Trauma-Informed Framework

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Contents:

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Executive Summary

Trauma is common in our communities, with some areas facing even higher levels – especially coastal towns, places with high levels of poverty, and communities with complex needs. (Public Health Needs Audit)

Many of our staff and carers have also been affected by trauma, either in their personal lives or through the work they do.

We have a shared responsibility to look after each other with respect, kindness, and understanding. This work is about changing behaviours and through this changing the culture of how we work.

While training is a helpful starting point, we know that staff face many demands on their time. Frontline staff need to understand the ways in which trauma may affect people, and this understanding should shape their everyday practice. For trauma-informed practice to truly take root, we must also focus on changing systems – not just individuals.

Sussex has a growing **Trauma-Informed Practice (TIP) Community of Practice,** with around 300 members from 70 organisations including people with lived experience, frontline staff, service leads, and system leaders. We also have a **Collaborative Implementation Group** made up of leaders from across the Health and Care partnership in Sussex that helps build shared learning and keeps up momentum for change. Sussex has strong knowledge and experience in this area, and we're combining it with learning from across the UK.

Our goal is to create lasting, high-quality trauma-informed practice across the region.

This document brings together learning from the Sussex Community of Practice and beyond. It provides a summary of some of the great practice already underway, ideas about overcoming some of the challenges, and suggested methods for evaluation and monitoring.

It also sets out a Call to Action to act to help guide future work across Sussex:

- To champion dedicated coordination capacity to embed trauma-informed approaches across complex systems.
- To unite diverse expertise – from frontline workers to strategic leaders – to co-create inclusive, effective solutions.
- To build and act on robust evidence to sustainably embed peer support and relational care into the fabric of our services.

Introduction

This document is for anyone who wants to help make positive changes in their community. It is especially useful for people working in health and care services across Sussex such as frontline staff, community groups, and people who have experienced trauma.

It's also for leaders, decision-makers, and those who help shape policies. The aim is to give clear ideas and practical steps to help bring trauma-informed thinking into everyday work, policies, and organisations.

A big part of this document is about supporting and encouraging local leaders – whether they have official roles or are trusted voices in their community or service. Real change happens when everyone feels they have the power and permission to make a difference.

This document, therefore, is here to give people permission and support to take action and help build a more trauma-informed community in Sussex.

Our vision

A responsive Sussex community and workforce that prevents further harm, supports recovery, addresses inequalities and improves life chances by recognising and responding alongside people who are affected by trauma and adversity.

Trauma-informed practice should be embedded across policy, commissioning, and service design to tackle inequalities, improve outcomes, and support staff wellbeing. System leaders must lead with kindness, enable collaboration, and involve people with lived experience meaningfully.

Frontline staff and managers play a vital role in recognising trauma, building trust, and creating psychologically safe environments. Reflective practice, consistent communication, and healthy boundaries all contribute to safer, more compassionate care. Everyone – regardless of role – can help foster safety, understanding, and healing through small everyday actions. Being trauma-informed is a collective responsibility, and it starts with awareness, connection, and care for ourselves and others.

We now have a chance to create a strong Sussex-wide trauma-informed framework.

To make this happen, we will:

- Clearly define what trauma-informed practice means for Sussex.
- Share useful materials and knowledge to enable the workforce to orientate towards working in a trauma-informed way.
- Build a supportive environment where people and organisations feel confident to make real changes – and challenge the system when needed.
- Help you consider what YOU can do to make our community more trauma-informed in the Call to Action on pages 35-37.

Trauma and its impact

Trauma happens when someone **experiences** something deeply upsetting, harmful, or life-threatening. This could be one **event**, several events over time, or ongoing difficult circumstances. These experiences can have long-lasting **effects** on a person's physical and mental health, relationships, emotions, and sense of safety or identity.

This definition is often described as the "Three Es":

- **Event(s)**
- **Experience** of the event
- **Effect** on the person

> **"Trauma can occur with any experience that overwhelms your ability to cope."**
>
> (Liz Mullinar, Heal for Life)

> **"Traumatic events… overwhelm the ordinary human adaptations to life."**
>
> (Judith Herman, 1992)

> **"Trauma is not what happens to you, but what happens inside you."**
>
> (Gabor Mate, The Myth of Normal, 2022)

There are **different categories of potentially traumatising experiences** that can impact people differently:

Single event trauma: this is a single, unexpected event, such as a physical or sexual assault, an accident, or a serious illness or injury. Experiences of loss can also be traumatic, for example, the death of a loved one, a miscarriage, or a suicide.

Complex trauma: this refers to prolonged or multiple traumatic events, usually connected to personal relationships, such as domestic violence, bullying, childhood neglect, emotional abuse, sexual abuse, or torture.

Vicarious trauma: this can arise after hearing first-hand about another person's traumatic experiences. It is most common in people working directly with traumatised people. Family members and close friends may also experience vicarious trauma through supporting a loved one who is traumatised.

Structural: the emotional and psychological harm from inequity enforced through public policies, institutional practices, cultural images and behaviours which are built into the structure of a culture, and which reinforce social inequity.

System: generally refers to trauma that can be created and reinforced by specific systems, such as a child having multiple foster care moves

Historical: complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance, such as slavery or war.

Organisational: when an organisation itself becomes unhealthy, trauma-inducing or traumatised and creates trauma for the people who work there and the people whom it serves through adverse organisational experiences, such as workplace bullying.

Inter: or transgenerational trauma: Inter-or transgenerational trauma comes from cumulative traumatic experiences inflicted on a group of people that can continue to affect the following generation(s).

! It is important to remember that there is **no hierarchy of trauma or suffering.** No one type of trauma is necessarily worse than another, rather it is a combination of personal, situational and social factors which affect how people are able to manage or cope with distressing events.

Trauma and Safeguarding

Trauma is an important factor in many Safeguarding Adult Reviews in Sussex. These reviews happen when someone with care or support needs has died or been seriously harmed. The reviews look at how different organisations worked together to keep people safe and what we can learn to do better.

Trauma impacts people at different life stages and in different ways: difficult childhood experiences; challenges during the move from childhood to adulthood; the role it plays in complex needs like having children taken into care; worsening mental health; challenges in older adulthood such as worsening physical health and increasing need for care.

Because trauma is so common and affects many parts of a person's life, it is clear that professionals need to use a trauma-informed approach when working with people who need care and support.

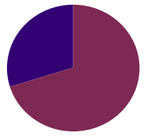
You can find short case studies about some individuals involved in Safeguarding Adult Reviews from Brighton & Hove, East Sussex, and West Sussex in the resource pack that goes with this framework. There are also links to the Safeguarding Adults Boards across Sussex, where more information is available.

Guy Jackson, Safeguarding Adults Board Manager,
Brighton and Hove City Council

Trauma is very common – especially among people facing poverty, discrimination, or poor access to health and support services.

