Organisational Assessment on Trauma-Informed Care

for Refugee Assisting Organisations

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Content

1. Introduction

This assessment is designed to help refugee assisting organisations understand the extent to which trauma-informed principles are embedded in their services, systems, and organisational culture.

It is not an audit or compliance exercise. The aim is to identify strengths, highlight risks and gaps, and support reflection and improvement.

The assessment is organised into six domains, each reflecting a key area of trauma-informed practice within an organisation:

- Access to services
- Physical environment
- Participation and feedback
- Staff awareness and training
- Organisational culture and leadership
- Staff well-being and support

These domains are designed to capture both the experience of people accessing services and the internal systems, culture, and staff support that shape those experiences.

Together, they provide a holistic picture of how trauma-informed principles — safety, trust, choice, collaboration, and empowerment — are implemented across the organisation.

Each domain includes a short description, practical examples, and a set of 10 evaluation questions. These can be completed using the accompanying Excel workbook[1] or a survey platform that offers weighted scoring (hereafter referred to as 'the tool'). In the provided Excel toolkit, each domain resides on a separate sheet, with the final sheet presenting the results.

Each question is scored on a 1–5 implementation scale, reflecting the degree of practical application. The tool aggregates these results into domain-level scores, and an overall organisational score, which indicates the organisation's level of trauma-informed maturity. This tool is intended for use in conjunction with the accompanying organisational guidelines and should be interpreted within that framework.

[1] This Excel workbook is available as part of Toolkit 2 on the VluchtelingenWerk Nederland and ECRE websites.

2. Domains

2.1 Access to services

This section evaluates the accessibility, clarity, and flexibility of an organisation's services for the people it serves. It focuses on how easily individuals can contact and engage with the service, whether information is communicated understandably, and whether they are given meaningful choices in how they receive support.

A trauma-informed approach to access emphasises reducing barriers, increasing transparency, and providing choice. For people who have experienced trauma, unclear processes, long waiting times, or a lack of control can heighten stress and discourage engagement. Accessible and flexible services help build trust, promote a sense of safety, and support individuals in accessing the help they need.

Examples:

- A short "welcome explanation" (verbal, leaflet, or video) that outlines what will happen in the first session and who the person will meet.
- Offering flexible support options, such as in-person or online appointments, different appointment times, or rescheduling when needed.
- Providing access to interpreters, cultural mediators, or translated materials to support communication with people who speak different languages.
- Staff supporting the people they serve in completing forms or explaining administrative procedures when needed, rather than expecting individuals to navigate these alone.
- Clearly communicating waiting times, referral processes, confidentiality, and rights in plain and understandable language.

Questions:

1. Can the people we serve contact the organisation through multiple channels (e.g., phone, email, online, in person)?
2. Are services explained clearly and in simple, easy-to-understand language (e.g., avoiding jargon or technical terms)?
3. Are the people we serve given meaningful choices (and alternatives) in how they receive support (e.g., appointment times, communication methods, or location where feasible, such as home visits)?
4. Are the people we serve informed about what to expect before their first appointment (e.g., who they will meet, what will happen during the meeting)?
5. Are efforts made to communicate effectively with people we serve who have language barriers (e.g., interpreters where possible, translated materials, or alternative communication methods)?

6. Are efforts made to ensure services are accessible for people with disabilities (e.g., mobility access, adapting communication for people with hearing or cognitive difficulties, or referring to appropriate services when needed)?
7. Are referral processes transparent and clearly explained (e.g., what the referral is for, next steps, or who the person you serve will meet)?
8. Are waiting times clearly communicated to the people we serve?
9. Are forms and administrative requirements kept simple and designed to avoid unnecessary stress or difficulty for the people we serve?
10. Are the people we serve informed about confidentiality, their rights, and available feedback and complaint procedures?

2.2 Physical environment

This section evaluates whether the organisation's physical environment promotes safety, dignity, and comfort for the people we serve. It focuses on aspects such as layout, privacy, accessibility, and the overall atmosphere of the space.

A trauma-informed physical environment aims to create a sense of safety and reduce the risk of distress or re-traumatisation. Elements such as noise, overcrowding, lack of privacy, or confusing layouts can negatively impact how people feel when accessing services. A well-designed environment can help individuals feel more at ease, respected, and able to engage with support.

Where organisations operate across multiple locations or settings, responses should reflect overall organisational practice and the environments most commonly experienced by the people they serve.

Examples:

- A reception area with clear signage, comfortable seating, and staff who respectfully greet visitors and explain where to go.
- Private rooms where confidential conversations cannot be easily overheard.
- Accessible spaces provided through features such as ramps, lifts, clear pathways, and seating suitable for people with diverse mobility needs.
- Ensuring basic needs are supported within the environment through access to toilets, drinking water, seating, and, where possible, child-friendly or gender-sensitive facilities.
- Offering quiet spaces where individuals can take a break, regulate, or wait privately if distressed or overstimulated.

