

Meeting of: CYC Health, Housing and Adult Social Scrutiny Committee

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Title: Trauma Informed approaches within Tees, Esk and Wear Valleys NHS Foundation Trust

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Summary

This report provides an update on the transition from a positive risk-taking approach to trauma-informed care (TIC) by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), focusing on individuals diagnosed with Emotionally Unstable Personality Disorder (EUPD). It outlines the principles of TIC, the actions taken, and the impact on service users and organisational culture.

Training and awareness: Since 2021, TEWV has conducted extensive training for staff and community members on trauma-informed practices, with positive feedback indicating improved understanding of trauma's effects.

Collaboration with partners: TEWV is working with local partners, including the City of York Council, to enhance trauma-informed practices and improve service delivery through shared decision-making and mutual support.

Future considerations: The report concludes that while challenges remain, the transition to TIC is positively impacting service users and fostering a supportive environment, with ongoing efforts to refine and expand these practices.

Purpose of report

The CYC Health, Housing and Adult Social Scrutiny Committee requested an update from Tees, Esk and Wear Valleys NHS foundation Trust (TEWV) on its prior application and progress in moving beyond the use of the BPD+ protocol, an assessment of current staff understanding and the outlining of any trauma-informed approaches it is implementing.

This report will outline actions taken in moving from a positive risk-taking approach to a trauma-informed care (TIC) model (including for individuals diagnosed with Emotionally Unstable Personality Disorder (EUPD)). The shift in approach was driven by an increasing recognition of the complexity of EUPD, the role of trauma in its development, and the need for more supportive, empathetic interventions. The report highlights the steps taken by the Trust to implement a trauma informed framework. It also discusses the emerging impact of this transition on service users, staff, and the broader organisational culture, as well as reflections on the challenges and future considerations.

Introduction

Emotionally Unstable Personality Disorder (EUPD), previously known as Borderline Personality Disorder (BPD), is a complex and often misunderstood mental health condition. Individuals with EUPD may experience intense emotions, unstable relationships, impulsive behaviours, and difficulties with self-identity. These symptoms can lead to significant challenges in daily functioning and may result in frequent crises and hospital admissions. Historically, mental health services for people with EUPD often focused on risk management and control, utilising positive risk-taking strategies to minimise harm and protect individuals from their own behaviours. However, over time, evidence has emerged suggesting that these approaches may not be sufficient in promoting long-term recovery or well-being for individuals with EUPD. It's important to note that there has been a significant shift nationally from "traditional" Borderline Personality Disorder protocols to more Trauma Informed approaches, across the United Kingdom.

The transition from positive risk-taking to trauma-informed care (TIC) represents a fundamental shift in the way services engage with individuals who have EUPD. Trauma-informed care emphasises understanding the impact of past trauma on a person's mental health and behaviour, recognising that individuals with EUPD often have histories of significant emotional, physical, or sexual abuse. By incorporating trauma-

informed principles, mental health services aim to create a safe, supportive environment that empowers service users to manage their symptoms and improve their quality of life. The shift is supported by strengthening principles of care such as rolling out the use of Structured Clinical Management in all services (therefore not creating separate “specialist services”), lived experience, reflective practice and national programmes, e.g. Culture of Care.

Trauma-informed care is an approach that recognises the widespread impact of trauma on individuals' mental, emotional, and physical well-being. It is based on an understanding of the signs and symptoms of trauma and incorporates this knowledge into all aspects of service delivery.

The core principles of care and trauma-informed care are:

