

Culture of Care

Trauma Informed Organisations

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

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



Neurodiverse
Connection



NCISH

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?**

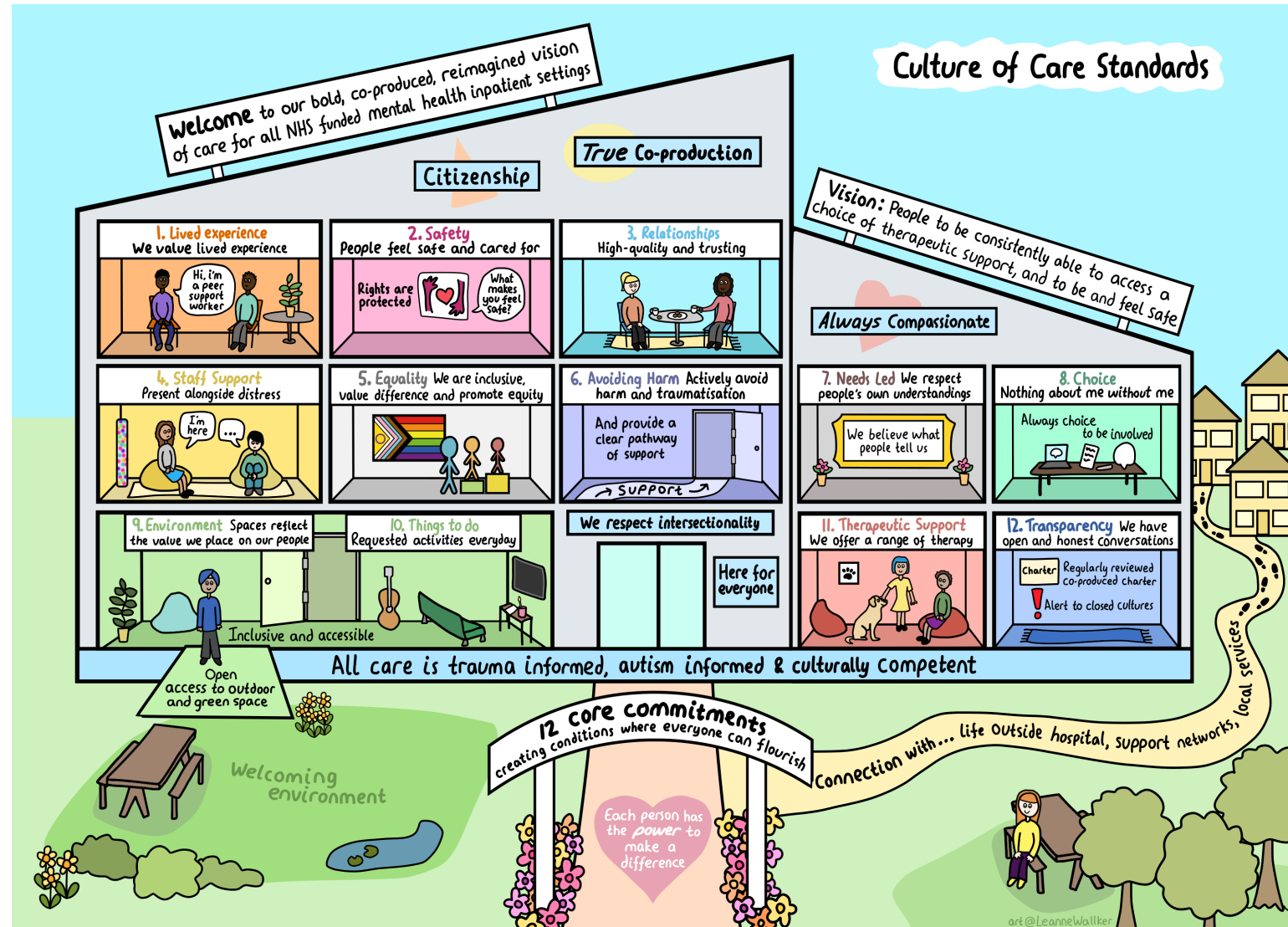
Alternatively, please provide your answers in the chat.



