Blackburn with Darwen Trauma Informed Systems Resilience Framework

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Who is this Framework for?

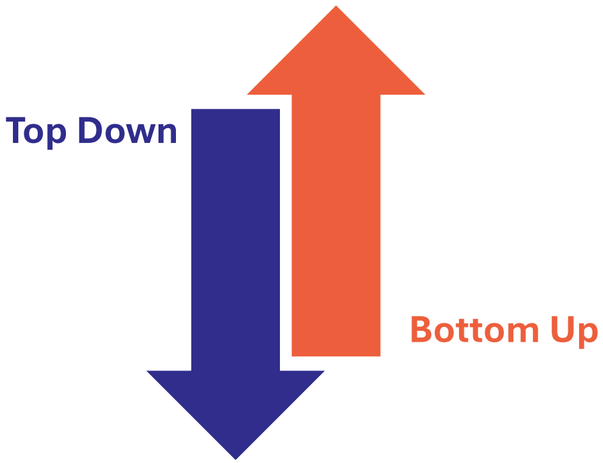
This framework supports Blackburn with Darwen's collaborative commitment to recognising and addressing the prevalence of trauma within the borough. It has been created to represent all services and to provide a clear vision which will bring all partners and sectors along the ACEs (Adverse Childhood Experiences)/trauma-informed journey, whilst still allowing for growth and development.

The framework;

- Provides a formalised governance structure for all partners across the community, education and organisational sectors
- Brings the experiences of the population directly to the attention of strategic leadership

Whilst at the same time;

- Enables the sharing of commissioning decisions and strategic progress with members of the community and the workforce



This 'top down-bottom up' approach will serve to strengthen our collective response to existing trauma and to mitigate the risks of emerging trauma using a trauma-informed approach within a systems-resilient framework.

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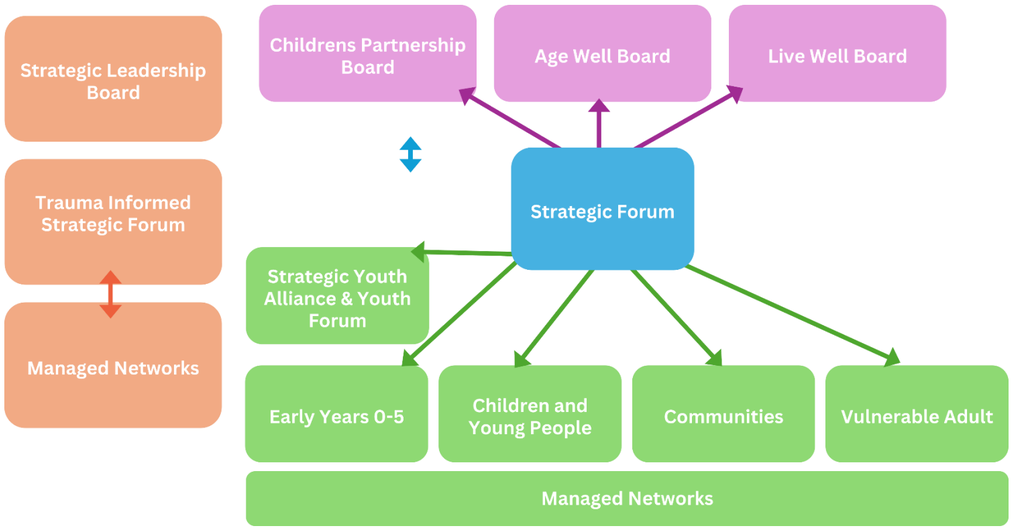
How will this be delivered?

The guiding principles for the governance structure will be to provide a two-way communication pathway which:

1. Opens-up the lines of communication between population groups, service providers and strategic leadership within the borough
2. Provides the space to understand population needs; combine the knowledge, experience and recommendations of services and the workforce; take a collaborative approach across systems and ensure alignment to a strategic framework
3. Allows for specific asks and for core recommendations to be heard to support effective commissioning



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How will this be delivered?

Strategic Leadership Boards will aim to:

- Ensure Trauma Informed is a standing agenda item with appropriate support from the Strategic Forum
- Actions and priorities from the Strategic Forum are to be reviewed and addressed and communicated to the strategic forum
- Commissioning to dovetail into identified needs
- Policies and procedures are reviewed through a trauma-informed lens

The Strategic Forum will aim to:

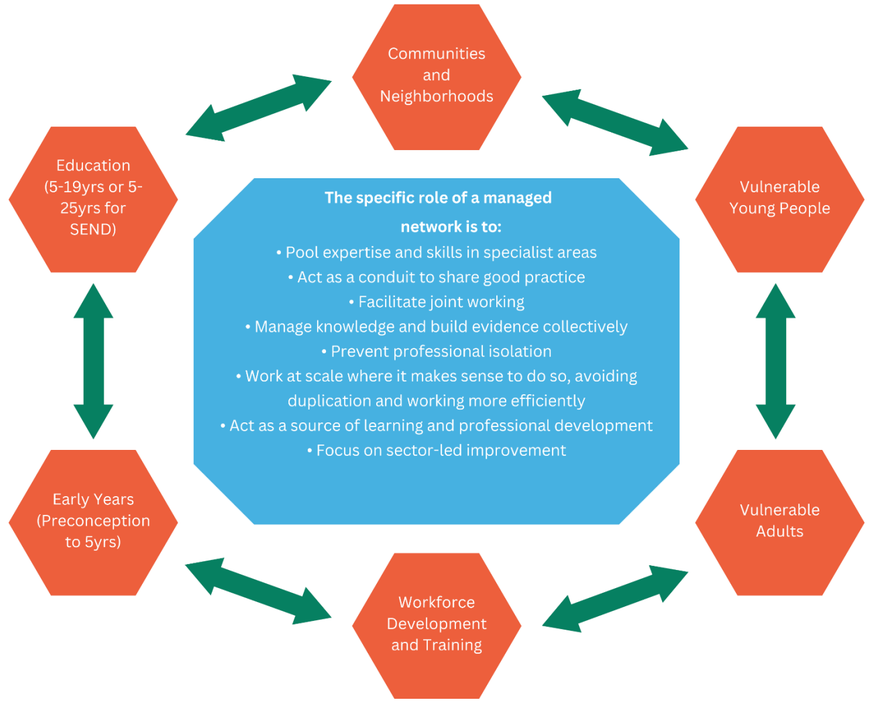
- Provide direction and strategic support to the trauma-informed movement in Blackburn with Darwen
- Take a systems wide approach to identifying the priority groups most vulnerable to trauma
- Act as a conduit for the managed networks to share their actions and developments with the associated strategic leadership boards
- Act as a central knowledge hub which opens-up the lines of communication between the workforce and the strategic leadership boards
- Work towards the trauma-informed approach being embedded in the language, systems, policies, practice, culture and ethos of all organisations, settings and communities within Blackburn with Darwen
- Oversee the managed networks and support them to share the vision within the framework, identify their own actions and consider appropriate outcomes measures.
- Set up managed networks (with agreed terms of reference), to share the vision within the framework, identify their own action and look at outcome measurements for KPIs
- Provide a structural framework to develop accountability through reviewing, monitoring impact, evaluation and feedback, building capacity and sustainability

