





**Building a more
trauma-informed
Bristol, North Somerset
and South Gloucestershire**

**The Trauma-Informed Systems
Programme Learning Report**

January 2026

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Introduction

Since January 2023, the Bristol, North Somerset & South Gloucestershire (BNSSG) Trauma-Informed Systems Programme has been based in the Integrated Care Board (ICB) as a dedicated resource to support the development of trauma-informed practice and trauma-informed systems change across BNSSG. We are one of the first areas nationally to have a dedicated all-age, system-wide programme of this kind within an Integrated Care System (ICS).

This learning report aims to

- outline why our programme is needed, our approach, key achievements and a summary of some of our work to date
- present emerging evidence of programme impact and examples of good practice from within the ICB and from system partners
- consider some of the barriers and enablers to trauma-informed systems change
- make recommendations around how to continue to build momentum and further embed trauma-informed approaches at system level
- present findings from the University of Bristol's BNSSG Trauma-Informed Systems Evaluation¹ (Appendix A)



The growing need for trauma-informed practice

Experiences of trauma and adversity can have a profound and wide-reaching impact on the lives of individuals, families, communities and the workforce. These experiences can influence how we interact with others, how we interpret the world around us and how we access, engage with and experience services. While trauma can affect anyone in our population some people are more likely to experience trauma in their lives. For example, people living in areas of deprivation, or who already experience health and social inequalities or multiple disadvantage, or who are within inclusion health groups.

Experiences of trauma and adversity are linked to poorer physical and mental health and poorer life outcomes.² People who have experienced adversity within childhood are more likely to develop long-term physical health conditions, be involved in the criminal justice system and adopt health-harming coping strategies (such as smoking, problematic alcohol and/or drug use, self-harm or eating disorders³).



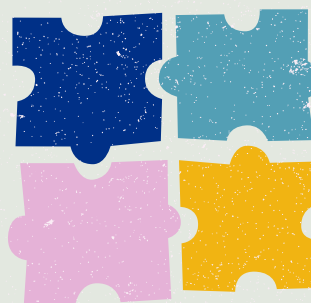
1. Safety



2. Trustworthiness and transparency



3. Choice and clarity



4. Collaboration



5. Empowerment



6. Inclusivity

Fig 1. The BNSSG Trauma-Informed Principles

The growing need for trauma-informed practice

“Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being.”

Working definition of trauma-informed practice

GOV.UK 2022

Our workforce encounter trauma on a regular basis, through seeing or hearing the trauma experiences of others or through involvement in traumatic incidents. The potential negative impacts of trauma and adversity are unique to each person, they do not define someone and are not deterministic. We have an important role to hold hope for people impacted by trauma. Individuals, groups and communities have strength, determination and a great capacity to recover.

Trauma-informed approaches realise the widespread impact of trauma, recognise the signs and symptoms,

resist re-traumatisation and respond by integrating knowledge of trauma within services, organisations and systems. Trauma-Informed Practice is underpinned by six key principles: Safety, Trustworthiness and Transparency, Choice and Clarity, Collaboration, Empowerment and Inclusivity.

Implementing trauma-informed practice is an ongoing journey that requires long-term, active commitment. There is a growing evidence base that demonstrates the benefits of developing trauma-informed ways of working. These positively impact both our workforce

and organisational culture through improved employee mental health and well-being, psychological safety, increased productivity and performance, and improved staff retention rates. Trauma-informed ways of working also improve outcomes for those seeking to access services through improved accessibility, experience and engagement, reducing inequalities and improving quality of care.

Given that some individuals and groups are disproportionately affected by trauma and adversity, which can be compounded by collective trauma, structural inequalities and discrimination, the Trauma-Informed Systems Programme is committed to developing our system’s collective knowledge and understanding of trauma through an intersectional lens. Becoming trauma-informed is a radical approach and one that requires courage, humility and a willingness to address the underlying systemic causes that contribute to inequity, disadvantage and exclusion.

Context

“Trauma-impacted organisations and systems are often operating in ‘survival mode’ that can mirror the fight, fright or freeze survival responses of those experiencing trauma.”

We are operating in a challenging context. There is limited resource and capacity within our system, where services and organisations are being asked to do more with less and being required to respond to a higher level of need and hold increasing levels of risk. Many within our workforce are feeling overloaded and overstretched. Local and national evidence indicates increasing levels of moral injury, burnout, compassion fatigue, retention and recruitment issues which are negatively impacting staff well-being. Trauma-informed practice is not just concerned with our interactions with those who are accessing services, but also how we shape our organisations and infrastructures to meet the needs of those working within them in a trauma-informed way.

In England currently there is no national strategy or reporting requirements around trauma-informed practice as a quality standard. While there are pockets of good practice, working in a trauma-informed way has been rarely and inconsistently considered part of business as usual. Consequently, trauma-informed initiatives can be deprioritised, not sufficiently resourced (either financially or through staff time) and often the impact of working in a trauma-informed way is not adequately monitored or evaluated, missing opportunities to evidence the wide-reaching benefits of working in this way.

Trauma-impacted organisations and systems are often operating in ‘survival

mode’ that can mirror the fight, fright or freeze survival responses of those experiencing trauma, especially if the trauma that exists within our workforce and the wider population is not recognised or responded to effectively. Collaboration, communication, innovation and working in a joined-up, integrated way within this context becomes increasingly difficult, resulting in cultures of blame, high levels of complaints, grievances and staff sickness.

Trauma-informed practice is sometimes only thought about in relation to the training needs of the workforce, with limited focus on implementation. Trauma-informed training creates a much-needed awareness of trauma, its impacts and the need for trauma-informed approaches. Becoming trauma-informed requires a proactive and ongoing commitment to building this knowledge into our culture and ways of working, aligning these to the trauma-informed principles.

Background

The BNSSG Trauma-Informed Systems Programme evolved from the work of trauma champions from across our local area who formed a working group in June 2020 as part of the COVID-19 response. This group considered how to develop a system-wide response to the heightened levels of trauma that was being felt and seen across the workforce and within our population during and in the aftermath of the pandemic.

NHS England Health and Justice South West funded Framework for Integrated Care for Children's and Young People ([BNSSG Vanguard](#)), presented an opportunity to resource the creation of a programme focused on the development of trauma-informed approaches across sectors in our area, aligning with the Vanguard's aim of creating trauma-informed systems around the most vulnerable children and young people with multiple, persistent and complex needs in our communities. Following a successful bid, the Trauma-Informed Systems Programme was formed, awarded two years' funding from

the Vanguard, and supported by system partners through additional collaborative funding from the Avon and Somerset Office of the Police and Crime Commissioner, the ICB and Bristol Health Partners (as part of the Trauma and Adversity Health Integration Team). This funding created two ICB based roles, the Trauma-Informed Systems Manager (programme lead) and a Senior Project Support Officer.