QR Code Link:
<https://www.menti.com/algy6cgpq9fs>

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

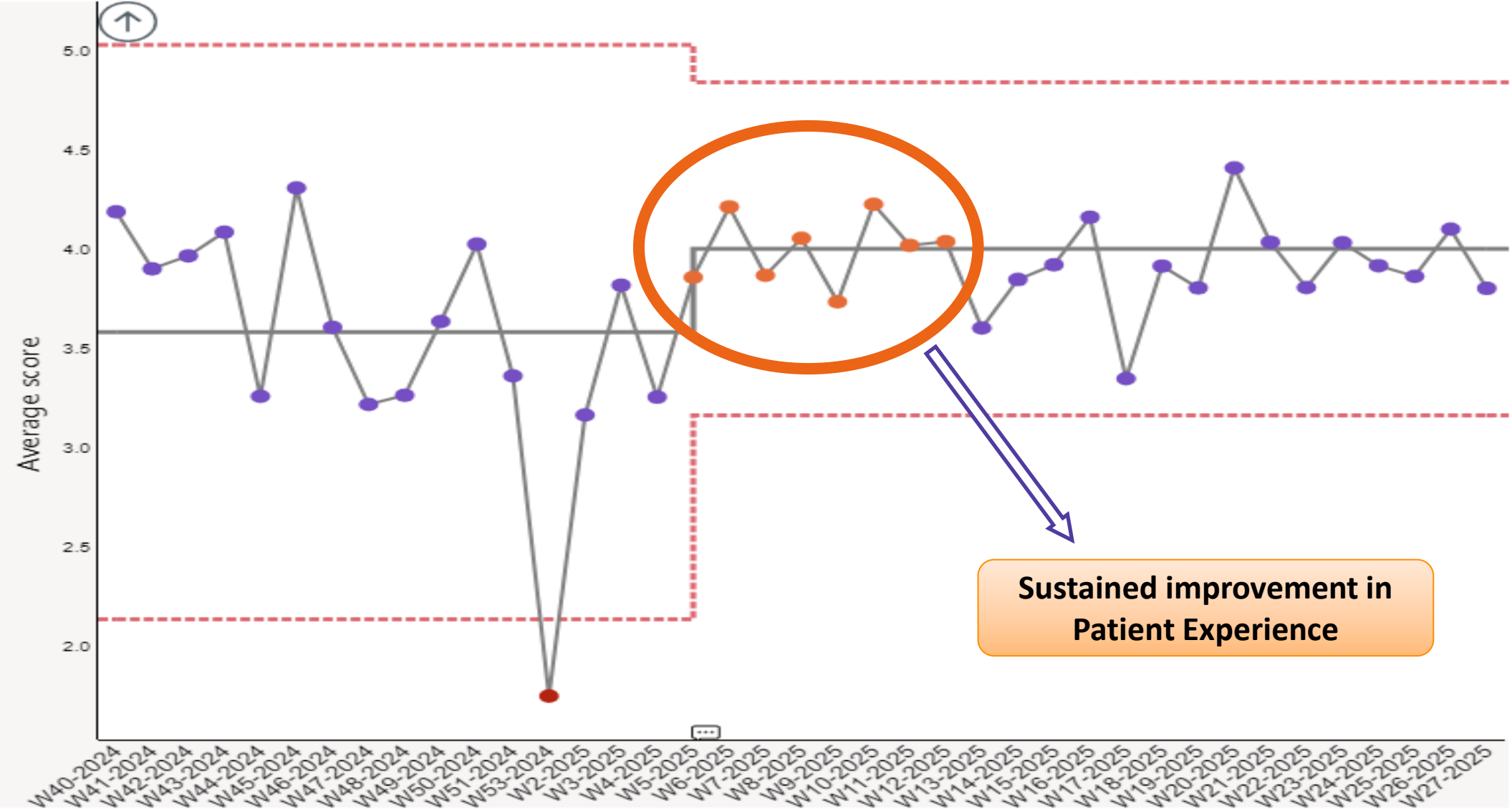
150+

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

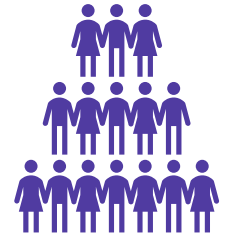
Connect

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*



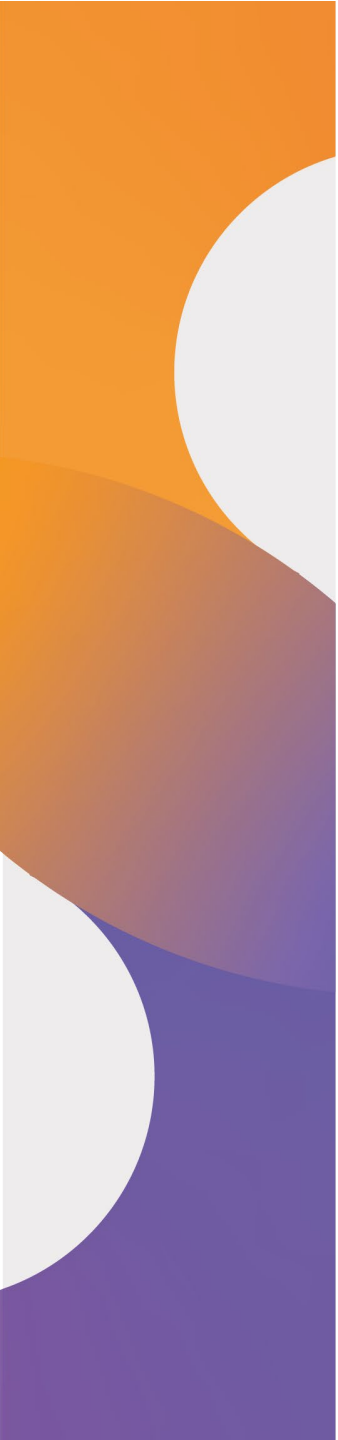
Jason Grant-Rowles