Managed Networks will aim to:

- Recruit membership to the managed networks
- Agree Terms of Reference for the network
- Identify a set of agreed core actions and priorities which are specific to their target group and KPIs
- Use an action tracker to monitor progress towards the actions and priorities which will feedback directly to the strategic forum on a quarterly basis

Building Managed Networks

- In Blackburn with Darwen, the approach to trauma informed practice will be led via a number of managed networks.
- Networks will be led directly by members of that sector, thus ensuring that meaningful actions can be identified and worked on collaboratively.
- Managed networks will meet on a quarterly basis and will be governed by shared Terms of Reference and an action-tracker which will report directly into the Strategic Forum.
- The Strategic Forum will then share core actions and recommendations with the appropriate Strategic Boards
- Trauma Informed Networks Include:
  - Communities
  - Early Years
  - Education
  - Vulnerable Children and Young People
  - Vulnerable Adults



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A Shared Vision and Guiding Principles

In Blackburn with Darwen we are committed to:

1. Taking a partnership approach to supporting trauma-informed practice
2. Driving forward the trauma-informed agenda across multiple agencies and partners and developing a universal language
3. Developing trauma-informed and trauma-responsive communities and organisations
4. Sign-posting to a clear set of resources, audit-tools, training opportunities and examples of good practice available in accessible formats

We will do this by taking the following actions:

- Ensuring the Trauma Informed Systems Resilient Framework is understood and shared across the system
- Agreeing a set of guiding principles and signing up to the Pennine Lancashire Pledge via the Lancashire Violence Reduction Network (LVRN)
- Building trauma-informed settings using the LVRN audit-tool and providing appropriate training and support
- Developing sustainability and capacity via the introduction of ‘managed networks’
- Working collaboratively to strengthen and support the workforce
- Giving communities and service-users the voice and opportunity to share their experiences and shape services going forwards
- Working with third sector organisations and acknowledging their central role in supporting communities
- Using case studies to bring the trauma-informed journey to life
- Commissioning based on evidence, data and core recommendations via the managed networks, community voices and research-based evaluations
- Providing evidence-based resources and sharing good practice via various accessible platforms

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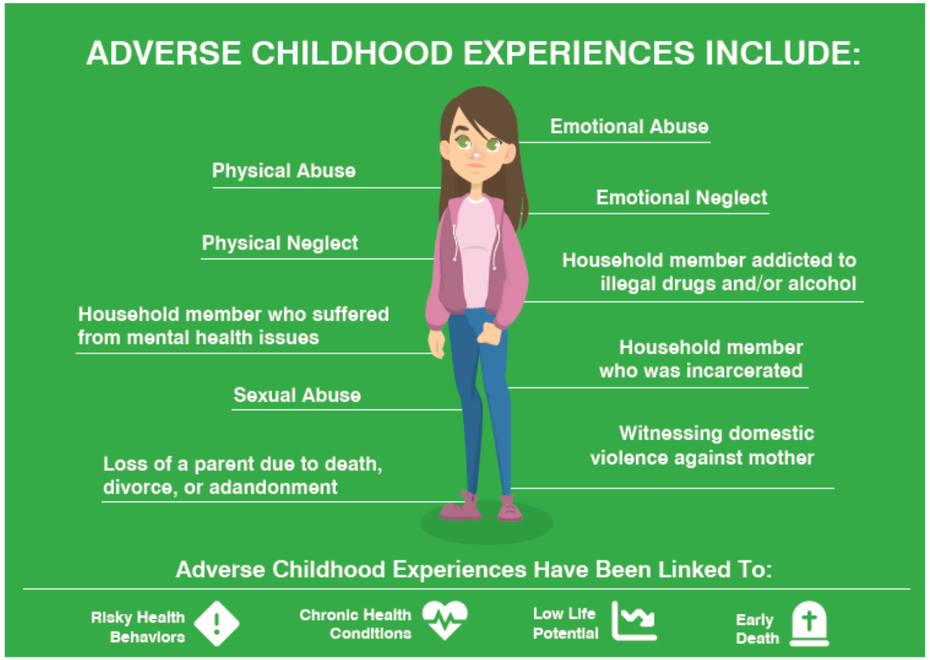
Adverse Childhood Experiences (ACEs)

- Adverse Childhood Experiences (ACEs) are traumatic events that occur in childhood.
- Trauma occurs when children are exposed to events or situations that overwhelm their ability to cope.
- ACEs can include violence, abuse, and growing up in a family with mental health or substance misuse problems.
- ACEs are common and contribute to increased health inequality and morbidity in the population.
- ACEs have a detrimental impact on health across the life course, and their negative effects can extend beyond a single generation



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ACEs in Blackburn with Darwen

- In the UK, Blackburn with Darwen has been driving the ACE agenda for a number of years.
- It was the first area to undertake a population-based ACE survey, which identified the prevalence of ACEs across the Borough and linked this to poor health and social outcomes in adulthood.
- Almost half (47%) of adults across the borough had suffered at least one Adverse Childhood Experience, with 12% of adults in Blackburn with Darwen having suffered four or more ACEs (Bellis et al., 2013).
- The population study has since been repeated in England and Wales, both of which found similar results to Blackburn with Darwen.
- Evidence shows that ACEs can increase the risk of developing health harming behaviours.
- These behaviours can lead to an increased risk of poor physical and mental health later in life (including cancer, heart disease, diabetes, depression and anxiety) as well as negative social outcomes, such as domestic violence, low levels of education, incarceration, and premature death

