



**Health  
Innovation**  
Oxford & Thames Valley



**Surrey and Borders  
Partnership**  
NHS Foundation Trust



Surrey and Northeast Hampshire

# Trauma-informed service

Framework and toolkit report

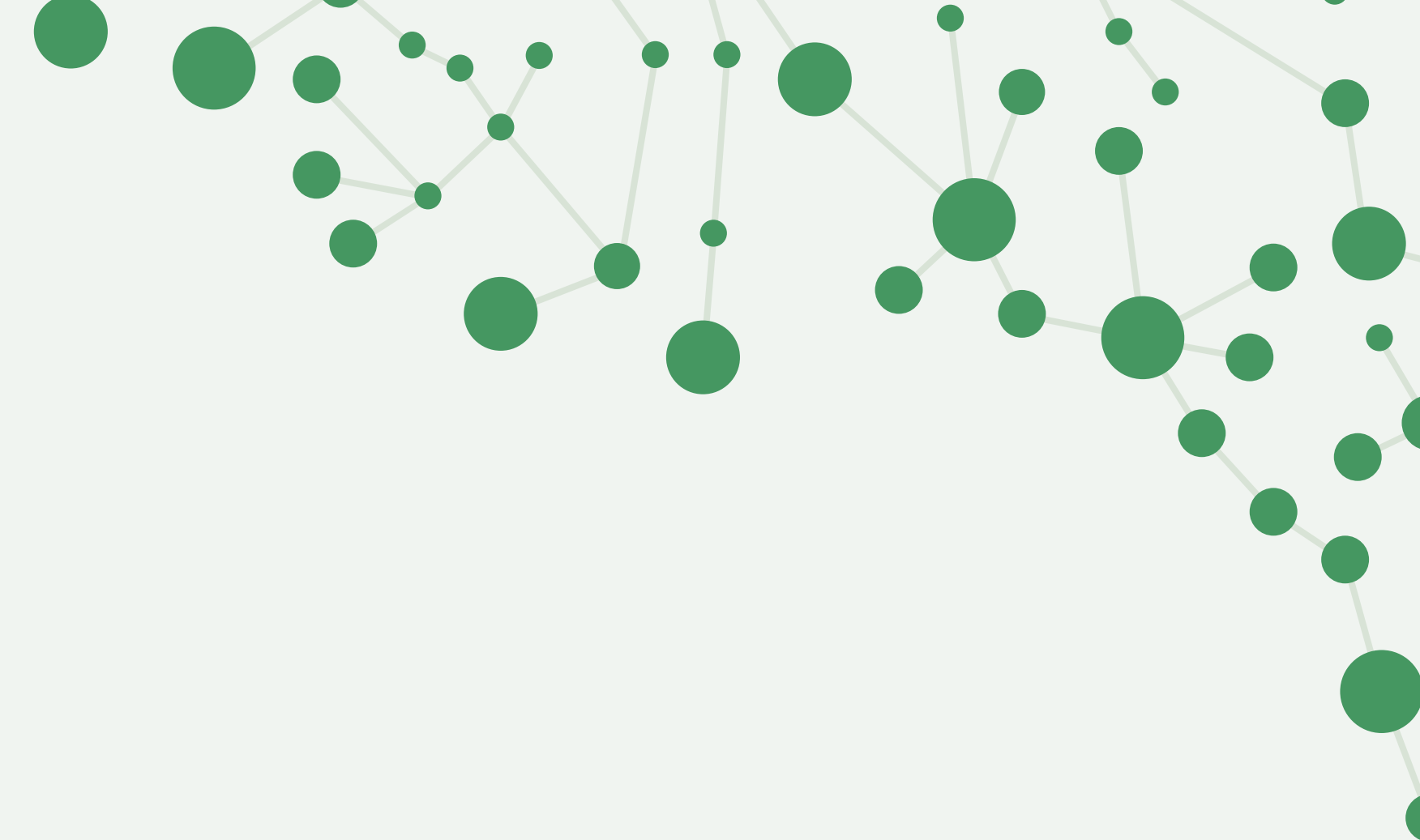
End of year one 2023

# Overview

This report forms part of a series, evaluating the implementation of the trauma-informed programme offered by the Surrey and Northeast (NE) Hampshire trauma-informed service.

**Previous reports in this series can be found [here](#).** The service codesigned and cocreated the Trauma-informed Approach Framework and Toolkit (Surrey & Borders Partnership NHS Foundation Trust, 2023). The framework and toolkit were made available to anyone with interest in trauma-informed approaches November 2023 via an online registration form, individuals who registered to download the framework and toolkit were informed that they may be contacted for their feedback.

The service commissioned Health Innovation Oxford and Thames Valley to collect the perspectives and feedback of those who had downloaded the framework and toolkit. This report examines the feasibility and useability of the framework from the perspectives of those who downloaded a copy of the document. Data analysed within this report includes the initial registration form, an online follow-up feedback survey sent to all those who registered, and interviews with individuals who agreed to participate for further feedback.



# Registration data

The registration form to download the framework and toolkit was available from November 2023 to February 2024. During this time period, the framework and toolkit were requested 499 times.

## Demographics

### Framework and toolkit requests by sector by sector and county

The majority of individuals requesting a copy of the framework and toolkit worked in the healthcare sector (n=291).

### Sector - Number of individual requests



The framework and toolkit were requested by individuals working in over 40 different counties across the UK. The highest numbers of requests were from people in the Southeast of England, however geographically requests to view the framework covered the whole of England and Scotland. A full list of all downloads by county can be found in Appendix A.

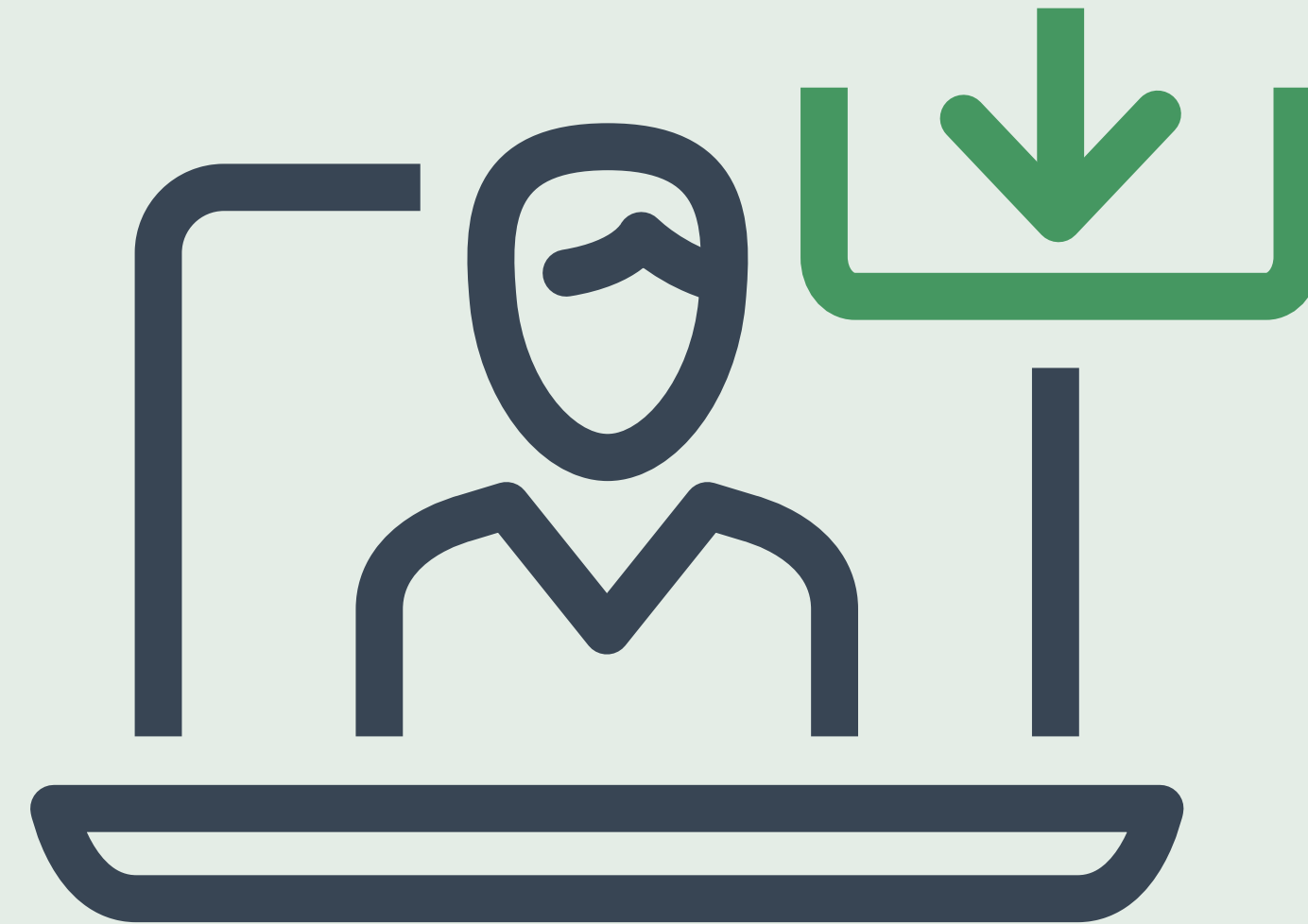
Surrey	308
Hampshire	43
London	18
Yorkshire	15
Cumbria, Northumberland, Tyne and Wear	11