*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

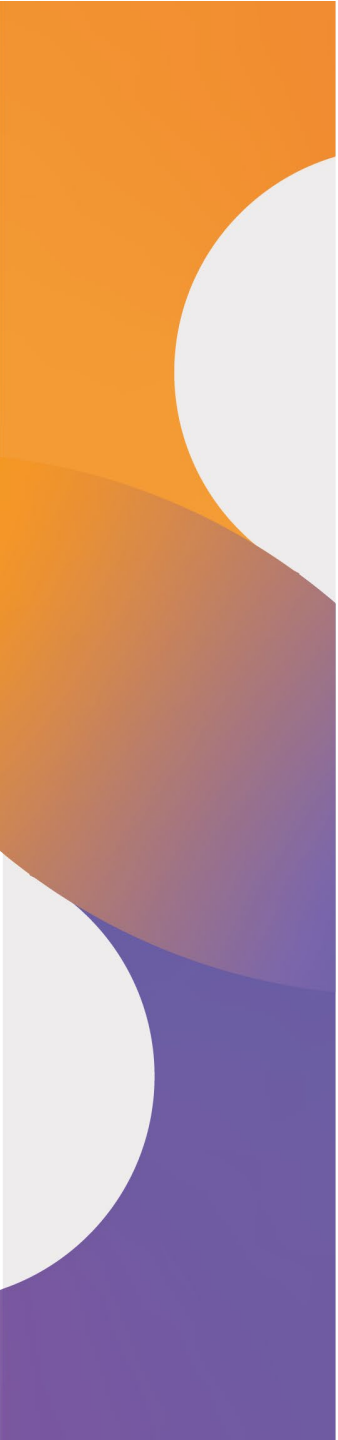
Consultant General Adult Psychiatrist / NLFT Trauma Informed Strategic Lead



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**

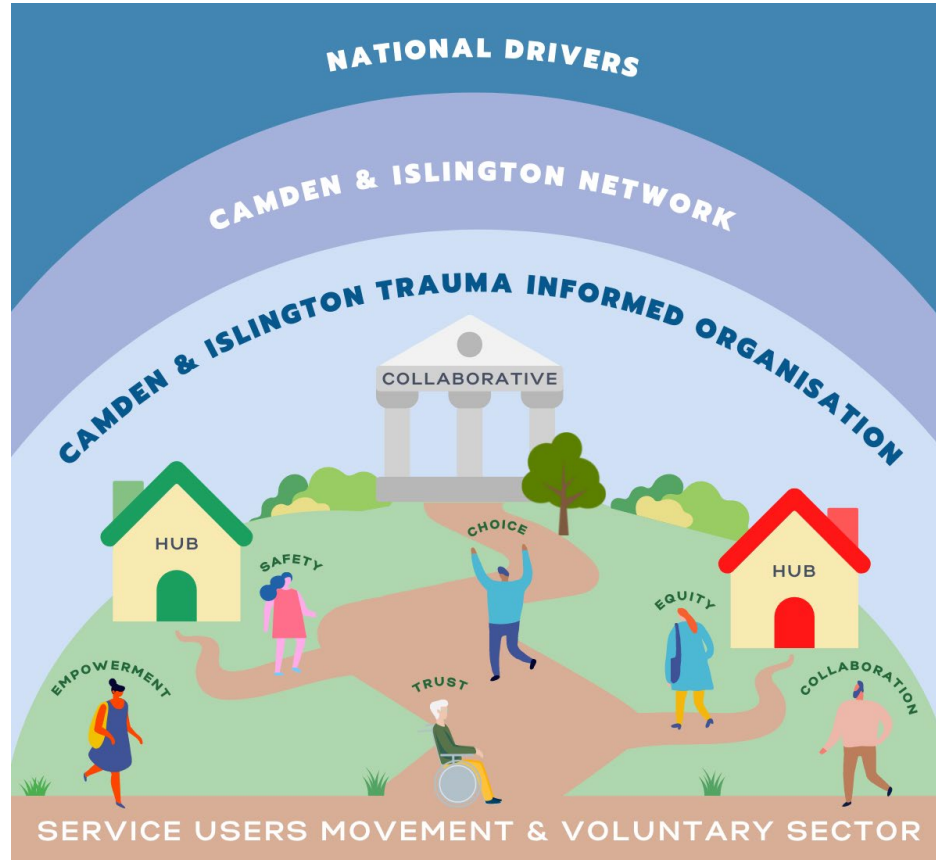


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Not 'something else to do', but a 'lens' to apply to all we do!