Questions:

1. Is the reception or entrance area welcoming and safe for visitors (e.g., clear signs, respectful reception staff)?
2. Are waiting areas calm, comfortable, and not overcrowded?

3. Are private spaces available where confidential conversations can take place without being overheard?
4. Are reasonable efforts made to ensure the physical environment is accessible for people with disabilities (e.g., mobility access, clear pathways, lifts)?
5. Are basic needs supported within the environment (e.g., access to toilets, water, seating)?
6. Are posters, materials, or media reviewed to ensure they do not contain potentially distressing or re-traumatising content?
7. Are there quiet or calm areas available for individuals who may feel overwhelmed?
8. Have appropriate safety measures been assessed and implemented (e.g., emergency procedures, secure entry procedures where relevant)?
9. Are staff aware of how elements of the environment may affect individuals who have experienced trauma (e.g., noise, lighting, layout)?
10. Are spaces clearly organised and signposted so visitors understand where to go and what to expect when they arrive?

2.3 Participation and feedback of people we serve

This section evaluates whether the people we serve are actively involved in shaping services. It focuses on how an organisation embeds lived experience and creates avenues for participatory decision-making and feedback, as well as providing autonomy in determining the support people receive.

A trauma-informed approach prioritises restoring a sense of control, voice, and agency that trauma often removes. Involving the people we serve in decisions and listening to their feedback helps build trust, ensures services are culturally and personally appropriate, and reduces the risk of re-traumatisation.

Examples:

- Community advisory groups, comprising the people we serve, meet regularly with staff to share perspectives and guide programme design.
- Anonymous surveys and suggestion boxes allow the people we serve to safely provide honest feedback about services without fear of consequences.
- Focus group discussions enable small groups of people to talk in depth about their needs, challenges, and experiences with services.
- Co-design workshops facilitate active collaboration between the people we serve and staff to develop or improve programmes, policies, and support systems.
- Peer support workers or cultural mediators (colleagues with shared lived experience) gather ongoing feedback and represent community needs internally.

Questions:

1. Are the people we serve asked to provide feedback on services?
2. Do the feedback systems ensure the safety and anonymity of those providing input?
3. Does the organisation listen to feedback from the people they serve and take visible action to improve its services based on that feedback?
4. Are the people we serve involved in designing projects, programmes, or organisational improvements?
5. Does the organisation provide a structural, dedicated space or forum where the people they serve can participate in decision-making or advise on strategic matters?
6. Are staff supported and given time to build trust and safety with the people we serve?
7. Are workers supported to ask the people we serve about the barriers they encounter in accessing support?
8. When giving input or feedback, are the people we serve able to express themselves in a language they are comfortable with?
9. When spending time and energy participating in advisory groups, workshops, or focus groups, do the people we serve receive a participation fee?
10. When receiving support, are people encouraged to have a level of autonomy and responsibility in determining the services they receive?

2.4 Staff awareness and training

This section assesses the extent to which staff understand trauma and its impacts, particularly in the context of refugee experiences. It also evaluates whether staff possess the requisite skills, training, and support to respond in a trauma-informed, sensitive, and effective manner.

Staff capacity to understand trauma is essential as it enables them to recognise how trauma affects behaviour, emotions, and decision-making. This understanding allows staff to respond in ways that promote safety, trust, and dignity, thereby avoiding unintentional harm or re-traumatisation. It also ensures that services are delivered consistently and effectively, in line with trauma-informed principles.

Examples:

- Staff are able to recognise trauma responses, such as withdrawal, anxiety, anger, or difficulty concentrating, in their interactions with people they serve.
- Workers are supported to understand "difficult" behaviour as a potential trauma response, enabling them to respond through the lens of "*what happened to you*?" rather than "w*hat's wrong with you?*"
- When trauma reactions occur, staff are aware of and have access to adequate resources that facilitate helpful responses, such as de-escalation and grounding techniques.

- Staff are trained in and have developed skills in trauma-sensitive communication, including active listening, empathy, and non-judgmental responses.
- Staff are aware that recounting one's life story may be a trigger and attempt to avoid this by recording essential information for colleagues to ensure continuity.

Questions:

1. Are staff trained in the principles of Trauma-Informed Care (TIC)?
2. Are staff trained in trauma-sensitive communication skills?
3. Are staff trained in how to respond to trauma, including practical strategies such as grounding and de-escalation techniques?
4. Is an explanation of trauma-informed practice included in onboarding or induction?
5. How accessible are ongoing training and professional development opportunities related to trauma-informed care for all staff (e.g., are they regular and mandatory)?
6. To what extent do staff understand the impact of trauma on the behaviour, emotions, and decision-making of the people they serve?
7. To what extent do staff consider cultural differences in how trauma is experienced and expressed among the people they serve?
8. How well are staff able to recognise common trauma responses, such as withdrawal, anxiety, anger, or difficulty concentrating?
9. To what extent do staff feel supported (e.g., through supervision, resources, guidance) in applying trauma-informed practices in their work?
10. Are staff trained to avoid re-traumatisation when asking the people they serve to share distressing experiences or personal history?

