GUIDANCE FOR THE POLICING SECTOR

Creating ACE-informed places: Promoting a whole systems approach to tackling adverse childhood experiences in local communities

ADPH AND WAVE TRUST WORKED IN PARTNERSHIP TO DELIVER THIS REPORT, WITH AIDAN PHILLIPS OF WAVE TRUST CARRYING OUT THE RESEARCH AND INTERVIEWS

CASE STUDIES

SCOTTISH VIOLENCE REDUCTION UNIT (SVRU)
LANCASHIRE VIOLENCE REDUCTION UNIT (LVRU)
SOUTH WALES POLICE (SWP): COLLABORATING BETTER WITH PARTNER SERVICES
PUBLIC PROTECTION BRANCH (PPB), POLICE SERVICE OF NORTHERN IRELAND (PSNI): SUPPORTING STAFF

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INTRODUCTION

The police have faced an increase in demand to respond to complex welfare, public safety and vulnerability issues. They are well-positioned within communities to identify trauma in vulnerable children and families, intervene in order to build resilience and break the generational cycle, and pass on more informed referrals to partners. By looking through a trauma lens, recognising the signs and symptoms and realising the widespread impact it can have on an individual's life, police officers can develop a better understanding of the root causes of behaviour and promote protective factors.

The purpose of this briefing is to explore how trauma-informed approaches have already been put into practice across the UK, share learning and reflections on the guiding principles for implementing such approaches, and provide good practice examples.

ABOUT THIS PROJECT

The purpose of this project is to explore how trauma-informed approaches have been put into practice within the UK across four different sectors: education, health, housing and policing. This briefing is focused on policing and is intended to support leaders and practitioners nationally and locally concerned with improving outcomes for children and their families who are at greater risk of experiencing physical or emotional harm and/or poor outcomes because of one or more factors in their lives. This briefing is specifically aimed at those who are relatively new to trauma-informed practice.

A total of 72 senior practitioners with experience of implementing trauma-informed practice have contributed to our briefings across all four sectors (see Appendix B for a full list). Through these conversations, we have gathered a range of insights into what good trauma-informed approaches and results look like. In Appendix A, we cover the benefits of a multi-agency approach and cite case studies of where this has been achieved successfully.

Feedback from interviewees and the outcomes we have seen across all four sectors indicate that trauma-informed approaches could have a profound impact on society when applied as part of a whole-system effort to tackle Adverse Childhood Experiences by engaging services across the life course. We hope this series inspires further interest in this area and that more services witness the levels of success our interviewees have achieved.

Understanding Trauma and ACEs

We all face emotionally challenging situations during our childhood and adolescence. It is a normal part of growing up. However, many children grow up in environments – or have experiences – that go beyond this and can have a traumatic and long-lasting impact on their development, health and life chances. All of us will know someone who has been affected by trauma.

The term Adverse Childhood Experiences (ACEs) was popularised following a landmark research study conducted by Kaiser Permanente and the Centres for Disease Control and Prevention between 1995 and 1997[1]. The study referred to a specific set of adverse experiences in childhood, which included various forms of abuse, neglect, witnessing or otherwise experiencing violence, having one's parents separate and living with parents who are affected by mental illness or addiction.

The ten markers of adversity identified in the original study were deliberately limited to direct harm and factors within the home. They therefore do not capture all forms of adversity experienced in childhood that might be expected to have a similar long-term impact on outcomes. Such circumstances include poverty, discrimination and prejudice, bereavement, bullying, community violence and gang membership. In addition to increasing the risk of ACEs, these negative circumstances contribute to poor outcomes independently of the original ten ACEs[2].

For the purpose of this briefing, the term 'ACEs' will be used to refer to the specific childhood events outlined in the original CDC-Kaiser Permanente study, while the term 'adversity' will be used more broadly to refer to potentially harmful experiences.

> "The concept of ACEs must not limit the conversation to the 10 experiences but open the door to discussions about all kinds of childhood adversity and their impact."

TRAUMA

Trauma occurs when an incident, series of incidents or persistent environment leaves a person feeling so threatened or overwhelmed it leaves a long-lasting impact.

Adverse Childhood Experinces (ACEs)

Highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity.

What kind of experiences are adverse?

Childhood adversity directly affects the young person and their environment, and can require significant social, emotional, neurobiological, psychological and/or behavioural adaptation.

The impact of trauma can span from childhood to adulthood, disrupting cognitive, social, emotional and behavioural development. Repeated exposure to traumatic experiences can result in toxic stress, a prolonged activation of stress responses in the body that can cause excessive physical and behavioural reactions[3]. Experiencing adversity in childhood can also create hyperarousal, which adversely changes a young person's ability to regulate their emotions[45]. Trauma overwhelms a person's resources for coping and impacts upon the person's sense of safety, ability to self-regulate, sense of self, perception of control and interpersonal relationships.