Table 1. Number of framework downloads by county

# Framework and toolkit requests by service and organisation

Individuals who requested the framework and toolkit reported working in 223 different services. Service level detail reported by individuals was variable with some reporting specific teams they worked in and others general areas. Where possible services were aggregated. A full breakdown of reported services is available on request.

Individuals reported working for 149 different organisations. The organisations with the most downloads can be seen in Table 3. The highest number of requests to download the framework came from Surrey and Borders Partnership NHS Foundation Trust (SABP) (n=119). A full breakdown of requests by organisation is available on request.



Surrey and Borders Partnership NHS Foundation Trust (SABP)	119
Surrey County Council	84
Richmond Fellowship	12
Mary Frances Trust	10
Andover Mind	7

Table 2. Number of framework downloads by organisation

# Framework and toolkit requests by job title

The following job role categories were allocated during analysis from individual’s self-reported job titles. As interpretation of job titles was utilised by the evaluation team in order to aggregate data and job titles varied greatly across organisation, there may be some cross-over between the categories. The same aggregation rules were applied as were used in previous reports in this series. A full list of job titles can be provided on request.

## Job role - Number of individual downloads

Clinical/Front Line	316
Non-clinical/Administrative/Corporate	109
Service Lead/Team Manager	63
Educator	11

Table 3. Number of individual downloads by job role



**Clinical/Front Line** – job roles in this category included psychologists, counsellors, nurses, support workers, midwives, social workers and GPs.

**Service/Team Manager or Lead** – job roles in this category included service managers, team leads, clinical leads and operational managers.

**Non-clinical/Administrative/Corporate** – job roles in this category included strategic managers, directors, commissioners, CEOs, project managers and administrators.

**Educators** – job roles within this category included teachers, lecturers and specialist teachers.

# Reasons for requesting the framework and toolkit



# Feedback survey

## Demographics

A feedback survey was sent to all those who registered to access the framework and toolkit. 20 people participated in the online survey that was open from March to May 2024. The survey was sent between one and four months from the time individuals completed the registration form. Three of the survey respondents agreed to participate in a follow-up interview to give further feedback.

Over half of the follow-up feedback survey respondents worked in the healthcare sector (n=12), five in social care, two in voluntary, community, faith and social enterprise, and one person indicated they worked across all sectors. Most of the respondents reported working in the county of Surrey (n=14).

## Sector - Number of responses



Surrey	14
Berkshire	2
Black Country	1
Cheshire	1
Lancashire	1
North East and Cumbria	1

Table 4. Number of responses by county

Respondents were asked which organisation they worked in. The highest number of responses were from people working in SABP (n=5), followed by Mary Frances Trust (n=3) and Surrey County Council (n=3). A full breakdown of respondent reported organisations can be viewed in Appendix C. Respondents were also asked which service they currently work in, and responses to this were widespread. See Appendix D for a full breakdown of reported services. Appendix E lists all feedback survey questions.



# First impressions of the framework and toolkit

Respondents were asked about their first impressions of the framework and toolkit. Responses were grouped into the themes below. Where indicated, responses from interviews have also been included with this feedback. One respondent commented on the lengthy size of the document and another respondent reported finding the layout a little confusing, however overall feedback was largely positive.

## Well-presented and professional



## Useable and inclusive





# What did you most like about the framework and toolkit?

Respondents were asked what they liked most about the framework and toolkit and responses were grouped into the following themes.

## Case studies

"I very much enjoyed reading the case studies and seeing how different services and members of staff have embedded the principles of TIA into their practice."

Interviewees also commented on the helpful addition of case studies.

"I loved your case studies... if you put case studies in, it's so much realer to people. Especially leaders. They don't get it otherwise. Not unless you relate it."

## Presentation and layout

"It has been broken down into sections, manageable chunks **in core areas to focus on**, meaning you can break it down into project areas to focus on. The framework gives you examples and checklists."

"Structure and easy access sections with colour coding."

At interview the usability of the layout was also commented on.

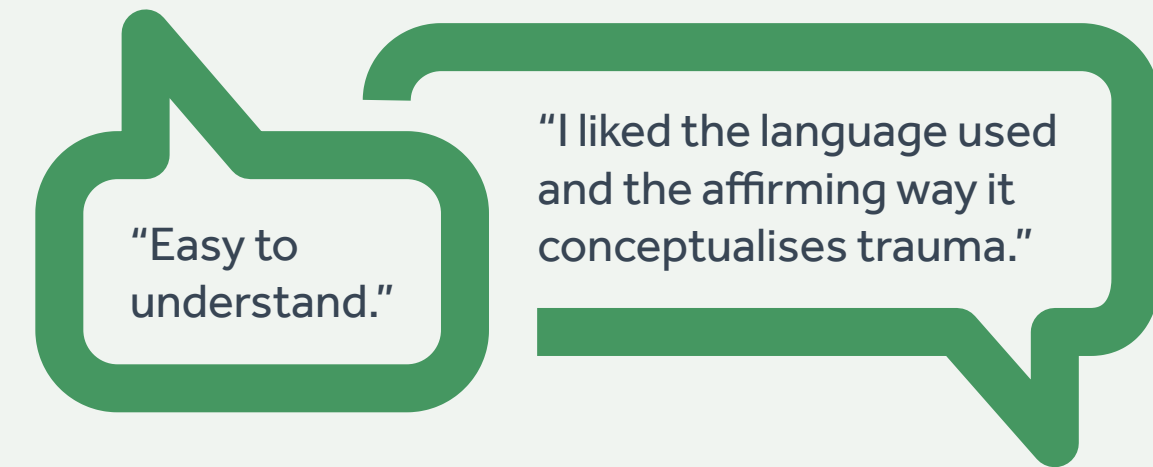
"I love the toolkit. I just love the **whole thing**... I can't even imagine how much work went into it... it's very logical and intuitive.. I like the very clear way that it explained, like terms, so glossary and things like that."

