Trauma-informed practice in early child development

Insights from The National Lottery Community Fund's A Better Start Programme

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About A Better Start

A Better Start is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK.

Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research.

A Better Start is place-based and enabling systems change. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. A Better Start is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

The National Children's Bureau (NCB) is designing and delivering an ambitious programme of shared learning and development support for A Better Start, working within, across and beyond the five partnership areas. The programme is funded by The National Lottery Community Fund.

Our aim is to amplify the impact of these programmes by:

- Embedding a culture of learning within and between the partnerships.
- Harnessing the best available evidence about what works in improving outcomes for children.
- Sharing the partnerships' experiences in creating innovative services far and wide, so that others working in early childhood development or place-based systems change can benefit.

www.tnlcommunityfund.org.uk/funding/strategic-investments/a-better-start

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Introduction

These Programme Insights aim to collate and share the learning emerging from A Better Start (ABS) on a range of key programme outcome areas in order to inform the work of others in improving outcomes for young children.

This issue is number four in the series. It provides a summary of emerging evidence in the area of childhood trauma and adversity, and shares the learning on how ABS partnerships have embedded an awareness of the impact of adverse childhood experiences (ACEs) within their work, and how they are supporting the development of trauma-informed practice, within and outside of their partnerships.

As will be clear in the sections that follow, there is a strong bi-directional link between childhood trauma and life adversity, with children living with multiple adversities (e.g. deprivation) more likely to experience ACEs, and adults living in poverty more likely to have experienced childhood adversity themselves. Families living in ABS areas are at increased risk of experiencing trauma and its impact. ABS programmes and services have a key role to play, both in addressing existing trauma and preventing further trauma, and have the potential to make a lasting difference.

The remainder of this Programme Insight is structured as follows:

- Background to the area of practice, including the science of brain development and the impact of trauma.
- Adverse childhood experiences (ACEs) theory and core principles.
- Trauma-Informed Practice (TIP), Implementation models and approaches.
- Trauma-informed practice within the ABS partnerships: overview, case studies, and lessons from ABS.
- Trauma-informed practice examples from across the UK, and lessons learned.

The science of early child development

"Neurons that fire together, wire together"
(Accredited to Donald Hebb, 1949)

Brain development is an impressive achievement. At birth, a baby has amassed billions of neurons - the building blocks of the brain, responsible for transmission of information around the body to allow us to function. A newborn already has the majority of their neurons, and indeed far more than they will need in life. These neurons are connected to one another via synapses, which allow electrical signals to be passed between neurons, transporting messages around the body to where they are needed. Both basic and complex human functioning are controlled in this way.

In the very early days, babies have minimal connections in place, allowing only the basic functions of life. As children start to learn and practice new skills, the corresponding neural pathways are strengthened and more synapses developed. Those neural pathways that are not needed begin to get pruned back. This strengthening and pruning process begins with lower-level functions first, then continues into higher-order functions, until around age 25, the brain becomes reasonably established (although the process remains dynamic and changes can still occur). This is why it is much easier to learn new skills in the early years, when connections are forming rapidly, and more difficult in later years (although of course this is still possible).

What do we know about supporting positive brain development?

Early research on healthy brain development is linked to early work on attachment and bonding, in which psychologists such as John Bowlby, Mary Ainsworth and Harry Harlow led the way. Attachment Theory (Ainsworth & Bowlby, 1991) focuses on the need for a primary caregiver who is attuned and responsive to the baby, therefore giving them the safety and security to explore the world around them and to build skills and relationships. While this remains the dominant theory today, advances in technology have allowed neuroscientists (e.g. Schore & Schore, 2008) to see the physical brain changes which accompany the behaviours observed by Ainsworth, Bowlby and others.

Nature versus nurture?

While nature provides the raw materials for us to work with, nurture plays a key part in determining whether or not we can fulfill our potential. During these early years of rapid brain development, external stimuli help reinforce neural pathways. Positive attachments allow positive brain growth in a number of ways. Firstly, a child who is securely attached will have a safe base to explore the environment around them, opening them up to new experiences. Secondly, a child constantly in a state of anxiety will have less energy available for brain growth. In particular, researchers (e.g. DeBellis & Thomas, 2003) have shown that secure attachment is linked to development of the frontal cortex, responsible for higher cognitive functions such as problem solving and decision making. Attachment is also strongly linked to the development of resilience, which is key to coping with adversity when it occurs and therefore avoiding potential longer term ill-effects.

The term 'plasticity' is used to describe the way that brain development is impacted by the environment. This can be positive or negative, depending on the stimuli. There are several key psychiatrists, clinicians and researchers in the field of developmental neuroscience. Dr Bruce Perry, Psychiatrist, researcher and Founder of the ChildTrauma Academy, found that the brain of a severely neglected 3-year-old was physically significantly smaller than that of a 'normal' 3-year-old. A child's early experiences therefore literally impact brain development and connected functioning.

The ever-growing body of research shows just how critical a child's early experiences are to their development, especially in the first 1001 days (from conception to two). These experiences can significantly impact later life outcomes too, including health and wellbeing, academic and career achievement, and family and parenting situations – this will be discussed in the next section.

The evidence strongly reinforces the need for prevention and early intervention in the very early years, with a focus on strong attachment and relationships, as seen across ABS programmes and services.

Adverse Childhood Experiences (ACEs): Theory and Core Principles

Adverse childhood experiences (ACEs) are defined as a number of potentially traumatic experiences, occurring in childhood. The formal discussion on ACEs and their long-reaching potential to negatively impact life outcomes originated in a study from the Centres for Disease Control in USA.

The original 'ACEs' study was carried out by Vincent Felitti and colleagues in 1998. Felitti and colleagues defined 10 specific ACEs as follows:

- Abuse: Physical, emotional or sexual.
- Neglect: Physical or emotional.
- Household dysfunction: Mental illness, divorce, substance abuse, experience of domestic violence, a parent in prison.

The study found that adults who had experienced several of these ACEs in childhood were at increased risk across several leading causes of death, for example heart or liver disease. They were also more likely to be obese, smoke, exhibit substance misuse, have poor academic achievement and even die early. The higher the number of ACEs experienced, the higher this risk was, as demonstrated in the diagram below.

Source: Robert Wood Johnson Foundation

rwjf.org/ACES

Since this original research, numerous studies have added to the body of evidence, confirming that those who have experienced ACEs are likely to experience poorer outcomes than their peers who haven't.

While the true scale of childhood adversity is unknown for many reasons – including the lack of consistent approaches to screening, and reluctance to self-report adversity - research suggests that experience of ACEs is extremely common. In 2014, Mark Bellis and colleagues undertook the first national prevalence study of ACEs across England, with findings showing 47% of those surveyed had experienced at least one ACE. Across the UK, various retrospective studies of adults suggest around 45% have one or more ACEs, and more than 10% have four or more (EIF, 2020).

