



Culture of Care

Trauma Informed Organisations

Dr Philippa Greenfield, Jason Grant-Rowles,
Julie Redmond, Dr Sophie Bagge
and Mark Farmer

Welcome from our team!



Philippa



Jason



Julie



Mark



Sophie



Emily



Anna



Gbenga

A warm welcome and housekeeping

Emily Cannon

Head of Quality Improvement, NCCMH





Housekeeping

- Please mute your microphone unless you are speaking.
- Cameras on or off, whatever is comfortable.
- We will be recording today's session and sharing with colleagues who weren't able to attend.
- If you would like to ask a question or leave a comment, please use the chat function within the meeting or the menti-meter.
- If you experience any technical difficulties, please email: cultureofcare@rcpsych.ac.uk

Shared principles



Collaborative learning – Make the most out of the day, whatever that looks like for you.



Respect privacy – Protect carefully the privacy of the storyteller. Ask what parts, if any, you can share with others.



Approach with kindness and curiosity – We've all been through stuff so let's look after each other in this space.



Diversity of views – Respecting different viewpoints and experiences and being okay with sometimes disagreeing.



Language is important – If you want to improve culture, the way you speak to and about the people around you needs to support the building of trusting relationships.



Be kind to yourself – Take breaks if needed, use our quiet space.

Who's in the room?

Please kindly scan the QR Code, or click on the link available in the chat, to add your details to today's register.

It will really help us to understand who has attended today and from which departments – thank you!



[Registration: Org Support Virtual Learning](#)
[Session 2: Trauma Informed approaches –](#)
[Fill in form](#)

Support Space

On-Call Support Space Facilitator:
Anna Roach

Join at any time:

[**Join the meeting now**](#)

Meeting ID: 397 482 600 715 6

Passcode: YY26Vg7b



The link to the support space will also be available in the chat.

Schedule of Events

Time	Event
10.00 – 10.15	Welcome and setting the context
10.15 – 10.30	What does it mean to be a trauma informed organisation?
10.30 – 11.00	What does it mean to be a trauma informed organisation (contd.)?
11.00 – 11.10	Break
11.10 – 11.40	Importance of language
11.40 – 12.00	Creating trauma informed services
12.00 – 12.10	Break
12.10 – 12.20	Trauma informed environments
12.20 – 12.30	Supporting the workforce
12.30 – 12.40	Trauma informed leadership
12.40 – 12.55	Closing activity
12.55 – 13.00	Close

How are we feeling

Before we start the training on trauma informed care, please feel free to share your thoughts and reflections by using the QR code below.

There are two questions:

- 1. How are you feeling about the session today?**
- 2. How confident are you feeling in your understanding of the topic today?**

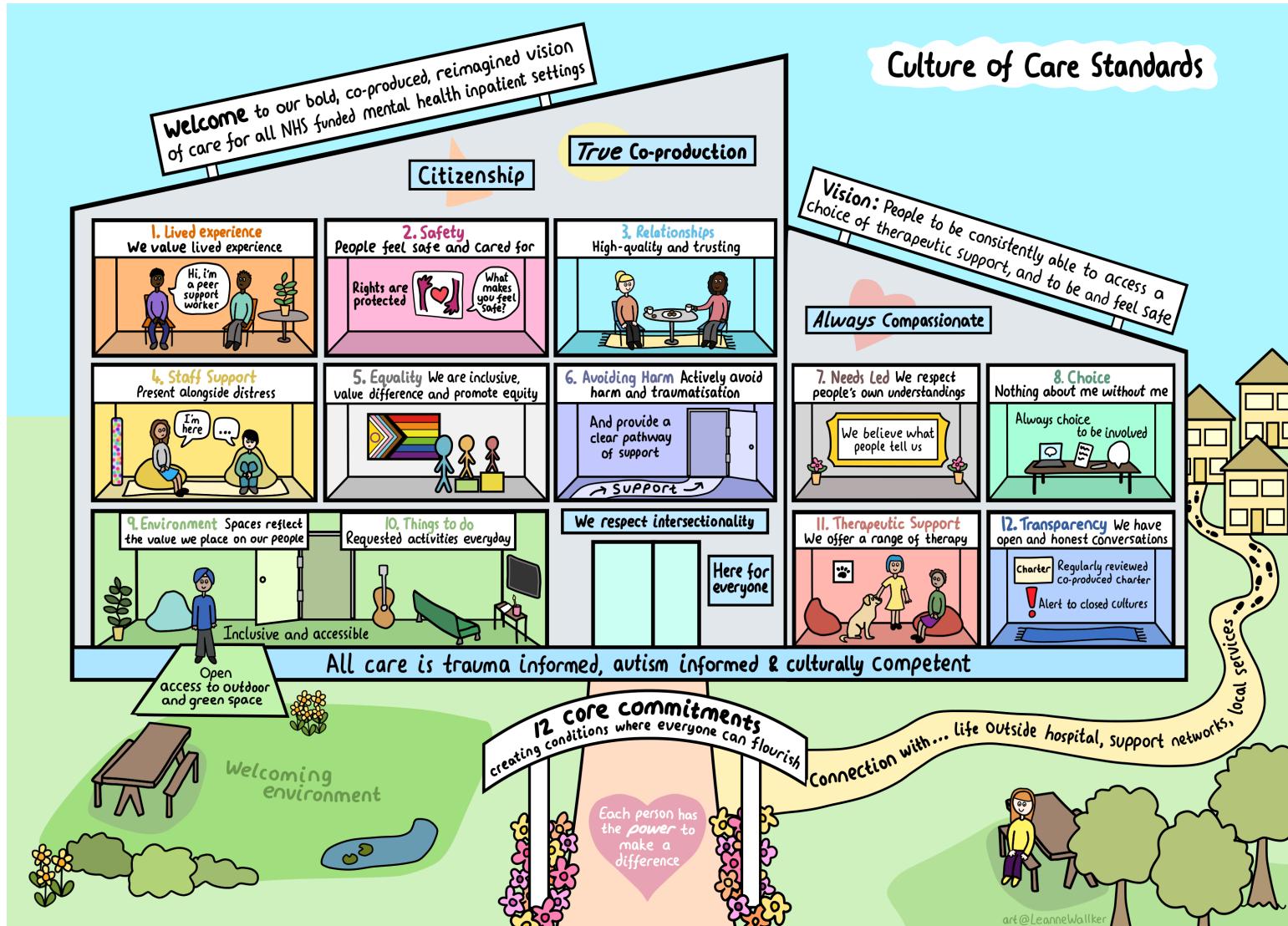
Alternatively, please provide your answers in the chat.



QR Code Link:
<https://www.menti.com/alg6cgpq9fs>

Culture of Care Standards

Illustration by Leanne Walker



Culture of Care – programme overview

NHS England's standards



Coproduced standards for inpatient care

Evidence-based standards to ensure a safe, compassionate, needs-based culture of care

Guiding principles



Our approaches — Anti racism, trauma-informed, autism-informed



Lived experience

Leadership, mentoring, coaching, support and challenge

Programme elements

Programme element icons and acronyms

Ward-level QI



WL

Organisation level QI



OL

Leadership support



LS

Personalised approach to risk



PAR

Progress and achievements

1700+

coach visits and sessions have taken place so far

176

wards have lived experience involvement

10

organisations received dedicated guidance and support to develop their personalised approach(es) to risk

