Health and Wellbeing Board
Meeting Date: 11th November 2021

Paper title: Trauma Informed Approach and Resilience workshop

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1. Summary

This report provides a summary of two Trauma informed workshops which were held for Shropshire Health and Wellbeing Board (HWBB) and Shropshire Integrated Place Partnership (ShIPP) members.

Adverse Childhood Experiences (ACE's)/trauma has been identified as a priority by the Health and Wellbeing Board and falls within the Children and Young People and Mental Health key priorities, although with the known effect on physical as well as mental health outcomes for children and into adulthood, it falls across many more.

"When you look at ACEs, they're actually a stronger predictor of heart disease than any of the traditional risk factors...and yet I was never trained on this in one day in Medical School." - Dr. Nadine Burke Harris, Center on Youth Wellness.

The workshop was organised by Shropshire Council Public Health, with support from Midlands Partnership Foundation Trust (MPFT) and was very well received by all attending.
It created much discussion and a strong desire for action.

During the pandemic there has been a rise (and thus a greater need) for the application of ACEs and Trauma Informed Work. The rise of adverse childhood experiences during the COVID-19 pandemic. - PsycNET (apa.org)

Adverse Childhood Experiences (ACE's)/traumatic events:

- are highly stressful and potentially traumatic events or situations that occur during childhood and/or adolescence. It can be a single event, or prolonged threats to and breaches of, a young person's safety, security, trust or bodily integrity.
  Source: Young Minds
- refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life. It has been evidenced that considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being.
- Adverse childhood experiences (A.C.E.'s)/traumatic events are causally and proportionately linked to poor physical, emotional and mental health and also have a significant impact on social and educational outcomes

"Exposure to early adversity and trauma literally affects the structure and function of children's developing brains." -Dr. Nadine Burke Harris, Center for Youth Wellness

The next step needed is a commitment to resource from system partners, to take work forward in creating a trauma informed workforce, and change the approach from 'What's wrong with you' to 'What happened to you'?

2. Recommendations

- A commitment to resource from HWBB and ShIPP member organisations, in order to implement a trauma informed approach in Shropshire.
- A commitment to specific resource to develop a trauma informed workforce through-out Shropshire.
- Discussion on key areas of development for focus over the next 3 years, including development of/sourcing appropriate training packages, and a continued call for action to screen the film.
- This report goes to the Joint Commissioning Group for resource alignment.

3. Report

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- refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life. It has been evidenced that considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being.
- Adverse Childhood Experiences (ACEs)/traumatic events are causally and proportionately linked to poor physical, emotional and mental health and also have a significant impact on social and educational outcomes

"If all day long you feel like a truck is coming at you, day after day after day, that's going to take a toll on the body." - Dr. Victor Carrion, Stanford University

An ACE risk score is rated out of 10, through a series of questions asking individuals if anything adverse happened to them whilst under the age of 18. This includes emotional abuse, physical abuse, parental separation or divorce, living with someone who misused alcohol and/or used street drugs and a household member being depressed or mentally ill. The diagram below shows the increased risk of harms for those with 4+ ACEs.
An ACE score is an *indicator* of risk and does not consider other factors such as housing insecurity or racism, and that not all children who experience multiple ACEs will have poor outcomes. *Source: CDC: Harvard University*. During the pandemic there has been a rise (and thus a greater need) for the application of ACEs and Trauma Informed Work. The rise of adverse childhood experiences during the COVID-19 pandemic. - PsycNET (apa.org)

A commitment by HWBB members to attend a 2-hour workshop was agreed in 2019. Due to the pandemic, this was delayed, and in September and October, 2 workshops dates were offered to both HWBB and ShIPP members.

- 11 members of the HWBB attended, with 4 apologies and 2 who did not attend on the day. All Board members responded to the invitation.
- 13 members of ShIPP attended (this number includes 4 members who are on the HWBB also) with 8 apologies. 1 accepted but did not attend and 15 did not respond to the invitation.

