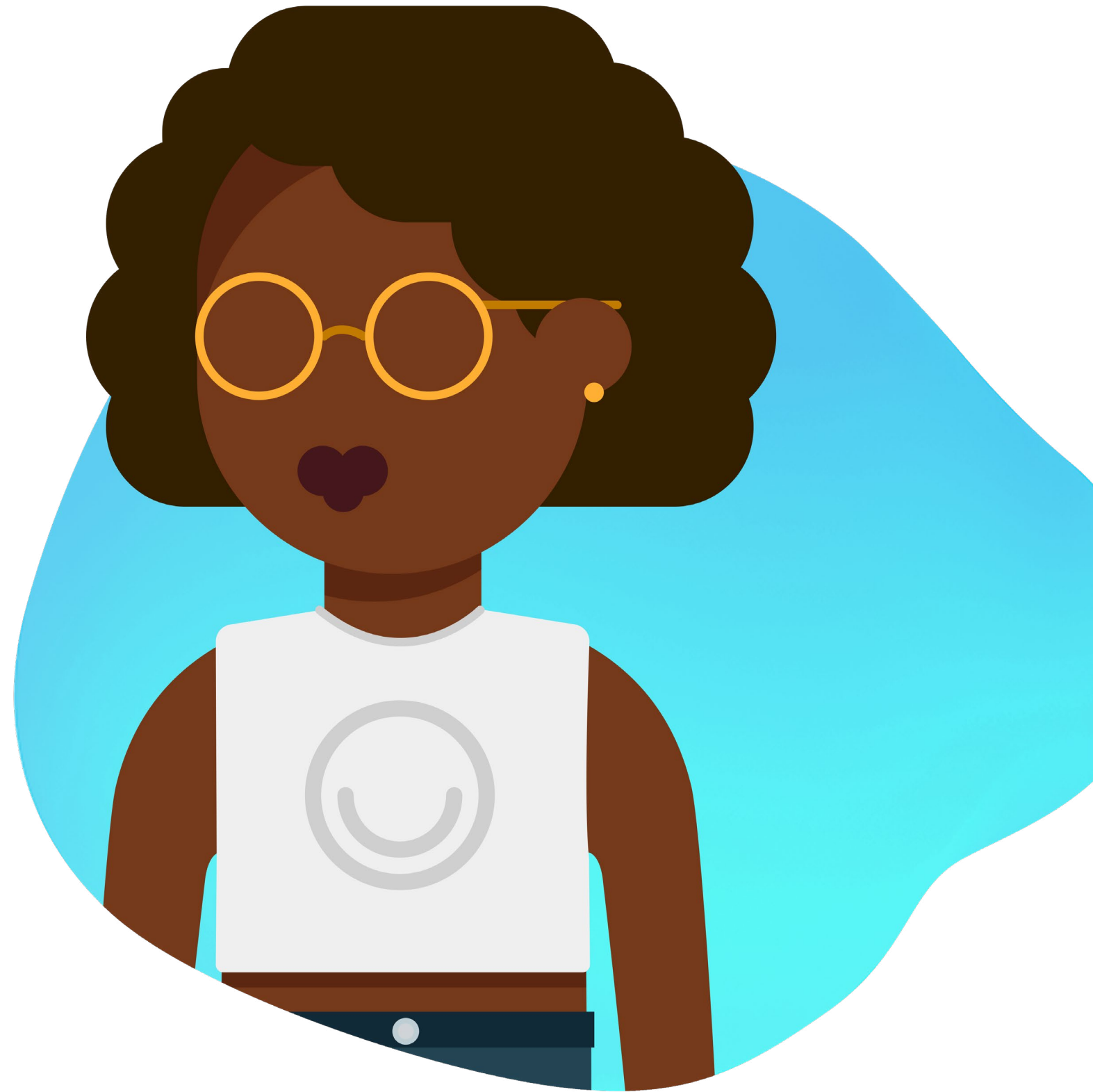


2022

Compassionate Leeds:
Trauma awareness,
prevention and response
strategy for children,
young people and families



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Foreword

Leeds has a long history of working collaboratively to improve outcomes for children and young people. Our Children and Young People's plan sets out our ambition to be the best city to grow up in. This strategy strengthens our existing commitment to improve outcomes for children and young people by working to reduce trauma and adversity.

We know that adverse experiences and trauma in childhood can have negative impacts well into adulthood. Children and young people in Leeds have been clear about the importance of understanding the impact that previous experiences have on them.

Being trauma informed is not simply about providing a service. It requires culture change across organisations, from those working on the frontline to the most senior staff. This ambitious strategy sets out how we plan to create that change by taking a public health approach to the problem. This will focus on preventing childhood trauma and reducing its impact for children and young people across Leeds.

This strategy is for everyone who works with children, young people and families and builds on the numerous examples of good practice across the city. We are committed to breaking down siloes and developing together as a system over the coming years. I hope that this strategy will help us to take a more compassionate approach and in doing so, help all children and young people in Leeds to thrive.



Fiona Venner -
*Executive Member for Adult and Children's
Social Care and Health Partnerships*

The Future in Mind Leeds strategy: *makes a clear commitment to develop trauma informed practice across the city, working with adult services to ensure we take a whole family approach.*

Foreword

As someone who has used many services throughout childhood and into adolescence, I cannot express enough how important being trauma informed is within a service. It really makes a difference in the recovery of a young person.

Changing the language around why a young person is accessing a service can help in making the young person feel more safe, builds trust and reassures them they are not to blame in any way for the things they have been through.

Leeds works with young people to develop strategies and services, and the importance of this is paramount in the development of the trauma informed strategy. This strategy will benefit the young people of Leeds when accessing help, using their voices it will help make major improvements to all services and influence the journey to becoming a trauma informed city.



Rachael Campey -
MindMate Ambassador

The services I accessed that would focus on what had happened rather than what is wrong with me, are the services I worked well with and have been imperative to my journey with my mental health/illness.

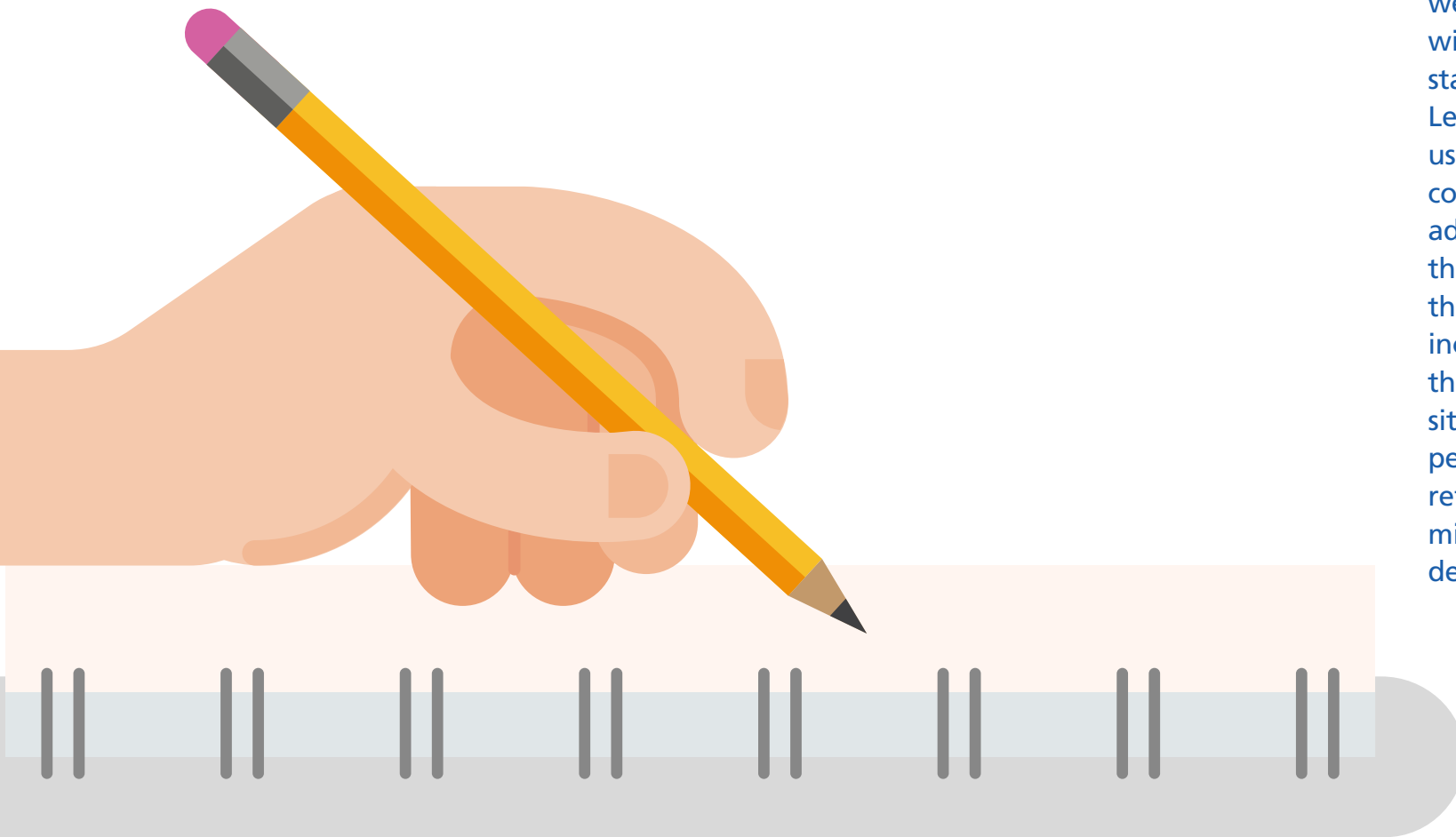
What's in the strategy?

This document 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



Thinking about language



As we have written this strategy, we have tried to hold in mind the power of language and the impact that our choice of words might have on those who read them.

We have tried to use language that will resonate in a helpful way with a wide range of readers. However, we know that our final choice of words won't feel right for everyone, that some people won't connect to the words we have used or might feel uncomfortable with how we have put things. We hope that starting a trauma-informed movement in Leeds will help all of us to grow better at using language that connects us and builds compassionate understanding. The words adversity and trauma are used frequently throughout this strategy. These are terms that are often used interchangeably, including by professionals. Here, we are using the word adversity to refer to very difficult situations and experiences that a young person might have. We are using trauma to refer to the negative impact this adversity might have on their mental, physical, and developmental health.

