Blackburn with Darwen: Becoming Trauma Informed From Awareness to Responsive

May 2026

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BLACKBURN WITH DARWEN

Trust
Respect
Ambition
Collaboration
Kindness

Proud to be BwD

BLACKBURN with DARWEN BOROUGH COUNCIL

Our Ambition:

- In Blackburn with Darwen, we have recognised for many years the impact and long-term effects of experiencing adversity in childhood as well as other micro and macro traumas.
- More than 10 years ago, our Public Health team commissioned a large-scale study to understand the scale of adversity experienced in the Borough.
- This study, along with other emerging evidence, has driven our determination to understand ACEs and trauma even more, and has fuelled our ambition of becoming a Trauma Informed Borough.

Our Journey so far…

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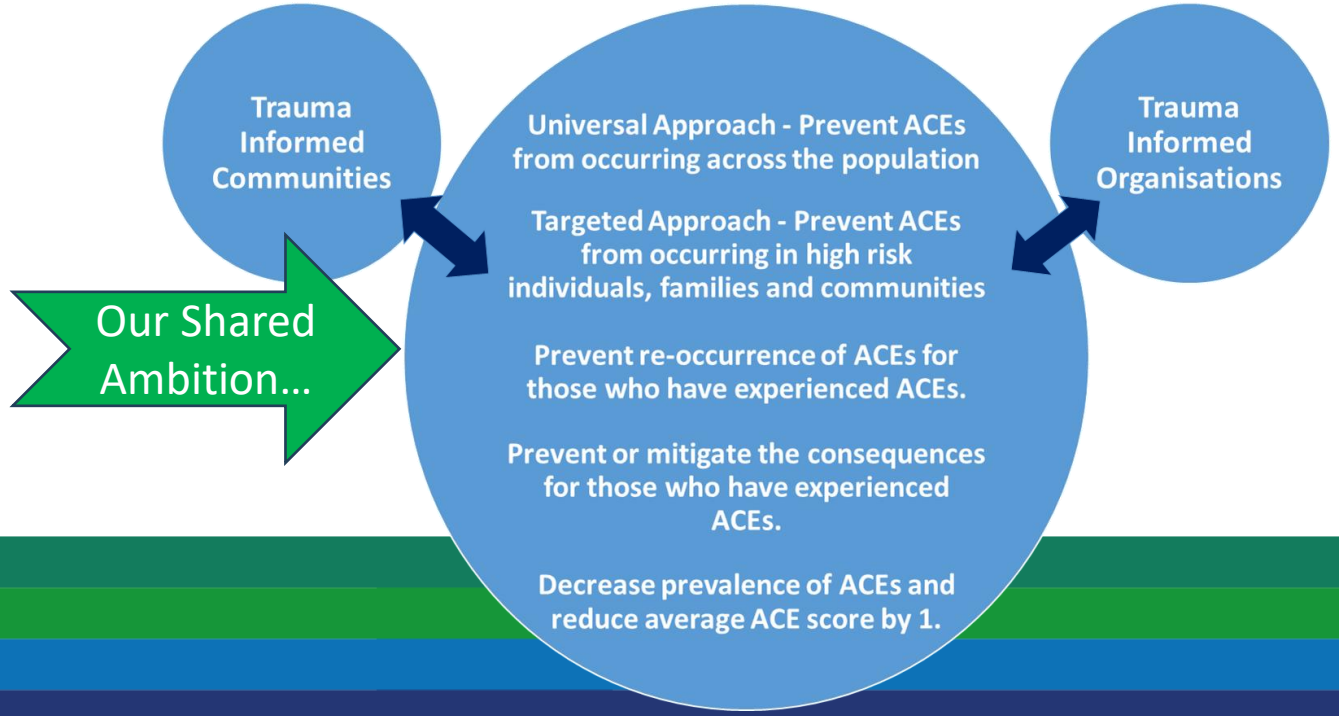
2012

- BwD Public Health commissioned a population level survey to understand the levels of Adverse Childhood Experiences (ACEs) in the borough**. The study found that almost half (46%) of adults in BwD had at least one ACE, with 12% of adults having suffered 4 or more ACEs. This was consistent with findings in the US.**



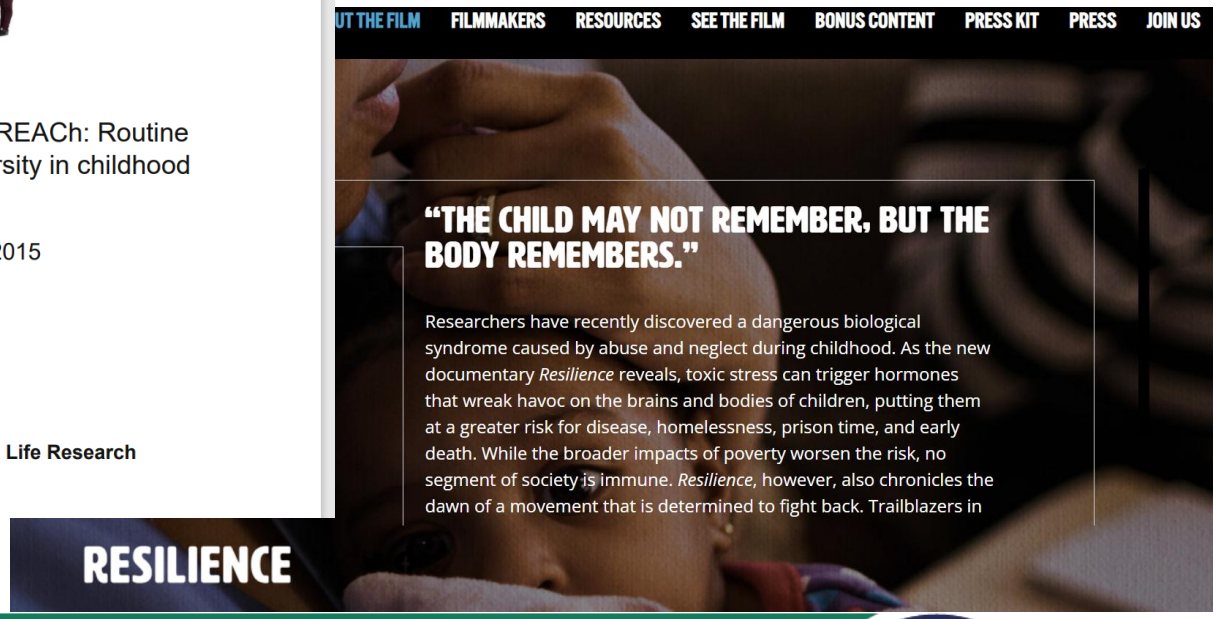
2014-2019

- Citizen's Enquiries take place
- Public showings of the film 'Resilience' with community support provided
- Development of an ACEs animation
- Toolkit for working with children and young people is produced
- Routine Enquiry embedded into Early Years practice
- ACEs hub developed

An Evaluation of REACh: Routine enquiry into adversity in childhood

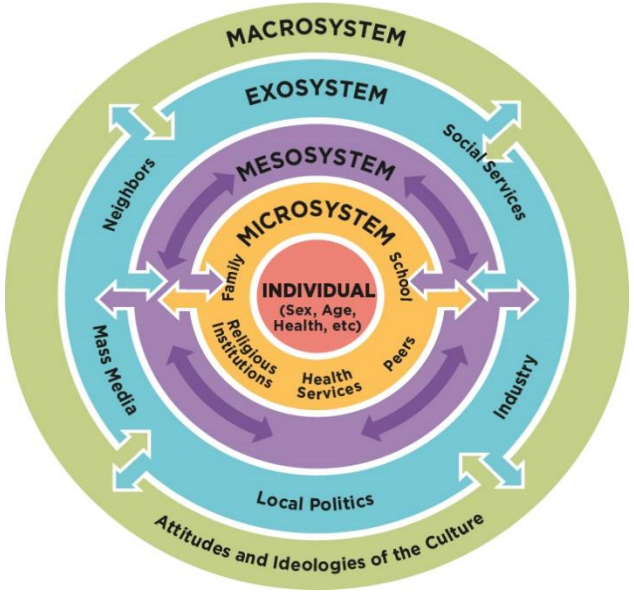
July 2015

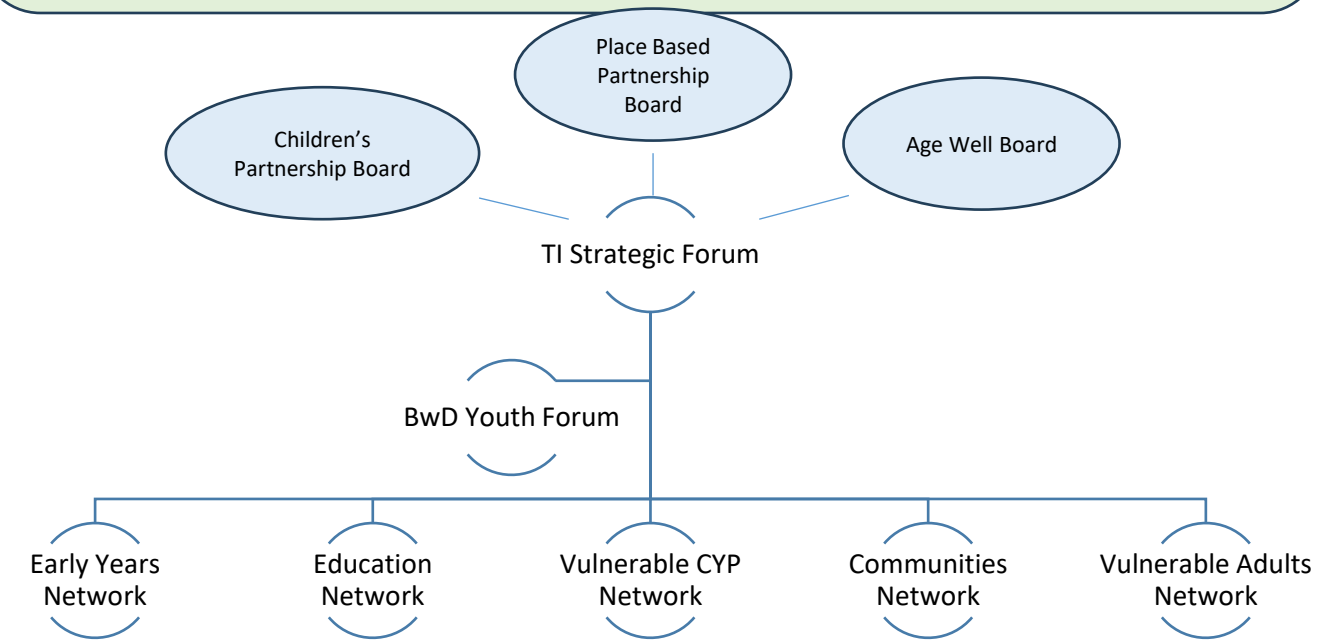
Produced by **Real Life Research**



2020-2025

A Systems Resilience Framework is developed to support a shared understanding of our local ambition to become a Trauma Informed Borough.
Trauma Informed Networks are established to enable activity to progress at pace





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Becoming Trauma Informed

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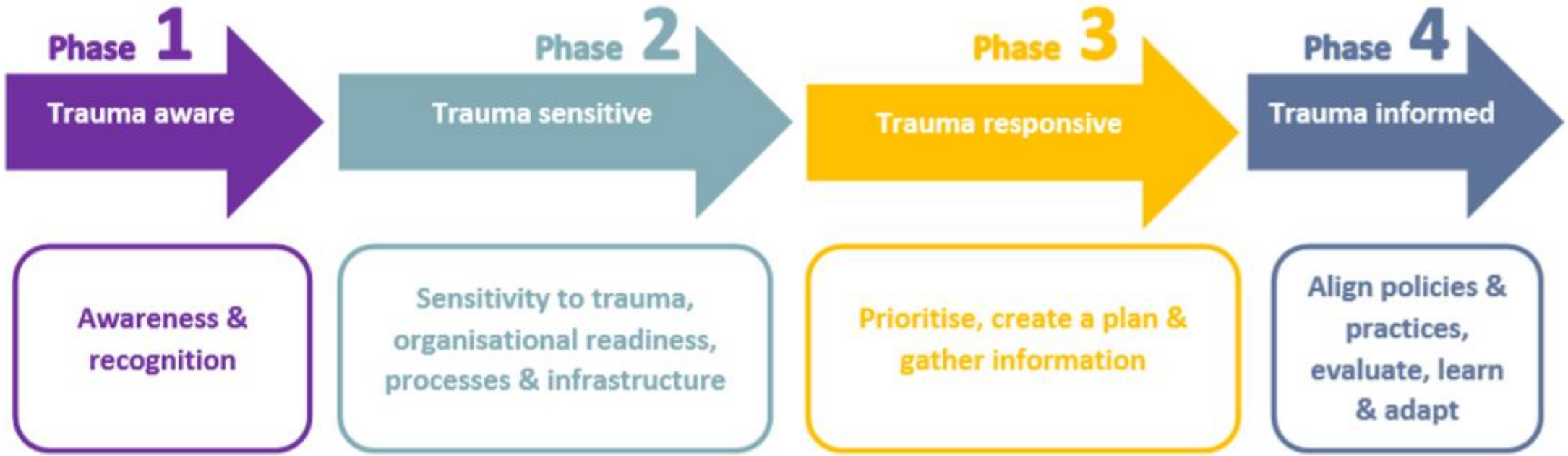

Our Shared Objectives:

Aim	Objective
Leadership	To provide leadership and direction across the system as we collectively work towards becoming a Trauma Informed Borough
Training and Workforce Development	To provide and support appropriate trauma informed training and development opportunities for our integrated staff workforce
Organisational Development	Public and third sector organisations to work towards full strategic alignment with trauma-informed principles to ensure the design and delivery of trauma-informed services.
Quality Assurance	To work towards developing and sharing Trauma Informed best practice using the One Small Thing quality mark

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What have we achieved so far?