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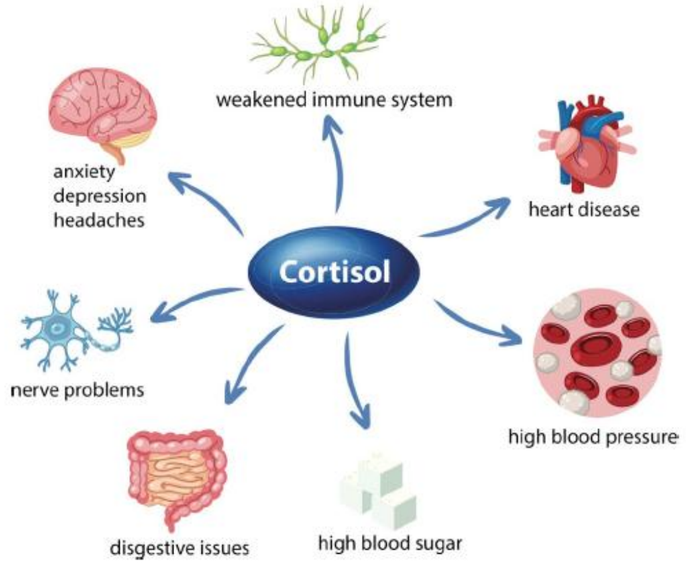
The impact of trauma on the body

- Exposure to trauma has a negative impact on the neurological, biological, psychological and social development of a child.
- Children living in adverse environments experience greater levels of stress. Stress causes the body to release cortisol.
- Prolonged exposure to dangerously high levels of cortisol—known as toxic stress—impacts the brain and body in a multitude of harmful ways:
  - Inflammation, as part of the body's stress response, helps defend against infection, injury, and acute threat—but persistent inflammation in response to chronic adversity can have long-term, disruptive effects on physical and mental well-being including the disruption of immune responses and metabolic regulation
  - Similarly, experiences and exposures during pregnancy and the first few years after birth affect developing biological systems in many ways that are difficult to change later
  - For example, if a woman experiences excessive stress or 'trauma' during pregnancy, her child's developing organs, stress response, and metabolic systems can be affected even into adulthood, with increased risk for heart disease, obesity, diabetes, and mental health conditions



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Supporting Families

- Because all biological systems in the body are connected, supporting families with young children and strengthening responsive relationships not only builds a foundation for social emotional development, school readiness, and future learning; it also strengthens the building blocks for a lifetime of physical and mental health.
- One way that this bond can be strengthened is through breastfeeding which is advocated by UNICEF to be a protective factor for those that have experienced trauma. This is done by down-regulating the stress response, reducing trauma symptoms and helping trauma survivors to break the cycle of abuse.
- Blackburn with Darwen is a breastfeeding friendly borough and we are proud of our UNICEF Gold accreditation. We support breastfeeding wherever possible to develop positive parent-child relationships and mitigate the risks associated with trauma.

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Trauma Informed Practice

Trauma Informed Practice is based on the foundation of having a comprehensive understanding of how exposure to trauma affects an individual's development and health outcomes, as previously described. It also provides a platform to understand the complex and pervasive impact trauma can have on a persons' view of the world and the relationships they experience. It is well evidenced that actions to prevent and mitigate trauma and its associated harms are essential to improve population health for present and future generations. It has therefore been proposed that public and third sector interventions require a shift in focus to include prevention, resiliency, and trauma-informed service provision.

This approach would not necessarily require the development of new strategies or interventions, but rather consideration of how existing services can be fine-tuned, and how agencies can work together to utilise an improved understanding of the impact of adversity and how this can be prevented or ameliorated.

Trauma extends beyond the well-documented ACEs and the direct experiences of a child within their family and close contacts. Trauma can be deeply embedded within the culture, social norms and macro-structures of our policies, organisations and communities. Poverty, racism, systemic oppression, micro-aggressions, exposure to community violence and/or exclusion as well as global pandemics can all be perceived as chronic traumatic events. Whilst we acknowledge that trauma may not be an isolated event, we also need to understand that the individual's perception of trauma and therefore the impact it has will vary. For this reason, it is critical to attempt to use Trauma Informed Practice to understand the unique meaning of an individual's experience and ensure that our core services and provision reflect this.

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Becoming Trauma Informed

- A growing evidence base is demonstrating that large numbers of people in contact with public services have experienced a traumatic event.
- The relationship between the severity, frequency and range of traumatic experiences has a direct impact on the development of mental health problems, difficulties in education and employment and increased levels of contact with social care, the criminal justice system and substance misuse services.
- Meeting the needs of service users therefore requires a multiagency approach that starts with a shared understanding and awareness of the far-reaching and complex impact of trauma.
- The journey towards becoming trauma-informed requires organisations to move beyond their traditional models of service delivery and to re-evaluate their entire organisational practices and policies through a trauma-informed lens.
- Organisations will need to reframe complex service-user behaviours as potential responses to trauma related triggers and will be required to prioritise the building of trusting, mutual relationships above all else.

Becoming Trauma Informed

There are 5 key principles of Trauma Informed Practice for organisations to follow:

1. Safety

Efforts are made by an organisation to ensure the physical and emotional safety of clients and staff. This includes reasonable freedom from threat or harm and attempts to prevent further re-traumatisation.

2.Trustworthiness

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, clients and the wider community.

3. Choice & Voice

Clients and staff have meaningful choice and a voice in the decision-making process of the organisation and its services.

4. Collaboration

The organisation recognises the value of staff and clients' experience in overcoming challenges and improving the system as a whole. This is often operationalised through the formal or informal use of peer support and mutual self-help.

5. Empowerment

Efforts are made by the organisation to share power and give clients and staff a strong voice in decision-making, at both individual and organisational levels.