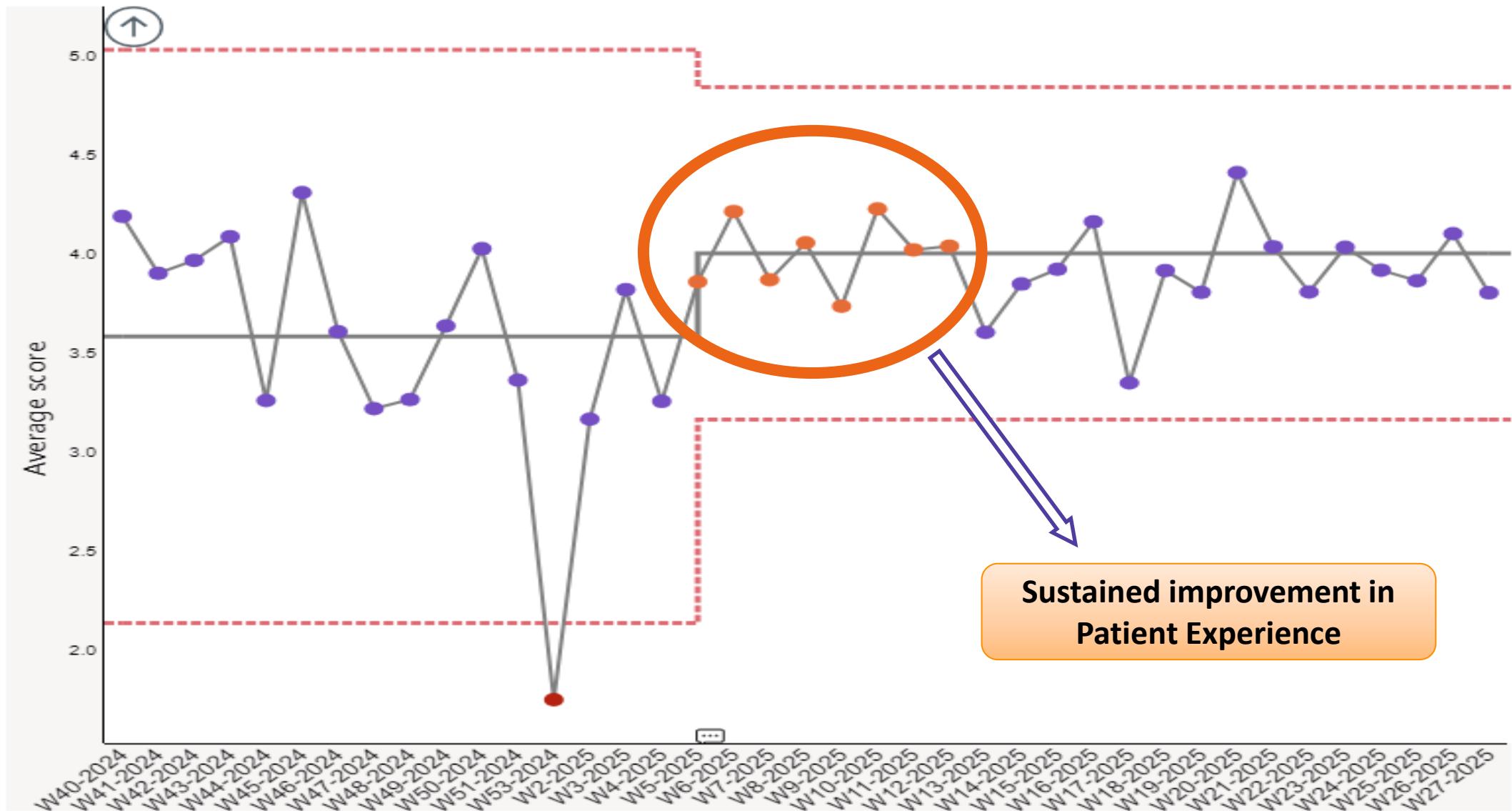
150+

coaching sessions with executives

45+

Culture of Care events

Patient Experience Survey Data – National Aggregate



Organisation level support

Organisational support aim:

Facilitate the opportunity for a diverse cross section of people across an organisation, including people with lived experience, families and carers to



Connect

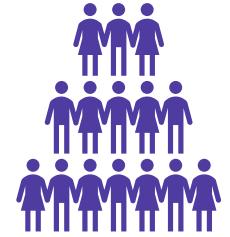
Learn

Reflect



To bring about systemic and sustainable change that supports anti-racism, autism informed and trauma informed approaches and a culture of care.

The offer



- All organisations were offered either a **light-touch** or **full programme** of support.
- Both offer **4 virtual learning sessions**:
 1. Anti-racism at organisational level
 2. Trauma-informed organisations
 3. Autism-informed organisations
 4. Embedding lived experience leadership and coproduction in an organisation.

Light-touch offer will follow up an **in-person reflective space**. With wards involved in Culture of Care and executives receiving coaching.

Full programme will follow up with **5 in-person reflective spaces** to embed the sessions above at an organisational-level, and an additional session to sustain and spread learning and successes.



Who to get involved

We are aiming to bring together the following in each organisation:

- Wards receiving QI support on the programme
- Facilities and estates (hotel services)
- HR (Equality, diversity and inclusion), Recruitment
- Quality improvement, Organisational development
- Information (Planning and performance, Clinical records)
- Nursing and governance (Patient safety, Safeguarding, Infection prevention control)
- Involvement and engagement/coproduction/lived experience
- Communications (Complaints/PALS, Freedom to speak up guardian)
- Finance/contracting
- Clinical leadership (medical, therapies, nursing)
- Operational management (including community services)
- Executive leadership



The virtual training offers

- Dates for first round of sessions:
 - These took place July to September 2025
- Dates for second round of sessions:
 - Co-production = 14th November
 - Trauma informed approach = 25th November
 - Autism informed approach = 20th January
 - Race equity = 30th January
- If you're taking part in the full support, please continue to work with your QI Coach to identify dates for any remaining in-person follow up sessions
- If you're taking part in the light-touch support, we will be in touch about your in-person session soon.

Organisation support sessions

In-person sessions for organisations on the full support offer

Over 15 sessions held so far



Lancashire & South Cumbria and Mersey Care,
September



Greater Manchester, September



Cambridgeshire & Peterborough
and Norfolk & Suffolk, September

Focusing on anti-racism, autism-informed approaches, trauma-informed approaches and lived experience at an organisational level.

What does it mean to be Trauma informed?



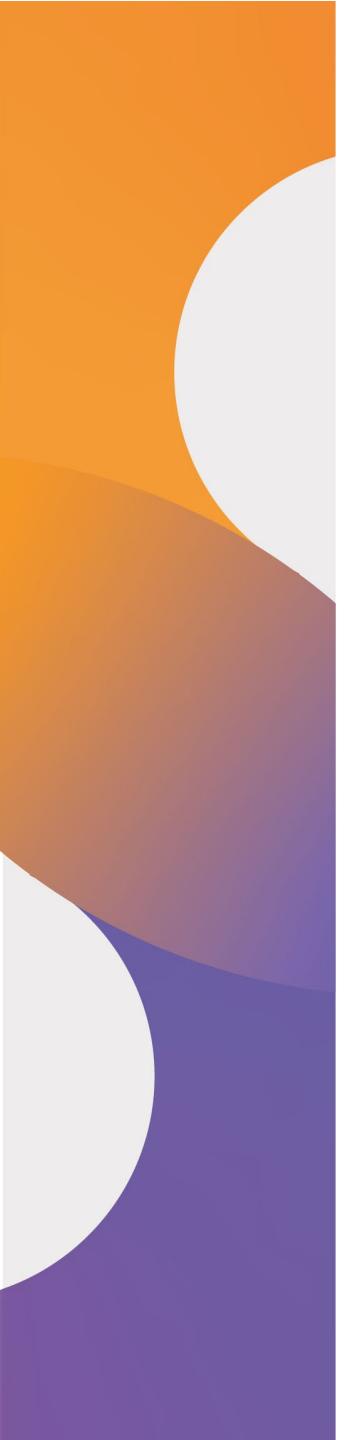
Julie Redmond
*Trauma informed
advisor*



Jason Grant-Rowles
*Trauma informed
advisor*



Dr Sophie Bagge
Lived experience advisor



A Trauma Informed Organisational Approach

What does it mean to be Trauma informed (contd.)?

Philippa Greenfield

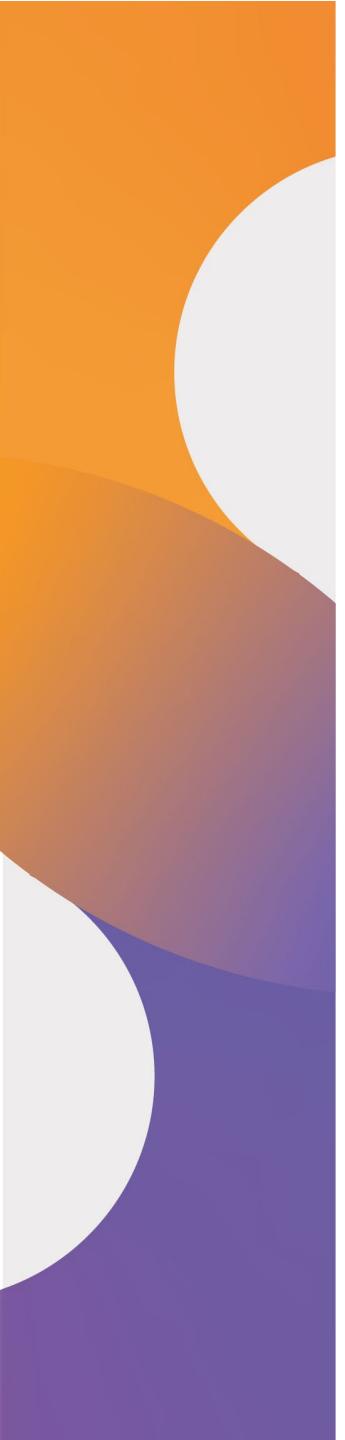
Consultant General Adult Psychiatrist / NLFT Trauma Informed Strategic Lead



Jason Grant-Rowles

Trauma informed advisor





“Being trauma informed is not a model of treatment – it’s a culture that has to be embedded within all therapies, services, systems and the wider communities.”

