

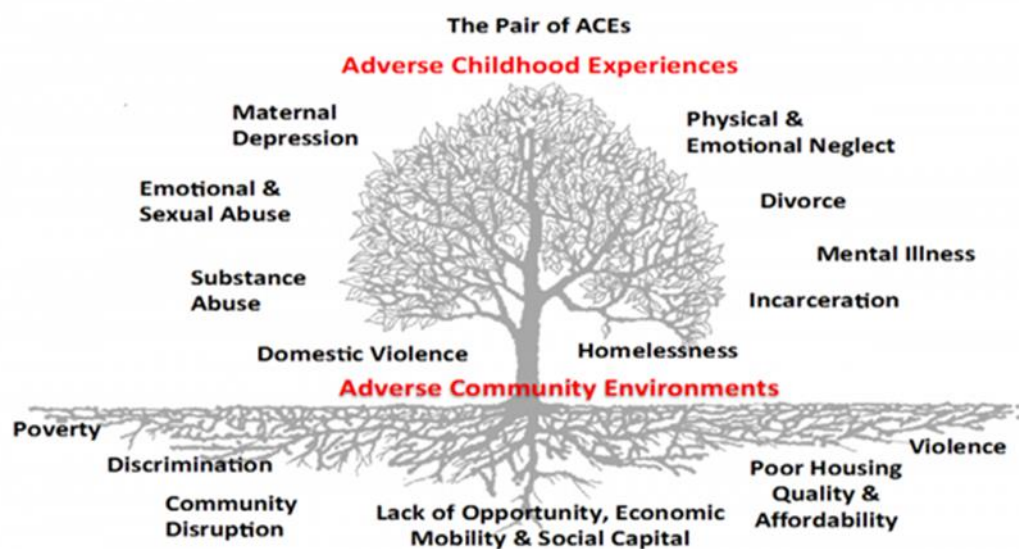
KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 20th January 2022
TITLE OF PAPER: Trauma Informed Practice in Kirklees
<p>1. Purpose of paper</p> <p>We would like the Board to help shape how we become a Trauma informed and responsive place; turning an ambition into reality. We would like to present to the Board, the context and rationale for what being trauma informed would mean and outline the approach taken to date in partnership with the West Yorkshire trauma informed and responsive programme. We would like the Board to help shape the partnership response and champion proposals to do this.</p> <p>We believe that this is of strategic importance to all Partners and the debate at the Board will be a significant influence on the future direction of the issue discussed.</p>
<p>2. Background</p> <p>Trauma informed approaches to care are referenced in:</p> <ol style="list-style-type: none"> 1. NHS Long-Term Plan 2019 in relation to providing Trauma Informed Community for Action for at-risk youth and/or involved with the justice system, as well as being a part of new primary and community care for adults with severe mental illness. Includes ambitious targets for community mental health, a key part of this is transforming care for people with a diagnosis of personality disorder including clear commitments to the use of Trauma Informed approaches to mental health care and support by 2023/24. 2. NHS Mental Health Implementation Plan 2019/20 – 2023/24 in relation to adults with severe mental illness getting more control over their care, and to support measures for rough sleepers. 3. Kirklees Suicide Audit (2016-2018) – Those who have experienced adverse childhood experiences are significantly more likely to attempt suicide than those with no adverse childhood experiences and this was an emerging theme. 4. Key agreed priority for WY Health and Care Partnership and WY Violence Reduction Unit <p>Approach of the West Yorkshire (WY) Health and Care Partnership and Violence Reduction Unit:</p> <p>Preventing and responding to trauma and adversity is a key priority for West Yorkshire through joint working with the WY Children, Young People and Families Programme, the WY Improving Population Health Programme, and the West Yorkshire Violence Reduction Unit. The WY Trauma, Adversity and Resilience Network was established in July 2020 and meets monthly. The group have set out the following aspirations:</p> <ul style="list-style-type: none"> • To reduce trauma, adversity and build resilience for the population across West Yorkshire & Harrogate, people who are vulnerable, facing multiple difficulties, complex needs, adversity, and childhood trauma. • The WY&H population should be able to access and receive integrated support from a range of professionals across health, education, social care, youth justice, the police and the voluntary sector to ensure that their needs are met in a co-ordinated way.