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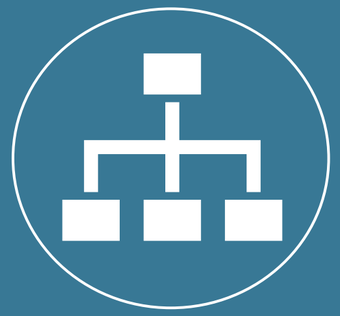
Becoming Trauma Informed

Working in partnership with the Lancashire Violence Reduction Network, all organisations are encouraged to use the LVRN organisational development tool to support them towards becoming Trauma Informed. The development tool is a useful resource available for system leaders to self-assess their strengths, gaps and opportunities and to support them along their own organisational trauma informed journey.



The core principles of the development tool are to support organisations to;

- Realise the potential neurological, biological, psychological and social impact of trauma
- Recognise that anyone we meet may have experienced trauma
- Respond to the impact of trauma
- Move away from blaming and judging people for their behavioural and psychological reactions, and to recognise that responses may be a result of trauma
- Understand that people with a history of trauma may find it more difficult to trust and engage with others, particularly professionals who are often seen to be in a position of power and authority
- Promote Strengths, protective factors and resilience
- Recognise the importance of relationships

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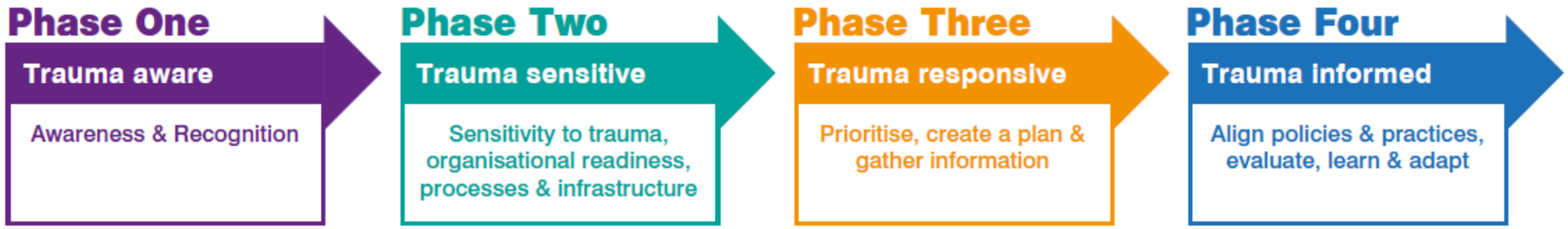
Becoming Trauma Informed

The implementation and application of the five principles of Trauma Informed Practice may vary differently across organisations and subsequently each organisation may be at difference stages of the process.

It is therefore useful to consider a phased approach to implementing Trauma Informed Practice:

Lancashire VRN Taking a TI approach- phased approach:



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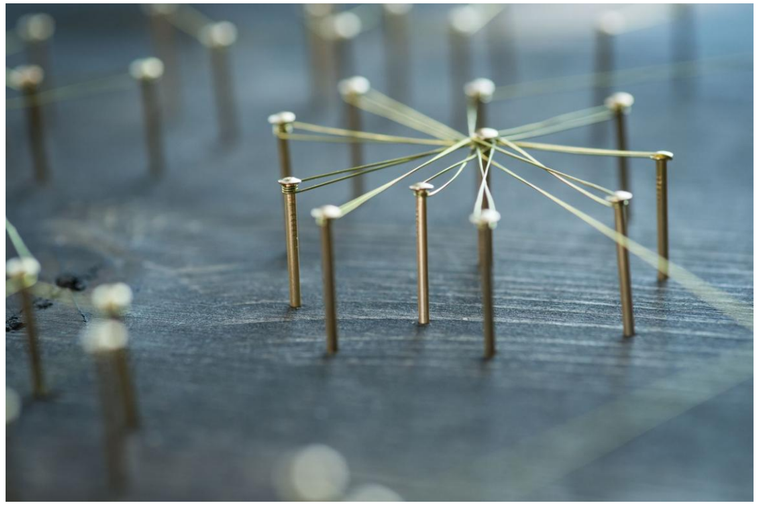
Blackburn with Darwen- A Trauma-Informed Borough

- In Blackburn with Darwen, a whole-system population approach using an ecological framework to addressing trauma has been developed.
- Building upon the borough's rich history into the research and development of trauma informed approaches, a 'stock take' of current policy and practice, training and support has been undertaken across multiple partners and settings to better understand the impact of trauma informed approaches on various strategies and programmes.
- This shared framework has been developed to enhance understanding of risk and resilience factors across the life-course, from pre-birth, through to childhood and adolescence and into adulthood.
- We recognise that until recently, this movement has been primarily profession-led, both locally and internationally.
- A shared citizen-led movement would bring the reality of a trauma-informed borough into the hands of local people and communities, helping to build a collective understanding of experiences, the impact on lifestyle behaviours and health outcomes and to enable a shared advocacy for system change.
- Activism at local level, alongside a national agenda, is needed to strengthen the response to trauma and we propose to bring about such local change across Blackburn with Darwen.



A Systems Resilience Framework

- Systems Resilience can be defined as a ‘whole-systems’ understanding of resilience to tackle health inequalities rather than narrowly focusing on the resilience of individuals, organisations, communities or systems in isolation.
- Resilience in this context is understood as the shared responsibility of the individual, the family, the community, services, settings and policy development and design.
- It is seen as a dynamic process that connects and utilises all the adaptive capacities available to a community and utilises a multi-dimensional approach to collectively support the recognition and prevention of trauma.
- As we strive towards becoming a Trauma Informed Borough in Blackburn with Darwen, we are working collaboratively with core partners and community voices across the system to understand our rich local history of recognising and responding to Adverse Childhood Experiences (ACEs) and trauma and to celebrate this as we move further along our journey.

