



**Somerset
Integrated
Care System**

Trauma Informed Somerset

Scrutiny Presentation

Why do we need to be Trauma Informed



What are ACEs?

- Adverse Childhood Experiences. Stressful incidents or environments which children experience, and which have the potential to cause long-lasting trauma.
- The ten most commonly measured ACEs are: physical, sexual or emotional abuse, emotional or physical neglect, mental illness, substance misuse, an incarcerated relative, domestic abuse, and parental separation.

What is Trauma?

- Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening.
- While unique to the individual, the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being. (Gov.uk, 2023).

Sam's Story

Sam is a 13-year-old girl. She was removed from her biological parents' care at the age of 9 years old, following increasingly aggressive behaviour. She was on and off the Child Protection register throughout her 9 years with her parents. Sam has two older biological brothers that were adopted when she was a baby. She also has younger sisters (twins, aged 8), who are in foster care, and a younger brother (aged 4). Her youngest brother remains at home with her mother.

It is reported that Sam's mother has mental health difficulties and is believed to misuse drugs and alcohol. Her father is serving a long-term prison sentence. Sam reports that she was sexually abused by her uncle between the ages of 2 and 8 years old.

Since being placed in care, Sam has had 7 failed foster placements, most of these breaking down because of repeated damage to property and episodes of going missing. Sam has been in her most recent foster home, for 18 months, but her foster carer has asked for Sam to be removed, following a physical attack on the male foster carer.

Sam refuses to go to school. She has self harmed recently by cutting her arms. She spends most of her days in bed and tells her social worker to 'fuck off' when she visits her fortnightly. Prior to the physical attack, she told her foster carer that she feels upset and anxious most of the time.



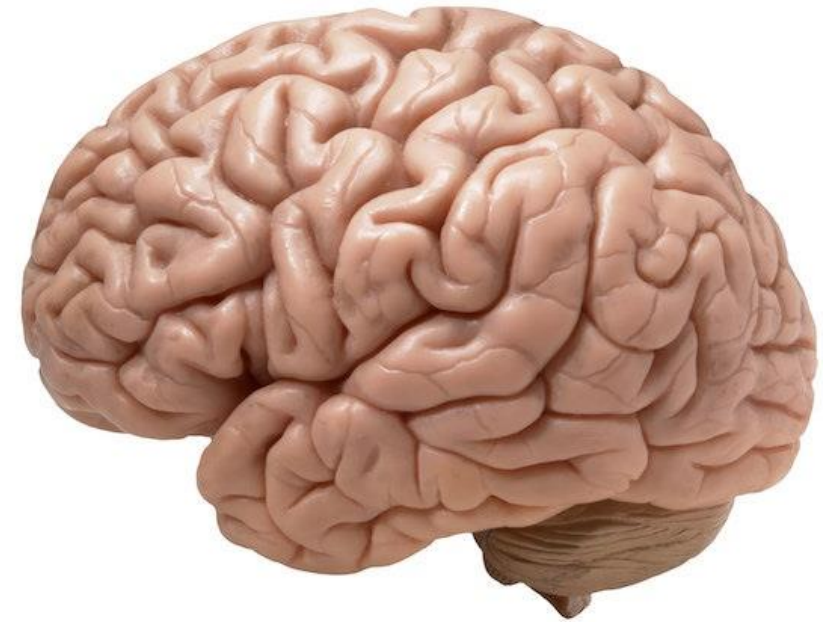
What might Sam need?

(please hold her in mind)

Its not just 'behaviour'...

*"...the structures of the brain are influenced by and respond to the **environment** and its **inputs**..."*

Rich, 2005:237



IMPACT OF CHILDHOOD TRAUMA

RELATIONSHIPS

- Attachment problems / disorders
- Poor understanding of social interactions
- Difficulty forming relationships with peers
- Problems in romantic relationships
- Intergenerational cycles of abuse and neglect

MENTAL HEALTH

- Depression
- Anxiety
- Negative self-image / low self-esteem
- Post-traumatic stress disorder (PTSD)
- Suicidal ideation

COGNITION

- Impaired readiness to learn
- Difficulty problem-solving
- Language delays
- Problems with concentration
- Poor academic achievement