In July 2020 the WY&H Health Care Partnership brought together partners to join up action(s) between organisations, understand the current context, provision, gaps in provision and challenges in relation to complex needs, adversity, childhood trauma and resilience from preconception throughout adult life. With an agreed vision of “Working together with people with lived experience and colleagues across all sectors, organisations to ensure WY&H is a trauma informed and responsive system by 2030”. This focusses on:

- Intergenerational and life course approach.
- Focus on early intervention and prevention, resilience, and adversity.
- Sharing best practice, learning from each other and being better together.
- Harnessing good practice to feed into local strategies.
- Ensuring organisations are trauma informed, responsive building on existing strengths and new opportunities.

There is momentum building across West Yorkshire on this approach, but much of what needs to happen to make positive change for communities and individuals, needs to happen at place.

This diagram below illustrates the relationship between Adverse Childhood Experiences and adverse community environments; all these need to be factored into our approach.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

NHS Scotland has undertaken a significant amount of work in trauma informed approaches and one of the videos we recommend watching to support the understanding of what it means to become trauma informed and responsive: [Opening Doors: Trauma Informed Practice for the Workforce](#)

See Appendix for more detail of the West Yorkshire Adversity Trauma and Resilience Programme.

3. Proposal

To become a trauma informed and responsive place by 2030, we believe the following steps need to happen:

- The development of a Trauma Informed action plan for Kirklees
- Identification of an existing or new role to lead and coordinate the approach for Kirklees
- Development of a steering group and identification of workstreams
- Support our workforce to become trauma informed through developing trauma pathways across the organisation, so that we respond in ways that further prevents harm
- Develop and embed an organisational culture of Trauma with the use of common language
- Senior Leadership level buy in and support to ensure that any proposals and actions are relevant to service area

How do these proposals link to the aims of the Joint Health and Wellbeing Strategy?

Becoming trauma informed and responsive means that we ask more of **‘what has happened to you’** rather than **‘what’s wrong with you?’**, taking a holistic approach. Rather than being a specific service or set of rules, trauma informed approaches are a process of organisational, cultural and system change, aiming to create environments and relationships that promote discovery and prevent re-traumatisation. This is about us valuing diversity and individual’s strengths as well as fostering a sense of resilience and control and self-realisation for people in our communities who have experienced or are at risk of experiencing adversity. It is about us building collective responsibility across Kirklees so that we recognise that we all have a part to play to achieve our vision. Becoming trauma informed and responsive with a consistently trained workforce, means that we would be able to recognise problems earlier, which is one of the key aims of the JHWS.

In the book *What Happened to You? Conversations on Trauma, Resilience and Healing*, Oprah Winfrey and Dr. Bruce D. Perry say “in essence it’s approaching people with the awareness that what happened to you is important. That it influences your behaviour and health. And then using that awareness to act accordingly and respond appropriately whether you’re a parent, a teacher, a friend, therapist, doctor, police officer, judge.”

The organisational benefit of becoming more trauma informed is that it can lead to increased employee engagement and participation while also reducing stress and improving retention and staff resilience. Our workforce can feel safer and more empowered as they do their work to care for and provide for our communities across Kirklees.

4. Financial Implications

We believe that to become trauma informed and responsive we need an identified, strategic lead for Kirklees as well as project officer support.

5. Sign off

Rachel Spencer-Henshall, Strategic Director - Corporate Strategy, Commissioning & Public Health

Mel Meggs, Director for Children’s Services

6. Next Steps

A working steering group (made up of contributors below) will come together to feedback and move forward with actions based on discussions at this Board meeting.

If endorsed, the working steering group will seek funding to recruit capacity to coordinate the ambition.

7. Recommendations

That the Board support

- a) The development of an all age, whole system programme across health, social care, education and communities, informed by a public health approach (prevent adverse childhood experiences support child and family wellbeing; mitigate the impact of adversity and trauma; promote resilience across the life course).
- b) The creation of an integrated team from across Kirklees, working with a coordinator of the work, pooling resource to support the programme; this will enable the development of a workforce that is trauma informed and supports the early identification and support of need.
- c) Development of an Adversity Trauma and Resilience action plan for Kirklees.
- d) Additional new capacity in the form of a coordinator for the work.

8. Contact Officer

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