Being exposed to ACEs in childhood can increase the risk of developing health-harming behaviours including smoking, problematic alcohol use and illicit drug use[67]. 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) and ultimately early death[89]. Adverse experiences in childhood are also associated with negative social outcomes, such as low levels of education, poor employment prospects, deprivation and involvement in antisocial and criminal behaviour.[1011]

Adaptions are children and young people's attempts to:

1. **Survive** in their immediate environment (including family, peer group, schools and local community)

2. **Establish** a sense of control or safety

3. **Find** ways of mitigating or tolerating the adversity by using the environmental, social and psychological resources available to them

4. **Make** sense of their experiences

Why the police should adopt a trauma-informed approach

The police are an essential part of a system-wide response to trauma across the life course. They are well-positioned within communities to identify trauma vulnerable children and families, and intervene in order to build resilience and break the generational cycle, and pass on more informed referrals to partners.

Reading this graphic

x1 **Risk factors in circles** are calculated in comparison to people with no ACEs

Source: Public Health Wales, Adverse Childhood Experiences: Breaking the Generational Cycle of Crime (Ford et al, 2017)

However, not all children who experience trauma will have negative outcomes.
Whether adverse experiences lead to trauma is dependent on a range of factors wedded to the context of the situation, including how vulnerable the person perceives themselves to be at the time, whether they felt supported by others during the incident or aftermath, and how much control they believed they had over the proceedings.

One factor that plays a large part in the prevention of trauma, as well as the mitigation of its impact and a person's ability to heal from it, is emotional resilience. This describes a collection of qualities that enable a person to feel they are capable, in control and deserving regardless of what life throws at them. Like trauma, resilience is developed through life experiences, and is influenced by the support available to that person.

Throughout the life course, individuals can be supported and empowered to build resilience and develop the skills and attributes needed to face the challenges in front of them. Resilience can be enhanced by promoting protective factors including having a caring and supportive relationship with at least one adult, belonging to a united group or community, having the opportunity for work or activity that offers a sense of purpose, and having the skills to regulate your emotions and behaviours in order to overcome stressful circumstances.

Resilience is a dynamic process, rather than a fixed trait. It can increase or decrease depending on how available these resilience assets are in someone's current context. An individual is never too old to strengthen their emotional resilience.

What are trauma-informed approaches?

To be trauma-informed is for a person to learn how trauma can be at the root of behaviour and to bring this understanding to the forefront of their work every day, conducting themselves in a manner that enables those who have experienced trauma to cope as best as possible with its impact. The thinking is often summarised as switching from saying "What's wrong with you?" to asking, "What happened to you?" Supporting staff wellbeing is also an essential part of embedding trauma-informed practice. This involves recognising that staff may have their own trauma and/or experience vicarious trauma through working with those affected by trauma.

Various terms are sometimes used to describe the degree to which a person has been trained in this approach. For instance, Scotland's National Trauma Training Framework begins with trauma-informed and escalates to trauma-skilled, trauma-enhanced and trauma-specialist. Terms such as trauma-aware are also sometimes used as a tier below trauma-informed. This briefing is largely focused on non-specialist practitioners who are trained to a trauma-informed level, though we will refer to lower or higher levels where relevant.

The US Substance Abuse and Mental Health Services Administration (SAMHSA) provides a useful overview of what it means to be trauma-informed.

It advises that you follow the four R's:

- Realise the widespread impact of trauma and understand potential paths for recovery
- Recognise the signs and symptoms of trauma in clients, families, staff and others involved with the system
- Respond by fully integrating knowledge about trauma into policies, procedures and practices;
- seek to actively resist re-traumatisation of both service users and staff

What are trauma informed approaches?

As many of this project's interviewees also advised, SAMHSA's framework recommends implementing this across the entirety of a service, including the following domains:

- **Governance, management and leadership** – the culture of an organisation and how leadership supports the adoption of a trauma-informed approach (eg by modelling it themselves)
- **Policy** –the written policies and protocols that can implement the recognition of trauma and promote recovery and wellbeing
- **Physical environment** – the creation of a physical environment which promotes a sense of safety amongst service users and staff and promotes collaboration
- **Engagement and involvement** – transparency and trust built with service users, as well as acknowledging the expertise of those with lived experience
- **Cross-sector collaboration** – strengthening connections with community providers and referral pathways
- **Screening, assessment, treatment services** – treatment plans which give power and choice to the service user and minimise feelings of shame and fear
- **Training and workforce development** – supporting staff emotionally (eg through peer support and supervision) as well as training and educating them on the impact of trauma and safe strategies to address it
- **Progress monitoring and quality assurance** – actively processing feedback from staff and service users and ensuring mechanisms for monitoring quality are in place
- **Financing** - appropriate funding for trauma-informed approaches (eg staff training on trauma and the establishment of peer support) and the creating of a safe environment
- **Evaluation** – appropriate methods of measuring/assessing the success of implementing trauma-informed approaches

