



Report of: Leeds Trauma Awareness, Prevention and Response Steering group

Report to: Leeds Health and Wellbeing Board

Date: 6 December 2021

Subject: Trauma Awareness, Prevention and Response

Strapline: Leeds a compassionate city: building a trauma informed city together

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input 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? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Our ambitious vision is for Leeds to be a trauma informed city that works to prevent the conditions that lead to trauma and responds compassionately and swiftly whenever trauma, or risk of trauma is present.

Trauma is identified as one of 3 key priorities within the recently refreshed Future in Mind: Leeds strategy (2021-26), as requiring a real focus, as signed off by the Health and Wellbeing Board, (April, 2021).

Leeds recognises the importance of adopting a life course and intergenerational approach in this work, as reflected in our Leeds All Age Mental Health Strategy (2020-25).

This paper sets out the Leeds ambition, approach, progress to date and next steps in developing our Compassionate Leeds: Trauma Informed City. This is a long-term ambition and will need a strategy and plan to reflect that need to keep our focus on this area for the next decade.

The CCG and Local Authority are combining resources, to create the children and families' trauma service; this will be a key enabler in the ambition to be a trauma informed city.

A Children and Families multi-agency steering group currently drives this programme and a steering group focusing on adults who have lived experience of ACEs and trauma is to be established. These two steering groups will regularly come together, and the output of the recent trauma informed city event will help shape their strategy and programmes.

Leeds is working closely with the West Yorkshire Adversity, Trauma and Resilience programme to ensure we maximise the impact of our respective work for the benefit of children and families, and adults with lived experience of trauma.

As referenced above in Leeds we are working closely with our partners in West Yorkshire and have included an additional paper to be read in conjunction with the Leeds paper. The West Yorkshire paper and the recommendations within it are borne out of the West Yorkshire (WY) Adversity, Trauma and Resilience Strategy Board, WY ATR Network and WY Consortium for Adults Facing multiple Disadvantage.

Recommendations

The Health and Wellbeing Board is asked to:

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

1. The Leeds Approach

This paper sets out plans to prevent, raise awareness of and respond to Adverse Childhood Experiences (ACEs) in Leeds, in an ambitious vision to ensure Leeds is a trauma informed city. The paper explains what ACEs are, the prevalence in Leeds, how they can lead to trauma and why it is important to reduce them and their affect. The paper also sets out our proposed approach in working towards achieving this ambition.

Our ambitious vision is for Leeds to be a trauma informed city that works to prevent the conditions that lead to trauma and responds compassionately and swiftly whenever trauma, or risk of trauma is present.

Three senior responsible officers representing the NHS, children's social care and public health, have committed to reducing the prevalence of ACEs in Leeds and to identify and respond swiftly to those experiencing trauma. A children and families multi-agency steering group has been set up to drive this work forward. Public Health has published a report outlining prevalence of ACEs in Leeds. Plans are in place to establish a multi-agency steering group for adult survivors of ACEs.

A Trauma Informed Movement / network is being created in Leeds, to harness and connect the knowledge, expertise, and experience within the city. This began with a digital conference held on 4th November. Over 440 people registered, with the majority contributing and engaging throughout the day and expressing a keen interest in being involved in future developments. This acts as a catalyst for a wide range of partners to work together to raise awareness of the impact of Childhood Adverse Experiences (ACEs), to prevent trauma and to identify and respond early and swiftly to those experiencing trauma.

The CCG and Local Authority Children and Families Directorate are combining resources (existing and new), to create the children and families' trauma service; this will be a key enabler in the ambition to be a trauma informed city.

2. Background information

The Leeds Children and Young People's Plan 2018-2023 is the shared vision for everyone working with children and young people in Leeds. The Plan sets out our vision for Leeds to be the best city in the UK for children and young people to grow up in, and to be a Child Friendly city. Becoming a trauma informed city is the next step and will build on the Leeds approach to work in a restorative way with children and families.

There is already significant work taking place in Leeds across different services, settings and communities. This was recently demonstrated by the West Yorkshire Integrated Care System (WYICS) commissioned mapping exercise. Leeds had a rich return from across statutory and voluntary sectors of work already underway. However, we recognise that the people taking forward this excellent work aren't always aware of their peers' work and are not connected to them.

In a city as large and complex as Leeds there is a real benefit in bringing together our efforts in a connected movement under a trauma informed framework.

3. Main issues

3.1 What do we mean by Adverse Childhood Experiences?

It is useful to set out briefly what we know about Adverse Childhood Experiences (ACEs) before moving on to our shared definition of trauma. There is increasing recognition of the impact ACEs can have across the life course in terms of health, education and social outcomes as illustrated in diagram 1.



Figure 1: Centre for Disease Control and Prevention.

ACEs are understood as a set of ten traumatic events or circumstances occurring before the age of 18 that have been shown through research to increase the risk of adult mental health problems and debilitating diseases (see diagram 2, below). Five ACE categories are forms of child abuse and neglect, which are known to harm children and are punishable by law, and five represent forms of family dysfunction that increase children's exposure to trauma (EIF, 2020).

It is important however to acknowledge that there are limitations that exist in developing a response to ACEs; for example:

- Estimates of the prevalence of ACEs in childhood are imprecise (good data is missing).
- A focus purely on the original ten ACEs to the exclusion of other factors risks missing children who also need help. Key other negative circumstances in childhood are poverty, discrimination, persistent bullying, low birth weight and child disability. For example, studies show that low family income may be a

stronger predictor of poor physical health outcomes than many of the original ACE categories (EIF, 2020).

- For those who are poor, isolated, or living in deprived circumstances, there is an increased likelihood of ACEs and an amplification of their negative impact.
- There is a concern and risk that a deterministic interpretation of ACEs is taken, which omits recognition of the protective factors and strengths that mitigate poor outcomes.

Figure 2 overleaf illustrates the relationship between ACEs and adverse community environments; all of these will be factored into the Leeds approach.