Domestic violence is the third most reported reason for [voluntary] homelessness in Sussex

1.7 million people reported experiencing violent crime in England & Wales in 2020-2021



At least **50-70%** of people will experience at least one trauma in their lifetimes

(PTSD UK 2023)

1 in 5 children have experienced severe maltreatment

(NSPCC, 2018)

Child cruelty offences **more than doubled** in five years 2017-23 (police forces in England)

More than 1 in 5 women and 1 in 20 men have experienced rape or sexual assault as adults

(Rape Crisis, 2022)

1 in 4 women will experience domestic abuse at some point in their lifetime

(Crime survey England & Wales)

1.4m women experienced domestic abuse in 2023

(ONS)

2 in 5 transgender people have experienced hate crime in the past year

186% increase in the last 5 years

(Stonewall, 2019)

1 in 3 Muslim students have experienced abuse whilst at university (NUS, 2018)

Muslims are **the most targeted faith group** for religious hate crimes (Home Office, 2023)

Adverse Childhood Experiences (ACEs) refer to events that occur during childhood (0–17 years) and can have long-term impacts on health, wellbeing, and development.

There is overlap between ACEs and types of traumatic experience, such as abuse or neglect. ACEs also include household dysfunction – such as exposure to domestic violence, parental substance misuse, mental illness, parental separation or incarceration. ACEs can disrupt a child's sense of safety and attachment, increasing stress levels and affecting brain development.

- **67% of people in the UK have had at least one Adverse Childhood Experience (ACE)**
- **12.5% of people have had four or more ACEs**

1 in 20 children in the UK as a whole have experienced sexual abuse involving physical contact

(Rape Crisis, 2022)

Increase risk of associated harms for those individuals with 4+ ACE's compared to those with no ACEs

- **3 times more likely** to develop heart disease or have attended or stayed overnight in a hospital
- **4 times more likely** to be a high-risk drinker
- **6 times more likely** to have ever received treatment for mental illness
- **6 times more likely** to be a smoker
- **6 times more likely** to have had or caused an unplanned teenage pregnancy
- **15 times more likely** to have perpetrated violence in the last year
- **16 times more likely** or have used substances (i.e. Heroin, or crack)
- **20 times more likely** to have been incarcerated

However, ACEs are not destiny. Protective factors like strong relationships, safe environments, and early support can build resilience and buffer the impact. Understanding ACEs is essential for trauma-informed approaches in education, healthcare, and social services to promote healing and prevent further harm.

Although difficult to make accurate estimates locally, data shows (West Sussex County Council Joint Strategic Needs Analysis):

- **37% of secondary school aged pupils, and 25% of primary school aged pupils feel anxious or stressed almost every day/most days** (Understanding the effects of trauma on mental health and enablers for effective prevention, ESCC Public Health, 2025)
- **6,500 children are exposed to domestic abuse each year in East Sussex**
- **The most common crimes in East Sussex are the traumatic events of violence and sexual offences.**

Trauma can have lasting effects on a person's body, mind, behaviour, and relationships. It activates the body's stress response, which may lead to ongoing issues like sleep problems, chronic illness, and physical tension. Trauma can cause anxiety, depression, emotional numbing, and flashbacks, making it harder to regulate emotions or feel safe.

People may use coping mechanisms like drinking or using drugs. Trauma also affects relationships, trust, and social connection, often leading to isolation or conflict. It can impact work, school, and family life. Structural and cultural factors – like poverty, racism, and systemic injustice – can deepen trauma's effects, especially when passed between generations. Those people who face systemic discrimination are more likely to experience traumatic events and have greater barriers to seeking help for the impact of these.

Trauma can affect **brain development,** learning, memory, and emotional regulation – especially when trauma happens in childhood. This can impact education and long-term wellbeing.

Trauma can lead to a range of **mental health issues.** Some people develop P**ost-Traumatic Stress Disorder (PTSD)**, but most do not. Those who do, often experience other mental health challenges at the same time. Trauma can also be linked to depression, anxiety, and emotional difficulties in the absence of PTSD.

Through the Changing Futures Programme, the earlier work developed within clinical services evolved into a broader, cross-sectoral effort, with Local Authorities becoming key partners. The emphasis has shifted from training alone to cultivating a workforce culture that values curiosity, openness, and continuous learning. This systemic approach recognised that trauma-informed practice must be embedded deeply into organisational values, leadership, and service design.

The work is ongoing, with 2025 offering new energy and opportunities to build on this strong foundation. While structural challenges remain, there is increasing momentum, with trauma-informed conversations now taking place across multiple sectors and professional groups. The journey highlights the importance of sustained, multi-layered commitment to culture change, and the power of co-produced leadership in driving lasting impact.

Louise Patmore, System Change Lead,
Changing Futures Programme

What is Trauma-Informed Practice?

Trauma-Informed Practice (TIP) is an approach that recognises the widespread impact of trauma and understands potential paths for recovery. It emphasises physical, emotional, and psychological safety for everyone and seeks to create environments where people feel safe, supported, and empowered. TIP is based on key principles: **safety, trustworthiness, choice, collaboration, and empowerment.** It involves recognising the signs of trauma, avoiding re-traumatisation, and responding with compassion as well as the importance of viewing someone through the lens of their cultural and historical background.

TIP is not a specific intervention, but a cultural shift in how services are delivered – valuing relationships, co-production, and equity. It is relevant across all sectors, helping build resilience and improve long-term outcomes.

National Policy and strategy

Trauma-Informed Practice (TIP) is becoming more widely recognised across England, the UK, and globally. Sussex is part of a **National Community of Practice** hosted by Essex Partnership University NHS Foundation Trust. Trauma-informed approaches are being built into key health, social care, and criminal justice policies. Some examples include:
The **Office for Health Improvement and Disparities** promotes TIP through its **All Our Health programme**, 2024, which focuses on personalised and population health.

The **NHS Long Term Plan** 2019, and **Mental Health Implementation Plan** 2019 both support the move toward trauma-informed mental health services.

In **Scotland and Wales**, there has been national-level progress to become fully trauma-informed nations (**National Trauma Transformation Plan** and **Trauma-Informed Wales**)

The **2022 Public Health England guidance**, **Vulnerabilities: applying All Our Health**, highlights trauma-informed approaches as a key part of frontline health work.

Local strategy

Locally, we use tools like **Joint Strategic Needs Assessments** and learning from **safeguarding reviews** to help guide our work. Our **Collaborative Implementation Group** brings people together from across the system to share learning and plan how to put trauma-informed approaches into practice.
Aligned with the Integrated Care Board (ICB) Strategy for **Violence Prevention and Reduction** (2025), our trauma-informed approach recognises that safety is a **shared priority** for both service users and staff. Sometimes the intuition is to be reactionary to incidents in services. We know that reactive principles such as "zero tolerance" can increase the likelihood of incidences in services. Trauma-informed practice uses empathy and coproduction to create improved environments including de-escalation and use of language to reduce re-traumatisation in services.

Working within NHS Sussex Integrated Care Board, Lynette reflects on the profound impact of trauma-informed practice on her professional mindset and approach. The core principles of **trust, safety, collaboration, choice, and empowerment** are no longer just theoretical – they are deeply embedded in how she operates day to day. "It's always in my head now, even before I speak to someone, I'm thinking about it – how I approach them, how I collaborate."

