



SHROPSHIRE HEALTH AND WELLBEING BOARD

Report

Meeting Date	14 th September 2023			
Title of report	Healthy Lives - Trauma Informed Approach			
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x Information only (No recommendations)
Reporting Officer & email	Penny Bason – penny.bason@shropshire.gov.uk Naomi Roche – naomi.roche@shropshire.gov.uk			
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	X	Joined up working	X
	Mental Health	X	Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	X
	Workforce	X	Reduce inequalities (see below)	X
What inequalities does this report address?	Adverse Childhood Experiences and trauma have potential damaging effects on learning, behaviour, and health throughout a person's life Creating ACE and Trauma informed services will help prevent future inequalities, as well as helping those with existing ACEs and Trauma.			

1. Executive Summary

Note: This paper discusses Adverse Childhood Experiences and Trauma which may trigger certain emotions. Further support can be found on the Council Mental Health and Wellbeing webpages: Mental health and wellbeing | Shropshire Council or Samaritans can be called on 116 123 (Free from any phone)

... a constant sense of danger and helplessness promotes the continuous secretion of stress hormones, which wreaks havoc with the immune system and the functioning of the body's organs. Van Der Kolk. B, The Body keeps the score.

This report will describe the continuing work of the Trauma Informed Steering Group and highlight the important connectivity to the Shropshire Plan Healthy People and Health & Wellbeing Priorities

As the work of the steering group develops and the focus on trauma informed approaches becomes more familiar, the links to the support for groups of people and areas of work is more obvious. As a core element of our person-centered approach, trauma informed needs to be embedded in all the work we do.

In Shropshire there is a need to

- Continue to work to enable school staff to provide environments for our children and young people to feel supported and understood in emotionally safe environments.
- Focus on the approach to support seldomly heard groups in our communities including asylum seekers and refugees & the armed forces addressing growing health concerns including increased risk of diabetes, mental health and alcohol misuse and increasing awareness and understanding within our community's ensuring emotional safety and wellbeing is prioritised.

Trauma informed approaches, support and care are a fundamental part of person-centered care which has been prioritised by STW ICS as part of the Joint Forward Plan putting 'what matters to you' at the centre of all the work we do to *support Shropshire residents to take responsibility for their own*

health and wellbeing, choosing healthy lifestyles and preventing ill-health reducing need for long term or hospital care.

Shropshire is a member of the West Midlands Trauma Informed Coalition which is facilitated through the West Midlands Combined Authority and informed by the evidence of work developed and implemented in Scotland, Wales and Northern Ireland over the past few years. The Coalition offers members a Community of Practice, insight into locality-based network activity and opportunities to share practice learning and successes.

The strategic guidance and governance of the Coalition activity and outcomes is supported by the Strategic Governance Board on which Shropshire is represented along with the Department of Education, HMPS & Birmingham & Solihull ICB. The key objectives of the Board include the commissioning of a Cost and Benefit Analysis via Dr Alex Chard and the development of the West Midlands Trauma Informed Commissioning Framework.

2. Recommendations

Ensuring Shropshire becomes a trauma informed & emotionally safe county cannot happen unless our system collectively agrees to commit to & support this work going forward. The recommendations below were formulated and agreed by the Trauma Informed Steering Group:

- The Board is asked to note progress since the April 2023 report with recommendations.
- Endorse the importance of underpinning the implementation of a Person-Centred Approach to shaping and delivering the ICS Joint Forward Plan with trauma informed approaches care and support ensuring prevention and early intervention are at the forefront of all we do.
- Support the need to embed trauma informed care and support through the development of emotionally safe environments for Shropshire asylum seekers and refugees to help to address the emerging health concerns including diabetes and mental health.
- Work with system leadership and commissioners to embed trauma approaches in commissioning and service delivery informed by the work of the Strategic Governance Board of West Midlands Trauma Informed Coalition.

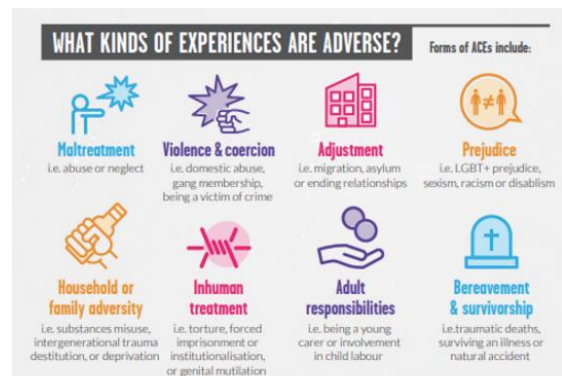
3. Report for information

Introduction to ACE's and Trauma

Adverse Childhood Experiences (ACE) refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life.

