that is non-judgemental. Listen, clarify and repeat what had been said.

Inclusive language proactively, use welcoming words, appropriate pronouns.

Seek language that is explicit, straightforward and unambiguous. Clarify understanding with the person you are speaking with.

Power imbalances occur, being mindful of this is essential when having difficult conversations. Explain, shared understanding, choice, reflect.

Use terminology that is understandable to all, check it has been understood and ensure that all questions have been answered. Be inclusive.

Use Language that is clear, open and honest. Say what you mean.

Small changes to language can make a big difference to someones experience

Labour ward		Birth Suite
Big baby		Healthy baby
My woman		Use name
Good girl		You're doing well
I'll go and consent her		Gain informed consent
Patient refused		Patient declined
Failed induction		Unsuccessful induction
Poor maternal effort		Not finding it easy
High risk		Medically complex
Painful contraction		Strong contractions

Some examples from *Humanising Birth: does the language we use matter?* (25)

TRAUMA INFORMED INTERACTIONS

The toolkit holds a lot of information about trauma and trauma informed practice. Sometimes it can be hard to see how it can be applied into our everyday roles.

‘Every interaction is an intervention’

Dr Karen Treisman

Below is an example of how we can bring trauma informed practice into our daily interactions with patients.

SAY HELLO, YOUR NAME, PRONOUN, ROLE

- Hello my name is... what is your name and what you prefer to be called?
- Make sure your name badge is visible.
- Explain your role and responsibilities in clear simple language (not just your job title)
- Provide clear information about what you will be discussing during the visit
- Start building safety to enable relational responses and seek connection
- Have open body language and calm tone



START WITH A CHECK-IN AND CHAT

- How are you?
- Do you have any concerns or worries about yourself, baby and family? How is this affecting you?
- Name what you would like for me to do to address/ support you on this issue
- Ask question to understand, e.g. Tell me more about it; I hear that...
- If you are going to discuss any sensitive topics, allow time, give a warning, and explain reason for conversation
- Offering grounding techniques, choices, be ready to co-regulate if they become dysregulated. Consider your own emotional safety.



CHECK YOUR BODY LANGUAGE

- Remember that we also communicate through our body language, tone of voice, posture, facial expressions, where we sit.
- Some Health visitors we spoke to shared that they prefer to sit on the floor.
- Those who have experienced trauma might see and feel threatened even in safe environments. For example, a smile might be welcoming and soften power imbalances.
- Be present, avoid answering phone calls or interacting with other colleagues.
- Lean forward slightly, be conscious of your facial expression. Try to reflect unconditional positive regard.



AGREE AN ACTION PLAN

- Talk with children and adults you are supporting and find a way forward together.
- Allow time and space for suggestions, review and reflection on what has worked in the past.
- Find realistic options
- Allow space to explore solutions that might seem less realistic : If we had a magic wand, what would we do?
- Validate feelings and emotions. Connect with empathy and compassion.
- Validate and acknowledge frustrations and concerns, offer alternative views. Change can feel threatening and difficult.
- Those accessing our services already bring their own strengths and skills.



PROVIDE CLEAR INFORMATION, OFFER CHOICE

- Ensure people understand what we are trying to say by using clear and simple language
- Reflect back, ask open ended questions
- Ensure you are not using acronyms or jargon
- If the person does not take your suggestion on board, take time to reflect and another way forward
- Provide support and reassurance that together as a team they have the capacity to find a way forward
- Offer choice whenever possible. Remember that if we have never been given a choice before, we might need time to think, reflect, process the information.
- Allow time and revisit decisions or choices made.



GAIN CONSENT, BE OPEN AND HONEST

- Ask permission to touch: some of the services you provide involve intimate care for the woman or pregnant person, the baby or child.
- Explain processes and procedures and the reasons for these.
- Be open and honest. This could be about what resources are available and realistic waiting lists for support.
- Support needs to be culturally competent and informed by understanding diverse cultural practices, needs and choices.
- Explain what is going to happen next.



Culture of well-being

To care for others we need to care for ourselves

Put on your oxygen mask first, before you help anybody else!



Thank you for taking the time to read this guidance document!

We hope this is helpful and that you continue to take time to reflect on your practice.

Most importantly, we hope you are compassionate and kind with yourself.

We all do the best we can with the resources that we have available to us.

Remember that being trauma informed is an ongoing journey of learning and reflection.