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

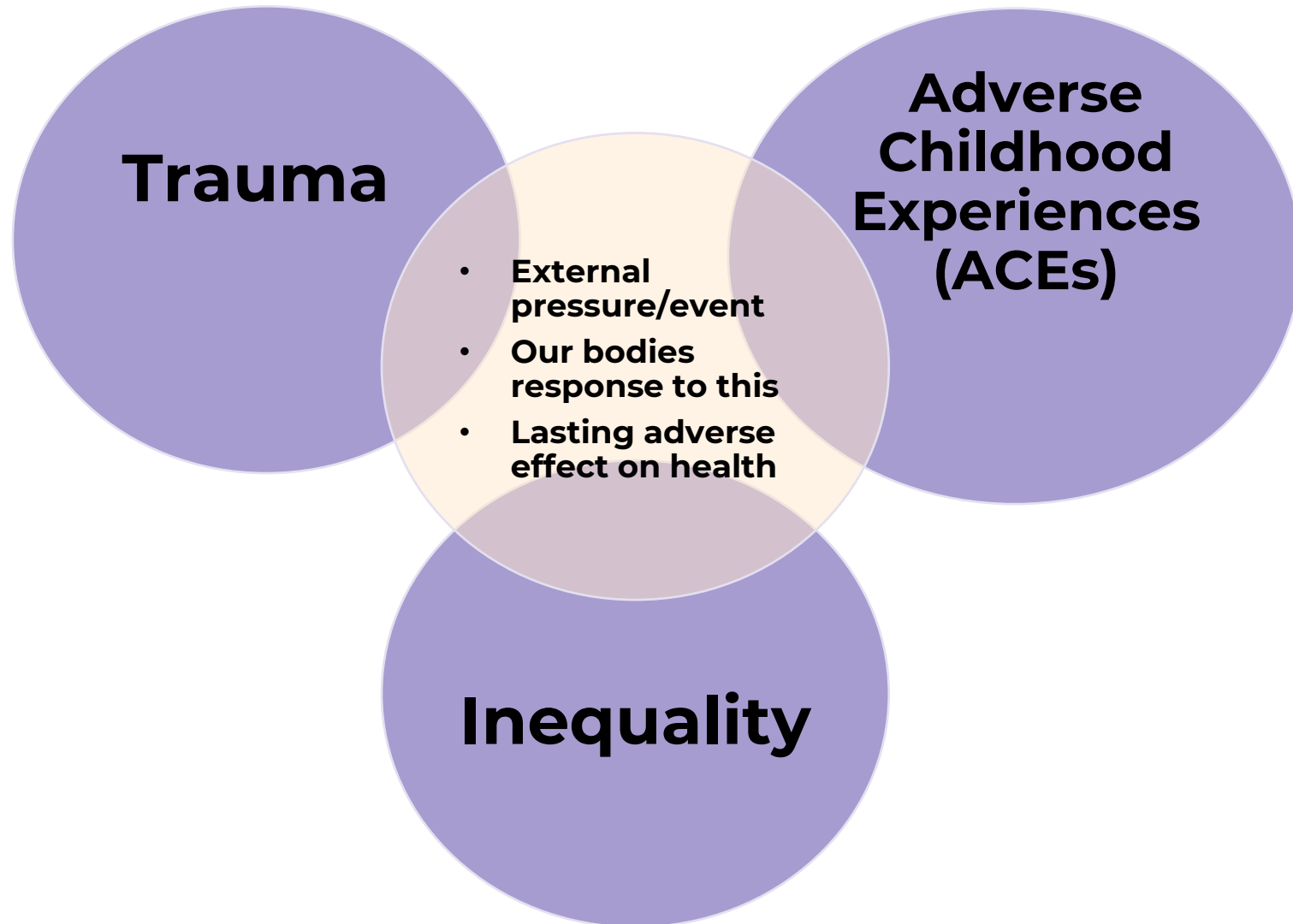
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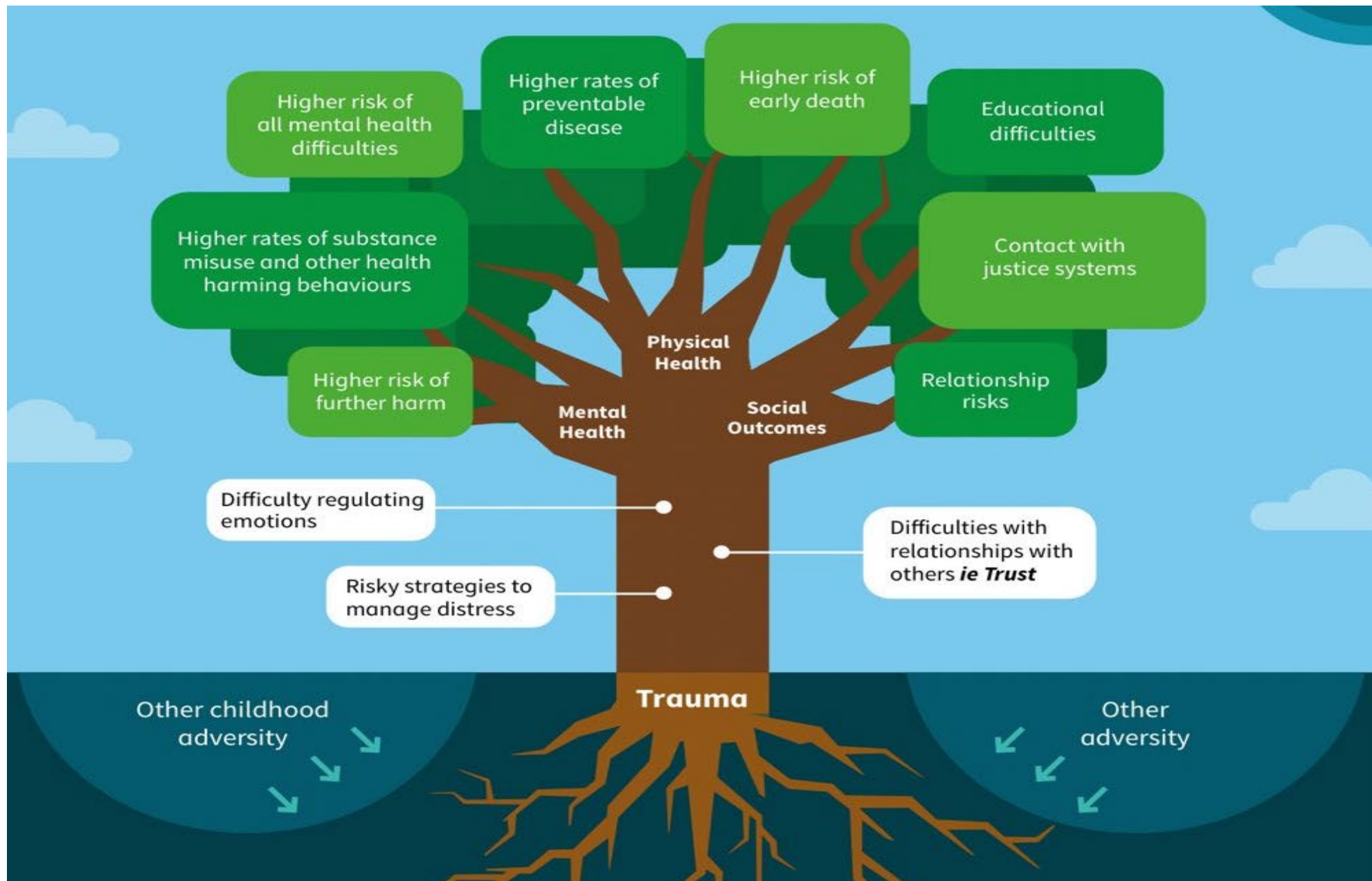
Bringing authentic expertise