A greater number of ACE's creates a greater risk of poorer physical, emotional and economic outcomes.

Toxic stress from ACEs can change the structure of the developing brain and affect how the body responds to stress. This can have damaging effects on learning, behaviour, and health throughout a person's life¹.



Young Minds [YM Addressing Adversity Infographic Poster A3 D2 \(youngminds.org.uk\)](https://www.youngminds.org.uk)

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being². People might recognise poorer mental health outcomes as a result of ACEs, however, poorer physical health outcomes are also attributed to ACEs, including cardiovascular disease and obesity.

Poorer outcomes associated with high ACEs are not inevitable however, and it is important not to label or stigmatise people as such. There are things that can be done to offer hope and build resilience in children, young people and adults who have experienced adversity in early life.

¹ [Toxic Stress \(harvard.edu\)](https://www.harvard.edu)

² [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Impact on life outcomes

In England and Wales, annual costs of Adverse Childhood Experiences (ACEs) across 13 health risks and causes of ill health have been estimated at £43 billion³. This figure equates to the life outcomes of a baby, child, young person, adult, older person or family that any employee, be it a receptionist, social worker, midwife, teacher, GP, consultant, physiotherapist, nurse, administrator or volunteer may encounter daily.

Physical Health an English study found compared to people with no ACEs, those with four or more ACEs are:

- X 2 as likely to die prematurely
- X 2 as likely to develop cancer
- X 3 more likely to develop type 2 diabetes
- X 4 more likely to develop lung disease
- X 6 more likely to have a stroke

ACEs can have lasting effects on...



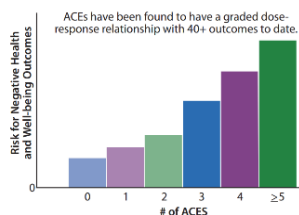
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Health Care use. Research found higher health care use in those with ≥ 4 adverse childhood experiences (compared with no adverse childhood experiences) was evident at 18–29 years and continued through to 50–59 years

[The impact of adverse childhood experiences on health service use across the life course using a retrospective cohort study - Mark Bellis, Karen Hughes, Katie Hardcastle, Kathryn Ashton, Kat Ford, Zara Quigg, Alisha Davies, 2017 \(sagepub.com\)](#)

In terms of **Mental Health** an English study found compared to people with no ACEs, those with four or more ACEs are:

- X 6 more likely to suffer from mental illness
- X 9 more likely to experience feeling suicidal or to self-harm

Emergency Department and overnight stays. Research found Demographically adjusted means for ED attendance rose from 12.2% of 18–29-year-olds with no adverse childhood experiences to 28.8% of those with ≥ 4 adverse childhood experiences. At 60–69 years, only overnight hospital stay was significant (9.8% vs. 25.0%)

[The impact of adverse childhood experiences on health service use across the life course using a retrospective cohort study - Mark Bellis, Karen Hughes, Katie Hardcastle, Kathryn Ashton, Kat Ford, Zara Quigg, Alisha Davies, 2017 \(sagepub.com\)](#)

Update – Trauma Informed Multi-Agency Steering Group.

1. **Following the recommendation made by the Board to focus on Early Years and Primary Education; working with partners to develop a 'Miss Kendra' approach in early years and primary schools where children feel valued & safe the co-design of a resource has been ongoing with primary & secondary schools facilitated by Sian Deane, Severn Teaching School Alliance.**

Shropshire's 'Miss/Mr /Mrs/Ms Toolkit' a codesigned therapeutic universal offer aims to address trauma with all children creating emotionally safe environments.

³ [Health and financial costs of adverse childhood experiences in 28 European countries: a systematic review and meta-analysis \(thelancet.com\)](#)

What are we proposing?

That we create a safe space, with a shared language for children to share what is going on in their lives. We know that toxic stress directly interferes with students' capacities to learn, and behave, in school. The Miss Kendra approach is a universal offer for all children that offers regular opportunities for early intervention.

We will give children:

- The language to express the difficult experiences in their lives.
- The skills to remain calm, even when there is a challenging circumstance.
- The open conversations, so that children can learn when they talk about their experiences, they can find the help they need and develop strategies of resilience and fortitude in the face of adversity.

What underpins this approach in our schools?

- The statutory Relationships and Health curriculum 2019
- The Fundamental British Values 2014
- Keeping Children Safe in Education 2023
- Working Together 2018
- United National Convention on the Rights of the Child 1991
 - Article 19 (protection from violence, abuse and neglect) Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.
 - Article 39 (recovery from trauma and reintegration) Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.

What are the key aims?

- Create trauma-informed culture.
- Reduce distressed behaviours.
- Strengthen teacher empathy.