BRAIN DEVELOPMENT

- Reduced brain development
- Less efficient processing
- Impaired stress response
- Changes in gene expression

BEHAVIOUR

- Poor self-regulation
- Social withdrawal
- Aggression
- Poor impulse control
- Risk-taking / illegal activity
- Sexual acting out
- Adolescent pregnancy
- Drug and alcohol misuse

EMOTIONS

- Difficulty controlling emotions
- Trouble recognising emotions
- Limited coping skills
- Increased sensitivity to stress
- Shame and guilt
- Excessive worry / hopelessness
- Feeling of helplessness / lack of self-efficacy

PHYSICAL HEALTH

- Sleep disorders
- Eating disorders
- Poor immune system functioning
- Cardiovascular disease
- Shorter life span



Radar

Hypervigilance



Raging emotions

Affective dysregulation



Recycled trauma

Intrusive re-experiencing



Refusal/resistance

Avoidance and numbing

LAYERS OF INTERVENTION

Ongoing safety net e.g. telephone or text access following the end of intervention. Occasional meetings if necessary. Support in good times too.

Scaffolded structure e.g. guided goal-setting, support into education/training. Help to structure free time. Motivational interviewing.

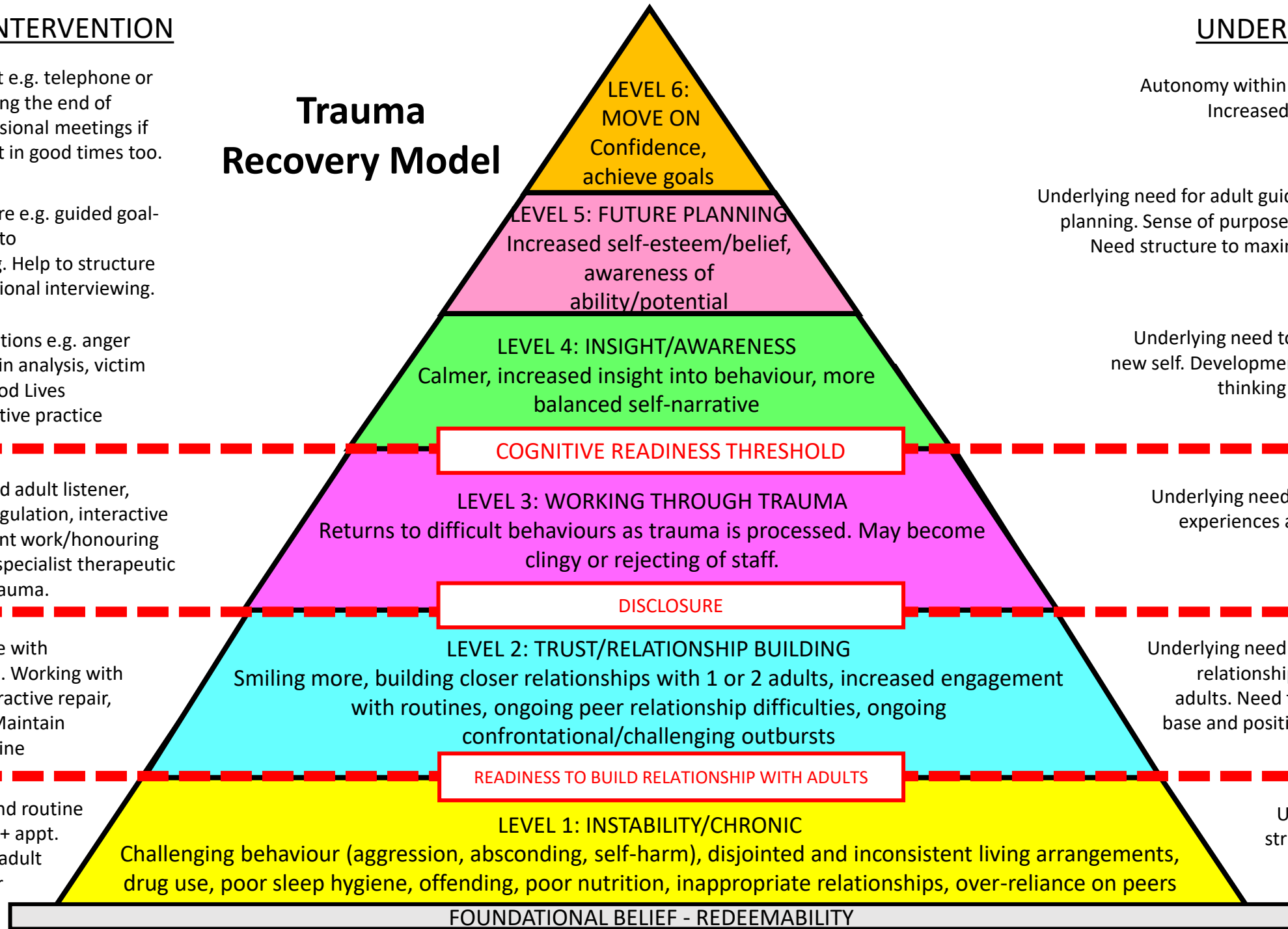
Cognitive interventions e.g. anger management, chain analysis, victim empathy/ CBT, Good Lives approach. Restorative practice