Andie Rose, Lived Experience Advocate



Health inequalities, Justice and Human Rights

- The bi-directional association between developing SMI and experiencing domestic violence and abuse
- High rates of detention, restrictive practices amongst Black people (Black African and Black Caribbean)
- Disproportionate length of stay for people with LD and who are Autistic
- The high rates of suicide amongst those who have experienced sexual and domestic violence and abuse

A trauma-informed approach



Grounded in a complete understanding of the impact of trauma, adversity and wider systemic inequality on neurological, biological, psychological and social development



Seeks to create conditions that **reduce the risk of further harm and promote healing**



Embeds principles of **Choice, Collaboration, Safety, Empowerment, Trustworthiness and Equity**

A Trauma Informed Organisation



Recognise and acknowledge that adverse childhood events, inequality and trauma causes or contributes to the development of mental health problems



Develop policies and practices to reflect this trauma awareness



Seek to create conditions that reduce harm and promote healing, especially for individuals who have already experienced trauma



Have guiding principles of Choice, Collaboration, safety, empowerment, trustworthiness & Equity

Reduce the risk of re-trauma

Re-traumatisation: new events that re-enact/cause a powerful reminder of past trauma

Power and control

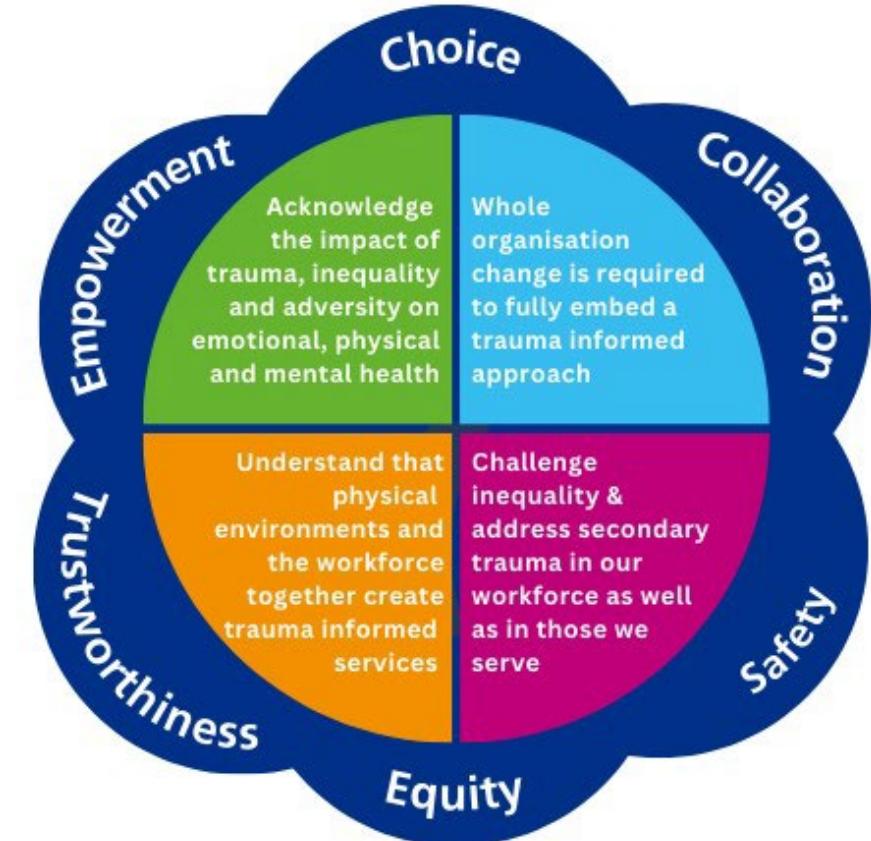
Oppression

Discrimination

Silencing

Laying of hands

Requires a
cultural shift
within the whole
organisation

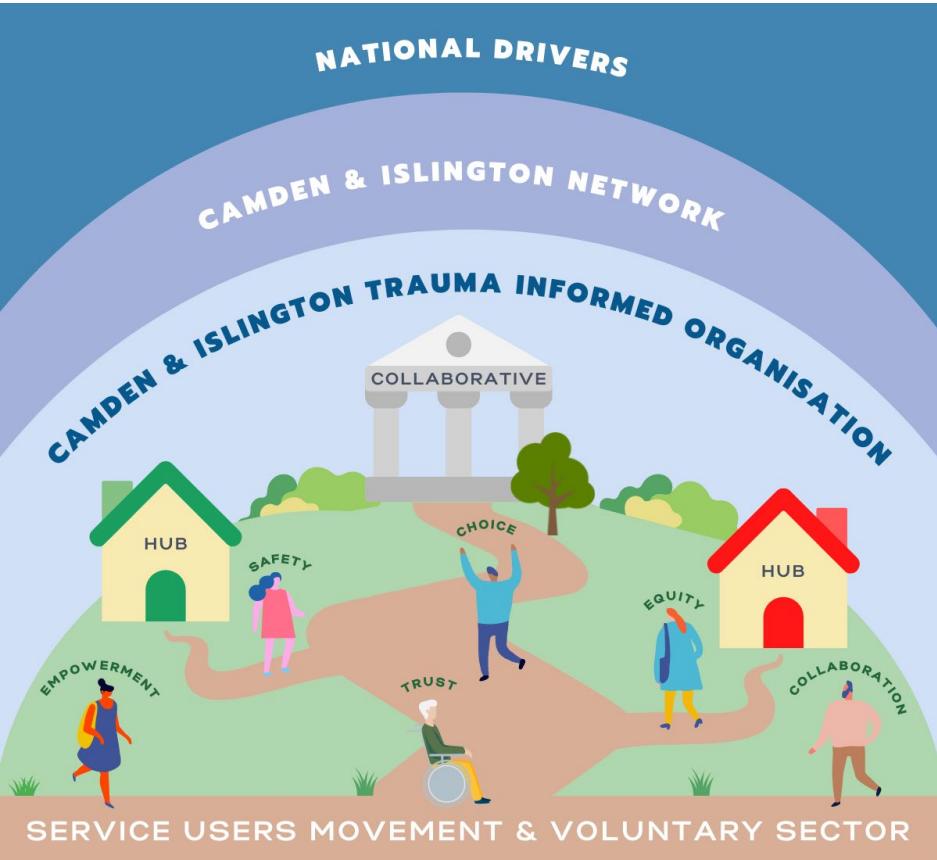


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McNicholas S, Greenfield P, Rose A

Not 'something else to do', but a 'lens' to apply to all we do!

