

FROM CRISIS TO RECOVERY

TOGETHER 



Trauma-Informed Approach to Recovery

Purpose

A compassionate, person-centred model for supporting people with a history of trauma. Based on the Trauma Recovery Model (TRM), it is designed to support children, young people, and adults in moving towards greater safety, stability, independence, and recovery.

Our multidisciplinary team works together to provide safe, consistent, and empowering environments where people can heal, grow, and reconnect with their community.

Who this is for

Children, young people, and adults living with the impact of trauma (including PTSD/complex trauma), and the carers and teams who support them.

From Crisis to Recovery

Trauma can impact how a person feels, functions, and connects with the world. It can affect everyday life - from feeling safe to keeping routines, building confidence, and holding on to independence.

Our Trauma Recovery Model of Care is built around what people need to feel secure again. It is a tailored, person-centred approach based on Maslow's hierarchy of needs, adapted for people with mental health needs, autism, and/or learning disability. Support is co-produced with each person, recognising their strengths, experiences, preferences, and goals.



You can count on:



Rapid crisis response - same-day turnaround, 365 days a year, nationwide



Nurse-led care - community psychiatric nurses, mental health nurses, general nurses, PBS specialists, and multimedia specialists.



Community recovery - delivered in people's homes, schools, and communities.



Human rights and dignity - least-restrictive practice, positive risk-taking, and co-produced support.

Six Stages of Trauma Recovery

The Trauma Recovery Model is a six-stage pathway.

Each stage represents a step forward - from distress and instability to independence and community life.

1.



Creating Safety and Stability
(meeting basic needs)

2.



Building Trust and Consistency
(belonging)

3.



Strengthening Everyday Life
(confidence in routines)

4.



Looking Ahead with Confidence
(self-esteem and purpose)

5.

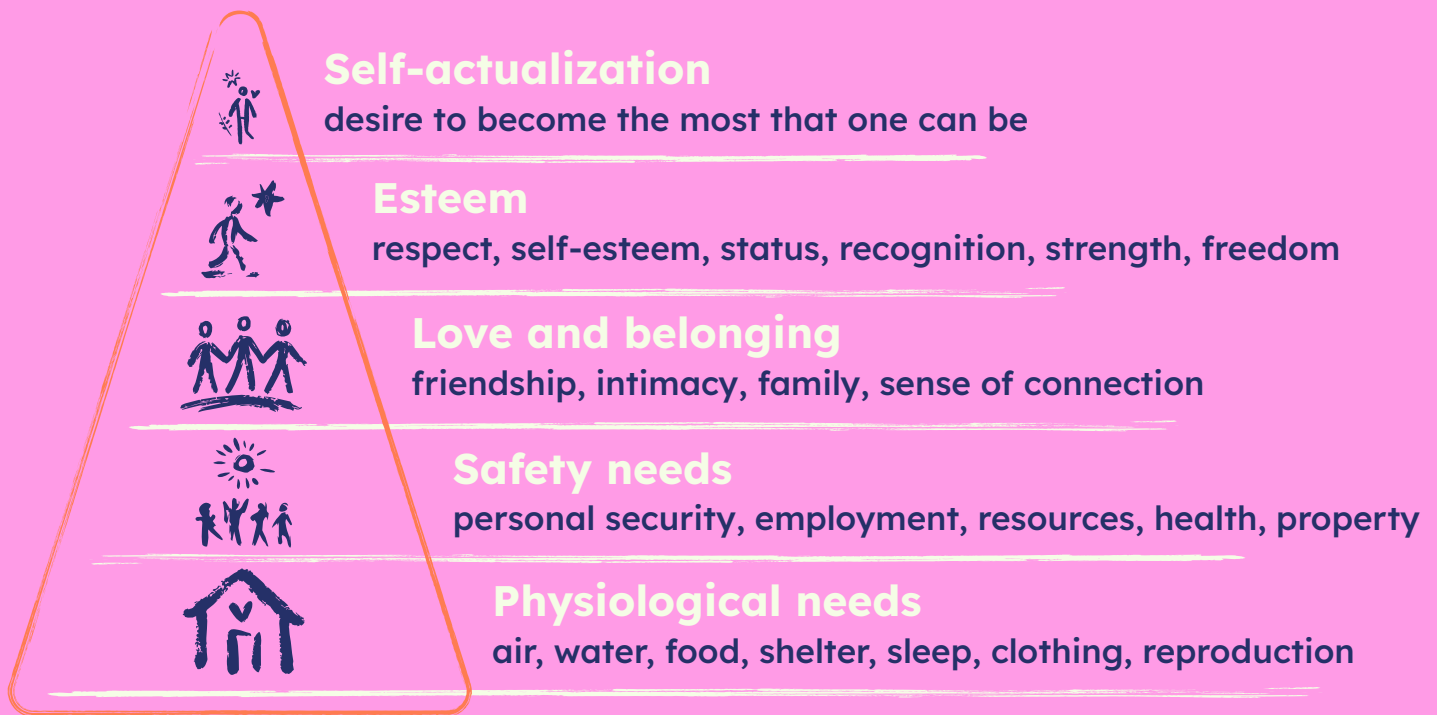


Preparing for Independence
(skills and growth)

6.