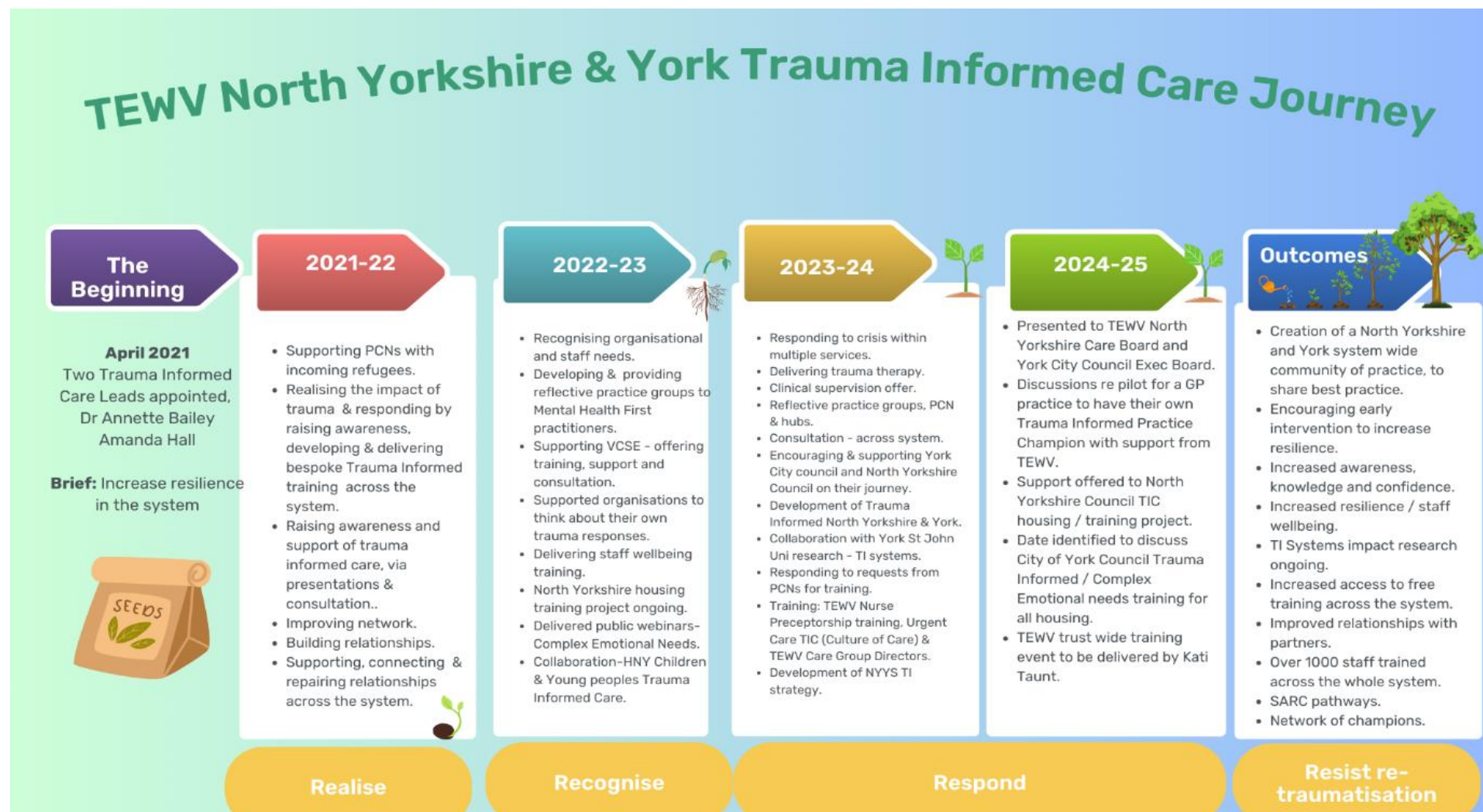
1. Safety: Ensuring that the physical and emotional environment is safe for all individuals, including staff and service users. This involves creating a space where service users feel secure and supported.
2. Trustworthiness and Transparency: Building trust between service users and staff through clear communication, consistency, and transparency in decision-making processes.
3. Peer Support: Recognising the value of peer support and incorporating it into treatment. Individuals who have experienced similar trauma can provide valuable insights and encouragement for recovery.
4. Collaboration and Mutuality: Involving service users in their treatment planning and decision-making, ensuring that their voices are heard and respected. This approach emphasises shared decision-making and empowerment.
5. Empowerment, Voice and Choice: Supporting individuals in regaining control and making choices about their lives and care.

6. Cultural, Historical, and Gender Sensitivity: Understanding and addressing the unique needs of individuals based on their cultural, gender, and historical contexts. This involves recognising the diverse ways trauma manifests and tailoring interventions accordingly.

There have been considerable efforts in TEWV to consolidate and embed trauma informed principles and practice throughout our services. Within this report we describe the work against each of the 6 principles to demonstrate how they inform our practice as we moved away from the BPD+ protocol, thus reflects a growing understanding of the complex interplay between trauma and mental health.

Within North Yorkshire and York we have named Trauma Informed Care Leads who are in a unique position to not only to work collaboratively and creatively with TEWV staff but also the wider system partners including the City of York Council, Voluntary Sector and other statutory partners who are keen to collaboratively tap into resources that they might not have.

Updates on work undertaken



1. Safety: In feeling safe both physically and emotionally.

Since 2021, over a thousand (1000) colleagues in TEWV and the local community have attended training / workshops and webinars, focusing on Trauma Informed Practice, Relational and Complex Emotional Needs with our TEWV specialist practitioners. Although we still have some way to go, colleagues are describing (initially in the training feedback, but also more widely in meetings such as multi-disciplinary discussions) an improved understanding of trauma, its impact on the individual, family, friends and the systems working with them, as well as the importance of staff wellbeing. We recognise that whilst there is good expertise in the system, alongside excellent practice, trauma informed practice is not always consistently applied or embedded into our operational frameworks. This is perhaps not unexpected as the processes of becoming a Trauma Informed organisation is in some respects never completed or linear in nature.

However, we are focussed on continually improving this. A key event planned by the Trust Trauma Informed Care Steering Group during June 2025 will further support the wider Trust workforce in considering how to embed trauma informed practice in all aspects of our work. The event will be supported by Kati Taunt, a nationally respected consultant, trainer and trauma therapist, who is working across the country to help local government, education and NHS to implement Trauma Informed Practice. Kati also has significant experience of using the HNY North Yorkshire TIC Tool Kit and will help us to continue our work on this journey.