SAMHSA's framework includes six principles for trauma-informed practice which encompass the following:

1. Safety
2. Trustworthiness & transparency
3. Peer support
4. Collaboration & mutuality
5. Empowerment, voice and choice
6. Understanding cultural, historical & gender issues

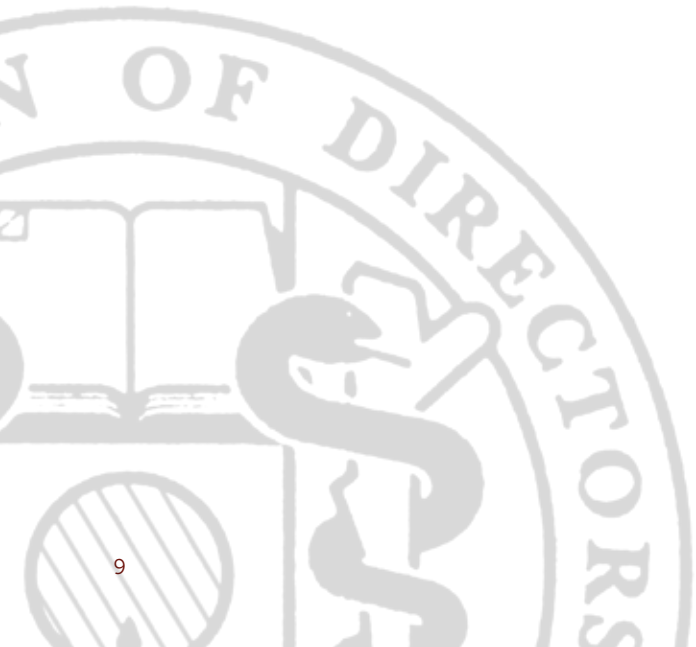
Though other frameworks don't contradict these, they sometimes add in, or exchange these for other complementary options, for instance practising care holistically, showing respect, being strengths-based, showing compassion and the importance of relationship-building, among others. Collectively, these principles can lead anyone to live a healthier, happier life regardless of whether they have experienced trauma, though the impact can be particularly beneficial for those who have.

Understanding trauma and vulnerability in a policing context

The past decade has seen the changing role of the police across the UK, from preventing and responding to crime, to responding to issues of vulnerability and public welfare.

A significant amount of police time is taken up dealing with mental health for example. Estimates suggest that 20-40% of police officers' time is spent dealing with incidents involving people with mental health problems[12]. The College of Policing demand research further identified that 84% of calls to the police were non-crime related, but instead were related to complex social needs or vulnerability[13]. Public Health Wales has made similar estimates[14].

The increased awareness of childhood adversity and the importance of a trauma-informed response is supporting policing to better understand demand as a manifestation of vulnerability and to plan both response and prevention. Understanding and influencing the 'causes of the causes' gives policing an opportunity to reduce need and demand from the public and promote positive outcomes.



Putting trauma informed approaches into practice

We interviewed professionals working in a range of policing and other criminal justice roles to find out what putting trauma-informed approaches into practice means to them. The key messages are summarised below. They are not listed in any particular order.

KEY MESSAGE 1:

Build relationships with members of the public in non- crime-related settings to project a more compassionate image and improve the force's relationship with the local community. This includes applying an understanding of trauma to withhold negative assumptions about people you might have previously dismissed and creating opportunities to engage with them in contexts where their wider vulnerabilities can be taken into account.

Ditch negative assumptions and stereotypes when engaging with the public: Such impressions can deter you from enquiring into the true nature of matters, which itself can project a more positive image of police in the area. For instance, one interviewee cited an estate where, despite initially holding negative assumptions of those that live there, he saw a different side to the residents after attending the community hub and asking about their personal lives, not just crime-related matters. For instance, one woman he might have previously dismissed without engaging with turned out to be helping her friend to leave a violent, controlling partner after having endured the same herself. As a sign of how distinct his more open-minded approach was from residents' impression of the police, this woman initially assumed he had left the force.

