



Podcast Transcript - How can Trauma-Informed Design transform university spaces?

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Robert Hopkins

Hi, I'm Robert Hopkins, director at AHR and your host for this episode of the AHR Podcast.

Today we're exploring how trauma-informed design is not just a concept, but a practice that's shaping real spaces and lives. What we'll be covering today will be focusing on how trauma-informed design has been embedded into the University of Salford's new Health and Wellbeing Building.

We'll look at the journey from trauma informed care to trauma-informed design, and we'll be looking at why the university's leadership approach was essential to making all of this come together.

Joining the conversation today is Professor Vicky Halliwell, Dean of the School of Health and Society at University of Salford, and Stef Harris, an associate at AHR.

So firstly, could I just ask you to introduce yourselves and give yourself a little bit of background and your connection to this topic today? Vicky?

Vicky Halliwell

Hello. Yeah. As Rob said, my name's Vicky Halliwell. I'm a professor of industry, collaboration in healthcare education at the University of Salford, and currently I'm the interim Dean of the School of Health and Society.

By background, I'm an occupational therapist, but I've worked at the university for a very long time. And in relation to this podcast, I am the kind of project lead and lead sponsor for the new Health and Wellbeing Building. So, I've been here from inception.

Robert Hopkins

Thanks very much Vicky. And you, Stef.

Stefan Harris

Hi, I'm Stefan Harris. I'm an associate at AHR working in the education sector at AHR for the past 11 years, doing anywhere from primary schools, secondary schools, up into a higher education.

I've been involved in this project since the beginning. Few years back, started at stage one, writing the brief with the university, and obviously still involved now where we have it on site, and it's currently being built.

Robert Hopkins

That's great. Thanks both. So, let's kick off with the foundations for this. And this is pointed to you, Vicky, to open up what is trauma informed care and how does it translate into the built environment?

That'll be a question for you Stef. Vicky, don't worry about the built environments.

Vicky Halliwell

So, because we wanted to provide services in the building and because we are educating the future workforce, we really felt that incorporating principles of trauma informed care in what we delivered could be enabled by the environment we delivered that care in.

And that's where the design bit came in, which is definitely Stef's bag and not mine.

Robert Hopkins

So, there's some real complex issues there. Stef. Talk about how you then started to translate those into a design approach.

Stefan Harris

Well, yeah, exactly. So, the first time we'd come across the phrase really was, trauma-informed care.

So, receiving that as a briefing element from the university was very exciting. It was quite like a new field where we were just like this is great potential around it. And for very good reasons. So, taking the brief, we thought, how do you actually take these principles of trauma-informed care, the idea of safety and choice, trust and predictability, all these kind of things, which are a key to the care side of things, and ensuring that the building that we are designed doesn't negatively affect the care that you're trying to provide.

So, we obviously took that away and we started thinking, how do you incorporate these elements, so like safety, for example, people need to have different versions of what safety is to them. And so, we had to kind of make sure that we had a variety of experiences within the building.

The entrances, for example, you don't, we didn't want to just have one big entrance just for, because that might not be right for everybody. So, having a choice of those entrances can give people different versions of safety and even just the layout of the building is not as simple as just having a rabbit warren of corridors like you would see in a typical hospital.

It was all about ensuring that it was predictable and clear, and people didn't feel trapped. And like you say, ensuring that people don't have an experience of re-traumatisation inside this building. It was from a design perspective, we just had to be very thorough in assessing every single element of the building and why we were doing what we were doing.

And did it feel right? Was it the correct response? And it was just a process really of scrutinising everything we were doing.

Robert Hopkins

That's great. And obviously, just going back to the beginning, Vicky, during the briefing stages, there was real strong leadership that came from the team at Salford.

How do you think that that vision was articulated through briefing stage?

Vicky Halliwell

Well, I think we came to the table with a very ambitious ask and said, well then let's see where we get to, you know? So, I don't think we paired down our ask at any point really. I think in terms of leadership, we've got a really cohesive leadership team here.

Everybody shared the vision. Everybody understood what it was we were trying to achieve. We really wanted to put in place a sort of support and strategies to build resilience and listen to the voices of the people that we work with. And it was that reference that I said earlier about, you know, there are a number of users in this building.

