



Kirklees Health and Wellbeing Strategy 2022

Deep dive – Trauma informed organisations and systems

Mental Wellbeing Priority

Becky Elliott- Public Health Manager

Emm Irving

Head of Improving Population Health – West Yorkshire ICB

ATR

Working together with people with lived experience and colleagues across all sectors and organisations to ensure WY is a trauma informed and responsive system by 2030 and develop a whole system approach to tackling multiple disadvantage.

War

Pandemics

Poverty

Energy Crisis

Food Crisis

Violence

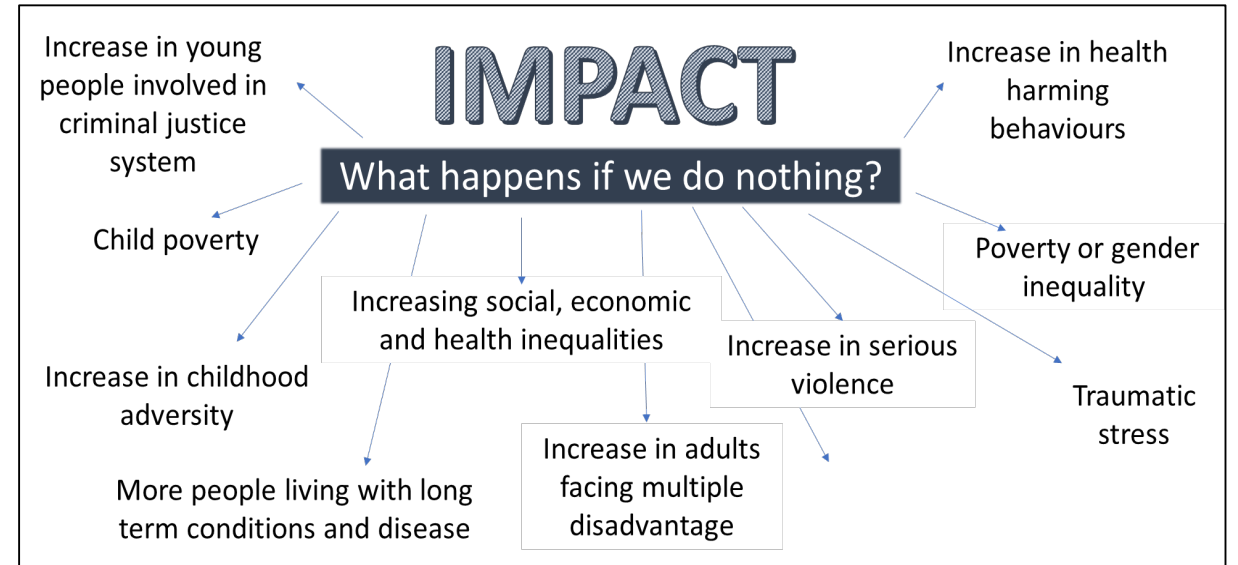
Inequalities & Trauma

A WORLD IN CRISIS



ECONOMIC STRAIN
INCREASED DEMAND
COLLABORATION

POLICY CONTEXT
SHARED AMBITION
LEADERSHIP



Parity of esteem between prevention and intervention

“ There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in. ”
- Desmond Tutu

PREVENTION



Working together with people with lived experience and colleagues across all sectors and organisations to ensure WY is a trauma informed and responsive system by 2030 and develop a whole system approach to tackling multiple disadvantage.

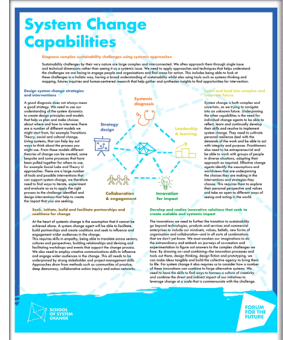
- a) All organisation in West Yorkshire becoming trauma-informed
- b) ATR Foundation Training for all staff appropriate to job role (including managers and leaders) – akin to safeguarding
- c) Embedding trauma informed reflective practice and restorative supervision across all organisations to support the health and wellbeing of the West Yorkshire workforce
- d) Prevention - moving upstream, early intervention, improved access and crucially investment to achieve the ambition. Prevention is possible, with long-term, cross sector commitment and investment in what works
- e) Ongoing support to grow local ATR partnerships, either newly created or built on existing MA partnerships that focus on helping vulnerable people.