Objective:	Achievements
Leadership:	1. 5 x Managed Networks led by public and third sector leads 2. Strategic Forum meets quarterly 3. Reports directly to the Children's Partnership Board, Age Well Partnership, Health and Wellbeing Board and others as required
Training and Workforce Development:	1) **Trauma Informed Basic Awareness Training** (1 day in-person) was launched in Spring 2024. 16 training days are provided each year, with a maximum capacity of training 320 people per year. ➢ Nearly 500 people have accessed this training to date ➢ 99% of attendees stated the training will be useful in their work ➢ 99% stated they are now better able to apply a trauma lens in their daily practice ➢ 98% stated they will change their working practice as a result of the training 2) **Leaders and Managers training** has been piloted in the Council. This is to be reviewed and further roll-out considered. 3) **45-minute Elearning** programme is now available on MeLearning for all staff

What have we achieved so far?

Objective:	Achievements
Organisational Development:	➢ Organisations are encouraged to use the One Small Thing Working with Trauma Quality Mark to review, develop and work towards trauma informed practice their setting. ➢ The Quality Mark is a practical and accessible tool to help organisations evidence they meet a robust, accessible, and supportive set of standards for working with trauma. ➢ It has been developed through an extensive analysis of existing global standards, principles, and values associated with trauma informed working practices.
Quality Assurance:	➢ Public Health has committed to supporting organisations to apply for the QM by funding a small number of Bronze applications from 2024-2028. ➢ 5 x organisations have now submitted their initial applications for the QM ➢ 5 x organisations are preparing their evidence ready for submission ➢ 9 x organisations have expressed an interest in applying for the QM this year ➢ Still time to express your interest!

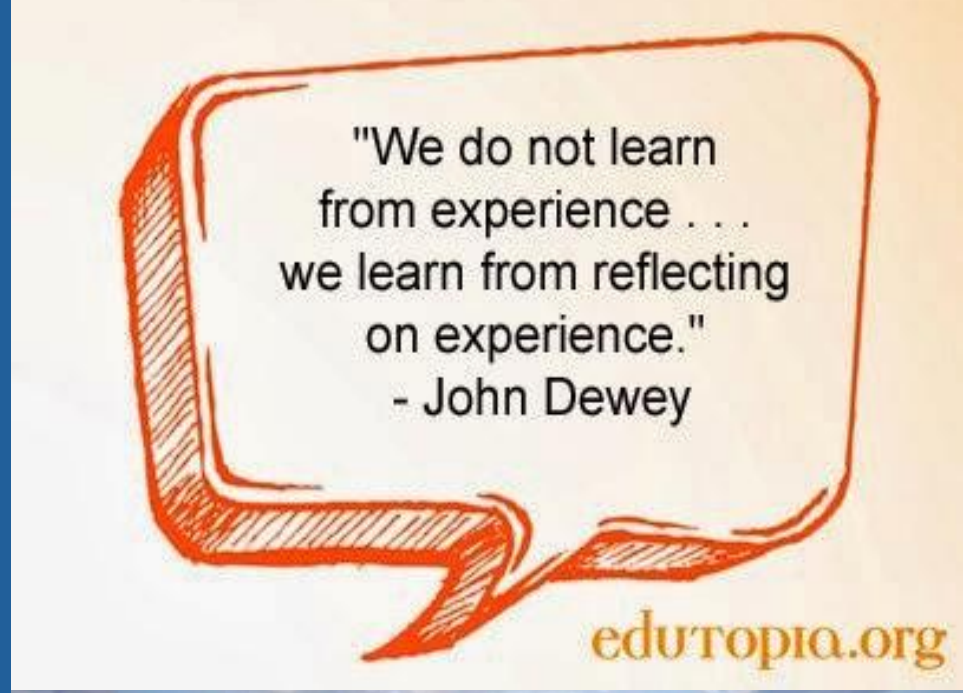
Today…

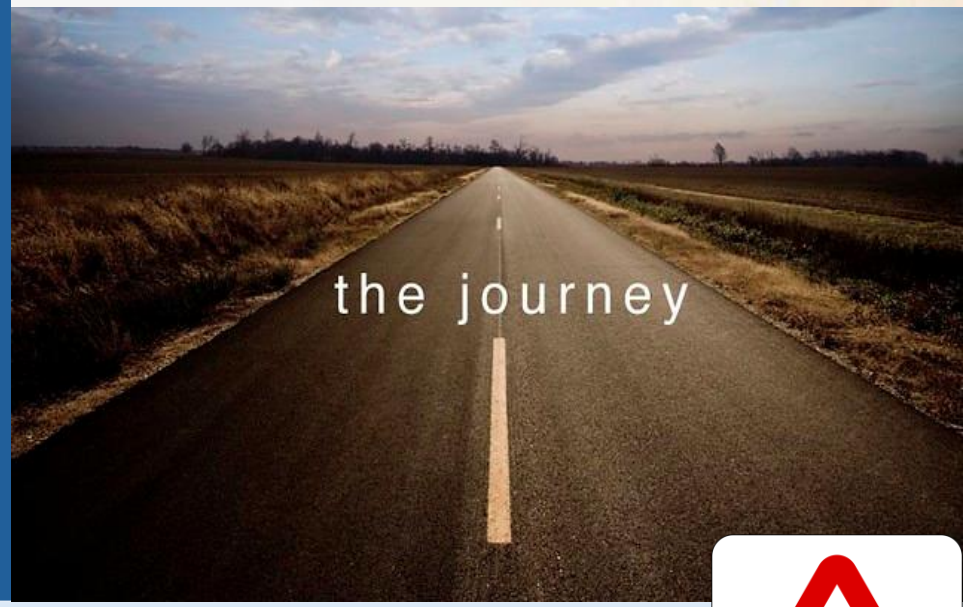
- We hope today is an opportunity to share ideas, network, absorb and provide time for you to reflect on what it means to be Trauma Informed and how you can contribute in your role and organisation.

- Please feed back to us throughout the day your thoughts on our next steps and how we can progress our ambition to become a fully Trauma Informed Borough.


SAFETY & TRUST.

A Trauma Informed journey towards Systems Resilience in BwD: Reflections to support next steps.





Sue Irwin

Founder of EmBRACE

ACEs & Trauma Consultant

Undertaking Professional Doctorate, University of Lancashire

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EmBRACE is a Consultant Led Model: Lead other professionals to reflect & develop practice; provide change management through an ACE lens & build trauma-informed cultures.

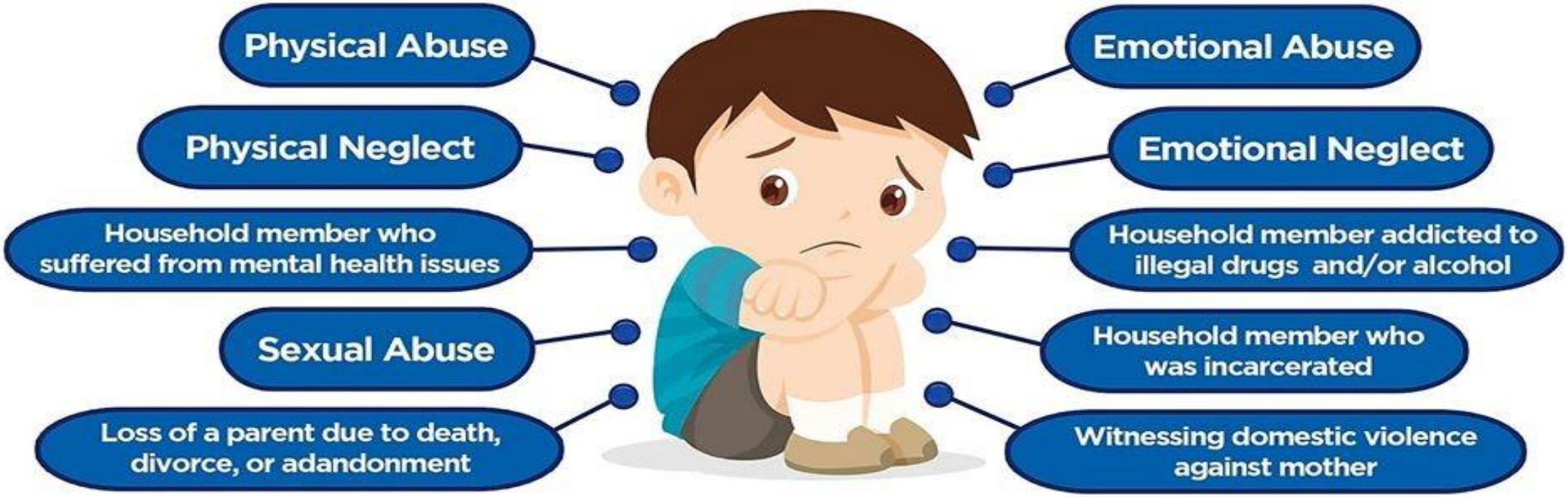
Take the theory

Put it into practice

With a critical friend to support the reflective journey

- Relational approach
- TIP took hold, expanded and then flourished over the long-term
- Embedded TIP, to create cultural change and build capacity (individualised and negotiated way over time)
- Systems Resilience - 'whole system' understanding of resilience to tackle health inequalities- was seen to be part of EmBRACEs wider implementation process

ADVERSE CHILDHOOD EXPERIENCES INCLUDE:



ADVERSE CHILDHOOD EXPERIENCES HAVE BEEN LINKED TO:

Blackburn with Darwen (2012)
Adverse Childhood Experience (ACE) & Adult Health Outcomes

Increased risk (adjusted odds ratio) having health behaviours and conditions in adulthood for individuals experiencing four or more ACEs in childhood.

Pregnant or got someone accidently pregnant Under 18 x 4.5

Stayed overnight hospital in last 12 months x 1.5

Liver or digestive disease x 2.3

Morbidly Obese x 1.82

Heroin or Crack user x 9.7

Regular Heavy drinker x 3.7

Had a sexually transmitted infection x 30.6

Current Smoker x 3.9

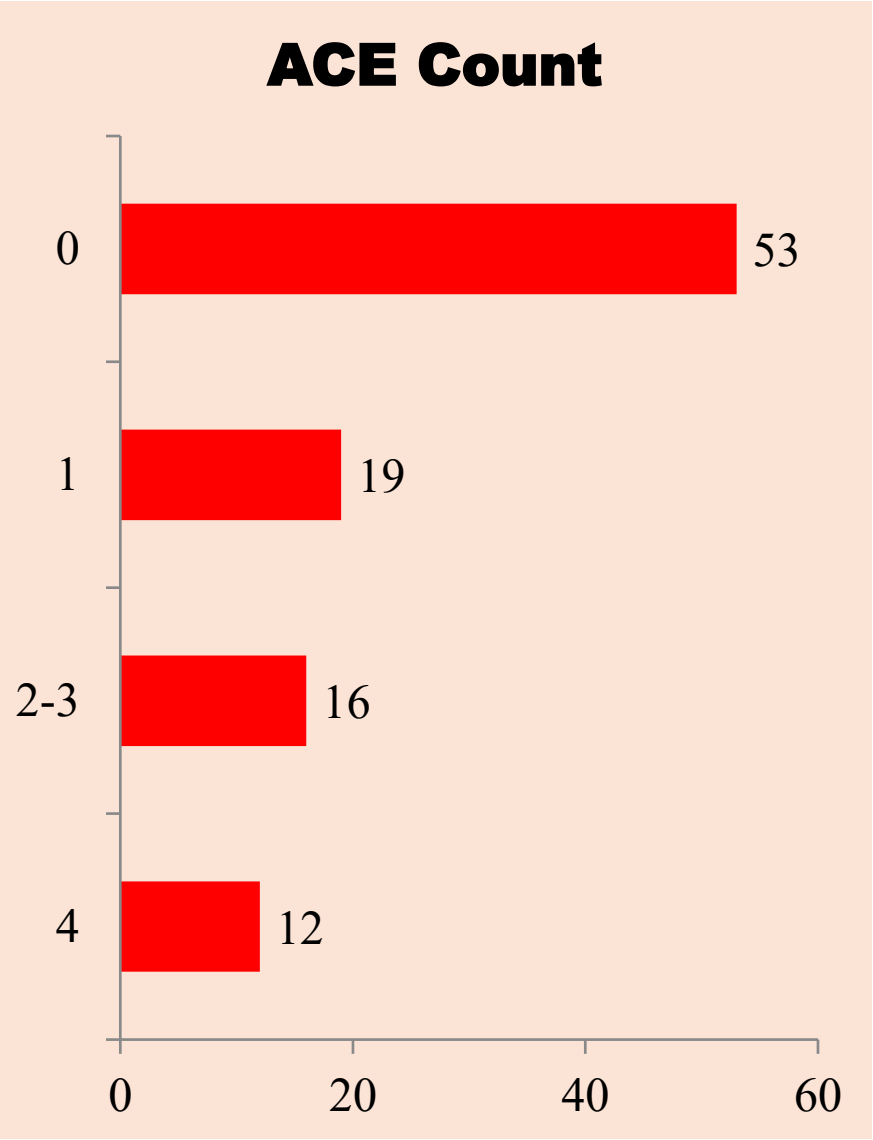
Been hit in last 12 month x 5.2

Hit someone last 12 months x 7.9

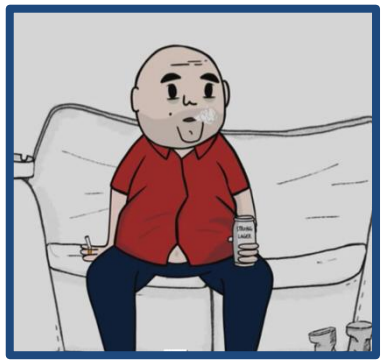
Been in prison or cells x 8.8

How many adults in BwD have ACEs

- ***Maltreatment***
  - 15% Physical
  - 20% Verbal
  - 3% Sexual
- ***Household Dysfunction***
  - 14% Domestic Abuse
  - 24% Parental Separation
  - 11% Mental Illness
  - 9% Alcohol Abuse
  - 4% Drug Use
  - 4% Incarceration



In 2012, almost half (47%) of adults living in Blackburn with Darwen had suffered at least one ACE, with 12% of adults in Blackburn with Darwen having suffered four or more ACEs (Bellis et al., 2013).