Evidence Based Social and Emotional Learning Model

- Socioemotional Learning
- Restorative Practices
- Emotional Intelligence
- Trauma-informed Practices
- Social Justice



TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership



TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression



HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

TRAUMA INDUCING

TO

TRAUMA REDUCING

2. The development of a trauma informed resource for organisations has started following the recommendation by the Board for this work to move forward.

Members of the steering group have been asked to contribute by sharing good practice and top tips from their organisation approaches giving case studies to support their experiences and to help share learning across Shropshire.



Creating a Trauma Informed Resource for Organisations

We'd like to create a "booklet" of resources to support organisations to develop their own best practice around the trauma informed approach. Your answers will form the basis for this guide.

Name of organisation
Brief outline of service – what does your team do?
What are your top tips for Trauma Informed Practice?
Can you share a case study?
What are your next steps on embedding the trauma informed approach within your organisation/service?
Do you need any support to do this and what might that support be?

Eight organisations have shared their top tips, next steps and case studies with some of the key recommendations for good practice being;

- Safety
- Trustworthiness & transparency
- What's happened to you? Not what's wrong with you.
- Understanding behaviour as communication
- Non-verbal communication
- Using active listening.
- Being person-centered
- Being non-judgemental

The importance of whole organisational approaches has also been highlighted "Most powerful when done authentically throughout the whole organisation, including leadership" & self-care and support/supervision for practitioners "Practitioner self-care is important to maintain professional resiliency in the face of witnessing and empathising with other people's pain."

Organisations have identified keys areas for support needed which include training and the opportunity to continue to share practice and learning and working together through the Steering Group and the development of a screening tool.

3. Trauma Informed multi-agency Steering Group forward plan.

5 th September 2023 Meeting		
Item	Responsible Person	Organisation
Trauma Informed Contract Management - discussion	ALL	
Update on Miss Kendra Schools Based Approach	Sian Deane	Severn Training and Schools' Alliance
Update Example Toolkit	Naomi Roche	Shropshire Council
Discussion – Training	ALL	
Forward Plan	ALL	
Partner Updates	ALL	
7 th November 2023 Meeting		
MPFT Mental Health Services	Anne McLachlan	MPFT
Refugee Experience – war trauma, cultural & language barriers	Amanda Jones	Shropshire Supports Refugees
Trauma Informed Contract Management - discussion	ALL	
8 th January Meeting 2024		
Trauma Informed Contract Management - discussion	ALL	
Trauma Informed Approach in Youth Work	Helena Williams	Youth Support Team, Shropshire Council
“Understanding Trauma Informed Care” Joint Training	Nicola Davies	Joint Training

Use of a Trauma Informed Approach is here to stay

Being trauma informed is not the latest trend and the benefits to people and society are strongly evidenced. It has been adopted by the Scottish Government with their [national trauma informed programme](#) and the Welsh Government with their [national framework](#). In England, as examples, Manchester has an [Ace Aware 2019-25 Strategy](#), West Yorkshire has an ambition to be a [trauma informed and responsive system by 2030](#), and Plymouth has a [Trauma Informed network](https://traumainformedplymouth.org/).

