Trauma-informed design in practice

Collaborative white paper

Insights on designing for sensory and emotional experience at the UK's first higher education trauma-informed designed building.

Trauma-informed design white paper

Central forest space
from the 3rd floor >

Foreword

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University of Salford

> **I am delighted to introduce this paper, which reflects an important moment for the University of Salford and for everyone involved in the development of the Thrive Health and Wellbeing Centre.**
>
> From the outset, our aim was not simply to create a new building, but to shape an environment that genuinely supports the people who will learn, work and seek care within it.

Universities are places of ambition and possibility, yet they are also places where many people carry pressure, uncertainty or past experiences that affect how they move through the world. When we began exploring trauma-informed practice, it became clear that the physical environment has a profound influence on how people feel, and that it can either reinforce or ease the challenges they bring with them.

This project gave us the opportunity to ask different questions about design. Instead of focusing solely on function, we looked closely at how a space can support psychological safety and how subtle details can help people navigate their day with greater confidence. Students, clinicians, academic colleagues, professional services staff and community partners all contributed to these conversations. Their insight shaped our thinking and confirmed how important it is for universities to understand the emotional and sensory dimensions of the built environment.

Working collaboratively with AHR, we have begun to translate these principles into a building that reflects our values as an institution. The Thrive Health and Wellbeing Centre will house a wide mix of activities, but the intent behind it is simple: to create a place where people feel comfortable enough to learn, practice, recover, and reach their potential.

Although trauma-informed design is still developing as a field, the work captured in this paper demonstrates its value. It offers practical guidance for others exploring similar approaches and highlights the difference that early engagement, thoughtful design and a clear organisational commitment can make.

I would like to thank everyone who contributed their knowledge, time and experience to this work. Their commitment has helped us shape a building that goes beyond meeting functional need and moves towards a more compassionate model of design.

My hope is that this paper encourages further discussion, invites experimentation and strengthens the growing community of practice around trauma-informed environments. We look forward to continuing this journey and to welcoming people into a space that has been created with their wellbeing at its heart.

Executive Summary
A new way of understanding the role of buildings

Trauma-informed design (TID) is reshaping how we understand the purpose and impact of buildings. It begins with a clear idea: the environments we create influence how people feel and how they engage with learning, care and community life.

When places support comfort and clarity, they help people participate more easily and with greater confidence. This benefits everyone, not only those with lived experience of trauma.

The challenge many environments still present

Although awareness of trauma and sensory diversity is growing, many educational and public buildings still struggle to meet the full range of psychological needs. Harsh lighting, unexpected noise or confusing layouts can create stress or hesitation, particularly for those who already feel under pressure. These environmental factors can affect confidence and make everyday interactions more demanding than they need to be. It's a reminder that the built environment plays a role in shaping people's wellbeing and sense of belonging.

A shared approach to trauma-informed design

This paper sets out a collaborative and evidence-informed approach to trauma-informed design. It draws on principles from trauma-informed care, supported by research and practice, to outline a practical method for shaping environments that feel predictable and supportive. The approach encourages careful attention to sensory experience, spatial clarity and opportunities for personal control. Co-design is central to this method. The process values lived experience and uses it to guide decisions from the earliest stages of briefing through to detailed design.

Insights from the development of the Thrive Health and Wellbeing Centre

The work on the University of Salford's Thrive Health and Wellbeing Centre offered a significant opportunity to explore trauma-informed design in a complex, multidisciplinary environment. Academics, clinicians, students, estates professionals, designers and community partners contributed to a shared understanding of what people needed from the space. Their insights shaped the core values that underpinned the brief.

The resulting design demonstrates how trauma-informed principles can influence building organisation, circulation and sensory character, while still supporting the academic and clinical functions the building must deliver.

Benefits that reach beyond trauma

The paper highlights the strong connection between trauma-informed and neuroinclusive design. Both approaches value environments that feel calm and easy to interpret, with the flexibility to support a range of sensory needs. Because of this, many of the benefits extend across the whole building community. Improvements in comfort, wayfinding and acoustics help people concentrate, move more easily and feel more at ease.

Sustaining trauma-informed values in everyday practice

A trauma-informed environment depends not only on the physical space but also on how the building is managed and occupied. Day-to-day interactions, staff awareness and organisational practices are central to whether people feel supported. The paper outlines practical steps that can help embed these values, including training, consistent communication and adaptable operational processes.

Creating places where people can thrive

The insights presented in this paper show that trauma-informed design is both achievable and relevant to a wide range of educational and public environments. When adopted early and carried through into daily practice, it helps create places that feel more supportive and inclusive. These outcomes align closely with the wider ambitions of universities and public institutions that want to improve user experience and wellbeing.

The development of the Thrive Health and Wellbeing Centre demonstrates the value of institutions and designers working together around shared aims. By designing with psychological safety in mind, it is possible to create environments where people feel welcomed, respected and able to thrive.

Understanding trauma and the role of design to protect and promote wellbeing

> **Trauma leaves lasting marks. It shapes wellbeing, behaviour and cognition in profound ways, influencing how people relate to others and respond to the environment around them**[1 2 3 4 5 6 7 8 9].

For much of the twentieth century, health and care systems were built around processes, targets and statistical outcomes. Services were often designed to measure performance rather than experience. While this approach improved consistency and accountability, it could miss the human experience of fear, loss of control and emotional distress that many people carried into those settings. In focusing on symptoms and standardisation, systems sometimes overlooked the person and their journey, and in doing so, risked repeating patterns of harm.

This realisation prompted a profound shift in thinking about recovery and care. Practitioners began to ask a different question: not only how to treat trauma, but how to prevent environments and systems from inadvertently making things worse[10]. In response, the Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States formalised the concept of trauma-informed care (TIC) in the early 2000s[11]. It developed from a growing evidence base that traditional treatment and service systems were unintentionally re-traumatising people who had already experienced adversity.

TIC reframed practice around empathy, safety and empowerment. It recognises that rehabilitation is most effective when people feel safe, understood and in control. The goal is to create systems and environments that actively support recovery and reduce the risk of re-traumatisation.

Understanding how trauma manifests
Defining trauma

Trauma is typically understood as the psychological and emotional response to events that are extremely distressing or overwhelming, such as abuse, violence, accidents, or disasters. The World Health Organization's ICD-11 recognises trauma as exposure to "extremely threatening or horrific events" that exceed an individual's ability to cope[12][13][14][15][16].

It might stem from a single incident or build from repeated experiences over time. Its subjective nature means that what is traumatic for one person may not be for another. This distinction sits at the heart of trauma-informed practice, which centres on how people experience events rather than the events themselves.

59%
of people in the UK have experienced trauma[17]

Behavioural responses to trauma

People may appear disengaged, defensive or unpredictable, but these are often protective responses to feeling unsafe or out of control. Someone who has experienced trauma might miss appointments, arrive late, or leave abruptly if a setting feels overwhelming. Others may struggle to concentrate during assessments, question professionals repeatedly to regain a sense of certainty, or react strongly to unexpected touch or noise. These behaviours can easily be misinterpreted as non-compliance or aggression, when they reflect attempts to manage perceived threat[18][19]. Understanding these patterns helps professionals respond with empathy and consistency, building the trust and predictability that are essential for recovery.

Cognitive and emotional impacts of trauma

Trauma can disrupt memory, concentration and decision-making. It reshapes beliefs about safety, trust and autonomy[20][21]. It may also fragment recall, making it difficult for people to tell a clear or consistent story about what has happened. Dialogue may seem inaccurate or contradictory, not because of dishonesty but because memory under stress is stored differently. Some people may appear detached, distracted or emotionally flat; others may become defensive, argumentative or even threatening when they feel cornered or misunderstood. Such reactions are often protective rather than aggressive, rooted in efforts to reassert control in a situation that feels unsafe. These cognitive and emotional shifts influence confidence, relationships and engagement with others. Predictable processes, patient communication and compassionate curiosity within services are vital to help people rebuild both trust and a sense of control.

Links between trauma, wellbeing and physical health

The reach of trauma extends beyond mental health. It increases the likelihood of anxiety, depression, PTSD, substance misuse and chronic illness. It affects how people function socially, academically and at work[22 23 24 25].

Research shows that people who have experienced four or more adverse childhood experiences (ACEs) are two times more likely to be diagnosed with a chronic disease. For specific diseases these were four times more likely to develop type two diabetes, three times more likely to develop heart disease and three times more likely to develop a respiratory disease[26]. These physiological effects stem from prolonged activation of the body's stress response, which disrupts the immune, endocrine and cardiovascular systems and can accelerate ageing.

The impact is equally evident in daily life. People living with unresolved trauma are more likely to miss work or education due to poor physical or emotional health, experience difficulties with concentration, and face barriers to stable housing or relationships[27].

29%
of people with post-traumatic stress disorder (PTSD) face a higher risk of mortality than those without mental health conditions[28]

Understanding these wide-ranging effects reinforces the need for joined-up responses across healthcare, education and community services that address both the psychological and physical consequences of trauma.

Principles of trauma-informed care (TIC)

TIC weaves awareness of trauma into every aspect of policy, practice and culture. It reframes care from a purely medical model, which asks the question "what is wrong with this person?", towards a biopsychological understanding that asks "what has happened, and what support will help?"[29]. It recognises how wellbeing is shaped by experience, be that physical, emotional, social, relational or environmental.

UK guidance identifies six interlinked principles as the foundation of a trauma-informed approach[30][31][32]. Together they create systems that are predictable, inclusive and responsive to what people have lived through.

The six guiding principles

Safety	includes physical, psychological and emotional protection, helping people feel secure within an environment or service. It involves clear boundaries, avoiding potential triggers and creating conditions where people can manage their own stress. Without a felt sense of safety, recovery and engagement cannot begin.
Trust	built through consistency, reliability and transparency. For people affected by trauma, unpredictable systems can recreate feelings of powerlessness. Clear communication and dependable routines help rebuild confidence in people, processes and place.
Choice	trauma often leads to a loss of control. Restoring agency through choice allows people to make decisions about their care and participation. This might mean offering varied access to services, information in accessible formats or respecting an individual's pace of progress. Choice restores autonomy, the foundation for dignity.
Collaboration	recognises that recovery happens through relationships. It values shared decision-making between practitioners and those with personal experience, reducing hierarchy and building mutual respect. Working with people rather than doing things for them strengthens community and trust.
Empowerment	shifts the focus from what's broken to what's strong. It encourages people to recognise their own resilience and capacity for growth. Within trauma-informed systems, empowerment is shown through opportunities for participation, skill development and feedback.
Cultural sensitivity	ensures that responses to trauma respect identity, history and context. It acknowledges how discrimination, exclusion and inequality contribute to collective trauma. When services and environments reflect cultural diversity, everyone has a better chance of feeling seen, valued and understood.

These principles provide a consistent ethical and practical foundation across health, education and social care. Making them real requires understanding across entire systems, commitment from leadership, and workforce training developed alongside people who have lived experience themselves[33][34].

Examples from practice

These examples demonstrate how trauma-informed approaches embed care across systems and settings. They also reflect wider movements toward neuroinclusive design, where reducing sensory stress is essential to wellbeing. This theme is explored later in this paper.

In Scotland, a national trauma-informed practice toolkit collates case studies from general practice, mental health, residential care, police and criminal justice social work, showing concrete changes in procedures, language and environments to reduce re-traumatisation and improve engagement. It is being applied across a number of settings from healthcare, social care and education.

The toolkit references services users with lived experience demonstrating the impact applying the principles can have, "It just makes you feel like you're not in a threatening place, and for me anyway, somewhere…clinical places can often be a bit, because they remind you of police cells or police stations or hospitals or, for me, care, like secure units" (Police case study, Trauma-Informed Practice: A Toolkit for Scotland[35]).

Internationally, similar principles have been embedded elsewhere. In the USA, the Women's Community Correctional Center, Hawaii prison introduced a TIC initiative that combined staff training, predictable routines, and collaborative decision-making to reduce incidents and improve relationships[36].

In Canada, the Public Health Agency's national framework on trauma and violence-informed approaches has embedded these principles into healthcare, education and justice systems, promoting physical and psychological safety, staff training and supportive environments across public services.

In one case study from the Cool Aid Community Health Centre, the clinic recognised that when clients had to queue outside to wait for it to open, they were subjected to violence and abuse from people passing by. They also often didn't have appropriate clothing for the weather, particularly in winter.

Staff witnessing these situations were emotionally impacted, feeling responsible for the clients' wellbeing. To address this the clinic changed its opening procedure to allow people to wait indoors. This was a trauma-informed response because it recognised the physical and emotional impact of their procedures on clients and staff[37].

Enablers and barriers to implementing trauma-informed care

The challenges and opportunities of implementing TIC have been widely explored across health, social care and community settings.

The **Changing Futures Evaluation: Trauma-Informed Approaches Rapid Evidence Assessment (REA)**[38], commissioned by the Department for Levelling Up, Housing and Communities (2023), provides a comprehensive summary of this evidence to date.

Drawing together national and international research, the review highlights both the barriers that can impede progress and the enabling conditions that help organisations embed trauma-informed principles in a sustainable and meaningful way.

Barriers

Lack of shared understanding: Without a clear and consistent definition of what constitutes a trauma-informed approach, organisations can struggle to align practice or measure impact.

Systemic and cultural resistance: Legacy systems focused on performance targets and short-term outcomes often leave little space for reflection, collaboration or relational approaches.

Resource and capacity pressures: Limited funding, high staff turnover and time constraints make it difficult to maintain consistent training, supervision and reflective practice.

Change fatigue: Staff adapting to continual reforms or new initiatives may view trauma-informed approaches as an added burden rather than a core value.

Fragmented service delivery: Siloed commissioning and competitive funding structures can weaken collaboration between agencies and undermine continuity of care.

