



# EXECUTIVE BOARD DECISION

<b>REPORT OF:</b>	Executive Member for Public Health, Prevention & Wellbeing
<b>LEAD OFFICERS:</b>	Director of Public Health
<b>DATE:</b>	Thursday, 8 December 2022

**PORTFOLIO/S  
AFFECTED:** Public Health Prevention and Wellbeing

**WARD/S AFFECTED:** (All Wards);

**KEY DECISION:** Y

**SUBJECT: EB Trauma Informed Systems Resilience Framework**

## 1. EXECUTIVE SUMMARY

The Trauma Informed Systems Resilience Framework supports Blackburn with Darwen's collaborative commitment to recognising and addressing the prevalence of trauma across the borough. The Framework provides a clear vision for growth and development as well as a formalised governance structure across the directorate with the inclusion of partners across the voluntary, community, prevention, education and health care sectors. It brings the experiences of the population directly to the attention of strategic leadership via community engagement, whilst at the same time enabling the sharing of commissioning decisions and strategic progress with members of the community and the workforce. This 'top down-bottom up' approach is intended to strengthen the collective response to existing trauma and to mitigate the risks of emerging trauma using a trauma-informed approach within a systems-resilient framework.

It is intended that the framework will steer the discussions and decision making as we work towards becoming a trauma-informed borough. This will be done through the development of a shared language, appropriate policy and practice redesign and extensive training and supervision to support understanding across the workforce of the impact of trauma on health outcomes and health inequalities within our population. 'Managed networks' have been established to drive this work forwards. These networks are accountable to the Strategic Forum which has direct links to each of the Life-Course Boards. The ownership of the framework needs to sit across the life-course as a systems-wide model of prevention and to this end will require support from across the council to ensure accountability, engagement and innovation as we take this work forwards.

## 2. RECOMMENDATIONS

That the Executive Board:

- Recognises the impact and prevalence of trauma across the borough in relation to inequalities and to support the journey towards becoming a Trauma Informed Borough.

- Commits to the guiding principles laid out via the Trauma Informed Systems Resilience Framework including a commitment to auditing services and training and supporting the workforce.
- Acknowledges the need to work collaboratively as part of a whole-system response to trauma and to embed Trauma Informed Practice into policy development and service design across the directorate including commissioned services and providers.
- Supports the proposed governance structure and the ‘Managed Network’ model for driving the work forwards.
- Approves the Trauma Informed Systems Resilience Framework.

### **3. BACKGROUND**

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

Blackburn with Darwen was the first area in the UK to undertake a population-based ACE survey, which identified the prevalence of ACEs across the Borough and identified the poor health and social outcomes in adulthood. Almost half (46%) of adults living in Blackburn with Darwen have suffered at least one ACE, with 12% of adults in Blackburn with Darwen having suffered four or more ACEs (Bellis et al., 2013). This study showed that the more ACEs people experience, the greater the risk of a wide range of health-harming behaviours and diseases as an adult. Individuals with 4 or more ACEs were:

- 4.5 times more likely to become pregnant or got somebody pregnant under 18 years of age
- 30.6 times more likely to have had a sexually transmitted infection (STI)
- 1.8 times more likely to be morbidly obese
- 2.3 times more likely to have liver or digestive disease
- 1.5 times more likely to have stayed overnight in hospital in the last 12 months
- 3.7 times more likely to a regular heavy drinker
- 3.9 times more likely to be a current smoker
- 9.7 times more likely to be a heroin or crack user
- 5.2 times more likely to have been hit in the last 12 months
- 7.9 times more likely to have hit someone in the last 12 months
- 8.8 times more likely to have been in prison or cells

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

A growing evidence base is demonstrating that large numbers of people in contact with public services have experienced a traumatic event. The relationship between the severity, frequency and range of traumatic experiences has a direct impact on the development of mental health problems, difficulties in education and employment and increased levels of contact with social care, the criminal

justice system and substance misuse services. Meeting the needs of service users therefore requires a multi-agency approach that starts with a shared understanding and awareness of the far-reaching and complex impact of trauma. Public and third sector interventions require a shift in focus to include prevention, resiliency, and trauma-informed service provision. This approach would not necessarily require the development of new strategies or interventions, but rather consideration of how existing services can be fine-tuned, and how agencies can work together to utilise an improved understanding of the impact of adversity and how this can be prevented or ameliorated.

#### Our Local Mission:

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

## 4. KEY ISSUES & RISKS

Exposure to trauma has a negative impact on the neurological, biological, psychological and social development of a child, contributing to long-term physical and behavioural health problems.

Children and adults often develop coping mechanisms to alleviate the pain of trauma, some of which are classified as “health risk behaviours.” These can include unhealthy eating patterns, poor self-care, using alcohol, tobacco and other substances, or engaging in risky sexual activities. When childhood traumatic stress goes untreated, these coping mechanisms can contribute to anxiety, social isolation, and chronic diseases like hypertension, diabetes, cancer, or substance use disorders. Often, “non-compliant” behaviours, such as taking medication erratically or not attending appointments, can also be linked back to patients’ history of trauma.

It is well evidenced that actions to prevent and mitigate trauma and its associated harms are essential to improve population health for present and future generations. Through the support of key partners and agencies across the system, young people, families, communities and professionals have been consulted and engaged to discuss the impact of trauma and how we can work better together in collaboration to promote awareness and understanding of traumatic experiences and how simple adjustments to service delivery and design can make a big difference towards breaking the cycle of inter-generational trauma.