2.5 Organisational culture and leadership

This section evaluates the extent to which trauma-informed principles are embedded in organisational culture, leadership practices, and decision-making processes. It focuses on how leadership shapes a safe, trustworthy, and collaborative environment for both staff and the people we serve.

A trauma-informed organisation is defined not only by its services but also by how leadership behaves, how decisions are made, and how power is shared across the organisation.

Examples:

- A senior manager invites a junior staff member to contribute to a discussion rather than assigning them only administrative tasks, acknowledging their ideas and expertise.
- When issues arise in service delivery, leadership focuses on understanding what happened and improving systems, rather than assigning blame to individuals.

- Staff are informed in advance about what to expect from meetings, decisions, or changes — including who will be involved, purpose, and possible outcomes.
- Leadership is attentive to situations where people may feel excluded, dismissed, or overruled, and actively works to rebalance participation and respect.

Questions:

1. To what extent do leaders create a safe environment where staff can openly reflect on challenges, raise concerns, and learn from mistakes without fear of negative consequences?
2. Are the trauma-informed values (safety, trust, choice, collaboration, empowerment) clearly reflected in organisational policies, strategies, and leadership practices?
3. To what extent does leadership ensure that the organisation recognises and responds to the impact of trauma in how services are designed and delivered?
4. To what extent does leadership encourage staff to understand behaviours (e.g., "challenging behaviour") as potential trauma responses rather than problems to control?
5. How consistently does leadership build trust through transparent communication and follow-through on commitments to staff and partners?
6. To what extent are staff and partners given meaningful choice and influence in decisions that affect their work or engagement with the organisation?
7. How well does leadership promote collaborative ways of working with staff and the people we serve ("doing with" rather than "doing to")?
8. To what extent does the organisation actively identify and reduce practices, environments, or policies that may be disempowering, coercive, or re-traumatising?
9. To what extent does leadership ensure consistency and predictability in decisions, communication, and follow-through, so that staff and partners know what to expect?
10. How effectively does leadership identify gaps in trauma-informed practice and take concrete action to improve organisational culture, policies, and systems?

2.6 Staff well-being and support

This section evaluates how effectively the organisation recognises and responds to the emotional impact of working with people affected by trauma. It also assesses whether leadership and management actively protect staff from burnout, emotional strain and secondary trauma. Secondary (or vicarious) trauma refers to the emotional impact experienced by staff who work closely with individuals who have experienced trauma. Over time, staff may experience emotional fatigue, intrusive thoughts, reduced empathy, or a loss of hope.

The focus is on whether staff are supported through safe working conditions, reflective spaces and responsive management practices, rather than solely relying on individual resilience.

Examples:

- A manager notices a staff member has become withdrawn and less engaged in team discussions. Instead of addressing it as a performance issue, they initiate a supportive check-in and adjust the workload if necessary.
- After handling particularly distressing cases, a staff member is temporarily assigned fewer or less complex cases, allowing time to recover and prevent overload.
- A staff member is encouraged not to respond to messages from people they serve outside working hours, and leadership reinforces that maintaining boundaries is good practice, not a lack of commitment.
- When a staff member feels overwhelmed, they can easily access counselling or peer support without complex procedures or extensive justification.

Questions:

1. To what extent does leadership actively monitor and respond to signs of staff distress related to trauma exposure (e.g., discussing well-being at a strategic level)?
2. Are staff provided with regular, structured opportunities to reflect on the emotional impact of their work (e.g., professional supervision, debriefing, peer support)?
3. To what extent are these professional supervision or debriefing spaces psychologically safe, supportive, and not focused on performance evaluation?
4. To what extent are workloads and caseloads managed so staff have sufficient time to engage with the people they serve without rushing, and to avoid emotional overload?
5. Are staff trained to recognise signs of trauma exposure (in themselves and others) and to respond appropriately?
6. To what extent does leadership actively promote staff well-being as a shared organisational responsibility, rather than an individual issue?
7. Are staff supported in maintaining healthy professional boundaries, avoiding both over-involvement and overly detached interactions?
8. Do staff have access to appropriate mental health and psychosocial support when needed (e.g., counselling, peer support, external services)?
9. To what extent do managers regularly check in on staff well-being and respond in a timely and supportive way (e.g., one-on-one check-ins every six weeks)?
10. Do managers actively encourage open discussions about stress, emotional impact, and support needs, without stigma or negative consequences?

3. The scoring system

You can read this chapter to understand the logic behind the scoring system. If time is limited, you can proceed with completing the tool and reviewing the results and recommendations. The tool automatically calculates the scores for you.

Each domain contains a set of questions scored on a 1–5 implementation scale. Each question is assigned a weight based on its importance, and domain scores are calculated as weighted percentages.

