

Report of: The Leeds Trauma Awareness, Prevention and Response Steering Group

Report to: Leeds Health and Wellbeing Board

Date: 9th February 2023

Subject: Seeking sign off for the Compassionate Leeds: Trauma awareness, prevention and response strategy for children, young people and families

Are specific geographical areas affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of area(s):		
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number: Appendix number:		

1 Summary of main issues

Colleagues responsible for the Trauma Awareness, Prevention and Response Steering Group presented to the Health and Wellbeing Board in December 2021. The board

- Noted the ambitious vision and scope of the Leeds work
- Recognised progress to date in Leeds
- Noted proposed next steps in Leeds
- Recognised the synergy of the WYICS programme and benefit of working together

Today we will share the proposed strategic approach and request sign off from the board and we will share progress delivered to date to make Leeds more compassionate and trauma informed.

2 Recommendations

The Health and Wellbeing Board is asked to:

- 1 Note the progress made by the Trauma Awareness, Prevention and Response Steering Group since December 2021
- 2 Sign off the draft strategy, endorsing publication in March 2023

3 Seeking sign off of the Compassionate Leeds Strategy from the board

3.1 The attached strategy sets out our ambitions vision which is: for partners in Leeds to work collectively as a trauma-informed city where we realise the widespread and unequal impact of adversity and recognise the part we can each play in overcoming this. Through nurturing relationships and building strengths, we hope that all babies, children, young people and those who care for them will feel safe and thrive.

3.2 It also sets out:

- Some of the language around trauma and adversity
 - Why we want Leeds to be a trauma-informed city
 - How being a trauma informed city will help children, young people and families in Leeds
 - The journey so far and the context within which this strategy sits
 - How this strategy has been developed
 - The data and evidence upon which we're building this strategy
 - The principles which underpin this strategy
 - What a public health approach to trauma looks like
 - The strategic framework including what we want to achieve
 - How we plan on getting there (our action plan)
 - How we plan to monitor and evaluate the strategy
 - The leadership and governance of the strategy
- We request that the board reads the strategy, listens to the presentation and has a discussion to enable agreement to sign off the strategy

4 Update on key developments since December 2021

4.1 An Adult Trauma Awareness Prevention and Response Steering Group has been set up

This was set up in January 2021 in recognition of the need for a strategic, collective leadership and coproduced response to adults of all ages who fall outside the children, young people and families strategic remit. This integrated response from the Leeds City Council and Leeds Office of the NHS ICB, incorporates partners from across the spectrum, working in close alignment with the Children Young People and Families steering group.

From January 2022 this work has evolved to form a parallel professional movement of organisational leaders alongside a smaller influential strategic group to progress the work at pace.

This response is strategically embedded within the mental health strategy however trauma awareness and trauma informed approaches are not solely occupying a mental health space. The strategic vision is the breadth and reach of this evidence base and the membership of the professional movement has the requisite broader inclusion to ensure expanded reach into other areas and systems.

4.2 Trauma Awareness Prevention and Response Community Grants Scheme has been set up and administered

The NHS West Yorkshire Integrated Care Board in Leeds, Leeds City Council and Forum Central have partnered with Leeds Community Foundation to deliver a grants programme that seeks to boost protective factors in children and young people who have experienced, or are at risk of experiencing, adversity. The main focus is on community organisations working with children and young people and families to promote strong, healthy relationships through activities that support the development of relationship & pro-social skills. The programme received twenty-seven applications and eight organisations have to date been awarded grants. These organisations have also been selected not only on the strength of their application but also in terms of their reach particularly in relation to those who work in more deprived areas, or with groups who face additional challenges, for example care leavers, families facing domestic abuse or racial inequity. A further application process for the remainder of the funding will be undertaken in the coming months that will focus on protective factors and targeting children and young people and their families from Black and Minority Ethnic communities.

4.3 The Leeds Trauma Informed Practice Integrated Resource Team has been further developed

The trauma informed practice integrated resource team currently consists of one permanent team member (the health co-lead) and a temporary seconded team member from the Educational Psychology Team (the education co-lead). From existing resource, some time is currently given to the team by an Early Help social care colleague (the social care co-lead).

Key outcomes for this team:

The workforce working with children and families in Leeds will understand and adopt a trauma informed lens within their practice
The organisations they work within will understand and actively support them to adopt this trauma-informed approach
Key workforce groups will be able to access ongoing support to develop and embed a trauma informed approach in their work through reflective case discussion, supervision formulation and consultation
There will be easy and streamlined access to joined-up, integrated trauma-focused expertise and recovery-focused intervention where needed.
Stakeholder agencies and arenas will be working in partnership towards a Compassionate, Trauma-Informed Leeds across the life-course; families, schools/colleges and communities will have increased awareness of the impact of trauma and adversity in childhood.

