



TRAUMA, NERVOUS SYSTEM & TRAUMA-INFORMED SUPPORT

Trust & Transparency

Building trustworthiness through clarity, consistency, role boundaries, honest information and accountable repair when things go wrong.

The key idea

People should not be required to trust professionals or systems immediately. Trauma-informed practice focuses on behaving in ways that make trust more possible while respecting understandable caution.

Trustworthiness rather than demanded trust

Previous experiences of care, authority, discrimination or relationships can influence willingness to trust. Reliability develops through repeated experiences: doing what was agreed, communicating changes and being honest about limitations.

Key distinction

Trauma-informed practice does not require a person to trust a professional or service. The responsibility is to behave in ways that are consistently trustworthy.

Transparency

Transparency means making roles, processes, decisions and limitations understandable. Explain why information is requested, who will see it, what happens next, who holds decision-making responsibility and what parts of a process are genuinely negotiable.

Predictability without rigidity

Consistency can reduce uncertainty, but identical responses are not always fair or accessible. A predictable service explains its usual processes while adapting appropriately to individual needs.

Uncertainty

Professionals do not need to manufacture certainty. Saying what is known, what is not yet known and when more information may be available can be more trustworthy than reassurance that later proves inaccurate.

Confidentiality

Explain how information is recorded and shared and the relevant limits to confidentiality. Avoid promising absolute secrecy when safeguarding or other lawful information-sharing responsibilities may apply.

Role clarity and boundaries

People should know what a professional can offer, what sits outside their role and how contact works. Saying no clearly and respectfully is often safer than leaving somebody uncertain about whether a request might eventually be met.

Information asymmetry

Professionals understand systems, terminology and processes that service users may be encountering for the first time. Accessible explanations reduce this imbalance. Transparency should not become information dumping; prioritise what matters and pace it.

Checking understanding

Teach-back can invite someone to explain information in their own words so misunderstandings can be corrected. It should be framed as a check on the explanation, not as a test of the person.

When trust is disrupted

Missed actions, abrupt changes, inaccurate information or poor communication can damage trust. Repair involves naming what happened, acknowledging impact, apologising where appropriate and showing what will change.

Defensiveness and accountability

Explaining context can be useful, but explanations should not erase impact. Organisations need routes for questions, complaints and review. Psychological safety is strengthened when raising concerns does not lead to retaliation or poorer treatment.

Duty of candour

Professional or statutory duties of candour have specific requirements and should not be reduced to a general trauma-informed principle. Trauma-informed transparency complements, rather than replaces, formal obligations.

Important distinction

Professional openness and honesty are good practice generally. The statutory duty of candour has a specific legal meaning and should not be treated as interchangeable with everyday transparency.

Example

A practitioner is running late. Instead of leaving the person without information, the service gives an updated estimate, explains the available options and checks whether waiting longer is manageable. The content of the update is simple; the trust-building element is that avoidable uncertainty is reduced.

What can undermine trust

Overpromising, vague confidentiality statements, unexplained cancellations, changing rules, asking for sensitive information without explaining why, or presenting a fixed decision as though the person chose it can all undermine trust.

Practical check

Are expectations clear? Have uncertainty and limits been named? Does the person know what information is shared? Have changes been explained? Can they ask questions or challenge a decision? Is accessible information available?

References & Further Resources

These resources provide useful starting points for further reading. They serve different purposes, from evidence-based clinical guidance to trauma-informed service frameworks and accessible educational material.

NHS England

Provides national NHS information and service-improvement resources relevant to personalised care, patient experience, safeguarding and trauma-informed approaches in England.

NICE

Publishes evidence-based clinical guidance for England and Wales. Relevant guidance can help distinguish trauma-informed principles from recommended assessment and treatment for specific conditions.

SAMHSA

The US Substance Abuse and Mental Health Services Administration publishes a widely cited trauma-informed framework covering safety, trustworthiness, peer support, collaboration, empowerment and cultural, historical and gender considerations.

UK Trauma Council

Provides evidence-informed resources about childhood trauma, traumatic bereavement and supporting children and young people. Particularly useful for accessible explanations of trauma-related research and practice.

How to use these resources

Trauma-informed approaches should be used alongside current professional standards, safeguarding procedures, consent and capacity requirements, and condition-specific clinical guidance. Guidance and resources can change, so check the most recent version before relying on them in practice.