There is a growing recognition of the importance in creating safe and stable environments to enable individuals to engage in any helpful support and providing choice and options in what is available. The creation of new roles such as Mental Health First Contact Practitioners in GP surgeries and Complex Emotional Need Specialists (whose work span the wider system but are based within TEWV) in the community are a good example of the need to have early interventions along with time and space to think about what is happening for an individual who may not be receiving the support they want or need. These roles along with Community Transformation and Hubs, which are still in development alongside systems partners are built on Trauma Informed Principles, offering safe spaces, choice, a range of therapeutic options, along with specialist support across the system and creating policies and procedures that promotes safety, reducing harm and stigma.

Building on trauma informed frameworks ensures a collective and consistent way for all partners and allows us to evidence and measure clear outcomes consistently.

2. Trustworthiness and Transparency

As we have been on our journey, we have been using this as an opportunity to work with the wider system and establishing trust through clear communication, honesty, and transparency in decision-making processes.

The aim is that the trauma informed framework provides opportunities for connection and consistency which binds partners collaboratively together in their transformation journey. We are working on this at every level, to improve this with everyone that we work with, the result of this has been an increase in being able to collaborate more effectively and strengthening of our partnerships, including the City of York Council.

3. Peer Support

Providing opportunities for individuals to connect with and support each other, fostering a sense of belonging and validation is at the heart of Trauma Informed Care. We have been working with our own Lived Experience Directors and Co production colleagues to ensure that we are inclusive and not failing to recognise the benefit and recovery that can come from peer support. The strength- based framework has extended to our Experts by Experience in the community and other services such as York Mind who operate a peer support service in the York Hub. Our ambition is to utilise this systemically, not only thinking about our service user experiences, but that of our colleagues and partners. Within York and North Yorkshire we have created a Trauma Informed and Responsive Community of Practice, this is a group for Senior Leaders and anyone else wanting to enhance their care and tailoring interventions to individual needs opposed to medical models. The group is linked in at a local and national level, sharing experience, support, knowledge and resource across the whole system.

4. Collaboration and Mutuality

Within the BPD+ protocol there were elements of collaboration encouraged, this was by involving the individual in formulations. Although the processes are not perfect, they are in development and the roll out of Structured Clinical Management within TEWV services will enable this process further, by offering an extended period of assessment at the start and keeping the individual at the centre of work, focusing on skills building and being involved in the process. Again those principles of transparency are at play, as within this offer we are to be clear about what we can and can't offer and work with the wider system to think about how we can meet multiple needs rather than focusing solely on trauma but also considering their history, strengths and what they think might help them more, involving them more in the planning and implementation of their own care and support.

This is work in progress and other initiatives such as Culture of Care and Right Care Right Person are also infusing these approaches. Moving away from the BPD+ protocol is something that requires systemic change, not only for our services users but also with our partnerships. We have been working with the voluntary sector and City of York Council to think about how we can work together to improve outcomes, evidence of this is the development of the Hub and provided training to the Council as well as supporting them in their trauma informed care journey.

5. Empowerment, Voice and Choice

Supporting individuals in regaining control and making choices about their lives and care. Trauma Informed Care and Complex Emotional Needs Specialists are working with the system to enable what helpful and unhelpful support can look like. Recognising that not all needs can be met by a mental health service and that there can be choice in what care can look like and needs to include the whole person. We are working with our Experts by Experience, carers, families and other community services, to ensure that their voice is heard, listened to and they are involved. Our aim is for them to be involved through every aspect, this includes providing opportunities for individuals to express their needs and preferences, and to make decisions about their own care throughout their journey and contributions to trust processes and procedures.

6. Cultural, Historical and Gender Sensitivity

Recognising the impact of cultural, historical, and gender factors on an individual's experience of trauma and their recovery. This means being sensitive to cultural differences and respecting individual identities. We still have some way to go, despite training for our TEWV staff and partnerships, there remains challenges, around language used and operational changes that need to occur. This again is where collaboration, peer support and empowerment are helpful, as it allows our staff to be curious and consider how we can think about how history has had an impact on our service, service users and families. Moving forward there is now more challenge into why and how we are doing something and we are working more collaboratively with the community to think about how we can meet needs in more creative ways, such as utilising single-sex space or offering to provide an appointment in another environment and offering free Trauma Informed Care and Complex Emotional Needs training across the whole system.

Conclusion

There is a culture shift occurring, not just within TEWV but across the whole of the system. We are making steps to move towards being a Trauma Informed organisation and system. Whilst there will still be some differences in experience, the new roles identified should help colleagues gain more support and understanding when working with trauma, complex emotional needs or anyone with a diagnosis of personality disorder. As services evolve there will be more choice and flexibility in where anyone can go to get the needs met, from a primary to a secondary care level and it will be a while before we see full progress.

The transition from a positive risk-taking approach to a trauma-informed care model represents a significant shift in how services are delivered. By recognising the deep connections between trauma and mental health, we take assurance that increasingly the Trust is creating a safer, more supportive environment for service users, fostering greater collaboration, empowerment, and healing. While the process presents challenges, the overall impact thus far is seen to be positive. The journey is ongoing, and future efforts will focus on refining and expanding trauma-informed practices to ensure that all individuals with EUPD receive the care and support they need for long-term recovery.