Prevalence of Low mental well-being in adults by the number of ACEs suffered in childhood

Over the past two weeks, compared to people with no ACEs, those with 4+ ACEs were also:

- **3** **times more likely** to have never or rarely felt relaxed
- **3** **times more likely** to have never or rarely felt close to other people
- **4** **times more likely** to have never or rarely been thinking clearly
- **5** **times more likely** to have never or rarely to have dealt with problems well
- **5** **times more likely** to have never or rarely been able to make up their own mind about things
- **6** **times more likely** to have never or rarely felt optimistic about the future
- **6** **times more likely** to have never or rarely felt useful

ACEs and Suicide

Strong, graded relationship to suicide attempts

7+ ACEs Risk of suicide attempts:

⬆ **51-fold** children/adolescents

⬆ **30-fold** among adults

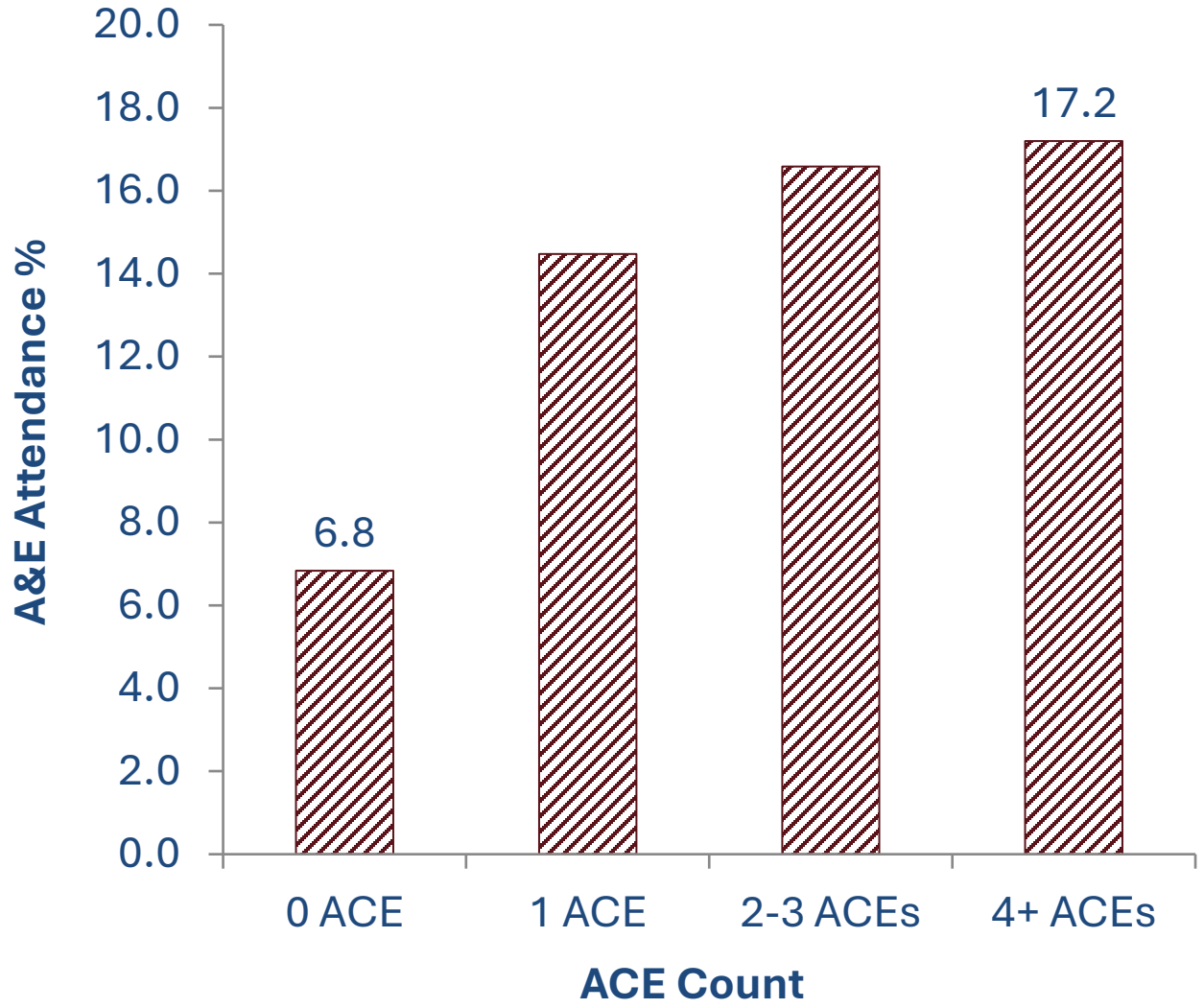
Estimates of population attributable fractions for ACEs & suicide ***of an order of magnitude - rarely observed in epidemiology and public health data***

4+ ACEs increases risk of suicide by 1200 percent

64% suicide attempts adults attributable to ACE **80%** suicide attempts during childhood/adolescence

The strongest predictor of future suicide attempts in ACE research was emotional abuse

Ever attended A&E in Last 12 Months



4 or more vs. No ACEs

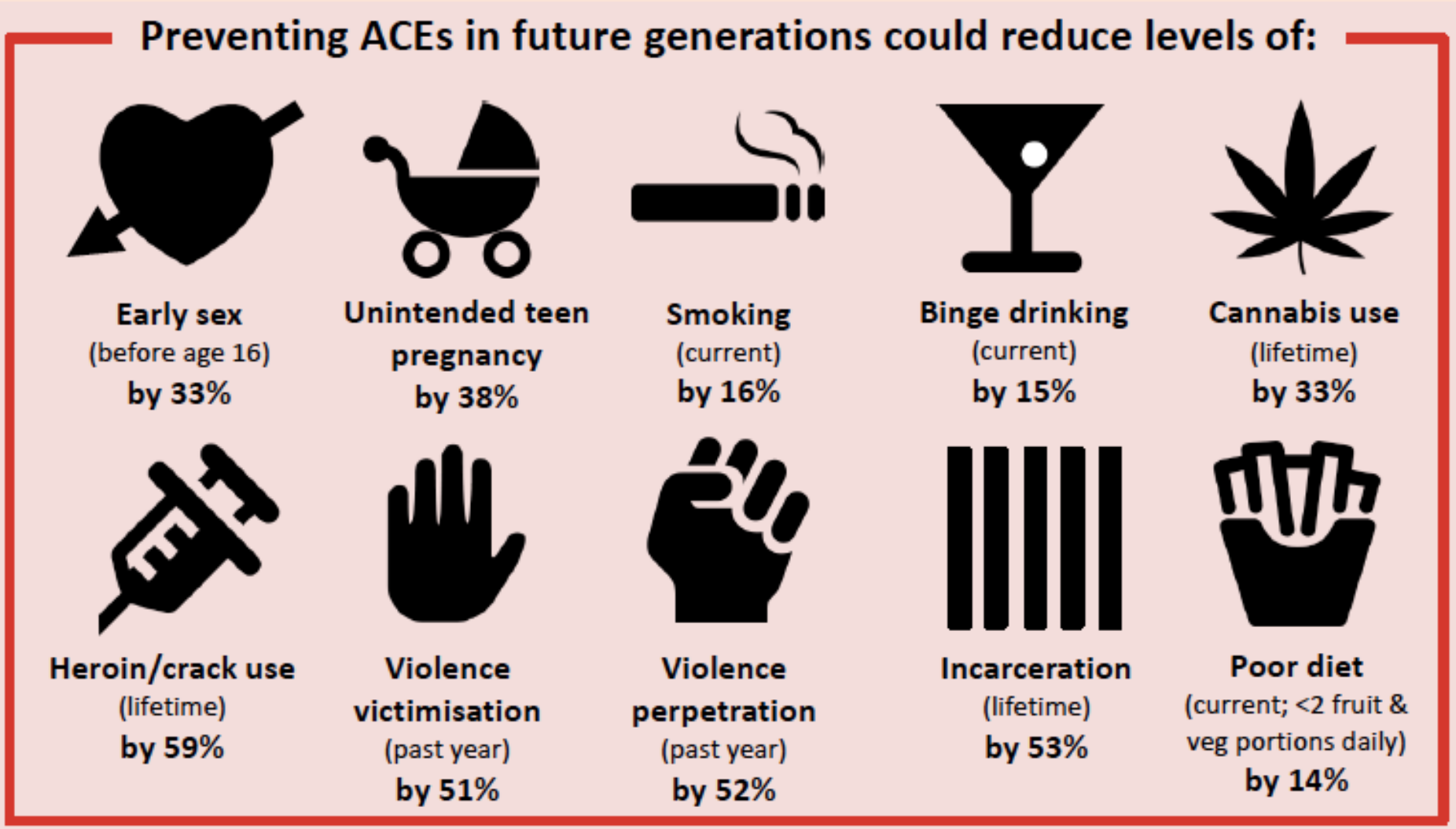
3x more likely to have attended A&E

2x more likely to have frequently visited a GP**

3x more likely to have stayed overnight in hospital

**Visited a GP six or more times over the past 12 months

Adverse Childhood Experiences



Aged 18 to 69 (n = 3,885)

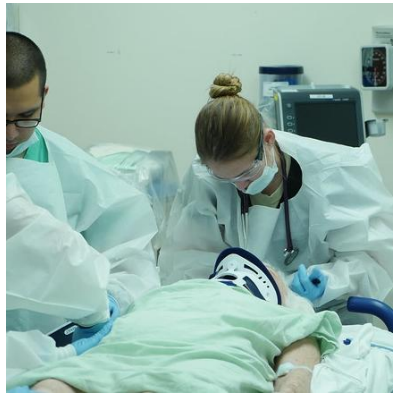
Bellis et al, BMC Medicine, 2014

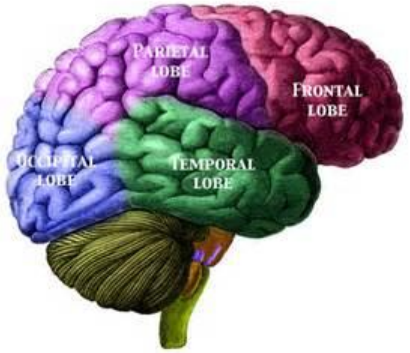
What is Trauma?

Universal precautions – ensure our language is trauma sensitive

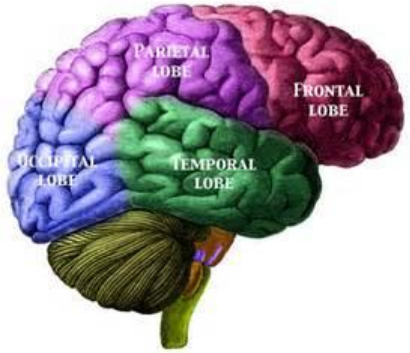
Definition (SAMSHA Experts 2012) includes three key elements:

Individual trauma results from an ***event***, series of events or sets of circumstances that is ***experienced*** by an individual as overwhelming or life-changing and that has profound ***effects*** on the individual's psychological development or well-being, often involving a physiological, social, and/or spiritual impact.





Toxic Stress Derails Healthy Development



The biology of the impact of trauma

Persistent trauma or adversity can cause the brain to be underdeveloped or damaged.

↓

A damaged or undeveloped brain often causes a child to react differently to a stressful situation than a child without those constrictions.

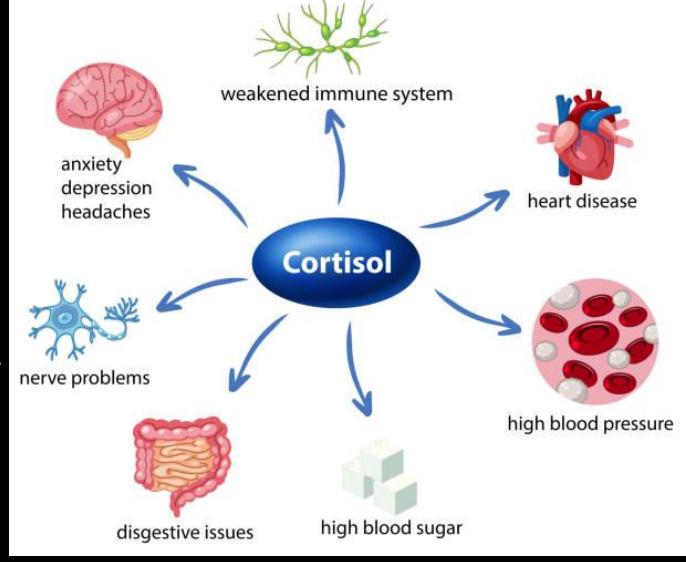
↓

Therefore, a child who is more reflexive than reflective may have a biological reason for behaving the way they did which is beyond their control.