There are the public users, the student users, and there will be staff users. And we were trying to think about the experiences of all those users as part of this and we've been trying to build, you know, a really clear culture that's also, you know, trauma informed in the school. But I think that's really hard often to explain in words, but actually culture can be seen, can't it, in your actions and in the things that you do.

So, I think as a team, we really wanted that culture and our values to come through the space that we were hoping to build. And lots of opportunities sort of for connection and communication and reflection and trauma informed leadership as well is about promoting self-care, and attending to your own needs as a leader, as well as those of the people that you lead.

So, we wanted staff, students and the public who used the building to kind of bring their whole self to work or to study or to the environment. I suppose one of the things to reflect upon as well for us is that many of our students are first in family to come to university, from lower participation groups.

We have lots of care experienced students, lots of students who are carers, lots of students who are disabled. So, we really wanted something that was very inclusive and a building that really tried to reduce barriers to participation in both learning and in terms of wellbeing.

Robert Hopkins

And so again, Stef, this was, you know, a real flagship for us in terms of the complexity of the briefing process that we went through and the depth that we went to in terms of the number of stakeholders that we actually had conversations with.

And so, we had a real strong compendium of information. So, talk us through then how that sort of turned into an emerging design approach.

Stefan Harris

Oh, it's quite interesting just to hear this back from Vicky as well. The briefing process that we went through and all these core values, and I can now think to the design that we have and everything that's in it and all the reasons behind why we had that in there.

And it was all these discussions and all these sessions that we had back a couple of years ago. And again, that's why you're saying all users were being factored into this. It wasn't just about the students; it wasn't just about the staff, it wasn't just about the service users.

It was sort of like, we have a commuter hub in the building, for example, which is quite common. But again, that's like one of the core parts of Salford University, is the fact that you have quite a high commuter student population.

So, we had to make sure that they had their home base, if you will, so that they felt very happy to be in the building and that it was just all the other elements of the building were the roofscape, again, that was such a big part of the briefing process where we had a lot of people to talk to about that.

There's a lot of people trying to achieve different things, so obviously had the social prescription that you're trying to achieve. So, you had all these community groups that would be able to use it.

So, there's that side of it. Speaking to people about what they'd like to see on there. So, there's a greenhouse and allotments and planting, but then obviously speaking to your sports rehab team, there was then a physical rehabilitation space up there. So again, they could use it for all their needs.

And then, even like your occupational therapist side of things. So, there's like a quiet area for people to have conversations. So, depending on who your patient is, they might not be comfortable having a conversation in a room, like in somewhere. Maybe they want to take it outside, open up a bit more, a bit more freedom to do that, and even incorporating walking track so people again, feel more comfortable just strolling about, and that all came, that entire design of that roofscape came about just for all these discussions with all your different focus groups. And it was, again, it was just a lot of this stuff. If we were just given a blank slate, I don't think we would've put a lot of that stuff on there.

But after speaking with everyone, it really developed and evolved and became obviously a much bigger thing than we would've thought of.

Robert Hopkins

I think it, you know, it genuinely did feel like a programme of collaboration between the kind of the design team and the team at the School of Health and Wellbeing.

It was, you know, it was a genuine co-design process. We used loads of different types of engagement, whether it was little drop in cafes, whether it was more formal meetings, whether it was standing literally on the school gates, asking what people were thinking of the emergent design proposals.

Was that a process that you were expecting to happen, Vicky, or was that the process that you wanted to happen?

Vicky Halliwell

It was absolutely the process that we wanted to happen. I think we wanted co-creation. We wanted buy-in. We wanted something that was fit for purpose. We wanted our colleagues and our students to be able to see themselves using this new building.

Because it's fine building something that looks amazing but if they're not going to use it, then you know that's a real challenge. I mean, we started off when, I think right back, we started off with a Padlet where we just basically sent it out to the entire school and said, you know, share your ideas.

We went from that to really specific stakeholder engagement, didn't we? And we went out to very specific user groups as well. So, we spoke to Salford Pride, we spoke to Access Salford, the Staff Disability Network. We've engaged with an awful lot of external stakeholders too. So, I think the level of engagement that we've got from stakeholders is incredible.

It exceeded my expectations really. But I think that the level of co-creation we had with you at AHR as well was brilliant because it was very iterative and we were feeding in ideas and you weren't ever saying, you know, that's a daft idea. You're going, hmm, that's interesting. And then we worked on something together.