Capability (capabilities for system change)

With the growing awareness and need to address complex challenges that the world faces we believe we need to rapidly grow the number of people who can think and act systemically and implement radical change. (Systems change Education.com)

Training Mapping,
Knowledge & Skills Framework,
ATR Fellowship,
ATR Prison Officer role HMP Leads,
Continuation of ATR Foundation Training,
HMP Wealstun – becoming a TI Prison,

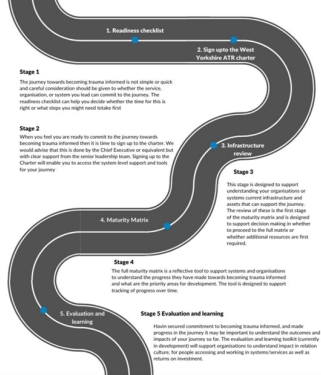


The ability to do something different

- **Understand the system** – what change are we trying to make
- **Leadership and Learning** – How will we make the change happen
- **Innovation** -not doing different things, but doing them differently
- **Collaboration and Engagement** – People own what they create
- **Strategy and design** - Identify the problem and work together



ADVERSITY TRAUMA AND RESILIENCE ROADMAP



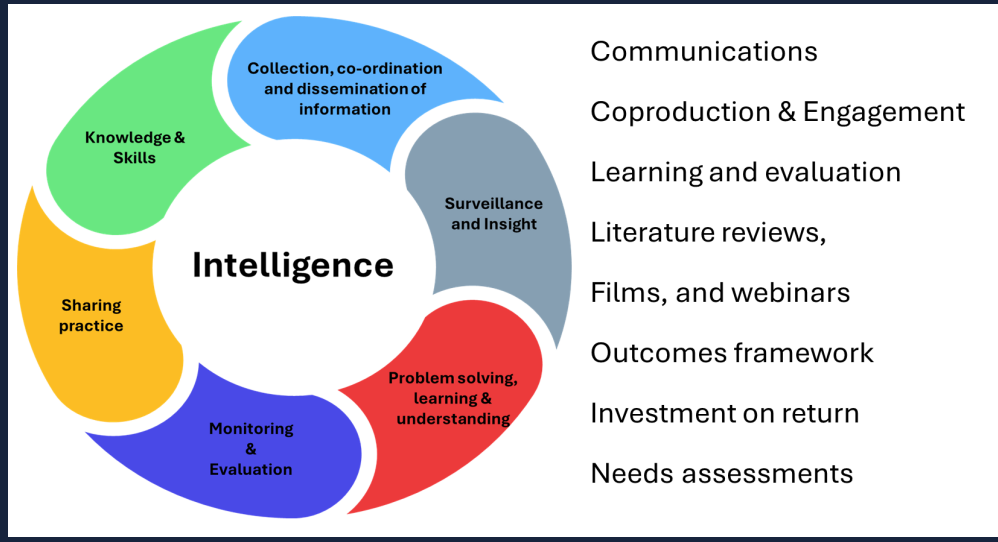
Capacity – For change

‘System-level outcomes are insufficient to produce systems change. True systems change requires solutions to be embedded deeply enough that they can self-perpetuate’
(Misra, S., & Guerrero, M. (2024))

