



Office for Health
Improvement
& Disparities

Embedding Trauma-Informed Approaches in the Ambulance Sector

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What is trauma and who is affected?

Trauma is an event, series of events, or circumstances experienced as harmful or life-threatening

It can have lasting effects on **mental, physical, social, emotional, and spiritual wellbeing**

Trauma can arise from abuse, neglect, violence, conflict, racism, and other systemic harms

In childhood, these experiences are often described as Adverse Childhood Experiences (ACEs)

Trauma can affect anyone, regardless of age, gender, ethnicity, or socioeconomic status

ACEs are highly prevalent across the population and risk is highest in communities that experience poverty and deprivation

Trauma is influenced by wider social and structural inequalities



What are the health impacts of trauma?

Direct impact – trauma experienced people are more likely to:

1. Develop mental health conditions, including anxiety, depression, and severe mental illness
2. Report chronic and long-term physical conditions
3. Use drugs or alcohol, smoke, and have lower levels of physical activity
4. Have poorer educational and employment outcomes
5. Experience multiple disadvantage and poorer overall health as trauma compounds

Indirect impact through healthcare service utilisation:

1. Associated with greater use of urgent and emergency care and underuse of other health and care services because of stigma, mistrust, or barriers to access
2. Re-traumatisation in services can further reduce engagement
3. High-intensity users of emergency care are more likely to have experienced trauma and adversity



Why is this important for the ambulance sector?

Trauma directly affects engagement with health services and encounters can re-traumatise people

Ambulance services often meet trauma-experienced people – and these can be in situations that are highly traumatic

Workforce can also be traumatised through repeated exposure to traumatic events and traumatised people, as well as their own life experiences

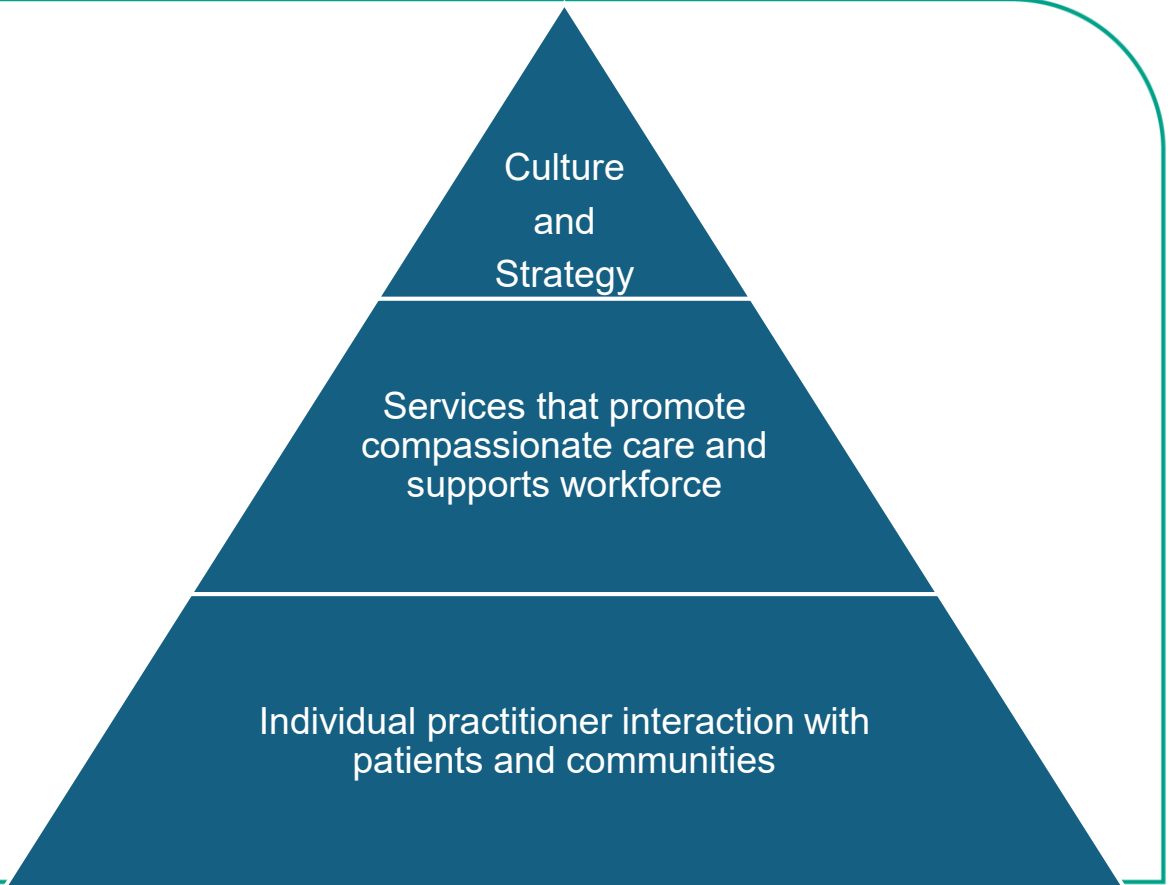
Embedding trauma-informed culture and approaches in the sector may:

