

# What you and your service do each day can make a difference.

## THE SIX GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH<sup>2</sup>

### CULTURAL, HISTORICAL AND GENDER ISSUES



**Services are responsive to the cultural, age and gender needs of their communities. The healing value of traditional cultural connections is understood, and historical trauma is recognised and addressed. Services build a culture of diversity, equity and inclusion.**

*How a person experiences trauma and what meaning they ascribe to it is influenced by culture. Are you aware of your own culture, values and biases? The residual effects of historical trauma such as colonisation, war and racism are experienced across generations - Is your service responsive to these issues to avoid re-traumatisation? Women and men often experience and respond to traumatic events differently. Are staff familiar with Māori and Pacific approaches to wellbeing? How connected is your service to kaupapa Māori providers, Pacific, refugee, rainbow and migrant communities?*

### SAFETY



**Staff and people accessing the service and their whānau feel emotionally and physically safe.**

*How safe do people feel when they enter your service? Is the environment inclusive? How are transitions between staff and other services managed? If necessary, can a consultation be extended? What follow up can you or your service offer?*

### TRUSTWORTHINESS



**Services operate and make decisions transparently and collectively with the goal of building trust among people, whānau, staff and others involved with the service.**

*Make sure people understand their options. Be clear about limits to confidentiality. Be sure to do what you say you will do. Think about how trust is affected by trauma - how do you know people and whānau trust your service?*

### PEER SUPPORT



**People who have experienced trauma and healing are key people in establishing safety and hope, building trust, and enhancing collaboration to promote wellbeing.**

*Facilitate group and partner interactions for sharing recovery and healing from lived experiences Consider existing peer support services and groups e.g. AA, Al-Anon, 'P' Pull, Living Sober, Youthline, Women's Refuge, rape crisis response, crisis respite. Include peer supporters in health teams as navigators. Are people aware they can have a support person attend appointments?*

### COLLABORATION AND MUTUALITY



**Maximising collaboration and sharing of power with people, whānau and staff. Healing happens in the context of relationships built on mutual trust, respect, and empowerment.**

*Everyone has an important role to play in a trauma-informed environment. What barriers to care do power hierarchies create? Are people actively involved in making choices about treatment? Including no treatment? Does your service have co-created and co-led treatment and wellbeing plans? How do you utilise consumer feedback information?*

### EMPOWERMENT, VOICE AND CHOICE



**Individual's strengths and experiences are recognised and built upon. A service user's voice and choice is validated. The service fosters a belief in people and their resilience when they have the resources they need.**

*The experience of trauma takes away choice and control. Maximise opportunities for people to feel empowered about their care e.g. provide choices, self-management resources and programmes. Build on people's capabilities and strengths rather than focusing on what's wrong with them. This applies to staff as well the people attending the service. How have people managed their challenges? What support network do they already have?*

<sup>2</sup>Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. (2014). [https://www.nasmhpd.org/sites/default/files/SAMHSA\\_Concept\\_of\\_Trauma\\_and\\_Guidance.pdf](https://www.nasmhpd.org/sites/default/files/SAMHSA_Concept_of_Trauma_and_Guidance.pdf)



Le Va



Werry Workforce  
WHĀRAURAU

worryworkforce.org