Early Life Experience and The Brain

Childhood

- By Age 3 - baby's brain reached 90% of adult size; Body reached 18%
- Critical restructuring continues through childhood for ***empathy, trust, community***



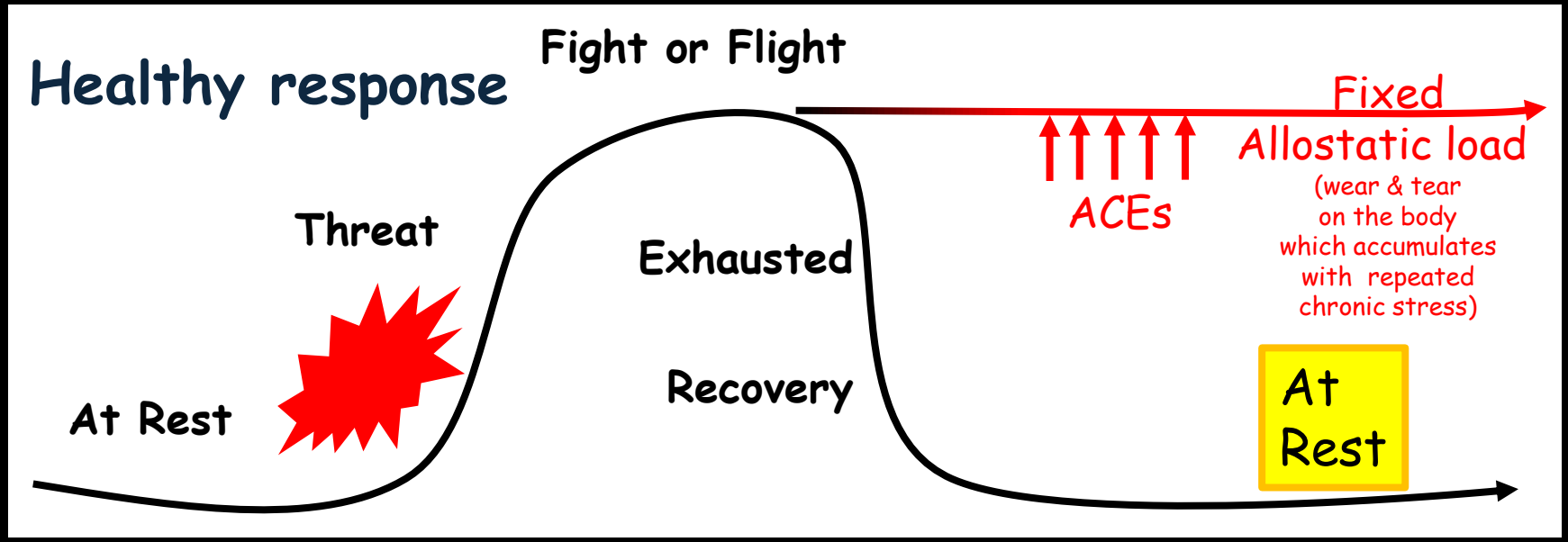
Chronic Stress from ACEs

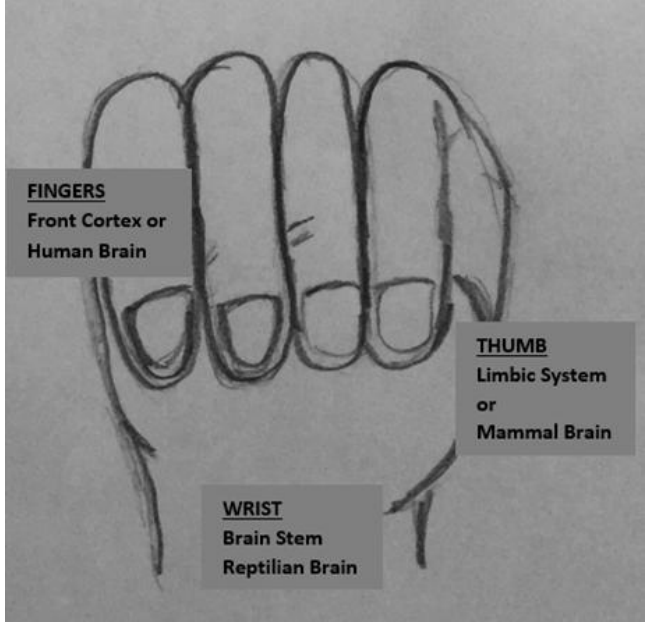
- ➢ Violence -over-develop 'life-preserving' brain

NEUTRAL CUES LOOK THREATENING

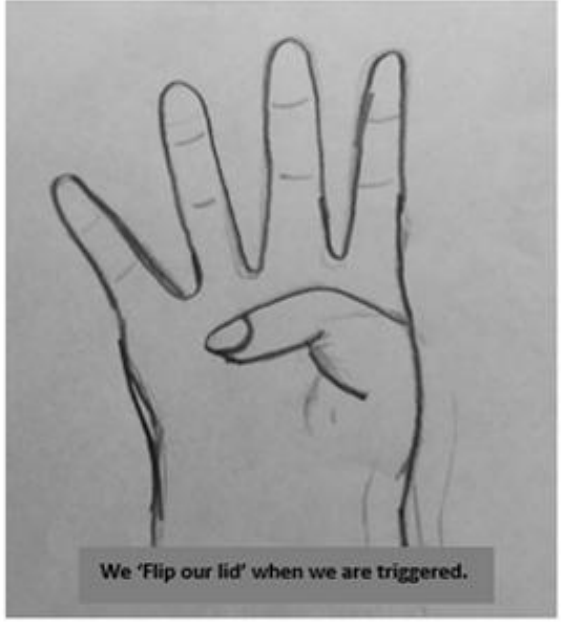
- ➢ School –anxious, disengaged, poor learner
- ➢ Health: compromises nervous & immune system

Bellis 2016 Tau et al, 2010; Mercy, Butchart, Bellis et al, 2014





Dan Siegel's Hand model of your brain.



If we have 'flipped our lid' then we can't physiologically make appropriate decisions to calm ourselves down.

.

Our brains are in survival mode and are flooded with the stress hormone cortisol.

Relationship, connection, and acceptance are the only way

Fear-based punishment or behaviours, logic, and control are not the mechanisms to do this.

'The experience of being understood by another person triggers the same response in the brain as a secure attachment' – Dan Siegel

Tackling ACEs and Trauma

- Prevention
- Breaking Intergenerational Cycles
- Resilience
- Trauma Responsive/Informed Services & Systems
- Addressing socio-economic, commercial and other macro drivers

Trauma Informed Care

Values

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
- Universal assumption

‘Do No Harm – Avoid re-traumatisation’

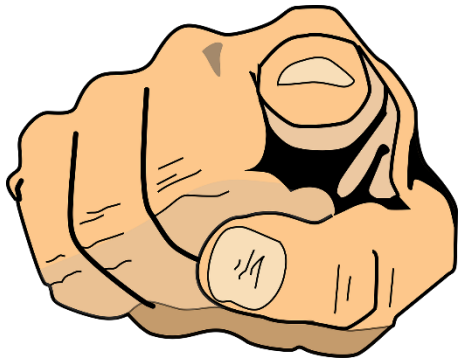
Pillars of Trauma Recovery:

- Safety and Security
- Connections (Relationship is the Intervention)
- Managing Emotions – building healthy coping skills
- Working in a strength-based perspective

Sue Irwin & Dave Higham

CRITICAL STEPS TO IMPLEMNTING trauma informed practice

CONCEPT	MANTRA	STRATEGY
Trauma Informed Practice This is not just for people we support but for the staff and the organisation as a whole. Create a safe space, holding people in Unconditional Positive Regard, so that they can make the necessary behavioural changes	*It takes time for people to begin opening up and really looking at themselves. Recognise that people who have survived multiple traumas will view the world as a dangerous, frightening place, and so their environment must be the opposite of that*	Social model to help create Trauma Informed Practice. Promote and model the behaviour changes we are asking our members to undertake. Boundaries need to be in place both for the organisation and the members. Self-police by challenging bad behaviour. Shaping boundaries help people feel safe



YOU
are the resource

(Steve Archer)

Systems Resilience

A ‘whole-systems’ understanding of resilience to tackle health inequalities rather than narrowly focusing on the resilience of individuals, organisations, communities or systems in isolation

(Popay, 2018).

The BwD Systems Resilience Framework

SHARED & COLLABORATIVE COMMITMENT TO DEVELOPING TRAUMA-INFORMED COMMUNITIES AND ORGANISATIONS

CREATED TO

REPRESENT ALL SERVICES

CLEAR VISION BRINGING ALL PARTNERS AND SECTORS ALONG THE TRAUMA RESPONSIVE JOURNEY WHILST STILL ALLOWING FOR GROWTH AND DEVELOPMENT

FORMALISED GOVERNANCE STRUCTURE FOR

ALL PARTNERS ACROSS THE COMMUNITY, EDUCATION AND ORGANISATIONAL SECTORS

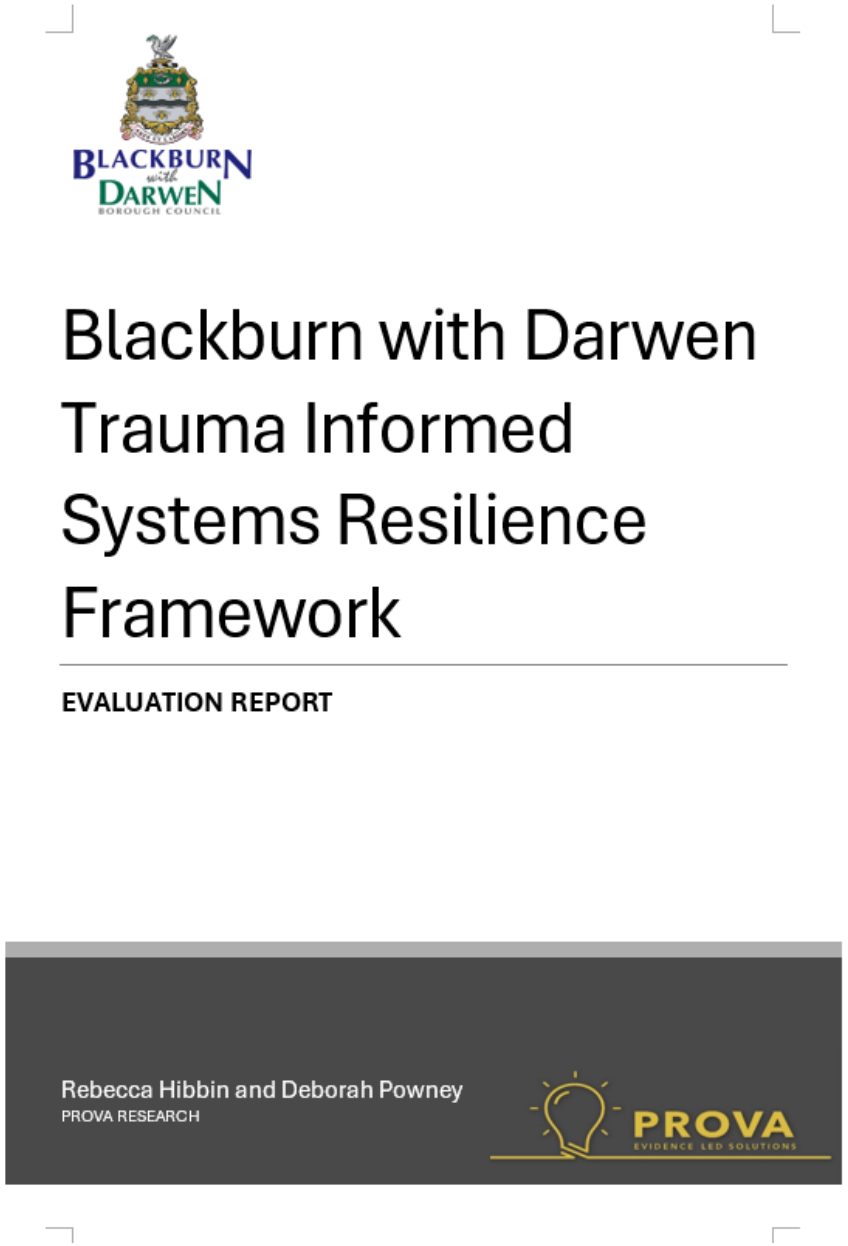
BUILD CAPACITY – THROUGH MANAGED NETWORKS – DEVELOPS A SHARED LANGUAGE AND VISION

SELF-ASSESSMENT TOOLS TO REFLECT AND PROGRESS

& QUALITY MARK

Where am I on this journey?

What next?