Adversity is sometimes also used interchangeably with the term adverse childhood experiences (ACEs). This term was first used by researchers in the United States to describe 10 difficult and potentially traumatic experiences or circumstances that might occur before the age of 18ⁱ. In large group studies, the ACEs research showed that reporting more of these experiences in childhood was linked to increased risk of poorer health and other outcomes in adulthood including health harming behaviours (smoking, alcohol and drug use), mental health disorders and physical health disorders including obesity and diabetesⁱⁱ. Importantly, this increased risk does not predict the outcome for an individual person, due to all the other positive, protective experiences an individual might also have had.

Whilst the ACEs narrative helps show the impact early adversity can have on children and young people, this strategy recognises that sources of adversity are much broader than these 10 ACEs and include community and environmental adversities as shown in figure 1.

Why do we want Leeds to become a trauma-informed city?



Trauma and the adverse experiences that can lead to it are common in our communities. The impact of trauma ripples out widely in people's lives; for children, trauma can disrupt their patterns of development, relationships, emotional and behavioural regulation, and growing identity.

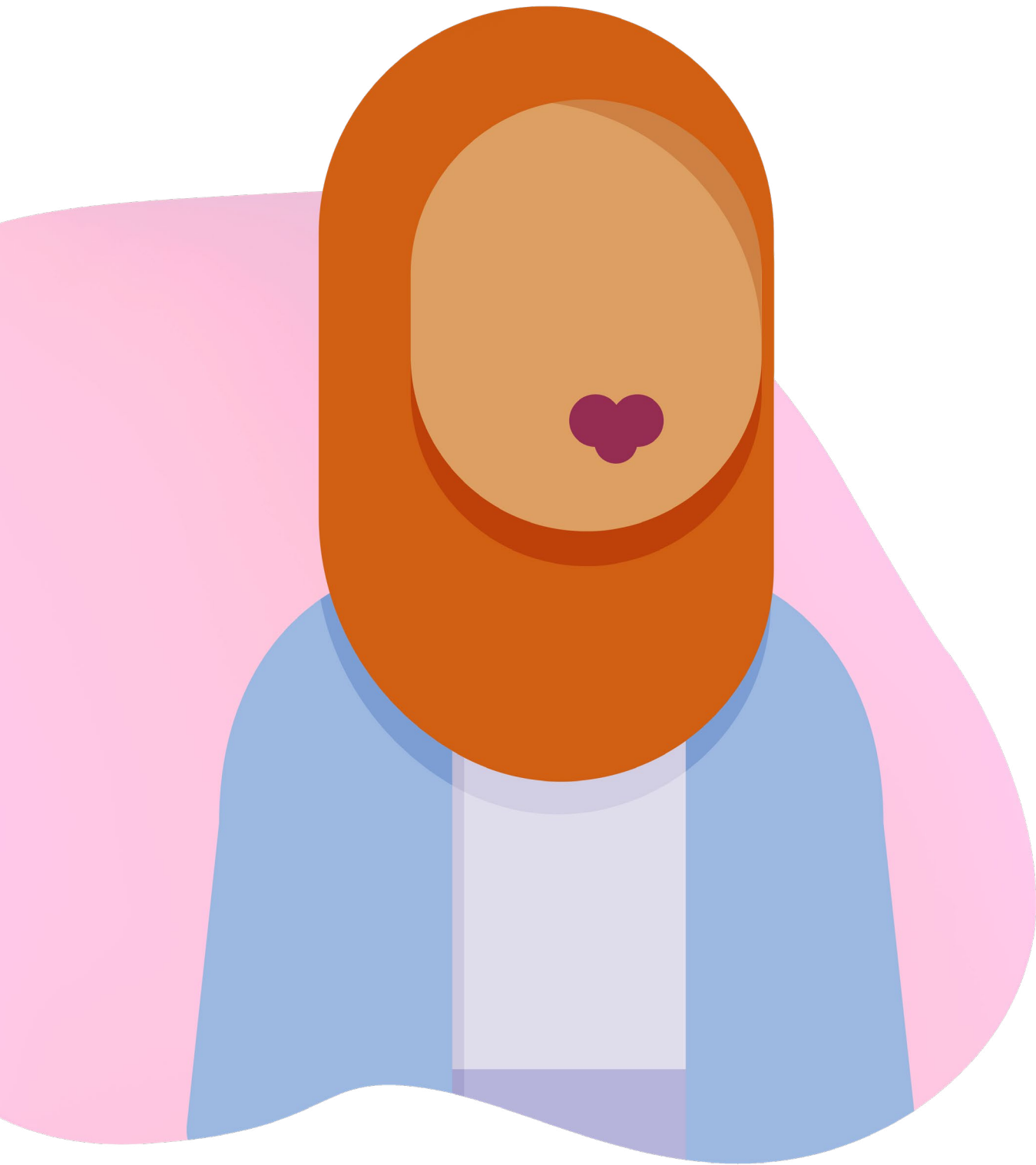
These ripples can extend across family life, school life and social life, and have a profound impact on physical and mental wellbeing. The early ripples can swell and form into large waves of difficulty that persist long after the initial traumatic experience, increasing risk of the young person experiencing further adversity and trauma.

Trauma in childhood can have far-reaching consequences, extending into adult life and beyond, into the next generation of children. Because trauma and adversity are so widespread, their ripples show up everywhere - in our communities and classrooms, our hospitals and prisons, our staff rooms and boardrooms. Trauma and adversity can affect everyone, therefore being trauma-informed needs to be a city-wide approach.

Being trauma-informed means being aware of what might initiate these ripples of trauma and how they can show up in everyday interactions and behaviours. It's important because it creates the space and an ability to be curious and wonder why someone is angry or acting out on a regular basis; why someone's relationships repeatedly break down; it provides the opportunity to wonder what happened to them and respond with compassion.

With this comes the ability to help and create a context for overcoming difficulties through compassionate relationships and interactions. In contrast, in the absence of a trauma-informed lens, our policy and practice can reinforce the trauma, creating waves of negative consequences. Practices such as exclusion from school, or rejection from a service can mirror early traumatic experiences and further compound them.

Why do we want Leeds to become a trauma-informed city?



Our best response is to seek to prevent adversity and trauma in the first place. When adverse experiences do occur, they bring risk of trauma, but importantly the outcome is not certain or fixed. We know what resources can help buffer the impact and support swift recovery. These include positive, caring relationships, a sense of connection, belonging and purpose and the security of sufficient material assets. Access to these sorts of resources is not equitable in our city, so our preventative work needs to respond to this.

When there has been a traumatic response, we know that there is no single healing step or pathway that helps everybody, and that offering a choice of stepping stones is important. Different steps will help different people move forward at different times. We need to build this map of options and help children, young people, and their families and carers to identify what strengths and resources are already helping them, and what could be the most helpful next steps for them.

Trauma can affect the way people approach potentially helpful relationships. Strategies that helped to survive adversity in the past, like being wary of others and vigilant to possible threat, can get in the way of feeling the safety and trust necessary to build helpful relationships. Trauma can also occur in the context of the systems and services there to offer help and care. We have a moral obligation to adapt our way of doing and our way of being, in order to reduce the potential for further harm and to increase safety. This includes the safety of our workforce, who are exposed to traumatic experiences both directly and indirectly, and for whom resources that prevent or buffer the impact of these need to be woven into standard working practices to support well-being.

Today's children are tomorrow's adults: they will soon become the parents, workers, and community leaders in Leeds. Investing now in becoming a compassionate, trauma-informed city will protect our children's health in adulthood, boost their contribution to our economy and prepare them to nurture the next generation of children.

How will a trauma informed approach help children, young people, adults and families in Leeds?

Taking a trauma informed approach will mean that as a city we act to prevent trauma and respond with compassion where trauma, or risk of trauma, is present.

This will enable us to work with children and young people to change the course of their journey, not only to lessen the impact of trauma through childhood and as they grow into adults, but also for the benefit of future generations. Trauma can be thought of as a cycle which can continue over generations as children grow into adults and have children of their own.

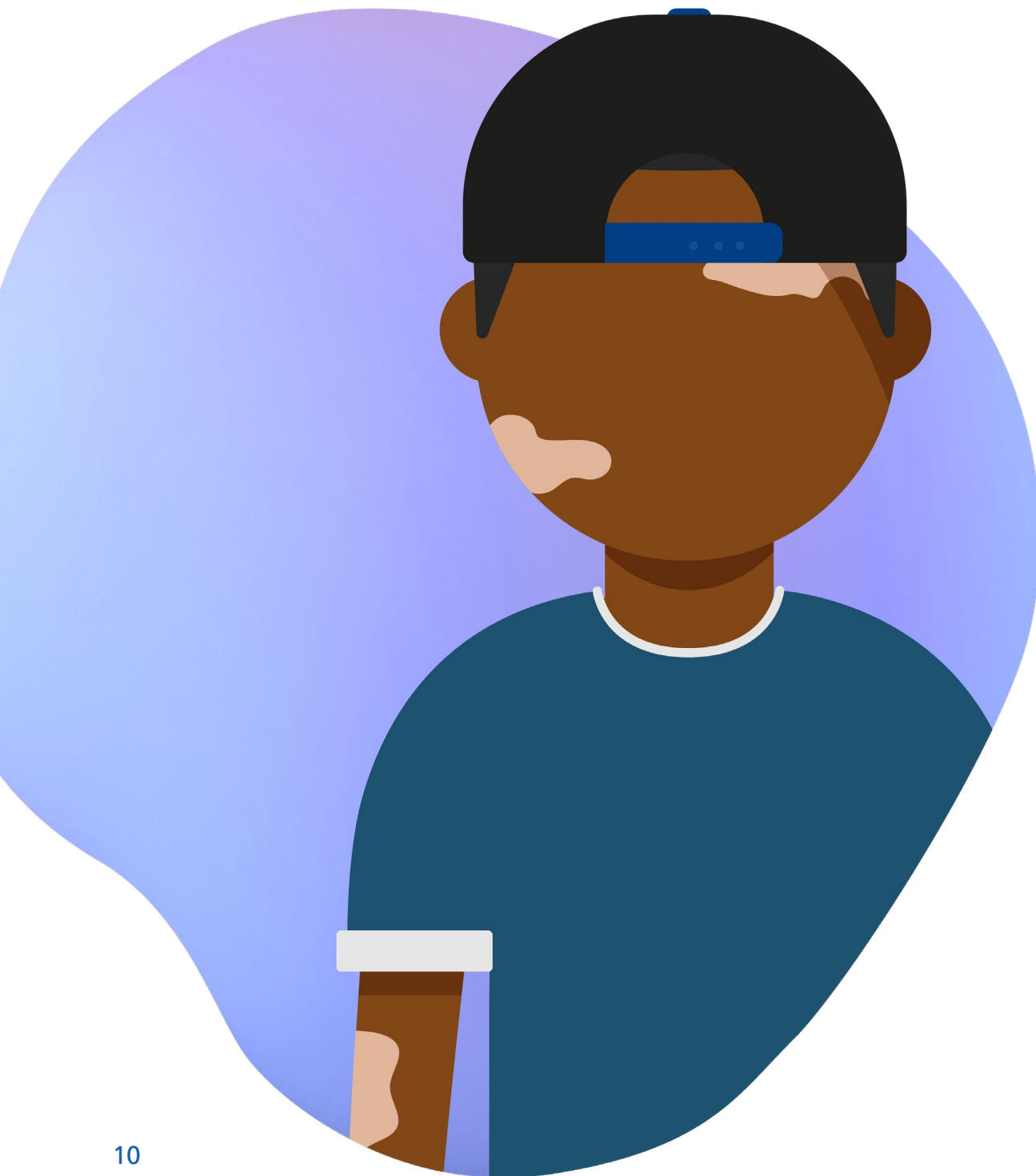
Taking a trauma informed approach will support us to break this potential intergenerational cycle of trauma and enable new trajectories by changing the way in which we respond to, relate to and interact with children, young people and their families. A parallel workstream focused on tackling trauma in adults provides an opportunity to break the cycle in adulthood. The trauma informed approach outlined here will inform an adult focused action plan.



