



## **APPENDIX A**

Adopting a whole-system approach

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## Appendix A: Adopting a whole-system approach

The benefits of multiple agencies all pursuing trauma-informed approaches in tandem were raised by many interviewees. This section summarises the feedback of interviewees across all four sectors and further sets out a series of case studies.

These benefits will only be fully realised if committed, tangible and genuine multi-agency working is present. The case studies below demonstrate how co-operative attitudes, reciprocal agreements, shared understanding and methodologies, and effective information-sharing partnerships, among other things, can all contribute towards this.

### The benefits of a multi-agency approach

- » **Consistent practice:** Different services approach users with the same mindset and practice, providing them with the confidence that they will receive compassionate support at each stage and multiple opportunities to open up about traumas.
- » **Consistent language:** Trauma-informed terms (eg ACEs) provide a consistent language that is accessible to everyone, both staff and users.
- » **Greater scope for information-gathering:** Users are likely to disclose more to staff where there are stronger relationships which, when possible, could be shared with other agencies.
- » **Greater scope for collaboration:** For example, teachers and social workers both supporting a child in a trauma-informed manner as they go into care. Cross-sector trauma-informed projects can also strengthen partnership working and managerial links across sectors.
- » **Success in one service has an impact on others:** Improvements in users' mental well-being at any stage benefits their experience with other services too.
- » **Promotes shared responsibility for social issues:** And provides everyone with a unifying framework through which to achieve this.
- » **Enables services to learn from one another:** This includes learning from each other's experience of becoming trauma-informed.
- » **Enhances attempts to prevent, mitigate and resolve issues:** Implementation by multiple agencies increases the overall impact, while also building momentum in an area.

### Case study: Scotland's National Trauma Training Framework: Embedding practice across a nation

Following commitments to tackle ACEs and develop trauma-informed services, the Scottish Government commissioned work in 2016 led by Dr Sandra Ferguson's team at NHS Education for Scotland (NES) Psychology Directorate. This is now aligned to the ambition in the last three annual Programmes for Government for a trauma-informed and -responsive workforce for Scotland. Their current funding runs until 2023 (though this may be extended as previous ones were).

The programme began with the creation of the Knowledge and Skills Framework (2016-17). Underpinned by a literature review, survey with services and trainers, and qualitative research with those affected by trauma, this details what is needed to operate effectively at whatever type of practice is best-suited to each role: trauma-informed (baseline knowledge), trauma-skilled (working with those who may be affected by trauma), trauma-enhanced (providing support and/or working with those known to be affected by trauma) or trauma-specialist (working with complex difficulties linked to trauma). The framework can be used by external training providers and higher education institutes too. This was followed by the Trauma Training Plan (2019), which details how each service can identify their own training needs, develop or commission training to meet them, identify appropriate trainers and translate training into practice. This also recognises that training, albeit necessary, is not sufficient to implement trauma-informed and trauma-responsive approaches in diverse settings.

The NES team has trained thousands of practitioners, including staff in courts, maternity wards and police forces, among others. For trauma-informed and trauma-skilled workforces, online resources have been developed, including animations, e-modules and interactive videos; four “deep dive” thematic workshops have been held; and high-volume awareness and delivery events called ‘local roadshows’ have been delivered. A summary of available resources is available [here](#). At the enhanced and specialist levels, a series of trainings have been developed and delivered. The NES team also co-produce training approaches and frameworks with key workforces, including with the NES Forensic Medical Examiners Training and the Joint Investigative Interviews. A further project began in 2019 and involved three pilot sites (Argyll and Bute, Glasgow and Midlothian) testing how best to implement trauma training delivery for priority frontline workers in their areas.