"The framework is **comprehensive and works through** all service areas methodically."

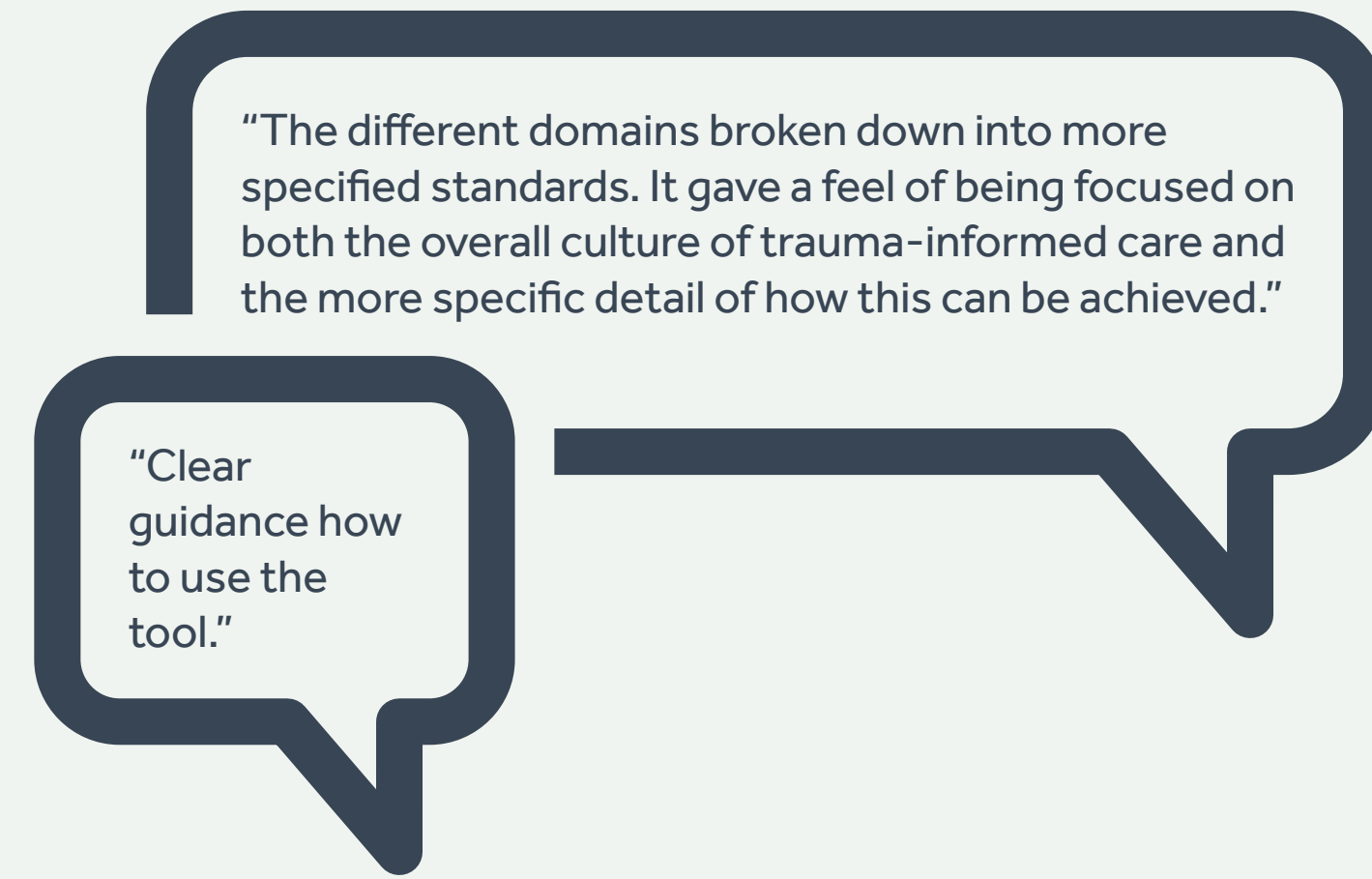
# What did you most like about the framework and toolkit?

Respondents were asked what they liked most about the framework and toolkit and responses were grouped into the following themes.

## Accessible language



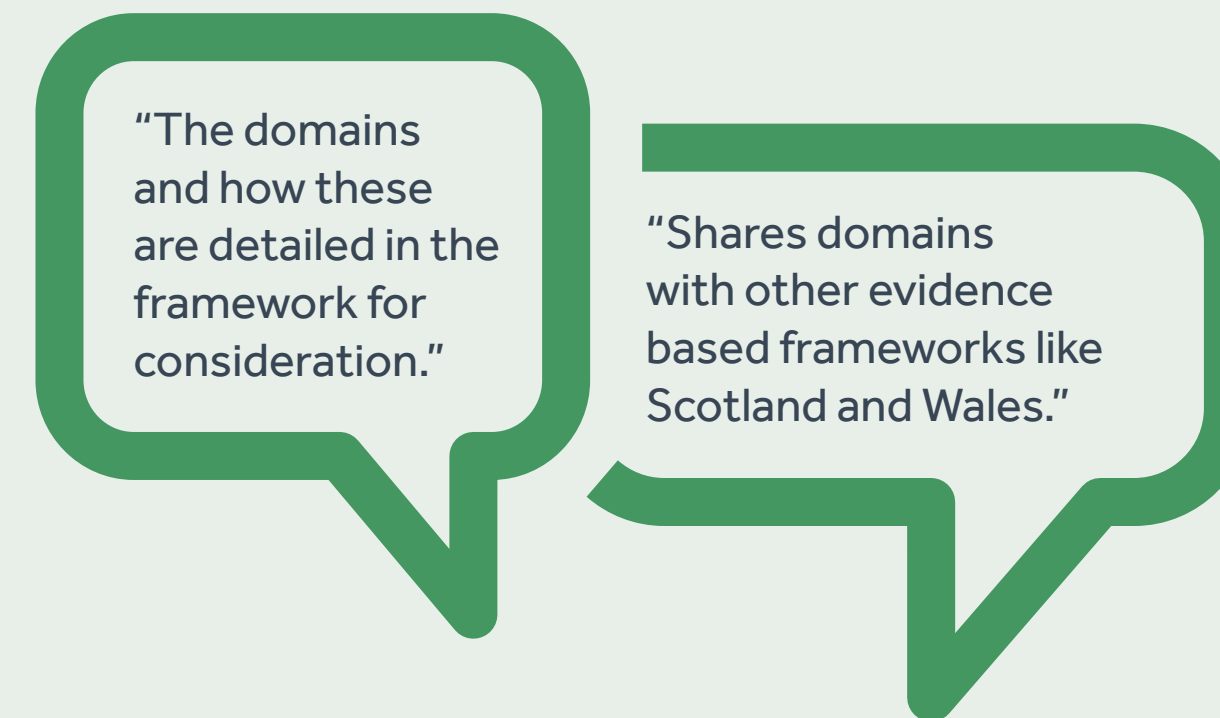
## Advice on how to implement



## Generates further thought and discussion



## Domains



# What, if anything caused you frustration about the framework and toolkit?

Respondents were asked if anything caused them frustration about the framework and toolkit. Over half of the respondents stated there was nothing that caused them frustration (n=11). Of those who did report frustrations, responses were grouped into the two following themes.

## Length

"An easy read version and something that is perhaps an executive summary might be helpful in some forums."