Living Well in the Community
(sustained independence)



Adapted from the original Maslow's Hierarchy of Needs developed by Abraham Maslow.

1. Creating Safety and Stability



Focus: Creating a sense of safety and belonging, where people feel accepted for who they are and supported through periods of distress and uncertainty.

We recognise that people are the experts in their own lives. Following the “Nothing About Me Without Me” principle, support is shaped around their experiences, preferences, goals, and what feels right for them.



Our approach:

- ✔ Nurses provide urgent assessments, medication oversight, and stabilisation.
- ✔ PBS specialists establish safe routines and predictable environments.



- ✔ Multimedia tools provide clear visual plans for daily activities.
- ✔ Carers and families are supported to maintain consistency.



Community example: A person leaving hospital is supported with housing stability, nurse visits, and structured daily routines.



Progress looks like: Reduction in crisis situations, consistent routines, willingness to establish communication with care teams.

2. Building Trust and Consistency



Focus: Creating relationships where people feel seen, heard, and accepted, providing the trust, connection, and sense of belonging needed for recovery.



Our approach:

- ✔ A named key worker provides consistent contact.
- ✔ Active community support through walks, daily activities, or check-ins.
- ✔ Using multimedia tools like social stories for effective communication.
- ✔ Support is built on patience, empathy, acceptance, and understanding, recognising that responses to distress are often meaningful responses to life experiences and trauma.





Community example: A young person begins to trust staff after consistent round-the-clock support, establishing clear communication and feeling safe at home.



Progress looks like: Better communication, greater willingness to share feelings, reduced anxiety.

3.Improving Everyday Life



Focus: Supporting people rebuild confidence through routines and gradual community engagement.



Our approach:

- ✔ Support workers encourage structure in sleep, meals, and health routines.
- ✔ PBS specialists coach daily coping skills in safe, supportive ways.
- ✔ Community-based activities such as cooking, exercise, or safe outings with staff.
- ✔ Multimedia aids provide visual guides for tasks and routines.





Community example: A person joins supported outings with their nurse, gradually managing travel and social interaction with confidence.



Progress looks like: Regular participation in routines, reduced challenging behaviour, more positive daily structure.

4. Building Resilience, Confidence and Plans for the Future



Focus: Encouraging people to believe in their future, build on their strengths, and explore the goals, aspirations, and opportunities that matter most to them.



Our approach:

- ✔ Goal-setting based on personal aspirations, interests, strengths, and future ambitions.
- ✔ Multimedia tools for planning steps visually.
- ✔ Positive reinforcement of strengths and progress.
- ✔ Opportunities to explore personal interests and roles in the community.





Community example: A person begins planning a return to college, taking steps towards goals that reflect their interests, aspirations, and hopes for the future.



Progress looks like: Increased self-confidence, more realistic planning, and growing confidence in achieving future goals.

5.Supporting Independence



Focus: Building practical skills for autonomy and responsibility.



How we support:

- ✔ Nurses and PBS specialists support budgeting, cooking, and travel training.
- ✔ Multimedia tools with QR codes or pictorial guides for everyday tasks.
- ✔ Carers encourage volunteering, education, or work opportunities.
- ✔ Staff guide positive risk-taking in safe, supported environments.





Community example: A person learns to manage shopping trips independently using a step-by-step plan created by staff and carers.



Progress looks like: Successful completion of independent tasks, greater choice-making, readiness for work or education.

6. Living Well in the Community



Focus: Sustaining independence, belonging, and community participation.



How we support:

- ✓ Encouraging peer networks, friendships, and social roles.
- ✓ Ongoing check-ins to ensure safety and wellbeing.
- ✓ Support to maintain housing, employment, and education.
- ✓ Celebrating milestones with carers and families.