The workshop consisted of the screening of a powerful film 'Resilience - the biology of stress and the science of hope' followed by facilitated discussion. This explained the science and effect of trauma and ACE's, and work happening in the US to support families and build resilience in children and adults identified as having high ACE scores. This resilience work builds the ability to thrive, adapt and cope despite tough and stressful times and is a natural counterweight to Adverse Childhood Experiences (ACEs). The more resilient a child is, the more likely they are to deal with negative situations in a healthy way that won't have prolonged and unfavourable outcomes.

"Scientific research points to the presence of a stable, caring adult in a child's life as the key to building the skills of resilience." - Dr. Jack Shonkof, Harvard University

At both workshops, representatives from the Educational Psychology Team provided a brief overview of work they had been doing with a number of schools relating to this approach.

A facilitated discussion followed the film screening, and a summary can be found in **Appendix A**.

Key comments from the discussion

We cannot let this sit. I've known about this for five years, but the film demonstrated that there are actions we can take – joining together social services, PH, medical care – that a system-side approach can make a big difference. The answer to whether or not to invest can only be yes.	• Some things can be argued with, but this can't - it's science. • Things have got worse over the last 18 months, and we aren't talking about it. Commitment to put in resource and pledge.
Very powerful film – it's not out there, it's here in the room, and we're all affected [by ACEs] some way or another. Preventative [work] is important too, not just reactive.	Implementing ACEs work can be a chance for the system to prove it's the right thing to do. If people can see a concerted joint-up approach to identify children or adults with a big history of trauma, and provide resilience, training and support to them, that would be tremendous.
Help medics (hospital doctors, consultants, health care staff, GPs) to understand that a lot of chronic diseases with a physical and psychological expression (e.g., chronic fatigue and chronic PTSD) relate back to ACEs	• What has the child been through before they come us? • Long-term solutions and invest in longevity • We need to start at the antenatal stage

The next step needed is a commitment to resource from system partners, to take work forward in creating a trauma informed workforce, and change the approach from 'What's wrong with you' to 'What happened to you'?

4. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

There are no risks identified with this report.

5. Financial Implications

Implementation of a trauma informed approach will require agreed resource commitment across the system. The cost of this is estimated at £100,000 per year, which would include:

- Co-ordination post
- Trauma informed training package
- Training materials
- Room hire

This cost is an estimate, and will be quantified once the co-ordinator is in place and the steering group is operational.

6. Climate Change Appraisal

There are no risks associated with this report.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr. Simon Jones, Portfolio Holder for Adult Social Care and Public Health
Local Member
Appendices A: Summary of discussion from both workshops.

Appendix A: Collated feedback

1. From your perspective or profession, what stood out?	2. What is the one thing that you heard or saw that touched you?
• Very impactful • Hadn't appreciated the link with physical health • Link between ACEs and mortality • Link between toxic stress and brain development • As a board we need to make sure that our decisions do not impact adversely on children • Budget spending should account for the effects of trauma • The time – film was made in 2015 and we are now in 2021 – we need to catch up. Was known about 21 years ago when in teacher/social work role • It's embarrassing that we are here • Schools' perspective, always need to think about what has happened in a child life before they come into the classroom • What has the child been through before they come us? • Empathy before you open your mouth • Inconvenient truths – it's easier to give a pill • Some things will be uncomfortable, and we need the skills to be able to support people • Contemplating impact of housing – need to think about it in all planning, not just leave it to children's services • How often do we ask whether there are children in an environment when we come into contact with people? • Amount of time people were given to be able to talk and explore through questions • Giving services to people • World where we are all rushed, all of the time • Taking time to see people in their homes • Separation of physical and mental health • Quite often we see it as a lifestyle choice, but actually people come from trauma, and are propelled and mask pain • We don't treat the family • De-medicalisation was refreshing to see. Inter-generational and across all services • Very powerful film – it's not out there, it's here in the room, and we're all affected [by ACEs] some way or another. Preventative [work] is important too, not just reactive • We cannot let this sit. I've known about this	• Impact on children of experiencing their parent's behaviour and then impact on their own children • I see generational patterns (social worker) • Children don't know any different • Letters from teacher • We are the sum everything we experience • The trucks provided a good way of demonstrating the impact of constant stimulus • We look at the loud behaviour with children but also need to look at the quiet ones • Not what's wrong with you. It's what happened to you" • Toxic stress • Correlation between trauma and physical and mental health • Don't label children

for five years, but the film demonstrated that there are actions we can take – joining together social services, PH, medical care – that a system-side approach can make a big difference. The answer to whether or not to invest can only be yes.