"It can be a bit long and cumbersome. It would be lovely to develop a companion/screening tool to help decide areas of focus, but the longer version is needed for in depth exploration."

## Implementation challenges

"It can be difficult to translate into working within my current role. I have found that some people have responded well to the tools I have learnt but there are some that don't apply as I am not working face to face and in an urgent care setting."

"I worry about how we are going to include this in Service Standards and contracts when commissioning."

"That it feels beyond what I can influence in my current role."

# Barriers to implementing the framework and toolkit

Interviewees reported a variety of barriers linked to implementation challenges, including resources such as time, finances and workforce support as well as general understanding of the subject matter.

## Time

"Some organisations said they had no tools or staff time dedicated to audit."

"I haven't had the opportunity to do all the domains... I just went through the domains that I thought were appropriate. I didn't have all the time in the world to spend that I wanted on this."

"To do it justice... I would really need to dedicate some time to this. And I, you know, I genuinely think I will. But actually I'm trying to think how much time we're looking at and I mean, gosh, I would think half a day to a day which is a lot to put aside for something."

"But sometimes when you're busy, you know, sort of firefighting it's not really necessarily trauma informed is not necessarily at the top of your list because you're firefighting too much."

## Finances

"...insecurity of funding affects the ability to make long term strategies within the voluntary sector... a little bit more money would have given them the time to go through the framework, change their strategies, that sort of thing... when it's public sector funding, you're obliged, aren't you? To do certain things if it's a statutory service."

"We haven't got the backup or the money to do it."

## Understanding at a senior level

"A lack of understanding of what training is out there because we have no national standards for training, there's many organisations running it, people don't know where to go first, what's good, what's applicable to them."

"If you don't get buy in from the top, you never will."

## Providing the right support to the workforce

"Staff rely on peer support from other staff... there's a high instance of those who have experienced trauma drawn to the caring professions, so coaching and mentoring staff is critical."

# What is your impression of the way in which the framework and toolkit are written?

Respondents were asked about their first impression of the way the document is written. Comments were largely positive, however a number of respondents reported a sense that the document assumes a certain level of existing knowledge which may make it more difficult for some people to access.

## Accessible

"I thought it was **accessible, and easy to understand**, the examples of peoples experiences helped to allow me to understand how to apply it in practice."

"I liked that it was uncomplicated and can be understood by all."

"Easy to understand, easily accessible - no/limited jargon."

## Well written and presented

"Yes, clear, and easy to understand. I also like the **use of colour to group things**. It feels like it is modelling what it is advising in terms of inclusive practice."

"Yes very well written and presented."

## Assumes existing knowledge

"Accessible for professionals to use who understand TIC. Our finance staff needed a bit more guidance. However our **estates staff really liked the concept around physical environments**."

"I think it is accessible to those who already have a basic understanding in being trauma informed but less so for those without prior knowledge."

"Less accessible for those without prior knowledge."

## What, if anything was unclear or confusing?

Most respondents reported they did not find anything unclear or confusing about the framework and toolkit (n=18). Two comments were made regarding the volume of information and the variation in knowledge held by staff which may impact how people choose to implement the guidance.

"It is a lot of information which is necessary although at first can feel daunting."

"People are at such different levels in their understanding. And it's too easy for managers to fill this in as a tick box exercise."

## What is your opinion on how the information is laid out, including the use of images and figures?

Respondents were asked their opinion on the layout of the framework and toolkit. Many respondents left general positive comments about this.

"Excellent"  
"I very much enjoyed reading it."  
"I loved it, made it easier to take in."

### Visually appealing

"The information is laid out well, the use of images and figures enhance the information, not confuse it."

"Really visually appealing and supplements the written info."

### Engaging

"Excellent - clear and engaging, especially like the case study photos demonstrating the relational approach."

"The diagrams support the text so for those that are visual learners **there are different styles for everyone**. The images were high quality and I felt supported the narrative."

"Once engaged with the framework I found it **easy to navigate**. The images and figures are helpful and well placed."

# What, if anything would you change about the framework?

When asked what they would change about the framework and toolkit, 11 respondents stated there was nothing they would change.

## Alternative formats

Three respondents reported they would like to see alternative versions of the framework.

"I would make one that can be read and understood without the need for teaching, to help colleagues learn about TIC without having to find the time to do the training if they don't have the extra time."

"Maybe more condensed."

## Lived Experience

"A service user/lived experience survey to run alongside this, particularly the collaboration/ coproduction element would be interesting to develop."

## Additional detail

"More clarity about the way discussions are carried out as it is really about processes and qualitative evaluation."

One interviewee also felt additional detail could be included within the framework and toolkit.

"You need to know that what you've done A) hasn't re-traumatised people, including the staff and B) is actually making a difference... And I felt that wasn't really built into the framework or the process of using the framework."

# How have you used the framework and toolkit since downloading it?

Seven respondents reported not yet having used the framework and toolkit since requesting it. Some of these respondents provided reasons for this such as struggling to allocate resource, changes in job role, finding time to prioritise and staffing changes. Three respondents commented that they had prior knowledge and were already using trauma-informed approaches. The remaining responses were grouped into the following themes.

## Shared with colleagues

"We have started to explore this in staff teams and ways to embed trauma-informed care."

"Used to share with other colleagues but not as much as I would like."

## Staff support

"I have used the framework in relation to staff health and support, especially around **peer support and supervision.**"

## Raising awareness with senior leaders

"I have started to introduce it to our senior leaders and we have identified a number of areas to focus on now and to **audit using the framework.**"

"I am just starting to consult in terms of supporting our next steps, but having a brief overview of it I do feel this requires more broader input which requires taking this to other meetings for consideration and agreement."

## In work role

Some respondents reported using the framework and toolkit in their work roles, for example as evidence in report writing or in their interactions with people in their professional roles.

"I have used it as a reference in a QI project I have been involved with about the **physical environment.** I would like to use it a lot more but feel there is a barrier within my organisation in terms of not feeling able to influence strategic change."

"I have used it in my practice, being aware of peoples trauma has allowed me to acknowledge their boundaries and to stop traumatisation."



# How have you used the framework and toolkit since downloading it? Continued

Interviewees reported the framework domains were helpful and that the toolkit did not feel like a checklist in isolation and provided helpful information and support alongside detail of how to go about implementing trauma-informed approaches as a “golden thread” running through services. For all interviewees the framework and toolkit were described as a helpful tool for audit.

## Communication and relationships

“Communication and relationships... that was obviously a really key one because their client facing with people, you know who go on their own lived experience on the recovery journey and they’re walking alongside them... I thought it kind of linked really nicely with that.”

## Coproduction and collaboration

“I found it educational because I’ve created a toolkit for **coproduction**, and I purposely made it educational as well as an audit. And I feel kind of similar feeling towards this, that it isn’t just. Oh, let’s just get to the audit pages at the back. No, let’s actually educate and guide people throughout.”

## Physical environment

“Physical environment is an interesting one... I think it’s to do with offices and hubs and things like that as well because **we’ve had a big drive here about everyone getting back to the office** and that sounds so simple when you say it quickly. But actually... Is the space suitable for them?... At HQ we’ve got these little pods now... We worked really hard to have sunflower logos, which means anyone (could be trauma, could be mental health, could be neurodiversity) doesn’t matter, you can go and dive into one of those pods. You don’t book them, you just dive in and you’ve suddenly got a bit of quiet and a bit of, you know, just space.”