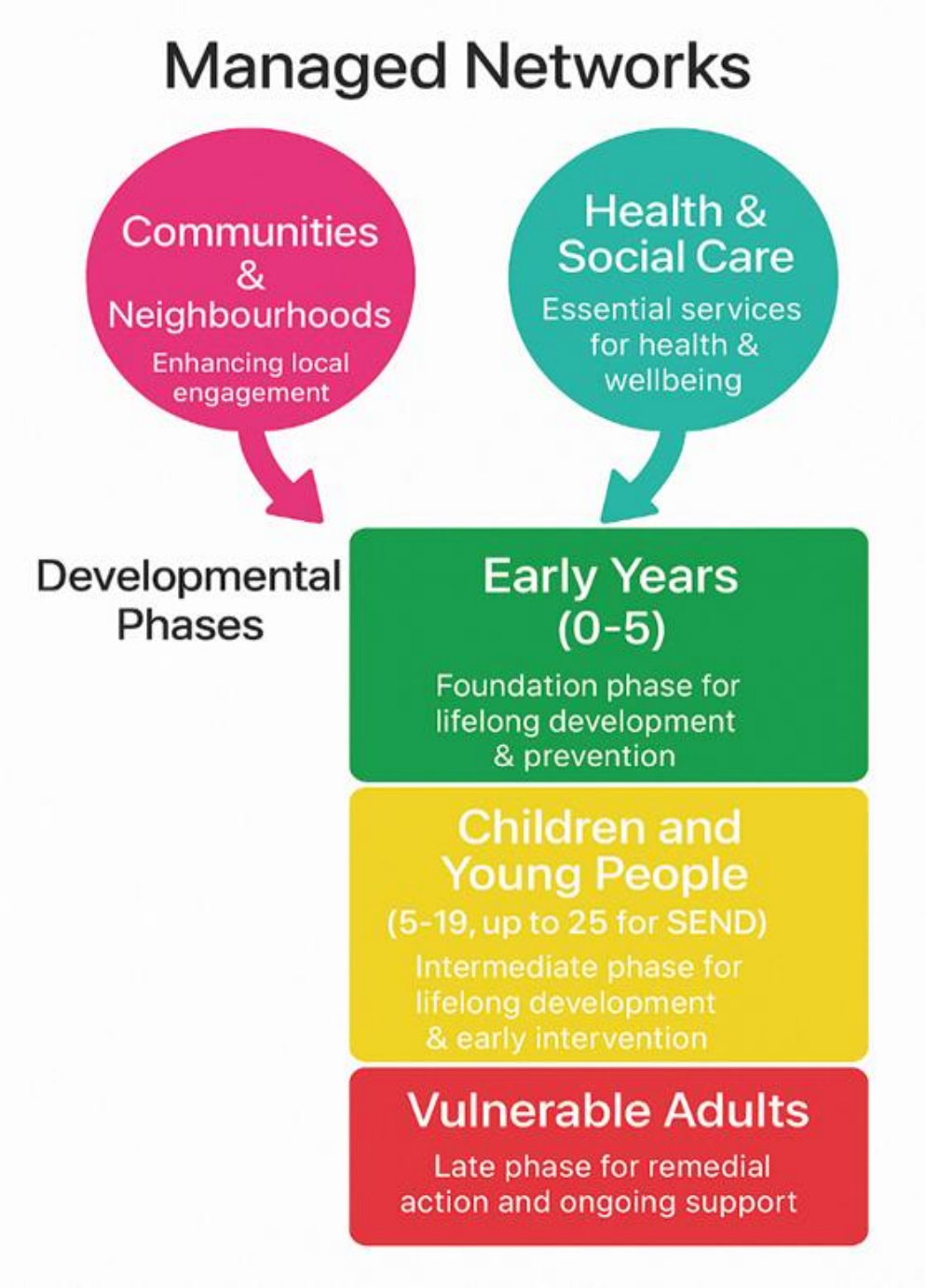


Blackburn with Darwen Trauma-Informed Systems Resilience Framework

Evaluation Highlights

Dr Rebecca Hibbin

Managed Networks

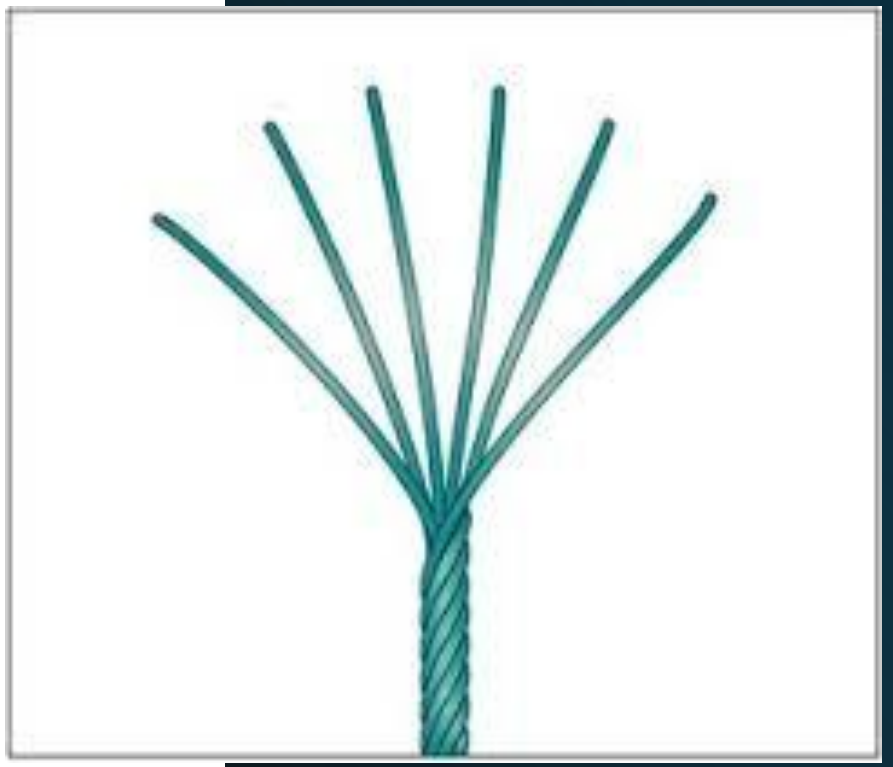


Research Aims: What we evaluated

Two strands in BwD's Managed Networks:

1. **Community Champions Strand:** Trauma Informed Community Workshop

1. **Service Lead Strand:** Action Planning Workshop



Data Collection: Who we talked to

FOCUS GROUPS

- 1x with CCS volunteers
- 1x with CCS 3rd Sector Orgavisation
- 2x with Service Leads

OBSERVATIONS

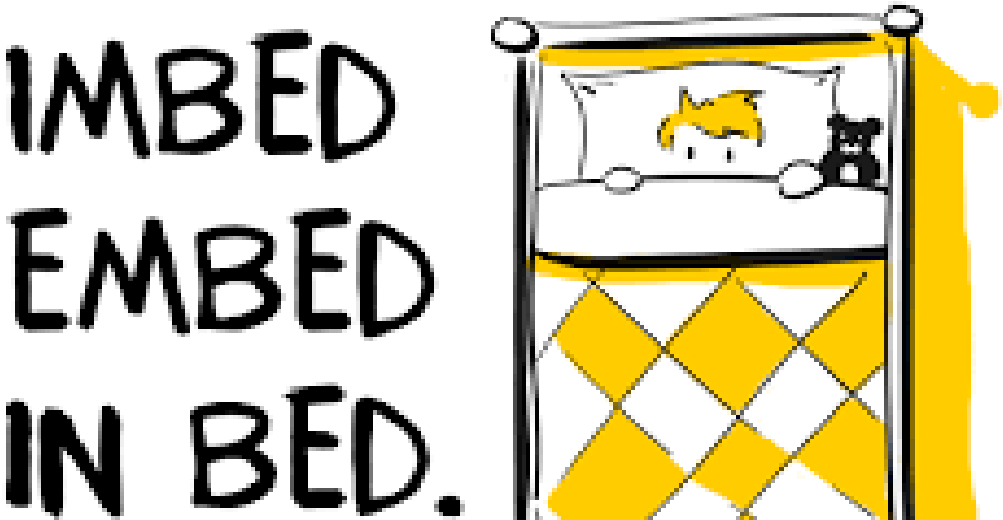
- 2x developmental CCS
- 2x CCS TI Community Workshop
- 4x SLS TI Workshop
- 1x BwD Integrated Training

SURVEYS

- 1x SLS TI workshop (16 responses)
- 1x cross-sector (29 responses)

Research Findings: What we found

1. TIP is working - but not yet embedded
2. Clear cultural shifts emerging
3. Strong practice examples e.g. language of case notes ‘to’ the child
4. Inconsistent system-wide delivery



"We are part of the integrated workforce that is delivering trauma-informed training across the system." (**Local Authority: BwD Public Health**)

"Strong base of person-centred care and skilled Social Work interventions." (**Adult Social Care**)

"Trauma-Informed Framework has been developed for the organisation; Managed Networks drive the work forward; strategic commitment; strong drivers around outcomes." (**Local Authority: BwD Public Health**)

"Willing and passionate people across the service, reflective practice and case studies to champion the outcomes for clients, want to do thing with people not for them and promote independence and resilience and end revolving door and re traumatising clients, excellent relationships with partners across a whole range of services internal and external and influence whole school buy-in." (**Adult Services: Neighbourhoods**)

"The service is trauma-informed, so the strengths have been in the system, leadership continuously driving the awareness." (**Early Years: Family Support**)

"Management support and oversight, supportive culture within the service, processes, policies, and procedures, training opportunities." (**Social Care: BwD Young People's Services**)

"We have recently been working with Lancashire VRN and BwD Public Health England." (**Adults, Neighbourhoods and Prevention**)

Community Strand Impact: TICWs

Trauma Informed Community Workshops (TICWs) became informal and conversational

Created ‘penny-drop’ moments – ACEs animation key

Increased empathy and understanding

Normalised discussions about trauma:

BUT: ‘Stigma and Silence’…
South-East Asian men

Service Leads Strand Impact: APWs

Action Planning Workshops (APWs) increased reflective practice - time to think and plan

More embedded work identifying strengths and areas for improvement

Reduced burnout risk 🔥

Overall Impact on System

Improved multi-agency working

Move toward prevention

Shared language and values

Foundations for ‘No Wrong Door’

Trauma Informed Practice: BwD definition

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An approach that actively promotes safety, choice and connection to support healing, wellbeing and positive change

ACTIVELY AVOIDS RE-TRAUMATISATION BY RECOGNISING POWER IMBALANCES

Aware of and responsive to power dynamics in practice (service users ~ practitioners) and across the workforce (practitioners ~ managers ~ senior leadership team)

SUPPORTS WORKFORCE WELLBEING

Workforce wellbeing and HR policies that support practitioners, enabling them to 'put their oxygen masks on first' to improve retention and reduce burnout

WORKS ALONGSIDE SERVICE USERS THROUGH COLLABORATIVE PRACTICE WITH EXPERTS BY EXPERIENCE

- Prioritises interventions, interactions and systems that are undertaken WITH, not For or To (Watchel, 2013)
- Values lived experience and creates the conditions for:

EMPOWERMENT & AGENCY

TRUST & TRANSPARENCY

EMPHASISES FLEXIBILITY, TRUST AND SAFETY, ALONGSIDE HUMANISING RESPONSES

Flexibility of provision to support choice and individual needs through a person-centred approach

Humanising approaches that avoid judgement, shame and personally reactive responses through a focus on:

- Understanding behaviour as communication
- Using de-escalation techniques when behaviour is challenging

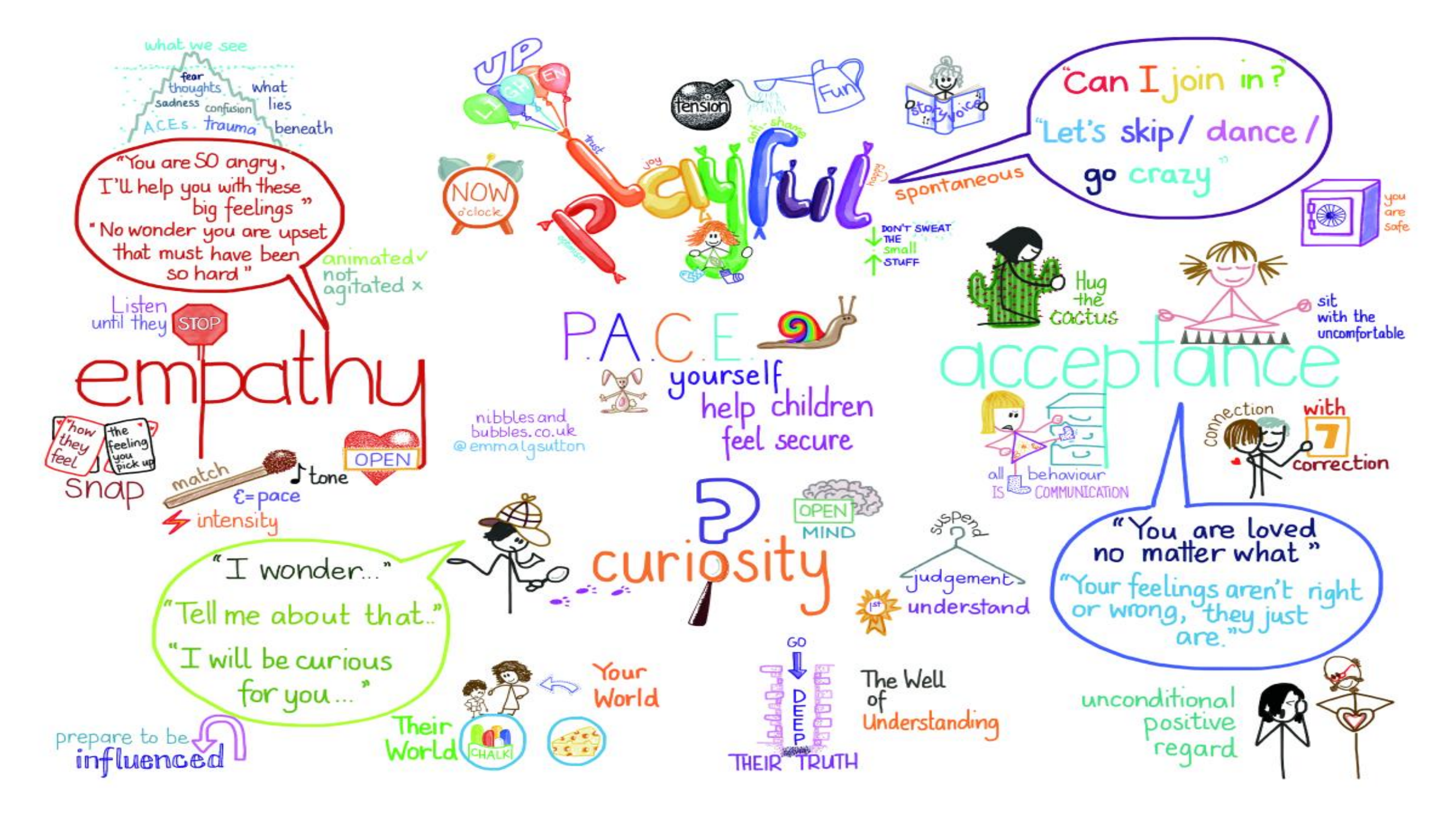
DRAWS ON REFLECTIVE, STRENGTHS-BASED CONVERSATIONS ROOTED IN PACE (Hughes et al, 2015)