The programme currently sits in the ICB's Health Inequalities and Prevention team and reports into the Mental Health, Learning Disability and Autism Health and Care Improvement Group. The BNSSG Trauma-Informed Systems Oversight Group holds accountability for the programme in the system. This group is made up of partners from across BNSSG including health, the police, the Office of the Police & Crime Commissioner, Avon and Wiltshire Mental Health Partnership NHS Trust, the voluntary sector, our three local authorities, public health, academics and lived experience representatives.

The Senior Responsible Officers for the programme are Dave Jarrett (Deputy Chief Executive and Chief Delivery Officer BNSSG ICB), Jo Walker (Chief Executive of Gloucestershire County Council, former Chief Executive of North Somerset Council) and Dominic Hardisty (Chief Executive of Avon and Wiltshire Metal Health Partnership NHS Trust).

In recognition of the significant progress achieved by the Trauma-Informed Systems Programme within our first two years of delivery, NHS England Health & Justice South West awarded additional non-recurrent funding for this work through the Vanguard for the period January 2025-March 2026.

Our work

The Trauma-Informed System Programme aims to embed trauma-informed practice across BNSSG. This is a wide-reaching, yet important ambition, and one that will take time to realise. Despite the challenges of our current context, the BNSSG Trauma-Informed Systems Programme has made significant progress over the last three years. Overall, there has been great appetite and demand for this work across the system. Our limited capacity as a team has meant that we have been unable to meet all requests for input and support, yet this demonstrates a recognition that trauma-informed practice is relevant and necessary.

The work of the Trauma-Informed Systems Programme is broadly divided into three key areas:

1. Creating a shared language and approach
2. Building strategic commitment and support
3. Trauma-informed practice in action

These areas have evolved from the growing evidence base around embedding trauma-informed approaches at a system level, including Scotland's National Trauma Transformation Programme and Adverse Childhood Experiences (ACE) Hub Wales. Staff well-being and support are key priorities of the Trauma-Informed System Programme. Running through all our work is an active commitment to reducing health and social inequity, co-production and contributing to evidence-base and best practice.

Within all that we do we seek to 'model the model' and carry out our work in a trauma-informed way. Talking about trauma can be emotive and uncomfortable. Through our awareness-raising, education and resources, people may come to understand their past experiences in a new way, or the content may bring up difficult emotions initially felt during past traumatic events. It is significant that our programme lead has extensive experience supporting and working with people who have experienced trauma and

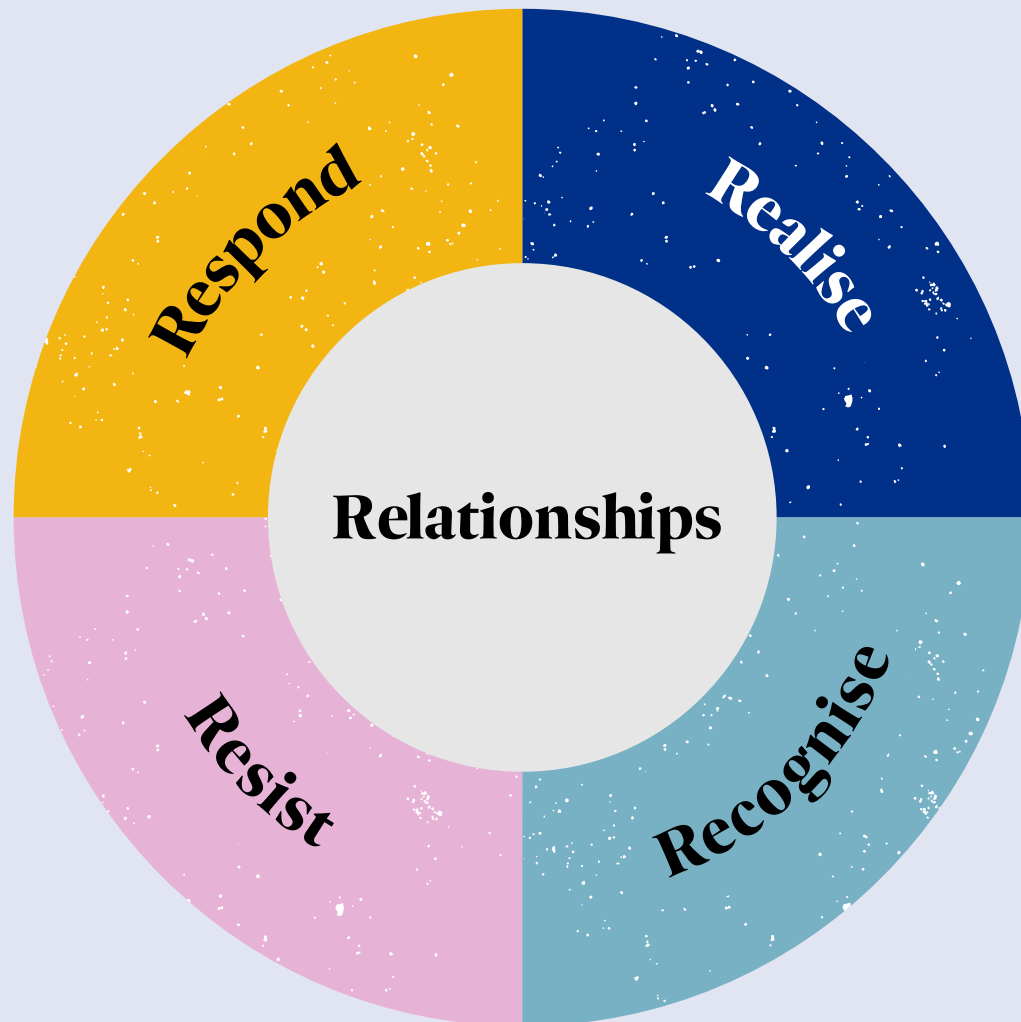
is able to hold spaces and conversations in a way that promotes safety, compassion and trust. Our work is distinct from therapy, and we are not therapists, but disclosures are common, and to do our work well we have to be aware of and sensitive to what it can bring up in ourselves and others. Our programme team have access to regular clinical supervision and opportunities to reflect. Prioritising our own well-being and understanding our human responses to the work that we do in an honest and authentic way has been essential.