The scoring process follows three steps:

- **Question scoring:** Each question is scored from 1 to 5, reflecting the level of implementation in practice.
- **Domain scoring:** Scores are weighted and aggregated to produce a domain percentage score.
- **Overall organisational score:** Domain scores are averaged to calculate an overall percentage score, which is then translated into a maturity category.

In addition, a red flag system is applied to ensure that critical gaps are not masked by average scores.

Important! Do not assess domains in isolation. Consider how they interact to shape the overall experience of safety, trust, and empowerment within the organisation. Scores should be based on actual practice and available evidence, not solely on intentions or written policies.

3.1 The scale

The implementation comprises five categories, with each level describing a stage of implementation. If all criteria for a level are not consistently met, a lower score should be selected.

1 – Not implemented

- The organisation has not yet demonstrated awareness of the need for this standard.
- No intentional actions or planning are in place.

2 – Minimally implemented

- The organisation has demonstrated awareness of the need.
- No active work or planning has begun, even if some standards are coincidentally met.

3 – Partially implemented

- The organisation is actively working to implement the standard.
- Plans, pilots, or early practices are underway.
- Implementation is inconsistent or incomplete.

4 – Mostly implemented

- The standard is largely in place and functioning.
- Practices are being used across the organisation.
- However, it is not yet consistent, sustainable, or regularly monitored.
- May depend on specific staff or informal evaluation.

5 – Fully implemented

- The standard is fully embedded in practice across the organisation.
- Implementation is consistent, reliable, and organisation-wide.
- There is ongoing monitoring, feedback, and continuous quality improvement.
- Systems are in place to sustain the practice over time.

3.2 Scoring logic

What is scored?

The assessment comprises six domains, each containing 10 questions. Each question is scored from 1 to 5 according to the implementation scale. This score reflects the extent to which the organisation has implemented each trauma-informed practice in real, consistent, and sustainable ways. The tool produces six domain scores and one overall organisational score.

Why are questions weighted?

Not all questions carry the same level of risk if they are missing. Therefore, each question has a weight from 1 to 3.

Weight	Meaning	Explanation
3 – Critical	Direct impact on safety / risk of harm	If missing, this may increase the risk of distress, exclusion, re-traumatisation, or unsafe practice.
2 – Important	Enables trauma-informed practice	Supports consistent trauma-informed work, but may not immediately cause harm on its own.
1 – Supportive	Strengthens the system	Helpful for quality and sustainability, but poses a lower immediate risk if absent.

The weighted score for each question is calculated as follows:

Question score × Question weight = Weighted question score

Example:

Score 4 × Weight 3 = 12 points

3.2.1 Domain scores

The assessment produces two types of results:

- Domain scores
- Overall organisational score

Each domain has a different maximum score because the questions carry different weightings.

Domain maximum scores

The maximum weighted scores are used to calculate each domain's percentage score. The overall organisational score is calculated as the average of the six domain percentage scores.

Domains	**Weights**	**Maximum scores (Weights x Scores)**
1. Access to services	22	110
2. Physical environment	22	110
3. Participation & feedback	25	125
4. Staff awareness & training	28	140
5. Organisational culture & leadership	26	130
6. Staff well-being & support	21	105
TOTAL	**144**	**720**

For each domain:

Domain score (%) = (Actual weighted domain score / Maximum weighted domain score) × 100

Example:

If Domain 1 has a maximum score of 110 and the organisation scores 72: (72 / 110) × 100 = 66%

3.2.2 Organisational score

The overall organisational score is calculated as the average of the six domain percentage scores. Each domain contributes equally to this overall score, regardless of the number of weighted points within that domain. This ensures that all six domains of trauma-informed practice are considered equally important when determining organisational maturity.

The formula for the overall organisational score is:

Overall organisational score (%) = (Sum of the six domain percentage scores) / 6

For example:

(65% + 71% + 60% + 61% + 65% + 54%) / 6 = 63%

This overall percentage is then translated into a maturity category:

Overall organisational score	**Maturity category**	**Explanation**
80–100%	Champion	Strong integration of trauma-informed principles
60–79%	Heading the right way	Some good practices but gaps remain
40–59%	Early Stage	Limited trauma-informed implementation
Below 40%	At Risk	Significant structural gaps

To ensure serious risks are not concealed by average scores, a red flag system is used.

A domain is flagged when its score falls below 40%, indicating a critical gap in trauma-informed practice.

Red flags affect the final result as follows:

Situation	Impact
1 domain <40%	Overall category cannot exceed Early Stage
2 or more domains <40%	Overall category = At Risk

Important! Red flags highlight areas requiring immediate attention, regardless of the overall score.