## Staff Health

“Staff health, we did... **staff burnout measures that you can actually do**... it has identified kind of moderate levels of burnout. And I think we need to sit up and pay attention to that... we’re doing some demand and capacity work... to make sure that every time a [staff member] sees a patient that they have an allocated period of time... in order to process and think and reflect... So it’s not patient, patient, patient, patient... And then when I then get the demand and capacity numbers back that they’re working at 70% efficiency or something. I want to know that that’s OK actually because we’ve built in this time.”

# What was your experience of using the framework and toolkit in practice?

Five respondents reported n/a in response to their experience of using the framework and toolkit. One respondent stated they were already working in a trauma-informed way, and the remaining responses were grouped into the following themes.

## Improved relationships

"People appreciate being worked with in this way as less triggering."

"I have **worked more collaboratively with patients** when undertaking risk assessments to create a better joint understanding and picture of longitudinal risk."

"It has allowed me to support clients that are/have been through a recent trauma and also be **mindful of past trauma** and to not use language that would trigger clients."

"It has been helpful, to understand the need to be **clear and transparent**, to accept people's boundaries and to allow them to build trusting relationships."

## Helpful content

"I was able to pick through each area item by item and then cross reference with what the organisations has in place, using the four R and five P's to think about the language and tone."

"I have refreshed my understanding of the 4 R's and the 6 principles of TIA."

## Staff engagement

"We are an organisation that is in its early stages of TIC. We have needed to do some initial awareness/psychoed with senior leaders to enable them to engage and identify focus."

"We have had **positive input from staff**, about safety and care within the team."

# Has using the framework and toolkit resulted in any benefits or impact for you and the people you work with?

Three respondents answered this question n/a, and seven respondents stated that they were yet to determine the benefit. The remaining responses were grouped into the following themes.

## Improved relationships

"Yes, my service users feel more understood and feel like they can trust me."

"I feel it has helped build better more trusting boundaries with patients and therefore they have been able to access our services more appropriately."

"Yes a more collaborative way of working through effective TIA communication and engaging and resulting in more ability to **identify patient goals which improves outcomes.**"

"From my use, it has allowed for a **more empathetic support system** for vulnerable clients."

## Staff safety

"I feel certainly in the area of supervision policy and our proforma, although this is still being considered by Senior leadership before implementation. **Peer support** is an area I have been able to implement which feedback has been positive and supportive."

"Yes a lot of the **staff have opened up** about safety with other staff to me in supervision."

## A vehicle for initiating discussion about how to improve

"I wanted to ensure the service was using a trauma-informed approach so it was a way of assessing that and **identifying areas for improvement and gaps.**"

"It is helpful to refer managers too for further discussion and collaboration."

# Have you chosen to use this framework over and above any other framework?

Respondents were asked to explain why they may have chosen to use this framework over and above any other framework. The majority of respondents indicated they had not used other frameworks (n=15). A small number of participants reported they had specifically chosen to use this framework (n=3). Or would be using it in combination with other resources (n=2).

100% of respondents said they would recommend the framework and toolkit to others.



"I have chosen this over others due to language being powerful and simple."

"We have adopted this framework because its aligned to our organisational values, what and how we aim to deliver."

"I think I would use it to inform other frameworks within my work."

"Would use this in combination with Karen Treisman's books and other key professionals."

"We are currently using a range of frameworks in the organisation at a local level including the ROOTS framework (Kennedy, Thirkell eta al) in inpatients, and 2 measures from the British Psychological Society, one for Older Peoples from their FPOP faculty and another in learning disability and autism from that faculty. These have been done more locally in services. We intend to use this as a more high level organisational measure but use the mental health pathway one in that way but also locally."

# Why would/would you not recommend the framework and toolkit?

Respondents were asked why they would/would not recommend the framework and toolkit to others. Reasons given for recommending the framework were overwhelmingly positive. A full breakdown of reasons can be viewed in Appendix F.

"It's a great tool for beginning discussion and changing hearts and minds."

"I think is informative and it explains really well what Trauma informed practice is."

"Its a fabulous tool and beautifully set out. the data is so rich and will be useful as a 'measure' of where we are, focus our areas of development and to outcome change. A commissioner had recommended this measure to me as they had liked it too."

"The framework is a really useful guide to be able to measure what organisations already have in place and cross reference too. The work is evidenced based and already done. The framework can be used section by section and not all at once so **enables manageable steps**. The framework allows you to evidence and track stages that you work through."

"It is unique and accessible, thoroughly thought out and an excellent resource."

"From what involvement I have had to date I think it is **helpful to provide a baseline** for services and also a way of tracking progress."

"TIA framework is an empowering way of working with patients."

# Interview case study – Using the framework and toolkit in practice

The interviewee described two examples across three domains where they used the framework and toolkit to make trauma-informed changes within their service. The examples focus on the domains of; Mental Health Trauma Treatment Pathways Communications & Relationships and Staff Health.

## Example 1

### What was the challenge?

Managing the interface between physical and mental health pathways for people with eating disorders

“One of the domains was mental health trauma pathways. Now you probably don’t know, but in our service, we’re eating disorders, now in the health service world, eating disorders aren’t classed as mental health problems... typically the narrative goes it’s not a mental health problem. It’s an eating disorder. So they think it’s a physical health difficulty and they’re not knowing that actually it’s still a mental health problem. So we get this back and forth. They’ve got a personality disorder, they need to go back to mental health teams and mental health teams are saying they’ve got eating disorder. They haven’t got mental health problem. And so with it back and forth.”

### What trauma-informed change was implemented?

Creating an adapted pathway

“And now we’ve organised from this framework (because I’ve passed it to some of my colleagues in the mental health teams too), a bit of a pathway where actually those clients that have numerous co-occurring problems, so personality disorders, bipolar, eating disorders and ADHD and autism too. Let’s create a bit of a pathway. It was sort of the beginning of those clients that don’t fit any service. And rather than back or forth, which is to the detriment of the client, let’s set up a once-a-month meeting to **think about these clients and formulate them together.**”

“...So it’s not who’s going to get which treatment, which team, it’s what time are they going to get the most appropriate need in which team and when? So really thinking carefully, so they can go into the DBT group first and then have individual psychology with us or have a DBT for example in the mental health service but be monitored in our service by one of our nurses.”

# Interview case study – Using the framework and toolkit in practice

The interviewee described two examples across three domains where they used the framework and toolkit to make trauma-informed changes within their service. The examples focus on the domains of; Mental Health Trauma Treatment Pathways Communications & Relationships and Staff Health.

## Example 1 continued

### What are the benefits for people who use our services and staff?

*For staff and teams: Staff feeling safer at work, opportunity for learning and improved communication between teams*

“One of the things that we spoke about in our team that came up from this talk was people are petrified... they don't want to carry that risk necessarily, so how can risk be shared was one of the prominent themes that came out from their meetings too, and that makes it quite trauma-informing because we think about, like, we are traumatised watching our patients abuse themselves, starve themselves, punish themselves. So how can we make it a bit safer for us together in collaboration?”

“I'm planning the care... thinking about autistic needs like, you know, sensory overwhelm and actually being in a group, what that might be like, what kind of sensory aids they need to help. Really kind of help the client go through treatment packages... because I didn't know all the tools that clients can use or autistic aids, headphones, Dictaphones and all of that.”

*For people who use services: Feeling listened to and receiving more holistic care*

“We have this feedback leaflet. They [people who use services] do kind of say, they really do really praise our services to kind of **say that they are listened to....** A client said that **she felt that she'd had a hug** and she'd never had that for a lot of her life in mental health services, because we all met together to think about her care. So I thought that was really nice, those little words that “I felt I've had a hug” that I've never had for a long time, that was nice.”