When the NES team gets funding for specific pieces of work, they deliver it. But their long-term plan mostly hinges on a team of Transforming Psychological Trauma Implementation Coordinators (TPTIC), hired across 14 health boards to support all services within their jurisdictions, including through delivering training (including train-the-trainer), supporting services to do so themselves, and evaluating existing provision and need. The number of days allocated per health board varies, with Dr Ferguson estimating a total of three to four full-time equivalent post altogether. Her team meets with TPTICs once a quarter for training, alongside providing a central point for networking and advice.

The team has worked with the Convention of Scottish Local Authorities (COSLA) to roll out Scottish Trauma Informed Leadership Training (STILT) to senior leaders and to request that each organisation identify in-house “trauma champions”. This has led to the creation of ‘champion’ networks. Overall governance for the project sits with the National Steering Group on Trauma Training, led by Deputy First Minister John Swinney, with senior representatives from key sectors – including health and social care, social work, housing, justice, education, police and the third sector – as well as people with lived experience and trauma specialists. A separate National Reference and Implementation Group, which contains service workers and people with lived experience, provides feedback on resources and processes to ensure they will work in practice. Results: Between March 2018 and September 2021, the NES central team and TPTICs trained an estimated 16,030 people. Some of the numbers trained by TPTICs are estimates, and progress was slowed in 2020 by the pandemic. Online resources had been viewed over 110,000 times as of 30<sup>th</sup> September 2021, including views from non-Scottish locations. Despite disruptions during the pandemic, key learning was gained from the local delivery sites, including how organisational

change would likely take upwards of two years per service, and even longer across multiple organisations simultaneously. They also reinforced findings from a recent review which found that senior leadership commitment, sufficient staff support, amplifying the voices of people with lived experience, aligning policy and programming with trauma-informed principles and using data to help motivate change are all key to implementing trauma-informed care.

Recommendations: Leadership buy-in is key, so invest training and resources at that level. Consider early on how to secure input from those with lived experience. See different trauma-informed practice levels in terms of tiers in order to understand how different needs can be met. Next steps: Saying her team have a long way to go before achieving their ultimate goals, Dr Ferguson said next steps include implementing training on an even greater scale; evaluating the impact of processes; seeking ways to improve their mechanisms for securing input from people with lived experience, as well as how to enable organisations to do the same internally; and a new Knowledge and Skills Framework which reflects the particular needs of the workforce involved in the delivery of justice.

### **Case study: Running a trauma-informed pilot project across multiple sectors (Bridgend, Wales)**

With a national 'ACE Hub', a supportive devolved Government and a public health body that is consistently producing new research on the field, Wales has seen an emergence of trauma-informed activity in recent years. This national transformation-in-progress has many roots, but one multi-sector project in particular has played an outsized role in helping to catalyse activity across the board.

Financed by the Home Office's Police Innovation Fund, the project not only provided funding to train neighbourhood policing teams in Bridgend to be ACE-informed, but also resourced equivalent pilots in schools and housing teams in the area too. It aimed to create a shared agenda among the sectors as to how they understood, identified and responded to vulnerability. When detailing one of its main objectives which focused on preventing the roots of crime, a project evaluation said that partnership working is "a key factor in ensuring those experiencing ACEs are supported effectively."

Though the project's focus was split across multiple sectors, this did not restrict either from approaching it according to their specific needs. Using the housing element as an example, a Wales-wide online survey was initially carried out to explore what approaches the sector was already taking to support people with ACEs and how it could work differently, whereas a literature review aimed at identifying whether trauma-informed approaches to homelessness had already been undertaken was also conducted. However, this tailored approach did not conflict with the project's wider collaborative aims: for instance, one of the main aims of the training was for attendees to explore how to improve partnership working with other agencies.