The Trauma Informed Systems Resilience Framework has been developed to demonstrate a shared understanding of the risks associated with traumatic experiences and to reduce the impact and prevalence of trauma across the borough.

## 5. POLICY IMPLICATIONS

The Trauma Informed Systems Resilience Framework is a local response to national policy drivers and recommendations with regards to the recognition of the impact of trauma and to implementing trauma informed practices across all of our settings. The following policies recognise working in a trauma-informed way as being supportive for our communities and population groups across the life-course:

- [Promoting children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](#)

- [Supporting public health: children, young people and families - GOV.UK \(www.gov.uk\)](#)
- [Public mental health leadership and workforce development framework - GOV.UK \(www.gov.uk\)](#)
- [Making Every Contact Count \(MECC\): practical resources - GOV.UK \(www.gov.uk\)](#)
- [Health and wellbeing: a guide to community-centred approaches - GOV.UK \(www.gov.uk\)](#)
- [Wellbeing and mental health: Applying All Our Health - GOV.UK \(www.gov.uk\)](#)
- [Public Health Outcomes Framework - GOV.UK \(www.gov.uk\)](#)

Locally, this paper has a number of implications for policy development going forwards and is linked to various Lancashire & South Cumbria and Blackburn with Darwen papers and strategies including:

- [Lancashire and South Cumbria Health Equity Commission \(HEC\) - IHE \(instituteofhealthequity.org\)](#)
- [BwD Alcohol Strategy 2022-27](#)
- [Eat Well Move More Strategy 2022-25](#)
- [Suicide Prevention Strategy](#)
- [BwD Joint Health and Wellbeing Strategy](#)

## **6. FINANCIAL IMPLICATIONS**

There are no new financial implications arising from the recommendations in this report.

BwD Borough Council is currently benefitting from the Lancashire VRN free training offer, but are considering strategies for long-term sustainability including the development of a bank of trainers and resources and e-learning options. Additional costs related to training and workforce development are currently being met via the Department of Health and Social Care Public Health grant which is ring fenced for prevention services and programmes.

The ‘managed networks’ and community voices via citizens’ juries have made direct recommendations for the development of early intervention strategies and programmes that would reduce the incidence and impact of trauma. Costs attached to recommendations are being explored in relation to current service delivery and opportunities that may present through new ICB arrangements and partnerships.

Where there are new financial implications arising from the work on this matter, these will be considered as part of the Council’s budget and policy framework.

## **7. LEGAL IMPLICATIONS**

Local authorities have considerable discretion in how they choose to invest their grant to improve their population’s health, although they have to have regard to the Public Health Outcomes Framework and should consider the extant evidence regarding public health measures.

The Framework supports one of the Council’s eight corporate priorities (2019-2023): “Reducing health inequalities and improving health outcomes”.

Any actions taken and/or decisions made relating to the implementation of the Framework must be in accordance with the constitution.

## **8. RESOURCE IMPLICATIONS**

The BwD Trauma Informed Strategic Forum will provide direct oversight of the Framework and will monitor its use via the Managed Networks. The three life-course boards will provide governance to the Strategic Forum. This approach requires considerable human resource from across the council and from core multi-agency partners in order to lead and support the direction of the Networks.

Time and human resource will also be required to support local policy development and service redesign where required, in order to enable the workforce to deliver services in a trauma-informed way and to further develop practice going forwards.

## **9. EQUALITY AND HEALTH IMPLICATIONS**

**Please select one of the options below. Where appropriate please include the hyperlink to the EIA.**

Option 1  X Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2  In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. (*insert EIA link here*)

Option 3  In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. (*insert EIA attachment*)

## **10. CONSULTATIONS**

The Trauma Informed Systems Resilience Framework is the result of a number of years of work in BwD originating from the ACEs work undertaken following the full-population survey and subsequent [published research paper in 2013 \(Bellis et al\)](#).

- In 2017 a ‘Pennine Lancs ACE Framework’ was produced by BwD Public Health, which has now been developed further to recognise the wider experiences of trauma across our population and the implications this has for our health and social care services.
- In 2019 a guide was created by young people in BwD to inform adults on how young people would like to be approached and supported when discussing ACEs.
- In 2020 a BwD Trauma Informed Strategic Forum was established to engage with services and organisations across the system and to ensure wide representation including from health, education, criminal justice and VCSF.
- In 2021 BwD Public Health in partnership with Healthy Living and Health Watch Blackburn with Darwen completed a citizens’ inquiry to engage with community members with regards to approaching ACEs and building a set of recommendations for developing trauma informed communities.
- In 2022 the BwD [local authority-led TI model was evaluated by Lancaster University](#) and was heralded as good practice. At this time, the Trauma Informed Systems Resilience Framework was taken round each of the life-course boards for comment and approval.

## **11. STATEMENT OF COMPLIANCE**

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

## **12. DECLARATION OF INTEREST**

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

<b>VERSION:</b>	1
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<b>CONTACT OFFICER:</b>	Jodene Bibby, Charlotte Pickles
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<b>DATE:</b>	8 <sup>th</sup> December 2022
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<b>BACKGROUND PAPER:</b>	Appendix 1: BwD Trauma Informed Systems Resilience Framework
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