There is limited scope within this report to describe all our programme work to date. Instead, we have provided a summary of some of our key projects and initiatives under each work area.

All resources referred to in this report can be accessed via the [Healthier Together trauma-informed webpages](#).

Creating a shared language and approach

The BNSSG Trauma-Informed Practice Framework



The Trauma-Informed Practice Framework evolved from the 2021 BNSSG Trauma-Informed System Knowledge & Skills Framework developed by a group of trauma champions from a range of organisations and lived experience experts. The current Trauma-Informed Practice Framework now reflects the growing evidence-base and our evolving collective knowledge of adversity and trauma. The Framework incorporates the contributions of individuals from diverse personal and professional backgrounds to ensure it feels relevant and meaningful for a wide range of sectors, professions and areas of work.

Fig 2. The BNSSG Trauma-Informed Model

The BNSSG Trauma-Informed Practice Framework

The Framework was written as a co-produced, system-wide resource to:

- provide an overview of trauma and adversity and trauma informed practice
- set out the BNSSG trauma-informed principles and model
- provide practical tools to support organisations and different parts of the system to consider where they are in their journey towards becoming trauma-informed
- support ongoing thinking around and commitment to working in a trauma-informed way
- reflect on where trauma-informed practice is already happening and identify gaps and areas for ongoing development (including training needs)
- create a shared language and approach across BNSSG

The Trauma-Informed Practice Framework has:

- established clear pathway for organisational and workforce development, through the self-assessment questionnaire and action plan, covering domains such as staff awareness and training, leadership commitment, policies and procedures and lived-experience involvement
- enabled multiple organisations from across health and care, voluntary, community and social enterprise sector, local authorities and the police to adopt a trauma-informed approach. This has increased consistency in trauma-informed practice across sectors and our system
- strengthened focus on well-being and reflective spaces in the workplace. Evidence shows that reflective practice and supervision reduces secondary trauma and staff burnout,

yet baseline assessments from across the system have recorded consistent gaps in provision


- created a means to measure and evaluate trauma-informed practice over time. This can be used to inform a trauma-informed systems maturity matrix, or similar tools, to highlight areas for targeted development across our region

The BNSSG Trauma-Informed Practice Framework

Case Study:

Avon and Somerset Police: Using the self-assessment action plan



We assessed ourselves as 'trauma-sensitive' which feels positive as it evidences progress is being made, and we understand more progress will take time. 

The BNSSG Trauma-Informed Practice Framework

Case Study: Avon and Somerset Police: Using the self-assessment action plan

We started our journey to become trauma-informed in November 2021 with funding from the Home Office via the Violence Reduction Unit to provide training for partner agencies working with children who were being exploited. Since that time, our Chief Constable has set a strategic imperative for Avon and Somerset Police to be a trauma-informed organisation which is both an exciting and daunting task. Since 2021 we have established a 'Trauma-Informed Policing Steering Group' which meets monthly, have set up a network of internal trauma-informed educator, and worked on various individual projects as part of furthering our trauma-informed journey.

In 2025, we paused and took a moment to review the progress that has been made and reflect on what had worked well and next steps.

As an organisation we utilised the BNSSG trauma-informed self-assessment action plan to accurately benchmark our progress.

There are many areas covered within the action plan, so a full day was dedicated to working through it with the Head of Operational Development and Detective Superintendent Head of Professional Standards within Avon and Somerset Police and the Trauma-Informed Systems Programme Manager, BNSSG ICB.

This was very helpful for us see what progress had been made, and what we needed to work towards. The self-assessment action plan identified that there were clear gaps around training needs, working with people with lived experience and measuring the work we are doing within our communities. We also identified that the work we are doing internally to support staff wellbeing and improve psychological safety was going well. In addition, our estates team have utilised self-assessment action plan within the development of new buildings.

We assessed ourselves as 'trauma-sensitive' which feels positive as it

evidences progress is being made, and we understand more progress will take time. We used the outcomes from the assessment to work through a theory of change with our trauma-informed educators and key influences to create our new model which has four pillars:

- Learning and development
- Working with communities
- Communications and wellbeing
- Leadership

Each pillar has a leader and team aligned to carry these areas forward and our plan is to review the self-assessment annually to check progress.

Trauma Impact Assessment Tool

The Trauma Impact Assessment Tool was developed by the BNSSG Trauma-Informed Systems Programme to support those involved in creating or designing programmes of work, projects or policies to consider where trauma may exist in relation to these and what steps can be taken to reduce the risk of harm.

The Gateway Process, used by the Transformation Hub in the BNSSG Integrated Care System, provides tools and frameworks to ensure projects are thoroughly scoped and built on a comprehensive understanding of population and staff needs. The Trauma Impact Assessment Tool was designed to support this process and to sit alongside documents such as Quality Impact Assessments, the Health Equity Assessment Tool (HEAT) or Equality & Health Inequality Impact Assessment (EHIA).

Drawing on the feedback and experience of those who were involved in an initial trial of the tool (colleagues from the ICB, a charity, a lived experience group,

and the police), the following potential future benefits were identified

- **Reduce harm** through promoting early identification of where service design, policy or programme changes could cause harm to individuals, communities and/ or the workforce and supporting the identification of mitigating actions
- **Shifting programme, project and policy thinking to a strengths-based ways of working** through considering how the programme, project or policy builds on the assets and capabilities of individuals, communities and the workforce
- **Embedding lived experience and co-production within programme, project and policy development** through requiring evidence of how people with lived experience, including seldom-heard voices and marginalised groups, will be involved and listened to throughout programme or policy design and delivery.

What do you already know about experiences of trauma that may be impacting your population group?

What steps are you taking to identify the trauma of discrimination and experiences of multiple disadvantage and inequality?

How will you acknowledge the impact of trauma on your staff?

How will staff be supported around this to reduce the risk of negative impact (eg secondary or vicarious trauma, burnout or moral injury) and to improve well-being?

Introduction to Trauma-Informed Practice E-learning Module

“Sirona care & health’s business plan includes an objective around understanding people’s needs, reducing inequalities and putting people at the heart of what we do. One of the ways we have committed to delivering as part of this is to develop a trauma-informed approach to our services. The Sirona community of practice members recognised the work that had taken in place across the BNSSG system and strongly identified with the BNSSG framework. We believe that the people of BNSSG will benefit from a joined-up approach. This is why the training felt like the right approach for us. It has been co-produced and designed locally whilst also linking to wider trauma approaches. The project team from BNSSG ICB are also available to link with and help steer learning”

Michele Schofield, Head of Personalised Care, Sirona care & health

The introduction to trauma-informed e-learning module has been co-produced and co-designed with lived experience partners from Barnardo's HYPE, Black and Brown Minds Matter, Independent Futures and the Independent Mental Health Network, alongside colleagues from Barnardo’s Against Child Exploitation, Avon and Somerset Police and local GPs. The module demonstrates the wide-reaching impact of trauma and adversity and its relevance to all sectors. Co-designing this work enabled us to gather insights and

feedback throughout the design process and respond by ensuring the content reflected what was important to all contributors, that they felt seen, and that their lived experiences and stories were told in a way that truly represented them.