A TIA supports achieving and embedding key strategic priorities

- **Suicide prevention**
- **Reducing Restrictive Practices, Responding to domestic and sexual abuse**
- **Preventing Sexual Violence**
- **Improving population health**
- **Addressing inequity: cultural competence, restorative justice,**
- **Autism informed care**
- **Staff wellbeing**
- **Recruitment and retention**



**What already exists
in your organisation
or wider
communities that
supports a TIA?**

The importance of lived experience leadership

01

Challenging traditional paradigms

02

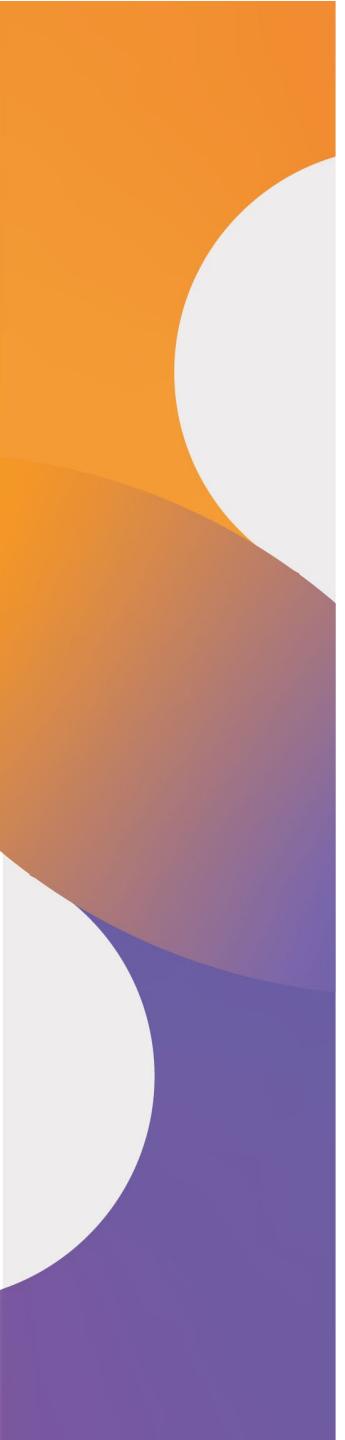
Enabling true collaboration

03

Demanding change and accountability

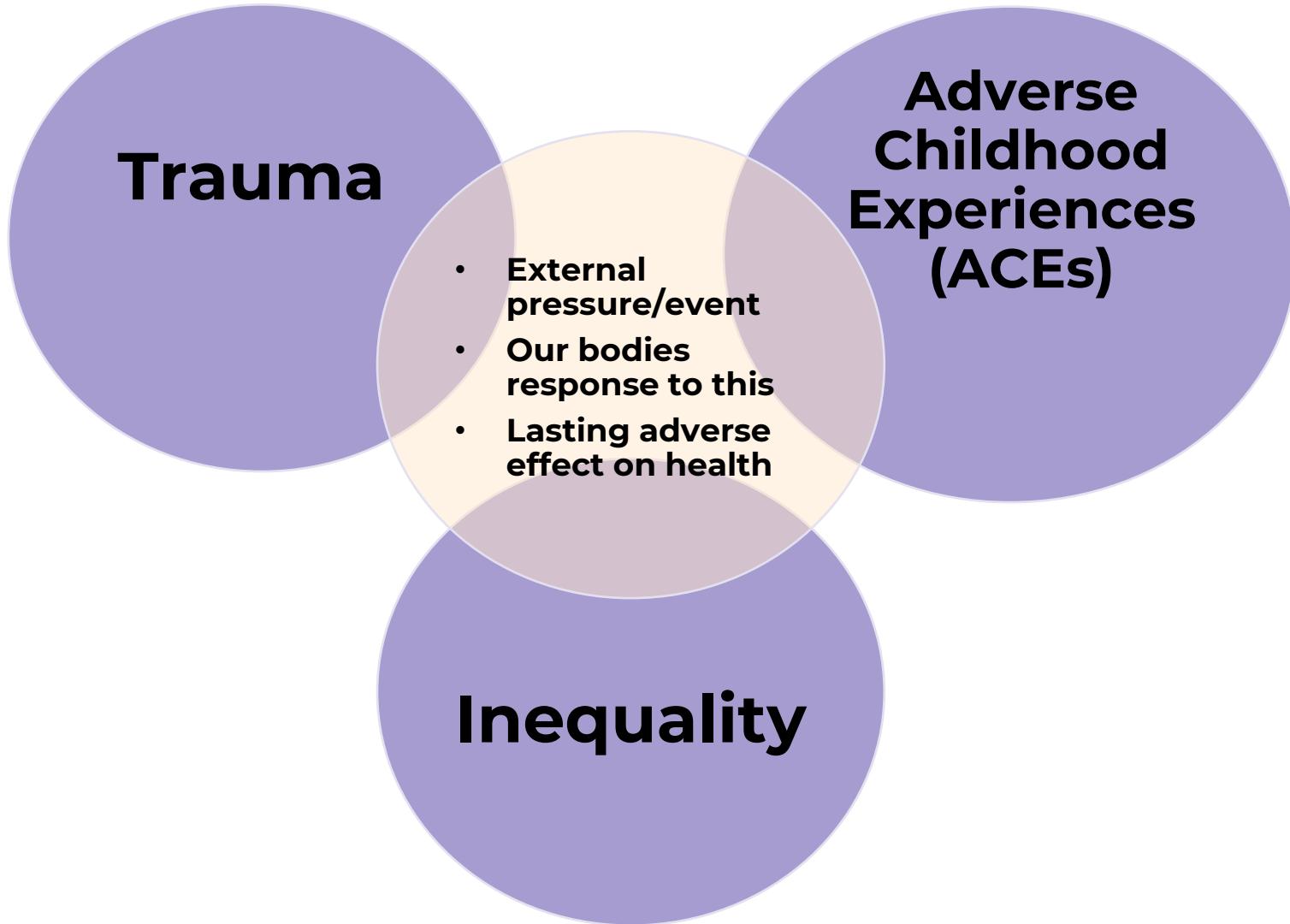
04

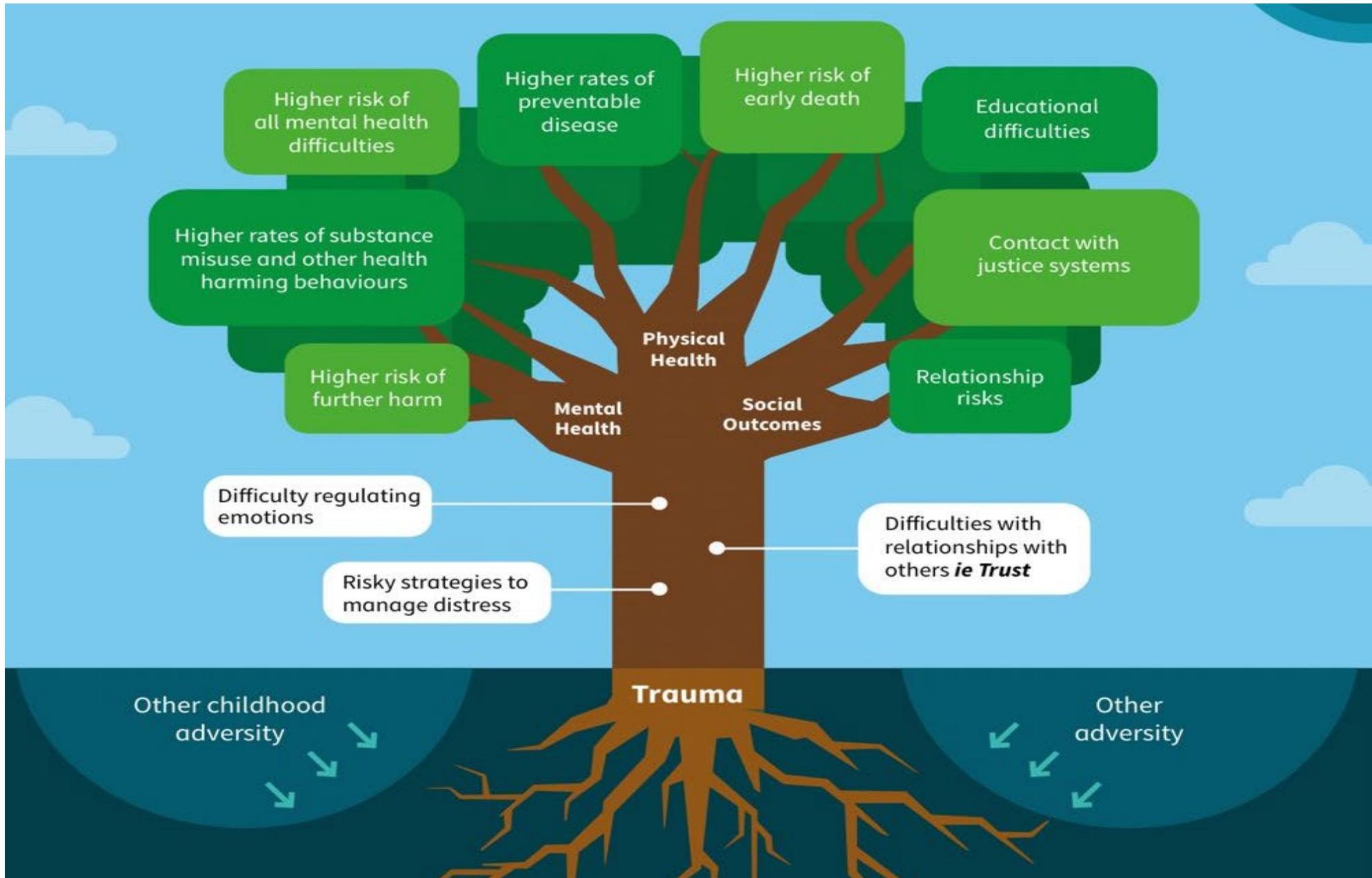
Bringing authentic expertise



Time to reflect

What is 'trauma'?