WEIGHTED QUESTIONS

Domain 1: Access to services

#	Question (short)	Weight
1	Easy multi-channel contact	1
2	Services explained clearly	2
3	Choice in how support is received	3
4	Informed before first appointment	2
5	Communication for language barriers	3
6	Accessibility for disabilities	3
7	Transparent referral processes	2
8	Waiting times communicated	2
9	Simple forms / low admin burden	1
10	Information on rights & confidentiality	3

Domain 1 max weighted score = 22 × 5 = 110

Domain 2: Physical environment

#	Question (short)	Weight
1	Welcoming entrance	2
2	Calm waiting areas	2
3	Private rooms	3
4	Accessibility (disability)	3
5	Basic needs supported	3
6	Materials not retraumatising	3
7	Quiet/calming spaces	2
8	Security procedures explained	1
9	Staff awareness of environment impact	2
10	Clear layout & signage	1

Domain 2 max weighted score = 22 × 5 = 110

Domain 3: Participation & feedback

#	**Question (short)**	Weight
1	People we serve asked for feedback	3
2	Safe & anonymous feedback	3
3	Action taken on feedback	3

4	People we serve involved in design	2
5	Structural participation mechanisms	2
6	Time to build trust & expression	3
7	Barriers actively explored	2
8	Language support in feedback	3
9	Participation compensated	1
10	Autonomy in support decisions	3

Domain 3 max weighted score = 25 × 5 = 125

Domain 4: Staff awareness & training

#	Question (short)	Weight
1	Training in Trauma-Informed Care	3
2	Training in communication skills	3
3	Training in trauma response (grounding, de-escalation)	3
4	Included in onboarding	3
5	Ongoing training access	2
6	Understanding trauma impact	3
7	Cultural understanding of trauma	2
8	Recognising trauma responses	3

9	Support to apply practices	3
10	Systems to avoid re-telling trauma	3

Domain 4 max weighted score = 28 x 5 = 140

Domain 5: Organisational culture & leadership

#	Question (short)	Weight
1	Safe environment for speaking up	3
2	Values reflected in policies	2
3	Trauma considered in service design	3
4	Behaviour understood as trauma response	3
5	Trust via transparency & follow-through	3
6	Staff/partners have influence	3
7	Collaborative (“doing with”) approach	3
8	Reducing re-traumatising practices	2
9	Consistency & predictability	2
10	Acting on gaps	2

Domain 5 max weighted score = 26 × 5 = 130

Domain 6: Staff well-being & support

#	Question (short)	Weight
1	Leadership responds to distress	2
2	Supervision/debriefing available	2
3	Safe reflective spaces	3
4	Workload/caseload manageable	2
5	Training on trauma exposure	3
6	Wellbeing as organisational responsibility	2
7	Healthy boundaries supported	2
8	Access to mental health support	2
9	Managers check in & respond early	2
10	Open discussion without stigma	1

Domain 6 max weighted score = 21 x 5 = 105

4. Results and recommendations

After completing the questionnaire, you receive an overall assessment score. In this chapter, you can read more about the meaning of each score and recommendations for action.

There are four categories:

1. Your organisation is a champion.
2. Your organisation is heading the right way.
3. Your organisation is in an early stage.
4. Your organisation is at risk.

It is important not only to look at the overall score but also to check the domain scores and scores on individual questions. These scores tell you a lot about which areas need attention to become more trauma-informed. For further guidance on what can be done to improve your organisation, you can use the action and policy templates (see 4.5 and 4.6).

Last but not least, in this chapter, you will find a list of resources you can use for deepening your knowledge (4.7).

Good luck!

4.1 Your organisation is a champion!

You are consistently embedding an understanding of trauma into every layer of your work with the people you serve. This means staff at all levels are trained to recognise the impacts of trauma, respond with empathy, and avoid re-traumatisation, while policies, procedures, and environments are intentionally designed to promote safety, trust, choice, collaboration, and empowerment.

Your organisation goes beyond individual interactions: it actively involves the people it serves in shaping services, reflects on power dynamics, and adapts its approach based on feedback and lived experience.

Leadership prioritises staff well-being alongside care for the people it serves, recognising that sustainable, high-quality support depends on a supported workforce. In doing so, the organisation not only delivers services, but also fosters healing, dignity, and long-term resilience.

TIPS FOR CHAMPIONS

Even for organisations that are already strong in trauma-informed practice, the challenge shifts from adoption to sustaining, deepening and influencing. A few focused tips:

- **Keep evolving through reflection:** Regularly revisit your practices with staff and the people you serve. What worked a year ago may no longer be sufficient as contexts change. Build in structured reflection moments and learning loops.
- **Centre lived experience at a deeper level:** Move beyond consultation towards shared decision-making. Involve the people you serve as co-designers, advisers or even staff members to shape strategy and services.
- **Invest in staff well-being as a core strategy:** Prevent burnout and vicarious trauma by embedding supervision, peer support and realistic workloads. Champions stay strong because their people are supported.
- **Strengthen cultural humility, not just competence:** Continue developing awareness of power, bias and cultural dynamics. Trauma-informed practice is never *finished* in diverse refugee contexts.
- **Measure what matters:** Go beyond outputs (e.g. number of sessions) and track outcomes like sense of safety, trust and empowerment among the people you serve. Use this data to refine your approach.
- **Share and influence beyond your organisation:** Act as a role model in your network: mentor other organisations, share tools and advocate for trauma-informed systems at policy level.
- **Stay flexible and adaptive:** Avoid becoming too attached to *your model*. Champions remain open, responsive and willing to change when new needs or insights emerge.