- Struck by the idea of Toxic Stress. It resonates from the point of view of rural communities.
- Film is interesting but missing the idea that "people don't tend to recognise deprivation in rural communities or the stress that farming communities face. Feels stress and mental deprivation are not always linked to poverty
- [If we can get ACEs work] right, it's a massive impact on our young people. What do we need to do more?
- The scoring is quite a few years old now, and new things have come in to play such as the effect of COVID, bereavement
- Some things can be argued with, but this can't - it's science
- Importance of parental understanding

3. What one thing surprised you the most?	4.Can you think of 5 people who would benefit from watching this film?
• Mortality rates and impact on death rates • ACEs is dose effect/impact related • That children don't know any different and how this can be challenged	• Stepping Stones Team – work with families • Early help colleagues • Virtual school • Whole children's' services workforce • RJAH – children's Outpatients team • All health visiting and primary care • GP's • Elected members • Council Cabinet (mentioned at both sessions • Police • Social care (Adults and children) • Paediatricians • Medics • Chief executives

5.How can we apply what we've learnt into our lives and work?

- Early intervention and seamless approach across whole system
- Less likely to have children being looked after, safeguarding
- Language awareness – more health less illness
- We have probably all experienced ACE/S
- It is about the family

6.Where do we go next?

- Down to all of us
- A collective responsibility, but need a driver and a plan e.g., Refresher sessions, front line staff training and understanding, strategic commissioners, schools
- Keep the conversation going
- Report to Health and Wellbeing Board
- Understanding from the top and work down so people know that this is happening in Shropshire e.g., DA, drugs, County Lines. It is time to have the conversation
- Long-term solutions and invest in longevity which requires dedicated coordination and resource

- Could localise more, people sharing own experiences to make it more real. Workforces are under pressure, and are living it
- Integral to bereavement and suicide work
- Things have got worse over the last 18 months, and we aren't talking about it. Commitment to put in resource and pledge
- Change where the funding sits – shift NHS funding so it is sitting in the right place. (Opportunity seen in ICS, as linked to population health and place) We can't just wait for resource – use the talents we already have e.g., antenatal and schools
- Dedicated resource implement this
- This film should be shown far and wide" to other medical professionals, to schools, to the crisis team, and to maternity staff educating adults on parenting.
- Build an understanding of the "connectivity of everything" – what resources are available and how we can connect them to implement changes at pace
- Implementing ACEs work can be a "chance for the system to prove it's the right thing to do. If people can see a concerted joint-up approach to identify children or adults with a big history of trauma, and provide resilience, training and support to them, that would be tremendous
- Help medics (hospital doctors, consultants, health care staff, GPs) to understand that a lot of chronic diseases with a physical and psychological expression (e.g., chronic fatigue and chronic PTSD) relate back to ACEs
- We need to start at the antenatal stage
- Build capacity in school
- Working together is so important – Individualised care is siloed
- We can't afford not to do anything – invest early
- We need to consider the impact ACE's may have had on our workforce
- Make resource available as a system to take this forward
- Audit ACE's work within own organisation – where are we now?
- Systematic approach
- Could we cost numbers of children with ACEs in the care system?
- Nominated lead from HWBB member's organisations with dedicated co-ordinator and commitment to take actions forward
- Invest to save
- Some areas have a whole ACE's Team, it would be great to have that.
- We need to change societal attitudes e.g., the child who is perceived as being disruptive in school and parental pressure for the school to take action. How about supporting the parent/s as another parent in the school community?

- What training do UK medics and youth workers receive regarding ACEs?
- What is the causation/correlation between deprivation and ACEs?
- Can the ACEs questionnaire be implemented in primary care? Can their answers be part of our patient records?
- What models are A&E consultants, doctors, and the crisis team using to interact with patients?