



## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	20 <sup>th</sup> April 2023			
<b>Title of report</b>	Healthy Lives - Trauma Informed Approach			
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)	Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	Val Cross val.cross@shropshire.gov.uk			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	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
<b>What inequalities does this report address?</b>	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 what Adverse Childhood Experiences and trauma are, and the potential damaging effects on learning, behaviour, and health throughout a person's life.

It will explain how we as a system can do something about it now through use of Trauma Informed Practice and Trauma Informed Care; the work happening through the Trauma Informed Steering Group in Shropshire to create a Trauma Informed Workforce and the strong recommendation for a trauma informed workforce to be implemented across the system.

### 2. Recommendations

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

- The Board is asked to support a recommendation to make their workforces Trauma Informed in principle
- Focus on Early Years and Primary Education; working with partners to develop support for a 'Miss Kendra' approach in early years and primary school, where children feel valued and safe
- Production of a simple resource, that provides 'how to' information for different parts of the system (Public Sector, Voluntary sector, all services) with key trauma informed messages and tips

- Continued work to develop a consistent training offer for the system (including evidence of implementation) which consists of:
  - Induction Tier - mandatory online training module developed as soon as possible, available to all across the Integrated Care System (ICS)
  - Awareness and Universal tier (Practitioner level)
  - Advanced and specialist tier (Train the trainer) Delivering the practitioner level for sustainability
- Work with system leadership and commissioners to determine how we embed trauma approaches in commissioning and service delivery

### 3.Report

#### 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 life<sup>1</sup>.



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-being<sup>2</sup>. 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.

#### 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 billion<sup>3</sup>. 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

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

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

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

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

### ACEs can have lasting effects on...



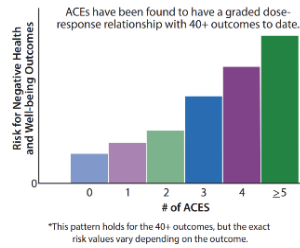
**Health** (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



**Behaviors** (smoking, alcoholism, drug use)



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



Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

**Health Care use.** Research found higher health care use in those with  $\geq 4$  adverse childhood experiences (compared with no adverse childhood experiences) was evident at 18–29 years of age 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 \(sagepub.com\)](#)

**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  $\geq 4$  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 \(sagepub.com\)](#)

## What can we do?

### Use of a Trauma Informed Approach

Doing nothing should not be considered an option. In Shropshire, we know there are examples of good practice to mitigate ACE's and trauma, however an exercise to map training offers and individual organisations practice has demonstrated that this is inconsistent across the whole system. This means affected people are getting a different understanding and response.

We can do something about this by using a Trauma Informed Approach which includes Trauma Informed Practice and Trauma Informed Care<sup>4</sup> and changes thinking from 'what's wrong with you?' to 'What happened to you?'

'Trauma Informed' means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm and recognises and supports people's resilience<sup>5</sup>

Using a Trauma Informed approach in services makes no assumptions about who may have experienced trauma and offers consistency for all. It is vital to consider that this 'all' includes staff working within our own services who may have experienced ACEs and Trauma, through individual experience and/or witnessing it through daily work. Its role in reducing staff absence/sickness, retaining staff and attracting recruitment should also be considered.

A consistent training offer for the whole workforce with evidence of implementation in practice is the way to do this.

### Learning and Development

A subgroup of the Trauma Informed Steering Group Training has identified 3 levels of training (learning and development) which was discussed and agreed with the whole steering group at the end of last year.

- Induction Tier - mandatory online training module developed as soon as possible, available to all across the ICS. This could be produced 'in-house'
- Awareness and Universal tier (Practitioner level)
- Advanced and specialist tier (Train the trainer) Delivering the practitioner level for sustainability

<sup>4</sup> *Trauma Informed Practice: Seeks to raise awareness about the impact of trauma and works towards creating services that do not add to harm. Trauma Informed Care: An approach that recognises the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life – including those who work in that service.* Cherry, L. & Froustis, E, (2022) *Trauma Informed Education Settings In West Yorkshire.* West Yorkshire Health and Care Partnership and Violence Reduction Unit. West Yorkshire: England

<sup>5</sup> [Trauma – national trauma training programme | NHS Education \(scot.nhs.uk\)](#)

Estimated costs have been obtained, but this would likely change with greater numbers. Pooling system budgets will alleviate costs to individual organisations and ensure this consistency of messaging and practice.