	Strategic support for TI system change - Steering group/oversight committee	Conditions for implementation - and relationships	System resourcing	Coordination resource is available
Consistently present	There is strategic support for the development of trauma informed practice. This is actively supported by chief executive or equivalent and the unified support of a board or executive committee which has the ability to commit resources required.	There is a steering group or oversight of action plans or strategies for change. There are clear lines of accountability and responsibility in reporting to this group for implementation.	There is an appreciation of the landscape which has oversight of the conditions for this to be psychologically safe. This includes understanding and acknowledgement of power dynamics in this and steps are taken to address them.	There is adequate resource which is dedicated to describing, implementing and supporting system change. The individuals have the authority for delegated responsibility to make decisions and take actions required.
Emerging but inconsistent	There is some strategic support visible on board or executive structure however this is not consistent and securing the support of relevant functions is still required.	There is a group which has adopted responsibility for oversight of trauma informed system change. This group however also maintains other accountabilitys and the implementation of TI change is just required.	The conditions for challenge are inconsistent and vary across the system/structure or by who is providing the challenge. There may be areas which are considered or 'left to' for trauma informed change.	There is identified resource to implement and support system change, this however is not dedicated and is an additional responsibility, or the resource does not meet capacity required for change.
Not present	There is no, or very little support strategic support enables trauma informed system change.	There is no group which provides oversight of trauma informed system change. The hierarchical implementation of trauma informed change is not considered to be psychologically safe. The hierarchical structures which are in place to not facilitate constructive challenge or consider power differentials.	There is little or no understanding of the existing groups within the system that are required to support trauma informed system change.	There is no dedicated resource to support and support system change.

Attachment: Consider the examples for each of the stages and reflect which is the best fit for the organisation, service or system you are...

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- Communications
- Coproduction & Engagement
- Learning and evaluation
- Literature reviews, Films, and webinars
- Outcomes framework
- Investment on return
- Needs assessments

Becky Elliott

Public Health Manager – Kirklees Council

Kirklees Council - pledge

Kirklees is committed to reducing health inequalities across the life course and tackling the risk factors that contribute towards adversity and trauma. Now more than ever, we are focused on working at place level and working with communities to really understand how we can build upon local assets and enhance protective factors for resilience. I pledge to support the ambition for WY to be trauma informed and responsive by 2030, by sharing best practice and working in an integrated way to support those facing multiple disadvantages in the best way possible

Kirklees Council – key milestones so far.....

		Overall RAG		Project Summary
Lead:	Becky Elliott and Mary White	Previous	Current	Working towards the pledge of becoming a trauma informed organisation by 2030, we are utilising the trauma informed maturity matrix developed by WY ICB ATR programme, to help us benchmark where we are currently, and what actions we need to move us forward.
Date:	5/6/24			

Successes	<ol style="list-style-type: none"> 1. Presenting to the Health and Wellbeing Board on this agenda in January 2023 2. Presenting to the Health and Care Partnership forum in October 2023 3. Testing of maturity matrix with Tackling Poverty Partnership 4. Development of partnership steering group – leaders in partner organisations to learn from each other 5. Presenting at the recent knowledge exchange event in March 2024
Current Challenges (Resources, Budget, Timescales)	<ol style="list-style-type: none"> 1. Coordination resource for the agenda is limited and there is no overarching strategy for trauma informed approaches in Kirklees
Upcoming Milestones	<ol style="list-style-type: none"> 1. Development of a trauma informed landing page for intranet 2. Presenting to Kirklees Health Inclusion Group 3. Upcoming 'Trauma informed organisation' workstream at WY ICB 4. Completing the readiness checklist on behalf of the council 5. Presenting to Kirklees Health Inclusion group meeting – July 2024

Kirklees Council - Overview

		Overall RAG		Project Summary
Lead:	Kirklees Council	Previous	Current	This slide represents various examples of trauma informed work across the Council, with updates from Educational Psychology, Employee Healthcare and Children's Services.
Date:	27/6/24			

Successes	<p>Educational Psychology</p> <ol style="list-style-type: none"> 1. Following the success of the Alex Timpson programme and Kirklees being nationally recognised as an LA where there is strong TI support (Attachment and trauma awareness: good practice in local authorities — (ox.ac.uk), the service offer has expanded and incorporated learning from the programme. This has allowed for enhanced support across all schools. 2. There is an extensive training offer for all schools. All training is well attended with positive feedback. 3. Bespoke support is available to individual schools for pupils and whole school development through the KKiM and Children in Care offer <p>Employee Healthcare</p> <ol style="list-style-type: none"> 1. Neurodiversity pathway. 2. Holistic stress referral pathway. <p>Children's Services</p> <ol style="list-style-type: none"> 1. Implementation of a formulation based approach e.g. Emotional wellbeing team 2. New beginnings (pre birth practice model) adopting a trauma informed approach via a new roles such as a contact liaison officer and the formulation meeting replacing the existing children in need meeting at the start of the assessment process 3. Research in Practice Change project - a focus on trauma informed organisations
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Kirklees Council - Overview