Figure 2

The terms ‘adversity’ and ‘trauma’ are often interchangeably used by professionals. Whilst adversity describes the situation and experience that a person has, trauma refers more commonly to the impact it has on their mental, physical, and developmental health.

Poor outcomes are not predetermined and are influenced by the balance of protective factors; they can be ameliorated with appropriate support and environments that build resilience in children affected by adversity, who are at risk of trauma.

3.2 What do we mean by a trauma?

The Leeds trauma working group particularly likes the Young Minds (2019) definition below, as a working definition of what we mean by trauma.

We all face emotionally challenging situations during our childhood and adolescence. For some people the environments they grow up in, the people they relate to, and the experiences they have are adverse, and have a potentially traumatic and lifelong impact on their development, physical and mental health, and ultimately their way of life. Adverse Childhood Experiences (ACEs) are defined as highly stressful events or situations that occur during childhood and/ or adolescence. It can be a single event or incident, or prolonged threats to a child or young person's safety, security, or bodily integrity.

3.3 Strategic fit

The Leeds Children and Young People's Plan and its underpinning strategies together with national drivers provide the clear strategic context for this area of work.

There is a range of work being delivered that has an implicit aim of reducing the risk of ACEs and resultant trauma. The Leeds Best Start Plan is one such example; this is a broad preventative programme from conception to age 2 years. This 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. This is a progressive universal approach. In the longer term, this will promote social and emotional capacity and cognitive growth and aims to break inter-generational cycles of neglect, abuse and violence.

The overall outcomes for the programme are:

- Healthy mothers and healthy babies at population and individual level
- Parents experiencing stress will be identified early and supported
- Well prepared parents
- Good attachment and bonding
- Development of early language and communication

The refreshed Future in Mind: Leeds strategy (2021-26) sets out the continued drive to improve children and young people's social, emotional and mental health (SEMH) outcomes. It has a particular focus on reducing health inequalities and identifying and responding to trauma is one of the key priorities. Priority 5 of the Future in Mind: Leeds strategy is to reduce the impact of trauma:

'We will recognise the impact adverse childhood experience can have on mental health across the life course and will focus on establishing a clear offer and response to childhood trauma.'

The revised Early Help strategy (2020) provides structure and context to this work and is promotes a partnership approach to recognise the needs of children young people and families as early as possible, and so prevent escalation to statutory intervention –the *right conversation* with the *right people* at the *right time*.

The current Early Help review is building on and growing the Early Help strategy through the development of more streamlined integrated and accessible services.

The Leeds All Age Mental Health Strategy (2020-25) provides the opportunity to make further progress collaboratively taking a life course approach and recognised the intergenerational aspect of trauma and the importance of 'Think Family, Work Family'.

This programme also aligns with and will contribute to delivering many of the overarching strategies and plans in the city such as – Leeds Health & Wellbeing Strategy (2016-21), Leeds Inclusive Growth Strategy (2018-23), Leeds Children's Poverty Strategy (2019-22).

The programme is also crucial to deliver the left shift ambition and commitment to address health inequalities.

Our Leeds programme is a key component of a wider system ambition, the West Yorkshire Integrated Care System (ICS) Aversity, Resilience and Trauma programme.

3.4 ACEs in Leeds

Modelling done as part of the Children's Commissioner's local vulnerability profile for Leeds estimates:

- 33580 (19.8%) children and young people are estimated to live in households with any of the so called 'toxic trio' (i.e., domestic violence, parental mental health, and parental substance abuse).
- 1994 (1.2%) children and young people are estimated to live in households with all 3 of the so called 'toxic trio'.

The inter-relation between deprivation and vulnerability can be demonstrated by the higher proportions of children within the Leeds social care system who live in the most deprived areas. The following statistics are taken from a snapshot on 31st March 2020 where there were 3,623 Children in Need, 590 on a Child Protection Plan and 1,346 Children Looked After:

- 57.6% of children subject to a child protection plan live in the most deprived decile, compared to 8.3% in the top 5 deciles combined (based on Index of Multiple deprivation)
- The same pattern is seen in terms of the number of children looked after, with 59% living in the most deprived decile, 12% in the second most deprived, 7.8% in the third, and 14.9% from the fourth to tenth combined.

3.5 Leeds existing offer

In addition to prevention, Leeds takes a nurturing and relationship-based approach in recognising and responding to trauma. There is a strong practice principle of working with children and families, rather than doing for, or to. There are examples of excellent practice across the partnership in the city. However, whilst, there are some excellent programmes of work and some very robust and evidence-based services, these are not comprehensive, or currently configured to work most effectively together as a unified Leeds system. There are known gaps in both capacity and the completeness of the offer, particularly in the delivery of early help (before children become part of the statutory system).

3.6 What we need to do

When the original ACE study (Felitti, et al, 1998) was first published, the authors concluded that comprehensive strategies, involving universal, selected and targeted interventions, were necessary to prevent and reduce ACEs. These strategies included intensive home visiting interventions for vulnerable families, school-based programmes aimed at preventing health-harming behaviours, and targeted psychotherapeutic treatments, designed to help children and parents cope with ACE-related trauma (a comprehensive list of evidence based approaches can be found in EIF, 2020).

Adopting support through a trauma informed lens can contribute to a greater understanding of the reasons underlying some children's difficulties with relationships, learning and behaviour and lead to better outcomes. (Education Scotland)

We need to ask: Not what is wrong with you? But rather: **What happened to you?** And: **What needs didn't get met?**

A public health approach in local communities and settings is recommended to tackle ACEs, building on the evidence of what works to improve outcomes for children (EIF, 2020). Both Leeds and West Yorkshire and Harrogate Integrated Care System are taking this approach.

This needs to include a system-wide focus on the negative impact of childhood adversity and understanding of prevention and protective factors, with workforce practice, services, commissioning, and leadership, all aligned in a commitment to identifying and meeting the needs of the most vulnerable families.