Weak evaluation frameworks: A lack of robust evidence and shared metrics makes it harder to demonstrate value, secure investment and sustain long-term commitment.

Enablers

Strong leadership and governance: Visible commitment from senior leaders helps set direction, secure resources and embed accountability.

Clear policies and procedures: Translating trauma-informed principles into organisational policies ensures consistency across services.

Supportive environments: Creating safe, calm and inclusive physical and relational environments helps people feel respected and in control.

Training and reflective practice: Ongoing learning and supervision build staff confidence and sustain a culture of empathy and self-awareness.

Lived-experience collaboration: Co-production with people who have direct experience of trauma increases relevance, trust and impact.

Dedicated resources and monitoring: Long-term investment and evaluation help maintain momentum and demonstrate progress.

TIC cannot be achieved through training alone. It needs systemic alignment across policy, practice, culture and environment. By embedding these enablers, organisations can create conditions that lead to better individual outcomes and achieve more compassionate, resilient and effective services.

Evidence and emerging impact

Research shows that trauma-informed approaches lead to improved wellbeing, engagement and service outcomes[39][40][41]. National policy frameworks recommend embedding TIC across health, education and justice sectors to improve equity and performance[42]. Evidence from built-environment studies also demonstrate that trauma-aligned spaces support positive behavioural, emotional and cognitive outcomes[43][44].

In education:

Trauma-informed practice has been connected to stronger student wellbeing, higher achievement and improved school climate[45].

12% decrease in course withdrawal rates following faculty training and application of trauma-informed teaching practices[46].

In health and social care:

18% of people who have experienced trauma say they 'often' or 'fairly' often avoid health and care services because of their trauma[47].

39% of those that have experienced trauma say they think their trauma has negatively impacted their experience of health and care services[48].

A study in an NHS mental health setting found that TIC provided a framework for staff to better understand service user difficulties which led to increased compassion and a wider range of helpful responses to service users' difficulties[49].

In social housing:

A Public Health Wales study found people that have experienced childhood trauma or Adverse Childhood Experiences (ACEs) are 16 times more likely to face homelessness as adult[50].

Traditional social housing environments may inadvertently trigger or exacerbate trauma symptoms - for example crowded living conditions, lack of choice and exposure to noise or violence[51].

In a study by Oasis Community Housing, they found that engagement and satisfaction with their services were typically reported where participants felt physically and emotionally safe accessing services and felt that service providers genuinely cared about their needs and wellbeing. Where these principles were absent, experiences of re-traumatisation were apparent[52].

In justice:

A report by the Youth Justice Board for England and Wales found that there had been a 47% increase in proven sexual offences committed by children, recognising a need for gender and trauma-informed responses[53].

The NHS recommends that Integrated Care Systems (ICS) consider trauma-informed services to deliver early interventions to help prevent offending and reoffending[54].

Evidence shows the need for, and opportunity offered by trauma-informed approaches. They have the potential to strengthen engagement and improve outcomes, helping people manage conditions and reduce re-traumatisation across services.

Translating care into design

When extended to the built environment, the principles of TIC become a framework for creating spaces that nurture wellbeing and build trust. Physical settings communicate powerful messages about safety, trust and belonging. Confusing or institutional environments can reinforce fear and powerlessness. Calm, legible and adaptable spaces, by contrast, promote stability and dignity.

This goes beyond the walls of a building. The spaces between them - courtyards, walkways, entrances and public realm - are equally important in shaping how people arrive, move and connect. When designed with the same attention to safety, choice and comfort, these places between the spaces can reduce anxiety, support belonging and prepare people for the experiences that follow inside.

Applying trauma-informed principles to the built environment acknowledges that space is part of the wider care system. It is capable of either supporting or undermining recovery[55][56].

Design is not simply aesthetics or function, it's about shaping places where people feel secure, respected and able to make choices about their surroundings. When the principles about how spaces are planned, used and maintained, the environment becomes an active contributor to wellbeing.

> " **Design actions and implementations that support the strengths-based trauma-informed care framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.** "
>
> (Hopper, Bassuk, & Olivet, 2010[57])

It is from this understanding that trauma-informed design (TID) emerges, extending the ethics and evidence of TIC into architectural practice.

Understanding trauma, and the ways it manifests, is essential for anyone designing, commissioning or operating spaces intended to support health, learning and inclusion.

Demonstrating the value of trauma-informed design (TID)

While detailed cost-benefit analyses of TID are still emerging, existing research provides a firm foundation for the economic case. For example, the TID process manual from Shopworks notes that a trauma-informed approach "can improve the design decision-making process … without increasing the cost or complexity of a building"[58].

Studies of trauma and healing environments at Östra Hospital in Sweden have shown that improvements to the physical and architectural design of psychiatric units have significant positive effects on both patient and staff outcomes[59] [60] [61]. After relocating to a new, psychiatric facility at Östra Hospital:

*   The need to use restrictive care with patients dropped by 44% and compulsory injections fell by 21%.

*   There was a reduction in re-admissions within seven days of discharge and a decline in staff sick leave.

*   Patients, staff, and visitors reported a more respectful, calming, and healing atmosphere. This was helped by access to nature, daylight, and carefully designed communal and private spaces.

This was Sweden's first quantifiable study on the impact of the physical environment in psychiatry, indicating that evidence-based architectural design significantly lowers aggression, improves safety and contributes to recovery.

Other studies have shown populations who have experienced trauma have a greater risk of cardiovascular disease, cancer, type II diabetes and obesity[62]. All of which incur significant costs to healthcare services. Broader public health evidence from the USA suggests that reducing adverse childhood experiences by 10% could save over US$56 billion in healthcare expenditures. In children, trauma can inhibit brain development, affecting attention, learning and decision making[63].

TID strengthens the social-value and ESG case for investment. In joining up the physical environment with wellbeing outcomes, it enables clients to demonstrate tangible returns against health, equality and sustainability metrics. Therefore, making trauma-informed projects more attractive to funders, local authorities and community partners.

> **Making community-driven decisions earlier in the design process does not incur higher costs; instead, it shifts the investment of time and resources to the beginning stages."**
>
> (Urban Institute, 2024[64])

These findings support the idea that investing in trauma-aware environments is justified not only by social value but also by long-term operational efficiency and cost avoidance. Investment at briefing and early design stage is modest compared with the potential for cumulative savings.

Embedding trauma awareness in design practice

Embedding TID begins in the briefing process, where purpose, values and lived experience are translated into spatial intent.

A trauma-informed brief explores not only functional and technical requirements but the emotional journey through a space. It considers how this environment should make people feel?

Creating trauma-informed environments demands a more layered and collaborative briefing process than conventional design. Early dialogue between designers, clinicians, estates teams and service users is required to understand how physical, operational and emotional factors influence the design. The spaces we design become part of the therapeutic toolkit. They influence recovery, trust and engagement just as much as clinical or social interventions. When the physical environment is considered as part of the overall care package, briefing begins to explore sensory comfort, emotional safety and everyday experience.

Key elements include:

Lived-experience engagement: inviting users, staff and communities to describe what safety, trust and empowerment mean to them.

Interdisciplinary collaboration: aligning architects, clinicians, psychologists, academics and estates teams around shared principles.

Empathy mapping and sensory audits: identifying potential environmental triggers such as glare, echo, crowding or lack of refuge.

Iterative feedback: embedding post-occupancy evaluation to measure outcomes and inform future projects.

Shopworks Architecture's Four-Phases of the TID Process illustrates how these steps can be built into practice[65]. The approach ensures that design intent, operational policy and user experience remain aligned throughout a building's life.

Ultimately, TID is not a stylistic movement but an ethical and pragmatic framework. It asks built-environment professionals to recognise the psychological power of space and to use that power to protect, include and promote wellbeing.

The following section builds on these principles, exploring how trauma-informed care can be translated into design practice and expressed through spatial form and experience.

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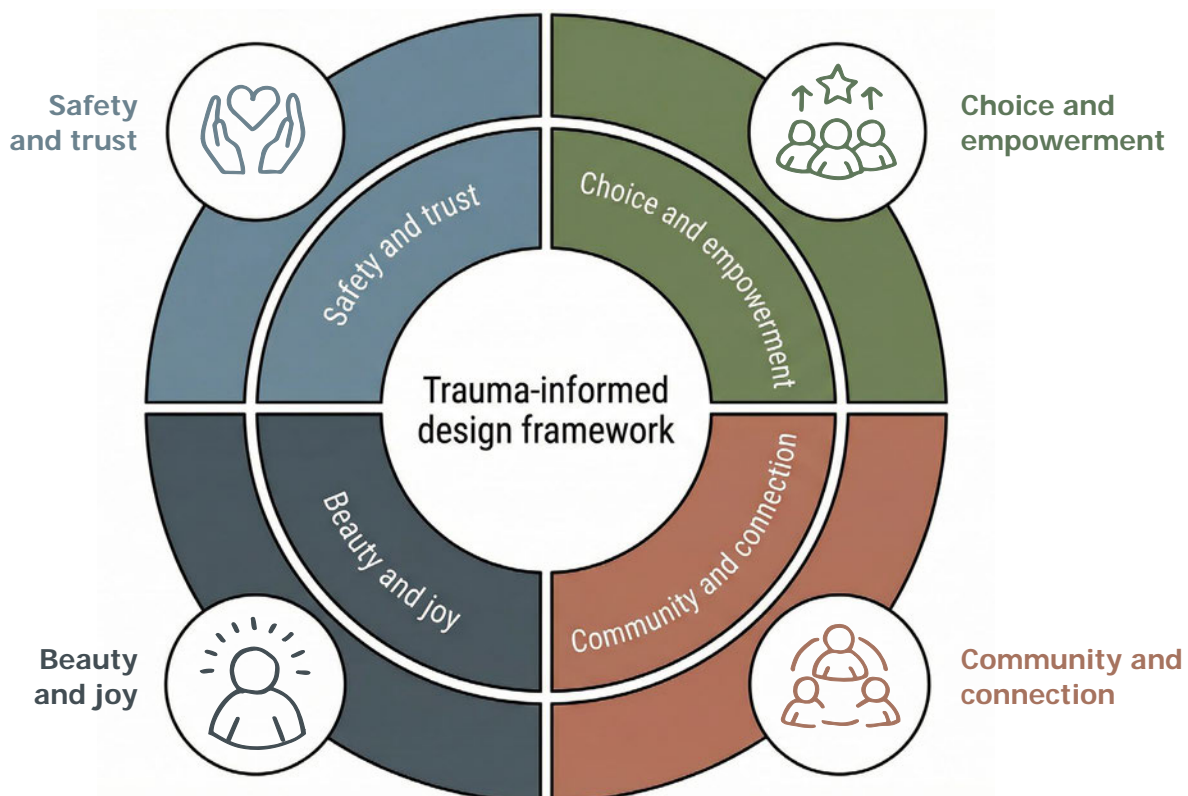
Translating trauma-informed care into design

Building on the foundations of trauma-informed care outlined in the previous section, TID translates those principles into spatial practice.

These principles provide the framework for designing environments that foster emotional safety, predictability and inclusion, not as an aesthetic ideal, but as a precondition for wellbeing[1].

The four core principles

While the principles of TIC emerged in clinical and social service settings, they can also be applied architecturally. In the built environment, they manifest as four interlinked design imperatives that turn theory into spatial practice.

Safety and trust

Choice and empowerment

Beauty and joy

Community and connection

Trauma-informed design framework

Challenges and opportunities in translating theory to spatial intervention

From theory to application

Translating the theory of TIC into effective spatial design presents real challenges. Much of the existing research remains conceptual, and the success of design interventions depends on how well they align with the more established principles of TIC. The primary objective is to enhance the therapeutic offer, making sure that the built environment supports, rather than hinders, recovery and wellbeing.

Designing for complexity and change

Designing through a trauma-informed lens also means addressing a wide range of needs and care models that continue to evolve over time. Trauma affects people in deeply personal ways; no single design solution can accommodate every experience.

For this reason, trauma-informed design must build in flexibility and long-term adaptability, allowing spaces to evolve as understanding, care practices and user needs change.

Opportunities for recovery and inclusion

Despite these challenges, the opportunities are significant. When applied thoughtfully, TID can create environments that promote safety, inclusion and recovery. Architecture becomes an active participant in recovery, helping to remove barriers to care and fostering trust and connection.

Collaboration with service providers, community organisations and people with lived experience ensures that outcomes remain relevant and responsive. As awareness of trauma-informed principles grows across the industry, there is an opportunity to drive cultural change and embed empathy and understanding into all aspects of design.

Embedding principles in everyday design

Even small, subtle applications of trauma-informed principles can have a meaningful effect. By integrating safety, choice, connection and moments of beauty into everyday environments, designers can quietly support emotional wellbeing and help reduce the likelihood of re-traumatisation.

In doing so, the built environment becomes more than a backdrop to recovery; it becomes an active partner in enabling it.

Safety and trust

Understanding the principle

In TIC, safety means more than just the absence of danger. It's about creating a felt sense of security, which depends on how each person perceives their surroundings. People who have experienced trauma often develop a heightened awareness of potential threat.

Trauma can change how they assess risk, leading to adaptive behaviours that help maintain control. Many never fully restore their sense of safety, and these behaviours become a way of maintaining control[2].

For those who have lived through trauma, the subjective experience of safety matters more than objective safety measures. Once someone begins to re-establish a basic sense of safety, they can start to regulate emotions disrupted by trauma, rebuild confidence, and restore a sense of autonomy and control[3].

(left) **Little Island, New York**, its unique form creates a safe, welcoming public gathering place

(right) **MAAT, Lisbon**, natural materials and planting connect public spaces to the landscape beyond

The importance of safety and trust

Safety sits at the heart of any trauma-informed approach. Survivors of trauma often live with heightened vigilance, constantly scanning their surroundings for subtle signs of threat. Even small environmental changes can undermine confidence and reactivate stress responses.