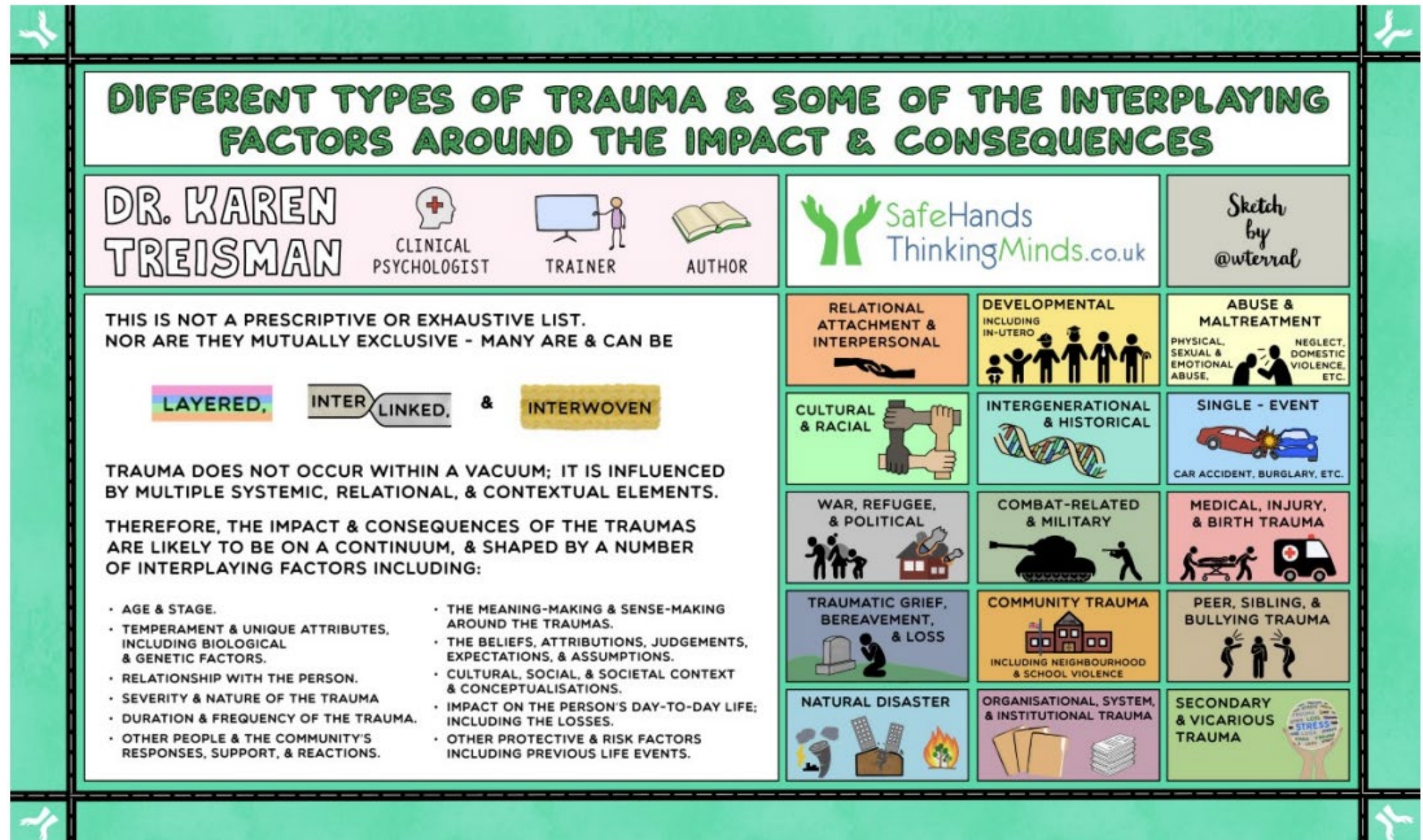


Time to reflect

What is 'trauma'?