Trauma-informed practice has become second nature, shaping not only her interactions but her wider professional confidence. It enables her to understand and respond effectively, even outside of Sussex: "It's not just the Sussex system… I can go into different areas of the country and understand what's going on, because of the work we've done together."

Lynette Haley, Programme Lead NHS Sussex Violence Prevention Strategy

Key principles include:

- Moving beyond behavioural management to explore **underlying causes** of violence such as relational and environmental factors.
- Supporting staff by equipping them with policies and training, while valuing their lived experiences of risk and harm.
- Co-developing support plans and de-escalation strategies with both staff and service users.
- Using transparent data, reflective practice, and continuous learning to inform adaptive organisational action plans.
- Facilitating workshops and spaces for co-production and relational approaches to safety and wellbeing.
- Our goal is to build a **compassionate system** where violence prevention is integrated into everyday practice rather than just policy

What are the benefits of working in this way?

Trauma-Informed Practice (TIP) brings significant benefits to individuals, staff, organisations, and wider systems. For service users, TIP improves trust and engagement by focusing on "what happened" rather than only "what's wrong," creating safer, more empowering environments. It reduces re-traumatisation and supports better mental health, lower substance use, and greater housing stability. Trauma-informed practice supports sustainable, compassionate systems that foster resilience and recovery at all levels.

Individual Benefits:

- Builds trust and enhances engagement
- Reduces the impact of 'trauma triggers' and emotional harm
- Increases choice and empowerment
- Improves mental health and life outcomes

Organisational Benefits:

- Strengthens staff empathy and understanding of the impact of trauma
- Encourages inclusive, culturally sensitive care
- Helps prevent vicarious trauma among staff
- Promotes a collaborative, safety-focused culture

Systemic Benefits:

- Reduces reliance on crisis services and improves efficiency, (SAMHSA (2014), Hopper et al. (2010) National Changing Futures evaluations (2024)
- Generates long-term cost savings, National Changing Futures evaluations (2024)
- Connects services and communities through shared understanding
- Embeds a holistic, healing approach across care pathways

I believe embedding trauma-informed practice into local authority structures through organisational development is essential particularly when it comes to supporting staff exposed to distressing incidents, such as unexpected deaths or suicides. For me, trauma-informed practice must include workforce wellbeing, and I feel strongly that we need better systems to support staff through these experiences.

At West Sussex County Council, we're currently reviewing our serious incident processes to enable more collaborative, reflective learning and to provide meaningful support to those affected. I'm exploring existing debrief and supervision models, like those used by Partners in Sussex to help shape an approach that works for us.

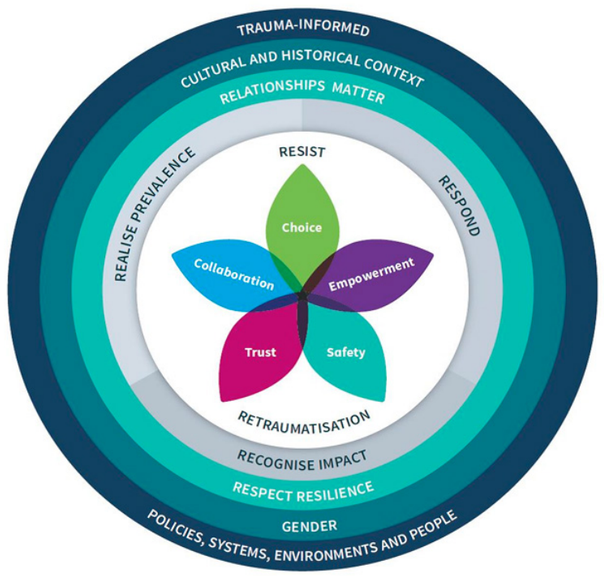
The aim is to adopt a structured model where trained debrief facilitators are also supported through their own supervision. This kind of dual-layer support will help us embed a sustainable, trauma-informed response to critical incidents, strengthen organisational resilience, and ensure that staff wellbeing is a key part of our cultural change.

Vicky Clarke, Head of assurance and practice, Adult Services, West Sussex County Council (WSCC)

The diagram below, from NHS Education for **Scotland's National Trauma Transformation Programme**, represents the importance of creating a trauma-informed workforce built on the principles of choice, empowerment, safety, trust, and collaboration.

There are four key steps, called the "4 Rs," to make sure we practice TIP properly:

1. **Realise** how common trauma is – both among the people using services and the staff working in them.
2. **Recognise** how trauma affects people. It can lead to poorer health outcomes, bad experiences with care, low staff retention, and more staff sickness.
3. **Respond** to trauma by changing how services work across the whole system, making sure care is supportive and healing.
4. **Resist** re-traumatisation – this means not causing more harm through the way services are delivered, which can happen by accident. We need to notice this and act to stop it.



All of this must be done with respect for people's culture and history.

Relationships are central to trauma-informed practice, acting as the foundation for healing, safety, and trust. A trauma-informed framework recognises that trauma often occurs in the context of relationships – and so can recovery. Supportive, consistent, and respectful interactions help rebuild a sense of control and connection.

Practitioners need to focus on empathy, and collaboration, valuing each person's story without judgement. Boundaries are clear yet compassionate, creating predictable and empowering environments. Relationships extend beyond individuals to teams, organisations, and systems – where a culture of psychological safety, shared power, and mutual respect ensures that everyone feels seen, heard, and supported in their roles and recovery.

Culturally responsive trauma-informed care recognises that trauma is shaped by a person's cultural, ethnic, and historical background. Experiences of racism, discrimination, and colonisation influence how trauma is experienced and the support people can access. Practitioners must practise **cultural humility**, approaching each person with curiosity and respect, while recognising the limits of their own knowledge. Trauma-informed care also addresses **structural inequities,** acknowledging that marginalised communities face systemic barriers in healthcare, education, and justice. By embedding cultural awareness and actively challenging power imbalances, services can offer more equitable, respectful, and effective support for all individuals and communities.

Lived Experience and Co-Production

Much of the progress toward a trauma-informed system depends on the knowledge and expertise of clients and service users. Co-production in trauma-informed frameworks is about valuing lived experience as essential expertise and embedding it into all levels of the system. This includes paid roles for peer support workers, involvement in service design, and shaping policy. It means ensuring the voices of those with lived experience influence not only the relational interactions – how people are treated, listened to, and documented – but also the strategic direction of services.

True co-production goes beyond tokenism; it's about building shared power and making sure decision-making is collaborative.

- Participating in benchmarking exercises
- Conducting service walk-throughs to assess and provide feedback on physical environments and service user experiences
- Reviewing patient correspondence to ensure trauma-informed communication
- Contributing trauma-informed insights to the design of new hospital facilities

If you're a lived experience leader, "bringing others with you" means mentoring, supporting, and championing peers to have influence too – creating a culture where lived experience isn't just heard, but integrated. This is system change from the ground up, sides in and top down.