PLAYFULNESS
Using lightness and creativity to build connection and engagement

ACCEPTANCE
Seeing people for who they are, without judgement

CURIOSITY
Being open and curious to understand experiences and perspectives

EMPATHY
Showing genuine care and understanding of feelings and experiences


what we see
fear
thoughts
what
sadness
confusion
lies
ACEs
trauma
beneath
"You are SO angry, I'll help you with these big feelings"
"No wonder you are upset that must have been so hard"
animated ✓
not agitated ×
Listen until they
STOP
empathy
how they feel
the feeling you pick up
Snap
match
tone
OPEN
€=pace
intensity
UP
LIFT
EN
tension
Fun
trust
joy
anti-shame
NOW o'clock
playful
happy
spontaneous
Story it Voice it
"Can I join in?"
"Let's skip / dance / go crazy"
DON'T SWEAT THE small STUFF
you are safe
Hug the cactus
sit with the uncomfortable
P.A.C.E.
yourself
help children feel secure
nibbles and bubbles.co.uk
@emmalgsutton
acceptance
all behaviour IS COMMUNICATION
connection
with
7
correction
"You are loved no matter what"
"Your feelings aren't right or wrong, they just are."
unconditional positive regard
curiosity
OPEN MIND
suspend judgement
1st
understand
"I wonder..."
"Tell me about that..."
"I will be curious for you..."
prepare to be influenced
Your World
Their World
CHALK!
GO DEEP
THEIR TRUTH
The Well of Understanding

Barriers to TIP

TIP seen as ‘extra’

Time, capacity and resource pressures

Leadership inconsistency

Service fragmentation: Primary Care and Policing least represented sectors

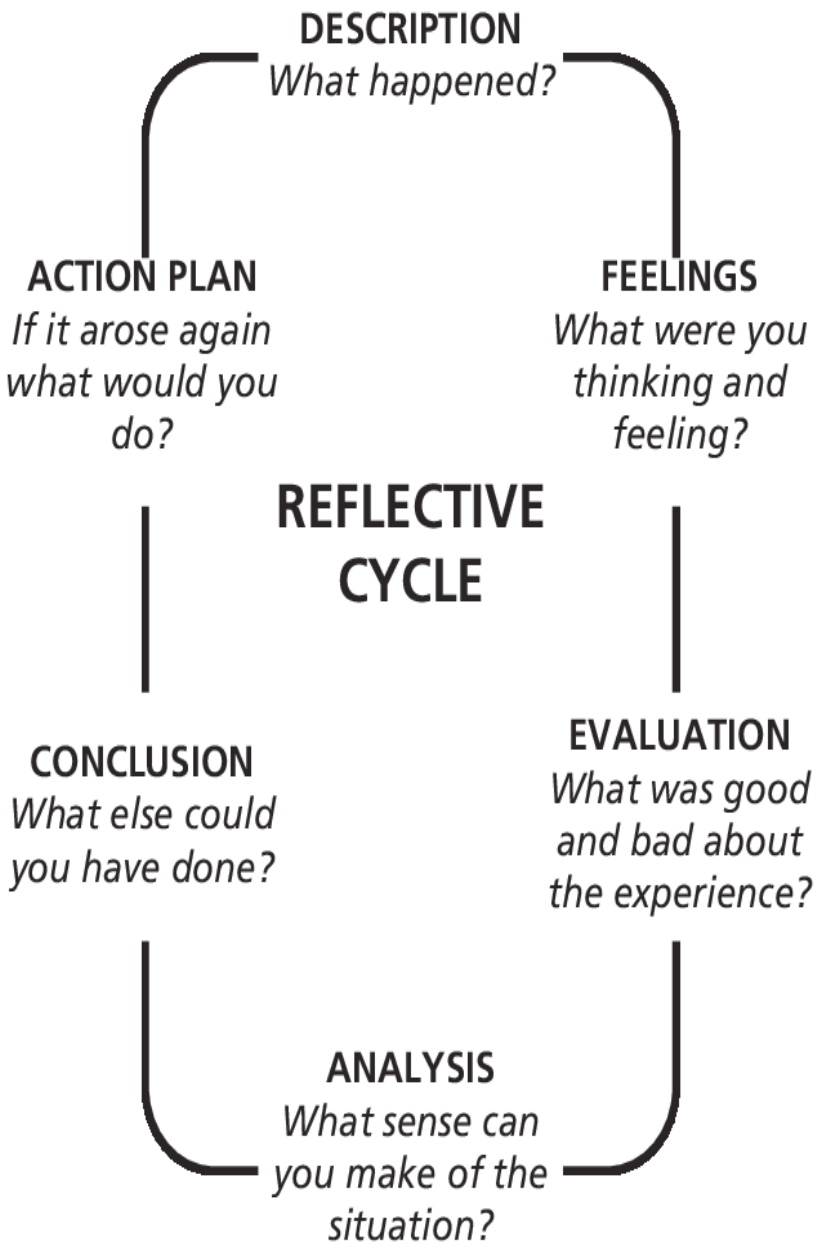
What Supported Success

Integrated cross-sector training

Lived experience input

Reflective practice and supervision

Champions model



Signs of Culture Change

Language shifting e.g. case notes and evidenced through external audit of Child Exploitation Team

More relational practice and growing awareness of TIP across the board

Policy changes emerging e.g. Schools Safeguarding; Reintegration; Adoption Bridging; Case Management; Service Delivery; and Supervision policies.

Key Messages

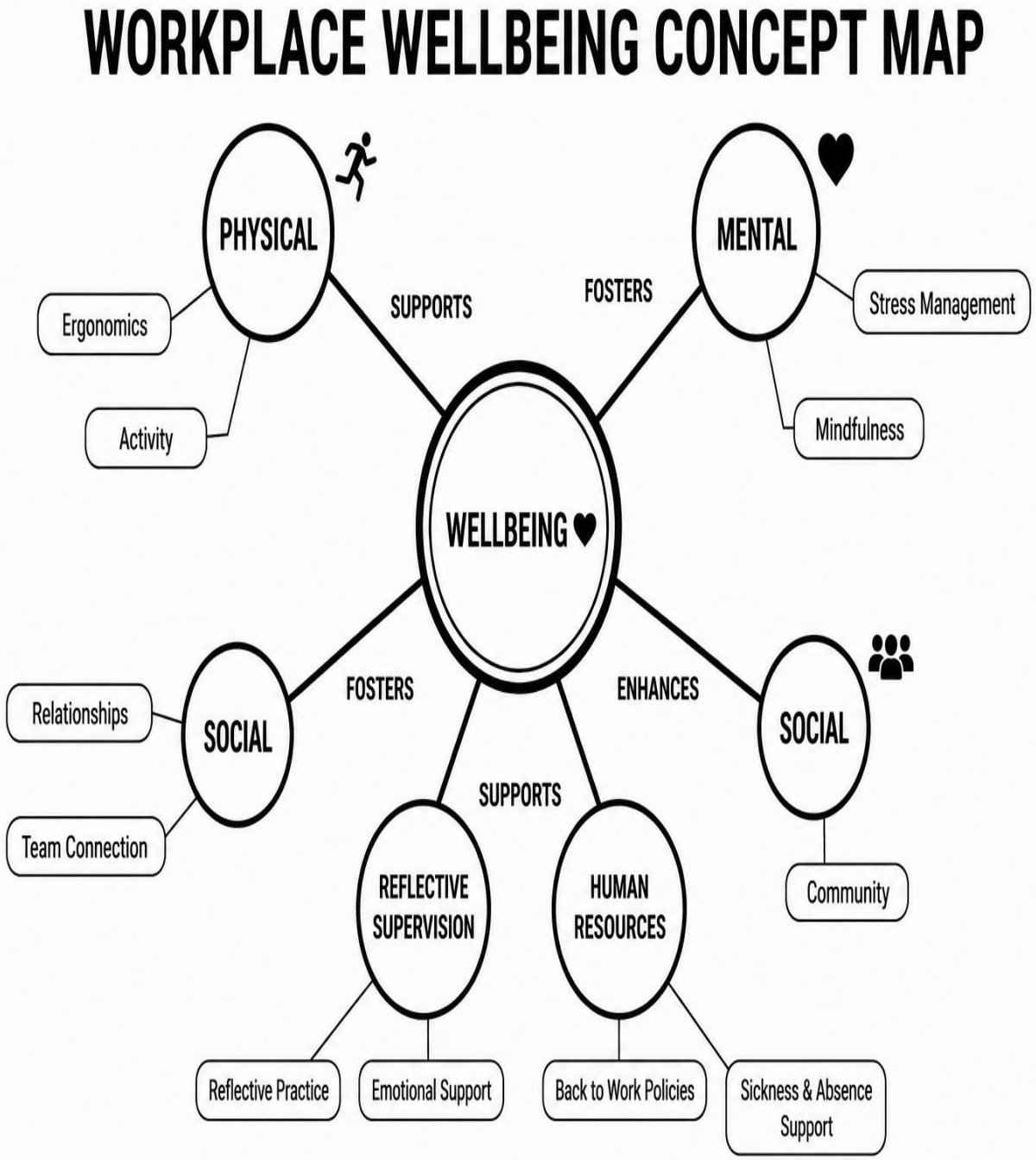
Relationship ***is*** the intervention

Workforce wellbeing matters – putting your oxygen mask on first

Normalise trauma – talking about trauma doesn't have to be 'traumatic'

Training alone is not enough

Leadership is critical in driving change and creating sustainability



Recommendations

1. Establish partnerships with Universities and other research institutions

2. Enhance data integration and cross-sector collaboration

3. Promote Restorative Practices alongside TIP through a broadly relational approach

Links to Current/Recent Research

University of Lancashire

Data Integration: Pennine Community Safety Partnership – research exploring the use of information sharing for DVA through ShCR (Hargreaves and Hibbin; In Press)

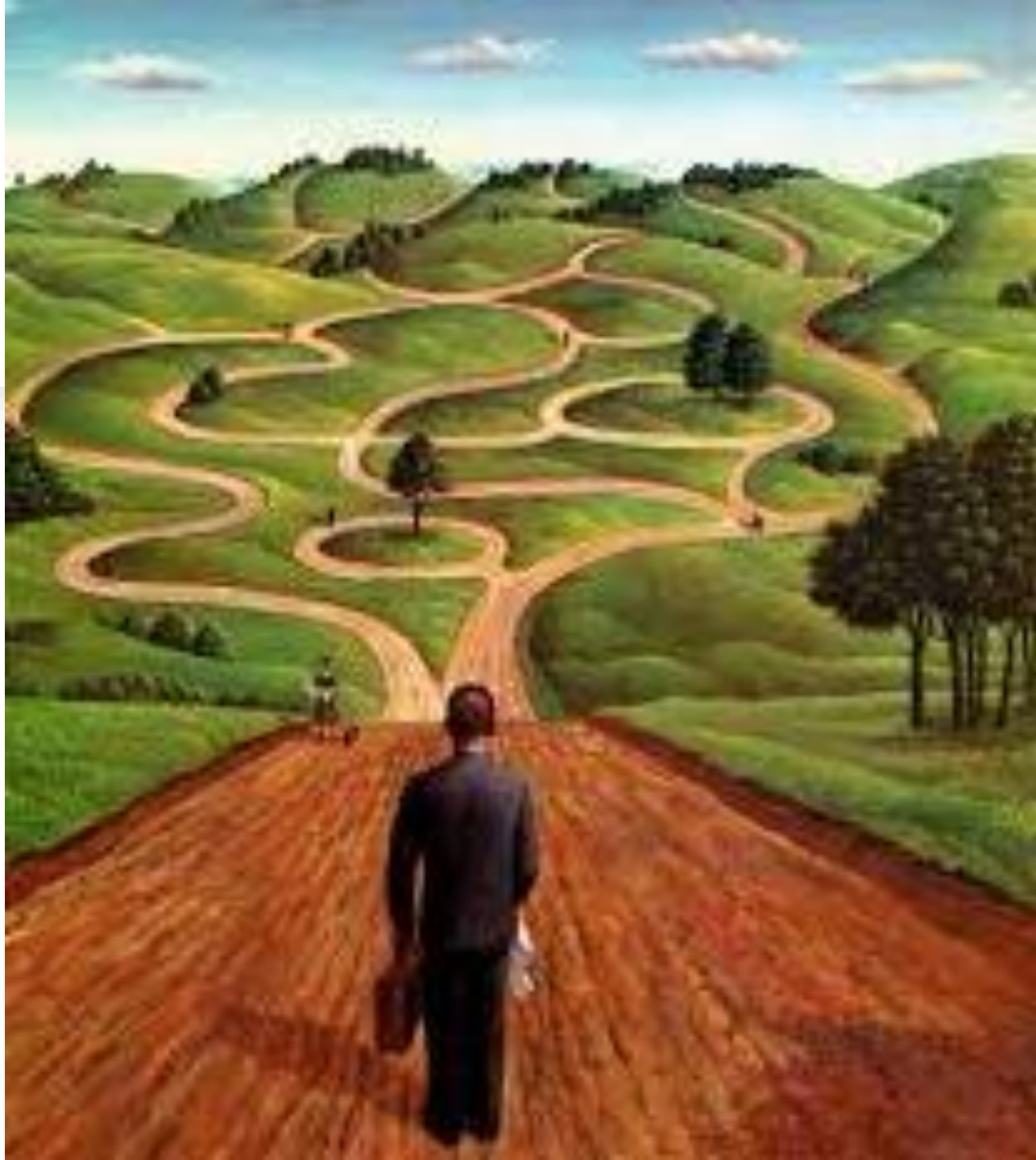
Cross Sector Collaboration: Cumbria Child Centred Policing Team evaluation – strong public health approach through child centred policing teams working with health, youth justice, complex safeguarding, schools and 3rd Sector to divert children and young people from CJS (Hibbin & Powney; In Press)

