West Yorkshire Health & Care Partnership

Becoming a trauma-informed system by 2030

Reflections on the successes & challenges of implementation

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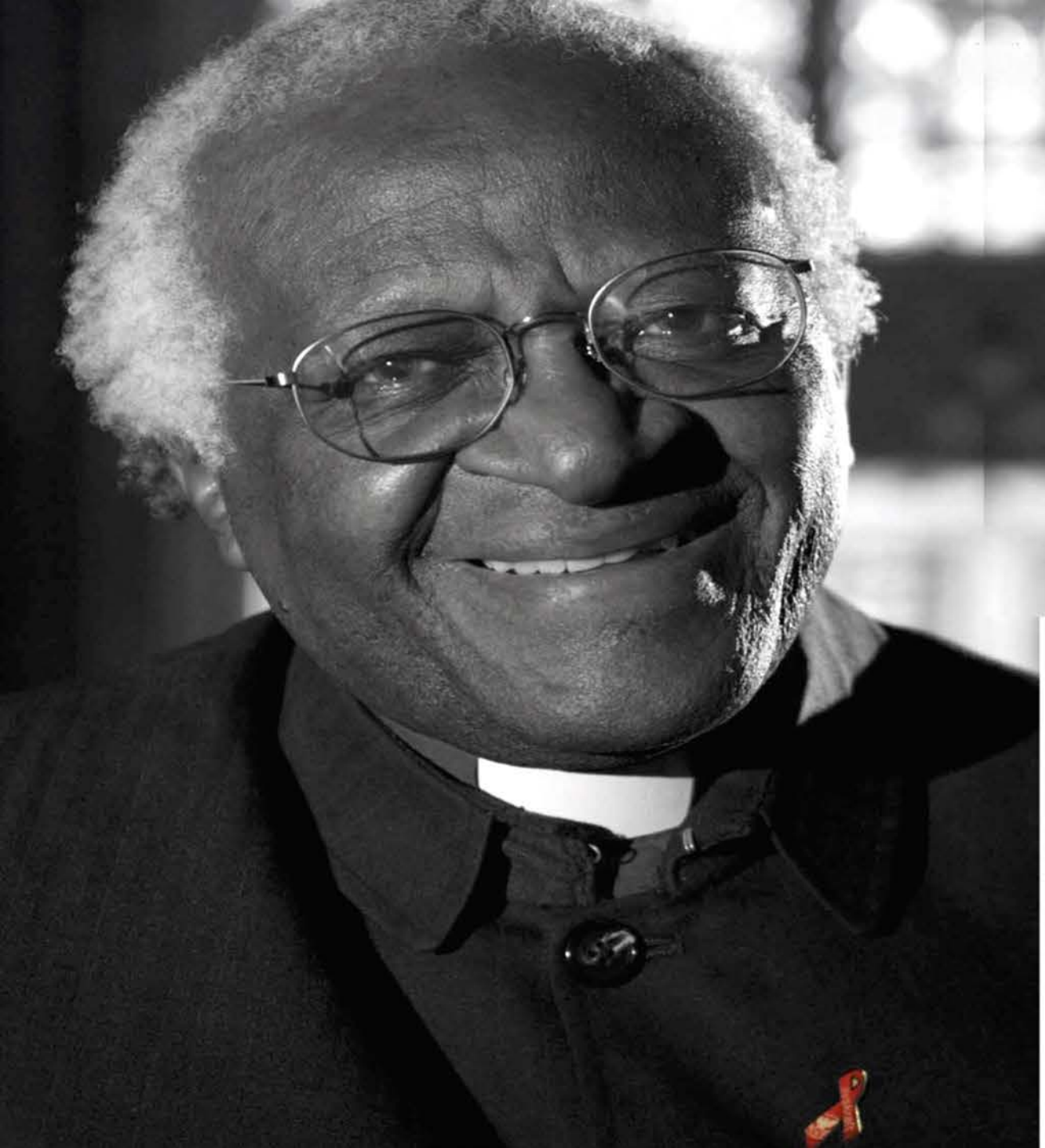
Setting the Scene 2020-2022

- I have been acting as an expert advisor to the West Yorkshire Partnership ATR programme since 2020
- Supporting Emm & Carrie as a thinking partner
- I've met a lot of stakeholders, attended a lot of meetings and presented keynotes at launch events and conferences on ATR across WY partnership
- I have delivered numerous workshops on System Change, Trauma Informed Practice, Adversity, Resilience and Routine Enquiry
- I have been constantly impressed by the passion, expertise and ambition shown by colleagues in West Yorkshire



“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

Health & Financial Burden of Adverse Childhood Experiences in England & Wales

Open access Original research

BMJ Open

Health and financial burden of adverse childhood experiences in England and Wales: a combined primary data study of five surveys

Karen Hughes ,[1,2] Kat Ford,[3] Rajendra Kadel,[1] Catherine A Sharp,[3] Mark A Bellis[1,2]

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ABSTRACT

Objective To estimate the health and financial burden of adverse childhood experiences (ACEs) in England and Wales.