I cannot express enough how important being trauma informed is within a service. It really makes a difference in the recovery of a young person.

*Rachael Campey -
MindMate Ambassador*

Protective Factors and Resilience



Taking a trauma-informed approach widens our focus from “what’s wrong?” to “what’s strong?” A key part of this is paying attention to all the strengths, resources and assets that surround an individual, a family or community and helping to nurture and enhance these.

Findings from research tell us to pay particular attention to “protective factors”. Examples of these include (but are not limited to) stable, safe and nurturing relationships; a sense of belonging within a community or group; a sense of purpose. These are things that can have a buffering effect, reducing the likelihood that adverse experiences have a negative impact for somebody. Protective factors are thought to have this effect through processes like building self-esteem, increasing sources of support, reducing the chances of a chain of further negative experiences and opening up new opportunities.

These protective processes are closely related to the psychological concept of resilience. Whereas resilience used to be thought of as a characteristic of an individual, we now understand it better as something that exists between us, rather than within us. We understand that everybody’s resilience capacity changes over time, reflecting what is going on around us and that it is influenced by the resilience within the multiple systems, relationships and resources that surround us.

The journey so far and wider context

The desire for Leeds to become a trauma informed city has been growing in recent years with many examples of good practice. A number of strategic drivers mean that now is the time to redouble our efforts and create a dedicated strategy for trauma.

Examples of good practice can be seen across different parts of the system and stretch back many years. A number of schools have already embedded trauma informed principles in the way they work. Many others have relational and restorative practices central to their approach in working with children and young people. In the Accident and Emergency department we have trauma navigators working to support children and young people who may have experienced trauma. Within our early years service there has been work to promote awareness of stress and trauma and to move the conversation from 'what's wrong with you' to 'what happened to you'.

Many third sector organisations are acutely aware of the burden of trauma and working in trauma informed ways. A good example of this is The Visible Project, a cross-sector

partnership aimed at improving health and wellbeing outcomes for adult survivors of childhood sexual abuse. The Visible Project has developed an all-age trauma informed charter, setting out key principles of a trauma informed approach. The full charter can be seen in [Appendix 2](#).

Key strategic drivers have arisen from the development of existing strategies. The most important of these is the [Leeds Future in Mind strategy](#) which, through consultation with children and families, identified trauma as a priority area for action. This trauma strategy therefore forms part of the broader Future in Mind programme of work. Another important strategic driver is set out in the [Leeds Children and Young People's Plan 2018-2023](#) where partners commit to protecting those who are most vulnerable and to improving social, emotional and mental health and wellbeing.

Many other existing strategies and programmes of work focusing on children and families already go some way towards achieving our ambition of becoming a trauma informed city. An important example of this

is the move to restorative practice which helps to build and maintain positive, healthy relationships, something which is core to the trauma informed approach. Other important examples include the Early Help strategy which aims to enable children and families to have the right conversation with the right person at the right time in order to improve outcomes. Responding to the impact of trauma is also highlighted within the [Special Educational Needs and Disability \(SEND\)](#) and Inclusion strategy.



The journey so far and wider context

Some existing strategies help prevent the conditions that make adversity more likely, reducing the burden of trauma on the population. One example is the Best Start strategy, a broad preventative framework for children from conception to age 2 years, which aims to ensure a good start for every baby, with early identification and targeted support for families needing this, early in the life of the child. Another example is the 'Healthy Leeds' planⁱⁱⁱ (previously known as the Left Shift Blueprint) which aims to support people to stay well, reduce health inequalities, provide more healthcare in community settings and focus on what matters to people.

Leeds has recently made a commitment to become a Marmot City. This means working to reduce health inequalities by tackling the social determinants of health which are the conditions in which we are born, grow, live, work and age.

As highlighted in *figure 1*, these conditions can be a source of adversity for children and young people. The Marmot programme of work will focus on giving children and young people the best start and improving the transition from childhood to adulthood. Reducing inequalities at these stages of childhood will work to prevent the conditions that make trauma more likely.

In addition to these local drivers and commitment, Leeds is a core member of the West Yorkshire Adversity, Trauma and Resilience programme. This provides a framework for the wider health and care system and there are key areas where we work together, share expertise and learn together.

This strategy is the latest stage of our journey, representing a step change in our approach to trauma and adversity. It brings together the examples of good practice and builds on existing strategic priorities to develop a structured approach which will embed trauma informed principles across the entire system. It will allow us to coordinate work across organisations and communities and provide a link to the parallel workstream focusing on tackling trauma in adults.



How this strategy has been developed

In order to develop this strategy a steering group was set up, bringing together professionals from across the system to identify how best to embed a trauma informed approach. Three senior responsible officers from Leeds City Council public health, Children's services and Leeds Health and Care Partnership are leading this work to ensure a joined up approach across the system. For the last 12 months this group has focused on working together to define language and ambition, to begin a programme of being trauma-informed and has explored the opportunities to align and integrate resources.

In November 2021 a virtual event was held to launch the ambition to become a trauma informed city and bring together partners from across the system.

Attendees and presenters included strategic leaders, expert professionals and experts by experience from a range of organisations including Leeds City Council, Leeds Clinical Commissioning Group (now the Leeds Health and Care Partnership), NHS provider organisations, Leeds Beckett University, and third sector organisations.

Over 440 people registered to attend and heard how this ambition aligns with and builds on the powerful improvement journey the children's partnership has undertaken over the last decade. Key themes from the event were captured by an embedded researcher from Leeds Beckett University who analysed the content of the various presentations and discussion sessions.

A working group was established in early 2022 to develop this strategy. The group consisted of a core of professionals from across the system with a wider reference group who were consulted during the development of the final draft of the strategy. The strategy sets out the ambitions of the steering group to develop a programme of work with a focus on prevention, raising awareness and responding to trauma, building on the good practice and assets which already exist within the city.

To see a full report of the event, view the [summary document](#).



Data and evidence

When considering how best to develop a system approach to trauma it is important to understand the data and evidence on which the approach should be based. The data and evidence on which we have chosen to base the Leeds approach has been reviewed during the development of the strategy and is summarised on the following pages.



What do we know about trauma and adversity in Leeds?

Estimating the scale of the problem of adversity and trauma is challenging. There is no single data source which can provide us with a reliable estimate, meaning multiple evidence sources must be used to build up a picture. Each of these data sources will have specific caveats, however in general the estimates are likely to be imprecise. Much of the data available relate to people already in contact with services which likely underestimates the true burden as a proportion of those experiencing adversity and trauma will not be in contact with services. Despite the difficulties in measuring the scale of the problem it is widely accepted that trauma is widespread^{iv}.

In Leeds, local data has been combined with data from Public Health England (now disbanded) to estimate the prevalence of ACEs and trauma in Leeds^v. It is important to note that this is a population level snapshot and therefore cannot be applied to any individuals.

Trauma is not predetermined by the experience of ACEs; not everyone who has adverse experiences will suffer trauma as a result. The experience of adversity can be ameliorated by protective factors, such as positive relationships, appropriate support, and safe environments.

When the report was produced in 2020, there were an estimated **169,422** children and young people under the age of 18 in Leeds. Of these, **54,512** lived in areas in the 10% most deprived nationally. Data from the Children's Commissioner local vulnerability profile estimated that **19.8% (33,580)** of children and young people in Leeds lived in households with any of the so called '**trio of vulnerabilities**'.

This trio comprises domestic violence, parental mental health problems and parental substance misuse. **7.30%** were estimated to live in a house with domestic violence, **5%** in a house with parental drug and alcohol misuse, and **15%** in a house with parental mental health problems. **1.2% (1,994)** of children and young people were estimated to live in houses with all 3 of the toxic trio.

In addition:

- **0.76% (1,288)** children and young people were looked after (i.e. in local authority care)
- **0.24% (399)** were subject to a Child Protection Plan
- **3.22% (5,472)** were Child in Need Cases
- **6.70% (11,354)** were in contact with Early Help services
- **0.40% (676)** were in contact with Youth Justice Service
- **0.13% (228)** were at risk of homelessness

In 2020 there were **126,976** pupils in Leeds schools. Of these, **0.94% (1,199)** were subject to Education, Health and Care plans, **12.14% (15,420)** were receiving SEN support, and **5.08% (6,457)** were subject to fixed term exclusions.