When spaces are confusing, unpredictable or overstimulating, people may withdraw or disengage. But when environments are coherent, consistent, and easy to navigate, they can reassure and build trust.

Predictable surroundings restore confidence, offering people a greater sense of stability and control, which ultimately support wellbeing and recovery.
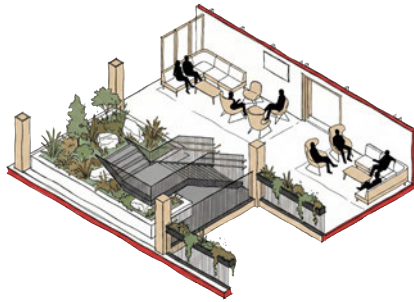
How it impacts design

Applying the principle of safety to the built environment means prioritising clarity, legibility and predictability.
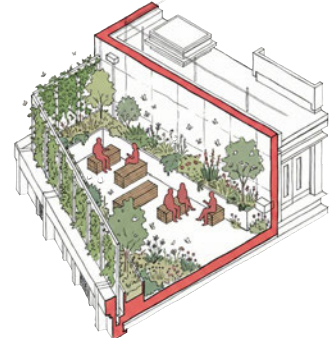

Simple, logical layouts

Intuitive wayfinding and circulation patterns that avoid long confusing corridors and rooms upon rooms, allowing people to understand where they are in the building at all times.
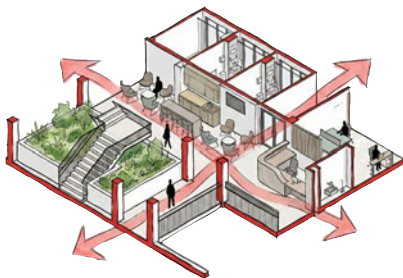

Sensitive material selection

Avoiding cluttered or chaotic interiors but also resisting sterile, clinical finishes that can feel impersonal and remind some people of past negative experiences.

Adaption of existing precedents

Dementia-friendly and social care guidance, HBN 08-02, offers design principles applicable to TID[4].

Clear sightlines

Supporting orientation and reducing anxiety about who is approaching.

Lighting and acoustics

Consistency to prevent sudden sensory shocks that may trigger distress.

A proactive approach

Designing for safety and trust requires thinking from the perspective of people who may be most vulnerable, rather than assuming a typical user. TID means reviewing each decision to ensure it supports a person's sense of security, predictability and control. This approach reduces the risk of re-traumatisation and allows the built environment to play an active role in supporting recovery.

Choice and empowerment

Understanding the principle

Choice and empowerment are core principles of TIC, design to create and sustain a sense of safety. For care to be effective, people need to be consulted about their preferences and offered as much autonomy as is compatible with their own wellbeing.

These principles work to counter feelings of isolation and helplessness by restoring a sense of agency. Increasing opportunities for choice helps people rebuild confidence and self-determination.

In this context, autonomy means "a sense of separateness, flexibility, and self-possession sufficient to define one's self-interest and make significant choices"[5]. Keeping control with the individual is fundamental to both TIC and effective TID.

(left) **Daphne Steele Building**, **University of Huddersfield**, natural materials and flexibility enables people to use spaces to suit their need

(right) **Barbara Hepworth Building**, **University of Huddersfield**, flexible spaces with views encourage creativity
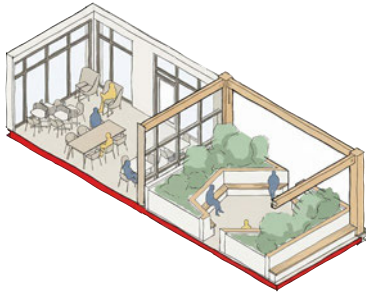
The importance of choice and empowerment

Restoring choice is essential to restoring dignity. Survivors of trauma often experience lasting feelings of powerlessness, which can be reinforced by environments that feel restrictive or controlled.

Providing meaningful options allows individuals to regain control and confidence while strengthening emotional regulation. Empowerment also lets people engage with their surroundings on their own terms, supporting recovery and promoting long-term wellbeing.
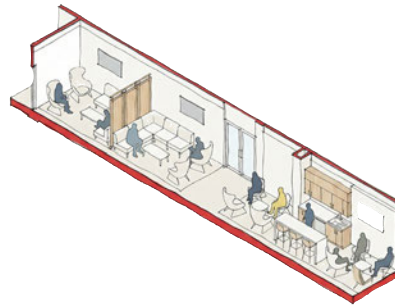
How it impacts design

Designing for choice and empowerment means building flexibility and agency into the physical environment.
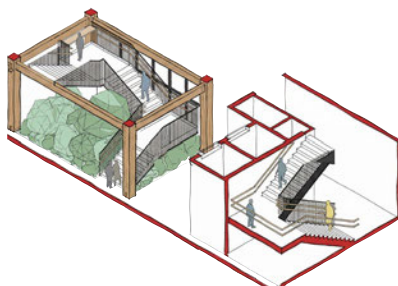

Spatial variety

Offering both open and enclosed spaces, recognising that some people feel safer with visibility while others feel exposed.
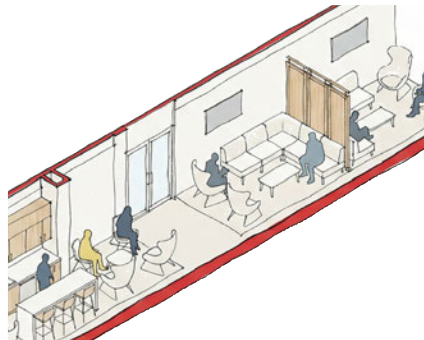

Environmental controls

Allow users to adjust lighting, temperature, and acoustics to meet their own comfort levels where practical.

Multiple circulation routes

Allowing more than one way to move through a building to avoid bottlenecks or dead ends.

Adaptable spaces

Areas that can be configured for privacy or sociability, and flexible furniture that can be rearranged.

A proactive approach

Empowerment through design reduces dependency and helps prevent environments from replicating patterns of control. Considering how people might wish to use or alter a space embeds flexibility and choice from the outset. By restoring ownership and self-determination, it reinforces the wider goals of TIC.

Community and collaboration

Understanding the principle

Community is a vital part of TIC. Safety, trust, peer support and empathy are all strengthened by community interaction. SAMHSA identifies peer support, collaboration and mutuality as key principles, recognising that recovery happens through relationships and shared experiences[6].

Communities can provide levels of support that are difficult for institutions to offer alone. They also promote sensitity to the cultural, historical and gender factors that shape trauma and recovery. Siantz notes that communities play a key role in facilitating access to services, social support programmes and social prescribing initiatives that individuals may need[7].

Social prescribing is designed to support people with a wide range of social, emotional, or practical needs, and many schemes are focused on improving mental health and physical wellbeing. Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, people with complex needs, people who are socially isolated and those with multiple long-term conditions who frequently attend either primary or secondary health care[8].

(left) **10 Bond Street, New York**, local architectural character provides grounding for residential living
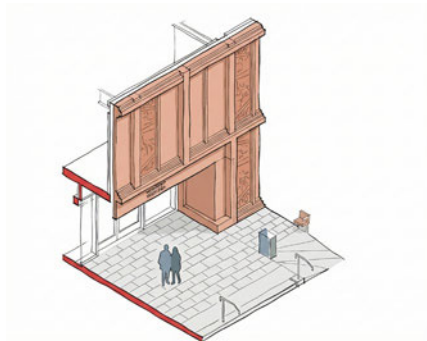
(right) **Ford Foundation, New York**, natural light, water and planting promotes purposeful collaboration

The importance of community and collaboration

Isolation intensifies the effects of trauma. By contrast, community participation builds connection, belonging and resilience. Supportive relationships reduce anxiety and promote collective strength, while shared spaces encourage empathy and understanding. Through community activity, people can rediscover purpose and re-establish trust in others. When embedded within design, these connections turn buildings into social assets that reinforce wellbeing.
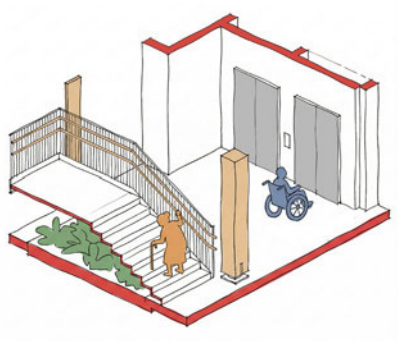
How it impacts design

Creating environments that promote community and collaboration means designing spaces that are welcoming, inclusive and allow people to connect.
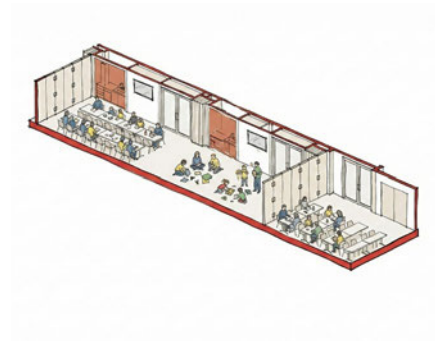

Cultural representation

Integrate materials, colour, artwork or language that reflect the diversity and identity of the local community.
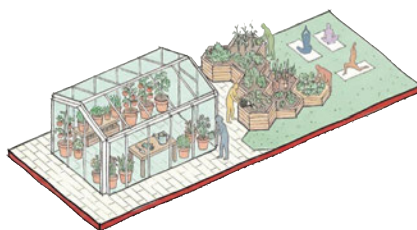

Inclusive access

Ensure all physical and sensory access requirements are met to remove barriers and access anxiety.
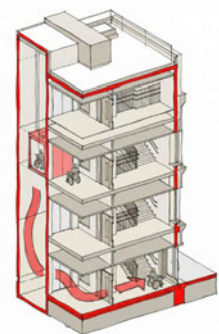

Multipurpose community facilities

Provide shared spaces that support social interaction, events and collaboration.

Opportunities for social prescribing

Include gardens, outdoor areas and creative spaces that promote health and social connection.

Emergency design with dignity

Plan safe, dignified escape routes that prevent feelings of exposure or exclusion during emergencies.

A proactive approach

Designing for community requires viewing buildings as part of a wider network of support. When people can connect within and beyond a space, recovery becomes collective rather than individual. Embedding community within design helps to create places that are inclusive, empathetic and resilient.

Beauty and joy

Understanding the principle

Integrating beauty and joy into trauma-informed design enriches healing by promoting positive neuroplasticity[9], emotional regulation, empowerment, and community connection, making joy a vital tool on the path to recovery[10].

Positive experiences such as natural light, art, colour and movement stimulate the release of chemicals that help repair pathways in the nervous system disrupted by traumatic stress. These chemicals not only relieve pain but also support emotional stability and the development of new neural connections.

(top left) **Coal Drops Yard, London**, integrated art creates distinctive character in retail spaces

(top right) **The Spine, Liverpool**, unique façade and natural materials create inspiring spaces

(bottom left) **512 West 22nd Street, New York**, thoughtful planting brings nature into urban environments

(bottom right) **St John's College Library, Oxford**, art and light inspire variety within clear, simple organisation

The importance of beauty and joy

Beauty and joy help people reconnect with hope and emotional balance. Research shows that creative and sensory experiences can lower stress hormones, improve heart rate variability and enhance emotional adaptability[11]. These effects do not depend on dramatic interventions. Small, everyday moments such as the smell of coffee, the sight of flowers, the sound of laughter can foster calm and resilience[12].

Engagement with nature positively influences both physical and mental wellbeing, helping people manage chronic conditions and reduce anxiety[13].

Similarly, participation in creative arts or exposure to art improves mental health by increasing serotonin levels, supporting emotional regulation and fostering new ways of thinking and hopefulness[14].

How it impacts design

Applying beauty and joy to design involves creating opportunities for sensory connection and emotional uplift.
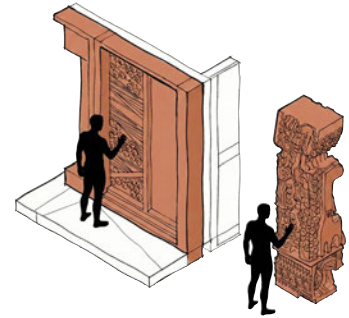

Natural light and views

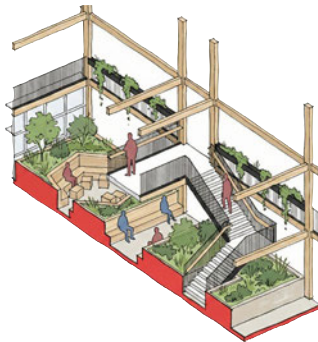Maximise access to daylight and visual connection to the outdoors.

Sensory experience

Consider colour, texture, scent and sound to provide moments of delight and comfort.

Art and creativity

Integrate public art, murals or creative installations that reflect collective identity and provide inspiration.

Biophilic design

Use natural materials such as wood and stone, along with planting and water, to create calm and connection.

Space for play and reflection

Provide areas for music, creativity or quiet contemplation that encourage emotional expression and joy.

A proactive approach

Designing for beauty and joy recognises these qualities as essential components of recovery rather than aesthetic extras. By integrating light, texture, art and nature into everyday experience, designers can create spaces that reduce stress, promote emotional regulation and support the rebuilding of hope and resilience.

Endnotes:

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Building a trauma-informed design brief

> **The University of Salford's Thrive Health and Wellbeing Centre was conceived as both a response to practical need and an expression of civic purpose.**

An evolving health and social care workforce

The School of Health and Society has grown rapidly, educating more than 8,000 students each year across health, care and social science disciplines, with projections of reaching 10,000 within a few years. This expansion coincides with a wider shift in the health and care sector, where the future workforce will require not only greater numbers but a different mix of skills.

