



Blackburn with Darwen Trauma Informed Systems Resilience Framework

Blackburn with Darwen Borough Council



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Who is this Framework for?

This framework supports Blackburn with Darwen’s collaborative commitment to recognising and addressing the prevalence of trauma within the borough. It has been created to represent all services and to provide a clear vision which will bring all partners and sectors along the ACEs/trauma-informed journey, whilst still allowing for growth and development.

The framework provides a formalised governance structure for all partners across the community, education and organisational sectors, bringing the experiences of the population directly to the attention of strategic leadership, 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 will serve to strengthen our collective response to existing trauma and to mitigate the risks of emerging trauma using a trauma-informed approach within a systems-resilient framework.



How will this be delivered?

The guiding principles for the governance structure will be to provide a two-way communication pathway which:

1. opens-up the lines of communication between population groups, service providers and strategic leadership within the borough
2. provides the space to: understand population needs; combine the knowledge, experience and recommendations of services and the workforce; take a collaborative approach across systems and ensure alignment to a strategic framework
3. allows for specific asks and for core recommendations to be heard in order to support effective commissioning

The governance structure will be delivered through the simple system model(s) see Figure 1:





Figure 1: Simple System Model (s) for Governance Structure

The governance structure will ensure:

- a non-hierarchical approach to developing collaborative partnership working
- the smooth flow of information
- strategic alignment
- collaborative commitment to becoming a trauma-informed borough
- transparency and accountability

Accountability of components within the simple systems models is summarised below:

<p><u>Governance Structure - Component (i) Strategic Leadership Boards</u></p> <ul style="list-style-type: none"> • Core agenda item • Actions and priorities from the managed networks reviewed, addressed and communicated to the strategic forum • Commissioning to dovetail into identified needs • Policies and procedures are reviewed through a trauma-informed lens 	
<p><u>Governance Structure - Component (ii) The Strategic Forum will aim to:</u></p> <ul style="list-style-type: none"> • Provide direction and strategic support to the trauma-informed movement in BwD • Take a systems wide approach to identifying the priority groups most vulnerable to trauma • Act as a conduit for the managed networks to share their actions and developments with the associated strategic leadership boards • Act as a central knowledge hub which opens-up the lines of communication between the workforce development and the strategic leadership boards • Work towards the trauma-informed approach being embedded in the language, systems, policies, practice, culture and ethos of all organisations, settings and communities within BwD • Set up managed networks (<i>with agreed terms of reference (ToR)</i>), to share the vision within the framework, identify their own action and look at outcome measurements for KPIs • Provide a structural framework to develop accountability through reviewing, monitoring impact, evaluation and feedback, building capacity and sustainability 	
<p><u>Governance Structure - Component (iii) Managed Networks will aim to:</u></p> <ul style="list-style-type: none"> • Recruit membership to the managed networks • Identify a set of agreed core actions and priorities which are specific to their target group and KPIs • Use an action tracker to monitor progress towards the actions and priorities which will feedback directly to the strategic forum on a quarterly basis 	



Building Managed Networks

Networks can be a means for collaboration across organisations and within communities.

The specific role of a managed network is to:

- **Pool expertise and skills in specialist areas**
- **Act as a conduit to share good practice**
- **Facilitate joint working**
- **Manage knowledge and build evidence collectively**
- **Prevent professional isolation**
- **Work at scale where it makes sense to do so, avoiding duplication and working more efficiently**
- **Act as a source of learning and professional development**
- **Focus on sector-led improvement**

In Blackburn with Darwen, the approach to trauma informed practice will be led via a number of managed networks. Networks will be led directly by members of that sector, thus ensuring that meaningful actions can be identified and worked on collaboratively. Managed networks will meet on a quarterly basis and will be governed by shared Terms of Reference and an action-tracker which will report directly into the Strategic Forum. The Strategic Forum will then share core actions and recommendations with the appropriate Strategic Boards.