Trauma-Informed Training Co-Produced with CAPITAL and Alcohol Change UK:

Lived experience contributors worked in partnership with professional trainers to co-produce a training programme for professionals supporting individuals affected by alcohol misuse. The training was designed to promote trauma-sensitive practices in services as requested by people with lived experience of drug and/or alcohol harm.

Lived experience shaped the training structure, content, and tone. The sessions were developed with peer support, psychological safety, and transparency. There was an emphasis on practical tools to reduce re-traumatisation and build trust. This included systemic awareness of stigma, inequality, and institutional trauma.

Sara Shephard, Capital

Communication and Relationships

Effective communication is a core pillar of trauma-informed practice. It must be intentional, relational, and sensitive to diverse needs, ensuring emotional and psychological safety for all. Communication should adapt to different learning styles and cultural contexts, aiming to empower, include, and build trust. Language and tone matter – honest, calm, and inclusive dialogue creates safer environments for both clients and staff. See **NHS Sussex language guide**.

Key trauma-informed communication practices include:

- Use open-ended questions to invite safe dialogue
- Avoid blame; respect boundaries and individual coping styles
- Honour cultural diversity and systemic imbalances
- Adapt tone, body language, and wording to build connection
- Replace terms like “hard to reach” with “underserved”
- Use positive signage and shared spaces to reinforce safety

Trauma-informed communication extends beyond words – creating welcoming, supportive physical spaces is just as vital.

Beyond words: The physical environment also speaks volumes. Signage, posters, and leaflets reflect the organisation’s values, expectations, and commitment to supportive care. Use positive, reassuring messages that explain the purpose behind rules rather than simply prohibiting behaviours.

For example:

We are building on good Foundations

In Sussex, we’ve built a strong Community of Practice with over 300 members from 70 organisations across health, social care, and the voluntary sector. Our leadership group includes partners from the NHS, local authorities, primary care, and community organisations, working together with a shared purpose.

We are taking a networked, democratic approach to leadership – making sure that everyone affected by decisions has a real say. This means sharing power, creating safe spaces where people feel heard, and role modelling the values of trauma-informed practice in everything we do.

While systems and structures matter, we know that relationships and culture are just as important. That’s why we’re focusing more on the human, relational side of change.

Key achievements include:

- Developing a broad range of training materials and resources tailored for trauma-informed implementation.
- Delivering training to nearly 4,000 people over 2.5 years with consistently positive feedback.
- Raising awareness and building strong networks and communities.
- Embedding Trauma-Informed Practice within the Violence Prevention and Reduction (VPR) strategy group.
- Co-produced West Sussex MH JSNA – ensuring trauma-informed practice is embedded.
- Contributing to health inequalities and health inclusion frameworks.
- Reviewing and embedding trauma-informed recommendations into policies.
- Supporting intervention pathways and prevention strategies.
- Gathering insights from diverse stakeholders.
- Influencing and supporting national drivers and strategies for trauma-informed care.
- Several organisations have begun establishing Trauma-Informed Care Working Groups, bringing together diverse expertise, authority, and lived experience to lead strategic change and provide ongoing guidance for trauma-informed clinical and support services.

Challenges and Obstacles

Our Integrated Care System (ICS) which includes Health and Social Care is undergoing significant change and pressure. For example, the West Sussex Public Mental Health Joint Strategic Needs Assessment (PMHNA) highlights the system as "under pressure," emphasising the urgent need for **more co-ordinated strategic thinking and integrated structures** to improve services for those experiencing **multiple and compound needs** (including mental health challenges, homelessness, domestic violence, criminal justice involvement, and substance misuse).

System in constant flux

While there are many "islands of excellence" – areas of high-quality trauma-informed practice – these pockets often struggle to connect or maintain sustainability when key individuals leave, or organisational changes occur. Factors such as **short-term funding cycles, competitive tendering, and focus on quick wins** can hinder the ability to sustain long-term improvements and remove systemic barriers.

Further examples of systemic challenges and obstacles include:

- Siloed working
- Staff capacity
- Lack of training and development resource and priority
- Drivers and inappropriate KPI's and metrics (efficiency vs effectiveness)
- Long term impact of COVID-19

Finance, Commissioning and Procurement

- **Values/Outcomes-Based Commissioning:** Embedding trauma-informed principles within commissioning specifications and job roles to ensure consistency and accountability.
- **Pooled Funding:** Encouraging alliances and partnerships to pool budgets, enabling co-produced service delivery models that reflect trauma-informed values.
- **Shared/Top-Slice Funding:** Collaborating across the system to allocate combined resources for key areas such as staff wellbeing access.
- **Ensuring services are co-developed** and designed ensuring lived experience representation at specification planning stage and are included in procurement panels.
- **Collaborative bidding and alliance shared delivery:** Smaller organisations are supported to deliver services at root level.

There are pockets of good practice such as the Drug and Alcohol procurement in West Sussex and Social Care procurement in Brighton and Hove City Councils.

Staff Health and Wellbeing

Trauma doesn't only affect people who use services – it also affects **staff.** Health and care workers may be exposed to traumatic situations at work, especially if they don't have the right support. This can lead to stress, burnout, and even increased risk of aggression or inappropriate behaviour if not addressed.

Moral injury means feeling deep emotional, psychological, or spiritual pain because you believe you have done something wrong – or failed to stop something wrong – even if it was out of your control. This can cause feelings like guilt, shame, anger, and losing trust in yourself or others. It can also happen when workers feel that the care they provide may harm the people they are trying to help or make things worse.

Some of ways in which we can address these issues are through:

- Trauma-informed supervision
- Accessible and meaningful debriefs
- Critical incident support
- Cultivating an environment where staff feel safe to speak up
- Promoting compassionate leadership

Integrating compassionate leadership with trauma-informed practice

Michael West's research and book, Compassionate leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care (West, 2021) highlights how compassionate leadership improves staff well-being and performance. In Mersey Care NHS Foundation Trust, initiatives like leadership training, staff well-being support, inclusive policies, and open feedback channels have boosted morale, reduced absenteeism, and improved patient care. When combined with trauma-informed practice, this creates a culture of safety, trust, and empathy. Training leaders in trauma awareness, fostering safe spaces, encouraging collaboration, and supporting recovery helps both staff and patients thrive.

This integrated approach not only strengthens individual resilience but also enhances service quality – building a more compassionate, effective, and responsive healthcare system for all.

Trauma-informed practice is a golden thread running through the work of Connect, Sussex Community NHS Foundation Trust's (SCFT) staff support service. Fundamentally, Connect acknowledges that staff wellbeing is a precursor to delivering trauma-informed care with service users – the latter cannot happen without the former. Therefore, supporting staff to be healthy and well, knowledgeable and skilled, reflective and safe, is a priority.

Connect delivers a variety of support interventions for staff, including 1:1 wellbeing conversations, team reflective practice, post incident support and mediation. All of these interventions are guided by the trauma-informed principles of safety, choice, trust, collaboration and empowerment. For example, in our 1:1 support we not only work hard to make sure staff feel safe, understand their options and are collaborative partners in the support, but we help staff to think about whether these are available to them in their workplaces and, if not, how this could be addressed on an individual, team and service level. Our reflective practice sessions draw on these principles to explore scenarios, paying particular attention to where they are missing and potential consequences.