It is important to acknowledge that while the ACE discussion has made a significant contribution to the evidence base, it takes a limited view of childhood adversity. A number of caveats should be considered:

- **Limitations of the 10 'traumas':** There are many other childhood experiences, short or long-term, which may be experienced as trauma and lead to long term impacts. Notable exclusions include death of a parent, exposure to community violence, bullying or discrimination, series illness or medical trauma, highlight a few. Additionally, toxic stress, resulting from excessive, long term activation of the stress-response system, may be caused by small but ongoing stressors, rather than one key event.
- **Individual differences:** Trauma is experienced by individuals in different ways, therefore the same event may impact different children in different ways. The child's wider context may determine the impact of trauma– for example, what support does the child get immediately after the event (if a one-off traumatic event)? Does the child have a close relationship with a trusted adult who can support them through their trauma? Does the child live in an environment that supports or exacerbate the trauma they are experiencing?
- **The ACE 'score' as a label:** A high 'score' on the ACEs questionnaire does not pre-determine a child's future, yet many have argued that the language of ACEs risks labelling a child and creating negative expectations for their future. This has implications for any potential future universal screening programme. There is also increasing concern that ACE screening activities might retraumatise a child (or parent) through recalling the trauma, particularly if the practitioner carrying out the screening is not skilled to provide the specialist support needed once trauma is identified.
- **Poverty and inequalities:** Although ACEs can be seen across the socioeconomic spectrum, growing evidence shows that children living in poverty are at greater risk of experiencing childhood trauma (e.g. Steele et al, 2016; Lacey et al, 2020), while adults living in poverty are more likely to have themselves experienced childhood trauma (e.g. Lankelly Chase (2015), who report that up to 85% of adults who face multiple disadvantage have experienced childhood trauma themselves). Indeed, poverty has been described by many as the 'eleventh ACE' (e.g. Hughes & Tucker, 2018). In reality, the interplay is much more complex, with the combination of ACEs and poverty leading to the greatest challenges. Families who are better off are more likely to have access to the resources (physical, social and emotional) needed to deal with the impact of adversity, to seek early intervention, and negate long-lasting impact. Families living in poverty however will not have access to the necessary resources and the impact may be greater. Poverty therefore exacerbates the impact of ACEs, often leading to toxic stress which in turn can physically alter brain development, particularly in younger children.
- **Locality patterns:** Lewer et al (2019) mapped a range of available local authority data across England against an ACE Index, providing evidence of locality-based patterns of risk. They found several

factors to have strong correlations with the ACE index, including child poverty, low income, population density, crime rate and local health factors. Areas found to have higher ACE indices include seaside towns on the South-East coast, Northern Cities, the North East and some areas of inner London.

The following section discusses the ways in which services can address and support those who have suffered childhood trauma, or have not as yet but are at increased risk of suffering trauma.

Trauma-informed practice

Prevention and early intervention: Ideally, the preferred response to the issue of childhood trauma is eradicating it with a proactive focus on prevention. There are several key areas where services can support young children and their families, and actively reduce the risk of traumatic experiences. Preventative approaches to trauma might range from providing very practical support (e.g. food, clothes, shelter), to supporting the attachment relationship between parent and infant (therefore supporting healthy brain development) to helping children, young people and their families to build resilience and develop coping skills to address the adverse experiences they are facing.

Trauma-specific specialist services: Where trauma has already occurred, either for the child directly or for their parent or carer, specialist services are required to address the immediate impact, and support the recovery process.

Beyond delivery of specific services, a model of practice has emerged which can be adopted by all services. Trauma-informed practice (TIP) (or Trauma-informed care) refers to a way of working, particularly within health and social care services, which acknowledges that people may have experienced trauma and takes this into account when interacting with them and/or treating them. This practice has created a shift in the discussion when working with a child, parent or other adult - from 'what is wrong with you?' to 'what has happened to you?'. This approach does not replace the need for specialist services to support those who have experienced trauma, and for many, specific intensive interventions will still be required. However, trauma-informed practice provides an opportunity for practitioners across all services, from universal to specialist, to approach all those who use their services through a lens of potential trauma. This is not just relevant in the health and social care sector, but across education, justice, public services and across communities more widely.

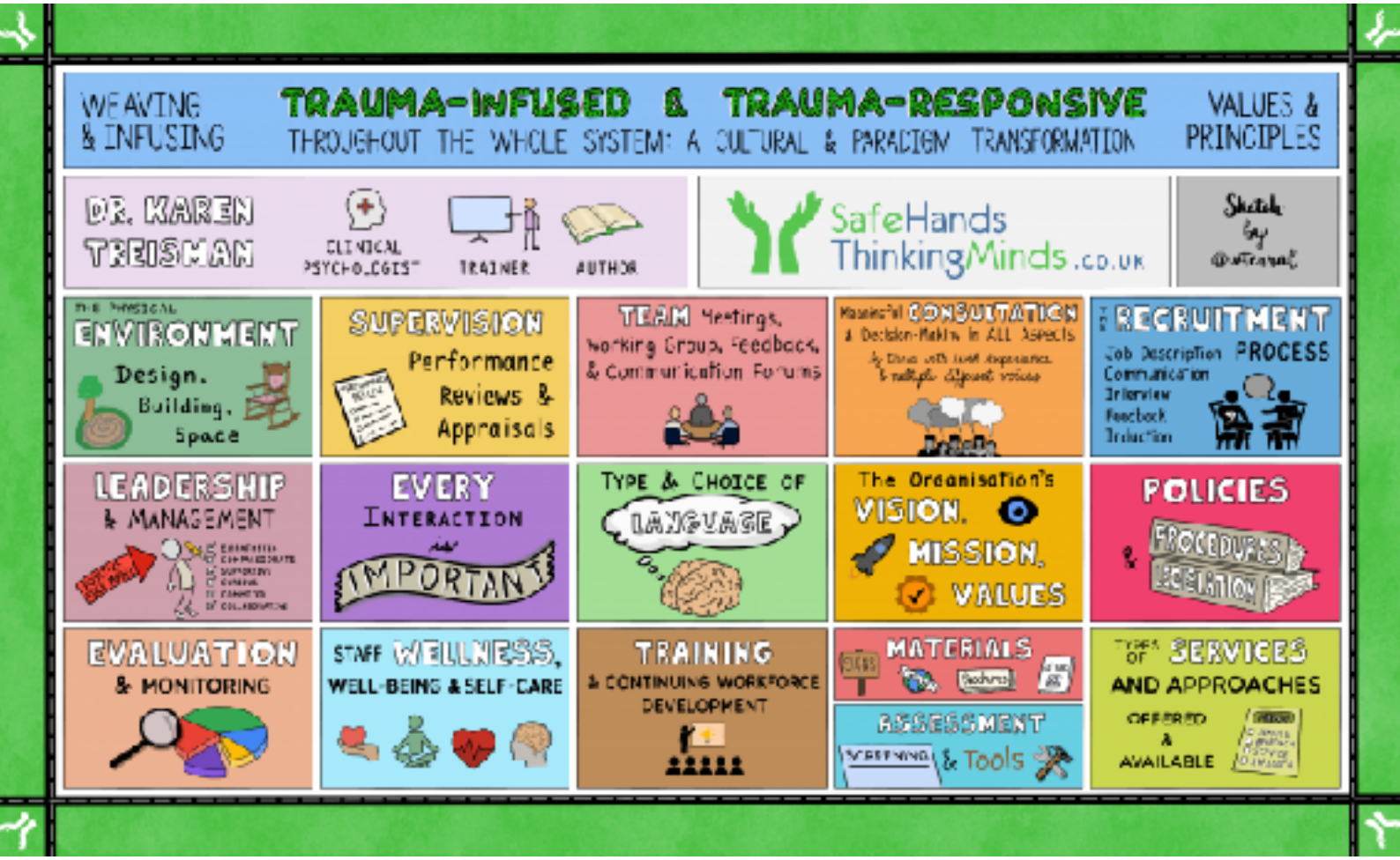
"Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."