Examples of local good practice and impact of using a Trauma Informed Approach

Citizens Advise	<p><u>Helen's Story</u> (name changed to protected confidentiality).</p> <p>Helen came to us for support with welfare benefits. She was leaving coercive and controlling relationship and wanted to know if there is anything she could claim. Her ex-partner kept telling Helen no one will help her.</p> <p>Helen requested a face-to-face appointment which we arranged. We also mutually agreed that Helen's support worker could be involved in the advice process and will support Helen relaying the information. At the first appointment our adviser explained upfront the</p>
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	<p>consultation process and reassured Helen she wouldn't have to do everything in one session. We followed Helen's pace and gave her time to process the information. Our adviser gave Helen opportunity to stop the session and take a break when she needed. We empowered Helen to make her own choices but also made sure we supported her where things were more complex than she could manage, for example - filling forms and making calls. We arranged follow-up appointments and with Helen's permission kept her support worker informed on progress.</p> <p>Helen said our adviser has literally lifted a heavy weight from her shoulders and given her hope for a different future for herself.</p>
<p>Asylum Seekers and Refugees</p>	<p>The hotel housing 65 asylum seekers in Shrewsbury is a good place to start - conditions are cramped, tense and there are men in there from at least 10 different countries and cultures. Some with a history of clashing. Most hate the food, they are left with no food overnight, most do not and cannot sleep until the early hours, for many reasons. They are bored, worried about their future and their safety, and usually owe ruthless traffickers many thousands of pounds.</p> <p>They are not allowed to work and have to live off £9 a week.</p> <p>Incident:</p> <p>It was reported to us from Serco staff that a gentleman from Iran in the hotel had had an outburst in the restaurant and it had resulted in him having a physical fight with a group of Afghans.</p> <p>Apparently, this man kept to himself usually, had no noticeable group he hung around with</p> <p>This was around new year and he had had some alcohol outside of the hotel. He was being loud and drunk, and This may have offended the strict Muslim Afghans.</p> <p>The incident was managed by Serco staff. A few days later, the same man tried to take his food upstairs to eat but it is hotel policy that this is not allowed. He went into the Serco office and threw his food across the room.</p> <p>This is when Serco staff asked us to speak to the man because he was at risk of being evicted from the hotel.</p> <p>We called him into the SSR office, and I brought an older Iranian gentleman in to interpret – a well-established well-respected man in Shrewsbury. I knew his caring attitude would instantly be the nurturing male figure this man needed.</p> <p>A discussion was had, where the troubled man told us that he had no faith – therefore didn't really fit in with any of the groups in the hotel. He had no friends, he was stressing all the time about his status, he had been through an awful time in Iran after having protested against the draconian government- he was incarcerated and on escape he had to leave the country he loved.</p> <p>He missed everything from the hills to the food, he missed his family and was struggling mentally. He was ashamed of his behaviour in the hotel and wouldn't look me in the eyes. He said he struggled with lots of pain in his stomach with acid regurgitation and IBS and that it was worst at night but that he wasn't allowed food upstairs to ease the pain. He often lay awake until the early hours and was then expected to get up really early for a breakfast that he didn't like.</p> <p>We listened, we hugged, we showed concern and understanding for his situation. He apologised to everyone, even though he didn't need to.</p> <p>Then, the Iranian interpreter made him Iranian food in the hub that afternoon, took him to the nearest place of beauty- the river and eventually the Rea brook. I asked him if he liked sports- he said tennis, so we gave him some rackets, some tennis balls and found him someone to play against.</p> <p>I asked him if he liked to play instruments. He said he would like to learn, so I gave him a ukulele and some YouTube links to how to learn. I sent him links on the internet to walks in and around Shrewsbury. My interpreter stayed in touch and met him for coffee and invited him to his home for meals.</p>

	<p>The troubled gentleman has not been in trouble since. Now he is an active member of the community- gets involved with helping with the food hub, has friends in and outside of the hotel.</p> <p>He sends me photos of the sunrise off the top of the hills around Shrewsbury, and he even takes my dog for walks when I've brought him into town. He has helped us move and donated his PlayStation to the hub.</p> <p>We feel we prevented escalation, inevitable negative outcome for him, the community and the other men in the hotel.</p>
Health	<p>A carer contacted the team as a particular young person can feel anxious and worried when coming to a clinical environment for a health appointment- which can lead to heightened behaviours. The young person had complex physical and emotional health difficulties and there was an element of risk travelling in the car for staff and the young person themselves. We agreed a home visit to complete the review health assessment. This was beneficial as the LAC nurse was able to observe the young person in placement, speak to several members of staff from the residential and education setting (Therapeutic placement). This is valuable, as conversations can be had with staff who know the young person very well. In some circumstances- our children and young people, particularly in residential placement have lots of involvement from parents and are on a Section 20 of the Children's Act. We ensure parents are included when gathering information for a young person's review health assessment as often the young person has lived at home for many years and parents must be given the opportunity to contribute should they wish to do so.</p>

Conclusions

The evidence for a system Trauma Informed Approach for both the people we work with, and for staff working in those services and organisations is clear. It is a human approach that can make a difference to everyone's lives.

<p>Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</p>	<p>Commitment from system senior leaders to enable all their staff to be trauma informed, through training, practice and implementation is essential. If not, there is a risk of fragmented understanding and practice across services. This will ultimately impact negatively on people who have experienced ACEs and Trauma. This also presents a risk in terms of breaking cycles of generational trauma.</p> <p>The work is currently being covered as an additional duty within an existing post holder's role and needs dedicated resource. This is a risk in terms of capacity, sustainability and progression of the work.</p>						
<p>Financial implications (Any financial implications of note)</p>	<p>There will be financial implications if agreement to progress this work as a whole system is agreed. This would include training costs and Programme manager costs to oversee this work. A full, further cost breakdown would be provided which would be split fairly across the system.</p>						
<p>Climate Change Appraisal as applicable</p>	<p>Not applicable for this report.</p>						
<p>Where else has the paper been presented?</p>	<table border="1"> <tr> <td>System Partnership Boards</td> <td></td> </tr> <tr> <td>Voluntary Sector</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </table>	System Partnership Boards		Voluntary Sector		Other	
System Partnership Boards							
Voluntary Sector							
Other							
<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p>							
<p>Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Cllr. Cecilia Motley Portfolio holder for Adult Social Care, Public Health and Communities</p>							