Create opportunities to build and strengthen relationships with the wider community: This involves going beyond a "process-driven" mindset and thinking about how you can approach situations in a manner that will enable you to leave a more positive impression than you might have otherwise achieved. For instance, you could allow an early help officer to join you on an appropriate house visit, shifting from what may have been an intimidating impression, to one that projects a level of understanding that the person you are dealing with is likely to be vulnerable to some degree.

Conduct work within a public space where possible: The nature of the job means this is not always feasible, though where it is, this approach can enable stronger community relations on a personal level and improve the force's public image. Innovative approaches can help ensure this does not conflict with standard duties, for instance by conducting online work while sat in a local café rather than returning to the station, enabling members of the public to approach you more easily with questions and concerns. Over time, this can lead to people reacting more positively to the presence of the police.

Where appropriate, engage on an emotional level: This involves going beyond getting to know someone and actually trying to connect through displays of empathy. One interviewee in youth offending said that conveying the notion "I believe in you" can also have a powerful effect on how a person engages with you from thereon. This is not to say act unprofessionally, but simply be professional "with heart and humanity", as one interviewee put it.

KEY MESSAGE 2:

Build a habit whereby whenever you are faced with challenging behaviour from a person, especially if it happens consistently, you ask yourself what the root cause of it might be before reacting. This includes considering the potential for past and present adversities and the trauma they might have experienced or be experiencing. Aim for a solution that would be successful in terms of its wider impact on society and that person's life, not solely in terms of enforcing the law in that moment.

Learn the science behind root causes: Having an understanding of the science behind trauma and other root causes, as well as how past life experiences and present outcomes can be connected, can enable officers to join the dots between what may otherwise seem like unrelated pieces of information. This is not about diagnosing the people they work with, but simply have a greater understanding of what may be driving their behaviour.

Ask yourself what may be behind peoples' behaviour: This involves building a habit whereby whenever you encounter challenging behaviour, you ask yourself whether there might be deeper causes and emotional issues behind it. Challenging behaviour should often be viewed as a communication of underlying need. It involves discarding the idea that some people are destined to cause trouble and considering what could be done in each moment that may prevent further incidents occurring.

Work in a bespoke way with each individual: How you work with each person should be influenced by the specific root causes, context and concerns that are unearthed in the course of learning their back story. Listening to peoples' aspirations and getting on their level can be key towards tailoring an approach that works for them, as is building a relationship which will make them more likely to cooperate with it. For instance, one interviewee in youth offending described how a colleague once managed to make a young man "come alive" by talking with him about drill music.

Consider success in terms of the wider impact on society and a person's life: For instance, one interviewee recalled a teenage girl who would get searched by police at every given opportunity, arrested whenever possible (eg for a small amount of cannabis) and, on at least one occasion, locked up over the weekend. Not wanting to be searched in front of family and friends, she avoided the town centre and later school. To some, her being kicked out of the former was a success. Yet as she grew frustrated by this and services ignoring her whenever she opened up about home issues, leading her behaviour to escalate into truanting, drug-taking, drinking and espousing a hatred of the police, he questioned whether it really was. Being trauma-informed often involves asking what the wider impact of your actions are and whether there is a better solution for the long term.

KEY MESSAGE 3:

Key Message 3: Wherever time permits and the situation is appropriate, pursue lines of questioning that may unearth information about possible root causes behind the behaviours and issues you see on the surface, such as historical ACEs, as well as the person's emotional state in the moment. Seek to find solutions that take both into account.

Ask questions that will help you get to the root of the problem: One interviewee said he had once gone to a home with another police community support officer (PCSO) who had wanted to take a tough approach. They asked about their current situation and past, finding out that not only were they recent arrivals to the area, but that the children had witnessed an armed burglary by masked men in a previous residence. Asking 'why' unearthed a series of potential root causes – previous traumas, an unsettled lifestyle and a lack of friends – that a tough, confrontational approach alone would not have uncovered.

Ask questions to find solutions to emotional concerns: Actively listening to people as they recount their concerns is key and, as one interviewee said, officers should not approach situations thinking they already have the solution. One interviewee recalled the story of two PCSOs who met a burglary victim. The first provided standard advice, for instance keeping hedges low so neighbours can see into your property. The second, who had received trauma-informed training, also asked how he was feeling, whether he had spoken with his neighbours about the incident and what he enjoyed doing. This resulted in them helping him connect with his neighbours and join a local walking group, providing him with a bigger support network as he coped with the fear he admitted being left with.

Respond compassionately when you learn of traumatic experiences: One interviewee said the feedback he gets from young offenders who are shown compassion by their coaches after revealing past traumas is that they feel the coach has understood what they need and what is going on in their lives. Such situations present opportunities to develop trusting relationships, which can lay the groundwork for convincing offenders to cooperate with interventions.