The proposed Managed Networks are as follows:



Proposed Trauma Informed Managed Networks:

- Early years (preconception – age 5)
- Children and young people (5-19, up to 25 for SEND)
- Communities and neighbourhoods
- Health and Social Care
- Vulnerable adults



A Shared Vision and Guiding Principles

In Blackburn with Darwen we are committed to:

- Taking a partnership approach to supporting trauma-informed practice
- Driving forward the trauma-informed agenda across multiple agencies and partners and developing a universal language
- Developing trauma-informed and trauma-responsive communities and organisations
- Sign-posting to a clear set of resources, audit-tools, training opportunities and examples of good practice available in an accessible format

We will do this by taking the following actions:

- Ensuring the Trauma Informed Systems Resilient Framework is understood and shared across the system
- Agreeing a set of guiding principles and signing up to the Pennine Lancashire Pledge via the Lancashire Violence Reduction Network (VRN)
- Building trauma-informed settings using the VRN audit-tool and providing appropriate training and support
- Developing sustainability and capacity via the introduction of ‘managed networks’
- Working collaboratively to strengthen and support the workforce
- Giving communities and service-users the voice and opportunity to share their experiences and shape services going forwards
- Working with third sector organisations and acknowledging their central role in supporting communities
- Using case studies to bring the trauma-informed journey to life
- Commissioning based on evidence, data and core recommendations via the managed networks, community voices and research-based evaluations
- Providing evidence-based resources and sharing good practice via various accessible platforms



Adverse Childhood Experiences (ACES)

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 (Public Health Wales NHS Trust, Bangor University, 2019).



In the UK, Blackburn with Darwen has been driving the ACE agenda for a number of years. It was the first area to undertake a population-based ACE survey, which identified the prevalence of ACEs across the Borough and linked this to poor health and social outcomes in adulthood. Almost half (47%) of adults across the borough had suffered at least one Adverse Childhood Experience, with 12% of adults in Blackburn with Darwen having suffered four or more ACEs (Bellis et al., 2013). The population study has since been repeated in England and Wales, both of which found similar results to Blackburn with Darwen. Evidence shows that ACEs can increase the risk of developing health harming behaviours leading to poorer physical and mental health outcomes later in life including cancer, heart disease, diabetes, PTSD, depression and anxiety. 1 in 3 diagnosed mental health conditions in adulthood directly relate to ACEs. The longer an individual experiences an ACE and the more ACEs someone experiences, the bigger the impact it will have on their development and their health.



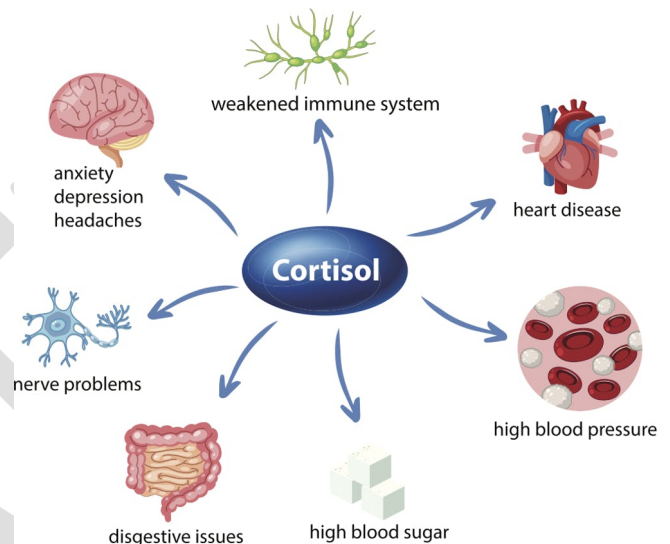
The impact of trauma on the body

Exposure to trauma has a negative impact on the neurological, biological, psychological and social development of a child. Children living in adverse environments experience greater levels of stress. Stress causes the body to release cortisol. Prolonged exposure to dangerously high levels of cortisol—known as toxic stress—impacts the brain and body in a multitude of harmful ways ([Trauma and Adverse Childhood Experiences \(ACEs\) | ECLKC \(hhs.gov\)](#)).

Inflammation, as part of the body's stress response, helps defend against infection, injury, and acute threat—but persistent inflammation in response to chronic adversity can have long-term, disruptive effects on physical and mental well-being including the disruption of immune responses and metabolic regulation.

Similarly, experiences and exposures during pregnancy and the first few years after birth affect developing biological systems in many ways that are difficult to change later. For example, if a woman experiences excessive stress, poor nutrition, or toxic environmental exposures during pregnancy, her child's developing organs, stress response, and metabolic systems can be affected even into adulthood, with increased risk for heart disease, obesity, diabetes, and mental health conditions.