Understanding adversity

As highlighted on the previous pages, this strategy takes a broad view of adversity, recognising the multitude of experiences which can impact on a child (see figure 1). Whilst the widespread understanding of ACEs has highlighted the importance of addressing childhood adversity and resultant trauma, it is important to highlight the evidence that supports taking a broader view of adversity including the examination of some of the potentially significant drawbacks of the ACEs model^{vii}.

Factors such as bullying, discrimination, economic disadvantage and many more have been shown to impact on children's development^{vi} but weren't included in the original ACEs model. Acknowledging these wider factors allows the strategy to benefit more children, young people and families, rather than focusing attention on a narrower selection of adverse conditions.

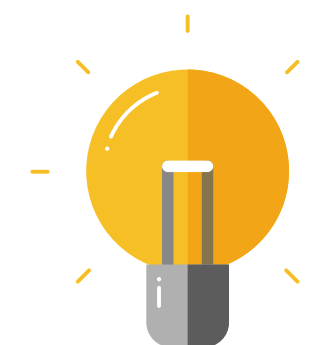
Recently the importance of promoting protective factors has been highlighted, something not promoted by the ACEs model which is largely deficit based.

By focussing on the positive, protective factors which may impact on outcomes for those experiencing adversity it is hoped that this strategy can build on strengths in both individuals and communities. The term PACEs (Positive and Adverse Childhood Experiences) has been suggested as a broader term to include these positive factors.

Adverse experiences do not occur in isolation and are often socially patterned leading to inequalities. These inequalities stem from structural inequalities (such as poverty, isolation, deprivation, and discrimination including racism) and increase the likelihood of adversity and amplify its negative impact. This is particularly relevant following the challenges experienced during the COVID-19 pandemic where children and young people experienced adversity related to conditions within the home and wider communities. Throughout the pandemic communities have been disrupted, children and young people have lost a range of opportunities and the impact of poverty has become even more stark. Taking a broad view of adversity enable this strategy to work towards reducing inequalities in the communities of Leeds.

Finally, a significant drawback of the ACEs model is the use of routine screening for ACEs which remains controversial^{iv}. There are a number of unanswered questions in relation to screening for ACEs which require further research in order to understand whether screening correctly identifies vulnerable children and young people, the extent to which it leads to improvement in outcomes and the extent to which existing pathways can support those identified through screening. Taking a broad view of adversity rather than using the original ACEs as a screening checklist allows for a more holistic view of adversity and avoids excluding children and young people from support.

For these reasons, the Early Intervention Foundation recommends taking a comprehensive public health approach, focused on evidence of what works, in order to improve outcomes for children and young peopleⁱⁱ. In Leeds we see the ACEs model as part of a wider narrative which, when used correctly, can help highlight the need to reduce childhood adversity and trauma and act as a driver to generate whole-system change to create the conditions where adversity is prevented and trauma responded to in a holistic, positive manner.



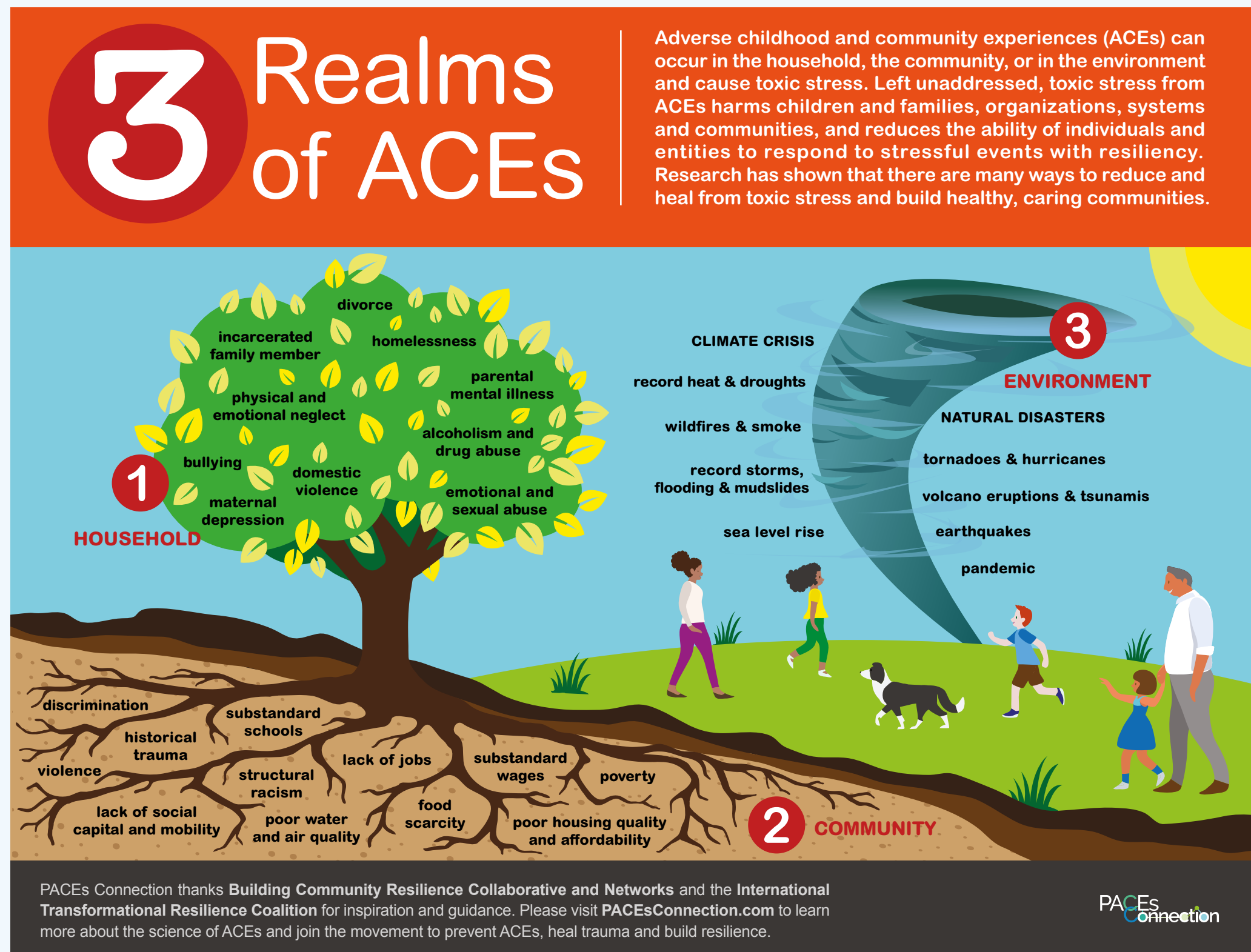


Figure 1 - Household, community and environmental influences on adversity and trauma. Diagram provided by PACES Connection

What is a trauma informed approach?

To guide the development of a trauma informed approach in Leeds, it is important to think about what a trauma informed approach does and what such an approach consists of.

The aim of a trauma informed approach is broadly to create 'a program, organisation or system that is intentionally designed to support children and families experiencing trauma'^{vii}. One of the best known models for trauma informed care is the SAMSHA (Substance Abuse and Mental Health Services Administration) model from the United States^{viii}. This model highlights four key assumptions for a trauma informed approach. It suggests that a trauma informed programme, organisation or system should:

- **Realise** the widespread impact of trauma and understand paths for recovery.
- **Recognise** the signs and symptoms of trauma in clients, families, staff and others involved in the system.
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seek to actively **resist** re-traumatisation.

In an effort to summarise what makes up a trauma informed approach several groups have produced evidence reviews of different approaches. Key points from two of these reviews have been used to guide the Leeds approach.

The first review identified a number of different models of trauma informed care^{ix}. Whilst there were some differences in the structure of the models, the review highlighted a number of common themes, including workforce development, organisational change and trauma focused services. The review also highlighted that all models included multiple intervention domains, building on the EIF conclusions that a broad, multifaceted public health approach to trauma is required to create change.

The second review highlighted factors linked to the success of implementation of trauma informed models^x. Key factors were senior leadership commitment and strategic planning, sufficient staff support, amplifying the voices of patients and families, aligning policy, procedures and programming with trauma informed principles and using data to help motivate change.

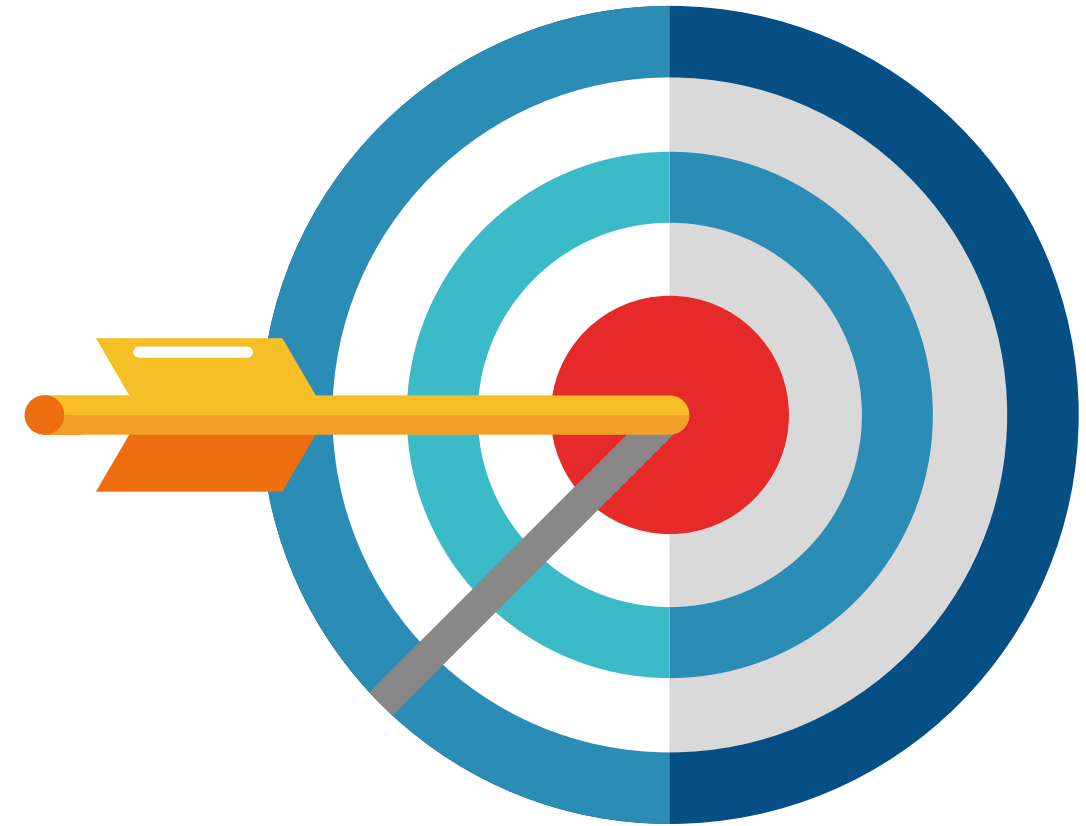


Effectiveness of trauma informed approaches

The evidence base for the effectiveness of trauma informed approaches is growing and developing. Multiple studies show promising short term impacts of trauma informed approaches with many groups continuing to collect data for further evaluation of their impact. Many of the previously published studies focus on specific parts of the system (for example education or criminal justice). A good example of this is the iTIPS (Islington Trauma Informed Practice in Schools) whole school approach to trauma which has shown that adopting a trauma informed approach led to a change in school culture, improved staff knowledge of trauma and behaviour, and fewer pupil absences.