Trauma Informed Practice: Lancashire Child and Youth Justice Services Serious Youth Violence Toolkit – strongly relational approach combining TIP, Cognitive Behavioural Therapy, social skills training and Child First (Haines and Case, 2015; YJB, 2020) to support justice-involved children in relation to SYV (Hibbin et al, In Press)

Restorative Practice: National research evaluation focusing on Embedding RP in Schools through coaching, to support accountability for behaviour, pro-social skill development, disclosure through secure family base in Coaching Groups and the reparation of harms (Warin & Hibbin, 2020; Hibbin, 2024a, 2024b)

Final Take-Away

- BwD is on a journey
- Strong foundations in place
- Real impact visible
- Sustainability is the next step = **Universal Conversation** (Hibbin & Warin, 2021)



EMBEDDING TRAUMA INFORMED PRACTICE ACROSS SECTORS AND SYSTEMS

SUSTAINABILITY IS THE NEXT STEP = UNIVERSAL CONVERSATION

TRAUMA INFORMED PRINCIPLES

SAFETY
Create physical and emotional safety

TRUST & TRANSPARENCY
Build trust through honesty and consistency

CHOICE & EMPOWERMENT
Support voice, choice and control

COLLABORATION
Work together and share power

CULTURAL, HISTORICAL & GENDER ISSUES
Respect and respond to diversity

FAMILY & HOME
Supportive, stable relationships
Understanding adversity and building resilience

EDUCATION
Trauma informed schools and colleges
Promote belonging, regulation & positive behaviour

HEALTH
Trauma aware services
Holistic support for mental and physical wellbeing

YOUTH JUSTICE
Safe, respectful relationships
Focus on healing, not just consequences

THE UNIVERSAL CONVERSATION
Shared Language
Shared Understanding
Shared Responstibility

SOCIAL CARE
Relationship based support
Consistent, compassionate responses

COMMUNITY
Connected communities that understand trauma and promote inclusion

BLACKBURN *with* DARWEN BOROUGH COUNCIL

POLICE & EMERGENCY SERVICES
Trauma informed responses
Safety, trust and de-escalation

WHEN IT BECOMES THE NORM...

- IT'S NOT A PROJECT, IT'S JUST HOW WE WORK
- EVERYONE UNDERSTANDS THE IMPACT OF TRAUMA
- CONVERSATIONS HAPPEN NATURALLY
- PEOPLE FEEL SAFE, SEEN AND SUPPORTED
- BETTER OUTCOMES, STRONGER SYSTEMS, SUSTAINABLE CHANGE

IT'S NOT EXTRA.
IT'S ESSENTIAL.
IT'S EVERYONE.

> *"...if we're going to change the culture, everybody does it, and it becomes truly embedded and everybody's buying into it. What supports of course is my oft-mentioned 'universal conversation', because if it becomes the norm, we won't be talking about sustainability, it will just be what it is – like seatbelts, smoking, and all the other things..."*
> (Hibbin & Warin, 2021; p.24–25)

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Or:
rebecca@provaresearch.co.uk

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Trauma-Informed Practice to support staff resilience and wellbeing

Frances Riley
Public Health Specialist
Blackburn with Darwen Council

Craig Waddington
BwD Mental Health Team Leader
Red Rose Recovery

Trust
Respect
Ambition
Collaboration
Kindness

Proud to be BwD

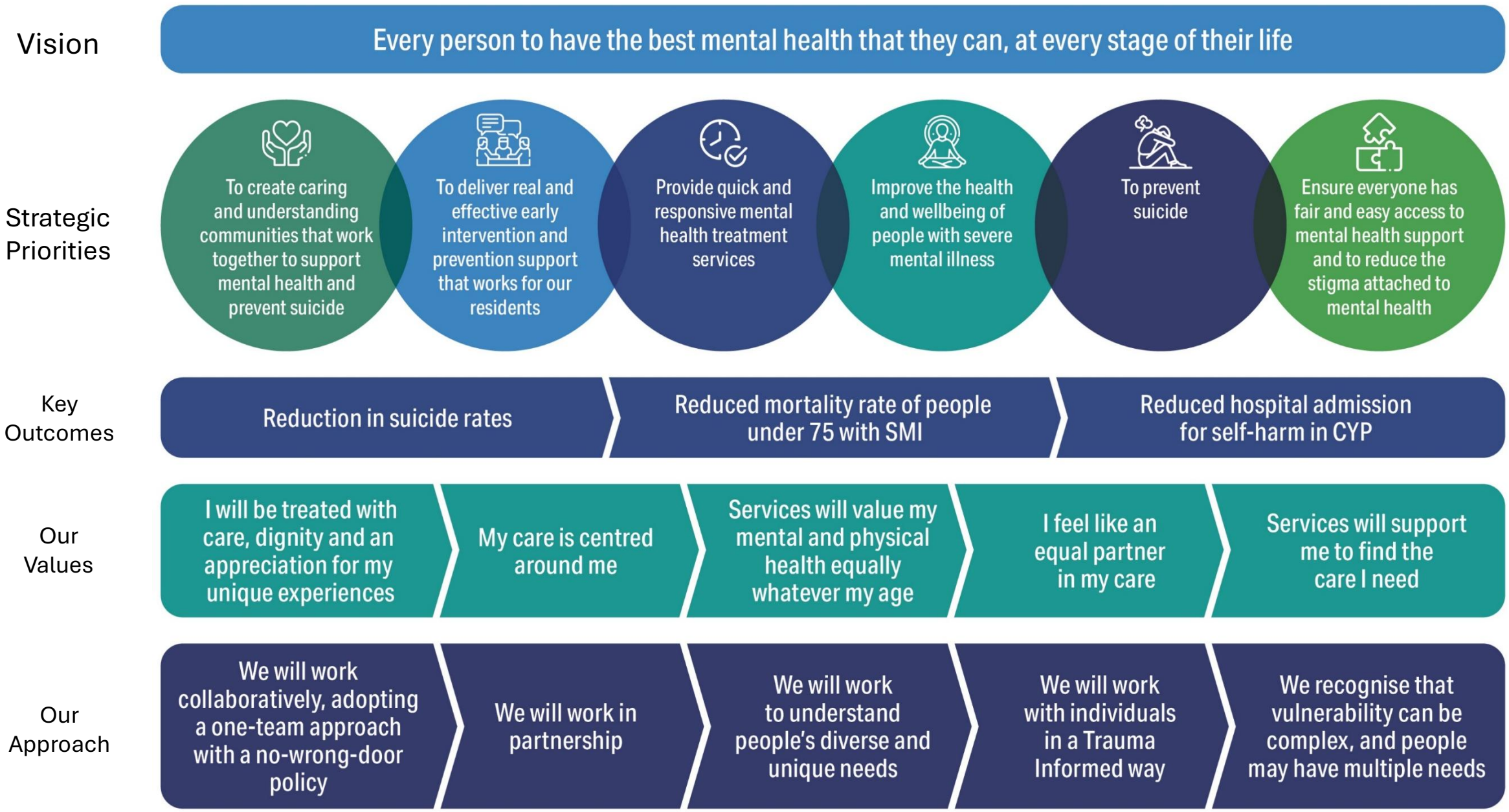
Blackburn with Darwen Borough Council

Introduction

- This presentation explores why trauma-informed practice must extend beyond service delivery to include the wellbeing of staff and volunteers who by the nature of their roles are vulnerable to vicarious trauma.
- It draws on findings from recent work with the VCFSE sector to understand the impact on staff and volunteers in Blackburn with Darwen who are supporting people with increasingly complex mental health needs and suicidal ideation.

Background

Blackburn with Darwen's Place- based Mental Health and Suicide Prevention Strategy



What we did

Surveyed VCFSE Staff and Volunteers to establish the level of need.

Responses Overview

- 45 respondents
- 30 organisations
- A mix of large and small organisations
- Including those with national or regional links and hyper local service providers

Age UK Blackburn with Darwen	Lancashire Women
ARC Blackburn	Nightsafe LTD
Arts 2 Heal	Neurodynamix CIC
Blackburn Foodbank	Newground Together
BwD Carers Service	Phoenix Hub Blackburn
Blackburn with Darwen Samaritans	Re-Align futures CIC
Brook	Red Rose Recovery
Community CVS	Renaissance UK
Creative Football CIC	Shad Chefs Woman Hub
Darwen Asylum Refugee Enterprise	Shine Coaching CIC
Humraaz	Spring North
IMO Charity	Talk Ourselves Well
Lancashire LGBT	The Lotus Mental Health
Lancashire Mind	The Wish Centre
Lancashire Police Safer Neighbourhoods Department	THOMAS

Invited everyone who completed the survey to a Wellbeing Workshop

Workshop aims:

- Sense check the feedback from the survey
- Share good practice examples
- Consider the opportunities to implement and embed good practice
- Identify the quick wins within our gift

11 participants:

- Arts 2 Heal
- The Wish Centre
- Lancashire Women
- Child Action Northwest
- N-Compass
- Carers Service
- Friend of Infirmary Area
- Wellbeing Service
- Age UK

Findings

What is the impact on your staff and volunteers of working with and supporting people with poor mental health and/or suicidal ideation?

Key themes – Impact on Staff and Volunteers

- Emotional fatigue/drained
- Exhaustion
- Overwhelmed
- Helplessness and hopelessness
- Difficulty switching off
- Frustration at lack of services and support
- Lack of support for those supporting others
- Take a toll on staff wellbeing
- Increased complexity can be distressing for staff
- Rewarding when there is a positive outcome
- Staff have expressed that witnessing suffering takes its toll and leaves feelings of sadness, hopelessness, frustration and sometimes anger
- Burn out
- Reduced work satisfaction
- Triggering of staff's own experiences
- Staff need time and space to reflect and process things
- Vicarious trauma
- Compassion fatigue

How do you currently support your staff and volunteers to manage their own health and wellbeing as a result of supporting others?

- Regular training around supporting mental health
- Supervision/coaching for staff (weekly/daily)
- Access to staff wellbeing assistance programmes
- Debriefing/reflection sessions (weekly/monthly)
- Peer support (formal and informal)
- Flexible hours/rotas (ability to take personal wellbeing time)
- Time allocated pre and post sessions to reflect
- Pay for external clinical supervision/support
- Having a set maximum number of appointments a day to make workloads manageable
- Staff wellbeing sessions (holistic therapies/relaxation)
- Support and training on mental health
- Check ins with colleagues
- Time out/break away space
- Reminding staff of need for boundaries and work life balance (through appraisals/1:1s)
- Team meetings
- Private medical insurance offer including free access to counselling for staff
- Away days and staff development days
- Lack of support for leaders of small organisations who rely on peers
- In house support (counsellors/wellbeing offer in house)
- Open door policies (managers or wellbeing lead)
- Protected time for offloading

Outputs

Good Practice

Following the survey and workshop, Public Health pulled together the good practice examples, to help VCFSE organisations think about what they can do to better support their staff. Under the following themes:

- **Support and Supervision:** Services provide access to support and supervision to ensure safe work practices and afford staff and volunteers the opportunity to recognise the impact of this work on them
- **Education and Training:** All staff and volunteers who come into contact with people needing support will have the necessary skills and knowledge to provide support to others.