“I think the major benefit we've seen is in those clients who have lots of comorbid difficulties. We don't plan any intervention or any decision making until both the mental health team and the eating disorders specialist team and the autism team as well, get together to think about a care plan, a treatment pathway going forward for that patient. So it's a lot more holistic.”

# Interview case study – Using the framework and toolkit in practice

## Example 2

### What was the challenge?

Limited spaces for open communication between staff for support and self-care

“Because myself and another colleague supervise most of the staff in our service we thought about communication like how is it? Is it top down? Is it bottom up? Where does it start? Where can people go where there’s difficulties? Where can people go, where they’re struggling? Where can people go, where there’s no shame elicited.” ... “So I just thought, where can be a space where just spontaneously staff can just hop on and just let us know how they’re doing and they’re working week and whether we can help in some way or form.”

### What trauma-informed change was implemented?

Providing staff with open space together

“So we spoke about what we already have in our team... **two reflective practice spaces and we also have a drop in now** which was from the toolkit too like a drop in space on a Monday morning where staff members can just hop on before they start their working week and say Hi, how we’re doing, this is what I’ve been up to in the weekend. This is my week ahead. Do you need any support... So that was something new that came out from the toolkit, just having a bit of an open space, because sometimes we don’t ask for help.”

### What are the benefits for people who use our services and staff?

Staff are feeling heard

“Staff health was one of the things... I always say that that was really nice in the toolkit because the info, I can only speak for the NHS, like NHS staff are the one of the most neglected staff groups... we always think of patient care goes first. But for me I think actually **we can’t have effective patient care until we think about staff care...** Now we’ve got a reflective practice space and staff have that portal on a Monday morning, they’re feeling heard... you think about trauma-informed care, validation’s really important, isn’t it? To be heard, to be seen to be visible... for our staff group it does mean the world for them to have that space, that we’re here for you.”



# Interview case study – Using the framework and toolkit in practice

## Example 2 continued

### What are the barriers to using the framework and toolkit?

Staff feeling criticised

“I think the barrier that I noticed was when we do any kinds of audits or surveys or tool kits, I think naturally like our service manager they get, they feel it’s on them, that they’re not doing the right job.”

### What are the facilitators to using the framework and toolkit?

Having someone to work with

“I think it’s having an ally, another psychologist that adheres to **having a trauma informed neuroaffirming vision**... So for me, having someone else within the team share the same vision, it doesn’t have to be the same professional group, but it just has to be another person because then you don’t feel you’re by yourself... It’s really we’re doing it for the sake of the team and the service and the well-being of our patients too.”

“So actually before we did this, I went to my service manager... and said, I want to do this toolkit within our team... to have a look at how we’re doing a bit like, you know, you drive a car, you need an MOT for a car... teams and services need the same, they need a bit of MOT every six months, every year to know that we’re checking in, we’re as healthy as can be. So I think she heard that in a very positive way rather than if there’s some domains that are not going so well and it will be on her, it’s going to be all down to her and she’s going to be shamed... It’s just about checking in on ourselves, checking in on the functioning of the team, checking in on the function of the whole service.”

# Conclusion

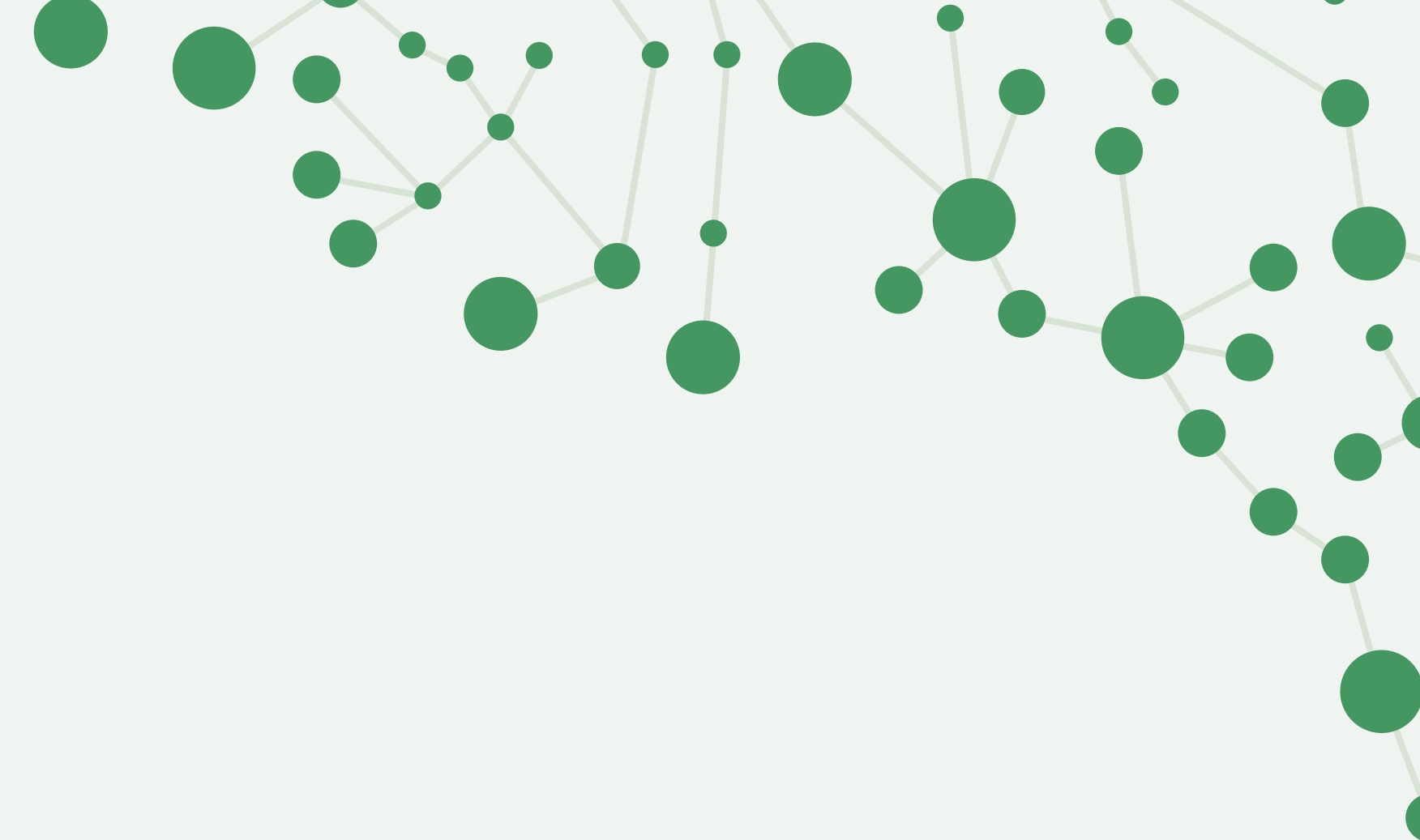
The work undertaken in this report has highlighted the useability and feasibility of the framework and toolkit. The document was described as engaging, professional, well-presented and inclusive, with advice on how to implement change written in accessible language.

Survey respondents and interviewees reported sharing the document with colleagues, using it to facilitate change in their own service, and as a tool to raise awareness with senior leaders. As a result of using the framework and toolkit, improved, safer relationships were described for both staff and people who use services, and the document was described as a welcomed way of facilitating discussion in the workplace about how improvements can be made.