Design The study combined data from five randomly stratified cross-sectional ACE studies. Population attributable fractions (PAFs) were calculated for major health risks and causes of ill health and applied to disability adjusted life years (DALYs), with financial costs estimated using a modified human capital method.

Setting Households in England and Wales.

Participants 15 285 residents aged 18–69.

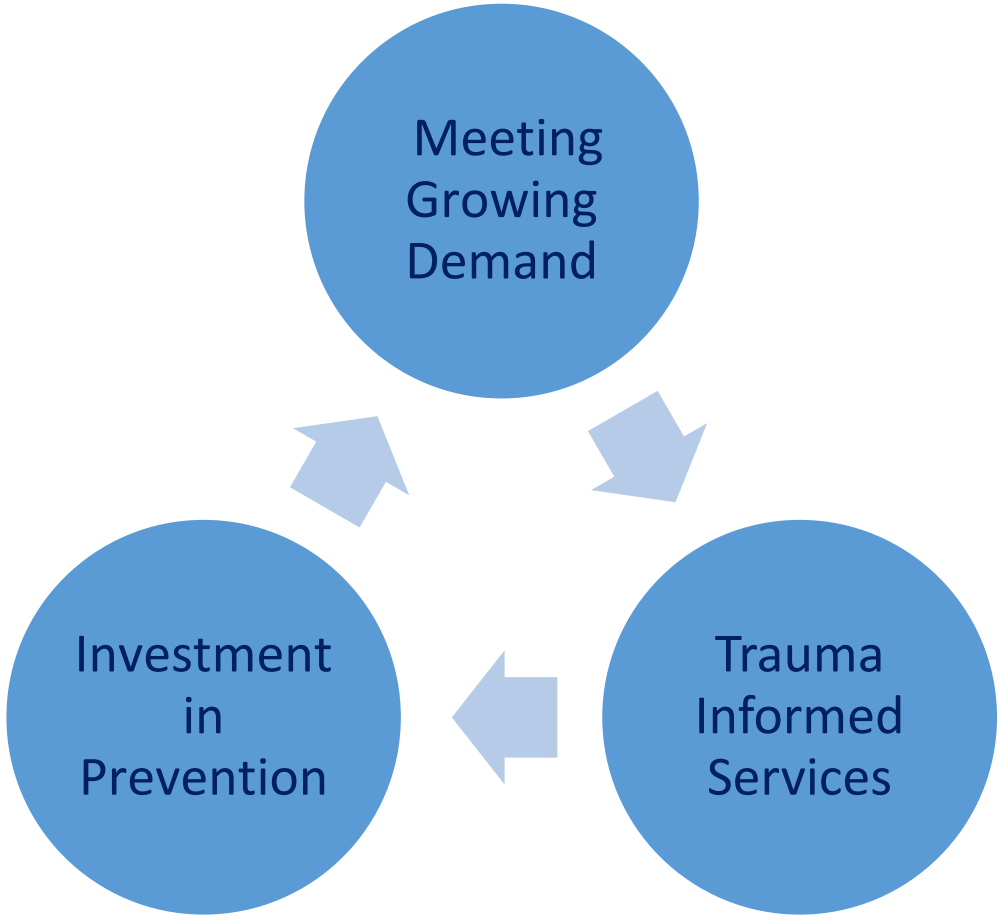
Outcome measures The outcome measures were PAFs for single (1 ACE) and multiple (2–3 and ≥4 ACEs) ACE exposure categories for four health risks (smoking, alcohol use, drug use, high body mass index) and nine causes of ill health (cancer, type 2 diabetes, heart disease, respiratory disease, stroke, violence, anxiety, depression, other mental illness); and annual estimated DALYs and financial costs attributable to ACEs.

Results Cumulative relationships were found between ACEs and risks of all outcomes. For health risks, PAFs for ACEs were highest for drug use (Wales 58.8%, England 52.6%), although ACE-attributable smoking had the highest estimated costs (England and Wales, £7.8 billion). For causes of ill health, PAFs for ACEs were highest for violence (Wales 48.9%, England 43.4%) and mental illness (ranging from 29.1% for anxiety in England to 49.7% for other mental