(Hopper, Bassuk, & Olivet, 2010)

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines four key assumptions of a trauma-informed organisation:

- A program, organization, or system that is trauma-informed;
- Realises the widespread impact of trauma and understands potential paths for recovery;
- Recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices, and;
- Seeks to actively resist re-traumatization.

Those working in a trauma-informed way should be equipped to identify the early signs of trauma, and therefore in a position to seek help for a child at an early opportunity.



Source: www.safehandsthinkingminds.co.uk/trauma-informed-trauma-responsive-organisations-systems

This 'Sketch Note' from Dr Karen Treisman summarises the assumptions, principles and values behind SAMHSA's 'four Rs' model when embedded within an organisational culture. This provides a useful prompt to reflect on progress and/or encourage conversations within an organisation or service.

The supporting 'Crib Sheet', and further information on how to use the Sketch Note, can be found here www.safehandsthinkingminds.co.uk/wp-content/uploads/2018/09/Assumptions-and-principles-crib-sheet.pdf

Implementation models and approaches: What works?

New Philanthropy Capital (NPC) (2020) reviewed the literature and identified five key principles which describe a trauma-informed approach to care:

1. **Recognise and respond to trauma:** this includes ensuring all staff understand the potential trauma that service users may have experienced and the impact this may have, and the tailoring of policies and processes to reflect this knowledge and best support the specific needs of service users.

2. **Provide safe environments that avoid retraumatising:** this includes both physical and emotional environments. Spaces should be safe, comfortable and welcoming, and service users should be empowered to make their own informed choices about their care or service experience.

3. **Take a strengths-based view:** build on the service users' skills and strengths, and empower them to use these rather than try to solve their issues for them. Collaborative models of practice will provide service users with an opportunity to engage positively and support them to develop their own solutions.

4. **Build empowering relationships:** Many experiences of trauma have involved a situation of power imbalance, therefore creating a similar situation within a programme or service can trigger similar feelings. Building a trusting relationship between the practitioner and service user is therefore a critical first step.

5. **Promote equality of access:** Services must recognise that traumatic experiences are as unique and individual as the person who has experienced them, and must take steps to be accessible for all.

Key elements in practice: Models of trauma-informed practice, while differing in their implementation depending on context, generally have several common elements:

1. Supporting a shift in organisational culture: a trauma-informed approach must be embedded at all levels of the organisation. This requires buy-in from all staff, in particular from those in a position of leadership.

2. Workforce development: to enact this culture shift, awareness raising, knowledge sharing and formal training will be required for all staff, at a level appropriate to their role.

3. Supporting and protecting the wellbeing of the workforce: if practitioners are working in a trauma-informed way, they will be required to listen to and engage empathetically in the traumatic experiences of others, which may in itself cause secondary trauma for the listener. A critical element of a trauma-informed approach is therefore supporting staff welfare – ensuring appropriate debriefing and supervision sessions are in place, as well as a wider culture of staff wellbeing.

Common challenges and barriers: While a relatively new area of practice and therefore still under-researched, a number of common barriers to effective implementation have been identified. These include:

- Confusion around terminology, which hinders wider understanding and makes collaboration difficult. Clarifying the terms used, and simplifying language to facilitate a common understanding is an essential component of developing an organisational culture change.

- A fear of doing something wrong, and/or retraumatising the service user.

- Unrealistic expectations on the pace of change.

- The potential impact on staff and volunteers, particularly where peer support models are used.
- Lack of signposting guidance and clear referral process where additional needs are identified. Collaboration between organisations is essential to minimise the impact on the service user and avoid the need for them to repeat their story unnecessarily to a number of services.

Summary

- **The neuroscience:** Early experiences can physically change the structure of a baby/young child's brain, positively or negatively, and these changes can have far-reaching implications for the child's outcomes – including health, educational and social outcomes. The first 1001 days are therefore a critical time in brain development.
- **ACEs and childhood trauma:** The Adverse childhood experiences literature defines 10 specific childhood experiences which research shows influence later life outcomes. These include abuse (physical, emotional or sexual), neglect (physical or emotional) and household dysfunction (mental illness, divorce, substance abuse, experience of domestic violence, parent in prison). However, a variety of other traumatic experiences, and the interplay of such experiences, will also impact.
- **Approaches to addressing trauma:** services may work in a number of ways to address trauma. These include taking a preventative or early intervention approach to minimise the child's experience of trauma; delivering trauma-specific interventions for those who have experienced trauma and require specialist support; or more generally working in a trauma-informed way with all service users.
- **Trauma-Informed Practice:** a specific approach to service delivery which recognises the potential for all service users to have been impacted by trauma, and uses this knowledge to develop and deliver an informed and responsive service. Services should realise the impact of trauma; recognise the signs in service users; respond appropriately; and resist retraumatising in any interactions.
- **Core elements of a trauma-informed organisation:** these include a cultural shift, at all levels; provision of a safe and welcoming physical and emotional environment; strengths-based interactions; a focus on building strong and supportive relationships; and an ethos of empowerment.
- **Practical considerations for embedding a trauma-informed approach:** awareness raising and evidence dissemination; workforce training and continued professional development; establishing internal support structures for workforce wellbeing.

Trauma-informed practice within the ABS partnerships

ABS has a significant role to play in preventing and responding to trauma. ABS areas were funded in part due to the higher levels of poverty and wider multiple adversities faced by families compared to other areas of England. Three of the five partnerships are located amongst the top twelve highest ranked local authorities in terms of ACE Index (a ranking of the relative frequency of ACEs at local authority level) and the remaining two are in the top third. The families ABS services work with are therefore more likely to have experienced trauma.

Many ABS services have been designed to primarily impact on the outcome areas of social and emotional development, speech and language development and diet and nutrition. However, all services recognise the potential impact that childhood trauma might have on each of these outcome areas and therefore the importance of embedding effective trauma-informed practice. ACEs and TIP are central threads across all ABS outcome areas.

The five ABS partnerships are driving forward change, working collaboratively with others to inform and influence the development of practice both locally and more widely. Both preventative and specialist services are in place, supporting families who have already experienced trauma, or who are at increased risk of trauma. Some examples include:

- Ensuring basic needs are met: e.g. provision of food and/or clothes parcels, cookery & healthy eating programmes, food vouchers, housing support, oral health programmes.
- Supporting attachment: e.g. Baby Steps, MESCH, Parent-Infant Relationship Service, breastfeeding support, EPEC Baby & Us.
- Building skills and resilience (parent and infant): e.g. Family Nurse Partnership, Triple P, EPEC Parenting.
- Improving the physical environment: Better Place, Forest Schools.
- Specialist parent interventions: Specialist Perinatal Mental Health health visitors, Domestic Violence support services.