### **Shropshire Trauma Informed multi-agency Steering Group**

A passionate multi-agency steering group meets bi-monthly and is chaired by Cllr. Kirstie-Hurst Knight. The group is striving to raise awareness and influence creation of a trauma informed workforce. So far, we have:

- Arranged film screenings: Over 700 staff have participated in co-facilitated screenings of the film 'Resilience – the biology of stress and science of hope' with a workshop to gather views from the workforce. Our colleagues in Midlands Partnership Foundation Trust have co-ordinated the bookings and screenings.
- Collated and themed the workshop feedback, which has informed plans to take the work forward and strongly demonstrates staff understanding of the need for a trauma informed approach and a willingness to use it. (Please see appendix 1 for themes)
- Mapped what trauma informed practice is taking place in our own services and organisations. Not just to identify gaps, but to demonstrate existing good practice also.
- Identified and agreed the levels of training needed to make all staff trauma aware, whatever their role. This training is based on sustainability and more importantly implementation in practice. It is evident some staff are accessing good training offers, but the offers are not consistent or equitable for all (see appendix 3 from summary)
- Become members of the West Midlands trauma network which shares good practice
- Gained commitment from 6 primary and 1 secondary school to pilot the use of 'Miss Kendra', (a character from the 'Resilience' film, who focusses on the rights of a child not to be harmed) through their PSHE curriculum. 'Miss Kendra' has been cited as one of the key stand-out elements by workforce members who have seen the 'Resilience' film
- Worked with our Telford & Wrekin colleagues to present at the February ICS Learning Disability and Autism Board meeting, where the following proposal was shared with Board members for endorsement: Continued awareness raising across system, training for all - 3 levels, integrated thinking and delivery into service redesign for the benefit of all including our staff, full time trauma informed programme lead. The Board supported the proposal.

### **Adverse Childhood Experiences and Trauma in local plans (ICS wide and Shropshire)**

To provide a local context, ACEs and Trauma feature in:

- The draft ICS Children and Young People Mental Health Transformation Plan
- Links to Implementing a Person-Centred Approach to Shaping and Delivering the ICS Joint Forward Plan - Identify the opportunities for proactive prevention – non-clinical first & trauma informed
- Shropshire Council Target Operating Model (TOM) "Breaking generational cycles"
- Shropshire Council Inequalities Plan
- Shropshire Joint Health and Wellbeing Strategy as a priority
- Shropshire Integrated Place Partnership Strategic Plan
- Draft Shropshire Early Intervention and Prevention Strategy
- Shropshire Integration and Transformation work
- The Shropshire Plan - Healthy People: *Tackle inequalities, Early intervention, Partnerships*  
Healthy Organisation: *Best workforce, align our resources*

Telford & Wrekin:

- Neglect sub-group developing an approach to tackling neglect built around Professor Jan Horwath's work and the child's lived experience. A learning event will take place in March 2023, to launch the multi-agency arrangements to address neglect, and practitioner guidance to support
- Drugs and alcohol funding enabled 3 days of Trauma informed practice train the trainer in April 2022. 12 participants completed training from the 3<sup>rd</sup> sector and drug and alcohol providers. Agreement in place for participants to train staff and volunteers in trauma informed awareness.

One participant has trained a further 48 staff and volunteers and now working with education providers to provide further 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 national good practice and impact of using a Trauma Informed Approach**

Education	<b>Secondary school</b> - Prior to ACE training 175 days lost to exclusions, now 75 (2016/17) <sup>6</sup>
Prisoners and their families	<b>Invisible Walls Wales</b> – allocated mentor supporting prisoners and their families inside and outside of prison. Includes regular parents and teacher events held on site. Families and schools congregate for the afternoon, review schoolwork and certificate awards for all the children at the end. Early indications unemployment rate for prisoners involved in scheme change from 80% on arrival to 25% on leaving. School attendance problems 43% to 12%. Reduce the number of prisoners that were misusing alcohol and/or drugs from 89% to 20% and Halve the number of prisoners’ children considered by social services to be “at risk”, from 16% to 7% <sup>7</sup> <a href="#">Invisible Walls Wales   G4S Global</a>
Young people in custody	<b>Divert Team</b> – Speaking to young people in custody about their life and aspirations - Custody intervention coaches. Between Oct 18 and June 19, more than 550 people across London given information and guidance. Half went into employment and training, re-arrest rate for people who have gone through the programme under 10%, compared to 28% re-offending rates for young adults in London. Now includes Youth Divert – early intervention programme. <sup>8</sup>