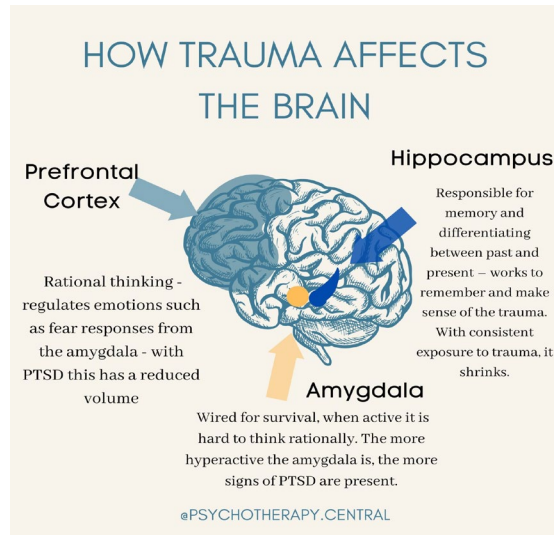




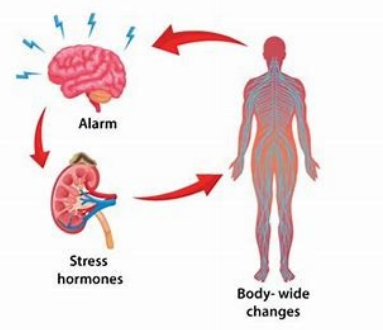


Understanding the impact of trauma – Biopsychosocial approach

The brain



Stress hormones



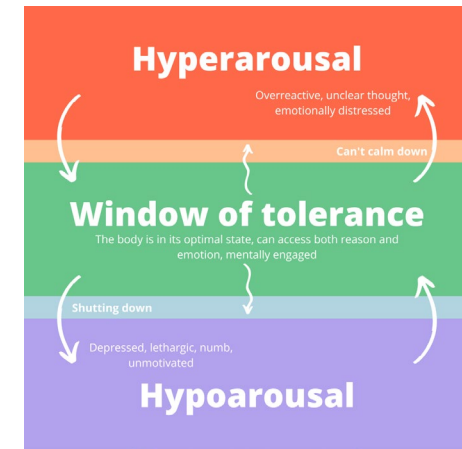
Social political climate



Psychological experience

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

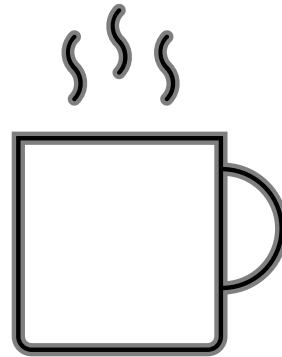
Health 'behaviours'





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 traumatise 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 Maté —

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

When you are in our services, you have the right to feel safe. Our Trust has a duty of care to protect and support those who come to our services and those who work in them. This duty can be expressed in a number of ways including physical, sexual and emotional. Please tell someone if anyone hurts or threatens to hurt you and we will act on this, whether this comes from staff, service users or visitors.

The message of this section is:

Physical safety

This includes feeling safe from the threat of harm from others as well as actual physical harm.

You may see or hear aggressive behaviour including the use of language such as racism or discrimination. It is the duty of staff to intervene if it threatens to become physical or if there is a risk of harm. If you see something concerning and you are not sure what to do, please tell staff so they can help you feel safe and secure in our services.

Racism from service users

Racism is a social issue. It is a way of thinking, feeling or acting that is based on race or ethnicity. It can be a way of thinking, feeling or acting that is based on race or ethnicity. It can be a way of thinking, feeling or acting that is based on race or ethnicity.

Physical Safety

There may be times you feel afraid, unsafe, or angry and want to stay in or out of our services or be safe. There may be times you feel afraid, unsafe, or angry and want to stay in or out of our services or be safe. There may be times you feel afraid, unsafe, or angry and want to stay in or out of our services or be safe.

What you can expect from us:

We will:

- Provide you with information to help you feel safe and secure, e.g. tell you what your rights are.
- Take action to stop racism, and racism, and racism, e.g. taking the racism of your racism.
- Make sure you feel safe and secure, e.g. taking the racism of your racism.
- Make sure you feel safe and secure, e.g. taking the racism of your racism.
- Make sure you feel safe and secure, e.g. taking the racism of your racism.

What we ask of you:

We ask that you:

- Respect other people's privacy, do not take pictures of other people, or take pictures of other people.
- Do not take pictures of other people, or take pictures of other people.
- Do not take pictures of other people, or take pictures of other people.
- Do not take pictures of other people, or take pictures of other people.
- Do not take pictures of other people, or take pictures of other people.

ACT AGAINST RACISM

Sexual Safety Collaborative

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

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

How mental health providers will embed anti-racism through the Patient & Carer Race Equality Framework (PCREF)

1. Leadership and Governance

- Nominate an executive board lead and establish governance structures, accountability and leadership across the organisation
- Identify priorities for improvement in meeting the specific legislative and regulatory requirements relating to equalities to include in local PCREF plans
- Co-develop, implement and review local PCREF plans with racialised communities and your workforce
- Monitor core measures at board level on a regular basis and publish PCREF plans

2. National Organisational Competencies

- Cultural awareness
- Staff knowledge and awareness
- Partnership working
- Co-production
- Workforce
- Co-learning

3. Patient and carers feedback mechanism

- Ensure outcome measures are routinely used and monitored locally, and flowed to national datasets to enable benchmarking, lesson-sharing and improvement of services
- Agree approaches for implementing a 'real time' and transparent feedback loop for racialised and ethnically and culturally diverse communities

4. Ensure patient experience data is used, monitored & flowed to national datasets to enable benchmarking, lesson-sharing and service improvement

- Engage with racialised communities to identify and agree core organisational competencies
- Agree on measurable and practical actions to co-develop in local PCREF plans
- Ensure the whole organisation is aware of its responsibilities in implementing local PCREF plans