There are numerous programme specific examples like this that could be explored across each of the ABS partnerships. However, what is perhaps more useful, is to firstly summarise the common threads across the work that are contributing to improved practice and ultimately outcomes for children and families. These include:

- Upskilling the workforce to increase knowledge of ACEs/TIP and approaches to addressing trauma.
- Embedding TIP knowledge within wider services, such as housing support and local schools, as well as supporting the development of trauma-specific targeted services.
- Identifying opportunities for routine and collaborative data collection on ACEs/ trauma experience.
- Preventative approaches – providing early support and early identification and intervention where issues arise.
- Building community resilience.
- Knowledge dissemination activities and awareness raising, through webinars, podcasts, resources and other online activities.
- Developing local strategies, and working in partnership with other local services, e.g. the police, local council or voluntary/ community groups to support joined up working/approaches, and facilitating opportunities to share learning and work together.
- Supporting those with lived experience to influence the work ongoing across areas.

The case studies that follow provide more detailed overviews of the approaches taken to trauma-informed practice across each ABS partnership; the ways in which this work is contributing to improved outcomes for young children and their families; and the way in which local and national practice is changing, across services and systems, as a response to the ABS example.

For further information, contact details have been provided at the end of each case study.

Lambeth Early Action Partnership (LEAP)

LEAP is committed to improving the life chances of babies and very young children through early intervention across the core ABS outcomes. LEAP believes that supporting development in these areas amongst children, parents and communities can help reduce ACEs, minimise their impact and increase resilience of those who have experienced them. Since early 2018, LEAP has been working in partnership with Lambeth Council to start a conversation around tackling ACEs and promoting resilience in the borough. The work aims to:

- Support the strategic development of a trauma-informed approach across the borough.
- Ensure that anti-racist work is embedded in this trauma-informed approach.
- Create a Trauma-Informed Network to promote good practice and accountability in embedding this across the borough, inside and outside of the Council.

LEAP's overall approach has several work strands:

Raising awareness: A screening of the film Resilience, which explores the science behind ACEs and how interventions can support resilience, was combined with expert Q&A discussion of the issues, to give practitioners, policy makers, parents and others a broad understanding of the long-term impact of poor childhood experiences, particularly in the early years. Over 200 Lambeth professionals from across the workforce attended, demonstrating significant local interest.

LEAP also co-hosted the Lambeth Children's Safeguarding Board Conference, focused on ACEs, to gather the views of local practitioners, and undertook a pilot of Trauma-Informed Practice training as part of an early help initiative in the borough. As a result of these activities, Lambeth's Children's Services is working towards becoming trauma-informed, and LEAP will be a partner in taking this work forward.

Making the evidence accessible to inform discussions: LEAP commissioned a comprehensive overview of the evidence relating to ACEs and efforts to tackle them. This, plus a subsequent task and finish group, has initiated multi-agency discussions about ACEs, their relevance to Lambeth, and the conditions required to embed a trauma-informed approach across the borough.

Workforce development: To better understand the level of knowledge and expertise across the workforce, and inform further workforce development efforts, Lambeth Council created and disseminated a self-assessment tool for staff members. Alongside awareness raising sessions, LEAP has developed and delivered training sessions to Children's Centre and Early Help teams. Lambeth Council commissioned Dr Karen Treisman, internationally renowned expert in trauma-informed practice, to deliver training to senior leaders across the Borough.

What works? Lessons learned

Understanding the local context: LEAP undertook consultations with wide-ranging local stakeholders to help understand the local context, including the level of understanding and experience of working with ACEs; ACE prevalence and the specific challenges facing the local population; and gaps relating to ACE training, capacity building and practice tools. This has allowed LEAP and partners to tailor their work, not only to the needs of local families, but to the needs of practitioners supporting these families.

Gaining buy-in from partners at all levels: The early efforts by LEAP to raise awareness of ACEs and trauma-informed practice has resulted in commitment across the area by key partners. There is a clear understanding of the need for a trauma-informed approach across Lambeth, and the applicability of trauma-informed knowledge and skills across all sectors. This has been seen clearly in engagement at events and discussion forums, and through feedback received from attendees:

'We need to become more ACE informed so that we can build resilience and change the lives of families and the people that we work with and change their outcomes.'

- Midwife

'I think it is really important because many young people in Lambeth are exposed to really serious situations which are effecting them in terms of long-term trauma.'

- Youth Worker

Furthermore, a mandate has been given at senior level to commit to developing Lambeth as a trauma-informed borough.

Managing expectations: It has been a challenge to manage the scale of ambition amongst the sector, as understandably everyone wants change to happen immediately. Yet embedding trauma-informed practice takes time, as well as staff capacity to support. Any change made must be scalable and sustainable, therefore, longer term investment must be secured, both in terms of money and collective buy-in.

What difference is it making for children and families?

Increased practitioner skills and knowledge: Increasing knowledge of frontline practitioners on the potential impact of childhood adversity means that children who require support, either to prevent them from experiencing trauma, or to address the impact of existing trauma, should receive appropriate help more quickly. Feedback from practitioners who have attended LEAP's awareness raising activities shows that this is timely and relevant:

'Working in a primary school we engage with children who have faced traumatic experiences on a daily basis. This is a new viewpoint for considering the reasons for their behaviour and how we, as a school, respond to this.'

- Primary School Teacher

Services better able to meet local needs: When planning for a trauma-informed approach in Lambeth, it is vital to consider the experiences of the local Black community - in relation to COVID; in response to the current heightened conversations about race and racism; and in response to their lived experience of racism in general. In working towards a trauma-informed borough, it is necessary to address issues of power, inequality, and social justice. Those who have already experienced adversity are often more vulnerable when experiencing additional stressors, therefore every effort must be made to understand these multiple intersections and contexts.

How is ABS adding value to the wider system?

The above work has been done in collaboration with the wider Borough of Lambeth, and with all key partners involved from the outset. This has been a deliberate effort to change the system outside of ABS services. Workforce training is delivered to services outside of the ABS remit, and plans

to develop a strategic approach to trauma-informed practice, led by children's services, are being co-produced with local partners. This commitment to a partnership approach is reflected in all the work to date, and in future priorities.

Future priorities for ACEs & TIP across the partnership

Looking ahead, Lambeth Council has plans to further scale up efforts to embed trauma-informed practice across the early years sector and beyond. Plans include:

- Developing broader governance across children's services and wider children partnership. A commitment from senior leadership across the council has been made to ensure that trauma-Informed approaches are embedded across the partnership.
- Development of a co-produced strategy with local partners to realise the vision of a trauma-informed Lambeth. This will also run alongside a commitment to review all policy and procedures through a trauma-informed lens.
- Further development of the workforce offer to embed training in trauma-informed practice throughout the partnership of statutory, voluntary and community agencies, as well as trauma-informed supervision as a standard 'way of working' for all practitioners.
- As always, LEAP will work to demonstrate the impact of its efforts through internal and external evaluation processes, therefore demonstrating the difference being made for practitioners and ultimately, children and families.

For more information, please contact:
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Better Start Bradford

Reducing risk and building protective factors is central to the Better Start Bradford Programme, through support for 0-3-year olds, their parents, families and wider community.