When reviewing other modules, such as the Oliver McGowan Mandatory Training on Learning Disability and Autism, we understood the value and importance of lived experience input to humanise content which can be difficult to process. Including

young people’s testimonies and accounts from trauma champions from across our system allowed the theory of trauma-informed practice to be brought to life, enabling a deeper connection to the content which trainees could reflect on and revisit.

The module was adopted as mandatory for all ICB staff, creating an opportunity to highlight the importance and relevance of working in a trauma-informed way across all directorates and all roles. We also wanted to ensure that the module was made available to the whole system, via a free access link for individuals or small organisations with limited resources or a formal Learning Management System. Since its official launch within the ICB on 1 October 2025, the e-learning has also been uploaded for use onto the Learning Management Systems of ICS partner organisations including Sirona care & health and North Somerset, Bristol City and South Gloucestershire Councils, demonstrating the ongoing commitment to increase awareness and understanding of trauma-informed practice across our system.

Building strategic commitment and support

Building strategic commitment and support

“The BNSSG Trauma-Informed Systems Programme identified early on that those in positions of leadership could drive change and build commitment and momentum within the ICB and across our system partners. We also recognise the importance of trauma-informed champions who already have knowledge and understanding of trauma and lived-experience, and who advocate for trauma-informed change.”

One of the most critical foundations for embedding trauma-informed practice at system level is support from leaders. This has a significant influence over the sustainability of the work and whether it is prioritised within organisational cultures, strategies, policies and processes. Trauma-informed approaches often challenge traditional ways of working. Where a commitment to embedding trauma-informed practice is modelled by those at senior levels within an organisation, this can enable and empower all staff to do the same and create safe, supportive environments where working in a trauma-informed way is truly possible.

The BNSSG Trauma-Informed Systems Programme identified early on that those in positions of leadership could drive change and build commitment and momentum within the ICB and across our system partners. We also recognise the importance of trauma-informed champions who already have knowledge and understanding of trauma and lived-experience, and who advocate for trauma-informed change. Champions may have dedicated ‘trauma lead’ roles within their organisations, although usually they are individuals carrying out this work in addition to their paid roles. Champions are often at the centre of influencing and

steering change within teams, services or organisations. They have built networks through both informal and formal channels where progress, challenges, reflections and insights can be shared.

The BNSSG Integrated Care System Strategy

Embedding a trauma-informed approach has been identified as a key enabler to support how we will deliver our ICS strategy, and Healthier Together have made a collective commitment to work towards becoming a trauma-informed ICS. Having informal trauma champions involved in strategic development at system level, and the programme sitting within the ICB alongside those leading on this work, were instrumental in ensuring a commitment to trauma-informed practice was named as a strategic aim.

'Trauma-informed System' is now a dedicated section in our [Joint Forward Plan](#) outlining the work being undertaken and planned by the Trauma-Informed Systems Programme to build a more trauma-informed Integrated Care System. All areas of the Joint Forward Plan (including Children and Young People, Community Services, Mental Health Learning Disabilities and Autism and Acute Healthcare) are asked to demonstrate how they are incorporating trauma-informed approaches into their delivery and are offered support from the programme.

Being recognised in our ICS strategy has influenced strategic developments across the system and with the support of the Trauma-Informed Systems Programme, a commitment to trauma-informed practice has also been included within other key system wide and organisational strategies, strategic planning documents and protocols. This includes, the BNSSG Mental Health & Wellbeing Strategy, Healthier Together 2040 strategic intentions work, the Bristol Youth Justice Strategy and Avon and Somerset's Child Critical Incident Toolkit.

Trauma-Informed Leadership

The Trauma-Informed Systems Manager has regularly presented to numerous strategic groups and boards across the system, building relationships, commitment and support. In July 2024 the programme hosted a Trauma-Informed Leadership event for strategic leaders. This event aimed to increase understanding of trauma-informed practice and the role of a trauma-informed leader. The event was attended by over 60 national and regional leaders who hold senior positions across various sectors. Feedback has shown that the event has led to an increased understanding of the relevance of trauma-informed practice to those in leadership roles and has generated motivation to put this into action. The event included input from trauma-informed trainer and consultant Kati Taunt on trauma-impacted systems and trauma-informed leadership. Also contributing were lived experience partners within Barnardo's HYPE and Black and Brown Minds Matter, Independent Mental Health Network and Independent Futures.

Trauma-informed leadership event - July 2024

Following the 2024 event, the programme was asked to host a further leadership seminar event with a focus on practical ways to apply a trauma-informed approach to the roles of leaders from statutory ICS partner organisations. The second event was held in July 2025 also showcased local learning on understanding race trauma, compassionate leadership and outcomes of the Changing Futures Bristol Evaluation and the BNSSG Trauma-Informed Systems Evaluation. These presented a call to action for leaders to “develop trauma-informed systems that withstand staff turnover, resist tokenism, and embed values through every layer” and set out nine key actions⁴:

1. Embed trauma-informed principles into performance indicators, inspection reporting and commissioning contracts
2. Mandate cross-role training that includes all employees and reinforce this with shared reflective spaces for all departments
3. Include trauma-informed practices in commissioning cycles
4. Identify and formally support internal champions through formal integration into organisational structures
5. Incorporate trauma-informed practice expectations into middle manager job descriptions and appraisals
6. Practice self-care in your own position
7. Encourage more open decision-making to support transparency and grow trust
8. Use local funding opportunities to tackle health inequities
9. Work with human resource management to support staff

Trauma-Informed Leadership

Trauma-informed leadership workshop - July 2025

“The day made me reflect deeply on the importance of being trauma-informed as a leader, especially given the nature of our work. It really highlighted the need for regular training for our team, many of whom have lived experience of discrimination and deal with vicarious trauma regularly in the work that we do. The balance of lived experience voices, practical tools, and input was excellent - overall, a very inspiring and informative event.”