Time with a trusted adult listener, containment, coregulation, interactive repair, bereavement work/honouring losses. May need specialist therapeutic intervention for trauma.

Maximum 1:1 time with appropriate adults. Working with PACE, stories, interactive repair, intersubjectivity. Maintain structure and routine

“CPR”, structure and routine e.g. regular meals + appt. times –consistent adult presentation, clear boundaries

Trauma Recovery Model



UNDERLYING NEED

Autonomy within supported context.
Increased self-determination

Underlying need for adult guided and supported planning. Sense of purpose and achievement.
Need structure to maximise the chance of success

Underlying need to integrate old and new self. Development of confidence in thinking and planning skills

Underlying need to process past experiences and grieve losses

Underlying need to develop trusting relationships with appropriate adults. Need to develop a secure base and positive internal working model

Underlying need for structure and routine in everyday life



1.Consistency

‘you deal with me the same way each time’

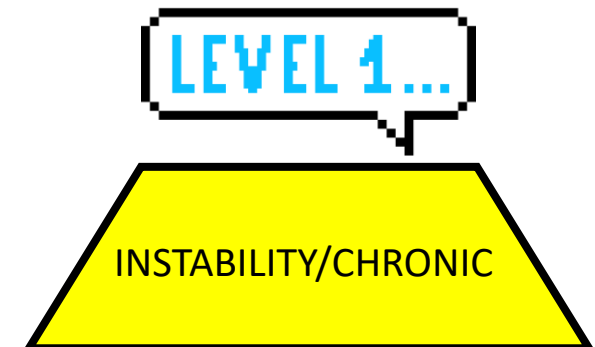
2.Predictability

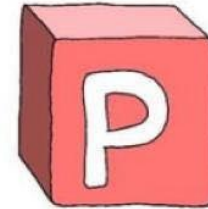
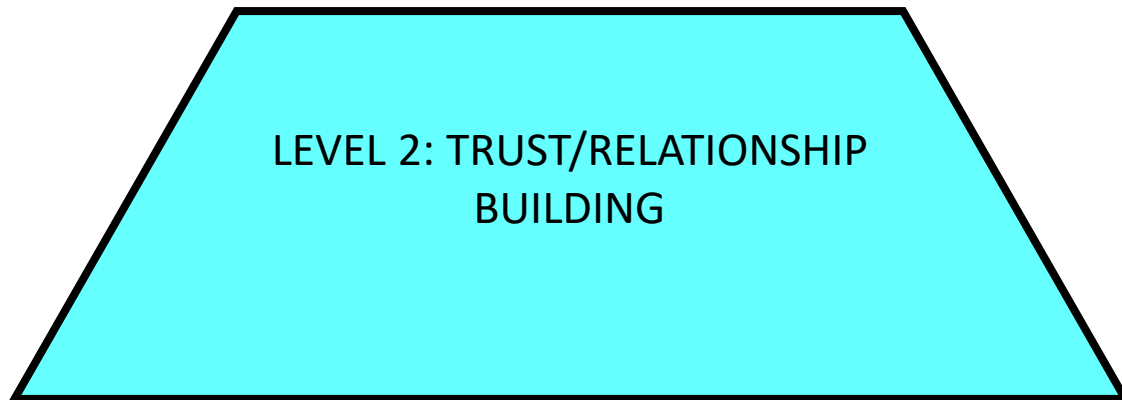
‘I can anticipate you – you are trustworthy’