Most of the feedback reflected use of the framework and toolkit within individual practice or services, and getting more systemic use will require more senior leadership input. Responses highlighted the challenges to this such as understanding, resource pressures and financial pressures. Feedback across both the survey and interviews has reflected the value of linking the framework domains to existing work already happening in services, to feed into overall approaches to psychological safety in collaborative, rather than siloed approaches. When it comes to using and implementing the framework and toolkit in services, authentic leadership from someone who is invested and passionate about championing trauma-informed approaches is instrumental in bringing other staff on board (across all levels) and driving forward trauma-informed change.

# References

Surrey & Borders Partnership NHS Foundation Trust. (2023).  
Trauma Informed Approach Framework and Toolkit. NHS.



# Appendix A

Framework downloads by county.

County	Number of individual downloads
Across Surrey/Hants/Berks	1
Bedfordshire	1
Berkshire	7
Black County	1
Both	5
Bristol, North Somerset & South Gloucestershire	8
Cambridgeshire	1
Cheshire	2
Cornwall	4
covering both areas	1
Cumbria, Northumberland, Tyne and Wear	11
Devon	1
Essex	3
Gloucestershire	1
Hampshire	43
Kent	2
Lancashire	2
Leeds	1
Leicestershire	1
Lincolnshire	2
London	18
Manchester	5

County	Number of individual downloads
Merseyside	2
National	2
Norfolk	1
North West	1
Northamptonshire	4
Nottinghamshire	2
Oxfordshire	3
Scotland	5
Somerset	7
Southampton	1
Staffordshire	4
Surrey	308
Surrey, Hants and Sussex	3
Sussex	9
Teesside	2
Warwickshire	1
West Midlands	5
West Sussex	1
Wiltshire	1
Worcestershire	1
Yorkshire	15

# Appendix B

Primary reason for requesting a copy of the Trauma-Informed Approaches framework and toolkit.

## What is your primary reason for requesting a copy of the TIA framework and toolkit? Responses

Our team/service/organisation is actively taking steps to apply a trauma-lens to how we work	242
I'd like to generally know more about the subject	183
I've been tasked with making trauma informed changes in our team/service/organisation	41
As I work in Domestic Abuse it is helpful to know what resources are available to other organisations as we work in partnership it's really helpful to be able to connect DA lens/Trauma lens	1
attended the training/gain more knowledge	1
Ensure practice is in line with recommendations	1
Follow up methodically to Trauma workshop	1
For research purposes	1
I aim to offer a trauma informed approach when supporting clients in the community	1
I am developing trauma informed assessment guidelines	1
I completed a TIA course some time ago. I would like to use the framework as a refresher to enable me to feel confident about my trauma informed approach when working with clients/patients.	1
I found it would be helpful for me as a careco particularly in relation to clients I work with and being more effective	1
I have attended several of the courses and would like to ensure that I have the tools to implement the process	1
I need it in my work directly with schools, signposting and advising	1
I support a lot of unpaid carers who have experienced trauma	1
I work for sabp and I'm not aware of how I can access these toolkits until I saw this in an attachment sent by my team manager.	1
I would like to link this with other work I am engaged with	1

## What is your primary reason for requesting a copy of the TIA framework and toolkit? Responses

I'd like to improve TIC in service	1
Interested to see	1
Interested to see new developments in other areas	1
keen to keep up to date with best practice and learning from other areas	1
Managing a programme to implement a new outcome measure and want to make sure I do this incorporating TIC principles	1
Raising awareness of local initiatives	1
Sharing practice	1
Support others with embedding TI change	1
The Children's Therapies team lead would like more information and to see if we need to make any changes in our service. We are ready to do this after 2 of us attended the TIC workshop	1
The pain team I work with is interested in taking this forward, but not yet introduced any formal changes	1
To apply TIC to my practice, to support schools to apply a TI lens to their work	1
To help clients with better understandings	1
To learn	1
To support schools in their development of a trauma-informed approach	1
Undertaking similar work in Scotland and keen to understand other approaches, occasionally supporting organisations in England and helpful to know what is available.	1
We are a Changing Futures Delivery Partner with Sy CC	1
We are regularly encountering more and more clients who have suffered trauma and we want to make every effort to support them	1
We are using TIC approach, and we would like to be updated	1
We work with people with trauma	1

## Appendix C

Full breakdown of respondent reported organisations.

Organisation	Number of responses
SABP	5
Mary Frances Trust	3
Surrey County Council	3
Black Country Healthcare NHS Foundation Trust	1
Cheshire and Wirral Partnership	1
Cumbria, Northumberland Tyne and Wear NHS FT	1
Lancashire and South Cumbria NHS Foundation Trust	1
NHS Community Services	1
Retired	1
Richmond Fellowship	1
Royal Berkshire Foundation Trust	1
VSCE (not named)	1

## Appendix D

Full breakdown of respondent reported service (currently working in).

Service	Number of responses
Children and Family Services	2
Primary Care	2
Community Connections	2
Children and Family Health	1
Children and Young People's Mental Health Services	1
Community Mental Health Rehabilitation	1
Eating Disorders Service	1
Employment Service	1
GPimhs	1
Home Treatment Team	1
Learning Disability crisis mental health support	1
Learning Disability Service	1
Outreach Service	1
Retired	1
South West Surrey Domestic Abuse Service	1
Staff Psychological Support	1
Trust wide Trauma-informed approaches	1

# Appendix E

Framework Survey questions.

What was your first impression of the framework?

---

What did you like most about the framework?

---

What, if anything caused you frustration about the framework?

---

What is your impression of the way in which the framework is written? For example, was the language accessible and applicable to your setting, does it make sense and was it easy to understand?

---

What, if anything was unclear or confusing?

---

What is your opinion on how the information is laid out, including the use of images and figures?

---

Which of the domains in the framework were of most interest in relation to your work around a trauma-informed approach?

---

Have you used the framework since downloading it? If you have not used the framework please explain why not?

---

Please can you tell us about your experience of using the framework in practice and what was this like for you.

---

Has using the framework resulted in any benefits or impact for you and the people you work with (people who use services or colleagues)?  
Please explain your answer.