Work to develop a system-wide approach to building resilience has been ongoing since the Programme conception. With growing awareness of the wider work around ACES and Trauma-informed practice, Better Start Bradford facilitated a district-wide workshop in 2018 to explore current understanding, knowledge and practice, and establish ways forward on a shared whole system approach. To get further clarity on the local context, including prevalence of ACEs in Bradford, a health needs assessment was also undertaken by Public Health Bradford.

As a result, Better Start Bradford and Public Health Bradford co-authored the new Adverse Childhood Experiences (ACEs) Trauma and Resilience Strategy for the Bradford District, launched March 2021. The strategy is the culmination of a desire in Bradford to work in partnership with people with lived experience and colleagues from across all sectors to ensure Bradford District and Craven are trauma-informed and responsive.

The ACEs, Trauma and Resilience (ATR) Programme is being spearheaded by Public Health Bradford in partnership with Better Start Bradford and the wider partnership. At the heart of the strategy is the aim to bring together work to meet the aspirations of Bradford, which are to:

1. Focus on early intervention and prevention, resilience and adversity.
2. Support an ACE-aware and trauma-informed Bradford workforce and community, equipped to adequately support people who have been affected by ACEs.
3. Embed ACE awareness into relevant policies, strategies, and commissioning processes.
4. Implement an approved model of restorative supervision to support the health and wellbeing of the workforce in all organisations.
5. Share best practice, learning from each other and being better together.

What works? Lessons learned:

Collaborative working: To mobilize the ATR Strategy and coproduce the different workstreams, five subgroups were set up (Workforce; Schools; Early Years; Community/ VCS; Trauma-informed Services), with multidisciplinary representation including practitioners, parents and community, local representative forums (e.g. Young Lives), strategic leaders and a range of interested individuals with lived experience and expert knowledge.

The Bradford team is actively supporting the work of the Regional West Yorkshire ATR (WYATR) Programme, which is a jointly led by West Yorkshire and Harrogate Health and Care Partnership and West Yorkshire Violence Reduction Unit, with place level involvement from surrounding areas. The WYATR Programme ambition is to work together with people with lived experience and colleagues across all sectors and organisations to ensure West Yorkshire is a trauma-informed and responsive system by 2030.

Prioritising education for all: Underpinning the Bradford strategic approach has been a recognition of the need to educate stakeholders at every level, building knowledge and awareness about the causes and consequences of ACEs, the importance of resilience and the principles and practicalities of delivering trauma-informed care amongst the community and the workforce. The tour

of the 'Resilience: the biology of stress and Science of Hope' documentary and panel sessions has been a successful conversation starter, engaging with more than 250 stakeholders.

Repository of resources: An online repository is under construction including locally developed resources, such as 'A Story of two Babies' Infographic. The concept of ACEs may be new for some, therefore the need for consistency in shared messaging and language is key. Using local data, this infographic powerfully articulates a journey by splitting the experiences for babies, children and adults into what we may see in those where there are protective factors and also where there aren't.

Better Start Bradford has also developed a number of awareness-raising resources, including the first A Better Start Podcast, 'Earliest Years of Life', which shares learning on the importance of the early years of a child's life and is aimed at a wide audience, including parents.

Training Framework: The ATR Training and Learning Framework aims to improve capability and confidence in the workforce, so they are better able to identify and meet the needs of all experiencing the effects of trauma, in a timely manner. This will be achieved through high quality continuous professional development aimed at improving setting-level practice, through access to advice from experts, and other materials and activities such as restorative supervision.

Innovative initiatives: Better Start Bradford has committed to commission projects and service enhancements that address the needs of children in the area and work to prevent ACEs, promote resilience and work in a trauma-informed way. The Resilient Dads programme was funded through the Innovation Fund, and established to help dads acknowledge and tackle barriers in their relationship with their child due to their own ACEs. The project engages with dads, and facilitates more intensive support where needs are identified.

Looking ahead, Better Start Bradford aims to develop a model of identification for families at risk of ACEs antenatally. Commissioned services will record information about ACEs using the same tools and this information will be shared responsibly between all of the services involved to ensure the most appropriate support is being offered.

What difference is it making for children and families?

The Bradford ATR programme aims to improve both short and long term outcomes for the Bradford population, including children & families, by reducing the root causes of trauma; ensuring those working with families are equipped to recognise and intervene where the impacts of trauma are evident; and by supporting the development of safe, healthy and empowered communities. Impact will be measured as the work progresses.

How is ABS adding value to the wider system?

The Strategy is District wide, therefore fundamentally influencing practice outside of the ABS remit. The overwhelming response to the Resilience 'tour', and other activities, resulted in a high-level commitment from various partners, including Bradford Council Public Health, to develop the district wide ACEs strategy. Throughout, Better Start Bradford has sought to maximise collaboration with others, and in 2020 agreed to jointly fund a post with Public Health Bradford with a wide remit to develop and deliver the strategy. The work will continue to be supported by Better Start Bradford and be central to the programme in keeping the focus on prevention in the early years.

Future priorities for ACEs & TIP across the partnership

Better Start Bradford will continue to advocate for a key focus on prevention and early intervention, and effective support to build resilience in families of 0-3s. This is central to our strategic workstream and

sustainability and legacy work.

Specific priorities include:

- Workforce: Streamline the training offer and enhance delivery to all areas of the district with a multiagency training package for ACEs, trauma and resilience.
- Work with local educational institutions with social/health/education training courses to embed content on ACEs, trauma and resilience.
- Community: Embed co-production into all future pieces of work, and consider the use of community reference groups and citizen assembly models.
- Build knowledge and commitment towards ACE awareness, resilience and trauma-informed approaches within the voluntary and community sector.
- Schools: Develop an ACE aware, resilience promoting and trauma-informed offer that can be adopted and implemented within schools.

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A Better Start Southend

An overarching aim of A Better Start Southend (ABSS) is to affect systems change and build community resilience. Central to achieving this is ensuring an understanding and awareness of adverse childhood experiences (ACES) at the heart of all projects and work commissioned and delivered.

ABSS efforts are focused on both workforce training and service development, with examples of current key ACE-relevant services including:

- Perinatal Mental Health, a project for parents experiencing mild to moderate mental health issues, led by specialist health visitors who offer 1 to 1 support and facilitate a Mindful Mums Group. This provides an established pathway for all families from early intervention, prevention through to Tier 4 services.
- Early years specialist teachers, working with pre-schools and nurseries to support children in early life transitions and promote a strong communication and language environment.
- Families Growing Together, a recently commissioned project combining diet and nutrition work with a clear mental health focus.
- Volunteer home visiting, providing additional support to families, many of whom have a number of ACEs.

Safeguarding is a critical part of all the services that ABSS delivers in partnership with others. The team ensures all known protective and risk factors, and unintended consequences, have been considered for each project and service, co-produced using test and learn processes.

What works? Lessons learned

Training and capacity building: In Southend, upskilling the early years workforce in trauma-informed approaches is a priority. Southend Educational Psychology Service (SEPS) has provided training to early years staff, predominately focused on the 'prepared and aware' principles. Examples include:

- Safe to Learn training course, focused on raising awareness of trauma-informed practice and delivered as part of the Advanced Healthy Schools programme.
- Training provided via the Early Years SENCo Borough meetings.
- Pilot workshops to raise awareness of and empathy for individuals who may have experienced neglect and ACEs, using virtual reality equipment.
- All of the Southend Educational Psychology Service are trained in trauma-informed practices, informing day to day work with children, young people, families and professionals.