3.Reliability

‘I can lean on you, you don’t give up’

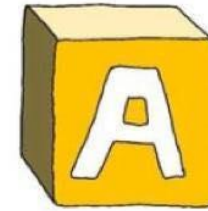
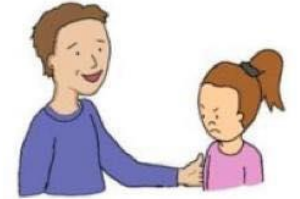
Tamzin Coles, Annie Jinks, Stephanie Bates, Niamh Vaughan-Williams





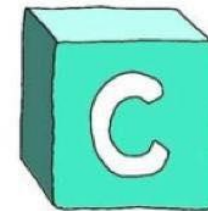
Playfulness

- Playfulness in interactions can diffuse conflict and promote connection
e.g. Maintaining a relaxed 'lightness' and can involve making a joke (though this has to be done carefully)



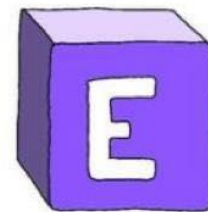
Acceptance

- Accepting needs and emotions that drive behaviour (not necessarily the behaviour) without judgement



Curiosity

- Being curious to where a behaviour has come from (in your head or out loud...)



Empathy

- Really connecting with how they are feeling and showing compassion



P.A.C.E is an approach developed by Dr Dan Hughes aimed at supporting recovery from developmental trauma. However, it can be a useful attitude to adopt with anyone who is emotionally dysregulated

The Five Principles of Trauma Informed Care

Safety



Ensuring physical and emotional safety

Common areas are welcoming and privacy is respected

Choice



Individual has choice and control

Individuals are provided a clear and appropriate message about their rights and responsibilities

Collaboration



Definitions

Making decisions with the individual and sharing power

Principles in Practice

Individuals are provided a significant role in planning and evaluating services

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Respectful and professional boundaries are maintained