Strengths and limitations of this study

- Adverse childhood experiences (ACEs) are known to increase individuals' risks of poor health across the life course, yet the financial burden they impose on national economies is largely unmeasured.
- We combined primary data on ACEs and 13 health outcomes from five general population ACE surveys undertaken in England and Wales.
- For each outcome, we generated population attributable fractions for cumulative ACE exposure and applied these to disability adjusted life years, which in turn allowed calculation of financial burden of ACEs using a modified human capital approach.
- ACE data were retrospectively reported and may be affected by recall bias, while general household surveys by their nature are likely to exclude those that have suffered the greatest impact of ACEs (eg, homelessness, incarceration or premature death).
- Although many major health outcomes were included in the study, data are not yet available on all health outcomes potentially associated with ACEs and financial estimates are likely to be conservative.

behaviours and the development of mental and physical illness has burgeoned in recent


Meeting Growing Demand
Trauma Informed Services
Investment in Prevention

We need a public health approach preventing & addressing the impact of childhood adversity

- Multiple Public Health Organisations have reviewed the evidence for ‘what works’ and agree that in order to transform the health and wellbeing of future generations

- We can and must:
- a) **Prevent** adverse childhood experiences (ACEs)
- b) **Support** child and family wellbeing/ parenting
- c) **Detect and mitigate** the impact of Trauma & Adversity
- d) **Promote resilience** across the life course

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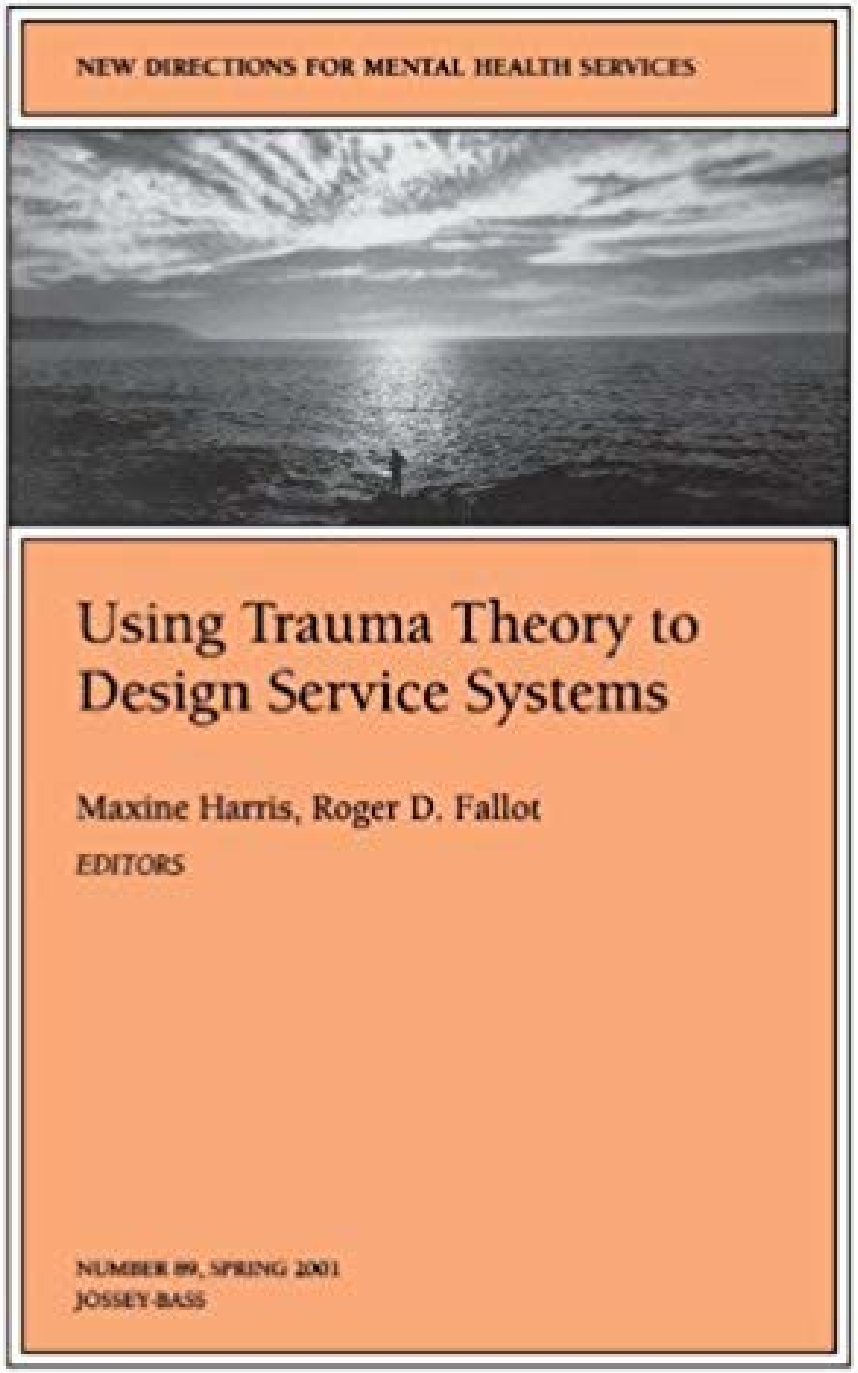