Temba Mahari, Head of Services,
Stand Against Racism & Inequality: SARI



“This has been a significant event to understand where we are at in handling trauma from both a professional and patient point of view. I want to thank the people who took the time to speak about their experiences of trauma and becoming trauma-informed advocates. Their stories really set the scene on why we are doing this work and how important it is for colleagues and organisations to be trauma-informed.”

Shane Devlin,
Chief Executive BNSSG ICB

Trauma-Informed BNSSG: A Pledge for Partners

The pledge was developed as a way for organisations, strategic groups and boards serving the people and communities of BNSSG to make an active commitment towards embedding a trauma-informed approach across services and systems. It was important that the pledge be an effective means to achieve change. We consulted with other areas nationally who have local trauma-informed pledges to learn from their experiences. These experiences taught us that there is a risk that signing a pledge does not always translate into action, and that it's necessary to encourage and support those who sign to take forward their commitment in tangible ways. Our pledge has been co-produced with members of our oversight group, including lived experience partners, and is focused on active commitments and measurable actions.

Since launching in July 2024, over 40 organisations have signed the pledge, agreeing to the eight active commitments and identifying two actions to develop and embed over a 12-month period. Those who have signed the pledge include the ICB, Avon and Somerset Constabulary, Avon and Wiltshire Mental Health Partnership NHS Trust, North Somerset, Bristol City and South Gloucestershire Councils, Sirona care & health, education providers, local charities and University Hospitals Bristol and Weston NHS Foundation Trust and North Bristol NHS

Trust. Some of the pledged actions to date have included establishing a trauma-informed steering group, setting up monthly reflective practice sessions for staff, increasing co-production, reviewing policies and procedures through a trauma-informed lens and developing a trauma-informed toolkit to support staff with experiences of vicarious trauma. The pledge promotes accountability and encourages organisations to review progress against their actions, supporting the ongoing development of trauma-informed systems change.

Since launching in July 2024, over 40 organisations have signed the pledge.

Trauma-Informed BNSSG: A Pledge for Partners

Our eight Active Commitments towards embedding trauma-informed practice

1. **Wide-reaching impact of trauma**
2. **Disproportionally affected individuals and groups**
3. **Those affected in our organisation**
4. **A shared approach across the system**
5. **A long-term commitment to our approach**
6. **Our inclusive approach**
7. **Evaluating and measuring impact**
8. **Communication and promotion of trauma-informed practice**

1. **We recognise that experiences of trauma and adversity are common and can have a profound, wide-reaching impact on the lives of individuals, families and communities.** These are experiences which can take place across the life course and over generations and can influence how people interact, interpret the world and engage with services. We commit to developing our knowledge and understanding in this area to improve the design and delivery of our services. We recognise that early intervention and prevention approaches are integral to helping people live fulfilling lives. We will work together with individuals, families and communities to build on existing strengths and maximise opportunities for recovery.
2. **We recognise that some individuals and groups are disproportionately affected by trauma and adversity. Collective trauma and structural**

- inequalities, such as poverty and racism can compound these experiences.** We commit to promoting equality, diversity and inclusion. This involves developing our knowledge and understanding through an intersectional lens and working to address the underlying systemic causes that contribute to inequality and disadvantage wherever possible.
3. **We acknowledge that our organisations are made up of individuals who may have experienced trauma and adversity in their lives.** We will prioritise the health and well-being of our workforce, acknowledging that staff could be negatively impacted by their work. Within our organisations, we commit to leading with compassion as we build a trauma-informed approach into our cultures and processes.

Trauma-Informed BNSSG: A Pledge for Partners

4. We will develop and promote a shared approach across the system and commit to adopting the trauma-informed principles and model set out in the Bristol, North Somerset and South Gloucestershire Trauma-Informed Practice Framework.

5. We recognise that embedding a trauma-informed approach is an ongoing journey that requires long-term commitment. We will look for opportunities to build longevity into our organisational strategies and policies. We will work collaboratively across organisations to best support our collective aim of becoming a trauma-informed system.

6. We will support and promote an inclusive approach, valuing the contributions and expertise of all communities and sectors. We will actively involve and listen to individuals, families and communities with lived experience and commit to

building meaningful co-production into our processes where possible.

7. We recognise the importance of evaluation and measuring impact.

We will seek opportunities to develop and share best practice, contributing to the evolving evidence base around trauma-informed work. We will foster a reflective and supportive learning culture where we feel safe to innovate and challenge what needs to be changed.

8. We will communicate and actively promote the importance of trauma-informed practice. We will champion and look for opportunities to influence at every level, from local policy to wider conversations on the trauma-informed approach.

“We will work together with individuals, families and communities to build on existing strengths and maximise opportunities for recovery.”

Trauma-Informed BNSSG: A Pledge for Partners

Case Study:

University Hospital Bristol and Weston NHS Foundation Trust (UHBW) – Pledge Actions

“UHBW have come together with North Bristol Trust (NBT) as a Hospital Group, creating further opportunities for closer collaboration and for the trauma-informed initiatives of both trusts to become aligned.”



Trauma-Informed BNSSG: A Pledge for Partners

Case Study: *University Hospital Bristol and Weston NHS Foundation Trust (UHBW) – Pledge Actions*

UHBW signed the pledge in May 2024, with a 12-month commitment to the following two actions:

1. To upskill leaders in trauma-informed practice
2. To ensure that the development of the pro-equity promise is delivered in a compassionate and trauma informed way

In UHBW, this work has been led by Dr. Sadie Thomas-Unsworth, Consultant Clinical Psychologist. The cross-system support for the pledge raised the profile around the need for trauma-informed approaches across the ICS and wider partner organisations. Having senior leadership buy-in from key partners has been key in helping to build commitment and willingness within UHBW to further explore opportunities to adopt trauma-informed ways of working.

Utilising the BNSSG Trauma-Informed Practice Framework, UHBW have focused the first 18 months of their pledge commitment on:

- raising awareness amongst the workforce through rolling out trust wide e-learning and delivering trauma-informed leadership training
- using trauma-informed practice, UHBW co-created and co-designed the pro equity cultural programme which includes our anti-racist community commitment and action plan which reflects the lived experience of our colleagues
- co-designed a pilot trauma-informed clinical training programme within Children's Palliative Care.

UHBW have recently come together with North Bristol Trust (NBT) as a Hospital Group, creating further opportunities for closer collaboration and for the trauma-informed initiatives of both trusts to become aligned.

Trauma-informed practice in action

Trauma-informed practice in action

“As a programme we have worked with over 100 different teams, services, organisations and parts of the system. This has included meeting with key individuals to raise awareness of the programme, facilitating workshops, sharing learning, reviewing organisational policies and guidance, providing an advisory role in embedding trauma-informed practice and supporting the development of staff training provision. The programme continues to offer support and guidance to many parts of the system on the journey to becoming more trauma-informed.”

