

Trauma Informed Somerset

Lead Officer: Vikki Hearn, Joint Strategic Commissioner, Childrens and Health

Author: Billy Smith, Graduate Commissioner

Contact Details: vikki.hearn@somerset.gov.uk

Executive Member: Tessa Munt

Division and Local Member: N/A

1. Summary

- 1.1.** To create a coordinated and system wide trauma informed system model, using tiered training and a network of champions to educate and spread change across system partners. The model should be delivered and facilitated by the recruitment of a trauma informed coordinator managed and funded by health and social care system partners.

All work should include continued engagement with those who have lived experience of trauma and other non-professionals. All strategies should also be based on a charter containing the principles based on national best practice and NHS guidance. Finally, regular events should be held to support the development of trauma informed champions, build the trauma informed network and share best practice.

- 1.2.** The work supports outcomes one, three, four and five of the County Business Plan.
- Outcome one - A County Infrastructure that drives recovery, supports economic prosperity, productivity and sustainable public services. Trauma informed practice reduces long term cost of public services, improves staff satisfaction and reduces staff turnover. Adverse childhood experiences (ACE's) have been shown to shape peoples economic fortunes. Therefore, trauma informed practice could help improve the prosperity of people and families.
 - Outcome three - Fairer life chances and opportunity for all. This is a key goal of Trauma informed practice as it seeks to understand how people's life circumstances shape their behaviour and their outcomes. By modelling services in a way which understands this, services can avoid retraumatising users and support people to break cycles of trauma through empowerment and co-production.
 - Outcome four - Improved health and wellbeing and more people living healthy and independent lives for longer. Peoples experienced trauma is one of the most important aspects in shaping people's mental wellbeing. It has also been shown to be important in determining people's physical health. Building a trauma informed system would support the long-term reduction in poor mental and physical health across the county.
 - Outcome five - Meeting the challenges for the people of Somerset through

innovation and improvement. Trauma informed practice is a new innovative way of working and all neighbouring authorities, as well as most authorities nationally are working to develop trauma informed systems. It is important that Somerset positions itself to engage with this and has the opportunity to put itself as a leader at the forefront of this developing practice.

2. Issues for consideration / Recommendations

- 2.1.** That the Children and Families Scrutiny Committee note the progression of the Trauma Informed Somerset Model development and support the system wide response as proposed.

3. Background

- 3.1.** This work was sparked by a presentation by partners from across the system on the impact of adverse childhood experiences and the importance of trauma informed models of practice. Following this a literature review of trauma informed models from across the UK and the U.S was undertaken, and a working group convened consisting of representatives from across the following parts of the system:

- Somerset Foundation Trust
- Somerset ICB
- Somerset County Council (Public Health, Adults and Childrens services)
- Avon and Somerset police
- VCSE Sector
- Primary Care

- 3.2.** Using evidence from the literature review the working group established four key areas which must be considered in the development of a trauma informed model. These were: principles, training, service delivery and organisational change. From this four respective task and finish workstreams were created to consider recommendations for each area. It was decided that the delivery of care must be preceded by the other three aspects to improve the organisational readiness to implement models of delivery. The principles workstream helped form the initial principles and was then split into the other groups.

- 3.3.** Throughout this process there were multiple engagement events held and also one on one conversations with relevant professionals and people within Somerset and outside of the county. A business case has been developed which will be presented to the Mental Health, Autism and Learning Disabilities Programme Board. This contains the following recommendations:

- The creation of a trauma informed coordinator to deliver training, support the formation of a trauma informed network of champions and coordinate trauma informed transformation across the county.
- Creating and delivering a tiered training offer for use across the system. Tier 1 training through a free online resource and tier 2 and 3 through facilitators

- The provision of a psychologist role or procurement of existing psychology roles within the system to deliver higher tier training and support the coordinator role.
- Development of a trauma informed network of champions supported through the adoption of a trauma informed charter for the county
- The holding of regular network events to share best practice, build the network, invite national and international guest speakers and foster collaboration and innovation around the county.
- Include the free online training resource in existing mandatory training for SCC staff on Learning Centre to be available to the entire health and social care system.

3.4. Across Somerset there are pockets of good practice with organisations conducting regular trauma informed training across staff team and who would consider themselves to be trauma informed in terms of the practice and approach. However, there are different understandings across different environments of what it means to be trauma informed and no consistent training offer. The proposed model of delivering training through a co-ordinator role and utilising a network of champions enables training to be tailored to suit the capabilities and capacity of different system areas. For example, some schools are struggling to take on further training due to limited staff capacity. A co-ordinator would be able to work with schools to understand how best to meet the schools need whilst still delivering trauma informed education.

3.5. An estimated timeline for this is as follows:

- January 2023:
Business case taken to the Mental Health, Autism and Learning Disabilities Programme Board
Trauma Informed Network and Charter Launch
- April / May 2023:
Co-ordinator Recruited
Psychologist role advertised or procured from existing partners through co-ordinator.
- June 2023:
Second trauma informed network event delivered
- November 2023:
Third network event – share feedback on the training and impact of tailored training delivered by champions
- April / May 2024:
Full evaluation using all materials to form strategy for following year.

4. Consultations undertaken

4.1. Engagement and consultation has been vital in shaping the recommendations through best practice from within Somerset and outside. Once chosen the recommendations were then shared with partners to ensure that they were the

best way forward and presented realistic targets. Engagement with young people and the voice of lived experience have also helped shape the principles and the resulting charter. Further engagement with the voice of lived experience, people and professionals is vital as the project progresses.

4.2. The following organisations have helped to shape the model and the proposals.

CAMHS

EP service

Somerset Foundation Trust

Second Step

Education

SHAL housing

Bristol University

Avon OPCC -

BANES – Hazel Renouf

No One Left Out – Claire

Greater Manchester Combined Authority

NHS Scotland

Trauma Informed Schools

Wavetrust

5. Implications

- 5.1.** No implications have been identified. The work aims to strengthen the current system.

6. Background papers

- 6.1.** Recommended free training can be found here
<https://www.acesonlinelearning.com/>

Note For sight of individual background papers please contact the report author