The 4 R's – of Trauma Informed Care

- A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization. (SAMHSA, 2014)

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What is Trauma Informed practice? #2

*"Trauma-informed practice is about the **democratisation** and **application** of **bio-psycho-social** science, in human service settings and in society."* *Larkin, W. (2021)*

Public make informed choices

Services remove barriers

Relationship-driven practice

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The Bio-Psycho-Social Model

- George Engel put forward this idea in 1977 as a holistic alternative to the dominant biomedical model that had dominated since the mid-20th century
- He felt the bio-medical model was narrow, reductionist and **ignored the patient's subjective experience**
- **Bio** (physiological pathology)
- **Psycho** (thoughts emotions and behaviours such as psychological distress, fear/avoidance beliefs, current coping methods and attributions)
- **Social** (socio-economical, socio-environmental, and cultural factors such as work issues, family circumstances and benefits/economics)

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Over a 12 month period, compared to people with no ACEs, those with four or more ACEs were:

2x more likely to have frequently visited a GP**

3x more likely to have attended A&E

3x more likely to have stayed overnight in hospital

Up to the age of 69 years, those with four or more ACEs were 2x more likely than those with no ACEs to be diagnosed with a chronic disease*$

For specific diseases they were:

4x more likely to develop **Diabetes (Type 2)**

3x more likely to develop **Heart Disease**

3x more likely to develop a **Respiratory Disease**

Levels of health service use were higher in adults who experienced more ACEs*#

Examples of the most "definitive" meta-analyses linking childhood adversities / trauma and subsequent risk of developing mental health difficulties

(Filippo Varese, 2018)

Depression	Mandelli et al (2017)
Anxiety	Lindert et al. (2014)
Obsessive compulsive disorder	Miller & Brock (2017)
Suicidal behaviour	Zatti et al. (2017)
Non-suicidal self-harm	Liu et al. (2017)
Functional neurological (conversion) disorders / medically unexplained symptoms	Ludvig et al. (2018)
Dissociation	Vonderlin et al. (2018); Rafiq et al. (2018)
Eating disorders	Molendijk et al. (2017)
Substance misuse (illicit drugs, alcohol etc.)	Norman et al. (2012)
Psychosis	Varese et al. (2012)
Bipolar disorder	Palmier-Claus et al. (2016)
Borderline personality disorder	Porter et al. (under review)

Childhood Trauma & Homelessness (Liu et al, 2021, The Lancet Public Health, Volume 6, Issue 11,

- 29 studies in the systematic review and 20 studies in the meta-analysis
- Emphasise the near **universality of ACEs in the homeless population**, as well as their association with poor outcomes in adulthood.
- **Lifetime prevalence was 89.8% for one or more ACEs and 53·9% for four or more ACEs among people experiencing homelessness.**
- in the general population, it is estimated that 38–39% have one ACE exposure and 3–5% have four or more
- **ACEs were consistently positively associated with suicidal risk, suicide attempts, major depressive disorder, problematic substance use, and adult victimisation among people experiencing homelessness.**