1. Improve trust and patient experience, reducing barriers to care
2. Reduce harm and re-traumatisation, responding appropriately to distress
3. Support more appropriate service use
4. Improve workforce wellbeing and safety by protecting against exposure and responding



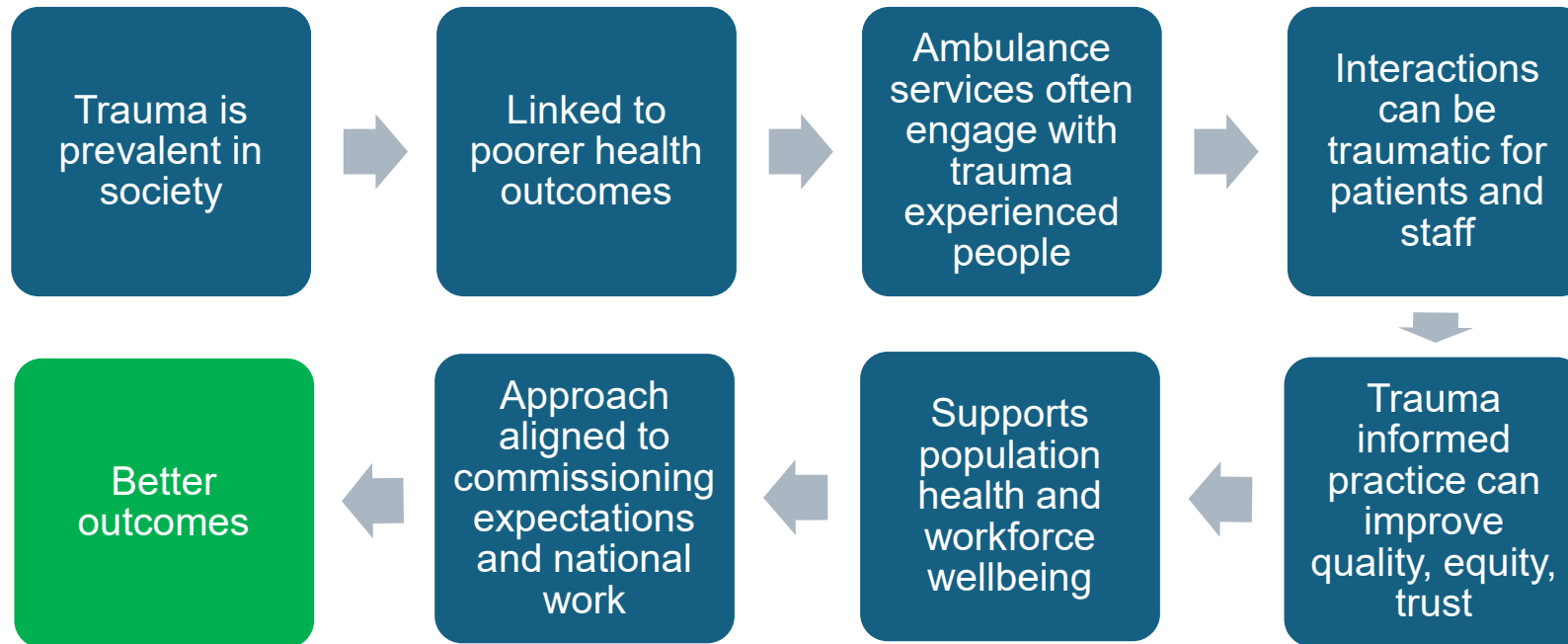
What is a trauma-informed approach?