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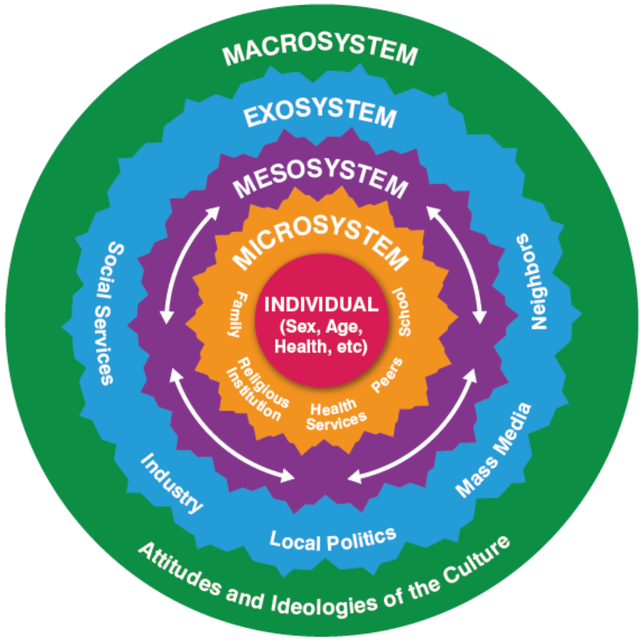
The Socio-Ecological Model

- Due to the pervasive and endemic characteristic of trauma, it is useful to utilise an ecological model as a theoretical framework to better understand the inter-connectivity across services and settings.
- The ecological model considers the complex interplay between individual, interpersonal, organisational, community and public policy. It allows us to understand the range of factors that put people at risk of being exposed to trauma, protect them from experiencing such adversity and to mitigate the impact.
- Developing a systems-resilient framework using the socio-ecological model enables all parts of the public and third sectors to take responsibility for their policies and practices for both service users and the workforce as we collectively strive to reduce the incidence and impact of trauma.
- Each level in the Socio Ecological Model can be thought of as a level of influence and also as a key point for prevention.
- The use of this model helps us to see how the different component parts within a system overlap, thereby demonstrating how factors at one level influence factors at another level, helping us to thread a shared vision across all facets of the system.
- Adopting such a model supports a coherent set of principles to guide trauma informed prevention and mitigation, align ACE principles alongside existing interventions, and become a mechanism for determining gaps in strategies to guide new service development.



The Socio-Ecological Model

The chart below demonstrates how the Socio Ecological Model may be used by multiple providers, settings and organisations to identify existing service provision and gaps in service.
(Adapted from the National Center for Injury Prevention and Control Violence Prevention Model):

Level of SEM	Examples of Strategies by level of influence
Individual	• School-based programmes that help pupils to develop social, emotional, and behavioural skills to build positive relationships • Parenting programmes • Appropriate training, reflection and supervision
Family/ Home/ Relationships with others	• Infant and maternal mental health support programmes • Conflict resolution • Family time/ play and learn
Community	• Community champions • Safe recreational areas for all • Neighbourhood/ community engagement • Social prescribers
Societal/ cultural/ policy	• Policy development (in schools, colleges, workplaces) • 5 ways to wellbeing • Strategic direction and governance

Developing Action Plans using Evidence Based Practice

There is a wealth of literature to draw upon as the trauma informed movement grows both nationally and internationally. A number of toolkits have been produced, and local initiative/programme evaluations have taken place as well as citizen's juries which have provided a rich evidence-based platform upon which core actions and activity can develop and grow.

In this section we have provided links to a number of good practice resources to support practitioners as well as network leads to identify their own current position on the trauma informed journey and to start to identify key areas for growth.

It is intended that the Managed Networks will develop their own set of actions, drawing upon the evidence and recommendations available and will work towards these in a collaborative and meaningful way. Where funding or strategic support is required, this will be communicated via the governance structure agreed within this framework.

There will also be a commitment from all settings and services in Blackburn with Darwen to work towards the following shared outputs:

1) For all staff within the service, department or organisation to receive Trauma Awareness training as part of mandatory staff training requirements
2) For the service, department or organisation to complete a self-assessment audit using the LVRN Organisational Development Tool (or other recognised assessment tool)
3) For the service, department or organisation to have identified internal actions required to work towards becoming trauma informed and to consider engaging with a recognised Quality Mark of good practice e.g. One Small Thing

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Resources

Recommendations:

Citizen's Jury: BwD Public Health in partnership with Healthy Living and Healthwatch Blackburn with Darwen have recently completed a citizen's inquiry to engage with community members with regards to approaching ACEs and building a set of recommendations for developing trauma informed communities.

Implementation Packs and Toolkits:

Young Person's Toolkit: In 2019 a guide was created by young people in BwD to inform adults on how young people would like to be approached and supported when discussing ACEs.

Routine Enquiry about Childhood Adversity (REaCH): A scoping study of the implementation of REaCH in different organisations, and implementation pack.

Evaluation and reports:

The EmBRACE model was evaluated in January 2021 and its Trauma Informed approach was found to create 'sustainable cultural change and asset-based capacity building over time' (Hibbin & Warin, 2021).

Public Health England: The effectiveness of trauma informed approaches to prevent adverse outcomes in mental health and wellbeing. A rapid review.

Early Intervention Foundation: Trauma-informed care - Understanding the use of trauma-informed approaches within children's social care

Other resources:

Gloucestershire Action on Aces have produced an extensive bank of resources, including links to websites, guidance, books and videos.

Little Book of Aces: Information for practitioners about what ACEs are, what their immediate effects are and how they can affect children both in the short-term and throughout their lives. Case studies are provided as well as different ways that have been developed to manage the effects of ACEs and to prevent them occurring in the first place.

ECLKC: Links to resources and guidance on trauma and healing in adults

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Case Studies

Blackburn with Darwen Strategy Group are building up a bank of Case Studies to support the Blackburn with Darwen Managed Network to effectively collaborate, share learning, manage knowledge and collectively build further evidence of impact. The trauma-informed journey has been captured so far through answering the reflection questions.

Case Study 1- Criminal Justice - Youth Justice Service

At BwD Youth Justice Service (YJS) we view ourselves to be a trauma responsive service given the definitions outlined in the framework, on our way to becoming trauma informed. This follows a journey that began with an understanding of ACEs across the workforce and starting to consider explicitly how this impacts the young people and families we work with.