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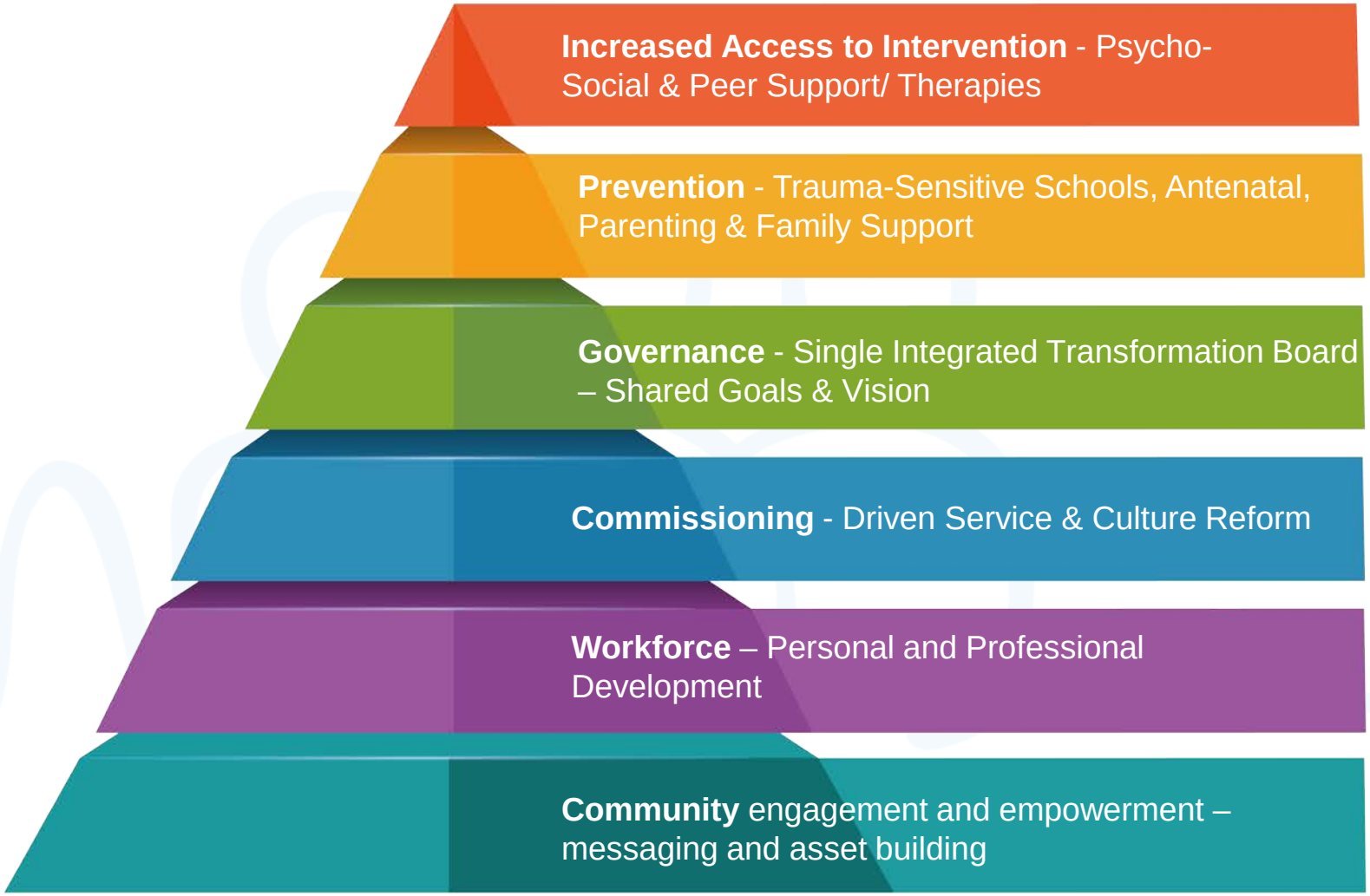
Trauma-Aware System Change (TASC) model



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Workforce Approach – Key recommendations

1. Provide the entire multi-agency workforce with a foundational level of education and awareness of Trauma, Adversity, Resilience & Prevention (akin to safeguarding)
2. Develop a Knowledge & Skills framework so everyone has appropriate attitudes, level of knowledge and skills for the role they perform
3. Routine/ targeted enquiry training and support for appropriate roles/ settings
4. Workforce should have opportunity to address their own adversity, trauma & and get the help to do that
5. Operational managers, leaders and supervisors are supported as advocates, enablers and change agents
6. Trauma informed supervision & reflective practice for all front-line staff
7. Trauma informed practice standards/ organizational development plans
8. ATR Community of Practice – relationships, CPD, multi-agency reflection

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Most Recently…

- I have been contributing to the work of the ATR Training Collaborative
- I've been given the opportunity to collaborate with Lisa Cherry and Dr Alicia
- My most recent assignment has been working with partner agencies to consult, adapt and co-produce sector specific content for the…
- 'Foundation Training in Adversity, Trauma and Resilience for Multi-Agency Colleagues in West Yorkshire'
- Working with Training Collaborative CotW to produce a Trauma Informed Knowledge and Skills Framework for West Yorkshire

REACh™ (Routine Enquiry about Adversity in Childhood) Model

Routine enquiry for history of adverse childhood experiences (ACEs) in the adult patient population in a general practice setting:
A pathfinder study

Proof of concept – Feasibility and Preliminary Impact Evaluation 2018

Blackpool Better Start

Health Visitor Adverse Childhood Experience (ACE) Enquiry - Survey Report September 2020.

Centre for Early Child Development

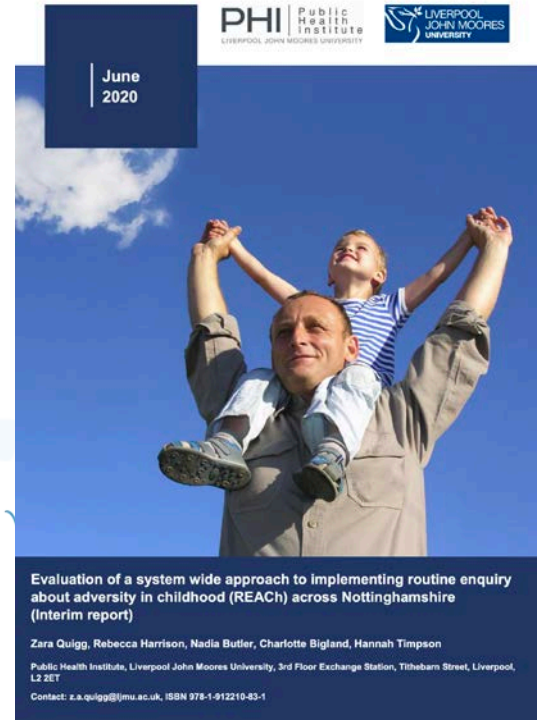
Heliyon

Childhood adversity and trauma: experiences of professionals trained to routinely enquire about childhood adversity