Widening ABSS reach: Embedding trauma-informed practice is fundamental to the future of the wider children's workforce and provision across Southend. As agreed with the Fund, ABSS will deliver an integrated training package to all those who work with young families in Southend. This means a common approach and language can be shared, leading to better supported parents and families across Southend. This initiative is part of YourFamily, a new asset-based community approach to family support that has been developed within the ABSS partnership.

Peer support models: Parent Champions have a crucial role to play in embedding trauma-informed practice. Parents are involved in all aspects of the ABSS programme including attending all governance meetings, co-production and co-design. Many of the Parent Champions recognise the impact that trauma and ACEs have had on their own lives, and can use this experience to support others.

Responding to local need: Early in the pandemic, it was recognised that mothers were experiencing more anxiety during pregnancy. One way in which ABSS responded to this need was to expand and develop the Perinatal Health Service beyond ABSS wards. Trauma-informed practice and training was included as part of this expansion.

Family Nurse Partnership (FNP): a practice example

FNP is delivered to teenage parents, many of whom have multiple ACEs, and led by family nurses with additional training in ACEs and family mental health. The programme ultimately aims to empower individuals to establish control over their own lives. Enhanced communication skills of highly skilled family nurses are used to understand the young parents' background and experiences, and respond appropriately to the impact of trauma experienced. This knowledge underpins all discussions with the young person, and supports the young person to understand how their own experiences may impact parenting their own children.

Tools used include:

- A triage document to help identify those individuals with ACEs who should take priority.
- A Vulnerability Matrix to collate, risk assess and inform the local picture for the caseload of FNP Facilitators.
- A toolkit of games, video clips, visual aids, quizzes and PIPE (Partners in Parenting Information) allow exploration of ACEs and trauma in a way that is sensitive to the avoidance of retraumatisation.
- Psychological supervision for the nursing team which explores client's histories and current behaviours so that the nurses can understand and respond appropriately.

What difference is it making for children and families?

Training in trauma-informed practice has led to a change in working practices whereby ACEs are now recorded in all children assessments and included in an area-wide ACEs report. This not only improves the support provided to individual children, but also identifies common areas of trauma across Southend, and allows links to be made e.g. to areas of exploitation as might be found in adolescents involved in serious organised crime or who are missing from school or home. This has helped inform early preventative strategies.

The Early Help Family Support Team has introduced strengths-based workshops for parents to help them manage their own trauma and that of their children, and to provide strategies and support to manage challenging behaviours. This has been shown to be particularly helpful for those dealing with trauma arising where ASD/ADHD is suspected. This programme has been well received by parents who have joined in large numbers over lockdown.

How is ABS adding value to the wider system?

Data is demonstrating there is a closing of the gap between children and families living in the ABSS and non ABSS wards, and there are several areas of good practice within Southend where there are clear benefits for the families involved.

In October ABSS will be launching YourFamily, an integrated approach that creates a friendly community through which families meet each other for support, have access to expert and specialist services, and learn how to make the most of all that Southend has to offer. ABSS is determined that the YourFamily Training Programme should be provided to children's teams working throughout Southend, including the 0-19 team and Children's Centre teams. In this way they hope to share a common language and approach. Trauma-informed practice training will be a key building block of that training programme and will build on learning of where that approach has been successfully applied within the borough.

"Despite pockets of excellence, trauma-informed practice is not yet universally applied to all early years' support and preventative work. We intend to work with partners to close this gap through a shared and integrated training programme developed under YourFamily."

- Julie Lannon, Programme Manager for YourFamily

Future priorities for ACEs & TIP across the partnership

ABSS is excited to continue its journey to embed trauma-informed practice across local services. As part of the roll-out of YourFamily, ABSS priorities include:

- Training of the wider children's workforce in both the Family Partnership Model, and the Solihull Approach, to increase knowledge, skills and awareness for those working directly with children and families who may be trauma-experienced.
- Supporting the development of a workforce strategy for all agencies and partners working across the Southend area.

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Small Steps Big Changes (SSBC) Nottingham

The SSBC Partnership is ambitious for Nottingham to be a trauma aware and informed city, where:

- Members of the workforce understand the impact of trauma on children, families and babies; know who can support families currently experiencing or impacted by historical trauma; and understand that becoming trauma aware may impact them personally and are able to seek self-care.
- Families are supported by trauma-informed services using strengths-based and behaviour change approaches; are equipped with support and knowledge which help reduce the risk of experiencing adversity; and live in an environment which is a 'good' place to raise a child.

Becoming a trauma-informed city and county is a long-term aspiration which will not be accomplished alone. SSBC's approach is asset-based, and acknowledges that societal and structural factors, including poverty, inequality and racism, are as important as individual factors in contributing to trauma. There are three key elements to the SSBC approach:

1. Influencing the system: The Violence Reduction Unit (VRU), in which SSBC is a core partner, has provided the catalyst for change to be implemented and sustained. A public health approach to reducing violence in Nottingham City and Nottinghamshire County aims to understand and treat the causes of violence, so violence can be prevented. The VRU partners acknowledge that trauma is often intergenerational and the impact can be life-long, therefore by intervening early, and throughout life, its impacts can be lessened.
2. Workforce development: Across Nottinghamshire and Nottingham City, SSBC is working to embed trauma-informed approaches, helping the workforce recognise the impact of trauma and deliver services in ways that best support people who have experienced trauma. Examples include:

- Delivery of a Trauma-informed hot topic session, engaging 69 participants from a wide variety of partners locally and nationally. This has enabled Nottingham children to receive services from 69 staff who are more trauma-aware.
- Funding 6 partners and a Parent Ambassador to attend the international Adverse Childhood Experiences (ACE) Conference (2018). This resulted in a working group who had consistent knowledge, shared vision and ambition for the city.

3. Interventions and approaches: SSBC delivers programmes and services which either directly support trauma-experienced children and families, or aim to prevent trauma occurring. Examples include:

- Family Nurse Partnership, an intensive home visiting service for young first-time mums and their families.
- Antenatal Peep, which supports expectant parents (both mum and dad) to understand attachment, bonding and social and emotional development.
- Support for families to access essentials (such as food banks, clothes or baby equipment).
- The Family Mentor service, offered universally to expectant parents and children up to the age of 4 and delivered by a paid peer led workforce. This service delivers the Small Steps at Home, home

visiting programme, and empowers families to help children reach their full potential.

What works? Lessons learned

Working in partnership: SSBC's partnership with the Violence Reduction Unit has demonstrated the benefit of a multi-disciplinary partnership approach. The VRU has brought together expert knowledge in a local context, avoiding duplication and silo working and providing system changes opportunities. This model takes effort, however, with persistence is proving effective.

Focusing on key areas of concern: In Nottingham as with most areas, neglect and domestic abuse are prevalent. COVID-19 has given this a sharper focus. The SSBC domestic abuse working group has continued to identify opportunities to support families, adapt services based on sharing good practice, find solutions to challenges, and seek opportunities to work together.