3.7 Key Actions

A children and families multiagency steering group is established; this is focusing on work to develop the trauma informed movement, oversee the trauma service development and support working groups to deliver action initially around workforce development and trauma informed education settings.

Leeds is also working to develop a local place-based strategy alongside the WY&H ICS programme strategy, to align and ensure synergy, whilst also reflecting the distinct needs of the city. Leeds is also working with the ICS programme to bid for additional funding to support development in this area.

A digital event, **Compassionate Leeds: Developing a Trauma Informed City Together** took place 4th November. Over 440 delegates registered with most attending all, or part of the day and many requesting to view the recordings of the key-note presentations and workshops. The recordings, insights and ideas gathered from the event will help shape the strategy and the development of additional working groups. Many who attended are coming forward to be involved in the work.

An adult steering group (lived experience of ACEs and trauma) is forming soon, and the two steering groups will regularly connect.

There's a recognition of both the importance of developing our workforce to understand and take a trauma informed approach, and for the need to be mindful of and to support our staff's health and wellbeing. This recognises that many of our workforce may have experienced adversity; this maybe as a result of adverse childhood experience, or more recently the impact of the pandemic.

The integrated trauma service for children, will be developed to help underpin the trauma informed movement and to provide access to expertise and direct therapeutic support.

In addition there is the opportunity of Leeds and Bradford's recent successful data acceleration bid to focus on connecting data across the partnership to support early identification of children and families needing support.

4.0 Health and Wellbeing Board governance

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 in the development of our strategy, programme, events and services. This has recently demonstrated in our November launch event, where presenters, workshop facilitators and delegates included those with lived experience of trauma. Initiated at the event there is work under way to create a common language and charter for trauma informed practice, led by those with lived experience.

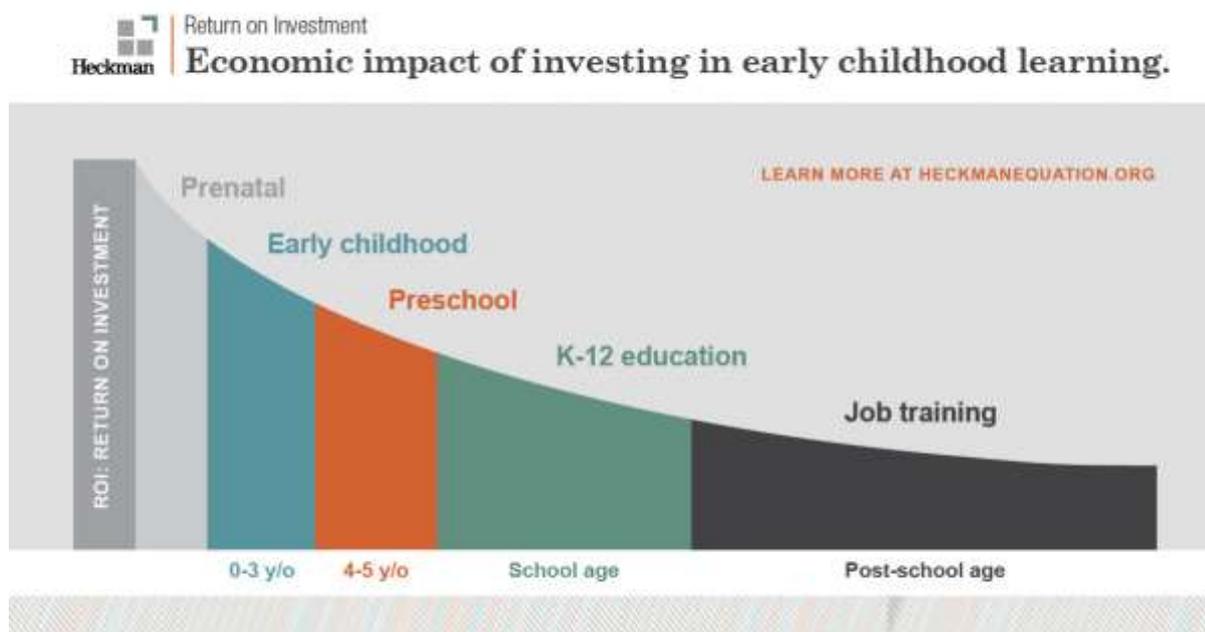
5.0 Equality and diversity / cohesion and integration

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.

6.0 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 (see graph overleaf, which demonstrates the

return on investment).



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 (EIF), 2016). There is local data that confirms 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 (report pending, 2021).

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).

6.1 Legal Implications, access to information and call In

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

6.2 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.

7.0 Conclusions

Our ambitious vision is for Leeds to be a trauma informed city that works to prevent the conditions that lead to trauma and responds compassionately and swiftly whenever trauma, or risk of trauma is present.

Trauma is identified as one of 3 key priorities within the recently refreshed Future in Mind: Leeds strategy (2021-26), as requiring a real focus, as signed off by the Health and Wellbeing Board, (April, 2021).

Leeds recognises the importance of adopting a life course and intergenerational approach in this work, as reflected in our Leeds All Age Mental Health Strategy (2020-25).

This paper sets out the Leeds ambition, approach, progress to date and next steps in developing our Compassionate Leeds: Trauma Informed City. This is a long-term ambition and will need a strategy and plan to reflect that need to keep our focus on this area for the next decade.

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Leeds is working closely with the West Yorkshire Adversity, Trauma and Resilience programme to ensure we maximise the impact of our respective work for the benefit of children and families, and adults with lived experience of trauma.

8.0 Recommendations

The Health and Wellbeing Board is asked to:

- Note the ambitious vision and scope of the Leeds work
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9.0 Background documents

None

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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 (please tick all that apply to this report)	
A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	
Strong, engaged and well-connected communities	✓
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	
Maximise the benefits of information and technology	✓
A stronger focus on prevention	✓
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	✓
A valued, well trained and supported workforce	✓
The best care, in the right place, at the right time	✓

The impact of COVID and increase in demand for children and young people's mental health services is likely to pose a challenge.