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Date:	27/6/24			

<p>Current Challenges (Resources, Budget, Timescales)</p>	<p>Educational Psychology</p> <ol style="list-style-type: none"> 1. There has been a reduction in the Educational Psychology budget as part of the KKiM offer. <p>Employee Healthcare</p> <ol style="list-style-type: none"> 1. Cost of living pressure on service users – adds to stress, poor mental health etc. <p>Childrens Services</p> <ol style="list-style-type: none"> 1. Timescales being met with certain aspects of the assessment process
<p>Upcoming Milestones</p>	<p>Educational Psychology</p> <ol style="list-style-type: none"> 1. The EP service are conducting a pilot in partnership with the WYATR education work steam focussing on the use of trauma informed language in schools and across services. <p>Employee Healthcare</p> <ol style="list-style-type: none"> 1. Supporting Apprenticeships in the workplace. <p>Children's Services</p> <ol style="list-style-type: none"> 1. 100 cases following the new beginnings model

Allistair Christie and Joanne Watkinson

Calderdale and Huddersfield Foundation Trust

CHFT BLOSM Service

		Overall RAG		Project Summary
Lead:	Alistair Christie BLOSM Service Lead/Joanne Watkinson BLOSM Operations Manager	Previous	Current	<p>The CHFT BLOSM service has been funded by both the West Yorkshire Health & Care Partnership and the West Yorkshire Violence Reduction Partnership to introduce the principles of Trauma Informed Practice into our Emergency Departments at Calderdale and Huddersfield NHS Foundation Trust. The initial focus on achieving this has been through our Youth Navigator pilot which has focused on identifying and proactively engaging with vulnerable young people aged 11-25 who have attended ED and may require further social/wellbeing support and offer advice, guidance and signposting into relevant community support. As the project has developed, we have looked at ways of supporting people from all ages attending ED and we have developed over 40 community referral pathways which are bespoke to ED. We have also recently looked to expand our team through close networks with community drug and alcohol services and we are close to introducing recovery navigators into each of our EDs. We have also had a big focus on how we train our workforce in ED and the wider trust and we remain focused on becoming a trauma informed organisation by 2030. We have worked closely from colleagues across multiple sectors to help develop our training module and ensure that it is relevant and engaging.</p>
Date:	23/05/24	n/a		
Successes	<ol style="list-style-type: none"> 1. Introduction of principles of Trauma Informed practice across the BLOSM team specifically through our Youth Navigator Pilot which went live in January 2023. 2. We are proud to be part of the West Yorkshire Adversity Trauma and Resilience working group led by the West Yorkshire Health and Care Partnership and BLOSM service lead has recently completed ATR fellowship. 3. A bespoke trauma informed safeguarding training day developed and delivered by BLOSM to ED nursing and medical colleagues since 2022. 4. Developing stronger links and networks across both Kirklees and Calderdale, getting buy in from community services and developing our team eg adding recovery navigators. (There’s many more)! 			

CHFT BLOSM Service

<p>Current Challenges (Resources, Budget, Timescales)</p>	<ol style="list-style-type: none">1. Securing longer term funding past our current funding model which ends in March 2025.2. Current financial challenges within the Trust and across local authorities impacting on the day to day running of the service.3. The impact year on year funding has had on retention of staff who have received the training and the need to recruit and retrain new starters.
<p>Upcoming Milestones</p>	<ol style="list-style-type: none">1. The introduction of a CHFT substance care team within the BLOSM service2. We are currently underway with an external evaluation of our service which has been funded through the Violence Reduction Partnership and will look at the impact our service has had since it was introduced back in early 2023.3. We are looking at further establishing our service within CHFT by recruiting our own Youth Navigators – have been using an external youth service who have provided staff up until this point.