Staying connected to families: SSBC has ongoing conversations with families, both formally and informally, to understand their experiences and shape existing and future services. Between April and June 2020, SSBC Parent Champions held 403 conversations with parents about the impact of the pandemic. Emerging themes included fear, isolation, development regression, managing behaviour, enjoying spending time with their families - especially dads, wellness. This feedback supported partners to make adaptations to services and further consider changes post-pandemic.

Supporting staff wellbeing: Family Mentors are a peer workforce from within the communities they support, and may themselves have a history of ACEs. Supporting staff wellbeing is therefore essential. Family Mentors have regular supervision, as well as access to employment assistance programmes, wellbeing practitioners and regular continued professional development opportunities.

What difference is it making for children and families?

Peer support: Family Mentors all have parenting experience, which creates a safe physical and emotional environment where families know they understand their life experiences. Families receiving the service and those delivering it consistently report the success stories of families self-identifying behaviour changes they need to make or have made. The universal offer also means there is no stigma attached. The Small Steps at Home handbook is based on empowerment, building skills and resilience, acknowledging strengths and modeling positive parenting, and has a wealth of feedback identifying the positive impact on families:

"She pushed me hard to get the help my son needs and is always there to be a shoulder to cry on and a cheerleader to encourage me to continue my fight. Also while guiding me on best ways to raise and teach my children."

- Parent

A skilled workforce: The impact on workforce following SSBC activities is clear - Following the trauma-informed hot topic session one attendee reported,

"[The session] helped me to understand myself and others and to put things in place to support both myself and the people around me". Another shared it had supported their practice to "…explain brain development in little ones and the importance of giving children lots of experiences right at the very beginning."

How is ABS adding value to the wider system?

SSBC's partnership approach is evident in the examples above, working collaboratively with organisations and agencies across the city, and with parents and communities through coproduction. This approach ensures the sustainability of ABS efforts beyond the lifetime of the programme.

Other partnership examples include:

- Scaling up coproduction across services citywide for 0-19s and supporting the 'think family' approach, ensuring the voice of expectant parents, babies and children are heard and that services are influenced by lived experience.
- Working as a key partner in a number of strategic groups such as the Children's Partnership Board Development Offer - a city wide workforce development plan.
- Commissioning the development of proposals to further support the Early Years workforce to better understand the impact of domestic abuse on children. This is underpinned by the 2021 Domestic Abuse Bill which for the first time recognises children as victims of domestic abuse.

Future priorities for ACEs & TIP across the partnership

For the remainder of the ABS term, SSBC will continue to build a strategic infrastructure that promotes a trauma-informed approach, while up-skilling the workforce, parents and stakeholders. SSBC particularly recognises the impact the voluntary and community sector has in supporting families, preventing trauma and providing interventions for those experiencing trauma, and will continue to facilitate access to expert knowledge about trauma-informed approaches, provide the tools needed to embed this knowledge (e.g. supervision and behaviour change approaches) and support organisations to implement these tools effectively.

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Blackpool Better Start

Like many other areas with high levels of deprivation and adversity, Blackpool has intergenerational cycles of poor mental health and trauma, which impacts child development and access to support. The ambition within the Blackpool Better Start partnership, led by the Centre for Early Child Development (CECD), is for a cultural shift towards a more trauma-informed approach across the town, ensuring that practice is underpinned by the story of the developing brain, and that families have timely access to high-quality support.

The Partnership's commitment to children and families is two-fold:

1. **An upskilled and integrated workforce:** The quality of relationships between practitioners and parents is central to achieving service objectives. The CECD is committed to the development of a Better Start Workforce and Workforce of the Future who are aware of the legacy of trauma on all aspects of life, the importance of the first 1001 days, and the supporting role trauma-informed practice can play.

Key activities include:

- A Strategic Workforce Transformation Group, led by the Director of Human Resources and Workforce Development, Blackpool Council, to drive the partnership in its implementation of the Better Start Workforce.
- The employment of 'Better Start trainers', seconded into the Local Authority training team. One of whom is a police officer from Lancashire Constabulary, and the other a nurse from Blackpool Teaching Hospital NHS Foundation Trust. They have enabled engagement across both public and private sectors, and trained over 1,900 staff to date.
- The development of a Good Practice Guide for Trauma-informed Care in Maternity and Perinatal Mental Health Services, commissioned by NHS England and Improvement, and the implementation of this work across six Trusts across Lancashire.

2. **Appropriate interventions to meet the needs of families:** A suite of evidence based programmes has been developed or implemented to ensure there are services in place for parents of young children who have experienced trauma. These are either trauma specific or trauma-informed, and explore the experiences of early adversity and how this might impact health outcomes, access and use of services, behaviours and parenting.

- **Universal Services:** Current priorities include a trauma-informed diet and nutrition programme, routine conversation about ACEs/trauma within the health visiting pathway for expectant parents, a whole school-based approach to becoming trauma-informed for primary and secondary schools, and wider workforce trauma-awareness training (e.g., those working in early years settings, police, health visiting etc.).
- **Targeted Services:** Learning from previous pilot interventions is being used to support pregnant women who are survivors of trauma. The feasibility of the intervention and the programme design itself is being evaluated prior to further scale up, however early indications show that the programme not only has promise in relation to outcomes for participants, but also in further driving systems change through its innovative service design and delivery.

These combined approaches will support and enable change across the system, ensuring that families' journeys through community and family help services are seamless and

consistently supported. This is underpinned by the understanding of the potential impacts of trauma and adversity and the importance of increasing resilience.

What works? Lessons learned

Co-design and meaningful coproduction: any interactions with the community take place using a trauma-informed approach and key principles of co-design from SCIE. The success of this co-design process with survivors of trauma has ensured that families are heard, affirmed and responded to appropriately.

Supporting staff: Staff may feel anxious or lack confidence to talk about ACEs or trauma in practice, have their own trauma experiences (including secondary or vicarious), and/or experience 'compassion fatigue'. Reviews have been undertaken to ascertain what additional support staff need within different organisations and how a trauma-informed approach can help them in their role.

Managing expectations and recognising the challenges: Becoming trauma-informed is multi-faceted and complex. Awareness raising and brief training offers are just the beginning of embedding trauma-informed practice within organisations, and this must be made clear from the start, alongside the potential benefits.

Demonstrating impact: The trauma-informed work across Blackpool has an emphasis on evidencing the impact of the approach. Trauma-informed care is still in its infancy and lacking in robust evaluations measuring the impact on staff and communities. It is therefore critical that evidence is generated through small-scale pilots, allowing time to test for feasibility and acceptability prior to scale up.

What difference is it making for children and families?

Training relating to trauma-informed care has been delivered to 2,611 members of the children's services workforce. This provided an overview of ACEs and the impact of trauma, considerations for practice and a screening of the Resilience Film and participation in the Brain Game. Work is planned to develop this work further, and align with other frameworks, once timing is optimum.

How is ABS adding value to the wider system?