So yeah, I think that the co-creation that we've had from multiple aspects has been absolutely brilliant.

Robert Hopkins

Could genuinely never say that there was one hand that designed this building. Could we? There was literally a hundred hands on the pencil.

Vicky Halliwell

Yeah.

Stefan Harris

Yeah. I remember quite often in some of the engagement meetings, you'd see people a bit hesitant to say anything or change anything.

And myself and Rob were always sat there saying, no, tell us as much as you can. We want to make this exactly what you want it to be. So, it was definitely an atmosphere of just everyone pushing for the best outcome possible. Obviously as architects, we design schools all the time, but then this was something different and obviously much more special.

So, we couldn't just do it the way we normally would do things. So, like I remember early on we designed the toilets, for example. We did it as a row of cubicles with a sink trough at the end. And then I think, just have a reflection, we were just like, we can't be doing that in this building.

This doesn't feel appropriate at all. So, then we took a step back and thought what is actually the best experience for something as simple as the toilets? And again, it was designing these all-inclusive toilets, which makes people feel safe and secure.

And it was getting that kind of feedback off, I think we got some feedback off, an external partner of yours who advised about minimising dead ends in the building and stuff like that. And yeah, ensuring that people don't feel trapped. And when they said that I was like, that's an incredibly good point. And so again, you'll see in the building there's very few areas where people could end up getting trapped, but I think understanding that they might feel that anxiety from a past experience.

Vicky Halliwell

Yeah. And we were keen, weren't we when we started those early discussions about orientating yourself in the building. So thinking about people with cognitive impairments or dementia or you know, just that whole trauma informed thing that actually that central atrium is a place that from wherever you are in the building, you can see it and therefore you know where you are and you then you can navigate to, you know, where you came in or where you need to get out because yeah, as you say, those hospital corridors where you end up not really knowing where you are in relation to the entrance or how you get out or anything, we wanted to avoid that completely.

And I think the design does that. So, you've got that atrium that draws you back to the centre of the building.

And then from there it's really obvious about where you are, how you're located. And I think we also, we've almost got sort of low and high arousal spaces, haven't we, to be neuro-inclusive and the ability to be somewhere that's quite open and connected with people, or to be somewhere a bit more tucked away and private if that's what you need.

Stefan Harris

Yeah, exactly. I think that was another core idea that we tried to get into the building was just this idea of having options and choices. Because as you say, people have different needs for different reasons. So, the central atrium space, obviously phenomenal space with all the planting and the forest as we call it, it's got its own stair.

So, like obviously you get into the, you come into the building and it's very obvious where the circulation is. So, if you want to circulate up through that space and you can, and it's well observed, which some people obviously that's their kind of version of safety. For other people, it might be more neurodiverse.

They don't like that experience of being out in the open. So again, then we've got accessible stairs, which are then more enclosed. So again, you've got that choice. And even with the waiting spaces, that was quite a big discussion with yourselves about how we actually do that.

For a large variety of seating and different environments, bigger spaces, small spaces, places with screens, so that if you want to kind of sit away from people, you can do, but then we've also got the waiting spaces with like the kitchenette.

So, if you want to sit there, then you've got the chance of engaging with people. So, I think another pencil that we try to incorporate into the design was designing against isolation as well because you've got some people who've not talked to somebody in a week and actually are looking for some kind of conversation with people.

So it was, it was all about providing this variety of spaces and choice and like I say, thinking about all the different people that are going to be using this building. And how do design for all of them.

Robert Hopkins

I mean, I think another aspect as well would be the amount of time that people spend in the building.

You know, there will be some people that literally come in, spend 15 minutes here and then leave. But at the other end of the spectrum, there could be people that are here, you know, with a much more kind of a wraparound experience that could last, you know, 5, 6, 7 hours even longer.

And so, you know, making sure that all of those requirements for a person over a much longer period of time were taken into account. Again, I think that fed into the, just the sheer variety of spaces that are in the building. There's not one demographic that's going to be in here.

There'd be all sorts of different people. And, you know, their needs will be entirely different, won't they?