Pick your timing wisely: Though you can adopt this mindset at all times, what questions you ask and when you ask them should still be approached strategically. For instance, talking to offenders about what is happening in their life while they are in custody or hospital and reflecting on their behaviour is likely to be more successful than asking them in the street when they have less incentive to speak and can easily walk away.

KEY MESSAGE 4:

Develop a culture where mental health concerns among staff are widely understood and taken seriously. This includes prioritising early intervention and designing physical environments to de-stress employees. It also means enabling staff to feel respected by superiors and able to speak openly.

Actively promote a serious attitude towards mental health: This includes taking steps to improve staff members' mental health on a regular basis, which could be as simple as encouraging them to get up from their desks more often, have shared communal lunches or practice mindfulness exercises when on duty. One interviewee said much of this revolved around routinely reminding staff to look after themselves. To build a culture where this is taken seriously by everyone, it helps if each staff member has sought to recognise their own mental health needs as this can lead to them viewing such concerns as a higher priority than they might have been if left unaddressed.

Intervene early when staff begin to struggle: This involves being able to recognise the signs of deteriorating mental health and acting promptly before issues manifest to the point where the staff member can no longer cope. Supervision and peer support plays a part in this, as does a culture where staff actively pay attention to mental health on a regular basis. If a person does need to take time off work, one interviewee whose team often works on intense cases involving violence and abuse recommended looking at ways to re-integrate them without sending them straight back to the role that previously fuelled their stress, for instance by putting them on admin duties or in a different position at first.

Develop a culture whereby staff at all levels feel comfortable speaking out: One interviewee said this had not always been the case in their force, with junior counterparts until recently accustomed to being instantly shut down by superiors in meetings. Now, she said the attitude is more geared towards seeing everyone as having something to contribute and ensuring they feel able to do so. The impact this shift in attitude can have on the way staff act and think was demonstrated in the behaviour of her colleague who, where once she would have withdrawn into herself and assumed she would not be taken seriously whenever a higher-ranking officer walked in, was now more confident, while still remaining respectful of rank.

Create calming physical environments for staff to de-stress in: This can involve setting aside spaces that are designed to enable those present to stay as calm as possible, for instance by grounding their senses through a combination of calming visuals, smells, sounds and furniture. One interviewee said their department has created staff breakout areas specifically for this purpose. The same principle can also be applied when working with perpetrators: for instance, one interviewee in youth offending said they design the rooms they work with youths in to be homely and welcoming to try to achieve this effect.

Take a trauma-informed approach to the training: All principles covered in this briefing should also be applied during the training sessions themselves. Two trainers interviewed said they believed the officers they were presently working with were particularly receptive because the training was modelling the behaviour they were promoting. As part of this, they avoided telling trainees their rank as they felt it would be more difficult to empathise and collaborate on an equal level once they had. They felt that the positive responses they were receiving afterwards about how this would affect the officers in their personal lives also stemmed from this approach.

Special focus: How to implement trauma-informed practice

The following insights were shared on how best to initiate and sustain the transition to a trauma-informed culture:

- Strong leadership buy-in is key: This includes leaders at the top and locally. For the former, one interviewee said she began every training session with a video from the chief constable saying the initiative had their backing. For the latter, she said giving local staff a sense of ownership meant that officers felt more inspired to identify improvements.

- Appoint specialists as project leads: A project lead with specialist knowledge is beneficial, if not strictly necessary. For instance, the lead we interviewed for a project focused on referral processes had previously been safeguarding manager for centralised referral units.

- Secure support from across the hierarchy: One interviewee advised meeting all supervisors from sergeant inspector to chief superintendent initially to explain the project's purpose and aims.

- Provide follow-up support after training: One interviewee said that a single day's training wasn't enough to achieve an organisational shift in practice, which is why their force also followed up with one-on-ones with supervisors, briefings and 30-minute refresher sessions. Peer support should also be encouraged as well as opportunities to be involved in activities outside of work that foster personal discussions and offloading in a safe environment.

- Adapt recruitment practices: Partially due to their trauma-informed work, one force has introduced questions around compassion and empathy into the final interview for candidates. Another took this to the next level by integrating the practice into the syllabus for new recruits.

How to implement and sustain the transition to a trauma informed culture

What is a trauma-informed approach?

A programme, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation.

Leadership buy-in

This includes leaders at the top and locally.

Support across hierarchy

To ensure that staff across all levels understand the purpose and aims of projects/approaches.

Specialists as project leads

A project lead with specialist knowledge is beneficial, although not strictly necessary.

Partnership working

To drive culture change and enable tailored, targeted action to prevent and mitigate the impact of adversity.