Date published: 16 October, 2024

Date last updated: 16 October, 2024

NHS England sexual misconduct policy

Publication (publication)



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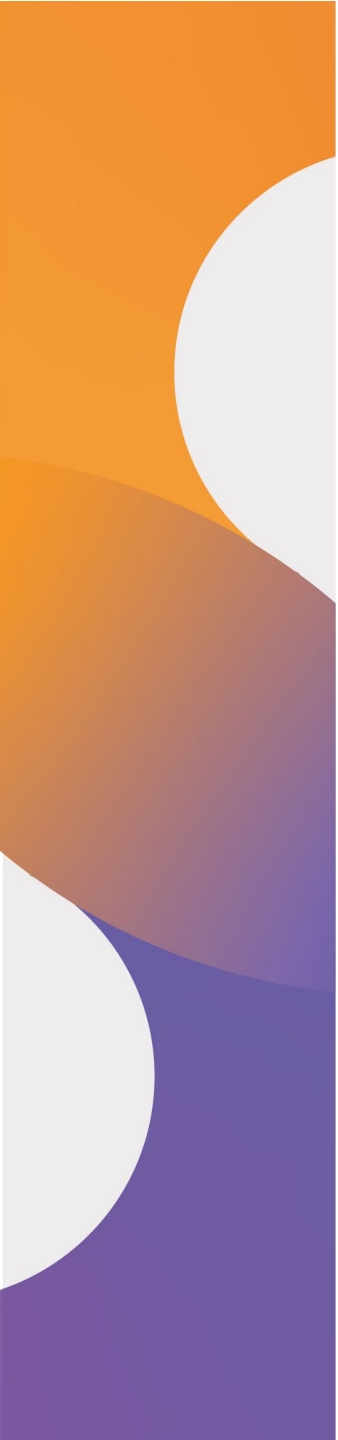
Understand that physical environments and the workforce together create trauma informed services



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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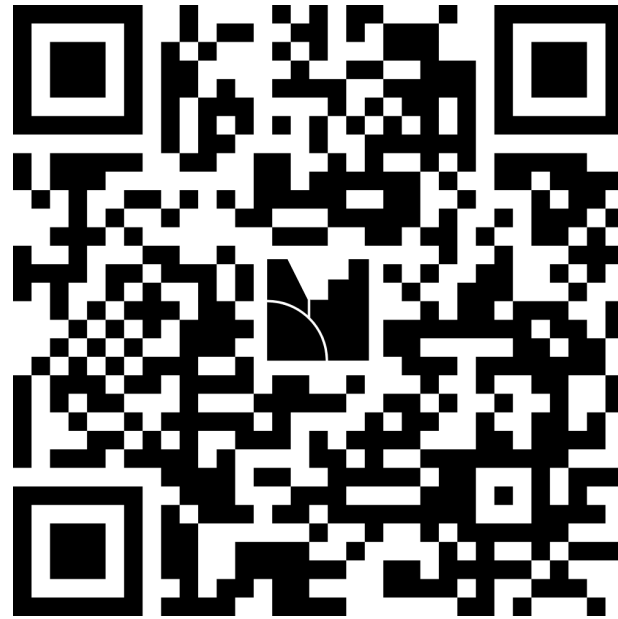
- Consider and accommodate sensory, social, processing and perceptual differences.
- Understand, identify signs and recognise the impact of trauma, stress, and nervous system activation on everyone.
- Actively seek to not re-traumatise or generate more trauma for anyone.
- Actively advocate that everyone 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/algy6cgpq9fs>

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?

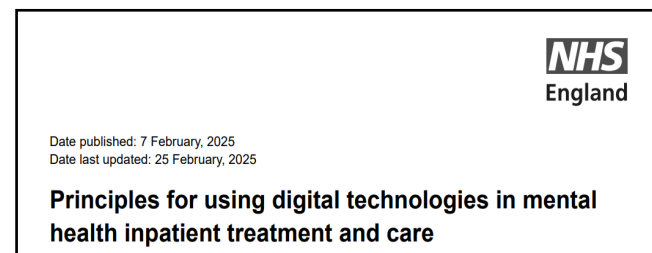
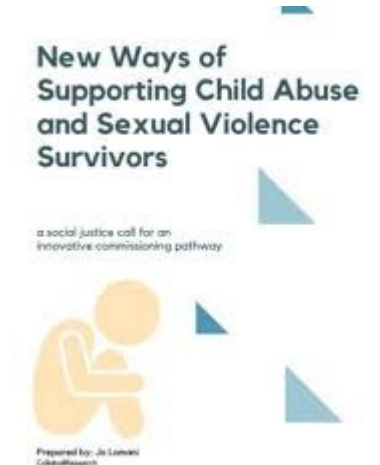
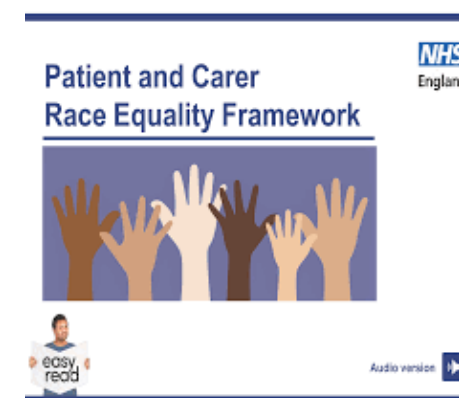
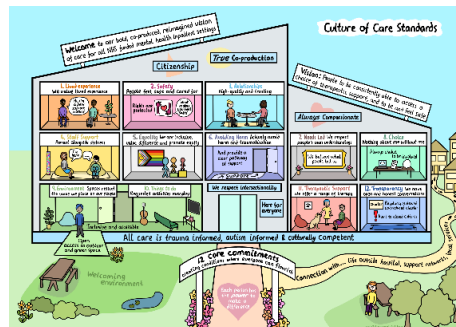
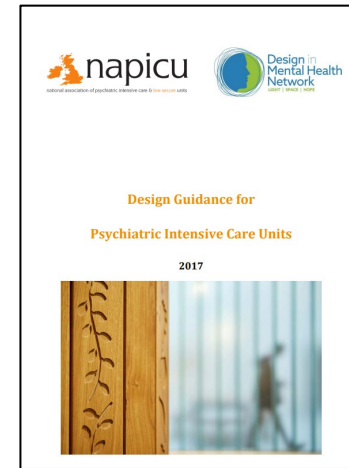
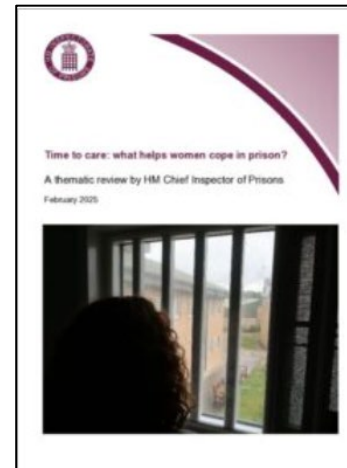
- Fire regulations
- Infection control
- Ligature points
- Health and safety