DIFFERENT TYPES OF TRAUMA & SOME OF THE INTERPLAYING FACTORS AROUND THE IMPACT & CONSEQUENCES

DR. KAREN TREISMAN

CLINICAL PSYCHOLOGIST TRAINER AUTHOR

SafeHands ThinkingMinds.co.uk

Sketch by @wterral

THIS IS NOT A PRESCRIPTIVE OR EXHAUSTIVE LIST. NOR ARE THEY MUTUALLY EXCLUSIVE - MANY ARE & CAN BE

LAYERED, INTERLINKED, & INTERWOVEN

TRAUMA DOES NOT OCCUR WITHIN A VACUUM; IT IS INFLUENCED BY MULTIPLE SYSTEMIC, RELATIONAL, & CONTEXTUAL ELEMENTS. THEREFORE, THE IMPACT & CONSEQUENCES OF THE TRAUMAS ARE LIKELY TO BE ON A CONTINUUM, & SHAPED BY A NUMBER OF INTERPLAYING FACTORS INCLUDING:

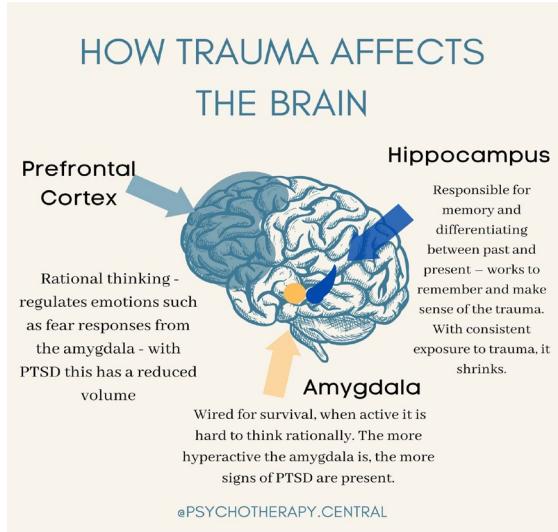
- AGE & STAGE.
- TEMPERAMENT & UNIQUE ATTRIBUTES, INCLUDING BIOLOGICAL & GENETIC FACTORS.
- RELATIONSHIP WITH THE PERSON.
- SEVERITY & NATURE OF THE TRAUMA
- DURATION & FREQUENCY OF THE TRAUMA.
- OTHER PEOPLE & THE COMMUNITY'S RESPONSES, SUPPORT, & REACTIONS.

- THE MEANING-MAKING & SENSE-MAKING AROUND THE TRAUMAS.
- THE BELIEFS, ATTRIBUTIONS, JUDGEMENTS, EXPECTATIONS, & ASSUMPTIONS.
- CULTURAL, SOCIAL, & SOCIETAL CONTEXT & CONCEPTUALISATIONS.
- IMPACT ON THE PERSON'S DAY-TO-DAY LIFE; INCLUDING THE LOSSES.
- OTHER PROTECTIVE & RISK FACTORS INCLUDING PREVIOUS LIFE EVENTS.

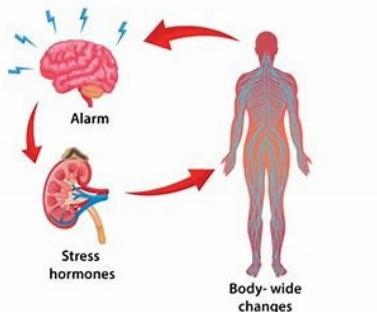
RELATIONAL ATTACHMENT & INTERPERSONAL	DEVELOPMENTAL INCLUDING IN-UTERO	ABUSE & MALTREATMENT
CULTURAL & RACIAL	INTERGENERATIONAL & HISTORICAL	NEGLIGENCE, DOMESTIC VIOLENCE, ETC.
WAR, REFUGEE, & POLITICAL	COMBAT-RELATED & MILITARY	SINGLE - EVENT
TRAUMATIC GRIEF, BEREAVEMENT, & LOSS	COMMUNITY TRAUMA INCLUDING NEIGHBOURHOOD & SCHOOL VIOLENCE	CAR ACCIDENT, BURGLARY, ETC.
NATURAL DISASTER	ORGANISATIONAL, SYSTEM, & INSTITUTIONAL TRAUMA	MEDICAL, INJURY, & BIRTH TRAUMA
		PEER, SIBLING, & BULLYING TRAUMA
		SECONDARY & VICARIOUS TRAUMA

Understanding the impact of trauma – Biopsychosocial approach

The brain



Stress hormones



Social political climate

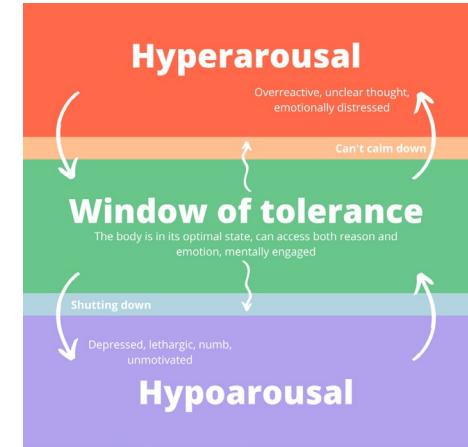


Psychological experience

'The core experiences of psychological trauma are disempowerment and disconnection' (Herman, 1997)

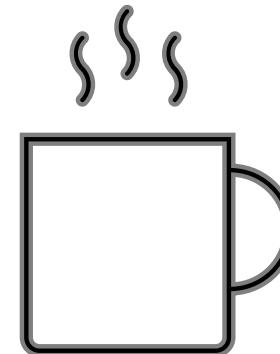


Health 'behaviours'



Break

10 mins



The importance of language



Julie Redmond
*Trauma informed
advisor*



Mark Farmer
National advisor



Dr Sophie Bagge
Lived experience advisor

The Importance of Language

Imagine you walk into a room to hear someone talking about you. How would the words they say impact how you feel and your relationship with that person?

- Words commonly used in psychiatry that frequently traumatisise and upset people when spoken or written in notes.:
- "deliberate self-harm", "manipulation", "they're just splitting", "revolving door patient", "intentionally homeless", "bed blocker"...The list is endless
- We need to use empathic language that does justice to the person we are speaking about.



How Language Can Hurt or Heal

- Speak about the person, not their diagnosis
- Avoid reducing people to labels or categories
- Choose words that restore dignity, not reinforce stigma
- Use language that respects autonomy and human experience
- Recognise that careless language can re-traumatise – words have power



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Acknowledge the impact of trauma, inequality and adversity on emotional, physical and mental health:

Trauma Informed Services



Creating safety

'For individuals who have experienced trauma, safety is not a given; it is the essential foundation upon which trust can be built and healing can begin.'

safety is not the absence of threat. it is the presence of connection

— Dr. Gabor Mate —

Creating safety

- Safety is a feeling, not just a policy – it must be experienced in every interaction
- It is about the way we behave & the environments we provide
- Believing and responding to disclosures is essential for rebuilding trust
- Staff relational acts – kindness respect, humility – matter as much as clinical skills
- Choice and collaboration should be offered wherever possible
- Language must honour people's experiences – not minimise them
- Ask what supports individual safety and what choices are available to support this.

**Surveillance
is not
'safety'**

by Sophina Mariette



Trauma informed approaches to 'risk' and safety



- Embedding mandatory 'compassionate' routine enquiry
 - How are we trustworthy?
 - How do we create safety?

BEING SAFE IN OUR SERVICES
OUR COMMITMENT TO YOU

NHS
Camden and Islington
MHS Foundation Trust

Visitors to the _____, like all human beings, have the right to feel safe. This Trust has a duty of care to its patients and staff and those who come to its services and those who work in it. There is a wide range of people involved in our services including patients, visitors and relatives. Please tell us if anyone has or threatens to harm you and we will do all we can to remove this person from staff, visitors areas or visitors.