Follow-up support after training

For example, one to ones with supervisors, briefings and 30-minute refresher sessions.

Adapt recruitment practices

To reflect a commitment to trauma-informed practice i.e. in the recruitment process and syllabus for new recruits.

Assess & learn

To reflect on the implementation and effectiveness of interventions, and make changes as necessary.

Ultimately, the responses we received demonstrated that there is no single correct approach towards initiating a trauma-informed policing culture. A clear example of this can be found in which role or department to begin with. Here are a variety of starting points taken by forces we interviewed:

- **Neighbourhood policing:** The interviewee said greater awareness of ACEs and what other services can offer is enabling them to share problems more freely with other agencies than beforehand and to ensure families get the support they need earlier from the most appropriate service.
- **Public Protection Branch**: Covering areas including high-level domestic abuse, rape, child abuse and child internet protection, staff there deal with many trauma-related and distressing cases, leaving them at high risk of vicarious trauma.
- **New recruits:** This force's focus has been on integrating this practice into the syllabus for new recruits, hoping they will take this new perspective to all corners of the force and influence other staff.
- **All frontline staff:** The decision was taken to train all frontline staff as that is where the force wanted to see the shift in practice. This was also driven by concerns that a lot of referrals weren't getting the right support to people.

The same flexibility applies to what area the force initially focuses on. For example, in one region each of the four forces individually pursued programmes on secondary trauma and workforce well-being; referral processes and pathways to early help; a schools-based approach to early intervention and ACEs; and embedding PCSOs in early help hubs.

Through a multi-agency and trauma-informed public health approach, the pioneering Strathclyde (and later Scottish) Violence Reduction Unit (VRU) has helped Glasgow and Scotland achieve substantial reductions in rates of violence and related outcomes, including a 46% drop in violent crimes experienced by adults nationwide between 2008/09 and 2017/18. Following these results, the UK Government announced in July 2019 that it would be funding the establishment of 18 VRUs across England and Wales.

Though we have placed this section in the police briefing of this series due to its primary focus on crime, these units are multi-sector entities composed of staff from a variety of backgrounds including policing, education, housing, academia, social care, public health, substance misuse and more. We spoke to the Scottish Violence Reduction Unit (SVRU) to learn how trauma-informed practice has been integrated into their wider work, as well as one recently established English VRU to learn what they're planning to do to apply these lessons to their respective areas.

Scottish Violence Reduction Unit (SVRU)

The SVRU is a national centre of expertise in tackling violence. Working in partnership with Police Scotland, the Scottish Government and many other multi-agency partners, it aims to prevent violence through a public health approach wherever it's found, building innovative projects, piloting them, then passing them on for other organisations to run. The trauma-informed approach is an important value of the SVRU and is crucial to its operational projects. Kirsty Giles, a SVRU Project Manager and integrated psychotherapist, used the project 'Street and Arrow' as an example.

This social enterprise hires people with convictions for 12-month periods to serve food from a café within the dental hospital in Glasgow's city centre, while also being paired with a lived experience mentor who can help with anything from employment skills to relationship issues. Staff are provided free therapy from trainees at the local college, as well as group work with SVRU members that is focused on resilience and through which responsibility plays a big part. Kirsty said this approach challenges the notion that a job is enough. She said it is also important to provide support to help people understand themselves and their behaviour.

Relationship-building is key, which in this case means finding people who genuinely want to help ex-offenders. "With trauma, it's about how you feel you have been heard and listened to", Kirsty said. "They want to come to work because they're supported by Calum, who's experienced his own trauma with violence and drugs in the past". Mentors with personal experience of trauma are sought after as they can bring both personal insights and the kudos to say "I've been through it and I've been through recovery, it can happen". Staff who don't have an overt trauma or addiction history can also provide a model of what life will look like beyond the current situation.

Understanding the reality of peoples' lives and the root causes behind their issues is key to this and other programmes at the SVRU. Part of Kirsty's job involves her asking whether their programmes listen to the needs of the people they're employing, as well as understanding where they have come from and how it has affected them. Multi-agency working is crucial to this and the SVRU's success, which is built on the understanding that a partnership approach is key to addressing violence and its underlying causes – most of which they find is trauma-based.

Lancashire Violence Reduction Unit (LVRU)

Trauma-informed approaches are integrated into all the work done at the LVRU, as well as often being the main focus of workstreams themselves. In the course of the meeting we attended, initiatives raised spanned the entire life course from the early years to schools, school-police collaborations, youth offending, prisons, community-wide projects and more. Prevention and culture change within communities and organisations are among the unit's main priorities.