Because all biological systems in the body are connected, supporting families with young children and strengthening responsive relationships not only builds a foundation for social-emotional development, school readiness, and future learning; it also strengthens the building blocks for a lifetime of physical and mental health ([Center on the Developing Child, Harvard University](#)).



Trauma Informed Practice

Trauma Informed Practice is based on the foundation of having a comprehensive understanding of how exposure to trauma affects an individual's development and health outcomes, as previously described. It also provides a platform to understand the complex and pervasive impact trauma can have on a persons' view of the world and the relationships they



experience. 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 (Bethell et al., 2017; Pachter et al., 2017). It has therefore been proposed that public and third sector interventions require a shift in focus to include prevention, resiliency, and trauma-informed service provision ([Hughes et al, 2017](#)).

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.

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 (Lopez, et al, 2020). 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.

Becoming Trauma Informed

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.



The journey towards becoming trauma-informed requires organisations to move beyond their traditional models of service delivery and to re-evaluate their entire organisational practices and policies through a trauma-informed lens. Organisations will need to reframe complex service-user behaviours as potential responses to trauma related triggers and will be required to prioritise the building of trusting, mutual relationships above all else.

Trauma-informed care is a strengths-based service delivery approach *“that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment”*

Hopper, Bassuk & Olivet, 2010

The key principles of trauma-informed practice (Fallot & Harris, 2006)

1. Safety

Efforts are made by an organisation to ensure the physical and emotional safety of clients and staff. This includes reasonable freedom from threat or harm, and attempts to prevent further re-traumatisation.

2. Trustworthiness

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, clients and the wider community.

3. Choice

Clients and staff have meaningful choice and a voice in the decision-making process of the organisation and its services.

4. Collaboration

The organisation recognises the value of staff and clients' experience in overcoming challenges and improving the system as a whole. This is often operationalised through the formal or informal use of peer support and mutual self-help.

5. Empowerment

Efforts are made by the organisation to share power and give clients and staff a strong voice in decision-making, at both individual and organisational levels.



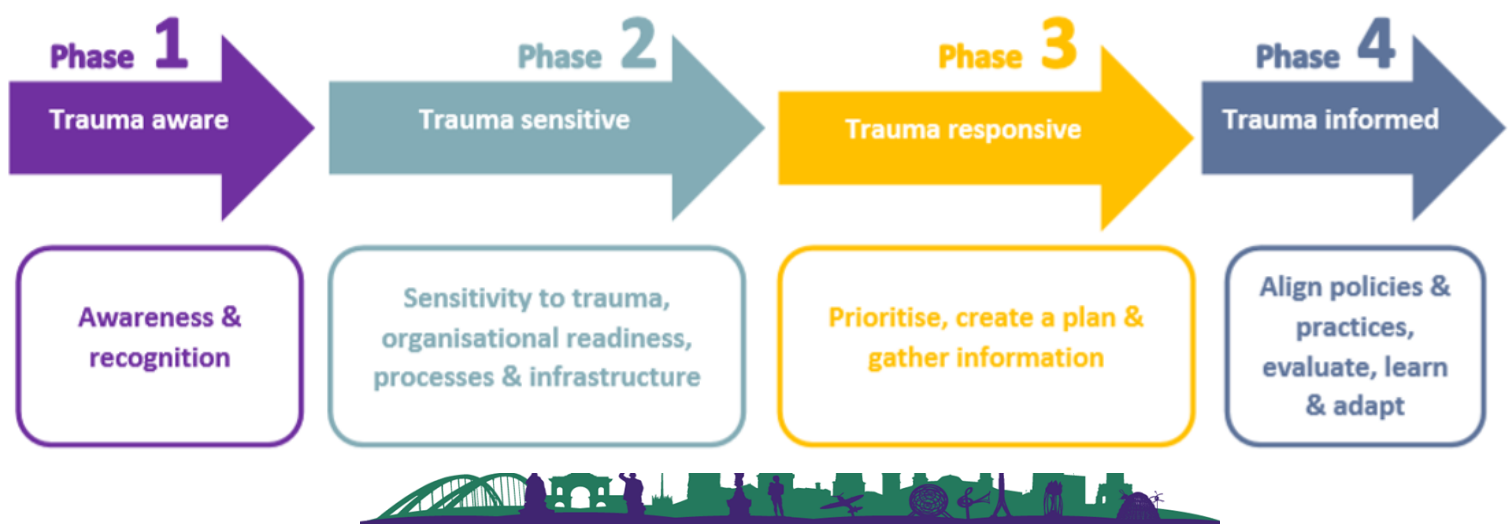
Working in partnership with the Lancashire Violence Reduction Network, all organisations are encouraged to use the [LVRN organisational development tool](#) to support them towards becoming Trauma Informed. The development tool is a useful resource available for system leaders to self-assess their strengths, gaps and opportunities and to support them along their own organisational trauma informed journey.

