Trauma Informed Leeds

Our journey and learning so far

Leadership

- Senior responsible officers: Consultant in Public Health, Deputy Director of Children's Services, Assistant Director in the CCG
- Change leaders: Trauma informed practice integrated resource team role in leading system change
- Children's Trauma Awareness, Prevention and Response steering group
- Links with an adults Trauma Awareness, Prevention and Response steering group

Strong foundations

- West Yorkshire ICS leadership to Adversity Trauma and Response is helpful
- Child Friendly Leeds
- Established Best Start strategy
- Early help and taking a restorative approach
- A commitment to improving the health of the poorest fastest
- Leeds work to become a Marmot City
- CCG / Leeds Office of the ICS committed to population health planning and "left shift"
- Future in Mind – children's mental health strategy
- Infant mental health service

Guiding principles

A public health approach:

- Start with populations
- Seek to understand and address the causes of the causes
- Champion prevention
- Intelligent use of data and evidence base
- Target need with the aim of reducing inequality
- Work in partnership with each other and communities

Be comfortable with complexity and system change:

- People own what they create
- Real change takes place in real work
- The people who do the work do the change
- Start anywhere but follow it everywhere
- Keep connecting the system to more of itself

November event

- 444 registered
- 80 interested email network
- 34 interested in strategy development
- 41 interested in joining specific working groups
- 15 interested in acting as expert on a reference group

Building capacity to deliver

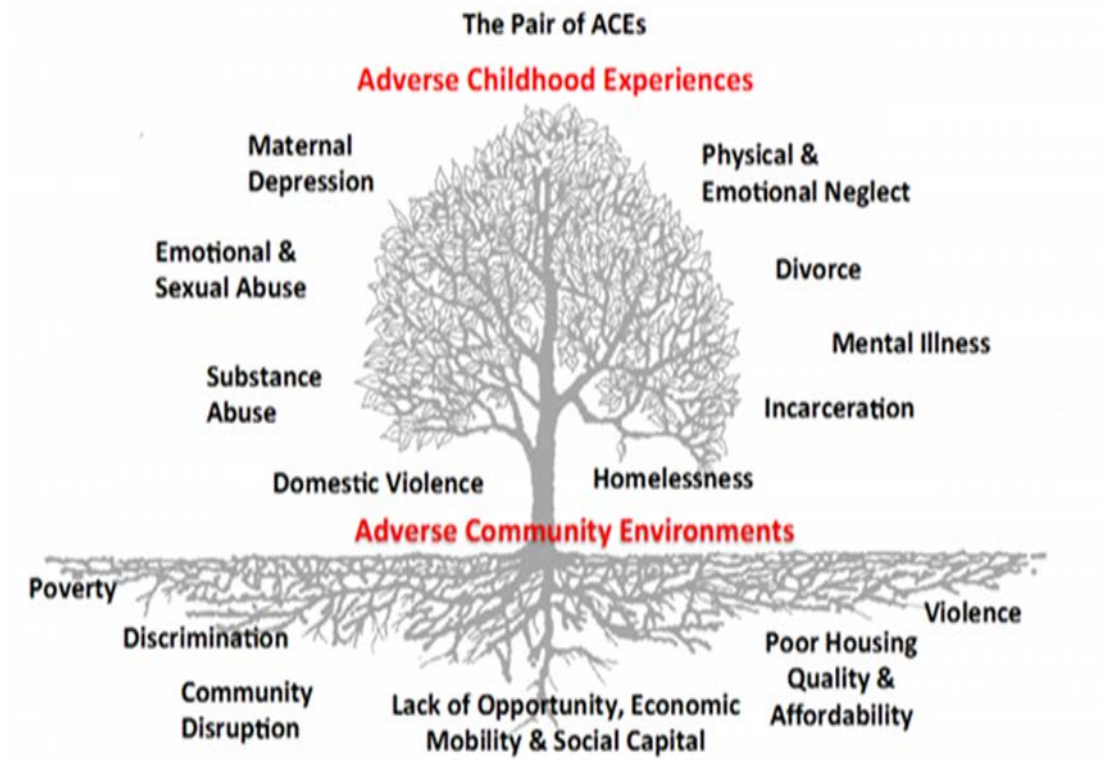
- Trauma-Informed Practice Integrated Resource Team
- Embedded researcher
- Community development worker based in the voluntary sector
- Community grants scheme

Strategic framework

- Foreword – elected member and young person
- WHY
- Background and context
- Evidence on ACEs
- Prevalence of ACEs in Leeds
- Delivery plan: outcomes and approaches
- Measuring impact

Critical application of evidence

- Research into adverse childhood experiences has generated a powerful and accessible narrative which has helpfully increased awareness of the lifetime impact of early adversity on children's outcomes.
- The current popularity of the ACE narrative should not lead us to ignore the limitations in the current evidence base or be allowed to create the illusion that there are quick fixes to prevent adversity or to help people overcome it.
- The current enthusiasm for tackling ACEs should be channelled into creating comprehensive public health approaches in local communities, built on the evidence of what works to improve outcomes for children.



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

Prevalence

Our understanding of the number of children and young people experiencing trauma and ACEs is limited as good data is missing and trauma is often hidden. A 2020 report estimated that in Leeds:

- 19.8% (33,580) of children and young people live in households with any of the so called ‘toxic trio’ (domestic violence, parental mental health, parental substance abuse).
  - 7.3% live in a household with domestic violence
  - 5% live in a household with parental drug and alcohol abuse
  - 15% live in a household with parental mental health issues.
  - 1.2% (1,994) of children and young people live in households with all three of the toxic trio.
- 0.76% (1288) of children and young people are looked after (otherwise known as being in care)
- 0.4% (676) of children and young people are involved with the Youth Justice Service
- 0.13% (228) of children and young people are at risk of homelessness.

Approach

- Collaboration with communities and partners
- Prevention
- Organisational development
- Workforce
- Helping and healing
- Evaluation and research

Challenges

- The scale
- Time
- Settings?
- Control?
- Specific action?
- Measuring the impact of creating a movement

Opportunities

- Links to the current context
- Build back fairer – becoming a Marmot city
- Child death overview panel – inequalities lens, causes of causes
- CCG commitment to population health and prevention
- Imaginative commissioning e.g. Infant Mental Health Service, Trauma Informed Practice Integrated Resource Team

Children living in families: links to adult trauma

- The trauma informed approach/ movement
- Workforce development
- Community collaboration
- Using/ building on the network from the event together
- Community collaboration
- Task group to explore co-production

- *An asset based approach, build strengths and resilience at an individual and community level alongside recognising the traumatic impact of adversity*

This time next year

- Steering group going strong
- Grants scheme active, community work being delivered
- Community development worker listening and delivering
- Trauma informed practice integrated resource team established
- Examples of workforce development and organisational development delivered
- Evaluation plans in place, data being gathered, learning being shared