



TRAUMA, NERVOUS SYSTEM & TRAUMA-INFORMED SUPPORT

Collaboration

Working with rather than doing to or for someone through shared goals, different forms of expertise, accessible planning and clear responsibility.

The key idea

Collaboration recognises professional knowledge and lived experience without pretending roles or responsibilities are identical. Meaningful involvement requires opportunities to influence what is genuinely open to change.

What collaboration means

Collaboration means working with a person rather than simply doing things to or for them. It recognises that professional knowledge and lived experience are different forms of expertise and that both can contribute to safer, more relevant support.

Shared power

Professionals and services usually hold structural power through access to records, resources, assessment, referral and decision-making systems. Collaboration does not erase this difference. It requires being open about it and sharing influence wherever this is genuinely possible.

Key distinction

Collaboration is not the same as pretending power differences do not exist. Trauma-informed practice makes those differences more visible and shares influence where this is genuinely possible.

Lived experience as expertise

People are experts in their own experiences, priorities, communication and day-to-day lives. Their knowledge may reveal needs, barriers or consequences that are not visible through clinical or organisational information alone.

Working together on goals

Collaborative goals are developed with the person and reflect what matters to them as well as relevant clinical, legal or safeguarding considerations. Goals imposed without meaningful discussion may be technically appropriate but poorly matched to the person's priorities.

Professional expertise still matters

Collaboration does not require professionals to agree with every request or abandon evidence-based practice. A professional can explain concerns, recommend an option and set necessary boundaries while still listening carefully and involving the person in what happens next.

Disagreement

A collaborative relationship can include disagreement. The aim is not automatic consensus but respectful discussion, clarity about reasons and meaningful consideration of the person's perspective.

Multidisciplinary working

Collaboration may involve several professionals, services, family members, carers or advocates. With appropriate consent and information-sharing arrangements, coordinated working can reduce repetition and conflicting messages.

Family, carers and supporters

Supporters may hold valuable knowledge and provide practical or emotional help, but their involvement should not automatically override the person's own voice. Consent, capacity, confidentiality, safeguarding and the person's preferences remain relevant.

Co-production

Co-production goes beyond asking for feedback. It involves people with lived experience sharing influence in designing, delivering or evaluating services. Genuine co-production requires clarity about what power and decisions are actually being shared.

Communication and accessibility

Collaboration depends on people being able to participate. Information may need to be adapted through Easy Read, AAC, interpreters, visual information, additional processing time, sensory adjustments or other communication support.

When collaboration is constrained

Emergency situations, compulsory legal frameworks, safeguarding duties or limited service options can restrict what can be jointly decided. Being honest about those constraints is more collaborative than presenting a fixed outcome as though it were freely chosen.

Important to remember

Some decisions cannot be fully shared. Clear explanations about constraints, reasons and remaining choices can still support dignity and participation.

Example

A person and practitioner disagree about the most useful next step. The practitioner explains their clinical reasoning and any relevant risks, while the person explains previous experiences and what feels manageable. They identify what is fixed, what can be adapted and whether another reasonable option can meet the same aim.

Practical check

Whose priorities are shaping the plan? Has the person's expertise been taken seriously? Are power differences acknowledged? Is communication accessible? Are supporters involved in the way the person wants? If choices are limited, has that been explained clearly?

References & Further Resources

These resources provide useful starting points for further reading about collaborative, person-centred and trauma-informed practice.

NHS England

Provides resources on personalised care, shared decision-making, co-production, patient experience and involving people in the design and delivery of health services.

NICE

Publishes evidence-based guidance on shared decision-making, patient experience and condition-specific care. This can help place collaborative practice alongside current clinical recommendations.

SAMHSA

Its trauma-informed framework identifies collaboration and mutuality as core principles, with attention to reducing power differences between staff and the people receiving services.

SCIE

Provides practical resources on co-production, person-centred care, safeguarding, advocacy and involving people who use services in decisions that affect them.

How to use these resources

Collaborative practice should sit alongside current professional standards, safeguarding, consent and capacity requirements, confidentiality and condition-specific evidence-based guidance. Where choices are constrained, clarity about those limits is part of meaningful collaboration.