Catherina Westwood

South West Yorkshire Foundation Trust

Title: SWYPFT

		Overall RAG		Project Summary
Lead:	Tracey Smith Catherina Westwood	Previous	Current	Phase 3 of the programme will focus on supporting sustainable changes to behaviours and practice, by continuing the operationalisation of the evaluated framework and ensuring the 'golden thread' is woven throughout everything we do.
Date:	May 2024			
Successes		<ol style="list-style-type: none"> 1. Codesigned trauma informed awareness training was signed off in January 2023 for delivery. Train the Trainer session for staff and Experts by Experience to co-deliver training - TI awareness – May 2024 2. Programme of Community of Practice forums scheduled – March 2024 3. Being trauma informed and recovery focussed is being woven through all Priority Programmes - Embedding the TI approach (training/ROOTS/action plans/ policies and procedures) – Sept 2024 		
Current Challenges (Resources, Budget, Timescales)		Insufficient time and resource from teams and services to engage and implement any changes viewed as being necessary to support TI developments will impact on the success of adoption and spread across the Trust. Lack of engagement from services and support to the changes from internal and external stakeholders and conflicting priorities at the Trust will impact on the success of adoption and spread across the Trust		
Upcoming Milestones		<ol style="list-style-type: none"> 1. Development of TI "Lens tool" – June 2024 2. Launch of mandatory training - eLearning package – Sept 24 3. Building in being trauma informed into health and wellbeing support for staff 		

Louise Seddon

Kirklees Council and Locala

Title: Locala

		Overall RAG		Project Summary
Lead:	Cheryl Beirne	Previous	Current	Locala's brand new Thrive Strategy outlines that through compassionate and inclusive leadership, we aim to ensure all colleagues feel psychologically safe to speak up and learn from when things go wrong, as well as when things go well. When coupled with listening and learning from the feedback of people and our communities we will grow a culture focused on ensuring safety through learning in everything we do. We will be a trauma informed organisation, recognising how trauma in people's lives can impact hugely on their health and wellbeing and we will do this through ensuring our colleagues all have the skills and understanding to work in this way. We acknowledge that trauma impacts on our workforce, as well as those we are caring for.
Date:	26 th June 2024			
Successes		<ol style="list-style-type: none"> Becoming a Trauma Informed Organisation is in our Locala Strategy demonstrating support from our executive structure. We are already working towards a TI culture, We are commitment to developing compassionate leaders and well-being provision being high on our agenda and well underway, eg supervision provision and expectations, safe space plans, LEAD training programme for all managers, personalised approaches, self-management teams, coaching conversations. We are invested in listening, co-production and delivery of services that delivers trauma informed care, care that is done with rather than to people. 		
Current Challenges (Resources, Budget, Timescales)		<ol style="list-style-type: none"> Still working towards developing a full-time post for the full fruition of TIO work. Training provision limited due to capacity in the system of trainers. Organisational changes, lack of co-ordination, lack of funding for services 		
Upcoming Milestones		<ol style="list-style-type: none"> To work towards whole system understanding of trauma informed organisational factors. Developing and delivering a range of training offers to support widespread understanding of this agenda and how to deliver TI care. Change of government (potentially) 		

Questions for board

1. Are you working towards becoming a trauma informed organisation and do you have any best practice you could share?
2. How can the Board support us to engage practitioners and strategic leaders across the partnership?
3. How can we ensure there is a joined-up approach to trauma informed approaches across Kirklees and use some of the learning from the Educational Psychology service?
4. How can we better enable Employee Health Care to work in partnership with local GP's and apply appropriate reasonable adjustments?
5. Would there be scope to create working groups to learn from how other sectors/organisations are looking to embed TI principles and learn from their experiences and knowledge?
6. How can we demonstrate the impact of Trauma informed approaches?
7. What external training opportunities are on offer and how can we as a trust tap into these for both ourselves and CHFT colleagues to learn more about Trauma informed practice?
8. What do the board consider to be their role in supporting the commitment and progression of a much more joined up way of working? What is the vision from the board for the progression of this work?

Thank you to all the speakers

Questions/discussion