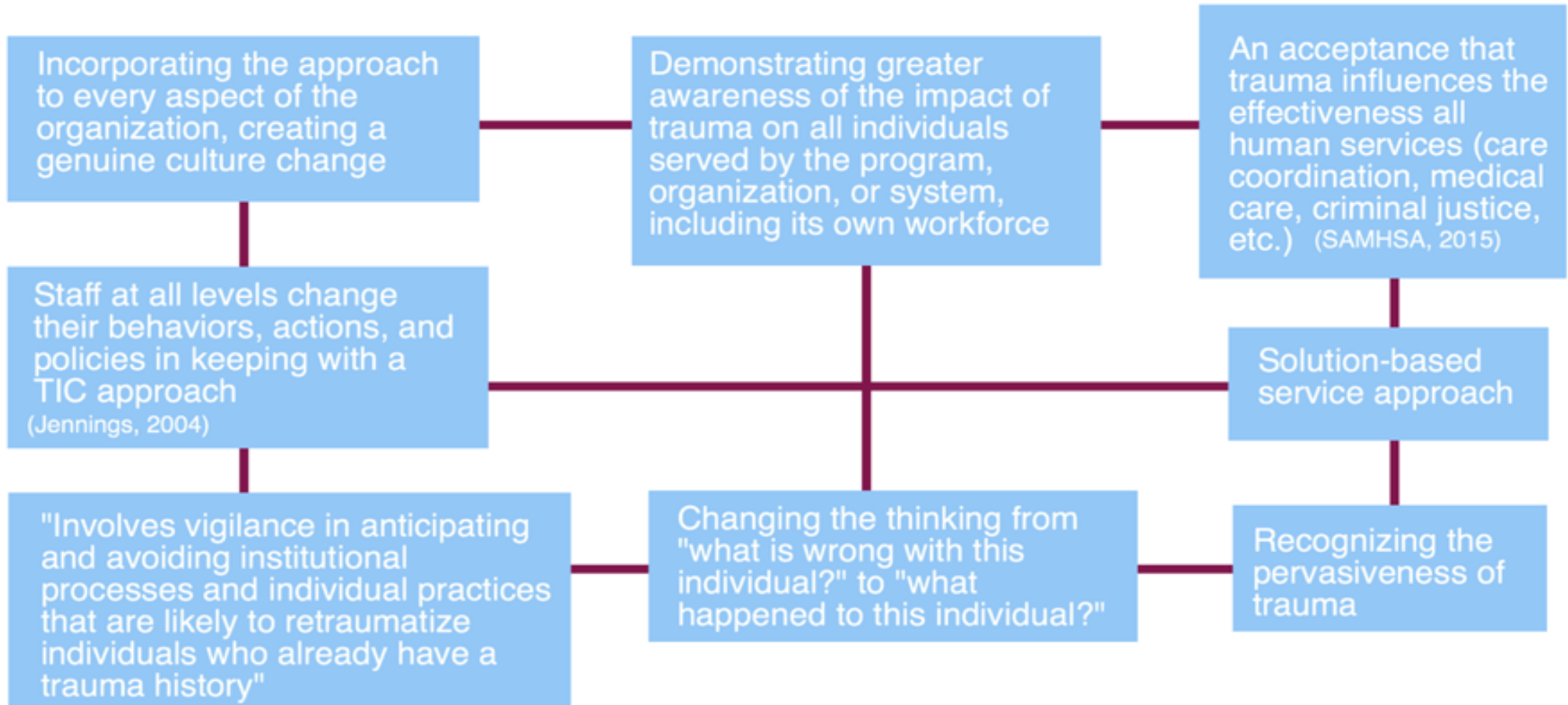
Empowerment



Prioritizing empowerment and skill building

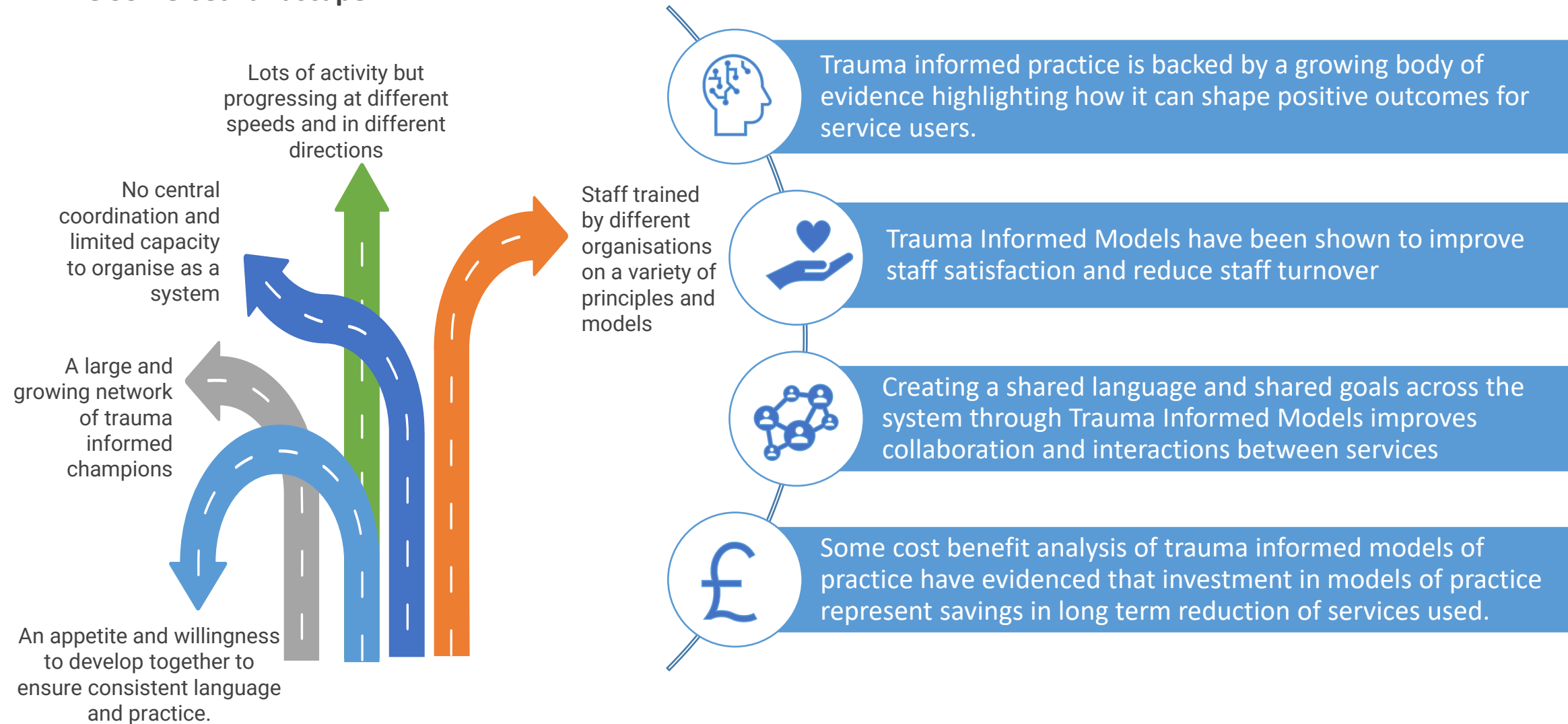
Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Key Components of TIC