This message of this service is:



Required safety:
This includes being able to have the freedom of choice from others about what is said or done to you in a clinical or professional setting.
You may see or hear aggressive behaviour including discriminatory language, sarcasm or rudeness or harassment. It is the duty of staff to be aware of these behaviours and to take action to stop them. If you are a patient, visitor or staff member and you witness or experience this behaviour, please speak to your care team.
If you see or hear anyone having aggressive thoughts, please tell staff so they can only you feel safe and are better treated.

Safe from racial harassment:
An act of racial assault, this means to treat someone with racial or ethnic discrimination, bias or aggression.
It also includes anyone showing you an aggressive racial or ethnic attitude or behaviour that is unwanted.

Position of safety:
There may be times you feel unsafe, unsafe, uncomfortable or unsafe to stay in our clinical or professional services due to threatening behaviour from patients, visitors or staff members. If you are a patient, visitor or staff member and you witness or experience this behaviour, please speak to your care team.
However, it is your responsibility to make you feel safe if you feel unsafe or have any worries.

What you can expect from us:

We will:

- Provide you with clear and accurate information about your safety needs, e.g., 'I have only your care needs.'
- Understand and take your race, ethnicity and culture into account e.g., discussing the background of your mother.
- Respect your need for privacy and dignity e.g.,尊重 your confidentiality when caring for you.
- Offer to create and maintain safe and welcoming places to treat you securely or safely.
- Have higher levels of staff who are trained to deal with your needs if they are a member of ethnic minorities or very rare ethnicities.

What we ask of you:

We ask that you:

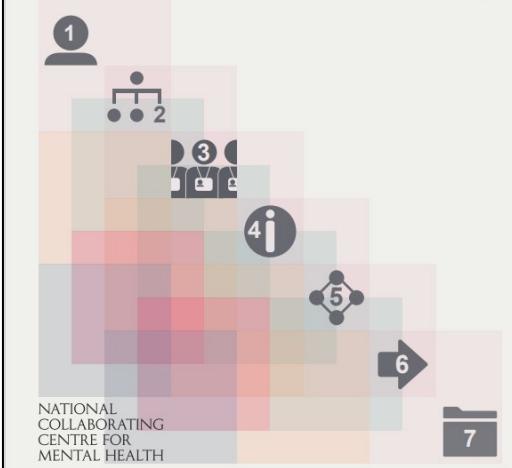
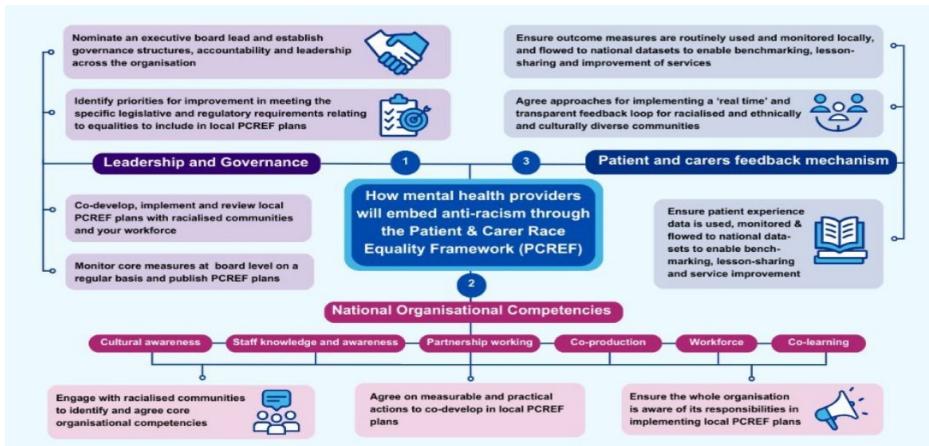
- Respect other people's privacy, do not take pictures of other people, our staff and visitors in any way.
- Do not threaten your dignity or respect of our services.
- Do not threaten anyone verbally, physically or sexually, and seek to resolve any conflicts that may lead to safety concerns.
- Let us know any ways we can help you to feel safe and improve our environments.
- If you feel you cannot tell us, please contact the Police on 999 or 112 if you have immediate concerns about your own and others' safety.

This poster was adapted with thanks to Intrinsic Partnership Foundation Trust and MHS Trusts International.

ACT AGAINST RACISM

Sexual Safety Collaborative

Standards and guidance to improve sexual safety on mental health and learning disabilities inpatient pathways

NHS England

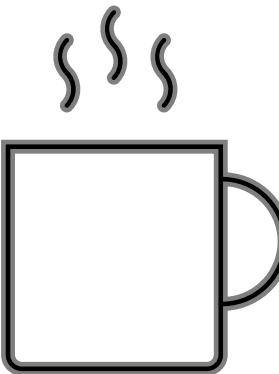
Date published: 16 October, 2024
Date last updated: 16 October, 2024

NHS England sexual misconduct policy

Publication (publications)

Break

10 mins



Trauma informed environments

Dr Philippa Greenfield

Consultant General Adult Psychiatrist / NLFT Trauma Informed Strategic Lead



Dr Sophie Bagge

Lived experience advisor





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Understand that physical environments and the workforce together create trauma informed services





Part of the healing or part of the harm?

“ Imagine for a moment, at the lowest ebb of your life... being admitted against our choice into a dreary, cramped environment... a place where staff battle against rather than use the surroundings therapeutically. ”

Dr Phil Moor - Chair NHS CC mental health Commissioner Network, NAPICU design guidance 2017



“Trauma informed spaces are not created by chance – they are intentionally co-created with service users, prioritising safety & trust to build environments where people feel truly seen, valued & able to focus on their healing”

Trauma Informed Elements

Soothing environments	Traumatising environments
<ul style="list-style-type: none">• Access to natural light and nature• Control of heat and light in bedrooms• Soft closers on doors so they do not slam• Carpeted areas and soft furnishings• Privacy notices for bedroom areas• Single sex areas• Positive disability access• Diverse imagery in art and information	<ul style="list-style-type: none">• Doors slamming• Hard floors and edges• Aggressive language in information and imagery e.g., 'zero tolerance'• Technical observation that invades privacy• Windowless rooms (for staff and service users)• No control of light or heat, access to outside space• No choice – for medication, refreshments or snacks

What are autism & trauma-informed approaches?



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- Consider and accommodate sensory, social, processing and perceptual differences.
- Understand, identify signs and recognise the impact of trauma, stress, and nervous system activation on everyone.
- Actively seek to not re-traumatise or generate more trauma for anyone.
- Actively advocate that everyone works on self-regulation and co-regulation.



Neurodiverse Connection

Activity: 'safety'

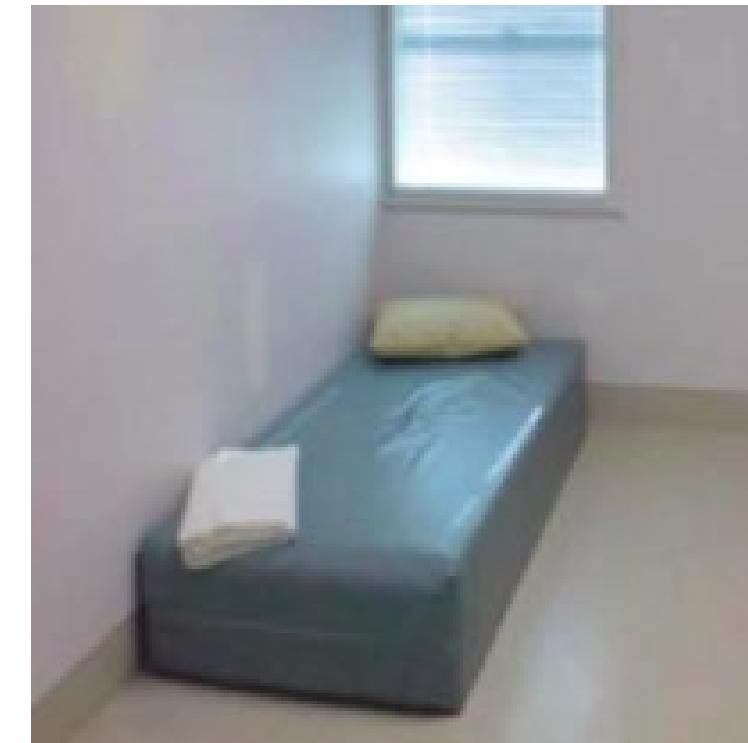
- 1) Other than chocolate, tea/coffee and a comfy sofa ... what comforts do you have? (smells, taste, sounds, touch)
- 2) What and who makes you feel safe and/or secure?
- 3) Name three things and/or people that help you to feel safe and/or secure?