This developed through receiving comprehensive trauma informed training via WrightLink and Child Psychologist, Andi Myles-Wright. In support of this we have arranged with the Child Psychologist from the Revive team to provide a level of supervision, via case consultations, on young people we have challenges engaging with. Through this arrangement with the Revive team we have also established a model for group supervision with all practitioners in the team to provide opportunity to reflect and explore experiences and to provide additional support to practitioners where needed. The full implementation of this is relatively recent and therefore in its infancy of becoming established, but has so far been well received.

We anecdotally recognise that the significant majority of the YJS caseload have experienced trauma of some description, most prevalent through issues of attachment, neglect and/or (exposure to) abuse. Such issues formulate part of our assessment process through our ASSET+ model and the case formulation model we have adopted since completing training. From this assessment we are able to identify methods of supporting to aid recovery relevant to the individual. The significant factors that have influenced our practice are the movement towards recognising Adverse Childhood Experiences (ACEs) within BwD and wider social work field, in particular the identification of ACEs within young people and adults within the criminal justice system. This enables criminal justice agencies to better understand behaviours from a different perspective.

We also have to consider the victims of crimes committed by the young people we work with, any trauma associated to the offence and having the right knowledge, understanding and expertise to work with this group. Thankfully, we have a very skilled, experienced and empathic Restorative Justice Worker with strong established links with resources able to support victims of crime, from a trauma perspective.

Consideration is also given to the workforce who deal with young people and families who have experienced trauma on a daily basis, so carry the risk of vicarious trauma, but also in dealing with offences, some of which can be harrowing and horrific. Through this practitioners can also be exposed to emotive and difficult situations. We have an established line management supervision process through which specialist support can be sought and as mentioned, we have developed reflective discussions for the team, creating a safe and facilitated environment to achieve this in.

Completing this exercise and reflecting on the journey has been helpful in realising where we have come from and where we still need to go. Reflecting a trauma informed approach within our policies is significant as this directly influences practice and the service delivered to young people and their families. This remains an area to be developed over time as we review policies.

Case Studies

Case Study 2- Vulnerable Groups

Our service has been on this journey for approximately 4 years. We have slowly worked through these stages very carefully to ensure an effective culture change in our service.

We are trauma informed as we make sure that our service meets service users where they are at, rather than expecting them to fit in to our service. We have fully invested in training all of our staff in psycho-social interventions and motivational interviewing to really cement our trauma informed approach when working with service users to ensure rapport building, trust and relationship building.

We have considered a psychologically informed environment in service that has included re-wording signage, creating a warm atmosphere where people can sit in comfy chairs and have nice warm drinks or soup.

To be truly trauma informed, this approach has to also apply to staff. We have changed our approach to supervision, managing HR issues and communication with our team. Our team have access to reflective practice and trauma informed practice is a standard agenda item on team meetings.

We assume that every person who walks through our door has experienced trauma at some level but we also recognise different levels of resilience. We have developed a psycho-educational programme where service users are educated on the impact of trauma.

This programme is followed by a resilience building programme to support service users build their own resilience in coping. Where people need psychological support for their trauma, we have a counselling offer in service.

Significant factors that have influenced our development include:

- Staff buy in
- Culture change
- Challenging the system
- Staff wellbeing
- Environment
- Tone of voice

When we initially implemented the psycho educational programme, we saw an increase in counselling referrals as a result. However, when people were assessed for the counselling offer, some were not suitable for the counselling offer, and it was identified that resilience building would be more appropriate.

In response we wrote a resilience building programme for people to access, which has been really successful in developing coping strategies to enhance resilience and therefore no re-traumatisation.

Case Studies

Case Study 3- Early Years

Understanding the impact of Adverse Childhood Experiences is the building block for supporting families. A strength-based approach is taken and the routine Adverse Childhood Experiences enquiry is undertaken with every family. Recovery support is included in family plans and assessments.

We have supported a 7-year-old child “AA” who had experienced emotional neglect and been exposed to mum being in a sexually abusive relationship from her current partner. She was unable to regulate her emotions and behaviour and had a feeling of low self- worth. She was supported to access the Helping Hands Course and felt that this helped her to understand her reasons for her behaviour and how to manage them. She was supported with tools to keep herself safe and be able to discuss her worries with her mum or a familiar adult. Mum was also offered some counselling support at the same time. The routine Adverse Childhood Experiences enquiry had been undertaken with the family, and this gave mum a better insight into what her child was experiencing.

Identifying Adverse Childhood Experiences is now incorporated into the Common Assessment Framework (CAF) assessment and is included in Conference reports and other relevant Child and Family assessments.
The voice of the child is regularly captured throughout intervention to identify any further support and intervention. Undertaking this enabled professionals to identify the most appropriate support for “AA”.

Good multi agency team working and offering the right intervention at the right time for families is key to reducing re-traumatisation. Good multi agency working enabled “AA” to receive support in school and enable her to have a key person to talk to. This also supported “AA’s” Helping Hands journey as I was able to liaise with mum, school and the social worker to update on the context of the sessions and how this may impact on “AA” as feels were brought to the surface. Adverse Childhood Experiences is embedded in the Early Help Offer and is not just solitary to us but is also embedded in the multi- agency approach. Staff are very trauma informed and this sets the base for all Early Interventions.

Case Studies

Case Study 4- Early Years

The prevalence of Adverse Childhood Experiences and work-related stress and trauma is supported in the workplace. Reflective and regular supervisions take place as well as case discussions.

I feel very Adverse Childhood Experience/Trauma informed - I worked for many years as a practioner within children's services and used the Adverse Childhood Experience enquiry with the families I worked with. These would include a conversation with adults asking them about any adversity they have experienced as a child. I received the appropriate training as a practitioner to have the skills and awareness of how to respond appropriately to the information in a person centered, trauma informed way. During my training I was made aware of how ACES have been found to have lifelong impacts on health and behaviour. When I began using the ACE enquiry, I found the adults were relieved to be able to talk about their childhood experiences and openly stated that this was often the first time that they had the opportunity to talk about their experiences in childhood and make the link with how these experiences have impacted on them growing up then becoming an adult and then becoming a parent.