Vicky Halliwell

Yeah. Yeah. And we've got everything from a changing places, really accessible toilet, haven't we, to kind of high function performance spaces and Gait Labs and where you might have high performance athletes or, you know, we might have our Paralympians coming to get their prosthetic limbs fitted or assessed, or we might be doing some research in there.

And I think, you know, it is that mapping through different users and different journeys and what facilities they might be. So, I keep thinking about when we talk about making reasonable adjustments for people, my sense with this building is that we've factored in so much to make it inclusive that, and hopefully we won't need to make those reasonable adjustments, that they will benefit everybody no matter what their needs.

And therefore, we're not thinking we'll have to do something different for somebody just because they have a particular set of needs or a physical disability or whatever. Because we've thought about that from the off rather than you know, making adaptations later.

Robert Hopkins

Yeah, and looking ahead, I think it'll make a huge difference that as you say, you're not adapting what's there.

We can offer someone an alternative space in the building. We can take someone on the journey, and they'll become much more comfortable over time with the facilities available, they'll know that there's the space that actually suits their needs really quite well.

Stefan Harris

With all the engagement we had as well, getting all the different stakeholders involved.

There's a lot of little bits and bobs as well, the finer detail that came into it, which was really interesting because the big picture stuff was like the wayfinding and the layout of the building and all these spaces.

But even one of the engagement groups we had was talking about the kitchen space that we've got on the top floor where you can host all your different classes and, but then one of the comments just about people were partially sighted and with certain conditions with their eyes where they get really distracted by shadows and overshadowing. So having spotlights and adjustable lights and stuff in the space, just again, it gives somebody else that access who might not be able to have used it before.

But again, that only came about just from the amount of engagement that we had really. Yeah, there's no way I would've done that, without that kind of engagement. So, it was very good.

Robert Hopkins

So, you know, I think we've still got a way to go until the building is completed and it's open and it's exciting, everybody.

But I think people do have quite a strong sense of what this building is going to represent for different people. So, I mean, first, Vicky, what are your reflections from that perspective?

Vicky Halliwell

I'll have to say I've been quite busy with people who are very interested in hearing about the building.

It struck a chord with people in terms of the university's civic and social responsibility, as being part of the kind of broader health and care ecosystem, in terms of some of the aspirations of Greater Manchester. And then, you know, beautifully landed was an NHS plan that talked about neighbourhood and community health and wellbeing services that were kind of on the doorstep of communities and tackling health and inequalities.

And I'm thinking, well, that's what we're trying to do. But at the same time, we're also educating students with a really high quality education. So, I think where we are now is, you know, it still feels like it was absolutely the right thing to do. Even more so than that kind of initial vision on a piece of paper of could we do this and how would it work?

There's an awful lot of interest from partners and from our staff about how we make it work and what we can do in it. There's lots of interest from the community who I think are seeing it as an asset and it's because it's going to have that really prominent location, on the A6. I think it's a real marker for the university about what we're about.

And hopefully because it's prominent, we'll invite people in and sort of demystify a little bit what universities are about because, you know, that would be our aspiration really. So, yeah, lots of interest. Building excitement. Definitely. People really keen to know what it's going to actually, you know, look like, be like, and yeah, lots of people wanting to work with us, so, yeah, it's brilliant.

Robert Hopkins

And do you feel as though there's people in the community, within the local authority, within the NHS Trust that you've reached out to that you maybe wouldn't have thought to reach out to them before this sort of facility was coming online?

Vicky Halliwell

Yeah, definitely. And I think there's almost a stratification of that in that I've been and spoken to community groups and residents about the building and they're really keen to engage and they understand it and have been involved with, you know, strategic leaders across Greater Manchester, politicians and so on, and they understand, what we're trying to achieve and are excited by it.

And yeah, so the level of engagement that we've got has been really different across different groups. Our students are really keen and excited, you know, whilst I'm very always very optimistic about the building you know, I am aware we took away a car park and car parking is one of those issues for people.

But despite me taking away a car park, I think our staff and students are remarkably excited, looking forward to it, thinking about how we engage further. And, you know, we're starting to have really broad conversations with potential partners and stakeholders who we wouldn't have engaged with previously because, you know, we have something to offer that's very new.

Robert Hopkins

And from a design perspective, Stef, what are your reflections in terms of how we can move that conversation forward and, you know, what we've done in Salford that we can then move forward and take into other projects?