We empower our workforce to understand that it is often what has happened to someone rather than what is wrong with them that underlies complex presentations, including their own struggles and challenges. We empower our workforce to view situations through the lens of regulation and to understand that the conditions we create for our staff will impact on how well they can do their job and look after themselves and others.

Dr Marianne Seabrook Interim Director of Psychological Professions,
Sussex Community Foundation Trust

Putting TIC into practice within Sussex Community Foundation NHS Trust

The connect service within SCFT has been delivering TIC training to its NHS staff over the past few years. A recent evaluation of the longer-term impact of TIC training found it had improved the following areas:

- **Changing Team Practice:** Enriching multidisciplinary discussions and incorporating TIC into patient care planning
- **Enhancing compassionate, personalised care:** Changing the type of language used with and about patients, giving more choice, being curious rather than judgemental when people do not attend appointments
- **Improving staff wellbeing:** Learning to take breaks without feeling guilty, updating a staff outdoor space, routinely having wellbeing conversations in supervision
- **Creating TIC champions & network:** Post-training support to implement and sustain change

Training and Workforce Development

The **Sussex Transformative Model of Training for Trauma-Informed Practice** aligns with **NHS Education for Scotland's Transforming Psychological Trauma Knowledge and Skills Framework** and their national Training Plan, We are developing and delivering training across four levels in co-production with our system partners including West Sussex County Council, Brighton and Hove County Council, Sussex Partnership NHS Foundation Trust and Sussex Community NHS Foundation Trust with Development alongside East Sussex Healthcare NHS Trust and South East Coast Ambulance service and lived experience:

- Trauma-Informed Awareness
- Trauma Skilled
- Trauma Enhanced
- Trauma Specialist

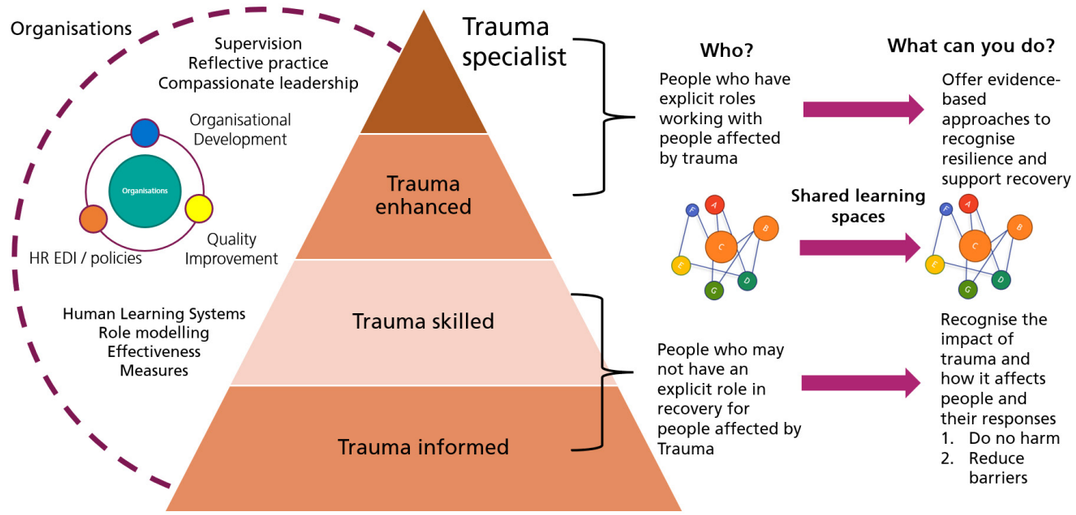
We have also developed training for those in leadership roles to equip them with a clear understanding of trauma-informed practice, to enable them to effectively support its implementation and model trauma-informed leadership.

Key elements of the model:

1. **Trauma Awareness and Sensitivity:** Developing practitioners' self-awareness to avoid re-traumatisation and foster compassionate care.
2. **Holistic Understanding:** Recognising trauma's impact across physical, emotional, social, and cognitive domains, and its diverse effects based on individual backgrounds and circumstances.
3. **Empowerment and Agency:** Co-creating solutions with those affected by trauma, emphasising shared decision-making and transparency.
4. **Practical, Skills-Based Learning:** Providing actionable tools for recognising trauma symptoms, fostering resilience, and applying trauma-informed practices.
5. **System-Wide Collaboration and Transformation:** Encouraging multi-sector partnership across health, social care, justice, and beyond.
6. **Sustainability and Long-Term Impact:** Supporting ongoing reflection and the creation of trauma-informed cultures within organisations.

Beyond training: we will develop a training model based on organisational development, creating learning loops in the system to promote human learning systems and support people to set up communities of practice and other arenas of continuous learning and improvement.

Transformative training model



Pan Sussex Health and Social Care Practice Network – engaging workers across Sussex

The Practice Network engages frontline workers across the county. Its purpose is to bridge the gap between theory and practice by supporting workers from various sectors – particularly the VCSE sector – to learn together and apply trauma-informed approaches in their everyday roles.

The network has helped roll out training to a wide range of practitioners, creating shared understanding and building confidence in Trauma-Informed Practice. Participants have not only valued the content of the training but also the chance to connect with peers, put faces to names, and strengthen cross-sector relationships.

The network has also developed informal learning spaces that focus on applying theory to real-world practice. These include reflective practice sessions on specific topics such as "ending well" & "vicarious trauma".

These spaces allow workers to share insights, support one another, and explore strategies for self-care and team wellbeing, making trauma-informed practice a living, evolving part of daily work life. To support this work the Networks Team also: host a website; share regular newsletters; and produce podcasts, shining a light on best practice locally.

Kate Standing: Network and Partnership Manager, Justlife Brighton

Mental Health Clinical Pathways

We have identified that the integration of trauma-specific interventions within mental health pathways, is essential. Including embedding trauma-informed practice into pathways for mental health provision by resolving overlap issues with trauma, personality disorder and complex emotional need and neurodiversity.

- Providing better access to trauma-focused therapies such as trauma-focused cognitive behavioural therapy (tf-CBT) and eye movement desensitisation and reprocessing (EMDR).
- Strengthening links with mental health neighbourhood teams, crisis teams and other multiple compound needs provision and Integrated Care Teams and other ancillary services.

Sussex Partnership NHS Foundation Trust provided trauma-informed care awareness training for multiprofessional staff in Adult Mental Health as part of wider community transformation initiatives. This is aligned with the need for such services to be trauma-informed as part of the NHS Long Term Plan. The training was 60-90 minutes, depending on size of the team/group (on average about 10) and co-led by a clinician and an expert by experience. The training introduced the principles of TIC and guides staff to consider TIC in their services and any improvements that might be helpful. 550 staff attended the training, with more than half providing feedback. 98% said the training was relevant to their work, 97% would recommend the training to colleagues; and 94% intended to make changes to their practice as a result of the training.