In my current role I manage the Pre-Birth Team and Manage a practitioner who delivers the Recurrent Care offer During supervisions I guide staff to understand the importance of completing the ACE enquiry with each family at the beginning of the support package. It is very important that we identify the Trauma that our adults have experienced and that once ACES are shared, we ensure the right pathways are available for recovery. In Blackburn With Darwen I ensure that Counselling is offered to parents who have experienced adverse childhood experiences.

The significant factors that have influenced my practice and influenced my management advice have been when I have seen parents reflect on their childhood and linked alcohol and substance misuse in their adult life. I have worked with parents who have then accessed help for their alcohol and drugs misuse and have remained substance free after the realisation that they were using substances to black out and cope with adverse childhood experiences.

In Blackburn with Darwen I have a therapeutic programme called Think Family which is there to support families and promote resilience.

Case Studies

Case Study 5- Key Points Highlighted

Practitioners have been able to identify where on the journey they feel they are and at what stage, we have discussed training received and how clients they worked with felt relieved about understanding about ACEs

Approaches to policies and procedures have been applied which include: supervision; managing HR issues; communication with teams; communication with service users; reflective practice implemented; agenda item in team meetings; awareness of vicarious trauma

There is a focus on building relationships and developing trust and understanding ACEs – building block for supporting families. Our own model of support is used andworked with key practitioners within the service to develop practice further

Approaches have been implemented and cultural change has been well received by practitioners/organization

The training for service users includes Resilience Building Programmes in place to support service users develop their own resilience, ensure appropriate pathways for recovery and supervision for staff

Significant factors that have influenced the development of practice include staff buy in; cultural change; challenging the system; staff wellbeing; environment and tone of voice.

We have a multi-agency approach (identified other practitioners/agencies also working in a trauma-informed way) and the service has moved from being aware to trauma informed and responsive. There has also been a change in leadership approach and language and trauma responsive pathways (including less emphasis on enforcement)

Within our workforce we have greater awareness of personal experiences of workforce and impact of vicarious trauma through the cases they are involved with.

Case Studies

Case Study 5- Schools

School context: A smaller than average secondary school in the North of England where the proportion of disadvantaged pupils who attend is well above the national average (approx. 40% eligible for FSMs). The local context includes some of the most deprived wards in the region and also in England. Most pupils are of white British heritage and very few pupils speak English as an additional language.

Ofsted ratings prior to Emotionally and Brain Resilient to Adverse Childhood Experiences (EMBRACE): Requires improvement in all areas since 2012. The inspection undertaken in 2016 immediately preceding EmBRACE training reported in relation to personal development, behaviour and welfare:

- Behaviour being poor with pupils showing disrespect to teachers and negative attitudes to learning
- Attendance was too low with high rates of persistent absence

Timeline for EmBRACE: 2017 marked the start of the setting wokring with EmBRACE to implement a whole-school trauma-informed approach. After one year the school reported significant benefits in relation to attendance and inclusion during that time, particularly for disadvantaged pupils, and pupils with Special Educational Needs and Disabilities (SEND), that had been the main focus of the training intervention.

Attendance rates:
Whole school increase: +1.8%
Disadvantaged students: +2.4%
SEND: 3.3%

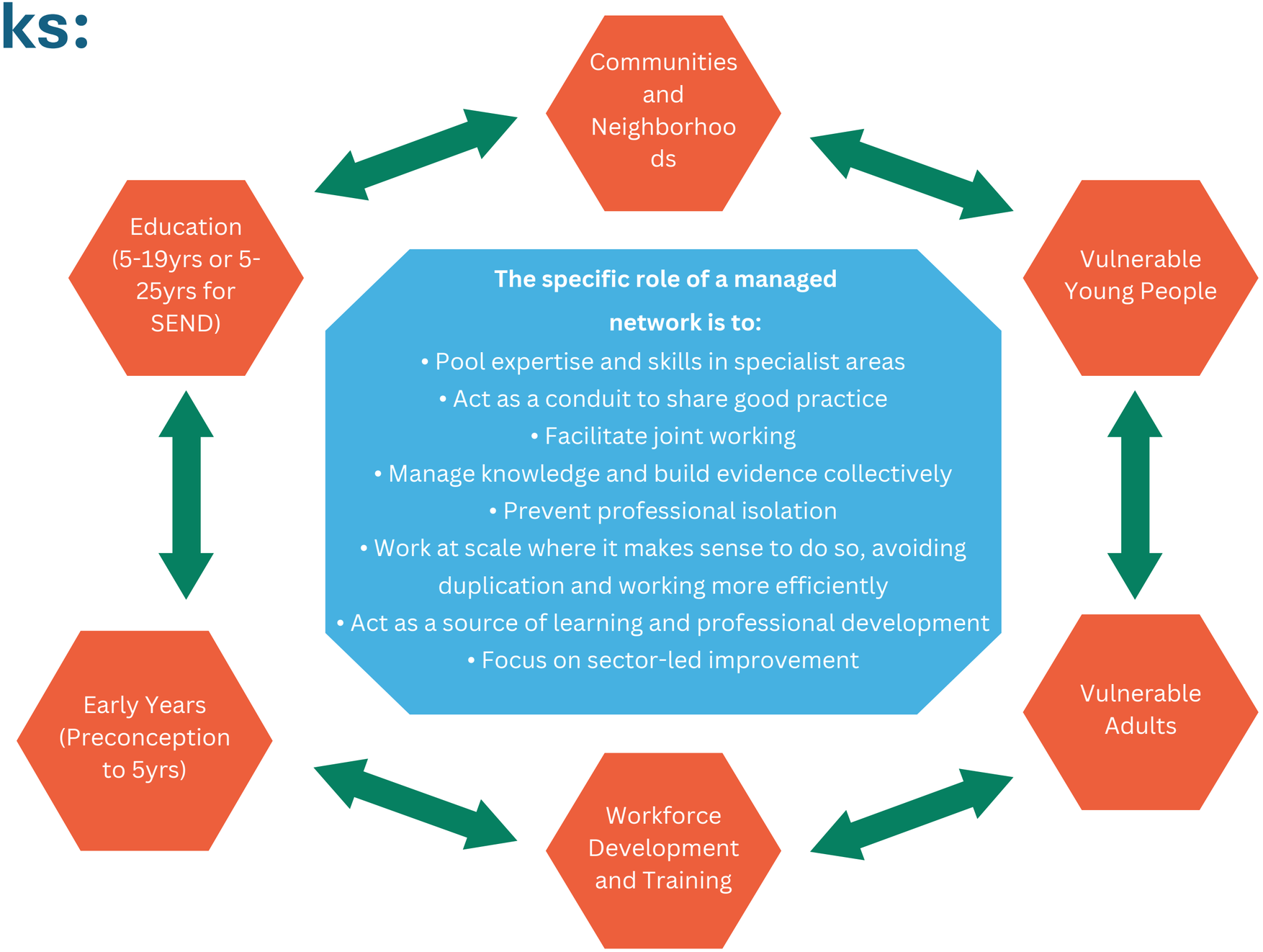
Exclusion rates: Proportion of pupils excluded for a fixed period

* notably, the school reported that between 2017 and 2018, the number of students permanently excluded from school halved.