Importance of Trauma Informed Practice and an Improved Model for Somerset

The Somerset Landscape



Development of Relational Behaviour Policy and Practice has some or all of the following features:

- Outline the schools vision, core values and commitment to inclusion
- An understanding of the power of **preventative and Proactive relational** approaches to supporting positive behaviour through the ongoing day to day interactions between staff and students that help students to feel safe, secure, connected and valued.
- A commitment to CPD for all staff in relational approaches, which increases knowledge of the impact of attachment disruption, trauma, ACEs on behavioural and emotional development (As recommended by NICE, 2015). A consideration of how this learning will be implemented, regularly reviewed and embedded **consistently** between all staff.
- High expectations, clear boundaries, predictable routines and **early identification** and support.
- Consequences that support the student to learn and develop. Consideration that certain sanctions can exacerbate challenges and often have little impact- FTEs, isolation.
- Consideration of effective reparation following conflict and how to best use restorative approaches to repair relationships and move forward.
- A graduated response that recognises that for those where behaviour is persistently challenging, assessment of individual circumstances to understand the drivers influencing behaviour and what it's communicating is essential in tailoring the support, e.g. use of personalised pastoral support plans and use of trusted 'key adult' role.
- Considers and priorities relationships more broadly, e.g. between peers, between staff, with parents and relationships with and in the community.

Developing a Trauma Informed Model – Our Journey

Work was sparked by a presentation by key system partners on the impact of adverse childhood experiences and the importance of trauma informed models of practice.

From this a steering group was created to explore how a trauma informed model could be achieved in Somerset

This steering group proposed that a literature review was undertaken which cross examined trauma informed models across the UK and internationally

It also held workshops with wider professionals across Somerset and engaged with neighboring authorities to understand current trauma informed provision and gain insight into what the next steps should be

This research and consultation identified four key areas that must be developed to create a trauma informed system:

A shared set of principles	Workforce development	Trauma Informed Care	Organisational Change
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A proposed model for Somerset

System Co-ordinator	Tiered training	Psychologist led	Champions Network	Network events
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Tiered Training

Tier 1 training online (through the Learning Centre)	Tier 2 and 3 through facilitators and psychology roles
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- The charter contains four elements:
 - An overarching vision
 - Why trauma informed practice should be adopted
 - How trauma informed practice will be adopted
 - Set of common principles
- The charter will be released for consultation at the trauma informed network launch event on the 24th January to ensure system approval before being released
- The common principles are based on the Scottish NHS model and recently released NHS England guidance
- The charter will also ask organisations which sign up to it to nominate a trauma informed champion to join the network, laying the initial groundwork.

Vision

Create a trauma informed system that is grounded in and directed by a complete understanding of how life experience affects peoples neurological, biological, psychological and social development.