There has been further specific training provided across other parts of the Trust such as Patient Experience Teams, Rehab teams; Sussex Eating Disorders Service; Trauma Skills Training in Adult Havens services; various psychological practitioner trainings. There is now a new training programme for Mental Health Nurses in Child and Adolescent Mental Health Services starting in Autumn 2025. This will include a wider range of training opportunities including not only the trauma awareness level but also trauma skilled and specific trauma-informed leadership training.

Finally, the SPFT Board and Senior Leadership Team have committed to a development session on trauma-informed care which is due in Autumn 2025.

Nick Grey, Associate Director of
Psychological Professions, SPFT

Utilising trauma-informed practice (TIP) to reduce impact on urgent care services and health inequalities – example

Trauma-Informed Practice (TIP) serves as a golden thread throughout urgent and emergency care, embedding compassion, psychological safety, and collaboration into every stage of the patient and staff experience. TIP reduces distress-driven presentations, improves outcomes, and enhances workplace wellbeing through system-wide changes in environment, culture, leadership, and care pathways.

Clear pathways for accountability across the system must be established. These pathways are critical to ensure both system accountability and the sustainability of trauma-informed initiatives, supporting stakeholders at every level.

Key Interventions Include:

- **Alternatives to Admission:** Streamlined pathways like Same Day Emergency services care in the NHS (SDEC), senior triage, and psychologically informed spaces.
- **Training & Culture Change:** Bite-sized TIP training, reflective supervision, and TIP champions embedded in teams.
- **Trauma-Sensitive Design:** Improved signage, noise reduction, privacy, and calmer, welcoming environments.
- **Collaborative Pathways:** TIP embedded across medical day units and frailty hubs, tackling multiple disadvantages via housing and care integration.
- **Community Integration:** Leveraging models like UOK and MHNT for complex, high-need users.
- **Quality Improvement:** Use of Patient Recorded Outcome Measures (PROMs)/ Patient Recorded Experience Measures (PREMs) to capture lived experience data.

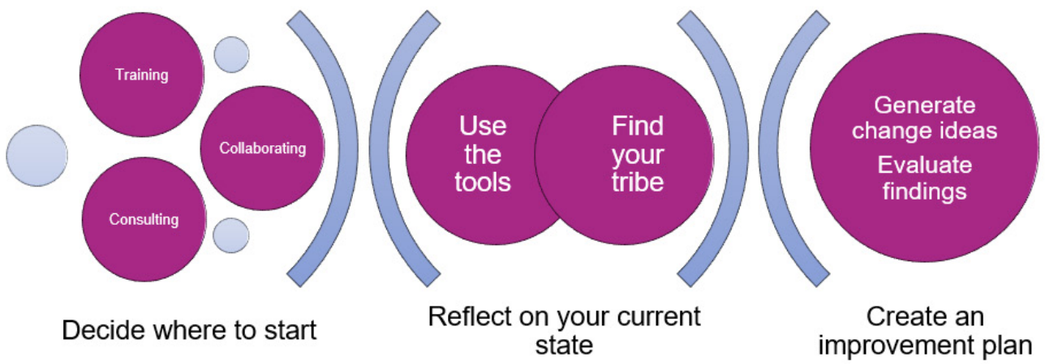
Jacquie Fuller, Assistant Director HR –
People Engagement Team East Sussex Healthcare NHS Trust.

Evaluation and Monitoring

A major challenge in trauma-informed practice, co-production, and prevention is **defining and measuring success.** We are synthesising existing evidence and exploring appropriate metrics aligned with tools such as the Trauma-Informed Lens to monitor system improvements and outcomes effectively.

Quality Improvement and Continuous Improvement must be part of implementation and evaluation, with involvement from those using and working within services to be truly trauma-informed.

Sussex Universities – including those in Chichester, Brighton, and Sussex – are important stakeholders in advancing trauma-informed practice through research partnerships.



Suggested indicators and guidance on metrics

We have developed self-assessment guidance informed by a broad range of global resources, particularly those from Scotland, Oregon, SAMHSA, and in England, models from Surrey and the North of England. The Sussex model presented below brings together these insights into a system-wide framework for outcomes, offering a shared approach to understanding and measuring success.

(Please refer to the **Surrey and Borders Framework and toolkit** for a comprehensive self-assessment tool).

Domains	Expected Outcomes	Suggested Metrics
Staff health	• Foster trusted peer support through buddy systems and psychologically safe spaces. • Prevent overburdening by promoting realistic workloads and compassionate workforce and job planning. • Embed trauma-aware supervision and coaching across teams. • Ensure appraisals are strengths-based and support development. • Provide timely access to debriefs, reflective practice, and critical incident support.	• % of staff who feel safe to speak up without fear of blame. • Uptake of wellbeing and reflective offers. • Improved staff retention and reduced sickness absence. • Team cohesion and peer support levels (via survey or narrative). • Staff trauma disclosure policies (voluntary and safe). • Wellbeing champions in each team. • Monitoring of psychological safety trends over time.
Organisational change/health	• Promote transparency and openness. • Leaders are visible, approachable, and curious. • Embrace a “learning not blaming” culture. • Wellbeing metrics tracked at organisational level. • Leaders on tap not on top. • Promote “how can I help” • Permission giving and learning culture. • Increased volume of informal resolution via learning forums rather than formal HR routes.	• Senior leader participation in reflective sessions. • Staff perception of organisational culture (via narrative feedback). • The volume of informal resolution via learning forums vs formal HR routes. • Publish transparent “You Said, We Did” logs from staff feedback. • Psychosocial risk assessments embedded in annual reviews.
Co-production and collaboration	• Ensure client experiences are included and recorded and that the Lived Experience groups are working alongside and invited in decision making processes. • People are part of their care and support plans. • We understand the role of the unheard and disenfranchised in our services.	• % of projects that are co-produced with input from people with lived experience. • Lived experience co-authorship of internal reports or strategies. • Active lived experience [paid] roles such as peer workers and EbE’s. • Increased inclusion of unheard and marginalised voices.

Domains	Expected Outcomes	Suggested Metrics
Governance and leadership	• Align organisational values with trauma-informed principles. • Leaders are able to model and give permission to working in a trauma-informed way. • Support organisational visions for trauma-informed practice. • Move away from performance-only metrics to client centred effectiveness measures.	• Density and strength of collaborative connections between teams/organisations. • Move away from performance-only metrics to quality/ effectiveness measures. • Leader stories demonstrating openness, humility, and change in style. • Stories from staff and service users showing compassion-led responses during stress or crisis.
Communication and relationships	• All communications are important, internally and externally. • Move away from zero tolerance language. • Be cognisant of language and its power when communicating. • Seek help and support to get communication right, drawing on lived experience. • Signage as well as letters, calls and other methods of communication need frequent review and observation.	• % of users who feel communications are clear and respectful. • Number of co-produced or user-tested communications. • Frequency and quality of feedback responses (e.g., "you said, we did"). • Use of inclusive language audits. • Incorporate visual and auditory alternatives for all messages. • Lived experience reviews of communications before major changes. • Language preference flags in records to personalise communication.
Financing and commissioning	• Commissioning to include trauma responsiveness in profiling. • Include provision for reflective practice and training opportunities. • Use of new KPI and metrics to understand trust and client experience as outcomes.	• More values/outcome-based decision making. • Improved comprehension of prevention and client led outcome measures. • More positive risk taking in prevention arena. • Increased prevalence of lived experience on all procurement panels involving service change.

