Practical support in everyday care

Something has happened

Understand what may be happening

After frightening, upsetting or life-changing events, people may need different kinds of help. Do not presume a particular emotional reaction, diagnosis or wish to talk. Bereavement deserves respect for individual, cultural and spiritual practices. Never expect someone to find a positive meaning in suffering.

Consider what can be changed

Prioritise immediate safety, privacy, clear information and access to necessities. Reduce avoidable exposure to distressing circumstances or repeated retelling. Consider whether the service itself needs to change something.

Offer practical support

Help with food, transport, belongings, accommodation, appointments, contact with trusted people or other immediate needs, within your role. Provide clear information about what happens next and arrange appropriate follow-up when useful. Where possible, provide continuity through trusted people rather than repeated retelling.

Explore something together

Offer quiet company, a familiar routine, a practical task or a personally meaningful ritual if the person wants it. Someone who wishes to talk may be listened to; someone who does not should not be pressed.

Choice and safety

Do not require recounting or emotional expression. Do not offer psychologically focused debriefing to prevent or treat PTSD; this does not prohibit ordinary supportive conversations or appropriate post-incident reviews. Be clear about confidentiality limits. Injury, immediate danger, abuse, safeguarding concerns, unmet essential needs or significant mental-health risks require the appropriate emergency, clinical or safeguarding response.

Possible invitation: “Would you like company, or is there something practical I can help with now?”

Evidence note: WHO psychological first aid and NHS Scotland support practical, respectful assistance; NHS England and SAMHSA emphasise trauma-informed care. NICE NG116 advises against psychologically focused

debriefing for preventing or treating PTSD, not against ordinary supportive conversations. Psychological first aid should not be claimed to prevent PTSD.