Josie Pearce, Craig Murray, Warren Larkin

Editorials
Addressing adverse childhood experiences:
implications for professional practice

"Enquiring sensitively, with a questionnaire-based tool, when followed up with a compassionate response, is acceptable to patients and fosters insight into the social and psychological determinants of many presenting problems."



Resilience building vs Treatment

Source: www.acesaware.org/resources/

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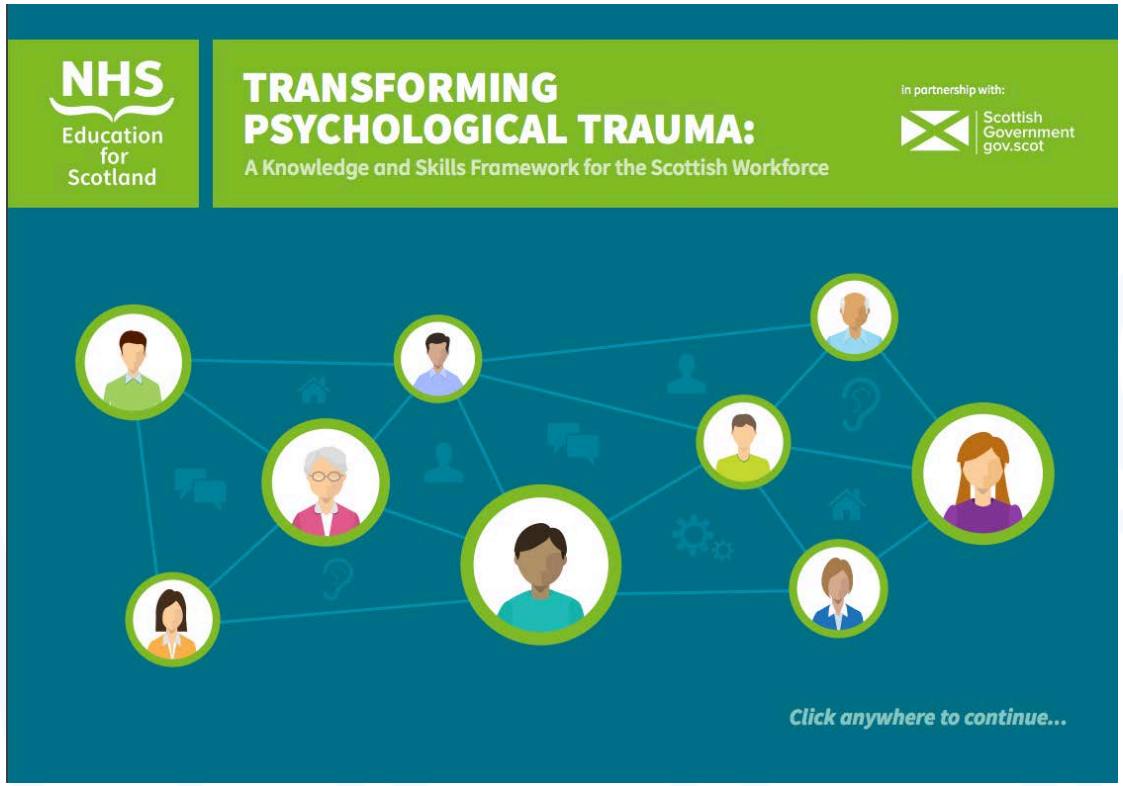