Domains	Expected Outcomes	Suggested Metrics
Training and workforce development	• Updated and evolving training is available, resources are shared. • That we seek trainers and knowledge from Sussex and create a sustainable plan for delivery. • We develop a directory of reflective practice facilitators. • That training is coordinated and shared appropriately, and smaller organisations or teams have appropriate access to both. • We use a transformation and organisation development model of training.	• Numbers of attendees. • Where the attendees are from. • Feedback loop creation – start stop – continue. • Partnered training opportunities. • Improved confidence in delivering. • Improved levels of understanding and competence. • Increased reflective practice and debrief opportunities and trained staff. • Improved compassionate leadership, HR processes and Employee Assistance Programmes.
Mental Health trauma pathways	• Move away from risk assessments to safety plans. • Screening for right service at the right time focusing on prevention. • Available evidence-based therapeutic interventions for clients and staff. • Bridging and working in an MDT approach across organisations and ICTs.	• Evidence of safety plans in use and shared decision making. • Evidence of improved partnership working across domains (MCN). • Less reported barriers to services. • Transparently reported outcomes. • Less demand on acute services. • Increased demand on Peer Support.
Physical environment	• Design of areas, colours, sound, access, natural light and geographical placement considered. • Utilise 15 step/trauma walkthroughs and observations to determine improvements.	• Number of settings making physical/environmental changes to support sensory safety. • Evidence types of changes and resulting improvements in service delivery. • Decreases in behaviour escalations (VPR).
Policies and procedures	• Ensure all policies and procedural decisions are made through a trauma-informed lens and include appropriate recommendations and caveats with the right signposting to the latest information. • Accessible helpful documentation and resources available such as guidance, evidence, and training.	• % of services adapting care in response to inequality feedback. • Noticed increase in prevalence of trauma-informed practice in procedures and guidance • Evidence of lived experience involvement. • Number of organisations who have TIP visible in their corporate structure, comms and embedded into guidelines and procedures.

Embedding Trauma-Informed Practice in Local Authority Services

Over the past year, significant strides have been made in embedding trauma-informed practice (TIP) within the council. Organisational intelligence has been gathered through training delivery, reflective feedback, and direct engagement with services. There is growing awareness and visible commitment to TIP across the organisation, underpinned by alignment with council-wide priorities around health, wellbeing, and psychologically safe working environments.

Support for trauma-informed approaches has been confirmed by all **directorate leadership teams**, and the **senior leadership team** has been formally briefed. There is clear recognition that TIP aligns closely with the council's values, strategic objectives, and its commitment to compassionate, person-centred services.

Tim Wilson, Brighton and Hove City Council (BHCC)

Tools to Gather Data

- **Ripple Effect Mapping:** To visually capture and understand the ripple effects of trauma-informed culture change across systems.
- **Reflective Journals:** Maintained by leaders, staff, and lived experience partners to document learning and shifts in practice.
- **Learning Loops/Quality Improvement (QI) Methodologies:** To systematically track progress and embed continuous improvement.
- **Experience-Based Co-Design (EBCD):** Engaging service users and staff in co-creating improvements.
- **Narrative Inquiry:** Collecting stories and qualitative data to capture nuanced experiences and impacts.
- **Social Network Analysis:** Mapping and measuring collaborative relationships across teams and organisations.
- **Adaptive Outcome Tracking:** Monitoring evolving outcomes to guide responsive changes.

Call to Action:

Embedding trauma-informed practice across Sussex

Now is the time to move from awareness to action. We are calling on partners across Sussex to commit to a trauma-informed future – where services understand adversity, prioritise safety and dignity, and drive better outcomes for people and professionals alike.

We will:

- Champion dedicated coordination capacity to embed trauma-informed approaches across complex systems.
- Unite diverse expertise – from frontline workers to strategic leaders – to co-create inclusive, effective solutions.
- Build and act on robust evidence to sustainably embed peer support and relational care into the fabric of our services.
- Join us. Shape a system that heals, not harms

For System Leaders
(Policy, Strategy, Commissioning, Senior Leadership)

Your Role:

- Make trauma-informed care a key part of your plans and policies. Link it to issues such as tackling health inequalities, improving urgent care, and preventing violence.
- Lead with kindness. Build a learning culture where people feel safe, included, and are able to speak up.
- Use funding in a way that supports long-term, trauma-informed services and supports staff wellbeing.
- Keep the big picture in mind. Help different services work together, break down barriers in data and service design, and lead change with honesty and responsibility.
- Involve people with lived experience in real and meaningful ways – not as a tick-box, but as equal partners in making decisions together and thought of at the beginning of change.

You are the permission givers that can help create the right environment and resource for trauma-informed practice to grow and succeed.

For Frontline Staff, Managers, and Practitioners

You are there for the people you support, and you must also be there for each other.

Your Role:

- Spot signs that someone may be affected by trauma and respond with care. Be kind, stay curious, and keep healthy boundaries to avoid causing more harm.
- Build trust and safety through your actions. Being consistent, offering choice, and working together makes a big difference.
- Take time to reflect and talk things through. For example, in supervision, personal development planning, reflective practice and training. This can help you manage stress, stay strong, and give better support.
- Think about how your words, your work environment, and your team affect people and other services around you.
- Be a champion for trauma-informed practice. Speak up for safe ways of working, and help others do the same.
- Familiarise yourself with the five key principles of trauma-informed practice (Trust, Safety, Collaboration, Choice, Empowerment, with an awareness of the cultural and historical context) and the four steps to achieve this (realise, recognise, respond, resist re-traumatisation; whilst also attending to the importance of relationships) and reflect on how to apply them to your practice
- Resist (re)traumatisation by taking the time to read the person's notes (if available) before meeting them

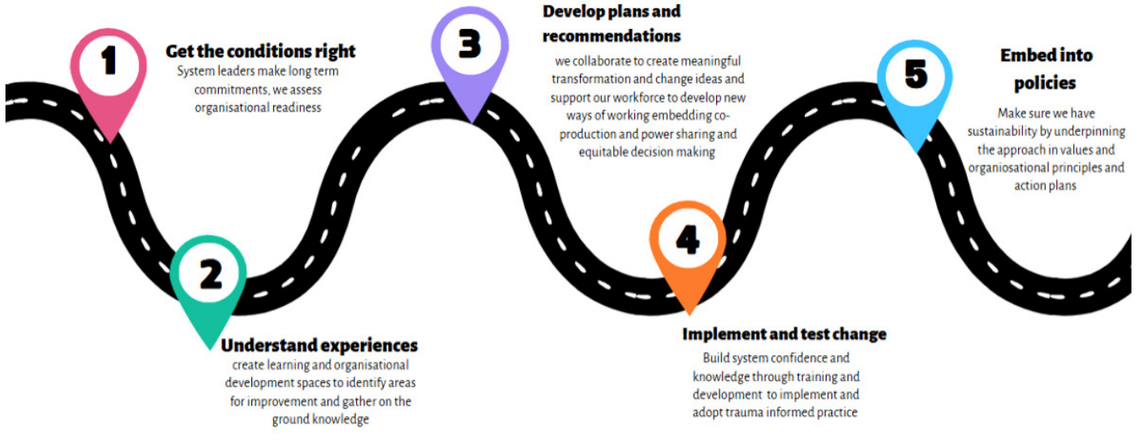
For Everyone

Your Role:

- Be aware of how trauma can affect people. A kind word, a bit of patience, or simply listening can make a big difference.
- Don't judge people by their behaviour (or in any other way!). Try to understand what might be behind it.
- Help make spaces feel welcoming and safe – whether it's in your workplace, local community, or online.
- Take care of your own wellbeing too. Being trauma-informed means looking after ourselves as well as others.
- Keep learning. The more we understand about trauma, the better we can support each other.