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



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



[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 \(/publication\)](#)

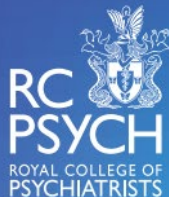
Content

- 1. Purpose

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

Dr Philippa Greenfield

Consultant General Adult Psychiatrist / NLFT Trauma Informed Strategic Lead



Mark Farmer

National Advisor





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Whole Organisational Change





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

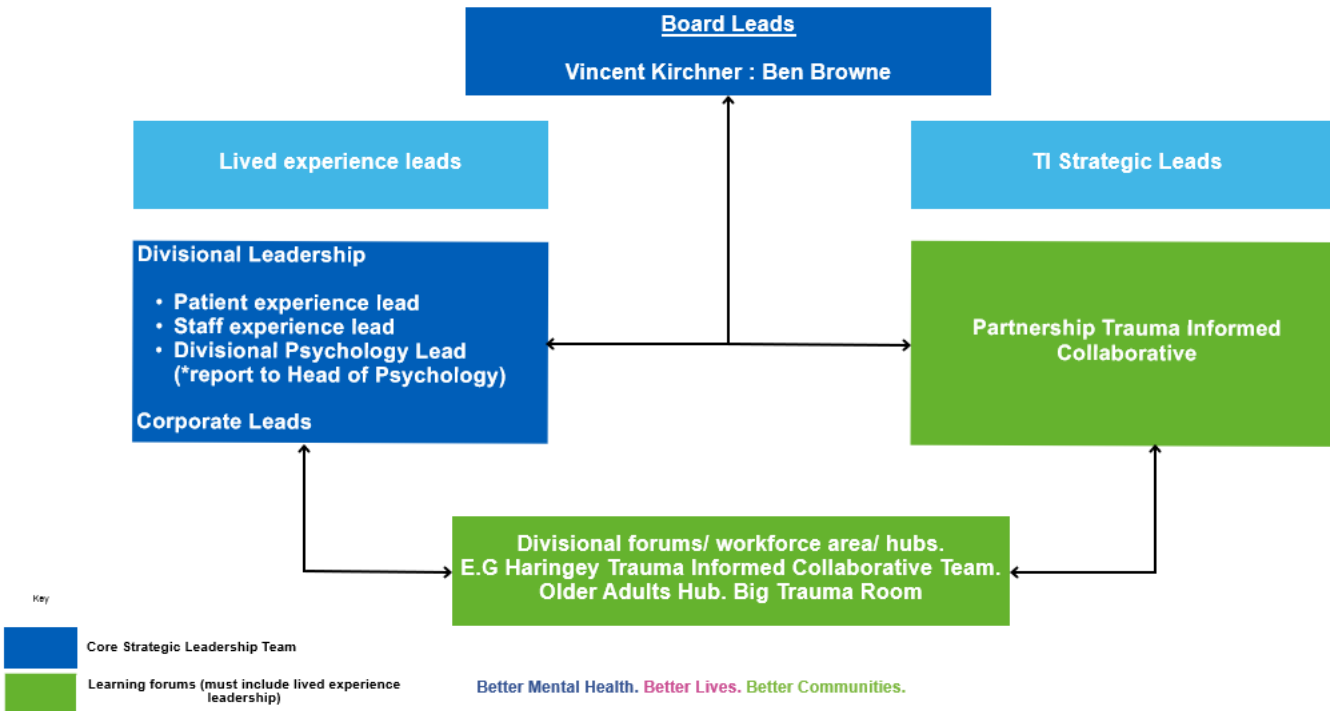
Consider:

- 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

NHS
North London
NHS Foundation Trust



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/algy6cgpq9fs>

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](#)