In short, being a champion is less about reaching a fixed standard and more about maintaining a learning mindset, ethical awareness and long-term commitment to both people and practice.

4.2 Your organisation is heading the right way

You are actively building awareness and taking intentional steps to integrate trauma-sensitive approaches into your work with the people you serve. Staff are increasingly recognising the impact of trauma and making efforts to respond with empathy and care, while early changes in policies, practices, and environments begin to prioritise safety, trust, and respect.

These organisations may still be developing consistency and depth, but they show a clear commitment to learning, reflection, and improvement. Leadership supports this direction, and there is growing openness to feedback from both staff and the people you serve. By continuing to strengthen skills, align practices, and embed trauma-informed principles more systematically, they are laying the foundation for more holistic, empowering, and sustainable support.

TIPS FOR ORGANISATIONS HEADING IN THE RIGHT DIRECTION

For organisations developing a trauma-informed practice, the focus should be on building consistency, confidence, and structure without losing momentum.

- **Turn awareness into consistent practice:** You may already understand trauma, but ensure this translates into day-to-day behaviours across all staff, not just a few committed individuals. Simple, shared principles or checklists can help.
- **Start small, but be intentional:** Prioritise a few realistic changes (e.g., how you welcome the people you serve, how meetings are facilitated) and implement them well, rather than trying to transform everything at once.
- **Build staff confidence and skills:** Offer practical training, peer learning, and space to reflect on real cases. People need to feel equipped, not just inspired, to work in a trauma-informed way.
- **Create safe spaces for reflection:** Encourage teams to regularly ask: What are we doing well? Where might we unintentionally cause stress or harm? Normalise learning without blame.
- **Listen more systematically to the people you serve:** Start gathering feedback in accessible ways and use it visibly. Even small steps towards co-creation build trust and improve services.
- **Strengthen internal alignment:** Make sure leadership, policies, and daily practice are moving in the same direction. Mixed signals can slow progress.
- **Pay attention to staff well-being early:** Put basic supports in place (check-ins, supervision, manageable workloads) to prevent burnout as the work deepens.
- **Connect with others and learn from peers:** Engage with organisations that are further along. Borrow tools, share experiences, and avoid reinventing the wheel.

In essence, organisations at this stage benefit most from making their efforts more deliberate, coordinated, and embedded, so that trauma-informed practice becomes the norm rather than the exception.

4.3 Your organisation is in an early stage

You are beginning to recognise the importance of understanding trauma in your work with the people you serve, but this awareness is not yet consistently translated into practice. Staff may have varying levels of knowledge, and approaches are often informal or dependent on individual initiative, rather than guided by shared principles or structures.

These organisations are taking the first steps, such as exploring training opportunities, reflecting on their current ways of working, and showing openness to change. While systems, policies, and environments may not yet fully support trauma-informed practice, there is a growing curiosity and willingness to learn. By building foundational knowledge, creating a shared vision, and gradually introducing trauma-informed principles, they can begin to move towards a safer, respectful, and responsive support.

TIPS FOR ORGANISATIONS IN AN EARLY STAGE

The priority for organisations in an early stage of developing a trauma-informed practice is to build a strong foundation – shared understanding, small practical steps, and leadership commitment.

- **Build basic awareness across the organisation:** Start with simple, accessible training on trauma and its impact on the people you serve. Focus on practical insights (e.g., stress responses, trust-building), not just theory.
- **Create a shared language and vision:** Agree on what *trauma-informed* means for your organisation. Even a short set of principles (e.g., safety, trust, respect) helps align people.
- **Start with small, visible changes:** Look at everyday interactions: how people are welcomed, how information is shared, how appointments are handled. Small adjustments can already reduce stress and increase trust.
- **Identify internal champions;** Find a few motivated staff members who can help drive the approach, maintain momentum, and support colleagues informally.
- **Make space for reflection and learning:** Encourage teams to talk about experiences, challenges, and questions. Keep it low-threshold. This is about learning, not achieving perfection.
- **Involve the people you serve early, even in simple ways:** Ask for feedback on what makes them feel safe or uncomfortable. This can be informal at first, but it builds the right mindset from the start.
- **Review policies and procedures with a *trauma lens*:** Start asking: "*Could this process unintentionally cause stress or confusion?*" You do not need to change everything at once; just begin noticing.
- **Ensure leadership support:** Even at an early stage, leadership should clearly signal that this matters through time, attention, and small resource allocation.
- **Be realistic and patient:** Trauma-informed practice is a journey. Avoid trying to do everything at once; focus on steady progress rather than perfection.
- **Learn from others:** Connect with organisations that are further along. Use existing tools and experiences instead of starting from scratch.

In short, early-stage organisations benefit most from building awareness, creating alignment, and taking small but meaningful first steps that can grow over time.