When planning for the new building began, the **NHS Long Term Workforce Plan**[1] set out a clear requirement for substantial growth in training numbers across a wide range of professions. Alongside this, the **NHS Long Term Plan 2025**[2] set a strategic direction which included prevention, digital transformation and delivering more services in community settings. Together, these strategies highlighted not only the need for more practitioners, but for practitioners equipped to work differently: in integrated teams, closer to communities, and across digitally enabled pathways.

These changing expectations increase the demand for high-quality student placements, practice-based learning and simulation environments that mirror contemporary models of care. With many acute sites operating at or beyond capacity, the move to deliver more care in community settings creates new training needs that universities must help to meet.

As the health system continues to evolve, the national conversation is shifting further. The forthcoming update to the Government's 10-Year Workforce Plan[3] is expected to place greater emphasis on skills diversification, complementing earlier focus on workforce growth.

Civic responsibility and regional need

Within this context the University saw this as an opportunity: not only to expand capacity, but to redefine what high-quality learning environments and student experience should look like for the next generation of professionals, alongside a new approach to community healthcare provision.

At the same time, Salford and Greater Manchester continue to experience some of the most persistent health and social inequalities in the UK. According to ONS data, Salford ranked in the bottom 10% of English local authority areas for health in 2021[4], with male and female life expectancy 2.8 and 2.2 years below the national average[5]. The project was therefore framed as a response to civic need as much as a campus development. It was a visible commitment to addressing regional health challenges through education, research and direct community service.

Limitations of the existing estate

Prior to this project, its activities had been dispersed across several buildings, the Allerton, Mary Seacole and Brian Blatchford Buildings, each constrained by their layout and capacity for cross-disciplinary working. This fragmentation limited collaboration across subject areas and made it difficult to deliver the integrated, practice-based learning now essential to professional education and development of the NHS workforce.

A new opportunity for integration and impact

Providing an opportunity for the University to address these challenges through a new building, it would enable new models of teaching and practice and provide direct public benefit through accessible health and wellbeing services. It embodies the University's mission of **Innovating to Enrich Lives**[6], aligning with regional and national health strategies that prioritise community proximity, digital integration and preventative care. As a central element of the University's **Campus Connectivity Plan (CCP)**[7], the project sought to blur the boundary between education and service delivery, to enable learning through practice, and practice that enriches learning.

Working in partnership with the University, AHR led a comprehensive briefing and engagement process to define how this ambition could be realised informed by the principles of TID. The process sought to connect operational priorities with the School's deeper purpose of supporting wellbeing and inclusion, as well as lifelong learning.

Capacity and condition study

A review of the School's estate led to the decision to invest in a new facility. The design team, working with the University, undertook a capacity and condition study to understand how the existing buildings performed against projected growth targets. The study assessed requirements for general teaching, specialist simulation and shared learning environments. It became clear that the existing infrastructure lacked the flexibility, technical capabilities and condition to support future student growth.

The existing buildings were found to offer limited flexibility: their layouts restrict multi-use teaching, opportunities for interdisciplinary working and the type of environments needed for modern prevention-focused and digitally enabled curricula. Mary Seacole, being the newest, offered scope for targeted refurbishment and will continue to house simulation suites, immersive VR spaces, wards and radiography. However, even with this investment, the School required additional environments to support teaching, shared learning and community-facing activity. This analysis informed the development of the University's CCP, which sets out a joined-up approach to refurbishment, new construction and outdoor learning spaces across the Frederick Road campus. Within this strategy, the Thrive Health and Wellbeing Centre acts as a public-facing anchor: a place for clinical services, community wellbeing programmes, group teaching, interdisciplinary activity and student-facing support that existing buildings could not accommodate.

The new facility would deliver, flexible teaching and research space, and public-facing clinical services that could not be achieved within the existing estate. The CCP also proposed wider campus enhancements: greater accessibility for the local community, outdoor learning and recreation areas, social prescribing gardens, exercise and therapy spaces, and a landscaped bridge linking Frederick Road to the main campus as well as connecting it to Peel Park and the River Irwell. This integration of buildings, landscape and community access reflected an ambition to use the whole site as part of the learning and wellbeing experience, extending the principles of trauma-informed and inclusive design beyond the building itself.

Purpose and users

From the outset, the brief defined three primary user groups - **the public, students and staff** - and set out to place their experience at the centre of design. The new Health and Wellbeing Building would be:

Neuro-inclusive, trauma-informed and family-friendly, creating an environment that brings to the fore wellbeing in its design and operation.

Distinct from conventional clinical settings, replacing institutional cues with warmth, clarity and dignity.

A civic asset, open to the community, delivering university-led health services at scale.

A collaborative resource for statutory, voluntary and community partners. It would be a place to co-locate and share knowledge.

A sandpit for innovation, where new models of care, technology and research can be tested and evaluated.

Accessible in every sense, physically prominent on the A6 corridor beside Salford Crescent Station and connected by major bus routes, ensuring practical as well as design-led accessibility.
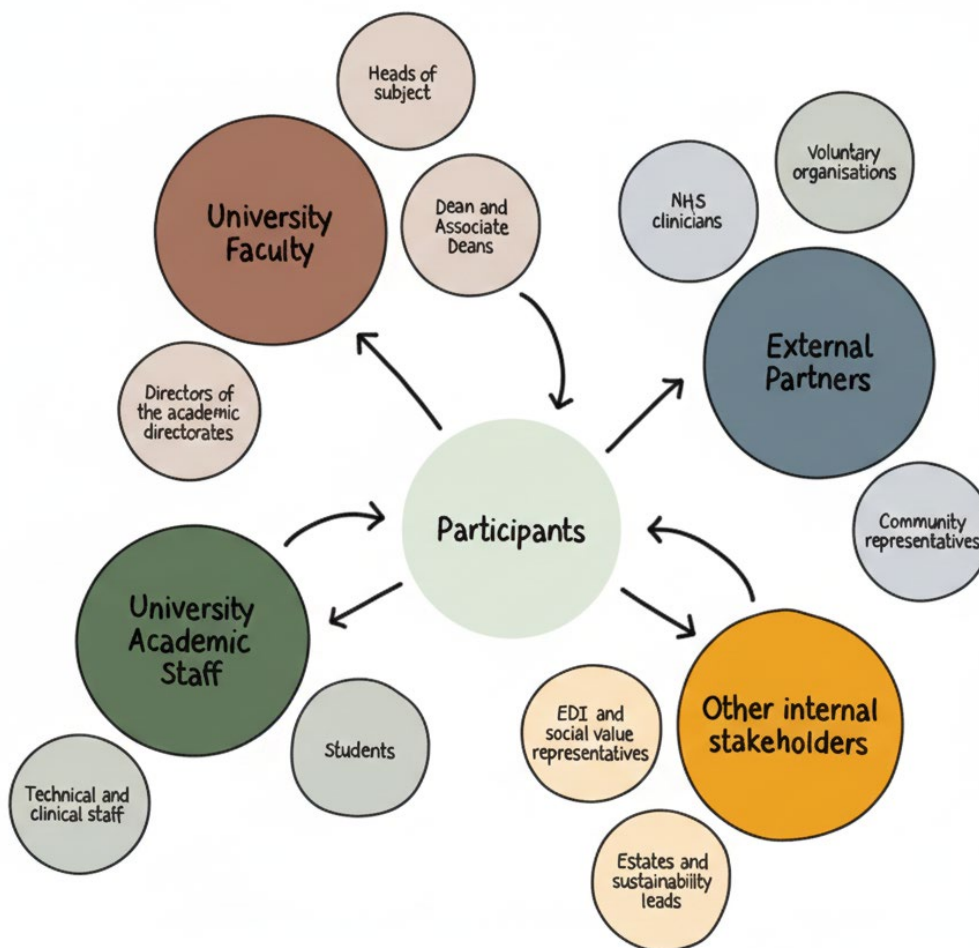
A learning environment for the future workforce, giving students broad, community-based experience and the confidence to work differently.

These aims positioned the building as both an academic facility and a social infrastructure project, designed to improve community health outcomes while modelling the principles of trauma-informed and inclusive design.

The consultation process

Recognising that TID begins with participation, the University and AHR developed an engagement process that mirrored its guiding principles of trust, transparency and inclusion.

Over the first quarter of 2023, more than eighty stakeholders contributed through structured workshops, interviews and open sessions. Staff and students attended drop-in sessions to share their experience of existing spaces and aspirations for the new environment.

This process combined strategic dialogue - about the school's growth, civic purpose and educational model - with highly practical discussions on clinics, simulation suites, workplace design, student facilities and the public realm.

Study visits to exemplar buildings including The Spine (Liverpool), the Allam Medical Building (Hull) and Birmingham City University's simulation centre provided reference points for biophilic, WELL-standard design.

Insights from stakeholder engagement

The consultation revealed a nuanced picture of how people work, learn and deliver services, and how a new environment could better support that purpose.

Clinical services and specialist facilities

Stakeholders confirmed the breadth of clinical and health-related provision to be accommodated. Requirements included facilities for podiatry, physiotherapy, sports rehabilitation, orthotics and prosthetics, gait and mobility assessment, strength and conditioning, exercise physiology and occupational therapy. Further needs were identified for ageing and dementia care, wound care and tissue viability, rheumatology, vaccination, radiography, pregnancy and childcare, neurodevelopmental assessment, nutrition, psychotherapy and counselling.

These requirements covered a wide range of spatial types, from small-scale consulting rooms and treatment cubicles to open rehabilitation zones and high-specification technical areas. For example, physiotherapy, sports rehabilitation and strength and conditioning require large, flexible rooms with specialist flooring and exercise equipment, while podiatry and orthotics need smaller, clinically equipped spaces for assessment, fitting and manufacture. Disciplines such as psychotherapy, nutrition and counselling depend on quieter, more private settings, while radiography, neurodevelopmental assessment and occupational therapy require controlled environments with dedicated storage and digital infrastructure.

The consultation also underscored the increasing role of digital technologies across many of these disciplines. It highlighted the growing use of data capture, analysis systems, imaging technologies, virtual assessments and digitally supported diagnostic tools. This pointed to the need for adaptable, future-ready spaces with the flexibility to accommodate changing equipment, evolving clinical pathways and new models of practice as digital transformation accelerates.

Supporting spaces included treatment cubicles of varying sizes, dedicated areas for vascular and nail surgery, orthotics workshops, gait laboratories and gyms capable of hosting both academic and community activity. Ancillary requirements included changing and locker facilities, instrument-cleaning and autoclave rooms, dispensaries, and consultation and interview rooms. Collectively, these reflected the School's ambition to deliver a broad spectrum of university-led health services within a single, integrated facility.

Inclusive design and accessibility

Engagement sessions highlighted the need for a consistently inclusive environment. Priorities included gender-neutral toilets, large accessible cubicles accommodating both left- and right-handed wheelchair users, private rooms for expressing and storing breast milk, and fully step-free circulation.

Staff also drew attention to sensory comfort: avoiding glare and reflection, ensuring strong colour contrast between floors and walls, and using lighting that supports concentration and calm.

The need for clear wayfinding, intuitive circulation and locally controlled temperature zones was repeatedly highlighted. Participants also requested stairs with dual-height handrails, mid-landing rest points and evacuation refuges equipped with emergency chairs and clear signage.

Leaning and teaching spaces

Directors and subject leads outlined the scale of academic growth and diversification, and the need for flexible learning environments. Large, reconfigurable teaching areas were requested to accommodate both lecture and group formats, supported by nearby breakout rooms for briefing and debriefing. Stakeholders emphasised the need for a range of group rooms to support team-based learning, reflective practice and interprofessional collaboration. Group rooms were identified as essential to these modes of learning.

Simulation, immersive VR, wards and radiography will continue to be delivered within the Mary Seacole Building. The new building would complement this provision by offering a broader range of general teaching, clinical consultation and community-facing spaces that support integrated models of learning and service delivery.

Workplace and professional environments

Across discussions, there was a shared ambition for staff areas that model healthy working environments - incorporating daylight, acoustic comfort and opportunities for movement - reflecting the School's broader commitment to wellbeing. Provision for academics has been planned for a future building in the CCP with the Thrive Health and Wellbeing Centre designed to be the public-facing building.

Wellbeing, sustainability and identity

Briefing sessions led by the University's sustainability and EDI teams emphasised the importance of visibly embedding these values in the project. Targets were established for BREEAM Excellent and WELL Gold certification, alongside carbon benchmarks of 500 $kgCO_2e/m^2$ for embodied carbon and 55 kWh/m^2 per year for operational energy. Participants highlighted the need for daylight, biophilia and natural materials to be expressed throughout the design, creating a campus that "feels sustainable". A major opportunity highlighted during consultation was a roof garden, a multifunctional outdoor space offering opportunities for activity, social prescribing, informal learning and restorative breaks

The building was also seen as a chance to strengthen the School's collective identity. Staff noted that current facilities lacked cohesion and that the new development should give a sense of arrival, belonging and purpose, uniting diverse disciplines under a shared banner of healthcare and social value.

Logistics, access and the public realm

Operational and access requirements featured strongly in the engagement. A centralised stores and resource area was proposed to replace multiple small stores, improving efficiency and reducing waste. Participants stressed the need for generous circulation widths, goods lifts, and clearly defined routes separating public, staff and clinical zones.

Connectivity and public transport access were priorities. Stakeholders requested improved pedestrian links to Salford Crescent Station, accessible parking and electric vehicle charging, secure cycle storage, and safe taxi and ambulance drop-off points.

One of the key objectives of the School of Health and Society is to contribute to the Manchester Social Prescription Network[8], and this ambition shaped expectations for the public realm. Early briefing discussions drew on evidence around what supports social prescribing in community settings[9].

This included the importance of a welcoming, non-clinical entrance, spaces where volunteers or support workers can talk with people who may be isolated or struggling, and the provision of wellbeing gardens that offer quiet, restorative outdoor environments for relaxation and informal conversation. Opportunities for allotment-style areas managed by local people or community groups were also identified as a way of fostering connection, activity and everyday engagement with nature.