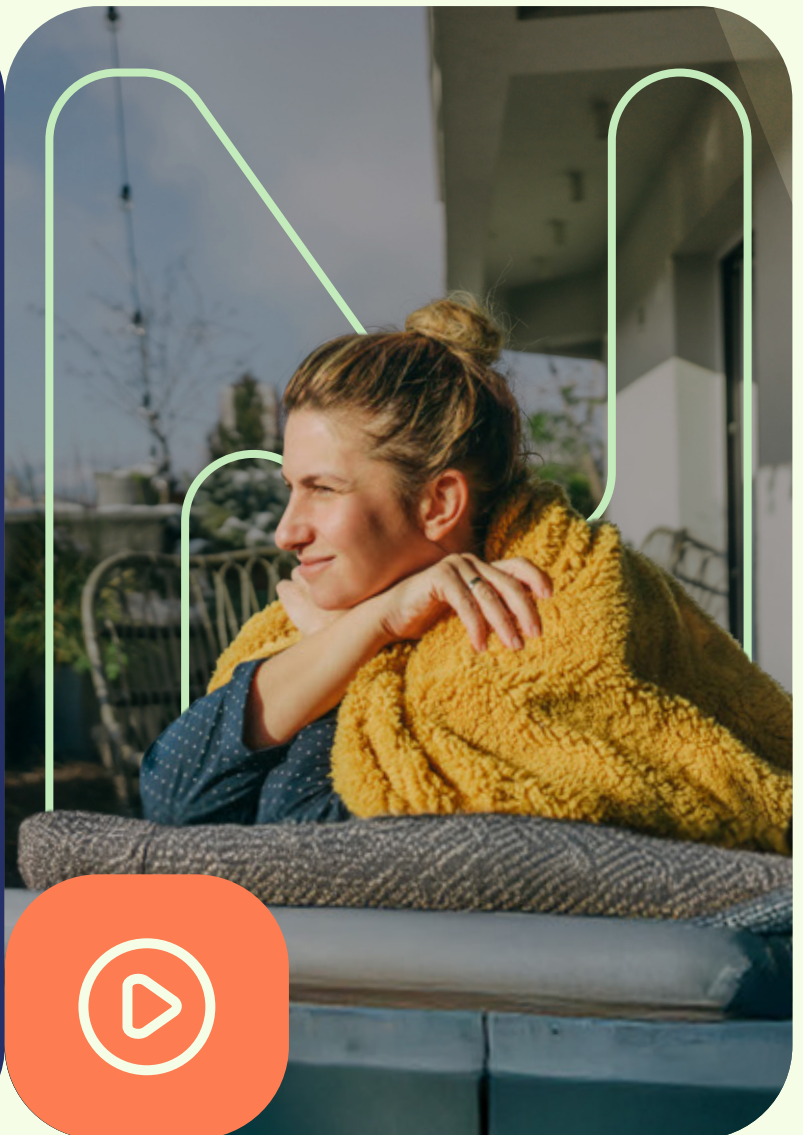
Community example: A person once reliant on crisis care now maintains a job, lives independently, and participates actively in community life.



Progress looks like: Stronger relationships, reduced service reliance, resilience in everyday life.

Successful Transition

To Community Living
After Long-term
Hospitalisation





Our Team and How We Work



Our multidisciplinary team includes:



Community Psychiatric Nurses

crisis stabilisation,
health oversight.



Mental Health Nurses

daily recovery
support and wellness
planning.



PBS Specialists

proactive behavioural
support, environment
adjustments, positive
risk-taking.



Multimedia Specialists

communication tools,
social stories, QR-coded
care plans.



Our approach:

- ✔ Trauma-informed, rights-based, least-restrictive.
- ✔ Co-produced support with families and carers.
- ✔ Reflective staff practice and well-being support.
- ✔ Training rooted in PROACT-SCIPr-UK® and restraint reduction.

You can count on:



Safety & Stability: reduced crises, improved stability and confidence.



Quality of Life: meaningful daily routines, increased engagement, and a calmer home environment.



Belonging: stronger connections with carers, families, and trusted staff; feeling part of community life.



Health and Well-being: healthier routines, stronger resilience.



Choice: increased decision-making, clearer expression of preferences, and confidence to guide their own care.



Community Integration: friendships, participation in local activities, and positive community roles.



Relationships: safe, reliable, and respectful interactions with staff, peers, and family.



Trust and Hope: greater belief in their future, willingness to plan ahead, and confidence in their support network.



Benefits of the Model

- ✔ **Reduced Reliance on Hospitals** – proactive, community-based care prevents readmissions and placement breakdowns
- ✔ **Cost-Effective Commissioning** – outcome-based planning delivers savings compared to high-cost hospital and out-of-area placements
- ✔ **Integrated Pathways** – one co-produced plan across MDTs ensures smoother transitions and eliminates delays
- ✔ **Rapid Response** – crisis support within the same day prevents escalation and relieves frontline pressure.
- ✔ **Evidence and Accountability** – outcomes tracked and aligned with NHS ICS, local authority, and CQC priorities




Stakeholder	Pain Points	Model Advantage
Commissioners	Fragmentation, tight budgets, poor data	Integrated pathways, cost-effective outcomes, digital coordination
NHS Trusts	Delayed discharges, bed pressure	Integrated pathways, cost-effective outcomes, digital coordination
Social Workers	Burnout, admin clutter, poor integration	Efficient MDTs
Families	Inconsistency, crisis, isolation	Stability, co-produced support, smooth transitions


Recovery is not about a single milestone, it is about people reclaiming their lives, step by step. The NCS Trauma Recovery Model of Care offers the structure, compassion, and consistency to make that journey possible. With the right support, people can move from crisis to independence, and from surviving to truly living.

Who We Are

We are a community care provider in the UK, offering trusted and reliable solutions to mental health emergencies and crisis situations. Our teams act fast to bring safety and stabilisation within the same day. Together, we turn moments of crisis into lasting progress.

[Make a Referral](#)





**24/7 Support,
Nationwide**