Additional Paper A: Background: West Yorkshire Adversity Trauma and Resilience Programme

Purpose of the paper

This paper sets out the system case and focus to prevent, or reduce the impact of Adversity, trauma and multiple disadvantages for the population of West Yorkshire.

The aim of the paper is to brief and secure the support of senior leaders across Leeds and should be read in conjunction with the Leeds: A city-wide response to Adverse Childhood Experiences: Taking a Trauma informed Approach

The paper and the recommendations within it are the result the West Yorkshire (WY) Adversity Trauma and Resilience (ATR) Strategy Board, WY ATR Network and WY Consortium for Adults Facing Multiple Disadvantage

The paper describes a coproduced approach to support all five places/districts to be trauma informed and sets out the case for change for a joint ambition to ensure WY is a Trauma Informed and Responsive System by 2030.

The WY Programme is jointly delivered by the West Yorkshire Health & Care Partnership and West Yorkshire Violence Reduction Unit. Sharing a common commitment with the Leeds City Wide response and with all partners across the system to prevent harm and improve the wellbeing of our population, with a particular concern for those who are most vulnerable, facing multiple difficulties, complex needs and childhood trauma. In order to deliver on this commitment a joint West Yorkshire Adversity, Trauma and Resilience programme.

Summary Overview

Children and Young People who experience adversity and trauma are at high risk of; poor physical/mental health and emotional wellbeing, substantive increases in adopting anti-social and health-harming behaviours, including serious violence, poor attendance/exclusion at school and decreased educational attainment.

Adults who face multiple disadvantages as a result of trauma and adversity are 4 times more likely to become an alcoholic, 15 more times likely to commit suicide, 3 times more likely to be absent from work and 3 times more likely to experience depression.

To improve outcomes for the physical, mental health and wellbeing of the people that live in West Yorkshire we need to work together to prevent trauma and adversity and mitigate existing harm across the lifecourse and while fully eradicating trauma remains unlikely, actions to strengthen community resilience and assets may partially offset their immediate harms.

There has never been a better time to prioritise the prevention of risk factors on health and increase protective factors as there is now with the ongoing pandemic.

People are making the connections between the determinants of health and poor outcomes, including the impact on adversity and trauma, not just for young people, but for our babies who have been born during the pandemic and in lockdown, through to adults and older people that have been experiencing substantial isolation.

To deliver our agreed ambition our approach is for all organisations and system leaders to work together as trauma and adversity cannot be prevented and responded to by one sector.

we want to:

- Prevent adversity and trauma across the life course.
- Respond to trauma and adversity that already exists, mitigating harm where possible.
- Facilitate an integrated trauma-informed and responsive system that enables all children and young people, including those with complex needs to thrive.
- Build and strengthen resilience assets and protective factors for individuals and communities
- Reduce risks and improve outcomes for those who experience adversity and trauma
- Ensure CYP can develop meaningful relationships with experienced professionals, who will champion on their behalf placing them at the centre of care, coordinating services around the child & family
- Provide senior clinical leadership across the system, strategic oversight, embedded reflective practice, specialist input and psychosocial interventions.
- Reduce inequalities that contribute to adversity and trauma and inequalities caused by adversity and trauma
- Ensure an understanding of adversity and traumatic events and the impact they have on an individual, their life chances and opportunities.
- Develop our response to adversity, trauma, and complex needs in this window of opportunity to build back better and fairer and minimise harm caused by COVID -19 and associated measures.

Underpinning our work is the principle that the voice of our population and communities is at the heart of everything we do, and we have developed a Community Action Collective, to ensure continued engagement and involvement. The Collective will deliver several

outputs including co-creation/co-design of the WY programme, curriculum, delivery of training, community events, and development of an Engagement, Involvement and Co-production Plan to inform the implementation of the framework and the WY 2022-2030 Strategy.

To achieve system, change we have to ensure that we are working at the right level within the system, building strong relationships with partners as the foundation, driven by local, national and international evidence, and policy. Building on the current practice already developed across all the places in West Yorkshire through the West Yorkshire Adversity Trauma and Resilience Network and the WY Consortium for Adults Facing Multiple Disadvantages.

The Network/Consortium have over 150 members including people with lived experience, with wide representation across sectors including but not limited to: early years and early help, commissioners, primary care, Acute Trusts, Mental Health Trusts, local authorities, education, educational psychologists, safeguarding, police, youth justice, housing, voluntary and community organisations. The role of the Network/Consortium is to steer the programme of work, test concepts and pilots, share practice and develop opportunities for system wide approaches.

Current Pilots and subgroups include but not limited to:

- Trauma Informed Training: WY Police, WY Housing Providers, Primary Care
- Trauma Informed Organisations: South and West Yorkshire Mental Health Foundation Trust, Bradford University,
- Trauma Informed Schools
- Adversity Trauma and Resilience Navigators: Calderdale and Huddersfield Foundation Trust

We are now working with colleagues and thematic experts to develop the WY Adversity, Trauma and Resilience Strategy 2022 – 30. This Strategy will be coproduced with our population and we will launch as part of our 2nd annual 3-day knowledge Exchange due to take place in April 2022.

The knowledge exchange will also provide the opportunity for colleagues to access workforce development and training opportunities and there will be a focus on lived experience and coproduction.

I am proud to be the Senior Executive Lead for this important programme of work and as system leaders we are committed to ensure West Yorkshire is a trauma informed and responsive system by 2021 and implementing the recommendations from the three reports.