These considerations positioned the public realm as an integral part of the brief, not only as circulation and amenity, but as an environment that could meaningfully support wellbeing and social connection alongside the building's clinical and academic functions.

External partnerships

The School's collaborative ethos extended beyond the University. The new facility will host a wide network of partners including GP and occupational-health services, long-Covid clinics, charities supporting ageing, homelessness and neurodiversity, and commercial partners. Community partnerships will allow charities and social enterprises to bring their expertise to the School with a dual purpose of making their services more accessible to the community whilst enhancing healthcare delivery and programmes such as social prescribing. Provision for these partners was recognised as essential to supporting joint research, service delivery and community outreach.

Interpreting the findings

The engagement process provided both the technical data and the emotional insight needed to guide AHR's design development.

The next stage translated these findings into spatial form and material expression, embedding the School's values of care, inclusion and wellbeing within the architecture.

The consultation evidence revealed a consistent set of priorities:

	What we heard	Design implication
Scale and growth	School educating over 8,000 students, accompanied by diversification of learning needs with increasing emphasis on prevention, digital practice and community-based provision. Existing buildings offer limited opportunity to reconfigure space to support this shift.	Create a flexible, future-ready facility that supports new modes of learning, interdisciplinary activity and increased space utilisation. Provide shared environments that reduce duplication and enable subjects to use spaces collaboratively.
Clinical provision	Wide range of clinical services – physiotherapy, podiatry, sports rehabilitation, orthotics and prosthetics, mental health, neuro-developmental assessment, occupational therapy.	Provide diverse specialist and shared areas; organise plan for intuitive wayfinding and efficient movement.
Accessibility and inclusion	Calls for step-free circulation, gender-neutral toilets, generous accessible cubicles, private family facilities, clear signage and visual contrast.	Embed universal-design principles to support independence, dignity and clarity.
Workplace and culture	Desire for staff areas to model healthy ways of working.	Create healthy, calm workplaces that model the School's wellbeing values.
Learning and teaching spaces	Demand for flexible teaching spaces to support lectures, workshops, team-based learning and reflective practice.	Design adaptable teaching and group rooms that can evolve with curriculum and technology.
Wellbeing and sustainability	Desire for spaces that feel sustainable; BREEAM Excellent and WELL Gold targets.	Integrate outdoor spaces and internally daylight, biophilia and natural materials; meet measurable carbon and energy benchmarks.
Operational efficiency	Requirement for centralised stores, generous circulation and clear zoning between public, staff and clinical areas.	Plan for simplicity, efficiency and calm user experience.
Public access and civic role	Ambition to act as gateway between University and community; include public clinics and open spaces.	Provide welcoming ground-floor areas, visible services and connected landscape.
Partnerships and collaboration	Need to host NHS, voluntary and commercial partners on site.	Incorporate flexible, professional spaces for joint research, service delivery and outreach. Colocation of external partners within the University building.

Endnotes:

1   NHS Long Term Workforce Plan (2023) NHS choices. Available at: https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/ (Accessed: 07 November 2025).

2   NHS Long Term Plan 2025 (no date) NHS choices. Available at: https://www.longtermplan.nhs.uk/ (Accessed: 30 October 2025).

3   10 year workforce plan - call for evidence document (2025) GOV.UK. Available at: https://www.gov.uk/government/calls-for-evidence/10-year-workforce-plan/10-year-workforce-plan-call-for-evidence-document (Accessed: 18 November 2025).

4   How health has changed in your area: 2015 to 2021 (2023) How health has changed in your area - Office for National Statistics. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/howhealthhaschangedinyourarea2015to2021/2023-06-16 (Accessed: 29 October 2025).

5   Life expectancy at birth. Available at: https://www.salford.gov.uk/people-communities-and-local-information/joint-strategic-strengths-and-needs-assessment/core-jssna/population/life-expectancy-at-birth/ (Accessed: 29 October 2025).

6   University of Salford (2025a), University of Salford Strategy 2025-2030: Innovating to Enrich Lives. Salford: University of Salford. Available at: https://www.salford.ac.uk/corporate-information/university-of-salford-strategy-2025-2030 (Accessed: 9 October 2025).

7   Salford, T.U. of (no date) Campus connectivity plan, University of Salford. Available at: https://www.salford.ac.uk/campus/estates/campus-connectivity-plan (Accessed: 30 October 2025).

8   Social Prescribing (2024) Greater Manchester Integrated Care Partnership. Available at: https://gmintegratedcare.org.uk/social-prescribing/ (Accessed: 20 November 2025).

9   Collins, B. (2020) Social Prescribing and NHS Facilities. Available at: https://www.property.nhs.uk/media/2890/the-kings-fund-report-social-prescribing-and-nhs-facilities.pdf (Accessed: 20 November 2025).

Designing The Thrive Health and Wellbeing Centre at the University of Salford

The consultation process provided a detailed picture of what the School of Health and Society needed its new home to achieve.

Stakeholders described an environment that was clear and intuitive to navigate, inclusive and dignified in its operation, and flexible enough to support a growing and diverse programme of learning, research and care. They emphasised the importance of wellbeing, not only as a subject taught within the School, but as a quality to be embodied in its spaces.

These findings became the foundation for AHR's design development. The challenge was to transform a complex mix of technical, clinical and academic requirements into a single, coherent environment that responds to people's practical, emotional and sensory needs. The resulting design demonstrates how the principles of TID can operate as a pragmatic framework for architecture. One that connects the everyday realities of use with the broader ambition to promote health, inclusion and trust.

Overview of the building

The Thrive Health and Wellbeing Centre represents a new model for higher education, one that unites learning, research and community health within a single environment. Designed by AHR for the University of Salford's School of Health and Society, it brings together disciplines spanning nursing, midwifery, allied health, psychology, sport and social care in an inclusive and sustainable setting that visibly connects the University and the city.

A central aim is to move away from subject-exclusive rooms toward shared, cross-disciplinary facilities. For example, a strength-and-conditioning gym that supports physiotherapy, podiatry and orthotics on different days thus mirroring contemporary multidisciplinary practice and maximising utilisation.

The building provides a civic gateway to the campus, located prominently beside Salford Crescent Station on the A6 corridor. Its mix of academic, clinical and public spaces enables students to learn through practice while expanding access to community health and wellbeing services. The approach extends beyond the building envelope: the surrounding landscaped public realm is planned for formal and informal curriculum use and community activity, supporting movement, connection to nature and social prescribing.

Project at a glance

Client	University of Salford
Architect	AHR
School	Health and Society
Gross internal area	5,500 m²
Location	Frederick Road Campus, Salford
Completion	2026
Key Facilities	Consultation and treatment rooms, simulation wards, therapy and rehabilitation areas, flexible teaching and research spaces, orthotics and prosthetics workshops, anatomy and movement laboratories, roof terrace, greenhouse and shared gardens.
Public Interface	Community clinics offering physiotherapy, podiatry, sports rehabilitation, counselling, social prescribing and wellbeing services.
Sustainability Targets	BREEAM Excellent (Targeting), WELL Gold (Targeting). Maximum operational energy intensity of 55kWh/m2/yr or less Heating intensity of 20KWhe/m2(GIA)/yr or less ≤1.9 Tonnes/100m^2(GIA) Construction total quantity of non-hazardous waste arising. An embodied carbon target of 500 kg CO_2e/m².
Environmental Features	Fully electric systems, rooftop PV panels, rainwater harvesting, 50% biodiversity net gain, enhanced insulation. On site generation to provide either 20% of the building's predicted energy use or the equivalent of 2 floors of the building's energy use. Minimum of 50% of parking bays to offer EV charging.
Design Emphasis	TID, daylight, biophilia, natural materials, human scale, inclusive and sensory comfort.

From engagement to adopting trauma-informed design principles

The architecture of the Thrive Health and Wellbeing Centre responds directly to the themes identified through consultation: clarity, accessibility, dignity, collaboration and identity.

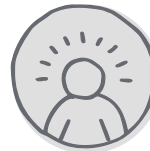**These priorities align closely with the guiding principles of TID:**

Safety and trust

Choice and empowerment

Community and connection

Beauty and joy

While TID provided the ethical and psychological foundation for the project, AHR also drew on the WELL Building Standard, which links environmental quality to human health and performance. Its principles - air, water, nourishment, light, movement, comfort and mind - offered a framework for quantifying wellbeing through measurable building outcomes. Integrating WELL criteria early in design ensured that the building's environmental performance directly supports physical and mental health.

Equally influential were the principles of biophilic design, which recognise the innate human need to connect with nature. The design process considered how daylight, planting, materiality, views and natural patterns could restore calm, reduce stress, foster creativity and promote better social connectivity. This biophilic intent also shaped an outdoor realm of terraces, gardens, greenhouse and teaching spaces that extend learning and care into the landscape, reinforcing recovery and regulation through contact with nature. These ideas intersect naturally with TIC: both seek to create environments that feel safe, predictable and offer a positive sensory experience.

AHR used these principles as a framework for design development. They informed the structure and legibility of the building, the way people move and gather, and the sensory qualities of light, material and sound. Each principle translated into spatial strategies, shaping an environment that feels open, confident and human in scale.

‹ External view of the building at night

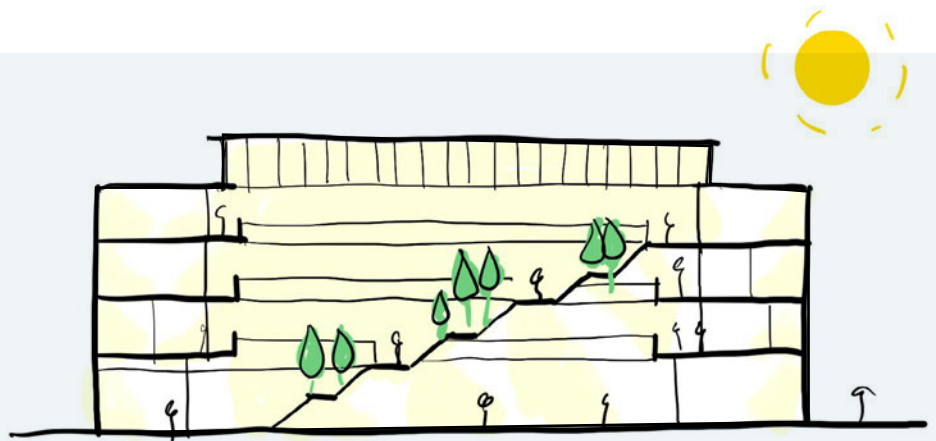# Trauma can heighten sensitivity to uncertainty, noise and crowding

Safety and trust

> Feedback from consultation revealed that existing facilities often felt confusing and enclosed, **intensifying these effects. Legibility and predictability** were therefore starting points for design, both essential conditions for safety.

In response

AHR developed a clear architectural and interior design strategy with an intuitive building diagram structured around a central forest atrium to be a light-filled space that provides constant orientation and visual calm.
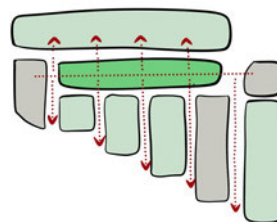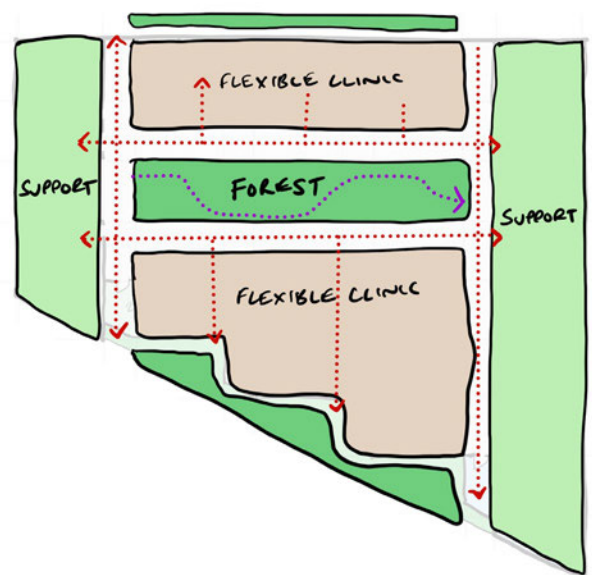

Building concept section sketch

Two simple, linear routes define movement. From the atrium, a single straight corridor extends to daylight at each end. This ensures that users are never disoriented, whether moving toward a window or back to the forest atrium, there is always a clear reference point.

This clarity underpins the building's wayfinding strategy. Routes are direct and visually reinforced through light, colour and material texture.

Each floor carries a distinct tonal colour palette reflected in its signage, allowing people to identify their level and route without relying solely on memory or written instruction.

Building diagram illustrating linear routes

Intuitive wayfinding diagram

Early stage floor layouts >

This approach was informed by **Health Building Note 08-02: Dementia-Friendly Health and Social Care Environments**[1], which identifies how visual cues and consistent sensory landmarks improve orientation and reduce stress.

Lighting design supports this sense of legibility. Daylight leads users naturally along corridors, while accent lighting defines thresholds and entrances. Visibility between key spaces - the forest atrium, classrooms, clinics and exits - ensures that users can navigate with ease, maintaining a constant sense of safety and choice.

Moving through the entrance reinforces this sense of calm assurance. Visitors arrive through a single-height foyer at human scale. It intentionally avoids the over-stimulation and sensory overload of double-height entrances. Stairs and lifts are immediately visible, establishing trust through transparency.

Accessibility and dignity underpin the design of circulation. All routes are step-free, with dual-height handrails on every staircase, rest points on landings and consistent visual contrast between floors and walls. A dedicated evacuation lift and stair climber ensure equitable escape, maintaining dignity and trust for all users.

In TID, these same qualities create predictability, allowing users to feel secure in their surroundings and confident in their ability to navigate them.