Trauma-informed practice in action transforms the trauma-informed principles and model into real change. As a programme we have worked with over 100 different teams, services, organisations and parts of the system. This has included meeting with key individuals to raise awareness of the programme, facilitating workshops, sharing learning, reviewing organisational policies and guidance, providing an advisory role in embedding trauma-informed practice and supporting the development of staff training provision. The programme continues to offer support and guidance to many parts of the system on the journey to becoming more trauma-informed.

The Trauma-Informed Systems Manager is a co-director of the Adversity and Trauma Health Integration Team in BNSSG. Under this umbrella, the Trauma-Informed Practice and Evaluation group, coordinated by the Trauma-Informed Systems Programme with support from Bristol Health Partners, brings together academics involved in evaluation or research related to trauma and practitioners from across sectors, to share best practice and emerging evidence around the implementation of trauma-informed approaches.

Trauma-informed practice in action

Case Study:

Knowle West – Community Resource



The aim is for communities to be supported in the aftermath of trauma but also empowered to address the root causes of generational trauma.

Trauma-informed practice in action

Case Study: *Knowle West – Community Resource*

In January 2024, the community of Knowle West, Hartcliffe and Withywood were consumed by the tragic deaths of Max and Mason. Their deaths caused immediate shock but also resurfaced generational trauma for the residents of these areas. Whilst there was an urgent statutory response from local authorities and police, there was a need for a community-led approach which could support healing and resilience building.

There was a need to mobilise partners to support the wider community and develop resources for community use. In February 2024, this led to contact with the Trauma-Informed Systems Programme, where we were able to develop a leaflet that was community focused and provided information and guidance which was centred around the impact felt across the community. At the heart of this work was the need to ensure community members have the knowledge and tools to

manage their experiences and build strength in the face of adversity.

Following on from the work with the Trauma-Informed Systems Programme, a training programme called 'Trusted Spaces' was developed to equip grass-root community leaders to be anchors for their community and agents of change. The aim is for communities to be supported in the aftermath of trauma but also empowered to address the root causes of generational trauma.

Trauma-informed practice in action

Case Study:

Applying a trauma-informed approach within procurement processes



It was important to include trauma informed practice in our procurement process as it will enable us to work with the provider to ensure that their service is trauma informed throughout the life of the contract.

Trauma-informed practice in action

Case Study ICB: Applying a trauma-informed approach within procurement processes

“The ICB was in the early stages of considering how trauma-informed practice could be embedded into procurement processes. At the same time we were developing the service specification and question set for a procurement process that was launching in spring 2025. I worked with Hazel and Daisy to explore how we could incorporate this into our process and was able to use their advice and knowledge to define what this would look like from a service delivery perspective, as well as outlining to potential bidders how we would test this through the Invitation to Tender. This included sharing information with potential bidders through the market engagement process about our commitments to trauma-informed practice in BNSSG, as we recognised that it may be an area that not all bidders would be fully familiar with, and reviewing the service specification

from a trauma informed lens. This resulted in changes to the specification that will improve patient experience, and we may not have previously considered these changes without embedding this approach into our procurement.

It was important to include trauma informed practice in our procurement process as it will enable us to work with the provider to ensure that their service is trauma informed throughout the life of the contract, and work with them to identify key learning points to take into future processes.”

Vicky Ledbury, Senior Contract Manager
(Children’s & Community)
NHS Bristol, North Somerset &
South Gloucestershire ICB

Co-production

“I am not afraid to acknowledge that everyone, myself included, has their own stories and lived experience they bring into the work that they do, whether they are a lived experience group member or not. I encourage people to bring their own humanity, to level some of the power imbalance and make co-production less about hierarchies and about all of us as people first and foremost.”

Hazel Renouf

Trauma-Informed Systems Programme Manager, ICB

Co-production is central to working in a trauma-informed way, and collaboration is one of the six trauma-informed principles. For our programme, we have worked to co-produce all that we do wherever possible, including creating system wide resources, building co-production into our programme workplan as a ‘golden thread’, co-presenting, making decisions around the allocation of programme resources, recruitment and including people with lived experience as core members of our programme oversight group. We have also sought and created opportunities to amplify the voices of those with

lived experience within our work and the wider system (including during events, conferences and training) and supported local initiatives seeking to share best practice and develop co-production within BNSSG.

Our lived experience partners have described the value to them of being involved in trauma-informed systems change. For some partners they described how it has been healing to know they are playing an active part in improving how people who have experiences of trauma are understood, responded to and supported.



“Because of my own trauma and trauma being the main focus in this group, this work needs to be done, and is being done, – otherwise people are being sidelined, and I am just so grateful to Hazel and Daisy, and everyone else involved in focusing on change, education and awareness.”

Lived Experience Partner

Trauma-Informed Systems Oversight Group

Women's Health: Trauma-Informed Care Training

Healthier Together Improving care | Improving access | Meeting needs

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board

Taking action on women's health

Recognising that trans, non-binary, intersex and gender-expansive people may need access to women's health services

Trauma and adversity

Training staff in women's health services to deliver trauma-informed care

GP surgeries

Improved quality and access to menopause care

Better access to contraceptive implants and intrauterine devices (coils)

Public resources

Easy to access, reliable and up to date information

Health equity

Working with community organisations to support:

- Migrants in vulnerable circumstances
- Gypsy, Roma & Traveller people
- People with complex needs

Training

A training programme to improve women's health services and make them more accessible

Working with: Gynaecology departments, GP surgeries, councils, sexual and reproductive health services, voluntary groups, community and social enterprises, university researchers and public contributors

As part of the Women's Health Strategy for England which set out a 10-year ambition for boosting the health and wellbeing of women and girls, the Trauma-Informed Systems Programme collaborated with the ICB Women's Health Programme Manager to commission a trauma-informed provider (RJK consultancy) to deliver trauma-informed care training with a women's health focus, to Primary Care Networks (groups of GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas), gynaecology departments, midwives and sexual health services.