- Understanding how trauma affects behaviour, relationships, and engagement with care
- Recognising that individuals and communities may share common traumatic experiences
- Creating services that feel safe, culturally sensitive, and trustworthy
- Responding to trauma behaviours with curiosity and compassion rather than judgement, for both patients and workforce
- Asking “what does this person need?” rather than “what is wrong with this person?”





Summary





Overview of Work

1. **Mapped relevant policy and strategy** to the ambulance sector with regard to trauma-informed approaches
2. Considered broader policy and strategy including trauma-informed approaches to meet population health needs
3. **Literature review of trauma informed practice** (approaches and specific interventions) in the ambulance sector

= **A summary of the importance of trauma informed practice for the population and the ambulance sector**

= **Suggestions to embed trauma-informed approaches across the ambulance sector**



How can we do this?

Six principles of trauma-informed practice:

1. **Safety:** The physical, psychological and emotional safety of service users and staff is prioritised
2. **Trustworthiness:** Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community
3. **Choice:** Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward
4. **Collaboration:** The value of staff and service user experience is recognised in overcoming challenges and improving the system
5. **Empowerment:** Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level
6. **Cultural consideration:** Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity



Potential actions – for discussion

Practitioner level:

- Use trauma-informed practice and training to provide safe, culturally competent care.
- Maintain dignity, transparency and choice in all care.
- Learn from incidents and feedback to improve practice.
- Avoid stigma and assumptions in language and interactions.
- Consider diverse experiences of trauma when seeking feedback.

Individual practitioner interaction with
patients and communities



Potential actions – for discussion

Service level:

- Assess organisational readiness for trauma-informed practice.
- Use findings and lived experience to create action plans and measures.
- Build trauma-informed principles into service standards and procedures.
- Embed trauma-informed practice in recruitment and job roles.
- Support staff learning through supervision, reflection and peer support.
- Address trauma risks in ambulance work through safe conditions and wellbeing support.
- Work with community partners to meet local needs and reduce inequalities.
- Monitor access and outcomes data to understand impact and reduce inequalities.

Services that promote
compassionate care and
supports workforce



Potential actions – for discussion

Organisational level:

- Embed trauma-informed practice in organisational values and operations.
- Include diverse patient and public perspectives in decision-making.
- Promote trauma-informed approaches through clear communications and champions.
- Gather staff feedback regularly and ensure support services are trauma-informed.
- Train managers to recognise and respond to trauma-related staff needs.
- Build trust with communities through engagement and local partnerships.



Culture
and
Strategy



Potential actions – for discussion

Sector level:

- Develop sector specific, trauma-informed training materials based on lived experience.
- Create a mechanism for sharing good practice, evidence and learning across the sector.
- Facilitate research and evidence generation
- Recognise and celebrate effective practice



References and resources

1. Office for Health Improvement and Disparities. Working definition of trauma-informed practice: guidance. Gov.UK, 2022. Available at: [Working definition of trauma-informed practice - GOV.UK](#)
2. Hughes K, Ford K, Kadel R, *et al.* Health and financial burden of adverse childhood experiences in England and Wales: a combined primary data study of five surveys *BMJ Open* 2020 10:e036374. doi: 10.1136/bmjopen-2019-036374
3. Walsh D, McCartney G, Smith M, Armour G. Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): A systematic review. *J Epidemiology Community Health* 2019;73:1087–1093. doi: 10.1136/jech-2019-212738.
4. Hardcastle K, Bellis MA, Ford K, *et al.* Measuring the relationships between adverse childhood experiences and educational and employment success in England and Wales: findings from a retrospective study. *Public Health* 2018;165:106–16. [doi:10.1016/j.puhe.2018.09.014](#)
5. Bellis M, Hughes K, Hardcastle K, Ashton K, Ford K, Quigg Z, Davies A. The impact of adverse childhood experiences on health service use across the life course using a retrospective cohort study. *J Health Serv Res Policy*. 2017 Jul;22(3):168–77. doi: 10.1177/1355819617706720. Epub 2017 Jul 11
6. Bellis MA, Lowey H, Leckenby N, *et al.* Adverse childhood experiences: Retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. *J Public Health* 2014;36:81–91. doi: 10.1093/pubmed/fdt038.

Resources:

Office for Health Improvement and Disparities' [Vulnerabilities: applying All Our Health](#)

E-learning for healthcare: [All Our Health: Vulnerabilities and trauma-informed practice](#)

A roadmap for creating trauma-informed and responsive change: guidance for organisations, systems and workforces in Scotland [Implementation - National Trauma Transformation Programme](#)