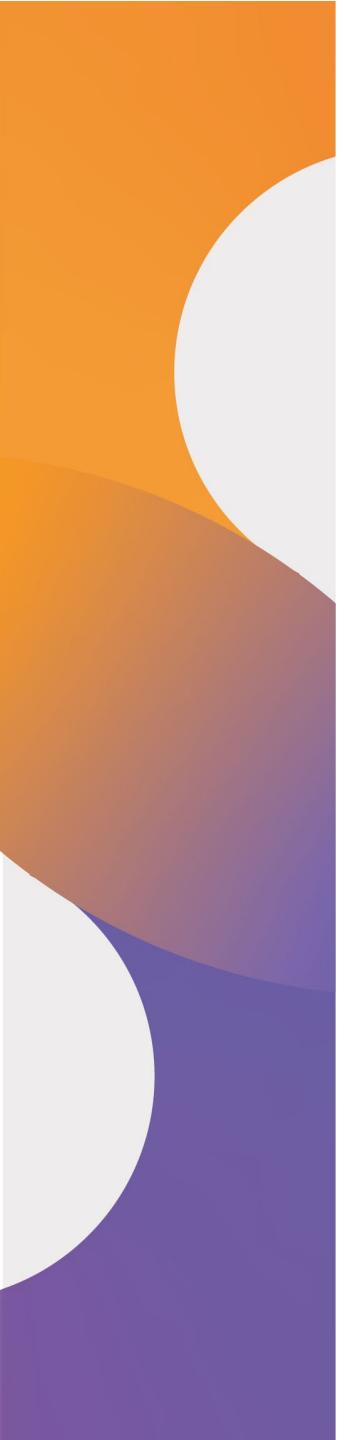


Use the QR code or link to provide your answers: <https://www.menti.com/alg6cgpq9fs>

Task 'safety'

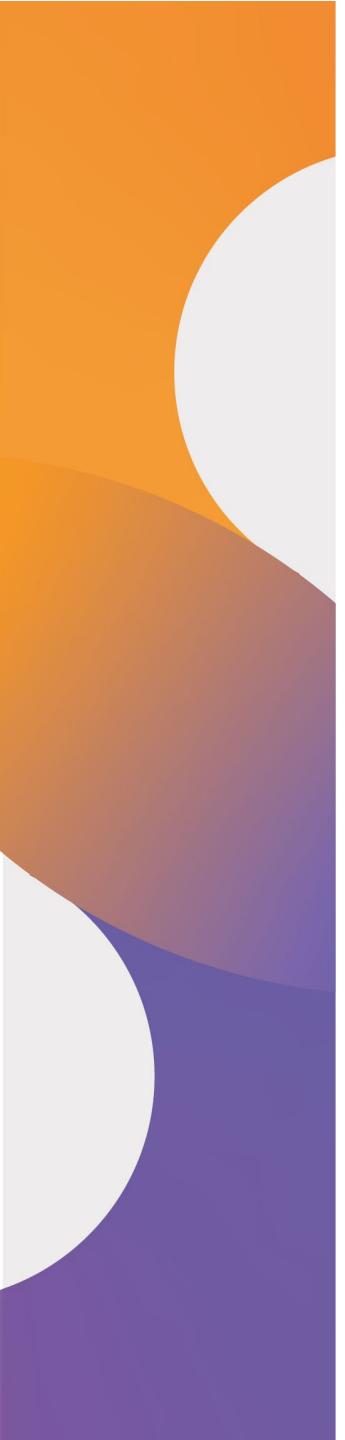
- How would you feel in this space?
- Who does it feel safe for?
- If you were to picture somewhere you felt safe, what are its characteristics?





What about risk?

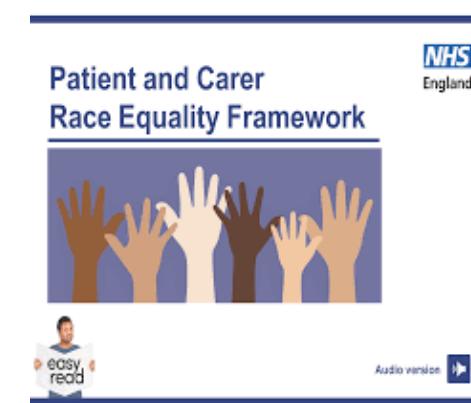
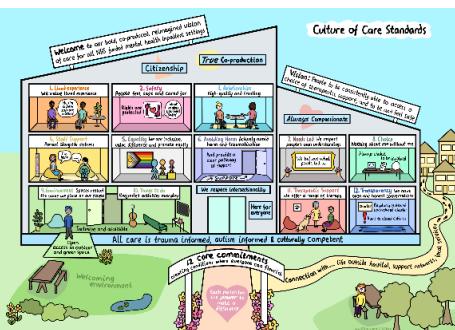
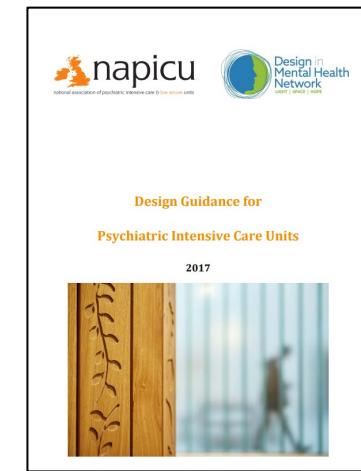
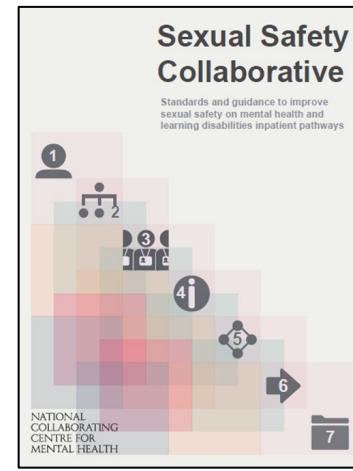
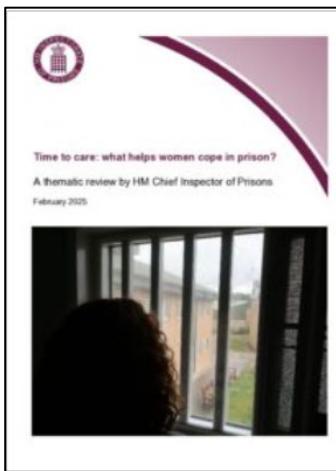
- Fire regulations
- Infection control
- Ligature points
- Health and safety



But what about risk of not doing this?

- Patient experience
- Restrictive practice
- Length of stay
- Staff burnout, wellbeing and retention
- Health inequalities
- Self-harm and suicide

Good practice guidelines



New Ways of Supporting Child Abuse and Sexual Violence Survivors



Supporting the workforce

Dr Sophie Bagge,
Lived experience advisor



Mark Farmer
National advisor





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Challenge inequality and secondary Trauma in our workforce as well as in those that we serve





Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England

December 2020

Chair - Professor Dame Jane Dacre

Lead Researcher - Professor Carol Woodhams



WPSMS
The Working Party on Sexual
Misconduct in Surgery

[Breaking the Silence. Addressing Sexual Misconduct in Healthcare.pdf](#)

He wanted sexual favours in return for signing a form/signing me off. This person is still working with vulnerable people.