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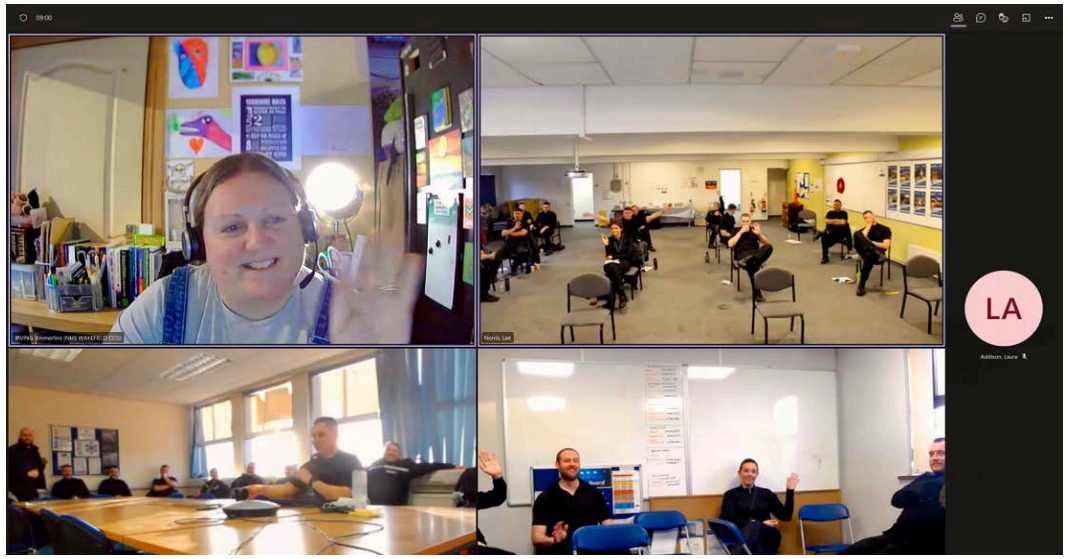

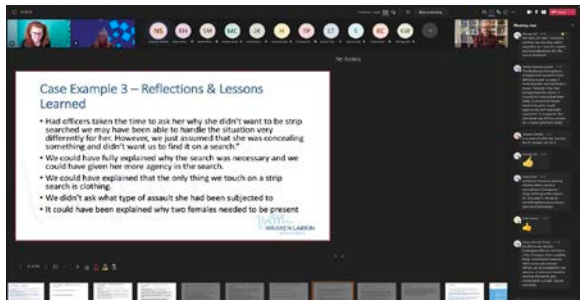

Adverse Childhood Experiences, Trauma and Resilience - A Foundation Course for West Yorkshire Police - Part 1

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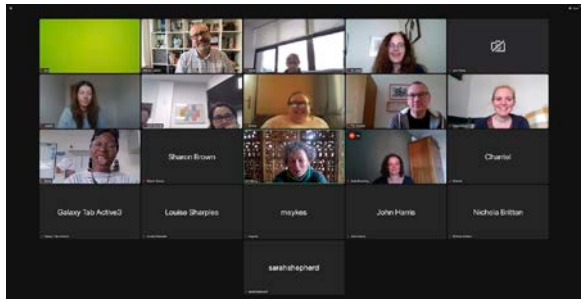

Foundation Training –Why and How

- **Why -** Like Safeguarding knowledge– if you work with people, **you need to have an informed perspective** on Adversity, Trauma and Resilience
- **How** – We engaged with managers and workers from each sector to assess their needs and existing level of knowledge
- We shared an evidence-based and well evaluated foundation course with these focus groups and **generated sector specific content**, cases & adaptations

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Foundation Training

- **Online** via Zoom or Teams
- **3-hour session** - interaction via discussion, group work, presentation, Q&A, case examples and reflection

- **West Yorkshire Police** - Response Officers
- **A&E staff** – Calderdale & Huddersfield Foundation Trust
- **Housing Sector** Organisations
- **Primary Care** – Calderdale Primary Care Networks
- **Armley Prison** – SMT and Officers
- **GP Trainees** – Wakefield

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Foundation Training - What we learned…

- For many there was a varied level of baseline knowledge
- For some it was the first time they encountered these concepts and ideas
- The sessions had a powerful impact
- Some people went on to seek help for their own unresolved issues
- Supervision/ reflective practice varies from excellent to non-existent
- There was strong support for the principle of reflective, restorative & developmental supervision in the workplace becoming ‘standard practice’
- Sector-specific & multi-disciplinary sessions have value

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Foundation Training – sector specific issues

- Workers felt strongly that their managers and senior leaders should attend the training
- Workers are clearly being traumatised by the work they do and some operate in a culture where this is normailised or minimised
- This quote conveys the sentiment, *“if no-one is caring for us, how long are we going to be able to show care for the people we meet?”*
- High demand, time pressures, coupled with impersonal procedures - limits the opportunity for a person-centered approach
- Procedure and pace limit the potential for relationships and asking the right questions

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Foundation Training– Police & Housing

- Approximately 600 members of police and housing staff have undertaken the trauma informed training.
- We received 110 post training evaluations and from those responses:
  - 79% of staff agreed or strongly agreed that ‘I think the training is relevant to my work and the people I serve’.
  - 76% of staff agreed or strongly agreed that ‘it is likely the training will influence my day-to-day practice/approach’.
  - 81% of staff agreed or strongly agreed that ‘other colleagues across agencies would benefit from attending this Adversity, Trauma & Resilience Awareness training course’.