Why

- Improve the use of evidence-based interventions
- Create a fairer more empathetic system
- Improve outcomes across system
- Develop services that are more responsive to needs of all users from children through to adulthood
- Reduce long term cost on system
- Reduce re-traumatisation
- Improve the general experience of people interacting with the system
- Improve system collaboration

How

We will do this through the developing and maintaining:

- A consistent system wide training offer for professionals and residents.
- An evidence base of effective trauma informed models and interventions
- A network of trauma informed champions across the county
- Improved organisational practices and policy of system stakeholders Support to the workforce to reduce vicarious trauma
- Developing a shared trauma informed language across the system to improve collaboration
- More effective monitoring and evaluation

We will make sure that no minority groups are excluded and will be judgement free and open and supportive of all walks of life. We actively highlight and act against instances of exclusion.

INCLUSIVE

SAFETY

Through all interactions people using our services and staff should experience physical and emotional safety. This means preventing further re-traumatisation, give people the physical and emotional space they need and ensure their basic needs are met.

**CHOICE &
CLARITY**

We ensure people using our services and staff have meaningful choice and a voice in decisions affecting their life. The options available are clear and clear to understand.

**Trauma
Informed
Somerset**

Power is shared ensuring the people using are services and staff have a strong voice. We seek their views of those with lived experience to inform policy and practice change. Everyone is able to access training to develop their understanding of trauma informed.

EMPOWER



COLLABORATION

We use people's experience to improve the system as a whole. Good practice is shared, celebrated and learnt from. Collaboration is at the heart of all our working practices and we understand each other services' offers and limitations, and shared or agreed pathways / policies are in place.

We will build strong relationships with the people who use our services and staff across the system. Information is shared, clear and accessible, taking account of any additional needs. We will ensure transparency within all our policies and procedures, with the objective of building and maintaining trust.

TRUST

- *An estimated timeline for this is as follows:*
 - *6th January – System Business case taken to the Mental Health, Autism and Learning Disabilities Programme Board and the following actions were agreed:*
 - *Align with Avon and Somerset Police developing approach*
 - *Secure finances for at least 2 years (test period) - Make application to the Mental Health Investment Standards Committee*
 - *Meet with psychologists for system solution possibilities using existing resources*
 - *Finalise the Business Case and take back to the Programme Board before the end of February*
 - *16th January – Children and Families Scrutiny Committee*
 - *24th January – Trauma Informed Network and Charter Launch*
 - *Network events to take place every 6 months thereafter*
 - *Next event June 2023*
 - *April/May – Coordinator Recruited*
 - *Coordinator to pull together training resources and training plan for the next two years*
 - *To be linked with the development and progression of the Children and Young People’s Mental Health Transformation Plan*

The following organisations are included in those who have helped to develop the model and the proposals:

- Educational Psychology service
- Somerset Foundation Trust (including CAMHS)
- Second Step
- Education (Schools)
- SHAL housing
- Bristol University
- Avon Office of the Police and Crime Commissioner
- Avon and Somerset Police
- BANES, Bristol, North Somerset and South Gloucestershire
- No One Left Out
- Greater Manchester Combined Authority
- NHS Scotland
- Trauma Informed Schools
- Wavetrust
- Somerset Parent Carer Forum
- Public Health
- Young Somerset
- Integrated Care Board

What Are Your Thoughts About Sam Now?

- How do you understand her behaviour?
- What does she need?
- Which service(s) might be appropriate?



Transforming Psychological Trauma (NHS Education Scotland)

At the Trauma Informed Practice Level:

- Hold in mind that a person's behaviour might be trauma-related
- Consider "What happened to you?", instead of "What's wrong with you?" – not therapy but understanding your story
- Enable people affected by trauma to access the right support, **at the right time and at the right level (Refer to TRM)**



What can you do

- Talk about the network and the developing model in your communities
- Complete the free training: <https://www.acesonlinelearning.com/>
- Join the Network Event on the 24th January:
- Check out the Somerset Children and Young People Health and Wellbeing webpages: [Somerset children & young people : Health & Wellbeing : Mhtk Aces \(cypsomersethealth.org\)](https://www.cypsomersethealth.org)

Thoughts and Questions