To reach our vision we will work towards:

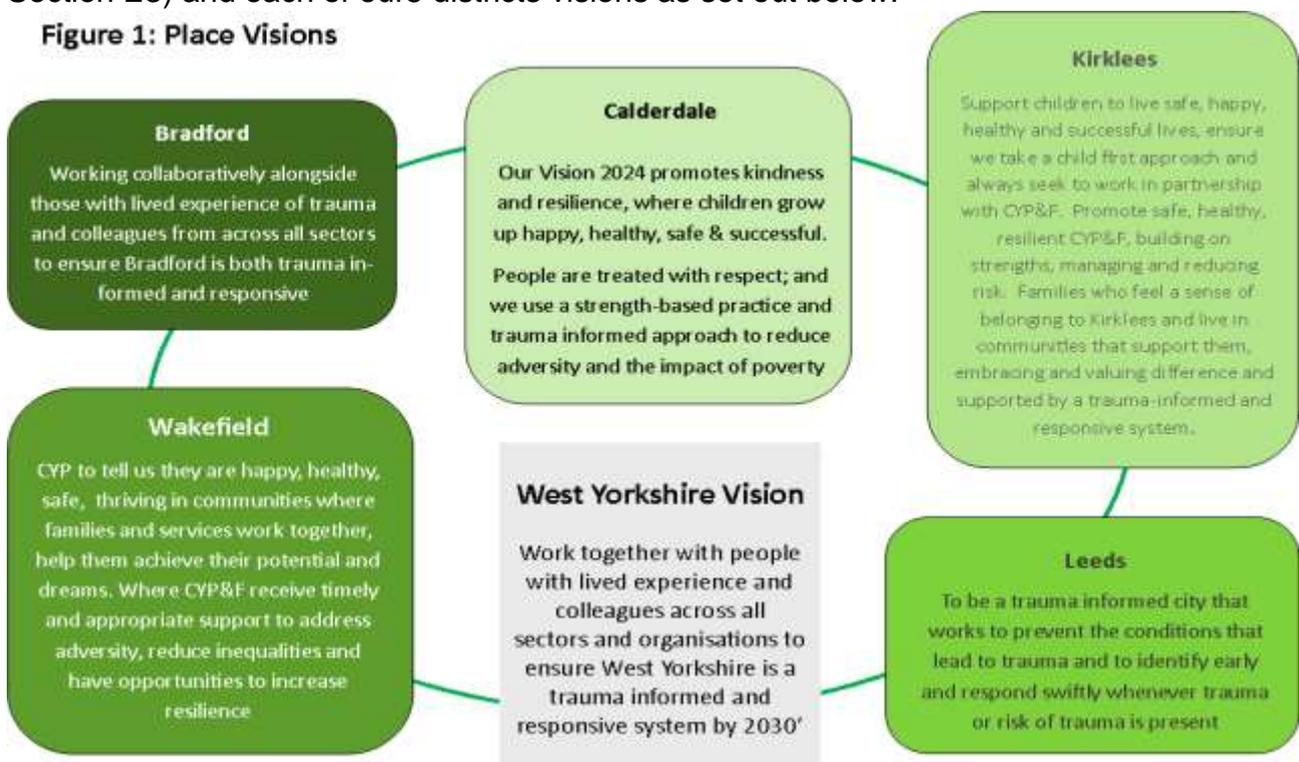
- Reducing trauma, adversity and building resilience for the whole population of WY, particularly children and young people and adults who are vulnerable and experiencing complex needs
- Supporting and strengthening community services for those with complex needs that are currently not being met
- Ensuring all people living and working in WY have access to and receive integrated support from a range of professionals across health, mental health, education, social care, youth justice, the police, and the voluntary sector to ensure that their needs are met in a coordinated way.

The WYATR Programme will:

- Support all place strategies and plans to be trauma informed and responsive by 2030.
- Embed a multi-sector and system trauma-informed approach with a coordinated, cross-system strategy, aligned policies, practices and services for supporting and building resilience.
- Utilise evidence and embed knowledge of trauma and adversity across all sectors
- Ensure all organisations across WY are trauma Informed and responsive
- Recognise / respond to the needs of the workforce (particularly those repeatedly responding to trauma).
- Collaborate across all sectors to ensure services are accessible and appropriate
- Partner, empower, educate and co-produce with our communities

The WYATR programme and vision are supported by our system leadership teams (see Section E3) and each of our 5 districts visions as set out below:

Figure 1: Place Visions



As a system we are committed to investing in additional support for the most vulnerable people with complex needs.

This includes responding to need, intervening early, and strengthening our communities by reducing risk, building protective factors, resilience assets and social capital which may reduce immediate and long- term harm. To do this effectively we are working to understand current need across our system and numbers of people facing adversity, including evidence of the impact of adversity and trauma, as well as what works to prevent/mitigate harm, build resilience and ensure services are trauma-informed and formulation-driven.

West Yorkshire Adversity, Trauma and Resilience: Meeting our ambition

Responding to the needs of our population: What we already know:

We have a population of 570,000 children and young people in West Yorkshire and Harrogate, with a significant number of young people impacted by varying and increasing adversity and trauma, a snapshot of this can be seen below. We will identify exact numbers for our priority cohorts in Year 1 through our mapping and data work across West Yorkshire. As we are working collaboratively across the system, with all places and sectors, we will achieve and exceed the target set, supporting, working, and improving the outcomes of 6000 young people across West Yorkshire by 2030.

- West Yorkshire has seen a fall in the number of children entering the criminal justice system, but the offences committed are becoming more serious and more violent¹
- Knife crime, crimes of violence against the person and gun crime have all been identified as a serious issue across WY, 42% of knife crime offenders are males aged 15-24, most knife crime offences take place in our poorest communities²
- The rate of children living in absolute low-income families per 1,000 children (0-15 years) is between 200 to 400 in WY³
- Much of the trauma experienced by young people in WY was found to be passed down through families, potentially exacerbated by gaps in service provision and unmet need including, dealing with intergenerational health inequalities⁴
- There are 987 looked after children in Bradford a 6.4% increase since 2017⁵

¹ CREST Report 2021

² VRU Needs Assessment January 2021

³ 2019/20 Deprivation and Poverty CREST 202.