Fig 4. Taking action on women's health

Women's Health: Trauma-Informed Care Training

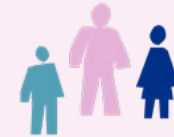
The objectives of the training were to:

- support embedding a trauma-informed approach to women's health in the form of training and education
- reduce inequalities for those accessing women's health services by supporting trainees to understand and realise the prevalence of trauma, how to resist re-traumatising those accessing women's health services
- support trainees to recognise their own nervous system responses, how to regulate responses and how to manage vicarious trauma

This training was delivered from March 2025 to November 2025 to over 400 staff, both clinical and non-clinical. The two training options with the greatest uptake were

- a virtual one-hour introduction to trauma-informed care, values and principles
- a three-hour in-person trauma and nervous system informed care and putting theory into practice

Post-training, 95% of trainees reported feeling 'confident' or 'very confident' with the understanding and application of trauma-informed practice. 78% of respondents provided intended next steps which focused on offering patients choice, active listening, adapting patient forms and administrative processes and adopting self-care tools such as grounding techniques to remain regulated when caring for patients.



over 400 staff
received training



95% of trainees
felt 'confident' or
'very confident'



78% of trainees
provided intended
next steps

Women's Health: Trauma-Informed Care Training

“You have all individually supported me in ways that made the delivery of this training feel as though it was beautifully contained and I am incredibly grateful for your professionalism and kindness.

It felt great to have completed all the sessions yesterday and from my side, I know I did my absolute best to lay the groundwork for teams to take this way of working forward.

Karen Marie Johnston
Trauma-Informed Consultant

“Thank you both for making the trauma-informed training possible for our community midwifery staff within BNSSG.

The training was incredibly well received at both Trusts with staff commenting on how valuable and professional the training was whilst allowing the opportunity to express emotions and experiences within a safe space.”

Lucy Parchment
LMNS Clinical Lead Midwife, BNSSG ICB

Framework for Integrated Care Children and Young People Vanguard

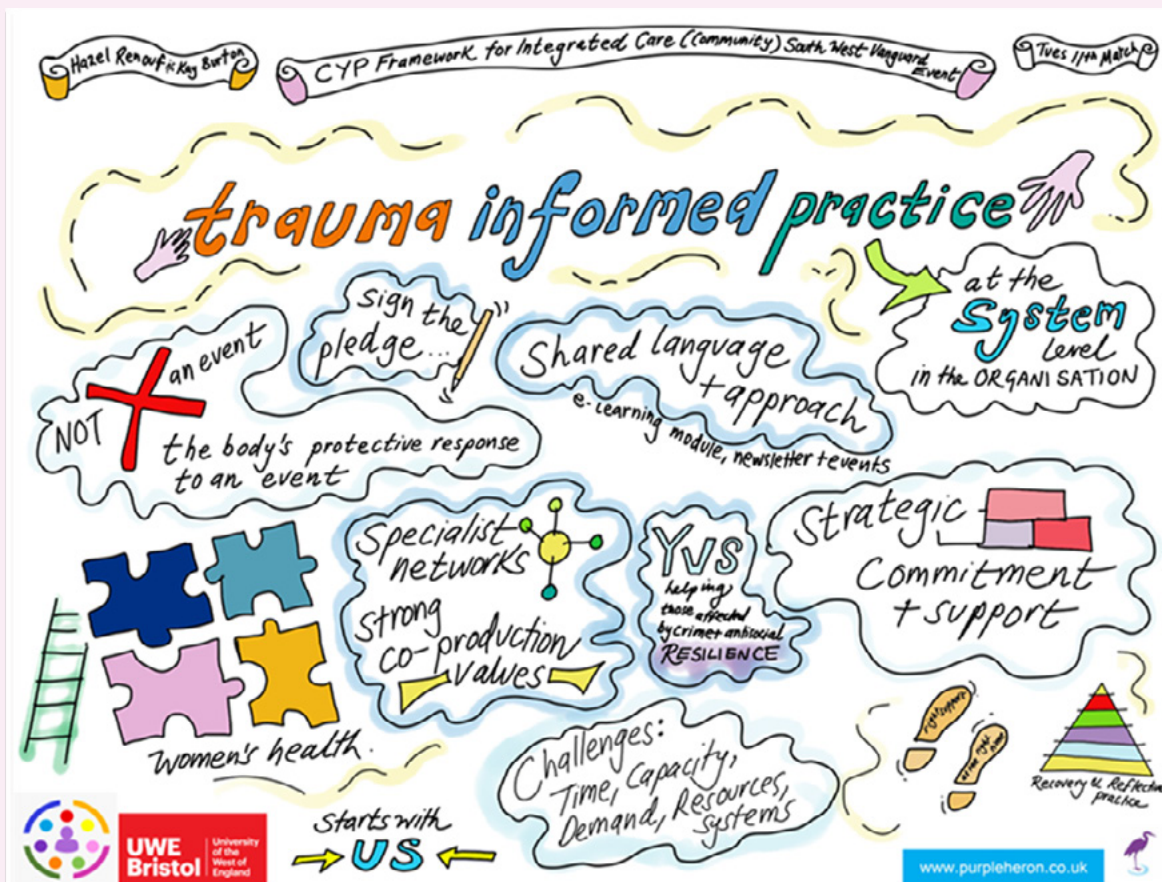


Fig 5. Trauma informed practice

NHS England Health and Justice commissioned BNSSG ICB to be a Vanguard site in 2020, to deliver the six overarching principles of the Framework for Integrated Care (Community) (FfIC)5. The vision was to facilitate trauma-informed systems that enable children and young people with complex needs to be supported via an upstream approach with the Trauma-Informed Systems Programme embedded as one of four key enablers for the programme.

To achieve the objectives of the programme and to sustainably embed trauma-informed approaches across the seven Vanguard pathways, partnership working was integral. The Vanguard enabled genuine co-production across the pathways which supported the delivery of shared outcomes and allowed pathways to adapt and learn from one another. This was facilitated throughout the life cycle of the programme via monthly reflective practice sessions, monthly forums and regular in person events to support

Framework for Integrated Care Children and Young People Vanguard

progress against trauma-informed action ladders, celebrate achievements and provide an opportunity to network.

Trauma-informed action plan 'ladders' were developed by each Vanguard pathway in 2023 and were reviewed as a collective in 2024. Significant developments were achieved across all pathways including

- ✦ improved referral and assessment processes to prevent re-traumatisation and ensure continuity of trauma-informed care
- ✦ reviewing language used within resources shared with children, young people and parents
- ✦ expanding options for where children and young people were able to meet with their practitioner
- ✦ providing staff support through reflective practice sessions, allocated well-being hours and dedicated whole-team check-ins

“The trauma-informed system work has been a poignant part of the Vanguard project and system work, preventing re-traumatisation, improving referral processes, and amplifying lived experience voices. These changes have strengthened psychological safety for staff and young people, enhanced choice and transparency, and influenced strategic direction across the system. There is an unwavering commitment in the system to becoming more trauma-informed to create better outcomes for children and young people, allowing them to thrive.”