The three co-leads have been carrying out a range of activities to develop an implementation plan to establish this new team, adopting a trauma-informed approach to this work from the outset. Initial activities included planning and hosting a series of multi-agency team planning sessions. The clear consensus from these was that team should:

- Provide an integrated multi-agency support offer for anyone seeking trauma-focused expertise for young people in the city and be a recognisable place to go for support and guidance, with a single access point.
- Empower professionals and families to follow a graduated approach to meeting need - know what to do, in what order, within their existing relationship with the child to help them.
- Will not provide all trauma-focused intervention for young people, but will be well-connected to other services which do and will create an integrated system with partner providers, that can provide smooth access to suitable support and intervention – team around the family approach
- Will offer some direct therapeutic intervention where this will extend, compliment or develop existing provision, using a co-working approach

Subsequent activities have included:

- Drafting a service specification document for the team
- Drafting an outcomes framework for the team
- Discussions with ICB colleagues about funding/ service model/outcomes framework/collaborative agreement
- Connecting with and contributing to the West Yorkshire Adversity Trauma and Resilience Programme and their expert consultants to ensure our programme aligns with the regional direction, available evidence and best practice guidance
- Connecting with many key people across all agencies in Leeds to raise awareness, increase understanding and build relationships
- Connecting with people from other areas of the UK who are working towards similar outcomes eg Islington, Lancashire/South Cumbria, Southampton.
- Exploring ways to model trauma informed practice in recruitment inc. ways to increase diversity in team
- Exploring ways to co-design with people with lived experience/who might link with team, in a trauma-informed way
- Developing plans for a trauma information hub as part of the Mindmate website as a resource for professionals working with young people
- Health: building a trauma-informed lens into staff support and organisational development in Leeds Community Healthcare; promoting the programme across child health teams; developing a clinical model to guide formulation, consultation and intervention planning

- Social care: developing a framework of reflective practice groups for managers, embedding the Leeds Practice Model into a trauma-informed framework, part of an ongoing training offer to social care children and families' workforce
- Education: co-developing a programme for trauma-informed whole school development; mapping current strengths in practice in Leeds schools, linking in with different teams to develop consistent training offer; promoting the programme in Leeds to senior leaders in schools and further education settings.

Key to the next phase of team development will be recruiting education and social care co-leads into permanent positions, which is in progress. Further actions will then focus on the first 3 outcomes and will include:

- Planning and hosting a series of discussions to co-develop a programme for whole school development approach (linking in with the wider WY ATR workstream)
- Delivering foundation training to the children's health, social care and third sector workforce, possibly in collaboration with the WY ICP programme.
- Extending the reflective practice offer to managers in health and social care
- Working with the Rethink team in social care to embed the Leeds Practice Model in a trauma informed framework
- Working with organisational development colleagues to embed a trauma informed approach into management and leadership training
- Linking with the community grant holders to learn from their projects and communities, embedding this learning and insight into our plans.

5 Health and Wellbeing Governance

5.1 Consultation, engagement and hearing the citizens' voice

Colleagues in the city have reviewed existing local and national reports to understand people's experience of trauma and what needs to improve. Some of the key headline messages are:

- Children often felt anxious, scared, depressed and ashamed, with many believing that the problems at home were their fault.
- Children report trying to shield and protect younger siblings.
- This insight report found that feeling listened to is particularly important to people who have experienced trauma.
- Evidence tells us that involving children and young people in their care and in the development of service increases safety and leads to improved access and experience.

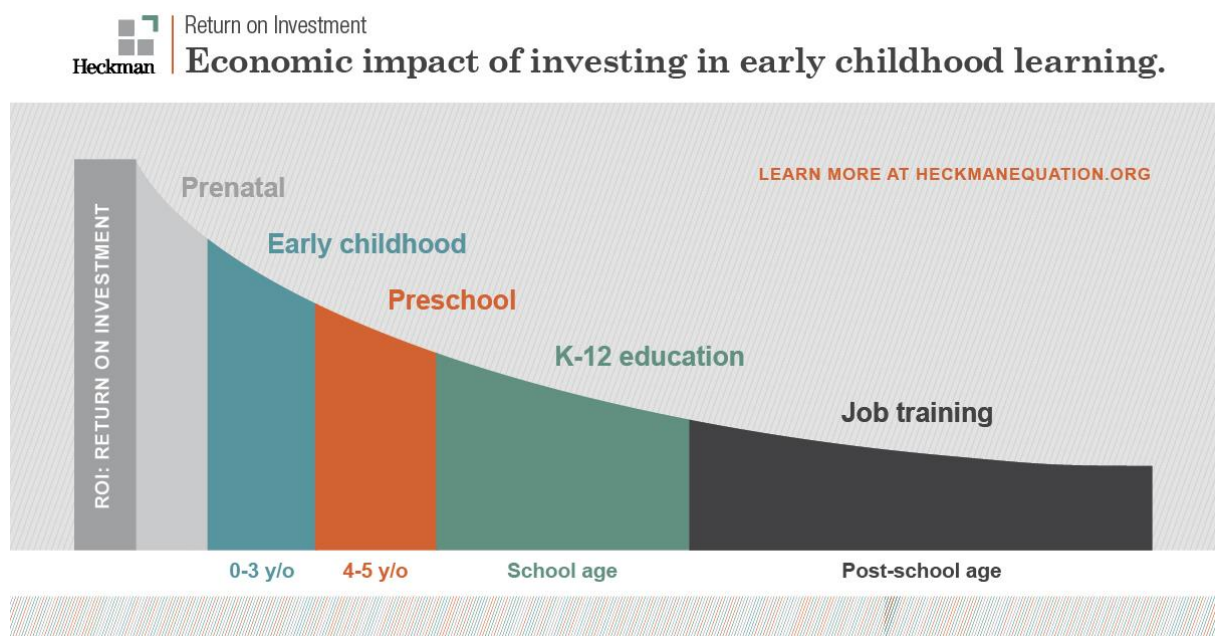
There is a commitment to work with children and families and those with lived experience through delivering the strategy, programme, events and services.