4.4 Your organisation is at risk!

You often operate without a clear understanding of how trauma affects the people you serve. As a result, interactions, procedures, and environments may unintentionally cause distress or re-traumatisation. Approaches tend to be inconsistent, with limited awareness among staff and little alignment between daily practice, policies, and organisational values.

In these organisations, there may be minimal attention to emotional safety, trust-building, or staff well-being, and feedback from the people you serve is not yet systematically considered. Without intentional reflection or structured support, well-meaning efforts can fall short or even have unintended negative impacts. Strengthening awareness, building foundational knowledge, and committing to a more trauma-informed approach are essential steps towards providing more safe, respectful, and effective support.

TIPS FOR ORGANISATIONS AT RISK

The priority for organisations at risk is to stabilise, build awareness quickly, and reduce the risk of harm while laying a basic foundation for improvement.

- **Acknowledge the gap openly:** Recognise that current practices may unintentionally cause stress or harm. Framing this as a learning opportunity, not blame, is key to moving forward.
- **Start with immediate *do no harm* actions:** Introduce a few simple safeguards straight away, such as:
  - using clear, respectful communication
  - avoiding unnecessary repetition of traumatic stories
  - offering choice where possible (e.g., timing, presence of others)
- **Provide basic, mandatory staff awareness:** Ensure all staff, especially frontline workers, receive introductory training on trauma and its impact. Keep it practical and directly linked to daily interactions.
- **Focus on psychological safety first:** Look at your environment and interactions. Small improvements can make a big difference quickly:
  - Do people feel welcomed and respected?
  - Are processes predictable and explained clearly?
- **Put simple support structures in place for staff:** Even basic check-ins or peer support can help staff manage stress and prevent reactive or overwhelmed responses.
- **Review high-risk processes:** Identify moments where harm is most likely (e.g., intake, assessments, crisis situations) and prioritise improving those first.
- **Seek external support if needed:** Engage trainers, partner organisations, or experts in Trauma-Informed Care (TIC) to accelerate learning and avoid common pitfalls.
- **Listen to the people you serve, start small but sincerely:** Even informal feedback can highlight where people feel unsafe or misunderstood. Act visibly on what you hear.
- **Secure leadership commitment early:** Leaders must clearly signal urgency and support change through time, resources, and consistent messaging.
- **Create a short-term action plan (3–6 months:** Focus on a few achievable priorities rather than broad transformation. Early progress builds momentum and trust.

In essence, organisations at risk should focus first on reducing harm and building basic awareness, then gradually move towards more structured and consistent trauma-informed practice.

4.5 Action planning template

You have now identified areas for improvement in your organisation's trauma-informed practice. The next step is to translate these into concrete actions.

To support this process, review the recommendations, assign responsibility, and set realistic deadlines. You can use a simple planning template for this.

Example:

Recommendation	**Responsible**	**Deadline**
Introduce trauma-informed training	HR	6 months
Review reception area design	Operations	3 months
Introduce feedback survey for people you work with	Programme team	2 months
Add other priorities…		

TIPS & TRICKS FOR EFFECTIVE ACTION PLANNING

- **Start small and prioritise:** Not everything has to be done at once. Focus on a few high-impact recommendations first. Focus especially on those that avoid re-traumatisation or improve safety, trust, dignity, and communication. Quick wins can build momentum and motivation.
- **Be specific with actions:** Avoid vague entries like *"improve staff awareness"*. Instead, write concrete actions such as *"organise a two-hour Trauma-Informed Care workshop for all frontline staff*". The clearer the action, the easier it is to implement and evaluate.
- **Assign real ownership:** Make sure each action has one clearly identified responsible person or team, not *everyone*. Shared responsibility often leads to no accountability.
- **Set realistic deadlines:** Deadlines should be achievable given your organisation's capacity. It's better to set a slightly longer, realistic timeline than an overly ambitious one that gets missed.
- **Break big actions into steps:** If a recommendation feels too large (e.g., *"become trauma-informed as an organisation"*), break it into smaller, manageable tasks like training, policy review, and environmental changes.
- **Involve different perspectives:** Include input from staff from across departments and, where possible, from the people you work with. Trauma-informed work benefits from diverse insights.
- **Build in check-ins:** Plan regular moments (e.g., monthly or quarterly) to review progress, adjust timelines, and resolve challenges. Action plans should be living documents, not static ones.
- **Consider resources early:** Think about what is needed for each action – time, budget, training, or external expertise. Make this explicit to avoid later delays.
- **Align with existing work:** Link trauma-informed actions to ongoing projects or strategies. This reduces duplication and makes implementation more sustainable.

- **Celebrate progress:** Recognise when milestones are achieved, even small ones. This helps maintain engagement and reinforces commitment to becoming trauma-informed.

4.6 Template for internal Trauma-Informed Care (TIC) guidelines

Organisational ownership of the values and principles supporting a trauma-informed service is crucial for its genuine integration across all organisational activities, including project design and implementation, resource allocation, recruitment, external relations, human resources, and team development.