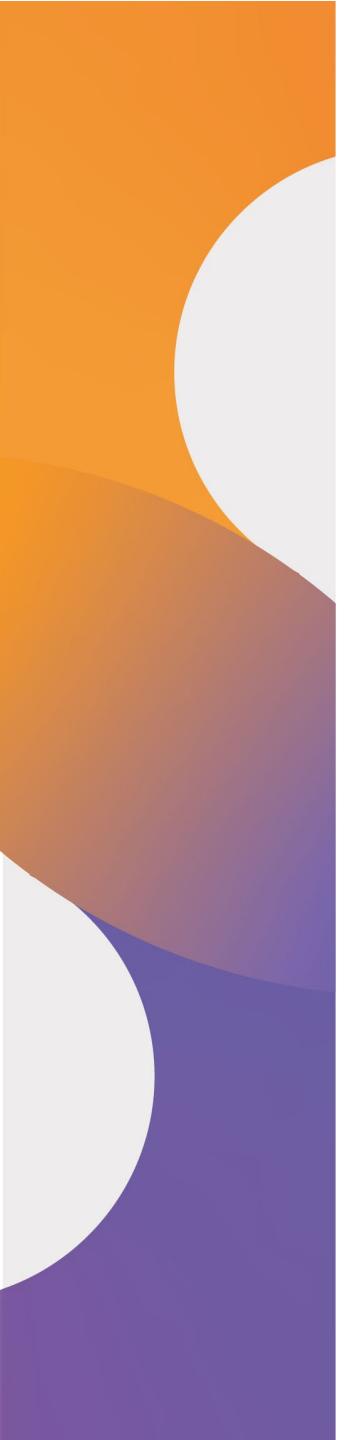
A pornographic image was sent on a consultant WhatsApp group. I called it out and multiple subsequent discussions have been time consuming, upsetting and disruptive. Separate groups have now formed and I am not included in those where this kind of material is being shared.



I had been warned about this consultant's behaviour by other female trainees before starting the job. I had also been told that a female trainee that had complained about him was blacklisted and not trained. All behaviour warned about happened: back/neck massages, hip thrusting, fixing his mask on your shoulder, an 'accidental' boob graze.

I can't bring myself to officially name him because it's a small world and I'm afraid of how he may influence other seniors in my future career.

The orthopaedic consultant, during an operation, discussed with his (male) trainee how they like blow jobs. It was my first day in theatre.



Trauma and the workforce

Burnout, compassion fatigue, vicarious trauma and stress are significant issues for staff and the consequences for the whole organisation

Consider:

- Support for staff experiencing trauma
- Staff environments
- Addressing issues of inequality & discrimination
- Policies and process
- Addressing the risk of vicarious trauma

A Trauma Informed Approach to our Workforce

ACT AGAINST RACISM

Tackling racism in the workplace:

Resources and guidance to help mental health employer organisations and employees

Date published: 16 October, 2024

Date last updated: 16 October, 2024

NHS England sexual misconduct policy

[Publication \(/publication\)](#)

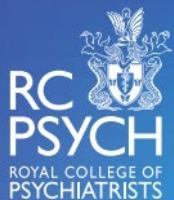
Content

- 1. Purpose
- 2. Scope

Operation Cavell

Gender Pay Gap Action Plan

The College has created a new Gender Pay Gap Action Plan to help tackle the significant inequalities that still exist within mental health services.



RCPsych will soon be launching **Providing Reasonable Adjustments** - essential guidance for mental health employers to help drive practical, meaningful change across mental health services.

Shaped by those with lived experience, it includes the following recommendations:



CR234

Supporting mental health staff following the death of a patient by suicide: A prevention and postvention framework

December 2022

COLLEGE REPORT

Trauma informed leadership

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National Advisor





C&I Trauma Informed Organisation. 2021
McNicholas S, Greenfield P, Rose A

Whole Organisational Change





Change and learning must come from the top of the organisation!

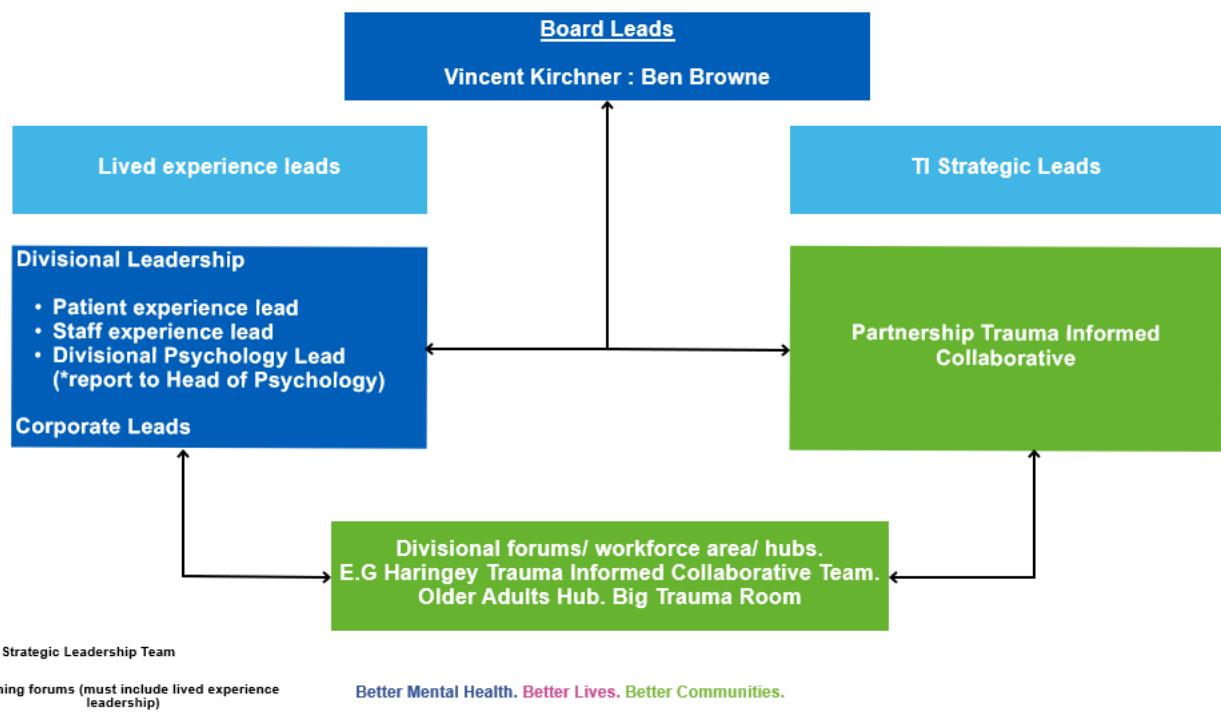
Consider:

- How the board is Trauma informed
- Governance to create and sustain change across the whole organisation
- What are measures of success?

Embedding Trauma Informed change through existing structures and governance



TI Governance Structure



TI Position Statement

Safety & quality measures:

- Incidents of restrictive practice
- Incidents of sexual harm
- Incidents of AWOL
- Number of bank staff on shift
- Staff burnout questionnaire
- Patient experience questionnaire

Recognising harmful cultures

Place a higher priority on 'risk management' than human relationships

overuse of restraint and coercion

The needs of service users become secondary to the needs of staff

Unhealth coping mechanism such as lacking empathy when dealing with overwhelming pressure

Poor working practices such as lack of supervision

Practice is no longer driven by the organisations values

rigid professional hierarchies

Reinforcing people's helplessness and hopelessness

The impact of re-traumatising systems on staff & organisations

Individual:

- Policies and practices that staff may be required to perform can conflict with personal and ethical codes of conduct. Coping strategies may be harmful including “shutting off” and unable to show empathy,’ or othering

Organizational/ Institutional

- Harmful institutional cultures in which ‘power over’ relationships dominate place a higher priority on risk management than human relationships
- Practice is no longer driven by the organisations values; instead, the needs of service users become secondary to the needs of staff,
- Poor working practices such as lack of supervision, rigid professional hierarchies are often features
- Can result in:
 - overuse of restraint and coercion even when less restrictive options are available.
 - Reinforcing people’s helplessness and hopelessness.
 - Dehumanising both staff and service users and lead to human rights violations

Themes and learning from Mid Staffs report (2013) Matters relating to Jimmy Saville (2015) & Sweeny et al. 2016

Summary and closing activity

- What is one thing that you have learnt and/or reflected on during this session?
- What is one action you can take which supports a trauma-informed approach in the work you do?



Use the QR Code or following link to provide your answers:
<https://www.menti.com/alg6cgpq9fs>

Next Steps and wrap up

Gbenga Adedeji

Quality Improvement Coach, NCCMH



Who's in the room?

Please kindly scan the QR Code, or click on the link available in the chat, to add your details to today's register.

It will really help us to understand who has attended today and from which departments – thank you!



[Registration: Org Support Virtual Learning](#)
[Session 2: Trauma Informed approaches –](#)
[Fill in form](#)

With gratitude

- Thank you so much for coming today and for the work you continue to do to influence services and try to improve things for patients and families.
- If you could kindly scan the QR code and provide your feedback.



[Feedback Form - Culture of Care Organisational Support \(Trauma informed\) – Fill in form](#)