A trauma-informed environment recognises that autonomy is central to wellbeing

People need the freedom to make choices about how they move, interact and regulate their own exposure to sensory or social stimuli.

The building gives users genuine control over their experience. Open routes through the forest atrium offer visibility and connection; enclosed stair cores provide quieter, sheltered alternatives. This duality reflects the understanding that for some, visibility brings reassurance, while for others it heightens vulnerability.

Waiting and breakout areas reinforce this autonomy. Furniture layouts are non-prescriptive: moveable chairs, screens and soft seating allow users to configure their environment. Integrated kitchenettes give students, staff and visitors a sense of ownership and ease, encouraging the everyday use of the building as a social, restorative space rather than a strictly institutional one.

< Internal views showing core design elements that support choice and individual wellbeing

Universal WCs are fully enclosed and exceed accessibility standards, providing privacy and flexibility for carers, families and mobility-device users. The inclusion of universal toilets and generous personal space reflects consultation feedback on dignity, safety and inclusion.

The brief shifts away from subject-owned rooms to adaptable, future-ready spaces. Therapy rooms allow flexible arrangements for consultation or rehabilitation. Technical areas - for example, the orthotics workshop - are planned to anticipate a transition from traditional plaster casting to digital scanning and 3D printing. This adaptability preserves user choice over time and protects the building against obsolescence.

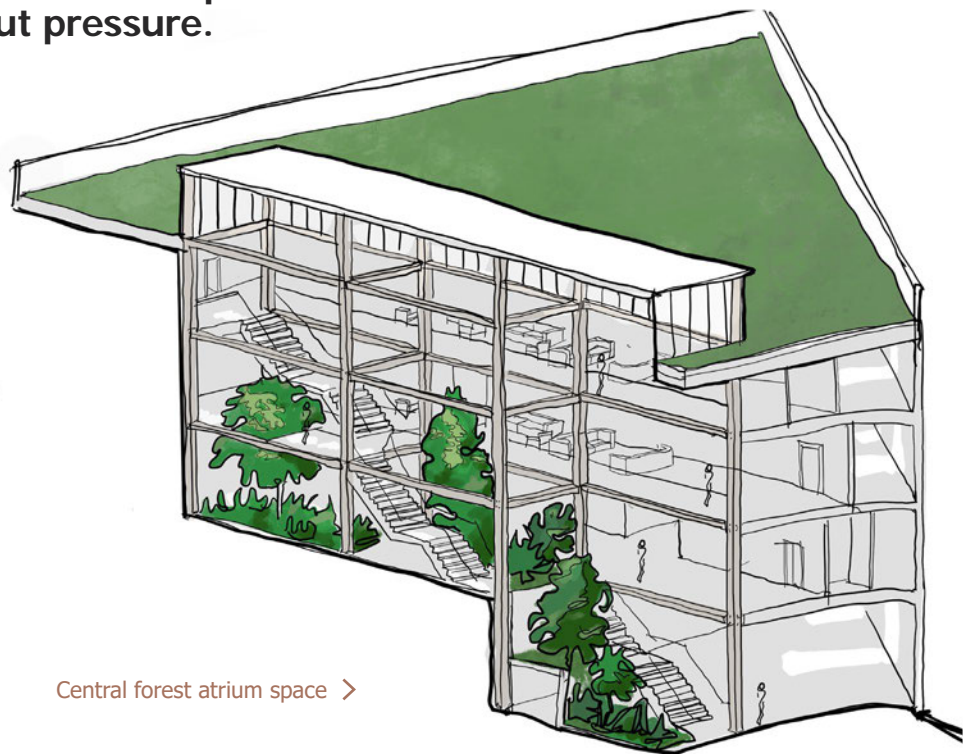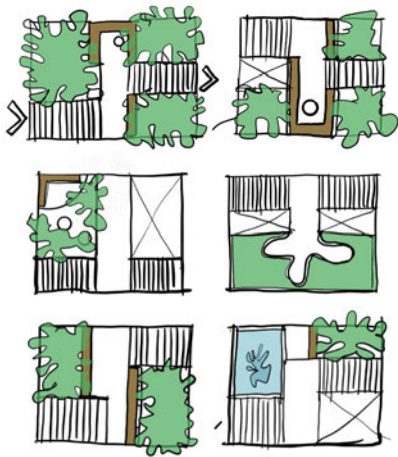The forest atrium's central staircase >

Isolation can amplify trauma, while connection supports healing and trust

> **The building's spatial organisation is therefore designed to foster positive interaction without pressure.**

Conceptual forest design ideas
⌄

Central forest atrium space ›

The forest atrium forms the social and spatial heart of the building. Its biophilic landscape brings together the School's different functions - teaching, research, clinical and community engagement - within a single, visually connected environment.

Public clinics and wellbeing services occupy the lower levels, directly accessible from the entrance and primary routes. This spatial arrangement allows members of the public to engage with university-led care without navigating staff or teaching areas, fulfilling the School's civic ambition while maintaining privacy and safety for students and clinicians. It also supports multi-agency collaboration: by bringing the relevant services together in one place, complex cases can be assessed more comprehensively and efficiently, reducing repeated visits and the stress of retelling experiences across multiple sites.

Visibility and transparency underpin the interior structure. The atrium's central staircase and lifts are deliberately visible, symbolising openness and equality. Informal seating areas along the routes encourage spontaneous conversation and multidisciplinary collaboration.

Externally, the building continues this narrative of connection. Generous glazing offers glimpses of activity inside, expressing health and education as shared civic assets. Landscaped terraces, accessible routes and shaded seating link the building to the wider campus and the surrounding community.

Beauty
and joy

TID recognises the restorative power of beauty.

Sensory experiences, nature and cultural reference help people reconnect with comfort and meaning.

The Thrive Health and Wellbeing Centre moves intentionally away from the sterile aesthetic of clinical environments to create spaces that feel animated, humane and dignified. Exposed timber and natural finishes introduce warmth and tactility, supporting sensory grounding. The forest atrium offers a visual and emotional calm that contrasts with the intensity of clinical or academic work.

Colour-based wayfinding ⟩

Colour is used as a subtle guide to both navigation and emotion. Each floor has its own tonal palette, echoed in furniture and signage, helping users orient themselves intuitively. Harsh whites have been replaced by muted natural hues that reduce glare and visual fatigue.

Local identity is integral to this sense of belonging. The architecture references Salford's Georgian context, its red brick tones and characteristic window proportions, creating a building that feels recognisably of place without imitation. To imbue artistic joy, references to William Mitchell's Faith, Hope and Charity sculptures are cast into the concrete façade, binding the new centre to the University's cultural landscape.

Pre-cast concrete panels ⟩

Integrating sustainability and wellbeing

The environmental strategy reinforces the building's social purpose. Targeting BREEAM Excellent and WELL Gold, the scheme achieves an embodied carbon target of 500 kg CO_2e/m^2 and an operational energy goal of 55 kWh/m² per year. A fully electric system, rooftop photovoltaics, rainwater harvesting and a biodiversity-net-gain of 50% support long-term resilience and reduced environmental impact.

Biophilic design is not an aesthetic layer but a fundamental performance strategy. Natural ventilation, daylight penetration, planting and low-toxicity materials enhance both physical health and emotional wellbeing. This integration of sustainability and comfort ensures that users experience environmental quality - light, air, nature - as part of daily life, reinforcing the project's ethos of care through design.

The outdoor environment forms an essential part of the project's trauma-informed approach. The journey to the building is conceived as a calm and supportive transition, offering people time and space to orient themselves before entering. Landscaped routes, soft planting and open sightlines contribute to a sense of safety, while avoiding the institutional cues often associated with healthcare settings.

A network of outdoor spaces - including the roof garden, greenhouse and shared wellbeing gardens - extends the building's therapeutic and educational functions into the landscape. These areas provide opportunities for movement, quiet reflection and informal interaction, supporting emotional regulation and connection to nature. They also offer settings for low-intensity wellbeing activity and community engagement, aligning with social-prescribing principles and the School's wider civic mission.

A building shaped by evidence and empathy

The Thrive Health and Wellbeing Centre demonstrates how trauma-informed principles can guide the design of complex civic infrastructure. Each decision is grounded in evidence about how environments influence safety, trust and engagement.

> **For AHR and the University of Salford, this project redefines what a university building** can be: not simply a place of study or treatment, but a space that **actively promotes recovery, confidence** and connection. It demonstrates that architecture can become a form of care.

Endnotes:

1   Health Building Note 08-02: Dementia-Friendly Health and Social Care Environments (no date) NHS Choices. Available at: https://www.england.nhs.uk/publication/dementia-friendly-health-and-social-care-environments-hbn-08-02/ (Accessed: 30 October 2025).

Designing for neurodiversity as part of trauma-informed practice

Trauma-informed practice and neurodiversity share a common foundation: both recognise people's experiences and neurological profiles shape how they respond to their surroundings.

They seek to create conditions of stability and trust, allowing individuals to feel safe, exercise control and engage on their own terms. When translated into design, the built environment can reduce stress and promote wellbeing rather than heighten it.

The impact of the environment on neurodivergent individuals

Neurodivergent individuals often experience heightened sensitivity to environmental stimuli. Research suggests that 25–30% of the population is highly sensitive to their surroundings due to a more reactive central nervous system[1]. Environmental factors like noise, air quality, spatial density and colour can intensify anxiety or aggression. In contrast, environments that support sensory regulation - through access to daylight, views of nature and calm, consistent design - promote concentration and self-regulation and wellbeing[2][3].

For people on the autism spectrum, key aspects of supportive environments include managing sensory quality (controlling noise, light, and smell), clear wayfinding and spatial arrangement, and predictability[4]. Those with ADHD or sensory processing differences benefit from flexible, individualised spaces that reduce cognitive load[5]. These same qualities support people living with dementia, for whom clarity, familiarity and gentle sensory transitions are essential to maintaining confidence and independence.

TIC, which centres on safety, trust, choice, collaboration and empowerment, also reflects these priorities[6]. Viewed through a spatial lens, they translate into the design imperatives of clarity, adaptability and sensory balance[7]. These correspond with the ASPECTSS Design Index[8], a framework developed for autism-friendly architecture that emphasises acoustic comfort, spatial sequencing, escape and transition spaces, and sensory zoning. Both approaches align with broader principles of Universal Design[9], which advocates for inclusive, flexible and intuitive environments that support the widest range of possible users. Together, these models highlight a shared commitment to predictability, safety and personal agency, which form the foundations of both trauma-informed and neuroinclusive design.

Sensory overload and unpredictability are among the most significant barriers to participation for neurodivergent individuals in education and workplace settings[10][11]. Trauma-informed design responds to these same challenges by creating environments that are coherent, controllable and restorative. In both approaches, design becomes a means of enabling wellbeing rather than simply accommodating difference.

How the Thrive Health and Wellbeing Centre addresses cognitive and sensory inclusivity

The Thrive Health and Wellbeing Centre was conceived as a place that could support a wide range of cognitive and sensory experience. Rather than applying separate frameworks for trauma-informed and neuroinclusive design, AHR treated them as expressions of matching ambitions: to create spaces where people can understand their environment, make choices within it and find moments of calm.

Predictability and orientation

For many neurodivergent users, unfamiliar environments can heighten anxiety, just as disorientating spaces can trigger stress for those living with dementia or who have experienced trauma. The building's simple organisation strategy addresses this directly. Two linear wings are arranged around a forest atrium that introduces daylight and a constant visual anchor. From any point, users can reorient themselves. Entrances are open and clearly expressed, using light and warmth to signal welcome.

Inside, clear sightlines and logical routes reduce cognitive effort. This spatial legibility supports the trauma-informed value of safety and trust while aligning with the neurodiversity principle of clarity for cognitive accessibility as identified in PAS 6463: Design for the Mind[12].

Choice and control

Autonomy is central to both frameworks. The building provides a range of settings to accommodate shifting comfort levels from open collaborative areas, smaller breakout zones to quiet rooms for retreat. Lighting, acoustics and temperature can be adjusted locally, enabling people to self-regulate. For neurodivergent users, this prevents sensory fatigue; for those with trauma histories, it rebuilds confidence and trust.

Managing sensory experience

Sensory modulation underpins the architecture. Acoustically absorbent materials and thoughtful zoning limit noise and echo. Lighting is balanced and diffused, combining daylight with even artificial sources to avoid glare or flicker.

Natural textures and muted tones create visual continuity, helping users focus without overstimulation. Thermal comfort and air quality are carefully managed to maintain a stable, fresh atmosphere. These measures create an environment that supports alertness without anxiety, engaging but calm, adaptable but coherent.

⌃
(above) Internal view of the atrium forest space and the clinic spaces

(above right) Café social space

(right) Aerial view of a breakout ❯ zone surrounded by planting

(bottom right) Forest space breakout zone

Cognitive accessibility and wayfinding

The accessibility of the building extends to its wayfinding. Routes are straightforward and reinforced by changes in light, tone and material. Each level has its own colour palette and tactile identity, helping people orient themselves intuitively rather than solely relying on signage or written cues.

This clarity benefits people with attention or memory-processing differences who rely on environmental cues. It also aligns with the trauma-informed value of transparency, allowing everyone to move through the building without uncertainty or stress.

Connection with nature

Neurodivergent individuals can experience sensory distress in public facing environments, whereas outdoor settings tend to be more supportive of their sensory needs[13]. The forest atrium acts as a restorative anchor. It offers light, planting and an openness that provides a constant visual connection to nature. Beyond, the building extends its biophilic approach through shared gardens, a roof terrace and greenhouses, creating opportunities to connect with planting and seasonal change. These spaces support rehabilitation, encourage shared activity or quiet reflection, reinforcing the building's role as both a place of learning and of wellbeing.