The core principles of the development tool are to support organisations to:

1. Realise the potential neurological, biological, psychological, and social impact of trauma.
2. Recognise that anyone we meet may have experienced trauma.
3. Respond to the impact of trauma.
4. Move away from blaming and judging people for their behavioural and psychological reactions, and to recognise that these responses may be a result of trauma.
5. Understand that people with a history of trauma may find it more difficult to trust and engage with others, particularly professionals who are often seen to be in a position of power and authority.
6. Promote strengths, protective factors, and resilience.
7. Recognise the importance of relationships.

The implementation and application of the five principles of TIP may vary differently across organisations and subsequently each organisation may be at different stages of the process. It is therefore useful to consider a phased approach to implementing TIP.

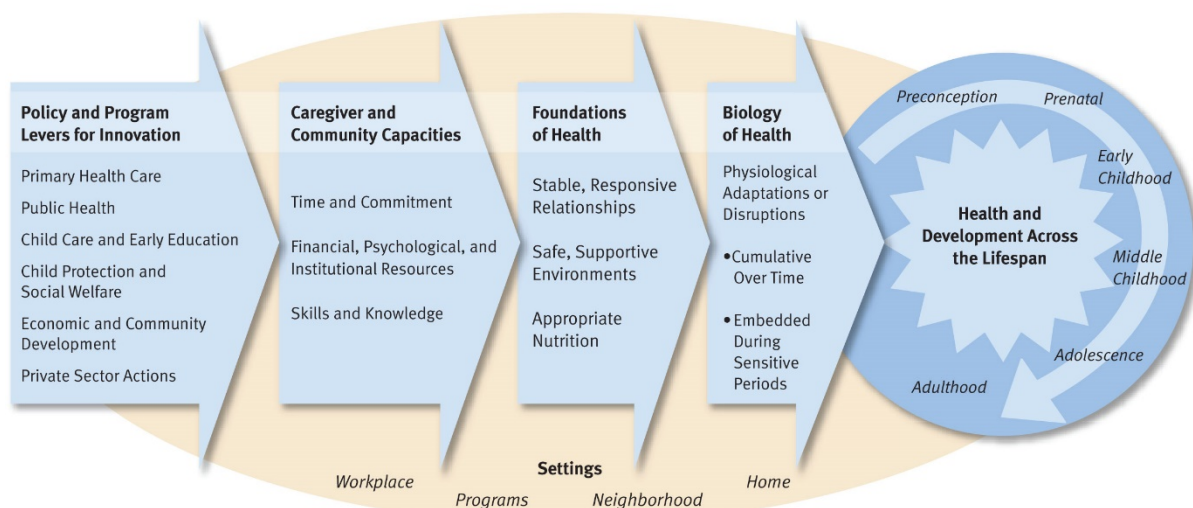
Lancashire VRN Taking a TI approach – phased approach:



Blackburn with Darwen – A Trauma-Informed Borough

In Blackburn with Darwen, we have developed a whole-system population approach using an ecological framework to address trauma. Building upon the borough's rich history into the research and development of trauma informed approaches, a 'stocktake' of current policy and practice, training and support has been undertaken across multiple partners and settings in order to better understand the impact of trauma informed approaches on various strategies and programmes.