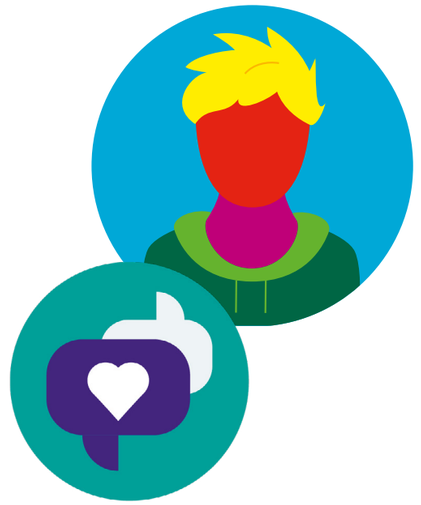
The roadmap

To embed trauma-informed practice sustainably, we need a stable platform supported by clear leadership and system-wide commitment. Drawing on resources from the **Scottish National Trauma Transformation Programme**, we aim to replicate their Trauma-Informed Practice Roadmap within our local system and organisations. Central to this roadmap is positive role modelling in leadership, which underpins successful, lasting cultural change.



Trauma-informed work should never be done in isolation. It's essential to recognise the support, resources, and opportunities already available. Once you understand a problem and the need for change, you can begin to address it. The tools provided here are designed to guide you through this process, but don't hesitate to reach out for help if needed. Joining our **Community of Practice** can offer valuable networking opportunities and access to shared knowledge.

- What does the culture look and feel like?
- Is there commitment from leadership?
- Does the environment feel safe and supported?
- Is the organisation ready to work in new, trauma-informed ways?



This is **not a short-term training initiative**, but an embedded process of cultural change.

Most improvements do not require extra resources but rather a shift in ways of working, fostering better partnerships and relationships to facilitate trauma-informed practice

Appendix 1: Glossary

- **Trauma-Informed Practice (TIP):** A model grounded in understanding how trauma exposure affects an individual's neurological, biological, psychological, and social development. TIP emphasises creating services that promote safety and trust, aiming to prevent re-traumatisation.
- **Trauma-Aware:** The initial phase in becoming trauma-informed, where organisational staff and leadership recognise the prevalence of trauma among service users and the workforce. This awareness enables them to explain and advocate for trauma-informed care.
- **Trauma-Informed:** An approach where organisations integrate knowledge about trauma into policies, procedures, and practices. This involves recognising the signs of trauma, understanding its widespread impact, and responding by fully integrating this knowledge to resist re-traumatisation.
- **Trauma Responsive:** An advanced stage where organisations not only understand and integrate trauma-informed principles but also actively respond to the needs of those affected by trauma. This includes implementing practices that promote healing and resilience, ensuring that services are responsive to the specific trauma-related needs of individuals.
- **An Integrated Care System** (ICS) is a collaborative partnership that brings together health and care organisations within a specific geographic area to plan and deliver coordinated services. The goal is to improve health outcomes by ensuring that care is well-connected, effective, and efficient, focusing on the comprehensive needs of the population. In Sussex this is the Sussex Health and Care Partnership more information can be found here:

The core components of an ICS typically include:

- **Integrated Care Board (ICB):** Responsible for the strategic planning and allocation of NHS resources within the system. In Sussex this is NHS Sussex
- **Integrated Care Partnership (ICP):** A committee that brings together a wider set of partners, including local authorities and voluntary organisations, to address broader health determinants and inequalities

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Appendix 3: Sussex Trauma-informed Logic Model

Inputs	Activities	Short term outcomes	Medium term outcomes	Long term outcomes
Leadership and organisational commitment to continuous improvement and long term culture change Safe and supportive workforce and people culture Time and resource for engagement in training, implementation and development. Clear links with other system drivers Link to System performance prerogatives (Reductions in crisis care, Violence and incident reduction, Health inequalities)	Building awareness and training opportunities. Participation cross over – coproduction and inclusion Developing recommendations and Appropriate materials (VPR, Cultural, Language . Support information and signposting) Improving access to learning materials Developing communities of practice within organisations Training and readiness for senior leaders Trauma lens to environment and system activities, policies and procedures. Onboarding internal structures EDI, OD HI	Staff are likely to feel more comfortable raising issues and reaching out for support and guidance. Staff will have more recognition of trauma and its impact on clients and themselves. Staff will recognise more the importance of coproduction and collaboration in service design and delivery. Staff will report more knowledge and skills of impact of trauma and be able to respond in better recovery promoting ways, reducing harm and re-traumatisation Staff will be more culturally and diverse aware People with trauma in their histories or experiencing traumatic events will be offered more trustworthy and safer services that are flexible, sensitive and collaborative that support confidence building and choice driven. People with lived experience of trauma are more likely to report welcoming services and that they feel heard in services Leaders and System drivers are more likely to articulate and help drive trauma informed practice by role modelling, sponsorship and ensuring alignment and modular integration by dovetailing leader and continuous improvement training as well as visible allyship and support mechanisms within organisations and services.	Staff will feel safer and supported in their work with recognisable wellbeing offers, improved supervision and support. Staff are supported with being able to make practical and tangible changes to services and tacit level change projects are recognised and sponsored. Staff are able to advocate for clients effectively and feel heard. There are more lived experience roles supporting services Increase in positive experiences reported back, less unhelpful discharge from services and re-traumatisation. More clients and service users have access to the right service at the right time and spend less time in crisis services and can receive treatment closer to home Improved sharing of data, more MDT working and transparent coproduced services. That social determinants are more prominent in understanding client journey	Improved overall health and wellbeing of people with lived experience in trauma Reductions in intergenerational trauma Improved community and social outcomes, employment, reductions in Criminal justice Improved equity and equity across services and improving public services. Including schools Policies and frameworks are produced, easy to access and trauma informed practice is common place. Trauma informed Practice is an ongoing conversation in all organisations that are delivering health and social care. There is a national underpinning in recommendations and adjustments in law People can grow up feeling loved and connected to supported communities where they can flourish, feel respected and live with dignity to realise their potential

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