The pilot, whose different elements were all evaluated both individually and collectively, went on to have a significant impact across all 3 sectors. Either directly or indirectly, it:

- » Police: Influenced the establishment of the £6.8m Early Action Together trauma-informed programme which has brought the country's 4 police forces together with Public Health Wales and criminal justice partners;
- » Education: Was the catalyst for much of the trauma-informed schools work across Wales, according to Sian Griffiths, Education Sector Lead at the Wales ACE Hub, who said the lessons learnt and model used influenced her work spreading ACE-awareness and trauma-informed practice nationwide;
- » Housing: Was also the catalyst for much of the ACEs work in the Welsh housing sector,

according to Samantha Howells who helped to develop and deliver the housing training in Bridgend, including one project which saw training provided to more than 1,750 sector staff.

### **Case study: Schools and police collaborating to support students undergoing adversity (Operation Encompass)**

Founded by a police officer and headteacher married couple, the award-winning programme Operation Encompass (OE) is an early information sharing partnership between police and schools. After officers have attended an incident on domestic abuse (DA) where there are children present, police share information with the relevant school's Key Adult (e.g. Designated Safeguarding Lead) prior to the start of the next school day. This information then enables the school to pre-empt any challenging or vulnerable behaviour the child may later display, offering appropriate support in advance dependent on the child's needs and wishes.

Using the example of Devon and Cornwall Police – who had the 11th highest number of domestic abuse-related offences of all English and Welsh forces in 2017/18 – co-founder Elisabeth Carney-Howarth said that the central safeguarding team would arrive at 7am to run off a list of all identified incidents involving children, at which point they would immediately begin making calls to schools (other forces may send an email to a secure account). Calls are always completed by 8:30am and most often earlier, as the number of incidents in that area can range widely.

Within the force, an officer is appointed as police lead to oversee the programme's implementation and identify the most effective method of communicating with schools. The force briefs schools' Key Adults to ensure any highly confidential information is treated with appropriate care and sensitivity in line with other child protection and safeguarding information, while also providing a letter template they can use to inform parents of their involvement. All frontline officers are trained to understand the programme's purpose, when to apply it and how to do so.

Though it does not aim to create trauma-informed police forces or schools, OE's training does provide an introduction to trauma and its long-term impact for many frontline workers. According to Carney-Howarth, it has also helped most partner forces move on from the notion that in DA instances, the only people seen as victims are adults, with children not viewed as part of the incident. She said prior to the programme's onset, some forces were not accustomed to checking if children involved were safe and well. This is particularly important in such incidents as US research shows that 86% of people who witness their mother being treated violently as a child also experience at least 1 other ACE.

The programme can also play a supportive role in a wider trauma-informed transformation. Alongside providing a means to intervene early before the student's reactive behaviour potentially gets them into trouble at school, it also enables schools to provide the kind of support and comfort that can mitigate the potentially traumatising impact of such incidents, decreasing the chances of long-term damage (dependent on circumstances).

### **Case study: Implementing trauma-informed practice across multiple sectors (Harpurhey ACEs pilot)**

Harpurhey is a deprived inner-city area of North Manchester with a strong community support offer and where a number of key services are based. It faces a number of challenges, including with poverty, social isolation, health outcomes, school readiness, homelessness and worklessness. A 12-month pilot project began in August 2019 to provide trauma-informed training to range of statutory and voluntary sector services.

The aim was to assess whether the approach improved the effectiveness of interventions and achieved better outcomes for residents. In this, it was successful: for instance, Oasis Academy Harpur Mount Primary School managed to reduce fixed-term exclusions by 89% in one year, from 43 to five. Children's social services also reduced the time it took for over 90% of cases to reach their desired outcome compared with other teams' cases by conducting trauma-informed assessments prior to their visit.

The project also led to each of those involved having a greater awareness of opportunities for collaboration. For instance, a boy at the aforementioned primary school wasn't able to attend school trips due to a tendency to run and escape over fences. The school used links with a youth zone involved in the pilot to send him rock climbing once a week.

The pilot's success has led to this approach being extended into all 13 neighbourhoods across the city, with projects being initiated in four to five areas per year over the next three years. An agreed partnership funding model is in place, with contributions from public health, children's services and adult social care. Two steering groups in the North and South of the city oversee the programme and both report to the Manchester Safeguarding Partnership Board.