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Foundation Training – Housing

- Approximately 300 members of housing staff have undertaken the trauma informed training.
- We received 45 post training evaluations and from those responses:
  - 93% of staff agreed or strongly agreed that ‘I think the training is relevant to my work and the people I serve’.
  - 91% of staff agreed or strongly agreed that ‘it is likely the training will influence my day-to-day practice/approach’.
  - 96% of staff agreed or strongly agreed that ‘other colleagues across agencies would benefit from attending this Adversity, Trauma & Resilience Awareness training course’.

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Feedback from the Foundation Training

- *"Today's training session was very informative, powerful and well presented."*
- ***"I think the varied content was well balanced, with information, discussion and video, even though it was 3 hours on a Friday afternoon on a sensitive subject I was engaged throughout. There were things I could use with my Team to start discussion on this area."***
- ***"Thank you for the informative input, very interesting. Working as a patrol officer we do have significant powers and enter the appropriate homes of those during/post many ACE events in children's lives."***
- *"An excellent session which massively increased my understanding."*
- ***"I found the course really interesting. Within the first 10 mins relating to the hierarchy of need helped me understand client's behaviour and reactions a lot more. I think this has been really useful to show how to relate to and communicate with clients who may be experiencing trauma, which can get lost within a busy role sometimes."***
- *"Found the training to be very thought provoking and insightful. I have never come across some of the issues and practices highlighted such as ACE's and Traumatic informed practice, so this training has helped me improve my knowledge and understanding regarding these issues."*

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"I wished I had this training 29 years ago when I first joined the force, I have learned a lot of useful information, and it would be useful for leaders to attend the training too…

For me there are 3 facets to the training that are helpful…

For me as Police Officer, the training provides insight to start to understand why people may behave in a certain way (both children and adults) that will inform a method of approach to assist as a communication strategy, in order to be able to respond there and then with incidents/individuals, provide initial support to achieve best evidence/victim care initially and signpost accordingly.

As a peer to be able to maybe identify and address colleague behaviour/attitude.

As a leader (very much as above) but to identify /staff welfare, performance, and attendance with a view to support."

Inspector Mark Chamberlain
Wakefield District Neighbourhood Patrol – Team 5

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Foundation Training…*Opportunities & Risks*

- **The experience was powerful; provoking personal and professional insights and shifts**
- Three main implications:

1. Personal reflection and insight regarding own experience of adversity, trauma and resilience

- Handled and supported well this leads to better supported resilient workers and teams ✔
- Handled badly or without care, this could lead to re-traumatization and a more vulnerable workforce ✕

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Foundation Training…*Opportunities & Risks*

2. Workers embrace the values and principles of trauma informed practice & see opportunities for improvements/ express concern for out of date or incompatible policy or practice

- With a manager or supervisor who is modelling the values and principles of trauma informed practice they become champions, advocates and agents of change ✔
- Without such management support they become frustrated, feel disempowered and either *'fall in line'* or *'vote with their feet'* ✘

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Foundation Training…*Opportunities & Risks*

3. Uptake has been fantastic – however, there are **thousands of workers & leaders** who need to access this crucial knowledge and education.

- We have developed some high-quality products ✔
- We have very high demand ✔ and a huge multi-agency workforce ✘
- We will develop the WY Partnership ATR Academy – to offer ATR Fellowships… ✔
- This will mean supporting Fellows to become trainers, advocates and change makers ✔
- We also want to build capacity by recruiting & training & coaching a group of ATR trainers to deliver high quality TIP training & practice development support across the Partnership ✔

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Supervisors, Managers & Clinical/ Practice Leaders

- Let's assume we have successfully empowered the whole workforce to be informed & passionate agents of change…and to get help themselves if they need it…
- …and we have board level support and long-term commitment from all partner organisations in West Yorkshire
- GREAT!!!
- Wait a minute, who is going to…

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Supervisors, Managers & Leaders

- Create the conditions for change on the ground
- Model Trauma Informed values & support cultural change
- Provide permission
- Remove organizational barriers & assertively advocate (walk the tightrope)
- Encourage innovative solutions,
- Champion relationship-driven model (staff, customers, communities)
- Facilitate reflective practice / supervision
- Develop, coach and challenge
- Revise operational policy and procedure,
- Oversee a team or service progress against trauma informed practice standards

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Relationships are our No 1. asset – the key to health, recovery and resilience

Society - Harvard Study of Adult Development - Relationship satisfaction was a better predictor of longevity & happiness, than social class, IQ, or genes.

Individual Recovery -"Strengthened relationships are a key resource in times of acute stress. Indeed, the perceived absence of supportive relationships is one of the strongest predictors of post-traumatic stress disorder" (Chris Brewin, 2000)

Therapeutic Relationships - Quality of the relationship is the most consistent predictor of change in psychosocial interventions. It's the relationship that heals…

Organisational & System Imperative - If resilience and healing relies on relationships, then we must, "look after the people, that look after the people."

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Thank you…

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