Tiered	Support and Supervision	Education and Training
Universal	Staff and Volunteers have ready access to timely ad hoc support	Staff and Volunteers receive general education about mental health, suicide prevention and trauma.
Targeted	Staff and Volunteers have access to and attend regular structured support activities	Staff and Volunteers receive specialised training in their area of work (including managers)
Specialist	Staff and Volunteers have access to regular supervision as a requirement of continued practice.	Staff and Volunteers have an opportunity to access externally accredited training and development opportunities

Good Practice examples for Support and Supervision

Universal	Targeted	Specialist
Staff and Volunteers have ready access to timely ad hoc support	**Staff and Volunteers have access to regular structured support activities**	**Staff and Volunteers have access to regular supervision as required**

• Clear process of how staff and volunteers can receive timely ad hoc support, that staff are aware of and reminded of regularly. *E.g. Through management, volunteer coordinator, peer support from colleagues…etc*
• Clear understanding of what support is available to staff (internally and externally)
• Build in flexibility (time) to debrief /reflect on incidents when they happen.
• Hot and cold debrief sessions
• Provide safe staff spaces, away from service user areas.
• Traumatic incidents are reviewed in order to make changes to processes and lessen the impact on staff wellbeing
	• Reflective Practice Groups
	• Pause Spaces e.g. daily wellbeing exercises
	• Team gatherings (creating a culture of kindness and support)
	• Volunteer activities (with refreshments) recognition of their contributions
	• Weekly check ins, discuss and celebrate the “wins” from the previous week and focus on the positives not just negatives or challenges. E.g. Friday afternoon debrief.
	• Access to creative workshops
	• Promotion of external wellbeing activities to your team. That happen outside of 9-5pm.
	• Monthly peer supervision/debrief (this may be internal or in partnership across the CVS Network. Bigger organisations supporting smaller ones.)
	• Healthcare (internal occupational health packages)
	• Counselling support
		• 1-2-1s / supervision, 6 weekly/monthly, regular supervision
		  • involves evaluation of caseload
		  • personal reflection time
		  • wellbeing check-in
		  • consider location, is outside the office appropriate for all sessions
		• Annual reviews and personal plans
		• Regular access to case file supervision
		  • Reflective practice
		  • Emotional support
		  • Access to support and safeguarding
		• Management supervision
		  • Clinical supervision (although not taken up by all staff)
		  • Support that is on offer within the team skill set

Good Practice examples for Education and Training

Universal	Targeted	Specialist
Staff and Volunteers receive general education about mental health, suicide prevention and trauma	**Staff and Volunteers receive specialised training in their area of work**	**Staff and Volunteers have an opportunity to access externally accredited training and development opportunities**
• Staff and Volunteers complete the Trauma Informed awareness training. • Staff and Volunteers complete Mental Health and Suicide Prevention awareness training. • Training is prioritised and scheduled in across the year for staff to access depending on level needed for role and frequency of refreshers. Time is protected to complete mandatory e-learning and attend courses with time to reflect. • Staff and Volunteers are offered wellbeing course for self care.	• Staff and Volunteers complete Mental Health First Aid Training and SafeTALK or ASIST level suicide Prevention training. • Managers consider the additional training they need to support their staff's wellbeing. • Reviewing the needs seen in service users, training courses are identified for staff. • Traumatic incidents are reviewed in order to identify any training needs of staff. • Communicate with Commissioners the training requirements of your workforce in order to fulfil their roles.	• Use annual reviews with staff to ensure staff development and identify what other training they would benefit from • Understand the local fully-funded training offer, make sure you are on promotional mailing lists. • Training that brings workforces together across organisations provides additional opportunities to learn from each other.

Considerations for the CVS Network

The new Mental Health and Suicide Prevention Strategy includes an expectation that all staff delivering commissioned services will be trained in mental health, suicide prevention and trauma.

- How do you support your VCFSE Organisations to embed this good practice?
- What can the network offer these Organisations to ensure the wellbeing of their staff?
- What are the opportunities within funding bids to write in cost associated with Staff Wellbeing?
- There is good practice happening within the sector what are the opportunity for the sector to support each other in this improvement?

Questions that shape our next steps

If we want a trauma-informed system, we must commit to trauma-informed workforce support and workforce care.

- How do we ensure workforce support and care is truly embedded?
- How can we better support organisations working in BwD?
- How do we resource wellbeing properly?
- How do we connect and scale good practice?

Thank you

Trust
Respect
Ambition
Collaboration
Kindness

Proud to be BwD

Blackburn with Darwen Borough Council

Quality Assuring Our Practice Using the One Small Thing Quality Mark

Esther McCreight, Head of Quality, Training and Networks, One Small Thing

In our heads, shifting from
‘What’s **wrong** with you?’

‘What’s **happened** to you?’

one small thing

Working in a trauma-informed way means …

- Taking into account the **impact of trauma** on people's thinking, feelings, and behaviours.
- Applying the **six core values** to your work.
- Placing **relationship-building** high up in your work.
- Consider how you can **avoid re-traumatising** people.
- Prioritise your **wellbeing**.

(based upon Harris & Fallot, 2001)

one small thing

Six core values of a trauma informed approach

Safety: ensuring physical and emotional safety.

Trustworthiness: creating respectful environments where personal boundaries are maintained.

Choice: creating environments where individuals have choice and control.

Collaboration: making decisions with the individual and sharing power.

Empowerment: prioritising empowerment and skill building.

Cultural consideration: moving past cultural stereotypes and biases

Adapted from Harris and Fallot, 2016

one small thing

Young, J. and Mahon, R. 2026

one small thing

Ensuring physical and emotional safety

Safety matters in trauma-informed practice because:

- ✓ trauma disrupts a person's sense of safety both internally and externally
- ✓ without safety, the brain stays in survival mode – we know it as the Fight/Flight/Freeze response
- ✓ people cannot engage, learn or progress without feeling safe.

Young, J. and Mahon, R. 2026

Ensuring physical and emotional safety

Think about a recent interaction with another person when you felt safe and relaxed.

- What specifically made it feel safe for you?
- What did you notice? Or what do you remember?
- How did you feel physically?
- What did they do/say?

Young, J. and Mahon, R. 2026

Some examples

Safety is:	Safety is not:
• Predictability • Consistency • Being heard • Responsive • Calm • Having clarity	• Chaotic • Reactive decision-making • Controlling • Unwelcoming • Crowded & noisy

Young, J. and Mahon, R. 2026

Working in a trauma-informed way can enable people to **engage more, take part more,** and **access what is on offer.**

one small thing

Working with Trauma Quality Mark

Organisations who have achieved the **Working with Trauma Quality Mark**

PAC Positive Action in the Community

blue cabin

Safety Net

TREASURES FOUNDATION

one small thing

Working with Trauma Quality Mark

What is it?

- a set of **best practice standards** in trauma-informed working
- a **practical and accessible toolkit** to support you to review, develop and evidence your trauma-informed approach and practice
- enabling you to do **a root and branch** analysis

one small thing

What organisations say …

‘The most useful part of doing the Quality Mark was having the framework itself and the set structure. It was really helpful to analyse our services and what we’re doing, and what we could do differently.’

‘It’s made a positive difference for both our staff and the young people we work with. The staff are happier, and we’re constantly reflecting and reviewing and trying to find ways to improve.’

one small thing

Organisations in Blackburn with Darwen working through the
Working with Trauma Quality Mark

St. Thomas's Centre

Blessed Living
RENEW - REBUILD - RECONNECT

BwD
Family Help Team

180 The 180 Project

BwD
Public Health Team

the wish centre

Blackburn Rovers Community Trust
'Inspiring change in our community - together'

ARC
Asylum and Refugee Community

BwD Revive Team

Blackburn Foodbank
Together with Trussell

one small thing

Free, short, online

Working with Trauma Quality Mark Information Workshops

> ‘It has made an impact across our practice at every level.’
>
> Quality Mark, 2026

Thu 18 Jun
Mon 29 Jun
Mon 13 Jul

one small thing

Free, short, online **Trauma-Informed Workshop**

19 May SOLD OUT & 25 June 2026

> **I was really impressed with the session and would highly recommend.**
>
> One Small Thing training
> March 2025

one small thing

How to find out more

Join the growing trauma-informed learning community.

Organisation?*

140

Email?*

140

I'm happy for my details to be shared with other participants (Belfast, 05 March 2026) *

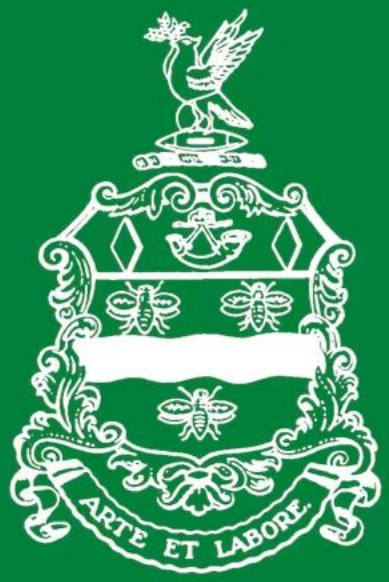
--- choose an option ---

Keep me updated about One Small Thing's up-and-coming workshops, training, network events. *

--- choose an option ---

Submit

one small thing



BLACKBURN with DARWEN

BOROUGH COUNCIL

The Early Years and Family Help Journey to becoming trauma informed service

Louise Shorrock – Family Hub Services Locality Manager
Mykalah Moreton – Family Help Team Manager

The vision

The service has been on a continuous journey to become truly trauma-informed.

What began as a commitment to improve practice has evolved into a deeply embedded organisational culture, one where safety, trust, compassion, and empowerment shape every interaction.

Our Focus:

- Strengthening practice across all teams
- Supporting families in diverse and meaningful ways
- Embedding trauma-informed principles across our service and communities

Our Impact:

- Transforming how we understand and respond to trauma
- Building a confident, skilled, and reflective workforce
- Creating environments where staff, children, young people, and families feel safe, heard, and supported

This journey has not only shaped our services but continues to guide how we grow, learn, and work together.

Embedding Trauma-Informed Practice

We have woven trauma-informed principles into every layer of practice:

Staff training and development – Ensuring every team member understands trauma, its impact, and how to respond safely and sensitively to each other and our children have families, building confidence in relationship-based, compassionate practice. Key training that has supported this is the Trauma awareness and systemic training.

Reflective practice and supervision - Dedicated space for staff to reflect, learn, and grow. Promoting curiosity over judgement and supporting emotional regulation.

Voice of the workforce – Variety of opportunities for staff to actively inform practice, service design, and culture, creating a psychologically safe environment where staff feel heard and valued. This has been through co-production, staff surveys, personal plans, supervisions, staff engagement sessions, voice of workforce.

Health and wellbeing focus - Recognising the impact of vicarious trauma, supporting staff resilience, wellbeing, and sustainability. Access to BwD Employee Assistance Programme and wellbeing services.

Policy & Procedure Redesign – Aligning systems and processes with trauma-informed principles .

BwD TRACK Values - Our corporate values were co-created with the workforce to help to make sure that everyone is working consistently towards a common purpose. They help to create a more positive working culture and can assist with decision-making.

Voice of the Workforce

I

Trauma-informed training has helped me better understand my own reactions as well as those of families and colleagues. It's changed the way I see behaviour. I now ask 'what's happened?' rather than 'what's wrong?'

"I feel more confident engaging with families because I approach conversations with empathy instead of assumption. The trauma-informed approach has helped me slow down, listen more, and build trust more effectively."

"I feel safer at work knowing that people understand trauma and its impact. Conversations feel more respectful and supportive, especially during difficult situations."

"Leadership modelling trauma-informed and TRACK values has made the workplace feel kinder. There is greater recognition of emotional impact and burnout. Checking in on wellbeing feels genuine and there is an outstanding wellbeing offer of support and services."

BwD Trauma Resilience Framework

Across Blackburn with Darwen, there has been significant progress in developing a borough-wide trauma-informed approach, supported by a clear strategic vision and a growing network of partners. The Trauma Informed Systems Resilience Framework sets out our shared commitment to recognising the prevalence and impact of trauma, and to promoting a non-hierarchical, collaborative model that strengthens communication between services, communities, and strategic leadership. This framework emphasises a “top-down, bottom-up” approach, ensuring that trauma-informed principles shape commissioning, policy, and everyday practice across the borough.

Routine ACE enquiry

- International research indicated that negative childhood experiences are risk factors for accurately predicting a range of negative outcomes in adult life including poor mental and physical health.
- In 2012 BwD became part of a study led by BwD Public Health which led to the service adopting the Adverse Childhood Experiences (ACE) assessment tool, which provided an evidenced based assessment of the impact of childhood trauma such as emotional and sexual abuse and physical and emotional neglect.
- The ACE studies led us to develop the **R**outine **E**nquiry about **A**dversity in **Ch**ildhood (REACH) screening tool to enable practitioners to identify adults with high ACE scores who have experienced multiple adverse experiences, which may lead to not only poor health and social outcomes but are also at higher risks of exposing their own children to adverse experiences.
- The aim was to support parents/carers to access the right support at an earlier opportunity to enable them to provide safe and supported childhoods for their own family.

Family Help

EAST Shadsworth	West Livesey
Darwen	North Little Harwood

Locally based, multi-agency disciplinary Family Help services providing the right help at the right time from the right person.

Family Help Social Workers
Family Help Lead Practitioners
Lead Child Protection Practitioners
Family Group Conferencing
MASH
ENGAGE
Parenting Team
Spark/Early Breaks/Holding Families
WISH
CANW/Young Carers
DWP

Family Help Practice is a systemic, relational, Trauma informed approach.

Built on partnerships and the accessibility of services delivered in and through Family Hubs.

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Respect
Ambition
Collaboration
Kindness

Proud to be BwD

Blackburn with Darwen Borough Council

714 Children/364 families supported so far

200 Children/107 families currently open

35 Children/15 families escalated to CP

5 children/3 families become CLA

27 Children/16 families had rereferrals

Trust
Respect
Ambition
Collaboration
Kindness

Blackburn with Darwen Borough Council

Feedback from children and Young People

At the start I didn't really trust anyone, but my worker didn't rush me. She listened properly and didn't interrupt or judge me. After a while, I felt safe enough to talk about things I'd never said before. It made me feel like my feelings actually mattered.

My worker listened to my worries and what I wanted. I am looking at moving into independent living and she helped me understand what this would look like and prepare myself. She showed she genuinely cared about me.

My worker helped me get into a new school after I moved house. She helped my mum appeal when I didn't get a place, and I have now been able to start at a school near my house. I am really happy and my new school is sick!"

Before, I felt like no one listened to me at home. My worker helped everyone slow down and hear each other. They made sure I could say how I feel without getting in trouble. Now I feel more respected and things are a bit calmer.

Feedback from Parents

I like how I had the same person support who helped me in the past so I didn't have to get to know a new person and repeat everything again.

Family Help made a difference for our family. They didn't judge us they listened, understood our situation, and worked with us at our pace. Because of their support, I feel more confident as a parent and our home life is much calmer and happier.

Our practitioner approached us with empathy and compassion and understanding, recognising the impact of past experiences on my child's behaviour. Having the right support in place early on has helped improve home life and the pressure has reduced.

Learning about my own ACE's helped me understand my own experiences and how they affect my parenting, which has made me more patient and supportive with my child.

Working with Trauma Quality Mark

Evaluation

[BwD Trauma Informed Conference 2026 Evaluation Form – Fill in form]