5.2 Equality and diversity / cohesion and integration

Childhood trauma can be exacerbated (as well as caused) by experiences of prejudice such as sexism, homophobia, racism and disablism. This prejudice not only intensifies the trauma they have faced, but discrimination, stigma or social marginalisation means they are also more likely to have only limited access to support and treatment. The Leeds approach recognises this as reflected in including adverse community experiences alongside the ten original adverse childhood experiences.

5.3 Resources and value for money

Professor James Heckman, Nobel Prize Laureate in Economics, through his research shows that quality early child development is essential for better education, health and economic outcomes for a whole population



The cost of late intervention is estimated to be £16.6 billion a year (in England and Wales); while not all late intervention is avoidable, there are considerable resources being spent tackling issues that could have been dealt with sooner and at less cost to the individual and to services (Early Intervention Foundation, 2016). There are local data that confirm this in children and young people who have been placed out of area; deep dives of 3 individuals illustrate how earlier integrated intervention could have prevented significant escalation of need in these children.

A recent Lancet article identifies that programmes to prevent ACEs and moderate their effects are available: Rebalancing expenditure towards ensuring safe and nurturing childhoods would be economically beneficial and relieve pressures on health-care systems.

Evidence from UK and international contexts suggests that failing to help young people recover from harm and trauma can mean that problems persist and/or worsen in adulthood, creating higher costs for the public purse (EIF, 2016; Kezelman et al, 2015).

5.4 **Legal Implications, access to information and call In**

There is no access to information and call-in implications arising from this report.

5.5 **Risk management**

The Steering group(s) are responsible for owning any risks identified through the programme planning process, and to work collaboratively to develop proposals for mitigation and resolution.

6 **Conclusions**

Our ambitious vision is for partners in Leeds to work collectively as a trauma-informed city where we realise the widespread and unequal impact of adversity and recognise the part we can each play in overcoming this. Through nurturing relationships and building strengths, we hope that all babies, children, young people and those who care for them will feel safe and thrive. This paper provides an overview of the draft Compassionate Leeds strategy for sign off, alongside an update on work delivered so far.

7 **Recommendations**

The Health and Wellbeing Board is asked to:

- Note the progress made by the Trauma Awareness, Prevention and Response Steering Group since December 2021
- Sign off the draft strategy, endorsing publication in March 2023

8 **Background documents**

- Best Start Plan (2015-25)
- Early Help approach and Strategy (2020-23)
- Future in Mind: Leeds (2021-2026)
- Leeds All Age Mental Health Strategy (2020-25)
- Future in Mind Health Needs Assessment (2016)
- Leeds in Mind Rapid Health Needs Assessment 16-24 year olds (2018)
- Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds (2019)
- Young Women's Mental Health Outcome Based Accountability Report (2020)
- Draft Compassionate Leeds: Trauma awareness, prevention and response strategy for children, young people and families (2022)

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

A key priority in the Future in Mind: Leeds strategy is to reduce health inequalities – this is a priority in itself as well as an underlying key principle to be applied to all other priorities. This will take into account a need for proportional universalism – targeting resource to the communities that need it most.

How does this help create a high-quality health and care system?

The strategy includes the further development of services in response to need and demand, driving down waiting times and increasing access.

How does this help to have a financially sustainable health and care system?

Addressing problems early in the life of the child and the problem helps to reduce costs further on in life and reduces the impact on adult's services later in life. Proportional universalism e.g., targeting resource to where it is needed first will improve outcomes and long-term costs.

Future challenges or opportunities

There is a clear opportunity to work together across the partnership, with local communities, particularly those with high need to build on existing partnerships across the system.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
<small>(please tick all that apply to this report)</small>	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	
A stronger focus on prevention	X

Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	