Developing a Trauma Informed Systems Resilience Framework in Blackburn with Darwen

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ACEs and Early Trauma

ADVERSE CHILDHOOD EXPERIENCES INCLUDE:











- · 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



Impact of ACEs on adult health outcomes

- ACEs increase the risk of developing health harming behaviours.
- ACEs increase the risk of poor physical and mental health later in life (including cancer, heart disease, diabetes, depression, anxiety and post-traumatic stress).
- 1 in 3 diagnosed mental health conditions in adulthood are 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.

Exposure to ACEs can also impact:

- The ability to recognise and manage different emotions.
- The capacity to make and keep healthy friendships and other relationships.
- The ability to manage behaviour in school and work settings.
- Difficulties coping with emotions safely without causing harm to self or others
- Levels of contact with social care, the criminal justice system and substance misuse services



How do ACEs relate to wider trauma and adversity?

- Trauma extends beyond the welldocumented ACEs
- Trauma can be deeply embedded within the culture, social norms and macro-structures of 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.
- Actions to prevent and mitigate trauma and its associated harms are therefore essential to improve population health for present and future generations
- It is proposed that public and third sector interventions require a shift in focus to include prevention, resiliency, and trauma-informed service provision.



Adverse Experiences amongst the BwD Population

- In 2012, BwD was the first area in the UK to undertake a population-based ACE survey, which
 identified the prevalence of ACEs across the Borough.
- Almost half (46%) of adults living in Blackburn with Darwen had suffered at least one ACE, with 12% of adults in Blackburn with Darwen having suffered four or more ACEs (Bellis et al., 2013).
- This published study became the basis for much of the ACEs work in the UK.
- The ACE Index has found that the frequency of ACES was highest in areas with high rates of child poverty and deprivation.



Becoming a Trauma Informed Borough

In Blackburn with Darwen we:

- Recognise that the impact of ACEs and trauma is wide reaching; it crosses organisational boundaries, settings, population groups and impacts across the life-course.
- Have developed a Trauma Informed Systems-Resilience Framework to help us identify and reduce the incidence and impact of trauma amongst the population and workforce of Blackburn with Darwen.
- Are taking a partnership approach to supporting trauma-informed practice using the socio-ecological model (see diagram). This helps us to understand trauma in terms of 'risk and resilience' factors for the individual within their community and peer groups as well as wider social, political and environmental contexts.





Socio-Ecological Model, Bronfenbrenner 1979.

Becoming a Trauma Informed Borough

We will do this by:

- Developing a Systems-Resilient Framework which is understood and shared across the system
- Agreeing a set of guiding principles and signing up to the Pennine Lancs Pledge via the 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 traumainformed 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



Trauma Informed Systems Resilience Framework Objectives

Our Objectives:

· Training:

For all staff within the service/organisation to receive Trauma Awareness training as part of mandatory staff training requirements

· Auditing/Self assessment:

For the service/organisation to complete a selfassessment audit using the <u>LVRN Organisational</u> <u>Development Tool</u> (or other recognised assessment tool)

Good Practice:

For the service/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



Development and Delivery Timeline

Date	Activity
2018/19	Engagement and consultation with young people supported by Health Watch BwD.
January 2021	BwD Trauma Informed Multi-agency group was formed with direct reporting to the Children's Partnership Board
October 2021	Trauma Informed System Resilience Framework consultation via the multi-agency group began
October 2021	Trauma Informed Communities Citizen's Jury led by Healthy Living to inform the framework
April 2022	Managed networks were established with agreed governance structure to the Lifecourse Boards. Appropriate leads and core actions identified.
October-December 2022	Training offered across the workforce via the LVRN, including for strategic leaders across the system.
December 2022	Executive Board Decision
January 2023	Health and Wellbeing Board
January 2023	Action planning via the managed networks to agree next steps, growth and sustainability