### **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.

<b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	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.  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.
<b>Financial implications</b> (Any financial implications of note)	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.
<b>Climate Change Appraisal as applicable</b>	Not applicable for this report.
	System Partnership Boards

<sup>6</sup> [Inspiration from ACE Interrupters in Great Britain by ACESupportHub - Issuu](#)

<sup>7</sup> [Inspiration from ACE Interrupters in Great Britain by ACESupportHub - Issuu](#)

<sup>8</sup> [Inspiration from ACE Interrupters in Great Britain by ACESupportHub - Issuu](#)

<b>Where else has the paper been presented?</b>	Voluntary Sector	
	Other	
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		
<b>Cabinet Member (Portfolio Holder)</b> Portfolio holders can be found <a href="#">here</a> 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		
Cllr. Kirstie Hurst-Knight Portfolio holder for Children and Education		
<b>Appendices</b>		
(Please include as appropriate)		
Appendix 1: Key themes from the film 'Resilience, the Biology of Stress and Science of Hope'		

## Appendix 1

Key themes from the film 'Resilience, the Biology of Stress and Science of Hope'	
Theme	Comments
<b>Miss Kendra</b>	<ul style="list-style-type: none"> <li>• Simple and instantly useable. Gave every child a voice and individual response</li> <li>• Rights of the child and children learning early, and so not scared to speak out</li> </ul>
<b>Impact on physical health</b>	<ul style="list-style-type: none"> <li>• Amazed at link between trauma and medical condition</li> <li>• Even clinical areas such as psychosis could really learn from this and have more of a focus on non-clinical approaches</li> <li>• The impact of trauma on our physical health is so obvious but not spoken about/recognised when supporting people. Why? What are we doing about it?</li> </ul>
<b>General about the film</b>	<ul style="list-style-type: none"> <li>• It will stay with me forever</li> <li>• Why are we waiting?</li> <li>• What are we doing about this?</li> <li>• Why are we taking so long?</li> <li>• Loved all of it. Had lots of CPD related to ACE's but this is the best and most powerful by far</li> </ul>
<b>Family and Parenting</b>	<ul style="list-style-type: none"> <li>• Family aspect – working with the whole family</li> <li>• Not “just naughty kids”</li> <li>• Supporting parents who have ACEs as well as their children</li> </ul>
<b>In schools/education</b>	<ul style="list-style-type: none"> <li>• Punitive approach used in schools for lateness etc.</li> <li>• It's so important that we get these messages to schools, and the elements of hope</li> <li>• Education and awareness raising with staff and service users – some may think some ACEs they may have experienced are “normal”.</li> <li>• Would love to see this in the classroom</li> </ul>
<b>Working together</b>	<ul style="list-style-type: none"> <li>• We're all part of a bigger picture – collective effort here; working together</li> <li>• Across professions valuable for all to work together.</li> <li>• Got to be a system wide approach – primary care, dentists, all schools, health, LA</li> <li>• Make it business as usual in health and social care setting</li> </ul>
<b>System</b>	<ul style="list-style-type: none"> <li>• Recognition that we've lost prevention services. Need to think about that.</li> <li>• How we influence and secure senior leadership buy in</li> <li>• Savings speaks to system leaders.... Get message across to system leaders</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>• Needs to be embedded in communities</li> <li>• Roll out of trauma informed training in our localities</li> </ul>
<b>Stigma/labels</b>	<ul style="list-style-type: none"> <li>• Removal of bias and judgement</li> <li>• Breaking down taboos of asking what happened to you</li> <li>• Removal of stigma linked to ACEs and mental health</li> </ul>
<b>Creating awareness</b>	<ul style="list-style-type: none"> <li>• Raising awareness and embedding the value of adopting a trauma informed approach</li> </ul>