⁴ Trauma and Unmet Mental Health Need CREST 2021

⁵ Bradford JSNA

- First entrance rate into the Youth Justice System in Bradford is 455 per 10,000 10-17 population⁶
- 45% of Children Looked After (CLA) in Calderdale have mental health needs⁷
- Children were present at 34% of domestic abuse incidents in Kirklees and Calderdale⁸
- 50% increase in the number of children and young people demonstrating abusive behaviour towards their parents in Kirklees⁹
- In Leeds the inter-relation between deprivation and vulnerability can be seen in the fact that 57.6% of children subject to a child protection plan live in the most deprived decile, compared to 8.3% in the top 5 deciles combined¹⁰
- And that in Leeds 59% of children who are looked after living in the most deprived decile, 12% the second most deprived, 7.8% in the third and 14.9% from the fourth to tenth combined
- In Wakefield there were 640 children in care in April 2021¹¹
- The predominant reason for children being looked after in Wakefield is abuse or neglect¹²

West Yorkshire Finding Independence: evidence and data 2020

It's estimated that almost 44,000 people across West Yorkshire are currently accessing homelessness, addiction, re-offending and mental health services. Nearly 7,000 access three or four services, equating to an average of 1,400 people in each LA area. WY-FI was only able to support 823 people over the life of the programme leaving a cohort of over 6000 still experiencing multiple disadvantages.

According to peer research and service use data; at least 20% of people experienced exclusion when trying to access services. Between 60% and 80% of WY-FI beneficiaries said they had a bad or very bad experience before accessing WY-FI Navigator support. In contrast, over 95% said they had good or very good experiences with navigator support.

People experiencing multiple disadvantages are likely to have lived or live in a deprived area and experienced poverty, poor education, unemployment, ill-health, unhealthy family situations, adverse childhood experiences, complex trauma and/or loneliness and isolation.

0% of Leeds areas are the most deprived - has the highest proportion of its areas in the most deprived. Bradford is ranked in the 20% most deprived areas in England, lower than any other LA area in West Yorkshire. receives the lowest rank amongst the five areas, placed in the most deprived 20% in England (IDACI 2015).

Wakefield reports 15.7% of the population are living in neighbourhoods that are amongst the top-10% most deprived in England.

⁶ Bradford JSNA

⁷ Calderdale JSNA

⁸ Kirklees JSNA

⁹ Kirklees JSNA

¹⁰ Leeds PHE Improving Health Outcomes for Vulnerable Children and Young People with additional local data (2021)

¹¹ Wakefield Vital Signs Report April 2021

¹² Wakefield JSNA 2

Through our system partnership, over the next 8 years we will continue to develop the evidence base, undertake needs assessments and inequality impact assessments to continue to understand the needs of specific cohorts of our population with complexities and embed a culture change prioritising prevention and early intervention. To achieve this all partners, sectors and organisations must work collaboratively to support our most vulnerable people.

Figure 3: What keeps us awake at night?



Partnership working

Our ethos is to connect organisations and individuals in ways that make better care easier and use opportunities to make better connections and use our unique partnership assets to improve health and wellbeing. Working together we have the chance to create the conditions so that children get the best start in life and improve our population's chances of living a long and healthy life.

Key to our system approach and delivering our ambition by 2030 is the engagement of stakeholders, partnership working and building networks. Through the partnership the system wide trauma informed programme of work has been jointly led since June 2020.

We have an established WY Adversity, Trauma and Resilience Network with currently 150 members including people with lived experience. The network has a focus on adversity, trauma, and resilience from preconception to 25 years. The System Programme has also brought the West Yorkshire Consortium for Adults Facing Multiple Disadvantage into the governance Structure support out population from 18 onwards. Both groups have wide representation across sectors including but not limited to; early years and early help, commissioners, primary care, Acute Trusts, Mental Health Trusts, local authorities, education, educational psychologists, safeguarding, police, youth justice, housing, voluntary and community organisations. The role of the Network is to steer the programme of work, test concepts and pilots, share practice and develop opportunities for system wide approaches and working.

Our five places across WY are represented on the network and within each place integrated care partnerships are in place.

Partnerships have been established with colleagues with subject matter expertise and system leaders in adversity and Trauma, including Dr Warren Larkin, Consultant Psychologist and Catherine Knibbs, Online Harms & Cybertrauma Advisor, to support this work and we are working with a number of national and international networks to share practice and learning including

- Office of Health Improvement and Disparities
- International Trauma Informed Care Network
- NHSE/I Trauma Informed Community of Practice

The commitment to partnership working across the system and support to deliver the ambition is demonstrated through the pledges of commitment from system leaders and staff across WY of which we have over 100 (see Appendix A)

In March 2021 a WY&H 3-day ATR Knowledge Exchange was held across the system with over 1,500 attendees. The event workshops, led by specialists in the field including those with experience of trauma, highlighted how when organisations come together to support people at the right time in their life, they can support them better to lead a long, healthy life where possible free from the impact of trauma. There was an emphasis on how grassroots expertise can underpin the shifts in culture and practice needed to achieve our vision of an area which is trauma informed and responsive to people's needs.

Coproduction and Engagement

Underpinning our work is the principle that the voice of our population is at the heart of everything we do. At a system level across WY people have been involved in co-developing the framework response through the following:

WY&H Youth Collective: WY Youth Partnership Board who support us by being the voice of young people influencing and informing decision making, working jointly with, and feeding back on the work of the WYHHCP to locally led young people's groups and engaging with us on issues affecting the lives of young people. Our Youth Collective has identified key priority areas to work with us as; the direct and indirect impacts of Covid on CYP&F, reducing health inequalities and mental health, emotional wellbeing, and resilience, which have all been included as a focus of this EOI. A resilience workshop has been held with young people and our group has agreed to work with us in partnership to support resilience across WY. The Youth Collective will continue to work as a key partner in implementation of the framework and identifying quality improvements.