The LVRU has placed a strong emphasis on co-developing programmes with a range of multi-agency partners, a process which benefits from the broad range of experience prevalent within their multi-disciplinary team. The variety of skills and perspectives contributing to this approach has led to a series of innovative initiatives that include not only projects they have developed, but also successful ones elsewhere that have been adapted to suit local needs and ideas.

One example is DIVERT, a programme initiated by the Metropolitan Police that involves coaches approaching young people in police custody at the moment when they may be more open to reflection and using that opportunity to divert them away from crime and into employment, education and training opportunities instead. The LVRU has taken the model and expanded it to include working with care leavers and A&E patients too. The latter approach has itself also been inspired by a model piloted by the Scottish Violence Reduction Unit and their partners (see Health briefing).

Another example of a programme being adopted from elsewhere comes through the partnership the LVRU has developed with the Lancashire prison estate. Wanting to mitigate the impact of parental incarceration on children and families, and improve outcomes among prisoners too, the LVRU approached the prison service through their in-house probation representative and began a discussion around how to address this particular ACE. They followed up by visiting HMP Parc in Wales to observe their trauma-informed programme 'Invisible Walls' that helps to maintain and improve relationships between male prisoners and their families.

Seeing the overlap with their own aims, they brought the model back to HMP Lancaster Farms and co-developed an approach alongside various other services who can refer children to it, including schools. They have also created new materials, including leaflets for children that explain topics such as what to expect when their father returns home and what prison life for him is like; and a picture book that details the story of 'Mia', a girl whose father is in prison, through a series of communications between the two.

Find out more about the LVRU's strategy in this document: https://bit.ly/33QtjgD

South Wales Police (SWP): Collaborating better with partner services

Figures from 2015[15] showed that 89% of police contact at SWP was classified as complex welfare, public safety and/or vulnerability issues. At this time there was a recognition between SWP, Public Health Wales and the Office of Police and Crime Commissioner (OPCC) that an understanding of ACEs was significant in developing an early intervention and prevention approach to help break the generational cycle of crime.

One particular issue concerned the outcome of Public Protection Notifications (PPN). PPNs are used to record SWP safeguarding concerns which are shared with other services. When a vulnerability concern is identified, a PPN is submitted to partner agencies for information purposes. A 2016 analysis of SWP PPNs by Public Health Wales found that only 3.2% of child-related PPNs resulted in care and support plans, with 4.2% of adult-related PPNs identified as requiring further action.
This research formed part of the Home Office-funded Early Intervention and Prevention Project (2016-18). This collaboration involved SWP, the OPCC, Public Health Wales, NSPCC, Barnardo's and Bridgend County Borough Council. It aimed to develop an ACE-informed approach to joint early intervention working between police and partners. Officers and PCSOs within Maesteg and Aberkenfig (Bridgend) were trained in 2017 on the impact of ACEs and trauma on development and outcomes, as well as tactical skills for working with trauma and promoting resilience in children. Social care practitioners from NSPCC and Barnardos led the training as well as provided "tactical support" to both the police and partners throughout the project pilot. Local schools and housing staff also received training (see Appendix A for further details).

From this project and the evidence gathered, the Home Office funded the Early Action Together (EAT) programme (2018-20). This involved all forces and OPCCs across Wales, Public Health Wales, the Welsh Government and other statutory and third sector agencies. SWP continued with the work already started to develop an early intervention approach for policing. Through its local EAT programme, a new joint screening process was piloted to improve identification of families who would benefit from early intervention. Police and Early Help partners would share information to determine whether Early Help was the most appropriate service response. In addition, Early Help Police Community Support Officers (PCSO) were embedded in local authority early intervention services to enhance collaboration with neighbourhood policing teams. This improved collaboration with Early Help teams on action plans to identify early interventions for vulnerable families following police contact. These could involve joint visits to families. As of October 2020, 15 Police Community Support Officers (PCSO) were embedded in Early Help hubs across South Wales.

Results: Public Health Wales carried out a follow-up evaluation of the 2017 training and found a majority of police officers [n=32] agreed it had influenced the way they recorded safeguarding concerns with regards to information gathered on named persons (70%+), inclusion of ACEs (85%+) and more detailed officer observations (65%+). Feedback suggested collaboration between police and partners had improved, with the former better informed about vulnerability. The EAT programme would lead to training rollout on a larger scale, with 1,295 participants cited in a 2021 report as having taken part in ACE TIME training. The programme also led to further improvements in other police force areas across Wales, including the number of "no further action" (NFA) referrals being reduced from 42% to 7% in Blaenau Gwent (Gwent Police) between 2018-19.