The form this ownership takes will depend on your organisation's management culture. A more formal approach might involve management adopting a clear policy outlining values and commitments. However, other forms of ownership are also possible and welcome. An organisation could choose to embed related values and activities in its operations through a mainstreaming process, or it might endorse a specific set of values as central to its mission.

Regardless of the chosen approach, we strongly recommend that some form of organisational ownership is actively sought and secured. Below is a basic template that includes components we believe should be incorporated into any policy, guidelines, or mainstreaming approach. Please feel free to adapt it to your organisation's specific needs and to set ambitious goals that foster progress, development, and strengthening.

GUIDELINES' STRUCTURE

1. STATEMENT OF COMMITMENT

"We commit to creating services that recognise the impact of trauma and actively prevent re-traumatisation..."

2. DEFINITION

Trauma-informed care is an organisational approach that:

- Recognises the impact of trauma
- Promotes healing environments
- Prevents harm

3. CORE PRINCIPLES
   - Safety
   - Empathy
   - Trustworthiness & transparency
   - Choice
   - Collaboration
   - Empowerment
   - Cultural responsiveness

4. SCOPE

Applies to:

- Staff
- Volunteers
- The people you serve
- Partners

5. ORGANISATIONAL STANDARDS
   A. Service Delivery
      a. Use strengths-based, non-judgmental communication
      b. Avoid unnecessary probing of traumatic experiences
      c. Focus on present needs and coping mechanisms
   B. Environment
      a. Provide safe, calm, and inclusive spaces
      b. Ensure accessible services
   C. Staff Practices
      a. Implement regular supervision
      b. Provide training on trauma and cultural competence
      c. Offer support for secondary trauma
   D. Participation
      a. Include the people you serve in service design
      b. Utilise peer support models where possible

6. SAFEGUARDING & RE-TRAUMATISATION PREVENTION
   - Avoid triggering practices (e.g., coercion, lack of transparency)
   - Recognise subtle triggers (e.g., tone, language, power dynamics)
   - Promote consent and autonomy

7. STAFF WELLBEING POLICY LINKS AND TOOLS
   - Burnout prevention strategies
   - Manual on Staff Well-Being
   - Reflective practice opportunities

8. MONITORING & EVALUATION
   - Annual screening
   - Integration of feedback from the people you serve
   - Staff surveys

4.7 Further reading

A wealth of information exists on trauma-informed care and practices. Within our *Caring to Include* project, we developed the following materials:

- Mental well-being and trauma-informed approaches in refugee-assisting organisations across seven European countries

This report presents key insights from seven European refugee-assisting organisations. As part of the *Caring to Include* project, it identifies challenges, good practices, and clear priorities for improving staff mental well-being and embedding trauma-informed approaches.

- Work and Wellbeing – How Can I Take Good Care of Myself?

This manual assists in designing training to raise participants' awareness of the importance of workplace well-being and provides practical tools to promote their own and their colleagues' well-being. The training emphasises participants' personal responsibility.

- Team-Building, Diversity & Resilience Manual

This toolkit compiles practical, participatory exercises that enhance team cohesion, emotional resilience, intercultural sensitivity, and structured peer support. It aims to provide teams with simple, adaptable methods for use in their regular work.

- Templates for Developing a Well-being Strategy and Policies

This policy template and its annexes are designed to facilitate the introduction of Well-being Policies by organisations supporting refugee protection in Europe. They represent a tangible tool for such organisations to adapt and integrate into their own policy frameworks.

4.8 Contact and Acknowledgements

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It was a co-creative process, carried out by the project partners: Aditus Foundation[2], Centre for Peace Studies[3], Cyprus Refugee Council[4], Greek Council for Refugees[5], Dutch Council for Refugees[6], Estonian Refugee Council[7] and the Hungarian Helsinki Committee[8].

We would like to sincerely thank the refugees, staff and volunteers who generously shared their time, insights and expertise throughout the project, including the members of the Refugee Focus Group. Their valuable contributions formed the foundation for this tool.

For more information, please contact us at ip@dcfr.nl or read more on our Community of Practice on the ECRE website.

Let's work together to create inclusive, healthy organisations and trauma-sensitive support for those we serve!

[2] For more information about the Aditus Foundation, visit: https://aditus.org.mt/
[3] For more information about the Centre for Peace Studies, visit: https://www.cms.hr/en/

[4] For more information about the Cyprus Refugee Council, visit: https://www.cyrefugeecouncil.org/

[5] For more information about the Greek Council for Refugees, visit: https://gcr.gr/en/
[6] For more information about the Dutch Council for Refugees (VluchtelingenWerk Nederland), visit: https://www.vluchtelingenwerk.nl/en
[7] For more information about the Estonian Refugee Council, visit: https://pagulasabi.ee/en
[8] For more information about the Hungarian Helsinki Committee, visit: https://helsinki.hu/en/