Commissioned insight and co-production: [Crest Advisory](#) were commissioned by the Partnership and the WY VRU to understand the root causes of serious youth violence and exploitation in WY. Engagement was undertaken with a diverse range of young people across WY with complex needs including from PRUs, the SEND cohort and youth offending teams. Recommendations from young people from the research included a need to.

- Address deprivation and socio-economic disadvantage
- Address trauma and mental health needs
- Address educational inequality
- Build supportive systems around young people
- Provide universal support, targeted support, and family-based support
- Provide school-based interventions

West Yorkshire Changing Systems and Integrating Care project will undertake system scoping and modelling to identify the:

- Enabling conditions and prerequisites, along with the barriers and detractors to progress.
- Value, advantages and disadvantages of adopting whole system approach.
- Evidence and Insight from existing good practice across West Yorkshire.

A response strategy has been produced with recommendations and options to build lasting system change, considering primary of place, system level actions and implementation and strengthening links with place, the project also included:

- WYH&CP Executive Summary & Final Report
- WY-FI Future Demand Paper
- WYH&CP Adults Services Mapping Summary
- WYH&CP CYP Services Mapping Summary
- WYH&CP Lived Experience Summary Narratives
- WYH&CP Equalities Impact Assessment
- Trauma Informed Practice – A Workforce
- Development Perspective

WY ATR Community Action Collective: A Community Action Collective is being established to ensure continued engagement and involvement of WY communities including CYP in implementing the framework response. The Collective will deliver several outputs including co-creation/co-design of the WY programme, curriculum, delivery of training, community events, and development of an Engagement, Involvement and Co-production Plan to inform the implementation of the framework and the WY 2022-2030 Strategy.

Each of our five districts have a wealth of expertise and experience in involvement, engagement, and co-production with CYP and families and existing local groups and mechanisms in place to ensure continued input into implementing the framework across each district; examples of these include.

- Parent and service user involvement in the SEND reform Deep Dive in Bradford
- Calderdale Children Safeguarding Partnership Young Advisors- views gathered from hundreds of young people across Calderdale on subjects including child exploitation and online safety which informs priorities, services, and prevention activity
- Kirklees Children in Care Council
- Leeds MindMate Ambassadors, Leeds Voice, and Influence team, who support a range of young people and parent/carer councils (including children in care and with SEND)

Wakefield's recent 'Build our Futures' summit which was attended by 86 CYP representing a diverse set of interests.

Collaborative working and the governance

Alongside formal governance we have achieved a coalition where all partners are bound together around a shared vision and purpose, creating the conditions for our ambition to become a reality.

A task and finish group was established in June 2020, with 30 members and has continued to be flexible to meet the needs of our population and partners to enable the beginning of a joined up, whole system approach.

From June – September 2020 extensive engagement was undertaken with system leaders, networks, and Boards to increase collaboration and partnership working including WY&HHCP System Leaders Executive & Clinical Forum, WY Leaders of H&WB Boards, Royal College of GPs Board, WY&H Mental Health, Learning Disabilities and Autism Board and Children’s Lead Commissioners. This engagement successfully increased the partnership across the system resulting in the development of the WYATR Programme Steering Group, with a number of sub- groups for scoping and delivery.

In March 2021 the WYHHCP in partnership with the WYVRU developed and delivered a 3 Day Adversity and Trauma Knowledge Exchange with over 1500 attendees. The event was for all colleagues from senior leaders to staff working directly with people who have experienced adversity and trauma.

The 3 days provided the case for change and covered the growing evidence of the impacts of adverse and traumatic experiences throughout life and the importance of organisations working better together to prevent and mitigate the impact of adverse experiences. Day 3 of the event focused on lived experience, engagement, and co-production.

Since the event collaboration has increased both at a system and place, including

- Members of the Steering Group increased to over 150, prompting a full restructure of the programme and governance review.
- Agreement for the WY Multiple Needs Consortium to move into the WYHHCP under the WYATR Programme by September 2021
- Development of local partnerships e.g., Directors and Heads of Service across Kirklees
- Partnerships with experts and system leaders, to deliver masterclasses and support the continued development/delivery of the WYATR Programme and Strategy.

Adversity, Trauma and Resilience (ATR) Programme Structure and Governance

The Programme is led by the senior managers from the WYHCP Improving population Health Programme, CYP and family’s programmes and the WYVRU. Kersten England CBE (Chief Executive of Bradford Council) is our System Executive lead and chairs the Adversity, Trauma and Resilience Strategy Board.