This shared framework has been developed to enhance understanding of risk and resilience factors across the life-course, from pre-birth, through to childhood and adolescence into adulthood and older adults. We recognise that until recently, this movement has been primarily profession-led, both locally and internationally. A shared citizen-led movement would bring the reality of a trauma-informed borough into the hands of local people and communities, helping to build a collective understanding of experiences, the impact on lifestyle behaviours and health outcomes and to enable a shared advocacy for system change. Activism at local level, alongside a national agenda, is needed to strengthen the response to trauma and we propose to bring about such local change across Blackburn with Darwen.



A Systems Resilience Framework

Systems Resilience can be defined as a ‘*whole-systems*’ understanding of resilience to tackle health inequalities rather than narrowly focusing on the resilience of individuals, organisations, communities or systems in isolation (Popay, 2018).

Resilience in this context is understood as the shared responsibility of the individual, the family, the community, services, settings and policy development and design. It is seen as a dynamic process that connects and utilises all of the adaptive capacities available to a community and utilises a multi-dimensional approach to collectively support the recognition and prevention of trauma. As we strive towards becoming a Trauma Informed Borough in Blackburn with Darwen, we are working collaboratively with core partners and community voices across the system in order to understand our rich local history of recognising and responding to Adverse Childhood Experiences (ACEs) and trauma and to celebrate this as we move further along our journey.

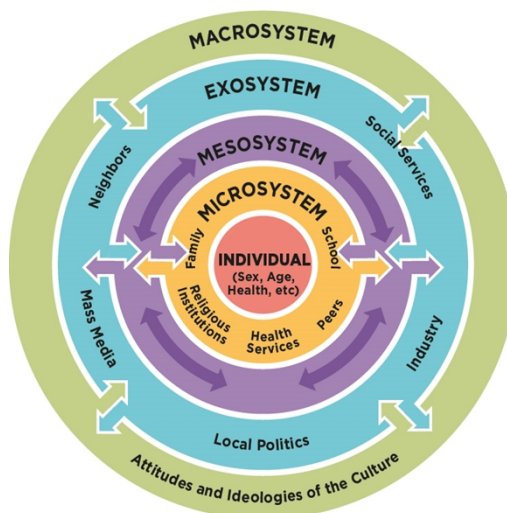
The Socio-Ecological Model

Due to the pervasive and endemic characteristic of trauma, it is useful to utilise an ecological model as a theoretical framework to better understand the inter-connectivity across services and settings. The ecological model considers the complex interplay between individual, interpersonal, organisational, community and public policy. It allows us to understand the range of factors that put people at risk of being exposed to trauma, protect them from experiencing such adversity and to mitigate the impact. Developing a systems-resilient framework using the socio-ecological model enables all parts of the public and third sectors to take responsibility for their policies and practices for both service users and the workforce as we collectively strive to reduce the incidence and impact of trauma.

Each level in the Socio Ecological Model can be thought of as a level of influence and also as a key point for prevention. The use of this model helps us to see how the different component parts within a system overlap, thereby demonstrating how factors at one level influence factors at another level, helping us to thread a shared vision across all facets of the system. Adopting such a model supports a coherent set of principles to guide trauma informed prevention and mitigation, align ACE principles alongside existing interventions, and become



a mechanism for determining gaps in strategies to guide new service development (Blodgett, 2009).



The chart below demonstrates how the Socio Ecological Model may be used by multiple providers, settings and organisations to identify existing service provision and gaps in service. (Adapted from the National Center for Injury Prevention and Control Violence Prevention Model):

Level of SEM	Examples of strategies by level of influence
Individual	<ul style="list-style-type: none"> • School-based programs that help pupils to develop social, emotional and behavioural skills to build positive relationships • Parenting programmes • Appropriate training, reflection and supervision
Family/Home/Relationships with others	<ul style="list-style-type: none"> • Infant and maternal mental health support programmes • Conflict resolution • Family time/Play and Learn
Community	<ul style="list-style-type: none"> • Community Champions • Safe recreational areas for all • Neighbourhood/community engagement • Social Prescribers
Societal/Cultural/Policy	<ul style="list-style-type: none"> • Policy development (in schools, colleges, workplaces) • 5 Ways to Wellbeing • Strategic direction and governance



Local Drivers

As outlined throughout this framework, trauma underpins a number of poor health outcomes and should therefore be considered within its wider social and community context, particularly in relation to mental health and suicide prevention, children's and adult's services and health and social care.