There is less evidence of the effectiveness of system-wide trauma informed approaches however projects like iTIPS are scaling up to work across systems meaning future evaluation findings may provide important insights for other trauma informed systems. Importantly, there is no evidence that taking a trauma informed approach results in negative impacts in either the short or long term.

These findings, coupled with our understanding of the significant impact of trauma and adversity on children and young people, mean that a lack of action is not an option and highlight why we are taking a system-wide trauma informed approach. In order to keep growing the evidence base we will endeavour to add to capture and share the impact of the Leeds trauma informed city approach. As the national and international evidence base develops we will ensure that findings are incorporated into practice in Leeds.





Underpinning principles

Using insight from the journey so far and from the review of the evidence base, a number of key principles have been identified. These have been adopted as the underpinning principles which have guided the development of our strategic approach to trauma in Leeds.



- **Life course approach –**
Trauma and adversity can affect children and young people at any age, from young babies through to those transitioning to adulthood. The effects of trauma can last even longer, impacting well into adult life. Whilst this strategy will focus on children and young people we will work closely with the parallel adult steering group to ensure our approach is aligned across the life course.
- **Intergenerational approach –**
Children and young people whose parents or carers experienced high levels of stress and adversity in their own lives can also be at increased risk of experiencing such challenges themselves. By working with the adult steering group we will ensure that this intergenerational aspect of trauma is built into our approach.
- **'Think family, work family' –**
Children do not live in isolation. When working with children and young people we will look at the bigger picture including family circumstances, as outlined in Leeds commitment to 'Think family, work family'^{xi}.
- **Strengths based approach –**
This strategy recognises the numerous examples of good practice in the city upon which this can build, as well as resilience within individuals, groups and organisations. This includes drawing on protective factors within children and young people's communities and looking to strengthen these existing assets.
- **Voice of children and young people –**
During the development of the Future in Mind: Leeds strategy, children and young people highlighted the impact of trauma as a priority. We have consulted with representatives of children and young people in the city and will continue to work with children and young people to inform the work done as part of this strategy.
- **Public health approach to trauma –**
We commit to taking a public health approach to trauma by focusing on prevention as well as response. More detail on the public health approach can be found on the following page.



Public health approach to trauma and adversity

The public health approach has been applied to numerous typical public health problems (for example healthy weight) however recently the approach has been applied to more novel problems. Taking a public health approach can provide a structure to tackle complex problems, moving from an individual response to one that improves outcomes for entire populations by taking a system wide approach to the issue. One of the best examples of this can be seen in the 'Public health approaches in Policing' report from the College of Policing^{xii}.

In order to follow the recommendations set out by the Early Intervention Foundation, we have used the 'Public health approaches in Policing' as a framework to identify several components of a public health approach to trauma in Leeds which are summarised on the following page. For further detail on why each component is an important part of a public health approach see [Appendix 3](#).

- **Focusing on populations not individuals** – this means looking at the needs of children and young people as a whole across the city and identifying and implementing interventions which will benefit everyone.
- **Targeting need to reduce inequalities** – this means understanding how need is distributed within the population in order to find a balance between universal (benefitting the entire population) and targeted (more benefit for those with greater need) approaches to reduce inequalities.
- **Seeking to understand and address the causes of the causes** – this means recognising that wider factors (ultimately the conditions in which we are born, grow, live, work and age) are associated with adversity and trauma and working to ensure we apply a trauma informed lens to our existing work on giving children the best start in life.
- **Putting prevention at the heart of our approach** – this means that rather than simply supporting those with established trauma we must work to prevent trauma and adversity by reducing risk factors and promoting protective factors.
- **Using data and evidence to understand the problem and implement effective interventions** – this means understanding what data we have on trauma and adversity, identifying gaps in our understanding and using the data to target need. We must also ensure that any interventions we deliver are evidence based and have been shown to be effective.
- **Working in partnership across the system with each other and communities** – means we must work together, taking a system-wide approach to prevent and respond to trauma in a holistic manner.

Strategic framework

The strategic framework is built around existing strategic priorities and uses the public health approach and the underpinning principles to set out our approach to preventing, raising awareness of, and responding to trauma in Leeds.



Vision

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.

Approach

In order to achieve this vision, we have devised an approach consisting of six complementary, interconnecting strands which will help us create change (Figure 2). The strands are designed to generate system-wide change and create the conditions we need in order for Leeds to be a trauma informed city.

This approach brings together, and looks to build on, the existing good work that is already happening across a range of partners in Leeds including early years, education, healthcare, children’s services, police and criminal justice, and our communities. By taking this public health approach we hope to break down organisational barriers and move away from working in siloes. Instead, we will work collaboratively on issues which cut across the wider system.

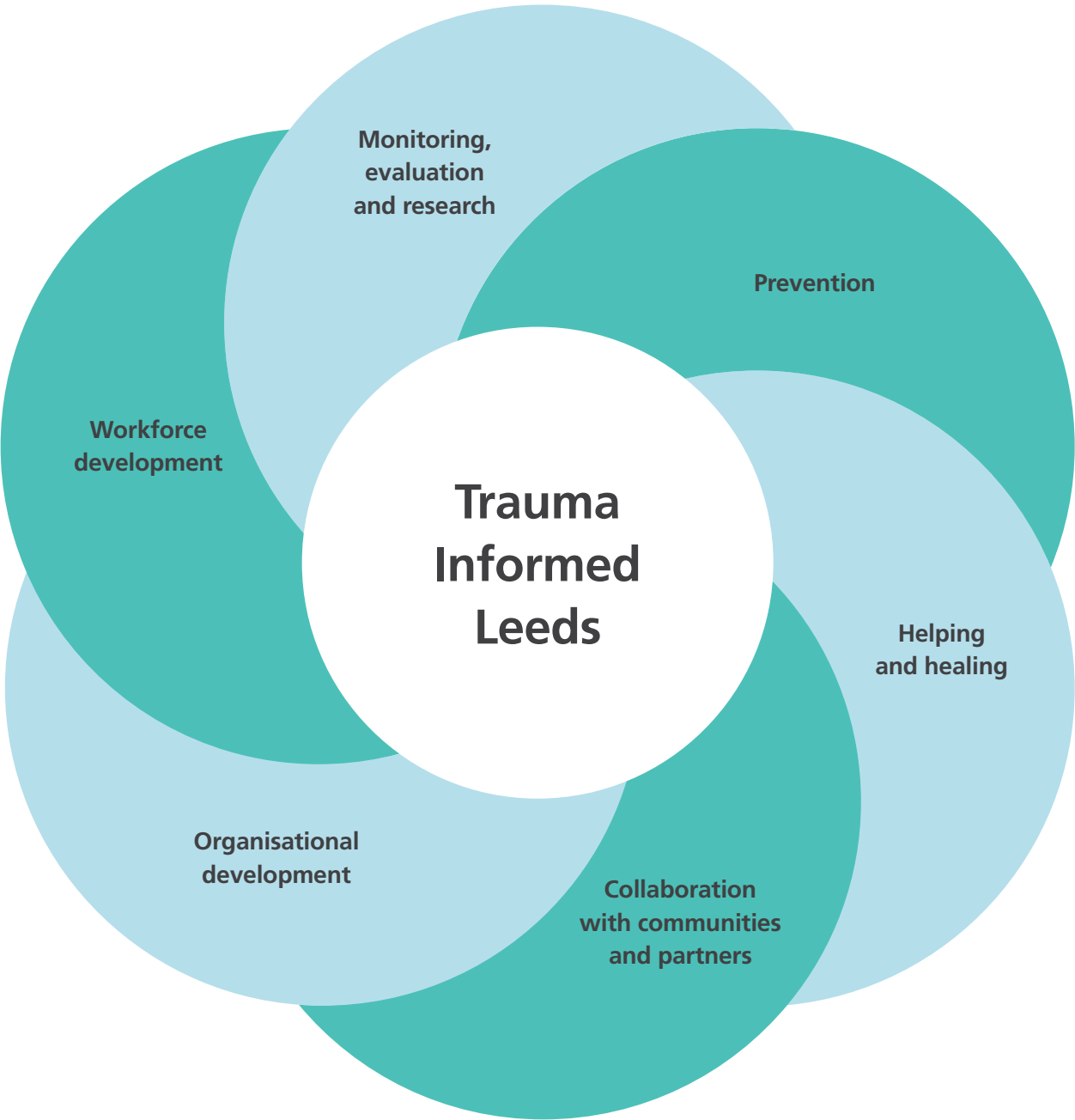


Figure 2 – The 6 strands of the Leeds approach to trauma

Workforce development:

We will offer training to those working with children and families to build realisation of the impact of adversity, trauma and resilience, the ability to recognise trauma, how to resist re-traumatisation, and how to respond within our role in a trauma-informed way. We will ensure there is support for the workforce to embed new knowledge and skills into their practice by using new systems of consultation, reflective practice, supervision, and formulation.