Next steps: Continuing with its developmental journey, SWP is now embarking upon its new Force Vulnerability Change Project. Taking a whole-system approach, the project is developing pilot approaches in its control room, alternatives to PPNs for well-being -related matters and creating even closer working relationships with Early Help hubs.

Recommendations: Understand local context, services, priorities and demand. SWP undertook a lot of preparation and partner engagement work before setting up the pilots, which involved creative and co-operational pilot design and delivery. By taking a whole-systems approach, the focus has been on addressing root causes rather than symptom-solving alone. Having clear strategic and operational leadership towards agreed end goals is also key.

Public Protection Branch (PPB), Police Service of Northern Ireland (PSNI): Supporting staff

All police staff have to encounter others' trauma at some point in their working life, whether through victims, offenders, witnesses or their own colleagues. Yet the severity of the cases PPB deal with set them apart from most. The branch's remit covers adult safeguarding, domestic abuse, rape crime, child abuse, offender management and child internet protection. Some staff working in the latter team, for instance, have to regularly view images of child abuse and indecency. Unsurprisingly, we were told rates of sickness (including stress-related), absences and vacancies were higher than usual, all resulting in additional workload for others which then exacerbated these issues further. This case study looks at how staff in sites across Northern Ireland have sought to support colleagues' wellbeing while they engage in such mentally-challenging work.

In recent years, all staff had been provided with Resilience Training by the Police Rehabilitation & Retraining Trust, starting with the senior leadership team, then in order of those considered at highest risk, starting with those who respond to child internet protection and child abuse, then rape and so on. During this course, advice was given on how to cope with stress on an ongoing basis, including regularly stepping away from the desk, team walks, routine breaks and practising mindfulness, as well as the background to why all of this was important to do. The process took place over the course of 18 months. More recently, and under new leadership, this work was complemented by further vicarious trauma (VT) training for supervising officers. VT occurs when a person is left with similar symptoms to the traumatised people they work with, often due to persistent exposure to their experiences. Supervisors were trained by a social worker from South Eastern Health & Social Care Trust in the Sanctuary Model, a well-established trauma-informed framework. Training covered what VT is, how to recognise it and how to prevent it.

During this time, a survey was shared among employees asking them to identify key stressors. The nature of the work was raised, though other common workplace issues were also considered to be big sources of stress, including heavy workloads and stressors outside of work. An example of a job specific stressor shared with us was how an officer may feel distressed about having to deprioritise historical child abuse cases to deal with more pressing matters, feeling they were not doing these victims justice (this contributed in a small way to the creation of a historical child abuse team).
Developing a culture of taking well-being seriously is also key. Much of this involves routinely

emphasising the importance of mental health and showing an interest in others' well-being. Branch representatives at a PPB Employee Engagement Group take responsibility for promoting this in their areas, with a branch-wide initiative run annually (eg 50km of walking in May). PSNI peer support is available for those who need it, for example following the loss of colleagues to Covid, and 13 staff have received Mental Health First Aid training. Changes have also been made to recruitment processes to ensure a greater number of people who have specifically chosen to join eg child abuse teams are able to do so, a factor which can impact their ability to cope with the job's demands.
Supervision is crucial, including through monthly discussion sessions, but also with a keen focus on recognising and acting upon early symptoms, and ensuring all staff are regularly reminded of support services available. Whenever a staff member takes time off due to stress, managers will be creative in how they reintroduce them to the work, for instance by offering them a different position or admin duties for a while, or even a post outside of PPB. For support with day-to-day stressors, breakout areas have been set up to give staff a chance to leave the desk, where many used to have their lunch. The provision of laptops to work remotely so as to cut down on unnecessary travel time has also been implemented during the Covid pandemic.

Results: Though our PSNI contacts were not able to share data with us, we were informed that a substantial reduction in stress-related sickness absences had been achieved at PPB as a result of these actions. This positive reaction to a staff well-being initiative reflects that of the Kansas City Missouri Police Department who, after seeking feedback on their course 'Building Resilience – Surviving Secondary Trauma', found that, of 1,500 respondents, 99.8% rated the course as "Satisfactory" (28.2%) or "Very Satisfactory" (71.6%).

Recommendations: Look into best practice elsewhere with regards to staff well-being measures, including official police frameworks. Then start by asking staff about what is impacting them and how great an effect it has. You can't change workloads, but you can change peoples' mindsets.
Next steps: Work still needs to be done on creating a culture of well-being, with staff undergoing further resilience and stress management training using 'The Chimp Model' at the time this briefing was being finalised. Though the branch has had a well-being action plan for some time, it is being updated with new actions to tackle various stressors, with a key focus on coping strategies. Covid has delayed the process so far.

Endnotes

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