Mental health and wellbeing has been identified as a core priority within the new Blackburn with Darwen Joint Health and Wellbeing Strategy. A commitment towards becoming trauma-informed across all of our services will ensure that the needs of the population are being addressed through a trauma-informed lens and equitable access to all services is considered within the development and design of both universal and targeted provision.

From early identification, resilience and community strengths-based approaches to safeguarding, trauma-responsive and specialist mental health provision, this framework will enable a true systems-wide approach to reducing the incidence and impact of trauma in its many guises.

The following strategies are also directly linked to this collaborative and systems-wide work:

- [Alcohol-Strategy-April-2022.pdf \(bewellbwd.com\)](#)
- [BwD Health and Wellbeing Strategy.pdf \(blackburn.gov.uk\)](#) (currently being updated)
- Suicide Prevention Strategy (currently being updated)
- Positive Ageing Framework (awaiting ratification)
- Child Poverty Strategy (under development)



Developing Action Plans using Evidence Based Practice

There is a wealth of literature to draw upon as the trauma informed movement grows both nationally and internationally. A number of toolkits have been produced and local initiative/programme evaluations have taken place as well as citizen's juries which have provided a rich evidence-based platform upon which core actions and activity can develop and grow.

In this section we have provided links to a number of good practice resources to support practitioners as well as network leads to identify their own current position on the trauma informed journey and to start to identify key areas for growth.

It is intended that the Managed Networks will develop their own set of actions, drawing upon the evidence and recommendations available and will work towards these in a collaborative and meaningful way. Where funding or strategic support is required, this will be communicated via the governance structure agreed within this framework.

There will also be a commitment from all settings and services in Blackburn with Darwen to work towards the following shared outputs:

- 1) For all staff within the service, department and organisation to receive 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](#)



Resources

Recommendations:

- **Citizen's Jury:** BwD Public Health in partnership with Healthy Living and Healthwatch Blackburn with Darwen have recently completed a citizen's inquiry to engage with community members with regards to approaching ACEs and building a set of recommendations for developing trauma informed communities.



ACEs Citizen's Jury
Report October 2021.

Implementation Packs and Toolkits:

- **Young Person's Toolkit:** 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.



ACEs report (002).pdf

- **Routine Enquiry about Childhood Adversity (REaCH):** A scoping study of the implementation of REaCH in different organisations, and implementation pack.



reach-scoping-study-
bwd-1.pdf



REaCH-implemanti
on-pack-pilot-evaluat

Evaluation and reports:

- The EmBRACE model was evaluated in January 2021 and its Trauma Informed approach was found to create 'sustainable cultural change and asset-based capacity building over time' (Hibbin & Warin, 2021).



EmBRACE Evaluation
Report. Hibbin Warin

- **Public Health England:** The effectiveness of trauma informed approaches to prevent adverse outcomes in mental health and wellbeing. A rapid review.



RR Trauma informed
approaches in non-he

- **Early Intervention Foundation:** Trauma-informed care - Understanding the use of trauma-informed approaches within children's social care



trauma-informed-ap
proaches-within-child



Other resources:

- **Gloucestershire Action on Aces** have produced an extensive bank of resources, including links to websites, guidance, books and videos.



Action-on-ACEs-Resource-Bank-December

- **Little Book of Aces:** Information for practitioners about what ACEs are, what their immediate effects are and how they can affect children both in the short-term and throughout their lives. Case studies are provided as well as different ways that have been developed to manage the effects of ACEs and to prevent them occurring in the first place.



Little Book of ACEs.pdf

- **ECLKC:** Links to resources and guidance on trauma and healing in adults, including guidance on developing staff and programme level good practice.
[Understanding Trauma and Healing in Adults | ECLKC \(hhs.gov\)](https://www.eclkc.gov.uk/trauma-and-healing-in-adults)

Case Studies:

A bank of Case Studies is being developed to support the **BwD Managed Networks** to effectively collaborate, share learning, manage knowledge and collectively build further evidence of impact. The trauma-informed journey has been captured so far through answering self-reflection questions.

Case Studies include good practice and learning with regards to training, supervision, service-user engagement, awareness raising and the development of a shared language. They can be accessed through the ACEs hub and the BwD website.