Stefan Harris

I think the brief was just pioneering from my point of view.

Makes me wonder how we used to design in the past and what kind of sins were we doing. Because a lot of it feels so obvious, whereas without going through this process, I don't think we would've done it.

So even like the simplicity of the building design and with having the organisation so rigidly set up so that it was all centred around this trauma-informed care and trauma-informed design. You just think you can do this with every building and these kind of things can be very easily baked into the design without anyone even knowing about it. But then if, obviously if they're committed to it, then it enhances it further, but then if they're not, then at least you've kind of, you've done a better job designing it because you've actually just inherently factored in all these people into the design of the building.

So, from a design perspective and an architectural perspective, it just becomes what you do, it's almost changed the way we design.

Vicky Halliwell

It's the layering, isn't it? I think I was thinking about the layering of the trauma-informed design and the neuro inclusive design and the general accessibility and the biophilic design. And once you start layering all that together, I think that's what has the impact, those things standalone would absolutely have impact.

But I think what we've managed to do is layer all of those things and you've been really creative about bringing those to life for us. So that biophilic thing, which we haven't really fully touched on, I think is, I mean we've, you know, we've said there's planting, but the whole building is very nature inspired, isn't it?

In its sort of palette and its materials and all of that sort of thing. And I think that in itself, the kind of impact on wellbeing and the reference to the, WELL accreditation that we want to go for and all of that. So, I think it's all the things that we've managed to incorporate without it being an overly complex building.

So, in some ways it's simple, but it's not simple because it incorporates so much.

Robert Hopkins

I mean, there's some really complex issues there, but we've not let one single one of them dominate the entire design, have we? We've said, you know, each of these things needs to have a voice in the way that we approach the design.

Stefan Harris

Yeah, I think what was quite interesting as well, just because of something about trauma-informed design and the way that the kind, where that takes you in terms of design, it meant we did hit all these other markers, inadvertently.

So, like I say, designing for neurodiversity, even when we checked it against the technical guidance on dementia friendly design, again, we'd hit most of the markers on that, just inherently in the design for the trauma-informed design.

Robert Hopkins

We're almost at a close then. Have we got any final reflections from yourself, Vicky, and then you, Stef, before we close for this episode?

Vicky Halliwell

I just think what I'm most excited about is I think the building will just really bring together a sense of community and belonging for so many different groups of people. And that's what I'm most excited about. And I think in terms of identity, it certainly helps us with our identity as a university and being obvious about what we value and what we want to achieve.

But even the very subtle kind of identity markers that you know, reflect the Salford totem poles in the exterior of the building and all that kind of thing. It just, it's anchored in place and place is one of those buzzwords at the moment in terms of health and care, but I think we've really managed to anchor it in place and it'll be a sense of belonging and community in a building.

So, it's definitely more than a building.

Stefan Harris

Oh yeah. I think you've just highlighted another point there as well about the way we've rooted it in Salford itself by, like I say, putting the William Mitchell textured panels on the facade.

It couldn't be anywhere else other than Salford, but because of the process we've been through and what we've done with yourselves, it's just, I feel we could talk about this for hours because there's so many layers to it. Like you say that it's been a remarkable process really.

Robert Hopkins

Well, that's great. Thanks both so much that brings us to the end of today's episode and the AHR podcast. A big thank you to you, Vicky, and to you Stef, for joining us and sharing the journey so far.

Vicky Halliwell

No worries. Thanks. Thanks so much.

Robert Hopkins

So, thanks again to both of our guests. I think we've covered some real interesting topics there in the podcast in terms of the deep dive that we did with stakeholders, consulting with over a hundred different people and groups in and around the region.

We talked about the briefing process and how we essentially turned an idea around trauma informed care, how that then turned into trauma-informed design as our design solutions were emerging. How the building is going to help with outreach, enabling conversations with lots more people in and around Salford than perhaps, has ever been done before by the university.

And really what a unique building this is that could only really be rooted in the community that is Salford.

We're going to follow this up with a white paper in the next couple of months that is going to capture some of the findings from this project over the last year or so. We hope our listeners have enjoyed this episode.

You can find all podcast episodes on our website, or you can subscribe via your preferred podcast platform. Thank you again so much for listening, and we look forward to you joining us again next time.