Organisational development:

We will engage with organisations in order to encourage person-centred and value-driven approaches, and the development of trauma informed policy, process and procedures that support all staff, and children and young people they support in a trauma informed way. We will work to build resilience with organisations and secure buy-in from senior leaders to provide strong trauma-informed supportive working context for workforce, at all levels within the organisations.



Collaboration with communities and partners:

Working with a community development worker and supported by a community grants programme we will connect with communities and work in partnership with stakeholders to learn from those with lived experience and build on existing assets. We will develop capacity within communities through a range of co-produced actions. We will show cultural humility in all we do and work with communities to ensure that the traumatic impacts of racism and other forms of discrimination are understood and tackled through our approach.

Helping and healing:

We will develop a shared umbrella model to support development of inter-agency support plans that are theory and evidence-driven. They will empower professionals and families to know what to do, in what order, within their existing relationship with the child to help them. We will provide support to build confidence in working with trauma, and develop inter-agency practice that shares common language, common understanding and empathy for partner agencies and services to build sense of shared endeavour. We will develop a map of available support and provide an integrating function to help children and families to access support. We will develop a new team to act as a trauma-informed practice integrated resource team in order to build capacity in others and provide a place to turn to for support, guidance, information and resources. We will offer some direct therapeutic intervention where this will extend, compliment or develop existing provision.



Prevention:

We will work to prevent trauma and the conditions that make adverse experiences more likely. This will include the use of population health data through a local data accelerator programme to increase our understanding of trauma and direct resources to support prevention and early intervention. Our preventative work will also look more broadly and consider how we can influence the wider factors related to trauma (the 'causes of the causes') by building on the existing good practice and applying a trauma informed lens to preventative work. Our preventative work will look to identify and tackle inequalities in adversity and trauma.

Monitoring, evaluation and research:

Working with an embedded researcher we will collaborate across a range of research and evaluation resources, including in local universities and the trauma-informed practice integrated resource team, to develop and share evidence of how this programme unfolds. We will develop a comprehensive evaluation programme, working with colleagues from the West Yorkshire and Harrogate Health and Care Partnership, in order to ensure we are progressing towards our goal. We will ensure that analysis of inequalities is a core part of our evaluation and monitoring programme.

Outcome framework and action plan

A number of specific outcomes linked to the six strands of our strategic approach have been identified (*Table 1*). The research evidence highlighted in this strategy evidences the contribution that trauma and adversity make to broader outcomes for children and adults. Delivering these outcomes, and thereby creating a trauma informed city for children and families in Leeds, will improve health, wellbeing, education and broader social outcomes for children throughout their lives.

Strategic strand	Key outcome
Workforce development	All members of the workforce supporting children and families in Leeds understand the role they play in making Leeds a trauma informed city and are able to adopt a trauma informed approach when interacting with children and families.
Organisational development	All organisations working with children and families in Leeds understand the role they play in making Leeds a trauma informed city and actively support the adoption of a trauma-informed approach within their organisational practices and policies.
Collaboration with communities and partners	Organisations, communities and other stakeholders work collectively to ensure the trauma informed approach is informed and shaped by the perspectives of all communities including those seldom heard and those with the greatest need.
Helping and healing	All children, young people and families have clear and easy access to appropriate, timely and graduated support when intervention, further to experiences of specific traumatic events and/or developmental trauma may be indicated.
Prevention	The traumatic impact of early adversity and the conditions that make adverse experiences in childhood more likely are reduced whilst protective factors are strengthened.
Monitoring, evaluation and research	The impact of taking a trauma informed approach and any additional learning points are understood and add to the existing evidence base.

Table 1 - Key outcomes for each strand of the strategy

Action plan

Workforce development			
High level outcome	Priority areas	Year 1 actions	Subsequent actions
All members of the workforce supporting children and families in Leeds understand the role they play in making Leeds a trauma informed city and are able to adopt a trauma informed approach when interacting with children and families.	The workforce supporting children and families across Leeds understands the impact of trauma, the scale of trauma and the principles of trauma informed practice and actively incorporates a trauma informed approach.	Identify key workforce groups who would benefit from trauma informed practice training.	Develop an infrastructure to deliver training and begin delivery to identified groups.
	Key workforce groups actively keep their knowledge and skills up to date.	Develop a foundation training package which highlights the impact and scale of trauma and outlines trauma informed practice principles.	Develop follow-on training packages to cover specific areas of trauma informed practice to deepen knowledge and skills over time.
	Key workforce groups are supported to embed a trauma-informed approach into their ongoing practice.	Establish a network of practice to share resources and best practice.	Develop an infrastructure to offer reflective practice and supervision to key workforce groups.
		Establish a library of resources to support trauma informed practice that is shared across the system.	Create an integrated multi-agency trauma-informed practice resource team to offer regular reflective practice and supervision opportunities.
		Develop and pilot models of reflective practice and supervision focused on embedding a trauma-informed approach into the routine practice of key members of the workforce, building skills and promoting wellbeing.	

Organisational development			
High level outcome	Priority areas	Year 1 actions	Subsequent actions
<p>All organisations working with children and families in Leeds understand the role they play in making Leeds a trauma informed city and actively support the adoption of a trauma-informed approach.</p>	<p>Organisations actively embed trauma informed principles in practices and processes, outwardly with the people they are there to serve and with external partners and inwardly with colleagues in the organisation.</p>	<p>Connect with senior leaders and key allies in organisations across the system to introduce this programme and secure buy-in to trauma informed principles.</p>	<p>Develop networks across organisations to share learning about good practice and to embed changes across the whole system.</p>
	<p>Organisations actively support the wellbeing of the workforce to prevent the negative and possibly traumatic impact of working closely with people who have experienced trauma.</p>	<p>Work with organisations to identify existing examples of policies, processes and pathways which embed trauma informed principles.</p>	<p>Work with senior leaders, key members of organisations and their service users to co-create and pilot new processes and practices.</p>
		<p>Work with organisations to develop measures to track progress of trauma informed organizational change.</p>	<p>Further develop and embed trauma informed policies, processes and pathways across organisations in Leeds.</p>
		<p>Work with the West Yorkshire Staff Wellbeing Hub and organisations to identify existing good practice and gaps in practice to support wellbeing and trauma stewardship of key staff groups.</p>	<p>Work with key members of organisations to co-create and pilot resources and practices that protect staff wellbeing and develop trauma stewardship.</p>

Collaboration with communities and partners			
High level outcome	Priority areas	Year 1 actions	Subsequent actions
Organisations, communities and other stakeholders work collectively to ensure the trauma informed approach is shared across the system, and is cognisant of the experiences of all communities including those seldom heard and those with the greatest need.	Young people with lived experience of adversity and trauma, other stakeholders and communities are able to engage with the development of the trauma informed approach in Leeds in a variety of ways, with their experiences and perspectives valued as an asset through trauma informed co-production.	Identify key stakeholders by identifying the critical interfaces between core services, which have established related offers to key groups and settings.	Identify ways to incorporate lived experience of early adversity and trauma to into co-production activity.
		Identify key voluntary and community sector organisations working on trauma and adversity.	
	Communities and community-based organisations play an active part in the delivery of the trauma informed approach.	Involve relevant agencies and organisations in the co-production and planning of key elements of the strategy (e.g. workforce development programme, response pathways as part of Helping and Healing).	
	Families, communities, schools, colleges, early years settings and other partners are aware of the impact of childhood trauma and empowered to play a key part in this ongoing work in Leeds to tackle it.	Employ and embed a community development worker to develop links with key community groups and stakeholders, to enable their voices and views to be heard and to influence and co-develop the evolving plans.	
		Develop and maintain a community grants scheme to fund projects which promote protective factors.	
		Develop a trauma informed movement/network.	
	Share key updates with the network.		

Helping and healing			
High level outcome	Priority areas	Year 1 actions	Subsequent actions
<p>All children, young people and families have clear and easy access to appropriate, timely and graduated support when intervention, further to experiences of specific traumatic events and/or developmental trauma may be indicated.</p>	<p>Establish a joined up, integrated and needs focused offer of graduated support and intervention following trauma and adversity across the partnership of key front-line services for children and families in Leeds.</p>	<p>Identify good practice in existing offers of support and intervention following trauma and adversity in key front-line organisations across the system.</p>	<p>Create a comprehensive map of support and intervention following trauma and adversity that identifies a range of support options to meet identified needs, rather than defining who distinct services can help.</p>
		<p>Ensure the workforce is able to access ongoing support to provide a needs-focused, flexible and proportionate response to presenting situations.</p>	<p>Identify gaps and blockers in existing offers of support and intervention following trauma and adversity in key front-line organisations across the system.</p>
	<p>Develop a shared umbrella clinical model to support development of evidence-based inter-agency therapeutic plans that focus on sequential needs being met through a partnership approach between services.</p>		<p>Share model in training, consultation and joint working, piloting its use and shaping the model in response to feedback.</p>
	<p>Establish and develop a dedicated multidisciplinary trauma informed practice integrated resource team, drawing on clinical, educational and social care perspectives, that is integrated into existing and developing therapeutic support services in early help.</p>		<p>Develop an infrastructure to deliver accessible support through case formulation and consultation, using feedback to shape the offer of both indirect and direct support.</p>
	<p>Develop and pilot models of trauma-informed formulation and consultation.</p>		

Strategic framework

Prevention			
High level outcome	Priority areas	Year 1 actions	Subsequent actions
Trauma and the conditions that make adverse experiences more likely are reduced whilst protective factors are strengthened.	Population health data relating to trauma is widely understood and used in the development and delivery of the trauma informed approach.	Share existing prevalence study amongst partners to ensure all stakeholders understand the current picture.	Work with the local data accelerator programme and public health intelligence colleagues to identify ways to strengthen population level data on trauma and adversity.
	Trauma and adversity are factored into wider prevention work across the city.	Map trauma and adversity risk factors against existing activity to identify gaps for action.	
	Communities and community organisations understand and promote protective factors.	Develop and maintain a community grants scheme to fund projects which promote protective factors.	Influence existing and emergent strategies to include a focus on prevention of trauma where relevant (including in the upstream determinants of health).