Training for the next stages is being delivered on a multi-agency, sectoral and individual provider basis by programme lead Gareth Nixon, a social work consultant, and a local charity. Many elected members have shown an interest in the training and some are participating. Other approaches are also being used to raise awareness and skill levels, for instance a series of mandatory engagement events for GPs through the Primary Care standards.

### **Case study: Taking a community-orientated approach to being trauma-informed (Millbrook Primary School, Newport)**

Millbrook Primary School is built on the concept that to educate students you need to look at the "whole child, whole family, whole community and all the barriers", in the words of long-standing headteacher Lindsey Watkins. Throughout this community-orientated approach, trauma-informed thinking is prevalent. For instance, Lindsey said that partnership working is all about relationships, where constant negotiation is necessary and open and honest dialogue is key. She said that reciprocal agreements stand a greater chance of being sustainable as "partners have to have a shared vision as to what we want to achieve."

This friendly, co-operative attitude applies on-site too. Other agencies work in a "community block" in return for contributions towards running costs, including policing, social services,

health and other staff who hot desk from the school. Professional training also takes place in this block. Not only does this lead to a communal multi-agency atmosphere where everyone is seen as part of the same team, but it means that people “don’t need to make an appointment, they can just pop in.” It also enables the school to build relationships with families before their child even joins.

The range of services on-site ensures that a whole-life, whole-family trauma-informed approach can be better co-ordinated from one location. For instance, the site’s family room plays host to, among other things, family mental health support, emotional literacy support and “Brainology” lessons for young children. The same applies to services that are focused on non-psychological factors that can also contribute to a family’s adverse circumstances, e.g. a partnership with Newport Credit Union and a foodbank.

### **Case study: Implementing a trauma-informed programme across multiple sectors (Nottinghamshire routine enquiry pilot)**

Nottinghamshire County Council (NCC) is implementing a pilot of the Routine Enquiry into Adversity in Childhood (REACH) programme that encompasses up to 900 staff across services that span criminal justice, substance misuse, early help family services, 0-19 services, the voluntary sector and more. The project demonstrates how a trauma-informed programme can act as a common methodology and philosophy across multiple sectors to support targeted enquiry into childhood adversity.

The programme’s training has been adapted to how each service is configured to ensure that it is fit for purpose and includes extensive consultation with services. This includes a readiness process for services to consider, for example, where a youth service may choose to target recipients on the basis of relevant conversations they have with their service users, as opposed to the universal approach a health visiting team may implement during antenatal checks.

Ann Berry, Public Health Commissioning Manager at NCC and the project’s manager, used social proscripting as an example to highlight how the REACH programme can have an effect on service users. Routine enquiry can enable staff to gather new information from, and build a more trusting relationship with, their recipients. Both can assist them when, for instance, suggesting the most appropriate activity for these recipients to explore on the Notts Help Yourself directory.

When multiple services are doing this simultaneously, it enables a regular flow of users to activities and services that are not only best-suited to their needs, but whose staff have also received training to understand the implications of any adversities they may have recently divulged. The fact that whatever they end up doing may itself help build their emotional resilience – for instance, by widening their social circle after joining an interest group – and therefore go some way to countering the long-term impact of said adversities demonstrates how these cross-sector connections can thread together to benefit the same ultimate goal.

The same applies to the way in which the trauma-informed mindset staff gain through their training and later application can provide a common philosophy that leads to the same end result even during instances where routine enquiry isn’t being performed. Berry gave the example of a police officer who befriends a young person while on the beat, later notices they are out drinking with others and, instead of solely enforcing the law as a more punitive approach may compel them to do, asks themselves why they are out there and what else they could be doing that might be more beneficial to them. This instinct may lead them to have a conversation with the individual that later results in one of the social proscripting outcomes detailed above.