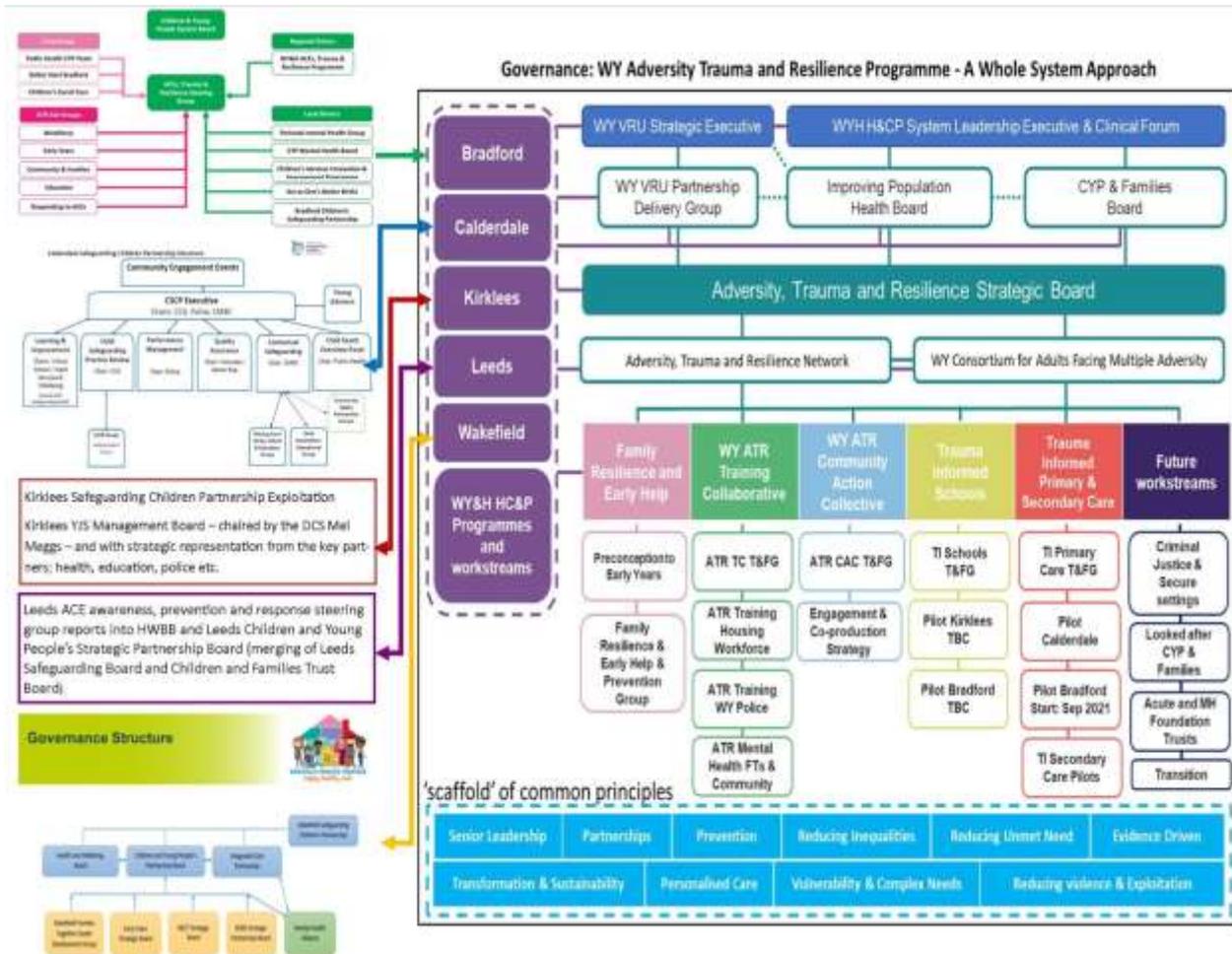
Overall responsibility for the success (monitoring, progress, performance against system agreed KPIs and evaluation) of the WYATR Programme sits with the WYHHCP and WYVRU as the lead organisations.

WYATR Strategy Board, formal decision-making group, will; manage any third-party providers, monitor, and mitigate slippage identified in the timeline and milestones, report and escalate risk through the governance structures of the WYHHCP System Leadership Executive, WYVRU Strategic Executive Group and via governance structures in each 5 places. The Strategy Board will delegate responsibilities and delivery to the WYATR Network and day to day decision making via the Senior Programme Managers.

The structure of the programme includes

- WYATR Strategy group
- WYATR Network with a focus on 0-25 (including members with lived experience)

- WY Multiple Needs Consortium 18+ (bimonthly) responding to the needs of our adult population, parents and carers experiencing multiple disadvantages and breaking the intergenerational cycle.
- Quarterly joint meetings to focus on transition (16 – 25yrs)
- Sub- groups for scoping and delivery



Demonstrating impact and effectiveness

WY will embed a sustainable programme of collaborative working and culture change, prevent and respond early to adversity and trauma, ensuring:

- all organisations across WY are trauma informed and responsive
- a workforce that is therapeutic, skilled, confident, trauma informed and responsive, where every interaction matters
- staff are trained to ask in a routine or targeted way about adverse and traumatic experiences as part of an appropriate assessment process
- support for CYP who experienced adversity/trauma may/may not yet have, however, their environment (social and economic) increases their level of vulnerability and risk; CYP who:
 - live in the most deprived areas,
 - live in areas with high prevalence of serious violence and crime,
 - are experiencing inequalities,
 - have learning disabilities /ADHD/ Autism/ SEND,
 - are adversely affected by covid-19 and measures
 - are vulnerable/at risk but don't meet thresholds for specialist support

Fundamentally our approach is relationship-driven and based on the assumption that with appropriate training, supervision and crucially, permission - all our staff can make a therapeutic impact. We recognise the strength of the working alliance, the compassion expressed and the trust that is cultivated between our staff and the young people being fundamental to the success of our approach.

Outcomes and Objectives (Also please see our Theory of Change at Appendix B)

We will work together to strengthen existing provision, intervene earlier in all pathways and services to deliver the following outcomes and more for the population of WY:

- improve physical/emotional wellbeing and reduced mental health concern,
- reduce high-risk behaviours, including serious violence and exploitation,
- reduce the number of people entering the youth justice system/secure settings
- increase educational attainment, attendance and reduce exclusions,
- Reduce the number of Children in Care
- increase aspirations, sense of belonging and purpose,
- ensure every interaction matter making the most of teachable moments,
- Increase protective factors through the development of trusted relationships, safe/secure psychologically informed environments, good quality housing/stable homes, friendships, and networks.

Monitoring, evaluating, and measuring effectiveness; To demonstrate the impact of the WYATR Programme we will:

- develop a system dashboard of KPIs against agreed objectives and outcomes
- Use a wide range of data sources and systematic collection of information, including magnitude, scope, characteristics, and consequences both direct and indirect, to produce a system, multi-sector profile of the prevalence and impact of adversity and trauma.
- Support/undertake annual needs assessments at system and place, to inform decision-making, service development and interventions to reduce and prevent adversity and trauma
- understand the nature and extent of adversity and trauma, including patterns and trends of risk and protective factors
- understand and respond to the Impact of Covid-19, increasing inequalities and demand on services
- Undertake internal and external evaluations,
- understand what works/doesn't work, where delivery can be accelerated and replicated across the system, capture evidence, share learning and best practice