Monitoring, evaluation and research

High level outcome	Priority areas	Year 1 actions	Subsequent actions	
The impact of the trauma informed approach and any additional learning points are understood and add to the existing evidence base.	Develop a monitoring framework to enable regular updates on progress.	Identify key milestones and indicators.		
		Develop an agreed structure for reporting to relevant boards and groups.		
	Develop and implement a comprehensive evaluation plan, sharing learning with local, regional and national stakeholders as appropriate.	Review approaches to evaluation of trauma-informed organisation-wide and system-wide programmes in the UK and beyond.		Share learning across local, regional and national stakeholders.
		Work with academic colleagues to identify suitable indicators to measure outcomes of this programme.		
	Working with academic partners, identify opportunities to conduct research related to the aims of the strategy and system-wide trauma informed approaches.	Identify partners in local universities and organisations with interest and expertise in this area.		Working with partners, develop opportunities for research projects.

Monitoring and evaluation

In order to capture progress towards the strategy outcomes we will ensure there are robust monitoring and evaluation processes in place. Monitoring will provide regular updates to allow oversight by both the trauma steering group and the Future in Mind board.

A more thorough evaluation will be completed at a future date and will provide more detail on what has been achieved. Where possible, in order to add to the existing evidence base, we will publish relevant findings in collaboration with local academic colleagues.

The biggest challenge with monitoring and evaluation of this strategy is the lack of robust, regularly reported data. As highlighted above, adversity is a broad topic with no single marker or indicator. The previously completed prevalence study showed that a number of relevant data sources exist however these focus on ACEs rather than the broader topic of adversity.

Many of the data sources are not routinely reported and as such do not provide obvious targets for routine monitoring, although they may still be useful for evaluation. We will work with academic colleagues to devise ways to better capture the impact of the strategy by identifying meaningful indicators and ways to capture the more abstract elements such as culture change within the system.

As such, in the initial stages of the strategy, monitoring will focus on processes rather than impact, with a focus on what and how things were done during the delivery of the strategy. This is important as it can help understand what elements of the strategy were successful (or not).

To enable regular reporting, the action plan has been expanded to include the responsible person/team for each action and space to record progress. This will act as an action tracker, enabling progress to be captured and fed into relevant boards.



Leadership and governance

Leeds Health and Care Partnership and Leeds City Council have committed funds to create a trauma informed practice integrated resource team that will provide capacity and act as a key enabler to build the trauma-informed approach in Leeds.

This includes providing leadership to workforce development, supervision and formulation for the wider children and families workforce, as well as access to therapeutic support. The service will lead the delivery of several elements of this strategy, overseen by the trauma awareness, prevention and response steering group. This will be led by the three senior responsible officers from Leeds public health, the Leeds Office of the Integrated Care System and Leeds Children's Services. Other elements of the strategy will be delivered through other key partners including public health and the third sector.

The steering group will sit alongside a parallel group focusing on the approach to trauma in adults, working together to ensure a joined up approach to trauma and adversity in Leeds.

A number of stakeholders from across the city expressed an interest in helping to shape the strategy and the ongoing trauma informed approach. This group was asked to comment on the draft version of the strategy and will be part of an ongoing network.

The steering group will report to the Future in Mind Board (and ultimately the Health and Wellbeing Board) as shown in [Figure 3](#).

Children and young people in Leeds, including those with lived experience will have the chance to shape the work delivered as part of this strategy as outlined in the strategic approach above.



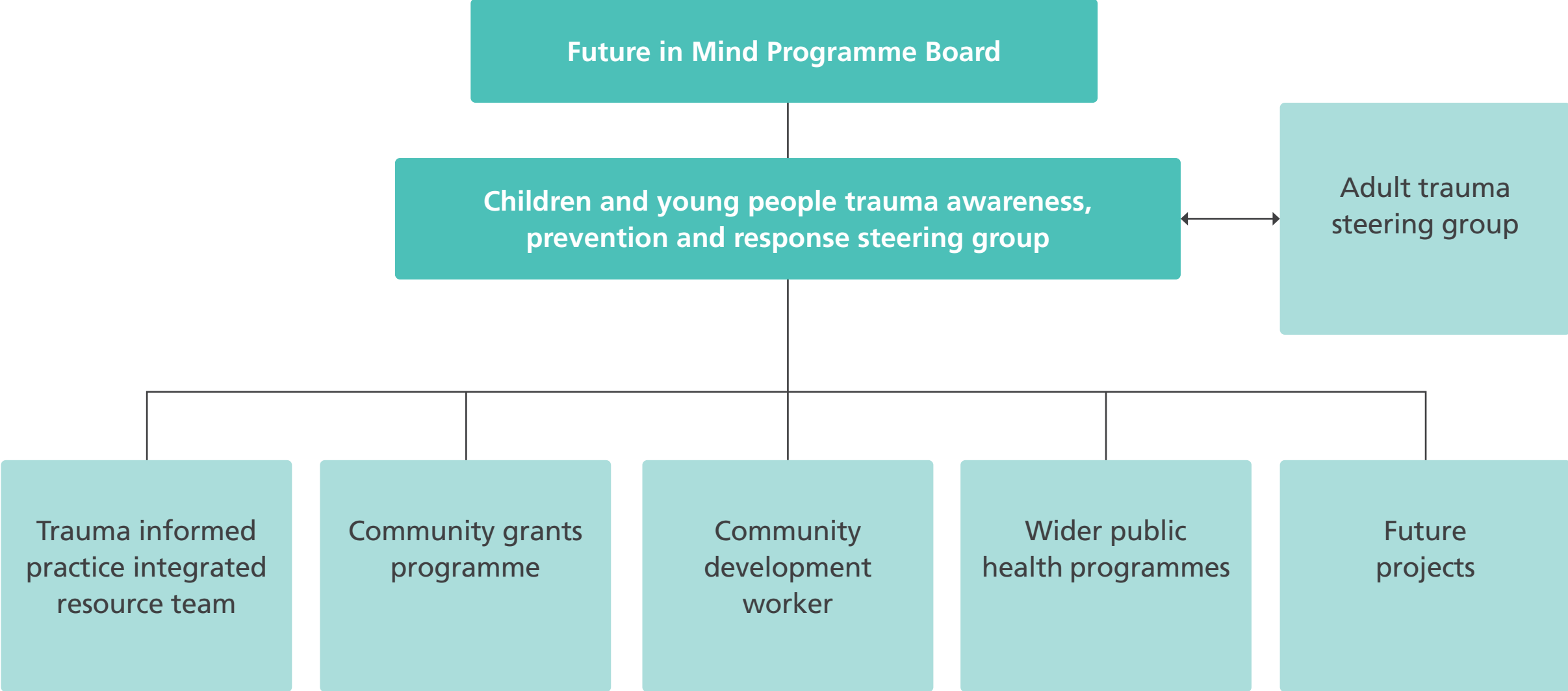


Figure 3 - Governance structure

Appendix 1 - Key strategies aligned to the trauma informed approach (in alphabetical order)

Everyone's included: the Leeds SEND (Special Educational Needs and Disability) and inclusion strategy – sets out the approach to improving outcomes for those with SEND and additional needs. It emphasises a shared commitment to breaking down barriers to inclusion and reducing inequalities, a graduated approach to meeting need with high quality early assessment and support, and working in an integrated way across agencies and with families. The strategy makes a commitment to develop a city-wide approach to trauma informed practice, linking closely with the ambition outlined in the trauma strategy.

Future in Mind: Leeds – is the children and young people's mental and emotional health strategy. It sets out seven key priority outcomes, one of which focuses on the impact of trauma. The strategy makes a commitment to developing trauma informed practice across the system which will be achieved by this trauma strategy.

Healthy Leeds: Our plan to improve health and wellbeing in Leeds – sets out how the CCG in Leeds (soon to become the Leeds Office of the ICS) will work to deliver better outcomes and reduce health inequalities. It commits to taking action at three levels: wider determinants, prevention and access to effective treatment, care and support. This will enable a 'left-shift' whereby people will stay healthier for longer.

The plan is clear that improving children's outcomes is key, linking nicely to the work set out in this trauma strategy.

Leeds Best Start Plan – describes a broad preventative programme from conception to age 2 years. It aims to ensure a good start for every baby with early identification and targeted support for vulnerable families early in the life of the child. The focus on reducing vulnerability through preventative efforts has a lot of cross over with the trauma strategy. Some of the preventative work undertaken in the Best Start work will help achieve outcomes outlined in the trauma strategy.

Leeds Children and Young People's Plan – is the overarching plan for improving outcomes for children and young people in Leeds and for making Leeds a child friendly city. The plan outlines the vision for the city along with a number of priority areas, outcomes and actions which will help to achieve this. The trauma strategy links closely to the plan and works towards two of the priorities - ensure that the most vulnerable are protected and improve social, emotional and mental health and wellbeing.

Leeds Domestic Violence and Abuse Support in Safe Accommodation Commissioning Strategy – sets out the Leeds approach to ensuring victims-survivors of domestic violence and abuse have access to safe accommodation. Domestic violence and abuse is one of the toxic trio, as described earlier in the trauma strategy document.

By ensuring the safety of victims-survivors and their children, this strategy will help prevent trauma in children and young people. The strategy also commits to taking a trauma informed approach.

Leeds Maternity Strategy – highlights the key priorities around pregnancy and childbirth with the aim of improving maternal and childhood outcomes. It includes five priorities, one of which commits to improving emotional wellbeing. This priority includes a component around developing a trauma offer in Leeds. Whilst the focus of this component of the maternity strategy is expectant mothers, the intergenerational nature of trauma means there will be benefits to children and young people. The trauma strategy can also help shape the trauma informed approach for maternity and early years.

Leeds Mental Health Strategy – This all-age strategy sets out the approach to mental health in Leeds from conception to end of life. It includes 8 priorities to focus attention. Priority 5 states that all services will recognise the impact of trauma, linking closely with the actions set out in this trauma strategy.

Marmot City – Whilst not a strategy, the commitment to become a Marmot City links closely to the aims of the trauma strategy. Becoming a Marmot City will enable Leeds to focus on the social determinants of health (the causes of the causes).

Leeds has committed to focusing on giving children the best start, the transition from childhood to adulthood and housing. Applying a trauma informed lens to these issues will help to achieve the aims of trauma strategy.