Belonging

A sense of belonging is fundamental to wellbeing, particularly for people who have experienced trauma or who identify as neurodivergent. Both groups are more likely to feel excluded in environments that prioritise conformity over individuality. The design of the Thrive Health and Wellbeing Centre counters that tendency through open, human-scaled communal spaces that encourage informal connection without pressure to interact.

This is especially important for neurodivergent users who may find social environments unpredictable or overwhelming, and for those with trauma histories who need to feel safe before they can participate. Materials, light and tone convey warmth rather than a harsh institutional setting, supporting a sense of being welcomed rather than managed.

Designing beyond neurodiversity

The lessons drawn from neurodiversity extend far beyond that community. In practice, designing for sensory and cognitive variation produces environments that are inclusive and support wellbeing. The same qualities that help a person with autism - clear wayfinding, acoustic stability, connection to nature - also reduce stress for a visitor, a carer or a member of staff at the end of a long day.

These principles are equally valuable in settings that support people living with dementia, where clarity, consistency and sensory calm can make the difference between confidence and confusion. Consistent layouts, visual markers and softly graded transitions help people to move independently and confidently. The overlaps between trauma-informed, neurodiverse and dementia-friendly design reveal a single truth: that environments which anticipate difference ultimately serve everyone better.

Designing beyond neurodiversity therefore means viewing inclusion not as a checklist but as a mindset. It recognises that every user's sensory threshold changes over time. A truly trauma-informed environment anticipates that variability and adapts to it.

In future projects, this approach encourages design teams to consider and ask more comprehensive questions:

How can architecture support emotional regulation as well as physical comfort?

How can choice be naturally embedded to feel intuitive rather than curated?

How can buildings foster community whilst embracing individuality?

The Thrive Health and Wellbeing Centre begins to answer these questions. By uniting trauma-informed, neuroinclusive and dementia-sensitive principles, it demonstrates a new standard for inclusive practice - one that moves beyond labels and focuses instead on the shared human need for safety, control, connection and joy.

Endnotes:

1   Dragone, M. et al. (2024) Exploring the effect of environmental sensitivity on emotional fluctuations among adolescents during the COVID-19 pandemic: A three-wave longitudinal study, Frontiers. Available at: https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2024.1443054/full (Accessed: 04 November 2025).

2   Tola, G. et al. (2021) Built environment design and people with autism spectrum disorder (ASD): A scoping review, International journal of environmental research and public health. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC8003767/ (Accessed: 04 November 2025).

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Embedding trauma-informed values organisationally

TID extends beyond the physical environment. It calls for a culture shift, to one that embeds empathy, inclusion and trust into the systems and relationships that shape how spaces are managed and experienced.

The University of Salford's Thrive Health and Wellbeing Centre reflects this philosophy, applying the principles of TIC not only in its design but also in its day-to-day operation.

Strategic integration

Through its design and operation, the building will act as a catalyst for culture change, supporting Salford's wider ambition to act as an inclusive civic anchor promoting social justice, creativity, health and sustainability[1,2,3,4,5]. By bringing together the built environment and organisational behaviour, the project shows that TID is not a single outcome but an evolving framework for healthcare education, service delivery and leadership.

Trauma-informed values and social justice

The University's strategy **Innovating to Enrich Lives** provides the foundation for embedding trauma-informed values across the institution. It commits to removing barriers to opportunity, addressing inequality and supporting marginalised groups[6]. Translating these aims into the design and operation of the Centre ensures that the principles of safety, trust, empowerment and cultural responsiveness are not confined to clinical settings but shape how the University serves its students, staff and local communities[7].

By aligning with the **Salford Locality Plan 2020–2025**, which emphasises early intervention and community participation, the Thrive Health and Wellbeing Centre becomes a visible expression of social justice in action[8].

Its public-facing nature enables the University to deliver inclusive health services, build trust with residents and collaborate with partners to share knowledge and facilities. This integrated approach of learning, care and research strengthens Salford's role as a regional leader of health equity and civic renewal.

University of Salford's strategic pillars

The University's four strategic pillars - **healthier living**, **equity and community**, **innovation and sustainability** - provide a clear structure for embedding TIC across policy and practice.

Healthier living:

Reflected through the Centre's holistic approach to wellbeing, combining physical health, psychological safety and emotional resilience.

Equity and community:

Guiding the design and delivery of services so they reflect Salford's diverse population and promote inclusive participation.

Innovation:

Brings together TIC and TID, alongside cross-disciplinary teaching and research that link health, technology and design to address complex societal challenges.

Sustainability:

Applies to both the building's environmental performance and its long-term social impact. Low-carbon operation, natural light, adaptable systems and durable materials all contribute to wellbeing while reducing environmental stress.

This approach reflects long-term stewardship of people and place, ensuring that trauma-informed principles continue to guide practice as the Centre and its partnerships evolve.

Collaborative community–student knowledge creation and participatory design are central to this. Drawing on anchor-institution research, they turn strategic intent into everyday practice, building trust and strengthening local relationships[9]. These pillars embed trauma-informed values within governance, culture and partnership, ensuring that the Centre can respond to current health priorities whilst adapting to future needs.

Leadership and organisational culture

Leadership is key to maintaining the integrity of a trauma-informed approach. At Salford, inclusive values are reinforced through the **University Strategy 2025– 2030, the Campus Connectivity Plan (CCP)** – part of the wider Crescent Innovation[10] programme - and **the Access and Participation Plan 2024–2028**, ensuring that equity is embedded across institutional policy and practice[11][12][13]. Together they embed equity throughout decision-making, from strategic planning to daily management.

Ethical innovation, promoted in the University's corporate strategy, links purpose to delivery[14][15]. The Centre puts this into practice, offering a tangible model of how healthcare delivery can evolve through the lens of TIC. Through its design and operation, the Centre shows how organisational values can be translated into physical space to achieve lasting cultural and social impact.

The University as a civic anchor

The Centre strengthens the University's civic role by bridging the gap between academic expertise and community need. It brings students, educators, practitioners and residents together within a shared environment that promotes learning and inclusive access to care.

As a civic anchor institution, the University draws on its people, knowledge, facilities and partnerships to create social value locally. TID reinforces this mission by shaping an environment that is open, welcoming and rooted in Salford's identity. Its visibility and accessibility encourage greater participation in clinical services, outreach programmes and research activity.

Co-production is central to this model. By involving community partners and service users in shaping activities, the University builds trust and ensures that services remain relevant to local needs. This collaborative reflects trauma-informed values of empowerment and shared ownership, turning the Centre into a living example of participatory practice.

This approach aligns with civic-anchor research advocating regional partnership in wellbeing delivery[16]. Through these efforts, the University continues its mission to innovate, enrich lives, and foster a fairer, compassionate society[17][18].

Operational integration

TID is realised through how a building functions as much as how it appears. The Thrive Health and Wellbeing Centre has been designed so that its operation reinforces the same principles embedded in its architecture. Its management, teaching and clinical activity is influenced by trauma-informed values.

Creating a shared environment

Traditional university buildings often divide disciplines into separate spaces. The Centre takes a different approach, bringing subjects together through shared facilities that reflect how contemporary healthcare is delivered. The strength and conditioning gym, for example, will be used by physiotherapy, podiatry, and prosthetics and orthotics students. Prosthetics and orthotics students are trained across both disciplines, and the Centre's specialist facilities and clinics are designed to support the full scope of practice for both professions. Whilst shared Group Rooms further reinforce this, providing flexible spaces for interprofessional learning. This maximises space utilisation and provides opportunities for collaboration, mirroring how multidisciplinary healthcare operates in practice.

Consulting rooms are designed in different sizes and are not tied to a single discipline. This adaptability allows space to be used by a GP service, a specialist clinic or teaching sessions as needed. This reflects the trauma-informed value of choice, ensuring that services adapt to people rather than the other way around.

Although parts of the Centre need to meet clinical and infection-control requirements, including relevant Health Technical Memorandum (HTM) standards, these areas have been designed with a softer feel than traditional clinical spaces[19]. The intention is to provide rooms that meet professional and regulatory expectations while still feeling calm, comfortable and approachable. This balance allows partners to use the Centre for clinical and primary care interventions without creating environments that may feel intimidating or overly clinical for patients, reflecting the trauma-informed aim of reducing stress and supporting psychological safety.

The design also looks ahead to future ways of working. For example, in prosthetics and orthotics, current practice relies on plaster casting and gait analysis, which are highly skilled but labour intensive. The Centre anticipates the adoption of digital scanning and 3D printing, making the process quicker and more precise while keeping it personal to each patient. Planning for this evolution ensures that spaces remain relevant and efficient as technology advances, reducing disruption and supporting continuity of care.

Outdoor areas also form part of the learning environment. Landscaped spaces are designed for both formal teaching and community activity, supporting engagement beyond the building itself and reinforcing the link between environment and wellbeing.

Connecting services around people

Colocating multiple agencies within one building supports joined-up care and helps professionals work together. It allows people to access several services in a single visit and encourages collaboration between teams. In complex cases, this joined approach supports faster and more coordinated decision-making.

It also reflects a core principle of TIC by reducing the potential for re-traumatisation. For people who have experienced trauma, having to repeat their story or attend multiple appointments across different locations can extend distress and increase the risk of disengagement[20][21][22]. Colocation helps to address this by allowing people to be referred to another care provider and see them on the same day, reducing anxiety and keeping them connected to their support network. By bringing services together in one place, the Centre supports continuity, minimises these triggers and helps people remain engaged with their care.

Clinicians will be trained to ask the right questions and to recognise when a person might benefit from another service within the building. This model supports continuity of care and reinforces the idea that people should not have to navigate fragmented systems alone. Facilities throughout the Centre encourage people to stay on site for longer, creating a place where people can move at their own pace, access several forms of support in one visit and feel at ease throughout their experience.

Many NHS clinics are structured around throughput, with short appointments and limited time for conversation. The Centre's approach is deliberately different. Longer sessions allow clinicians and students to build rapport with patients and understand their wider needs whilst supporting student learning. Waiting and social areas are designed to offer choice. People can sit in more open, social spaces or choose quieter areas for privacy, while still waiting within the part of the building used by their clinic. This flexibility helps people settle where they feel most comfortable.

Clinicians and students will collect patients in person when it is time for their appointment. This approach supports trauma-informed practice by reducing uncertainty and helping people feel welcomed and accompanied. It also reinforces the interpersonal skills that students need to develop. This slower, more personal rhythm of care is central to TIC, where trust and communication underpin positive outcomes.

Designing for continuity and comfort

The Centre has been planned as a place for people to stay, rather than move in and out quickly. Many visitors will attend multiple appointments or spend several hours on site, so the environment supports that pattern of use. Waiting areas, breakout zones and the café create comfortable, low-stress spaces for rest and conversation. Access to food, daylight and quiet areas helps people feel at ease between sessions. This sense of stability encourages people to stay in the building and continue their care or study, reinforcing the trauma-informed aim of continuity and choice.

Around 51% of the University's undergraduate students come from the Greater Manchester area and approximately 60% commute, and the School of Health and Society teaches an even higher proportion of commuter students[23]. Many of these learners come from the most deprived neighbourhoods (Q1 and Q2), which shapes their day-to-day experience of university life. Facilities such as showers, lockers and kitchens therefore play an important role to support students and staff who spend long hours on site. Spaces to study, rest or prepare food create a sense of stability and belonging, which is essential for commuter and widening-participation cohorts.

Building community connection

The Centre is designed as a welcoming and inclusive space that broadens access to health and wellbeing services. For many people, improving physical health is a vital part of recovery, yet traditional gyms can feel intimidating or out of reach. The Centre offers a safe alternative where fitness programmes for broader wellbeing, rehabilitation and bariatric support can operate as part of individual care plans. These activities take place alongside clinical and educational services, allowing people to build confidence in an environment that feels supportive and non-judgemental.

This focus on accessibility extends into the Centre's wider community role. Partnerships are being developed to help break down barriers that can prevent people from engaging with wellbeing programmes. Bringing voluntary and charitable programmes into the Centre can help make the organisation's expertise more accessible to local people. These partnerships can support initiatives such as social prescribing, where patients are referred to nature-based activities in the gardens and rooftop greenhouses. These opportunities link clinical care with community connection, reinforcing the trauma-informed principle of supporting recovery through engagement and belonging.

The café may be operated by a local provider, creating employment and reinforcing the idea of "by the community, for the community", further rooting the building in its Salford setting. In the longer term, the Centre may form part of a hub-and-spoke model, supporting outreach to other clinics and community venues across Salford.

Managing a trauma-informed environment

Flexibility also defines how the Centre will be managed. Space will be shared between partners according to need, keeping the building active throughout the week. Some clinics may operate fortnightly, with the same spaces used by others at different times. The approach does not prioritise the busiest agencies instead seeks to choice and comprehensive care. This balance allows the Centre to meet a wider range of needs and provide a coordinated experience for users.

The building manager will oversee these arrangements and work closely with NHS and community partners to identify gaps in provision. The aim is to maintain a balanced mix of clinical, educational and outreach activity that reflects local priorities and supports trauma-informed goals of accessibility, predictability and inclusion.

Facilities management will focus on the sensory quality of the environment. Lighting, temperature, noise and cleanliness all influence how safe and comfortable people feel. Consistent attention to these details will help preserve the calm, predictable atmosphere that underpins TIC.

Maintaining a trauma-informed environment requires continued reflection. Feedback from patients, students and staff will guide improvements once the building is in use. Ongoing training will help keep trauma-informed practice current and embedded across all aspects of operation.

A working model for change

The Thrive Health and Wellbeing Centre translates TIC into everyday practice. Its design, operation and partnerships create a place that supports wellbeing for patients, students and staff alike. The Centre demonstrates that TID is not only a design philosophy but an operational framework for long-term cultural change.