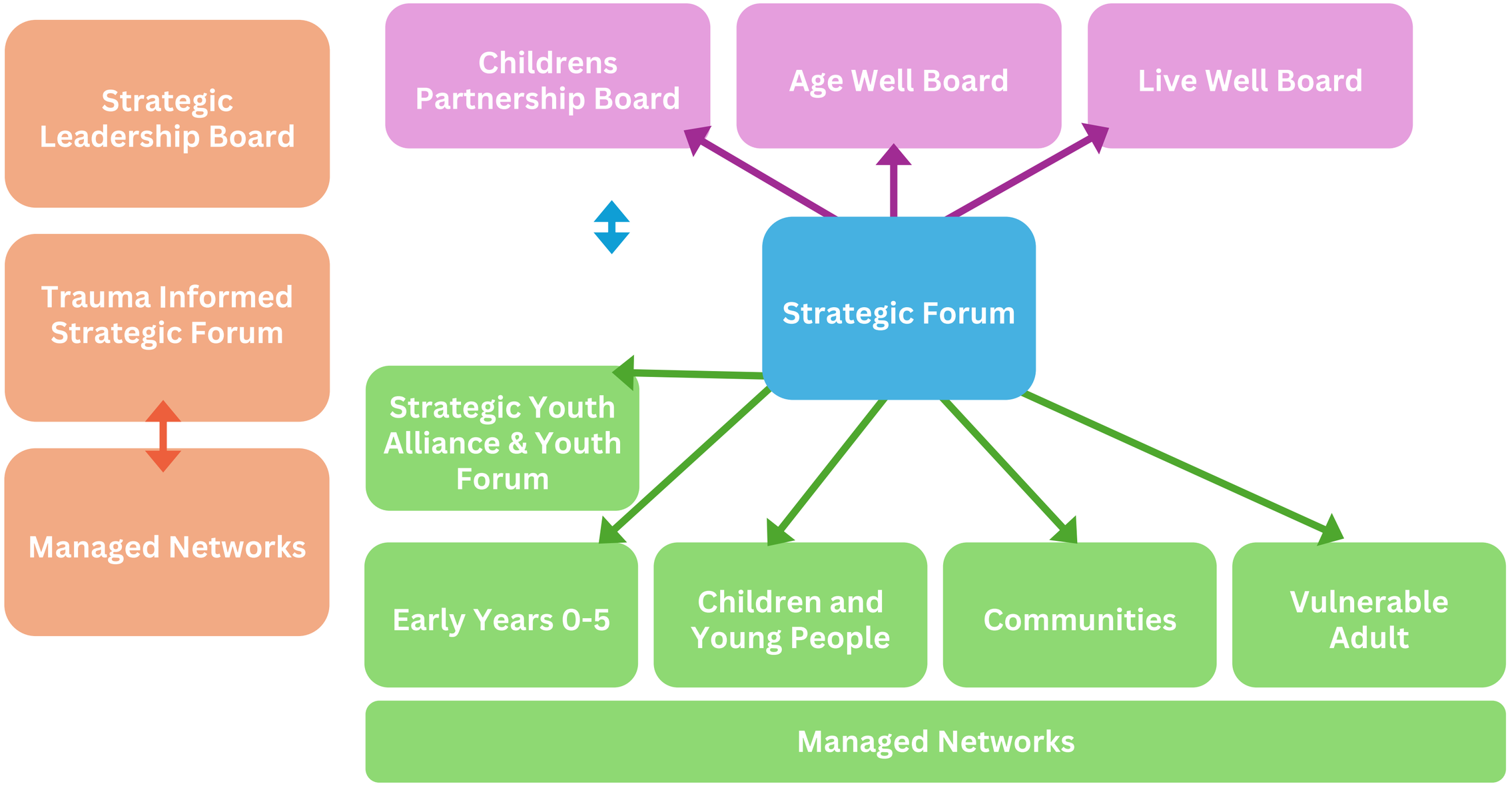
Ofsted: Personal Development, Behaviour and Welfare - inproved to “GOOD” rating from “requires Improvement”, with Ofsted reporting significant improvements in pupils’ behaviour, attendance and exclusions from school, showing respect from school, showing respect for teachers in calm, safe school environment where pupils benefit from highly effective pastoral support.

Cost-Benefits:
To the school: £91,740 in year 1 of EmBRACE/Trauma Informed Approaches representing a 3% reduction in spending. Anticipated future savings will reduce this by an additional £34,500

Networks:


Communities and Neighborhoods
Education (5-19yrs or 5-25yrs for SEND)
Vulnerable Young People
The specific role of a managed network is to:
• Pool expertise and skills in specialist areas
• Act as a conduit to share good practice
• Facilitate joint working
• Manage knowledge and build evidence collectively
• Prevent professional isolation
• Work at scale where it makes sense to do so, avoiding duplication and working more efficiently
• Act as a source of learning and professional development
• Focus on sector-led improvement
Early Years (Preconception to 5yrs)
Vulnerable Adults
Workforce Development and Training

Governance:


Strategic Leadership Board
Trauma Informed Strategic Forum
Managed Networks
Childrens Partnership Board
Age Well Board
Live Well Board
Strategic Forum
Strategic Youth Alliance & Youth Forum
Early Years 0-5
Children and Young People
Communities
Vulnerable Adult
Managed Networks