Right conversations, right people, right time – This is the early help approach and strategy for the city. It outlines the approach to supporting children and families with a range of social, health and educational issues. The strategy makes a commitment to intervene early in the life of problems and take a holistic view of children and families. Many of the vulnerabilities discussed within the early help work are also associated with childhood trauma and adversity.

The Leeds 3 As Strategy: Attend, Attain, Achieve – sets out the city's approach to improving educational outcomes. The strategy focuses on three key obsessions and a number of wider priorities. Obsessions 1 and 2 ('All children should make the best start to school' and 'All Children in Need are safe, supported and successful in school') link closely to this trauma strategy.

Appendix 2 - The Leeds trauma informed charter

The Leeds Trauma-Informed Charter aims to 'set the scene' in Leeds around what's generally called 'trauma-informed care'. It originated in the Leeds Visible Project, which seeks to improve health and wellbeing outcomes for adult survivors of childhood sexual abuse, though is aimed much more widely - right at the whole population of the city. The Charter gives organizations a foundation to build on, in terms of implementing trauma-informed care.

We have an ambition that Leeds will be 'compassionate and mentally healthy city for everyone'. Part of this ambition means recognising the effects that psychological trauma can have on babies, children, young people and adults. All of us, from all ages and backgrounds, can be physically and emotionally harmed, or traumatised, by things like:

- Childhood sexual abuse
- Emotional neglect in childhood
- Bullying
- Domestic or sexual violence
- Poverty
- Racism and discrimination
- Combat experiences in the army

Anyone can potentially experience a traumatic event and be affected by it, though this can be in very different ways - some people may not even recognise that they have been 'traumatised'. Sometimes, babies, children and adults experience traumatic events over long periods of time - this can lead to especially serious and life-long issues. We recognise that some issues linked to trauma are:

- Having overwhelming feelings - feeling sad, upset, scared, angry or out-of-control
- Feeling suicidal and/or wanting to self-harm
- Finding it hard or impossible to trust other people
- Feeling worthless
- Finding that day-to-day experiences 'trigger' really distressing flashbacks and memories
- Dissociation - 'zoning out' or disconnecting from painful experiences
- Problems with physical health

We believe that all of these are normal responses to horrible things that can happen to us.

Our intention is that families and individuals; physical and mental health services; schools, colleges and universities; workplaces; criminal justice systems; sports and religious institutions; all have a good understanding of what trauma is and of the many ways it can affect people.

In Leeds, our commitment is to always:

- Work to reduce the chances of trauma happening, whether by raising awareness or challenging inequalities
- Give children and adults with lived experience of trauma a say in how we describe and respond to trauma
- Offer compassion whenever a child or adult says that they have been abused or harmed, even if they disclose this many years after the abuse happened
- Be non-judgemental towards anyone who's experienced trauma, no matter how they have been affected by it; and not 'blame' or 'shame' them
- Accept that believing people who've experienced trauma, particularly childhood sexual abuse, is really important and can in itself be healing
- Offer effective, specialist support to those who need it; while recognising that not all people who've experienced trauma will want or need services

- Not insist that people have to talk about what happened to them in order to get help
- Hold hope that people of all ages and from all backgrounds can heal and recover from trauma, recognising the strength in individuals, families and communities

Agree to the commitments described in the Charter? - how to sign up: Any organisation can sign up via Visible. Signing up means that they agree to make the commitments described in the Charter; and that they will communicate this to service-users in a meaningful way. The Charter is also important for people who've experienced trauma, as it gives them a clear outline of what they can expect in the city; and is also valuable to all, in that it gives easily understandable insights into what is meant by 'trauma'.

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Appendix 3 - The public health approach to trauma and adversity

Population approach – The public health approach starts with populations, rather than individuals. This means understanding the needs of a population and developing systems to address these needs in order to improve outcomes at a population level. This is underpinned by the theory that by reducing risk by a small amount across the whole population we are likely to have a greater impact on population health than by reducing risk by a larger amount in those at highest risk. This is sometimes called ‘shifting the curve’.

Targeting need to reduce inequalities – Taking a population approach means that we are trying to reduce risk across the whole population but it does not mean that everyone must have equal access to support. The needs of some individuals and groups within the population will be higher than for others. Whilst the population approach highlights the importance of ensuring interventions have a universal element, it is often also necessary to include targeted elements where the level of need is higher. By doing so we can reduce inequalities within the population.

The causes of the causes – (otherwise known as the wider determinants of health) are the conditions in which we are born, grow, live, work and age. They include housing, education, community cohesion, household income and numerous other factors which influence our ability to stay healthy. These conditions drive numerous health and social outcomes including trauma. The work of Professor Marmot^{xiii} (and others) has shown how the circumstances of a person's life can impact on life chances. Importantly, this relationship is not deterministic meaning that difficult life circumstances do not inevitably lead to poor outcomes.

Prevention – is a core part of a public health approach. By moving further upstream (towards the root cause of a problem) we can reduce the impact on individuals and the population. Prevention can occur at three levels – primary, secondary and tertiary. Primary prevention means stopping a problem before it occurs, secondary prevention means stopping a problem in the early stages and tertiary prevention means minimising the impact of an established problem.

Preventing trauma needs action at all 3 levels:

- **Primary prevention** – preventing trauma before it occurs. This means looking at the ‘causes of the causes’. These are the things that make adverse experiences more likely (such as domestic violence, parental substance misuse and homelessness). It includes many of the community factors shown in *Figure 1*
- **Secondary prevention** – preventing trauma following ACEs. This means building the protective factors which reduce the risk of trauma following adverse experiences. It also means identifying children and young people who are experiencing ACEs in order to support them and prevent re-traumatisation
- **Tertiary prevention** – preventing the impact of established trauma by responding compassionately. This means providing more intensive services for children and young people to help them overcome their trauma and minimise the long term impacts

A recent review summarised the evidence of what works to prevent ACEs at the community settings level^{xiv}. It found that there are multiple community interventions effective at reducing ACEs but stressed

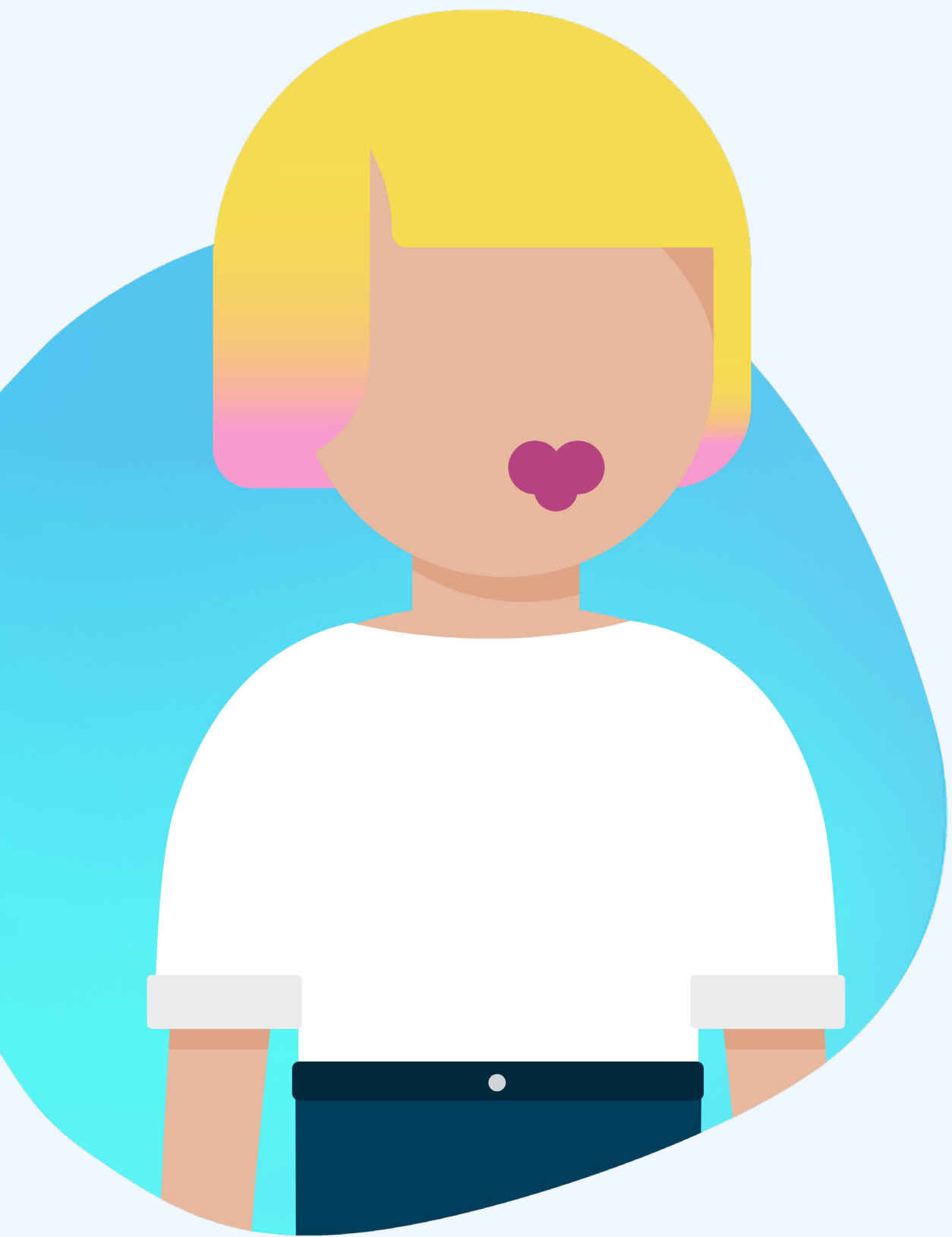
that no single or simple solution would be sufficient. Only by creating system wide strategies involving communities can we promote health and wellbeing and reduce inequalities.

Data and evidence – A public health approach uses data and evidence to understand an issue, ensure interventions are likely to be effective, and monitor the impact of any intervention. Good quality data allows us to monitor outcomes, identify inequalities, see change over time and compare our progress with others.

Partnership working – Another element of the public health approach is partnership working. This is important as factors affecting health often span many parts of the system (for example education, healthcare and children's services). This is also true of trauma where there are numerous causative and protective factors which are widely dispersed. By bringing in different perspectives and experience it is possible to get a better understanding of an issue and work collaboratively to find solutions.

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