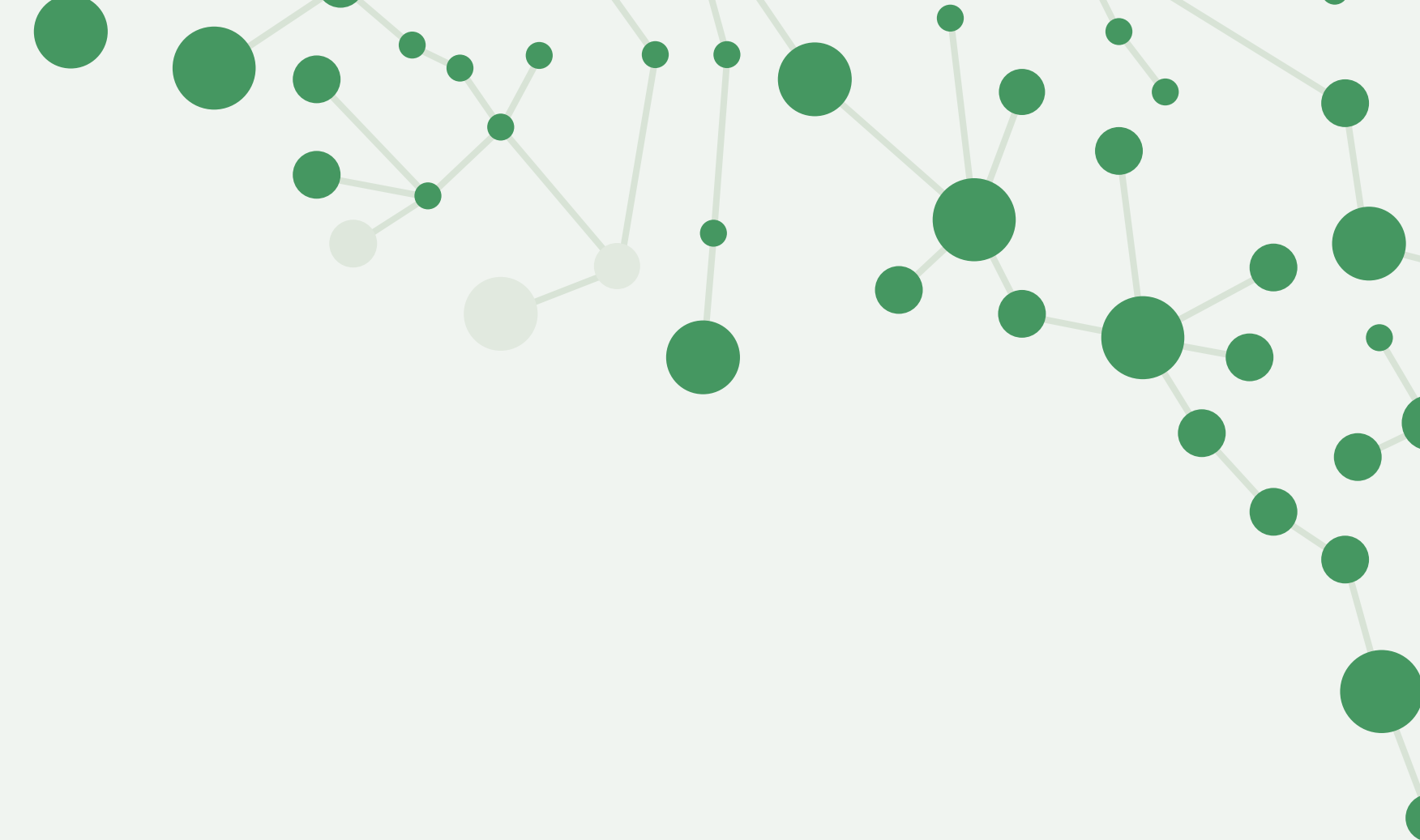
---

Have you chosen to use this framework over and above any other framework? Please explain your answer.

---

Would you recommend the framework to others?

---



# Appendix F

Full breakdown of reasons for recommending the framework.

Please tell us why you would/would not recommend the framework to others.

Its a fabulous tool and beautifully set out. the data is so rich and will be useful as a 'measure' of where we are, focus our areas of development and to outcome change. A commissioner had recommended this measure to me as they had liked it too.

I think being trauma informed is essential to creating better relationships with service users, seeing improvements in their wellbeing and our own as staff and to prevent re-traumatisation.

I think is informative and it explains really well what Trauma informed practice is.

I would always recommend that people work in this way

Good easy to understand information

I feel it would be useful to my colleagues too

Useful, easy to use and informative

accessible and concise

I would recommend it to anyone that works within patient services as it will allow for greater empathy and understand by both staff and patients.

It's a great tool for beginning discussion and changing hearts and minds.

The framework is a really useful guide to be able to measure what organisations already have in place and cross reference too. The work is evidenced based and already done. The framework can be used section by section and not all at once so enables manageable steps. The framework allows you to evidence and track stages that you work through.

I would recommend this framework, especially working in working age adult wards, as I found this is where a lot of people had experienced difficulties with trust, and positive relationships.

It is unique and accessible, thoroughly thought out and an excellent resource.

Ease of use. Relevance

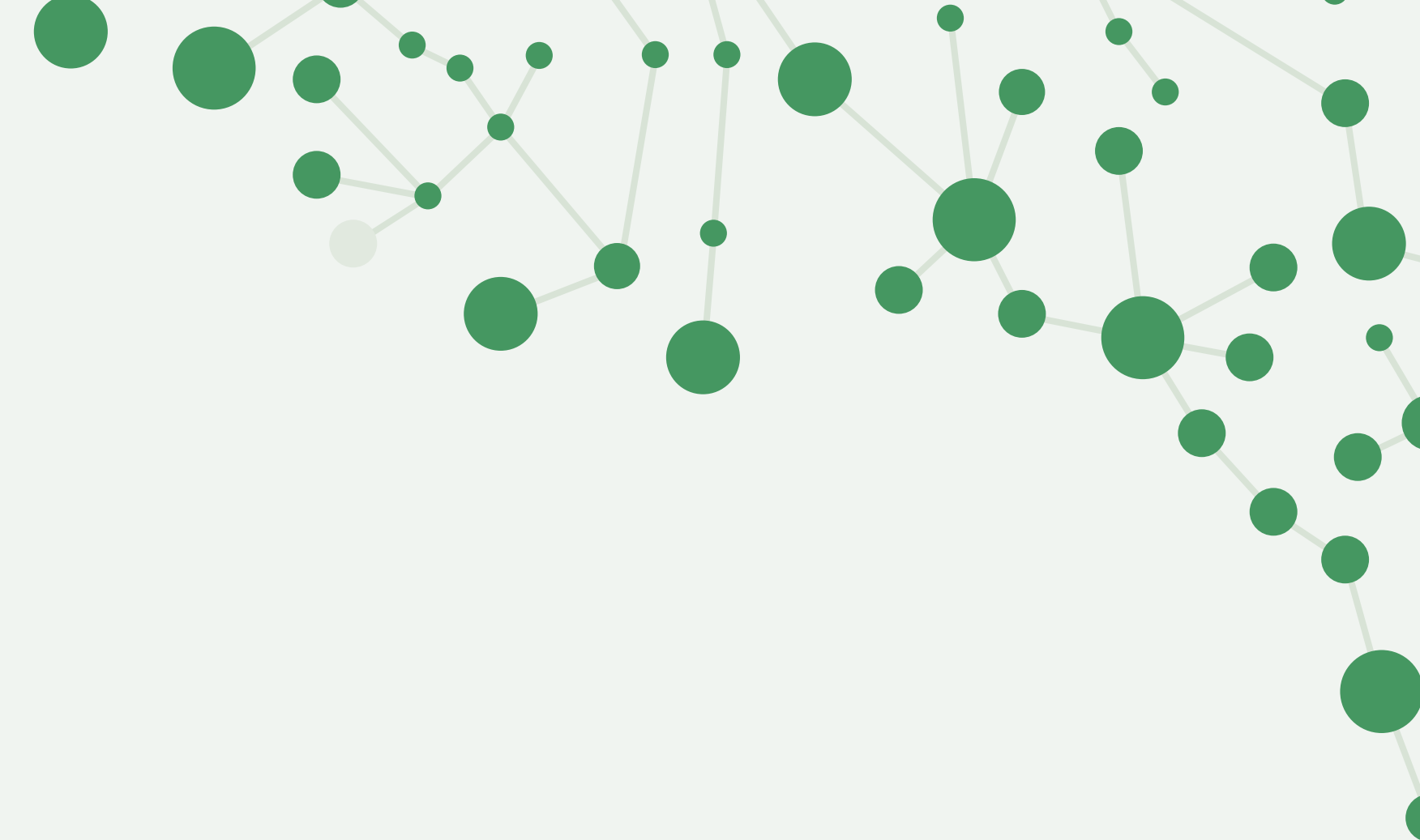
Easy and clear to read

Liked the idea of Uniformity in mental health (that we all knew what working to a framework means).

From what involvement I have had to date I think it is helpful to provide a baseline for services and also a way of tracking progress.

Clear, easy to use, important.

TIA framework is an empowering way of working with patients



Surrey and Northeast Hampshire

## Trauma-informed service

Framework and toolkit report

End of year one 2023