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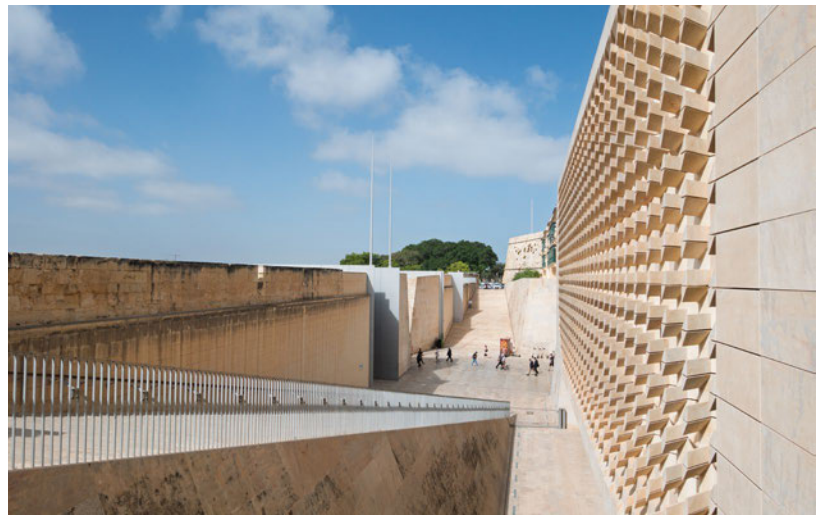# Putting trauma-informed design into practice

TID isn't a design approach you can add on at the end of a project. It needs to be integrated into a project from day one.
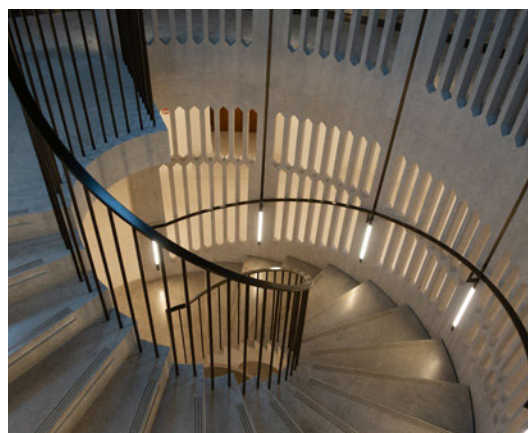
The goal is to create environments where everyone feels genuinely safe, supported and empowered. Because psychological safety is complex and deeply individual, it is difficult to achieve with surface-level fixes or retrofitting features once a building has been completed. For trauma-informed principles to really work, they need to shape your thinking and be embedded from the very start. This design ethos influences everything from the initial vision, how the space is organised, material choices, and day-to-day operations.

Little Island, New York

Valletta Parliament Building, Malta

Rhodes House, Oxford

1. Begin with a shared purpose and values

Trauma-informed projects should begin with a clearly defined purpose and a shared vision between the client and design team. When established early, it means the design can respond directly to the client's mission, how they deliver services, and what matters most to the people who will use the building. Having this alignment provides a framework for making decisions throughout the project. It helps balance practical operations with people's emotional and psychological needs, reducing the likelihood of conflicting priorities later in the process.

Shopworks Architecture's Four-Phase of the TID Process[1] highlights just how crucial this stage is, identifying vision-setting as the foundation for design that is people-centred. Taking the time to define what safety and trust mean within a specific context, and how this connects to the client's organisational culture, allows the team to express them through the building itself. The shared intent that is developed becomes the project's reference point, guiding every decision from early concept to completion. It helps ensure that the finished environment reflects its original purpose.

2. Design for clarity and connection

The best trauma-informed environments begin before a person even steps inside. The arrival experience - how easily people understand how to approach a building and how spaces transition from public to private, shapes how safe and in control they feel. Pathways, planting, lighting and signage should create a calm, predictable journey that helps visitors orient themselves and feel welcomed from the moment they arrive.

At the University of Salford, the landscape around the Thrive Health and Wellbeing Centre has been carefully designed to create a clear and welcoming arrival. The public realm connects seamlessly to nearby pedestrian routes and public transport. Open sightlines reduce uncertainty and support natural surveillance, while clear wayfinding and generous views of the entrance help people approach without hesitation. Seating areas and green spaces offer moments to pause before entering, giving people choice in how and when they approach the building.

Once inside, a trauma-informed layout should continue to offer clarity and comfort. Entrances need to be visible and intuitive so people immediately understand where to go. Circulation routes should feel simple and legible without leaving people feeling exposed. Key destinations such as lifts and stairs should be easy to locate, and independent wayfinding should allow people to navigate confidently and at their own pace.

At the Thrive Health and Wellbeing Centre, these principles are translated into practical design decisions. The main entrance is clearly visible from the public realm, reducing uncertainty on arrival. Internal routes avoid confusing junctions or hidden corners, with clear sightlines that help users understand their position within the building. Lifts and stairs are easy to find without searching or backtracking, reducing stress for those who may already feel under pressure.

The layout offers genuine choice. People can take different routes to key spaces, selecting the path that feels most comfortable. This is particularly important for neurodivergent users or anyone who may feel anxious in crowded or enclosed settings. Together, these design moves create an environment where people can orient themselves quickly, move freely and feel supported rather than challenged by the building.

3. Embed a culture of continuous questioning

TID is not a checklist. It is a way of thinking that encourages curiosity, empathy and reflection throughout the life of a project. Embedding a culture of continuous questioning means returning to the same core principles again as the design develops. Who might this exclude, disadvantage or overwhelm? How might this space be experienced by someone with sensory sensitivities, neurodivergence, physical disabilities or a history of trauma? What could be misinterpreted, and how could this experience change under stress or fatigue?

This culture is supported by established research[2]. For example, the **TID Workbook** developed by Bassetti Architects for schools in the USA advocates balancing openness with refuge, and transparency with privacy[3]. Designers must consider how light, colour, materials and furniture choices contribute to sensory experience and emotional safety. People experience space differently. One that feels calm and predictable for one person might feel exposed or disorientating to another. Encouraging design teams to discuss these nuances, collaborate and refine leads to more inclusive design thinking and helps prevent unconscious bias from shaping decisions.

This culture of continuous questioning shaped the consultation process for the Thrive Health and Wellbeing Centre. Through workshops and discussions with staff, students and specialist advisors, the design team repeatedly revisited how different users might experience the building.

Involve specialists and people with lived experience

Diverse expertise is essential to achieving a truly trauma-informed result. Human experience is complex and therefore requires collaboration that goes beyond traditional approaches to design practice. Architects, clients and consultants should work alongside health professionals, social scientists, academics, accessibility specialists and, importantly, people with lived experience. This ensures that decisions are informed by a broad evidence base and firsthand experience.

At the University of Salford's Thrive Health and Wellbeing Centre, consultation with a visual impairment specialist led to the introduction of task lighting to prevent overshadowing on work surfaces. This small but significant intervention improved usability for people with visual sensitivities and showed how specialist insight can expand inclusion. Early engagement with such specialists can prevent unintended consequences that could be costly or impossible to address later. Collaborative design processes instil a sense of collective ownership. When clients, users and designers co-develop the brief and design principles, the resulting spaces are more likely to align with day-to-day operations whilst delivering the intended experience.

4. Connect space, service and culture

A trauma-informed environment doesn't work in isolation. It needs to be supported by trauma-informed systems, behaviours and policies. The physical, organisational and cultural dimensions of design are inseparable. To achieve meaningful outcomes, the environment needs to both reflect and reinforce how services are delivered, how staff are trained and how users are treated.

The **SAMHSA Treatment Improvement Protocol 57** identifies safety, trustworthiness, collaboration, empowerment and cultural sensitivity as the six core principles of TIC[4]. Translating these into architectural practice means designing environments that are transparent in layout and operation, foster mutual respect, and offer choice. A well-designed building can make it easier for staff to work in trauma-informed ways, but the environment alone cannot deliver that change. Alignment between physical design and organisational practice is crucial.

For higher education institutions, healthcare providers and local authorities, this alignment can be achieved through integrated briefing processes that bring together estates, operations and front-line service teams. Embedding these conversations into project governance ensures that trauma-informed principles influence maintenance regimes, staffing patterns and service protocols as well as spatial design.

5. Measure, learn and evolve

TID should be treated as a process of continual learning[5]. Post-occupancy research provides valuable insight into how spaces are experienced, not just how they function. Metrics like perceived safety, accessibility, staff wellbeing and user satisfaction can all inform iterative improvement.

At the time of writing, the Thrive Health and Wellbeing Centre is still under construction, and operational data and subjective feedback are yet to be gathered. As part of the building's WELL accreditation, annual post occupancy evaluations (POE) will be conducted. This will help the University to understand how in practice the design supports the wellbeing, inclusion and autonomy of the students, staff and community using the building. This ongoing evaluation will inform how the building will evolve in the future and contribute to the wider body of research around trauma-informed environments in higher education and healthcare.

From compliance to care

TID represents a cultural shift from compliance-based inclusive design and accessibility to a more holistic model of wellbeing. It asks designers and clients to look beyond whether a building technically works and to think about how people feel within a space. When beauty, nature and joy are embedded alongside safety and practicality within a space, architecture can help rebuild trust, inspire hope and foster belonging.

It reflects an evolution in inclusive design thinking. Traditional approaches often focus on physical accessibility or sensory regulation, whereas TID integrates psychological and emotional wellbeing as equal priorities[6]. The result is an environment that actively supports people and their capacity to thrive.

Key lessons for future projects

For those looking to implement TID in future projects, the most important lesson is to start early, engage widely and design with empathy. Establish shared values, question assumptions, consult specialists, and plan for evaluation. Make sure that the physical environment, operational systems and cultural practices are working together in service of human wellbeing.

When applied with care and curiosity, TID transforms the built environment from a neutral backdrop into an active force for recovery and empowerment. It represents the next step in the evolution of inclusive design, one where architecture becomes a tool not only for functionality and efficiency but for dignity, connection and joy.

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Conclusion

> **In this paper, we have explored how trauma-informed care and trauma-informed design can fundamentally reshape the way buildings support learning, practice and community life.**
>
> The development of the Thrive Health and Wellbeing Centre gave us the opportunity to apply these ideas at a scale rarely attempted before in the UK, and to do so from the very earliest stages of the project.

In this paper, we have explored how trauma-informed care and trauma-informed design can fundamentally reshape the way buildings support learning, practice and community life.

The development of the Thrive Health and Wellbeing Centre gave us the opportunity to apply these ideas at a scale rarely attempted before in the UK, and to do so from the very earliest stages of the project. Stepping away from conventional assumptions and placing people's experiences at the centre of the brief enabled us to shape something genuinely different - a building designed to support wellbeing as intentionally as it supports teaching and clinical practice.

Throughout the process, the insights shared by students, staff, clinicians and community partners played a vital role. What they told us shaped how the building is organised, how spaces flow, and how sensory qualities influence how people feel throughout the day. These perspectives reminded us that many people arrive in educational and clinical settings already managing stress or uncertainty, and design has the power either to intensify that or to ease it. The Thrive Health and Wellbeing Centre aims firmly for the latter.

By embedding the trauma-informed principles of safety and trust, choice and empowerment, community and collaboration, and beauty and joy, the University of Salford and AHR have delivered something unprecedented in the UK higher education sector. The Centre is among the first large-scale academic buildings to apply these principles holistically, integrating them into architecture, landscape, operational planning and service design.

This scale of ambition, paired with the complexity of a multidisciplinary health and wellbeing facility, makes the project a leading example of trauma-informed design in practice.

Aerial view of the building, situated on the Frederick Road campus

It demonstrates how TID can move beyond specialist settings and influence mainstream capital projects in a rigorous and future-ready way.

We know there is still more to understand. Trauma-informed design continues to evolve, and the real test will come as the building begins to welcome students, staff and the community. Post-occupancy research will deepen our understanding of how people use the spaces, how they feel in them, and how the environment can continue to evolve over time. The lessons from this project provide a strong foundation, but they mark the start of a longer journey, one that we hope others will build on as trauma-informed approaches continue to develop nationally and internationally.

What doesn't change is the importance of designing with people's emotional and sensory experience at the heart of it. When we do that, we create places that are more inclusive, more supportive and better aligned with the realities of modern education and healthcare.

We share our learning in that spirit, and with the ambition that the Thrive Health and Wellbeing Centre will help spark wider change across campuses, public services and civic spaces.

This project demonstrates that trauma-informed design can be delivered at scale, and that when it is, it creates environments where people are better able to thrive.

Acknowledgements

This white paper has been prepared through collaboration between the University of Salford and AHR.

AHR is a multi-disciplinary practice of architects, building consultants and specialists shaping healthier, safer and more sustainable places across the UK.

With almost two centuries of practice behind us, we combine experience with innovation across architecture, building surveying, geomatic consultancy, masterplanning, landscape and interior design to deliver integrated solutions across the full lifecycle of the built environment.

Working from nine UK offices, our teams combine national expertise with strong local insight. We work in close partnership with clients, bringing technical excellence, creativity and a strong social value ethos to deliver buildings and places that make a positive difference.

The University of Salford is a forward-thinking institution committed to innovating to enrich lives. Rooted in industrial heritage and shaped by strong civic partnerships, we bring together academic excellence, applied research and real-world collaboration to address the challenges facing society today.

With a focus on health, wellbeing, digital transformation and sustainable futures, we work alongside industry, public services and communities to create opportunities, improve outcomes and drive inclusive growth across the region and beyond.

We are proud to be at the heart of the world-leading innovations around social change and economic development that have defined Salford and Greater Manchester since the industrial revolution and transformed it into the thriving city region it is today – a place where ideas are formed that shape the world.

The Thrive Health and Wellbeing Centre sits within the School of Health and Society which is the largest department in the University with over 8000 students. The site forms part of the University's Campus Connectivity Plan (CCP) which is the major redevelopment of our research, teaching and public spaces.