Emma Morgan, Children’s Performance Manager, BNSSG ICB



The BNSSG Vanguard, including the achievements of the Trauma-Informed Systems Programme, was nominated for two HSJ 2025 awards and was a finalist for the Early Intervention & Prevention for Children, Young People & Families award and a highly commended finalist for the Reducing Inequalities & Improving Outcomes for Children & Young People award.

Recommendations

Recommendations

1

Understanding the prevalence of population trauma

Strategic commissioning and public health approaches to understanding the needs of our local population do not currently capture the full extent or types of trauma experienced by individuals, families, groups or communities. With a heavy reliance on quantitative data and the absence of mechanisms to record what we know or are told about people's experiences, trauma is notably absent from most of our narrative about the issues facing the populations we are seeking to serve. Consequently, trauma is not consistently considered in needs analysis, service design and delivery. How trauma impacts people is unique. Not everyone wants to talk about what has happened to them and people might only tell their stories to those they trust, in environments that feel safe and supportive. As our ability to recognise and respond to trauma as a system improves,

it is important to work collaboratively with people to understand how their experiences of trauma may affect how they access and engage with services and any barriers that may be present. We recommend that consideration is given to how we record the trauma that exists within our population and how we ensure those with lived experience are empowered and given choice within this, drawing on good practice that already exists in this area (eg [the Bridging Gaps personal snapshot](#)).

2

Trauma-informed commissioning

Commissioning is an important part of creating a trauma-informed system and influences funding, service provision and outcomes for individuals, families, groups, communities and the workforce. As a programme, we have already started work to support the development of trauma-informed commissioning in our area, building on local and national best practice. We recommend an ongoing commitment to embedding a trauma-informed practice into all new procurements across the ICB and into each stage of the commissioning cycle, including upskilling those working in contract and performance management, ensuring performance indicators are co-produced and reflect an active commitment to trauma-informed practice within service provision alongside relevant, meaningful outcomes for people with lived experience of trauma.

Recommendations

3

Capturing progress around embedding trauma-informed practice at system level

We recognise that there is variation across organisations as to their awareness, and implementation of, a trauma-informed approach. We recommend establishing a baseline for our system by supporting all system partners to use the BNSSG Trauma-Informed Practice Framework self-assessment tool and action plan to inform a BNSSG Trauma-Informed System maturity matrix. A maturity matrix would capture measurable indicators for our system to assess where we are now, track progress, and plan improvement.

4

Ongoing dedicated resource and capacity to support the development of trauma-informed practice

Embedding trauma-informed practice at organisational and systems level requires long-term commitment. Finance and capacity within staff teams are needed to ensure the workforce are adequately trained, physical environments feel safe, and that there is protected time and space for staff to reflect on the development and implementation of trauma-informed ways of working (eg within line management, group reflective practice, part of critical incident response, trauma-informed steering/working groups or cross-agency collaboration). Trauma-lead roles provide expertise and play an invaluable role, especially in the early stages of an organisation's trauma-informed journey, in raising awareness and building relationships, commitment and momentum.

5

Evaluation and measuring impact

Evaluation of programme implementation and effectiveness is considered best practice and one of the ten implementation domains^{6,7}. To date, the Trauma-Informed Systems Programme has not had sufficient resource for an independent evaluation (although our work has been included, alongside other trauma-informed initiatives in the area, within the BNSSG Trauma-Informed Systems Evaluation) and measures to demonstrate our programme's impact have been developed within the limited capacity we have had as a very small team. We recognise this as a gap and an area that is key to future programme delivery and our ability to evidence the benefit of adopting trauma-informed approaches across our system.

Appendix

The following are findings from a case study focused on the Trauma-Informed Systems Programme in the BNSSG Trauma-Informed Systems Evaluation:

Learning

- Sharing understanding of what trauma looks like at a systems level. This supported a move away from just thinking about trauma as being relevant to people working directly with patients or services users but also thinking about how it plays out through organisations. The ripple effects of trauma can impact all levels of an organisation and system, where difficult dynamics related to trauma can be mirrored through different levels of an organisation when trauma isn't acknowledged or addressed. This might become visible as organisations struggling with communication, being defensive or combative, or being in survival mode, which can make it difficult to think creatively or to work in an innovative way.
- Protected time, space and psychological safety is needed to honestly reflect on practice and think carefully about how systems and services could be more trauma-informed.
- Trauma-informed practice needs to be different in diverse settings. An over reliance on training can make it difficult to know how to change things in practice, without considering how staff can apply it in their specific areas of work.
- Staff support is needed alongside training, so that staff can understand their own experiences and emotions. If staff are asked to consider how the work impacts them, then staff may start to recognise their own coping mechanisms and how they need to act differently to maintain healthier behaviours. This might mean staff need additional support and assistance.
- Acknowledging that setbacks are part of the process can help people feel less demoralised if things don't go according to plan. Staying with problems encourages refining of approaches and continuous improvement. It can help to be realistic about what can be achieved.

Appendix

Challenges

- Accessibility and cost of trauma-informed training
- Recognising the time and resource needed to fulfil pledged actions. For organisations that are less familiar with trauma-informed practice they may need further support, as trauma-informed changes can take perseverance. There is a need to ensure that actions in the pledge are not tokenistic but are felt in practice by staff within organisations and people who use their services.
- Demands of contracts that organisations deliver means that it can be difficult to prioritise working in trauma-informed ways. Key performance indicators often drive organisational behaviour, which can make a focus on trauma-informed practice more difficult, especially with limited budgets.
- There is often a reliance on trauma-informed champions, leads, or those who have a specialist interest to drive forward the work. This can make implementation more challenging when there is less of a sense of organisational responsibility.
- Capacity and lack of funding meant that some trauma-informed leads across the system lost their short-term funding when it was not renewed. This can make it harder to create and embed sustained change on a wider scale. Funding cuts produce uncertainty which can make planning, workstreams and strategy implementation more difficult if staff are uncertain if they have a job.
- Some organisations have more of an enforcement culture and approach eg the culture and approach in the police can make implementation challenging as there are different levels of psychological safety and different issues associated with trust or working with people with lived experience.
- A national trauma-informed strategy would further support implementation.

Conclusion

A systems approach to trauma-informed approaches is vital to support changes in practice, share learning and create cultural change across all services within a system. Long-term funding, cross-sector collaboration and situating trauma-informed leads within ICBs helps to create a good practice approach across systems and avoids siloed working and duplication.

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