The CECD work has changed the way partners work, and this impacts the lives of families beyond the ABS wards. Health Visitors are now routinely enquiring about parents' experiences of childhood adversity at the antenatal contact. All Health Visitors have been trained in the approach to ensure that the conversation is therapeutic and sits within the context of an attuned relationship. The CECD has developed the NHS England good practice guide to support implementation of trauma-informed care in the perinatal period. Similarly, a whole school system approach to becoming trauma-informed to support healing and healthy relationships for primary and secondary aged school children who may have experienced trauma is adding value to the wider system. This whole school approach acknowledges the importance of trauma awareness and a school environment that is healing rather than harmful, and it is one that supports the wellbeing of school staff, parents and children/young people.

Future priorities for ACEs & TIP across the partnership

1. Developing a trauma-informed 'workforce of the future': Blackpool Better Start will continue to work with key groups to expand the training offer. This will be undertaken by: supporting higher education trainers to integrate Better Start messaging, trauma awareness and ACEs into their teaching alongside key learning outcomes. Ensure that those pre-qualification are offered trauma-awareness and understanding training that can be applied to their role. The college and Local Authority also have

plans to develop an Early Years Level 3 Better Start Apprenticeship, encompassing the key messages of A Better Start and Brain Science alongside the existing EYS curriculum.

2. Community awareness raising and knowledge sharing: The aim is to educate and empower the community to challenge poor practice and re-traumatising experiences. There will be a focus on volunteer pathways to ensure parents find ABS pathways accessible and know who to turn to for support. Through building social connections with each other, and with service providers, we can enable the community to do more for themselves when they are ready and ensure that change is sustainable and meaningful.

3. Gathering and disseminating learning on effective implementation of trauma-informed practice: The CECD will continue to generate and disseminate evidence on the impact of trauma-informed care and trauma-informed interventions, including the essential active ingredients that are really making the difference to the workforce and, crucially, to families.

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Lessons from A Better Start

While the examples of specific trauma-informed practice activities taking place across ABS partnerships differ significantly from area to area, there are core commonalities in terms of the approaches taken and areas of focus. Common learning points are summarised below.

Sharing knowledge: All approaches to trauma-informed practice must begin with awareness raising activities – to embed basic knowledge of what is a reasonably new approach, and to gain buy-in from key stakeholders. Implicit in this is making available a range of resources, targeted at various audiences, to ensure the evidence is accessible to all, including children, parents, wider family and community, practitioners across all services, and policy makers. All ABS partnerships have incorporated informal and formal knowledge dissemination activities, from screenings of the Resilience film, creation of resources and building of repositories of evidence, through to structured roll-out of workforce development programmes.

Flexibility: While there are recognised models of good practice to follow in embedding a trauma-informed approach, this must be combined with practitioner and service user knowledge of the local area and context, and the specific needs of the community. This approach is clear across all ABS partnerships, where the individual activities delivered are informed by scoping exercises, stakeholder engagement sessions and importantly, discussions with parents, families and community members.

Working in collaboration: All ABS partnerships have demonstrated the benefits of working in collaboration with others. Examples of practice range from the development of overarching strategies, to the establishment of dedicated cross-sectoral task groups and units, to the expanding of workforce development opportunities beyond the ABS partner organisations. This approach maximises the expert knowledge and experience across various disciplines, avoids duplication, brings additional support for practitioners, and critically, acknowledges that family lives are not siloed by sector or issue.

Supporting the workforce: ABS partnerships all acknowledge that working in a trauma-informed way brings additional burden and risks for practitioners working with children, families and communities. Staff have experienced 'compassion fatigue', secondary trauma or retraumatisation based on their own experiences – this is a particular concern for community-based services where practitioners may also be community members. Appropriate opportunities for the workforce to feel safe and supported, to debrief following difficult sessions, and to seek support for their own wellbeing are essential components of a trauma-informed model of practice, and evident across ABS partnerships.

What else is happening on ACEs and trauma-informed practice across the UK?

Policy developments

Across the four nations, the increasing recognition of the role of ACEs in all life outcomes is beginning to influence policy development, with further work to come. Central to each nation's response is professional development of the workforce to ensure they have the appropriate skills, knowledge and confidence to work in a trauma-informed way. A summary of what each nation has prioritised is included below.

Scotland: The Scottish government has committed to a 'trauma-informed and trauma-responsive' workforce. To achieve this, Scotland is one of the first countries in the world to develop an evidence-based 'knowledge and skills framework for psychological trauma'. This Framework sets out the knowledge and skills required for trauma-informed, trauma-enhanced and trauma-specialist levels of practice, along with recommended reading and resources to support training. A National Trauma Training Programme has been established to lead the implementation of this work, and this will be informed by people with lived experience. A Cross-Party Group for the Prevention and Healing of ACEs is also in place to further drive progress.

Wales: Across Wales, a public health approach to addressing ACEs was established, informed by the findings of an ACE prevalence study of the adult population (Bellis et al, 2015). This approach is funded by the Welsh Government and the Home Office with the aim of supporting a multi-agency, collaborative response across the nation. The Approach is also underpinned by several government priorities, including recognition within the Welsh Programme for Government 'Taking Wales Forward' of the impact of ACEs for child outcomes, and a commitment to mitigate this risk by creating an ACE Aware nation.

Northern Ireland: The recently launched Mental Health Strategy for NI reflects a commitment to developing trauma-informed services and approaches, with training for workforce a key priority in achieving the vision. A regional ACE Northern Ireland Strategic Steering Group for Trauma-informed Practice is in place, with cross-organisational membership, to drive forward the ACE and trauma-informed agenda.

England: The recent Early Years Healthy Development Review Report highlights the potential impact of ACEs in the first 1001 days. The report calls for significant investment in preventative early years services to support the best possible start in life for all children, and particularly the most vulnerable. An All Party Group for the Prevention of Adverse Childhood Experiences was established in 2018 and is calling on the government to adopt a comprehensive early years strategy to prevent ACEs. The NHS Mental Health Implementation Plan also notes the potential impact of ACEs on adult mental health, and the roll-out of personalised and trauma-informed care is prioritised. The learning from ABS partnerships has been shared to inform these developments, for example through submission of evidence to relevant All Party Groups.

The UK Trauma Council

In 2019, the Anna Freud Centre, funded by the National Lottery Community Fund, established the UK Trauma Council, bringing together UK-wide partners with a role to play in preventing or addressing child trauma. The Council was established following several traumatic national events, including the Manchester Arena bombing and other terror attacks, and sought to address a gap in information, resources, collaboration opportunities and collective learning in the field of childhood trauma.

The Council plays a number of key roles, including:

- Developing and disseminating evidence-based resources to support increased understanding and capacity building for those experiencing trauma, or working with those who have experienced trauma.
- Providing a cross-sectoral platform for collaboration for all organisations who have a contribution to make in addressing child trauma.
- Bringing together resources and learning in a central Hub of knowledge and expertise.

As a four nations body, the Council has made four recommendations, to be taken forward by each nation in their own way. These include to:

1. Prioritise responding to trauma in national and local strategies.
2. Invest in specialist trauma provision for children and young people.
3. Equip all professionals who work with children and young people with the skills and capacity to support those who have experienced trauma.
4. Shift models of help towards prevention, through research, clinical innovation and training.

Trauma-informed practice – programme examples

The Fulfilling Lives Programme, The National Lottery Community Fund

Approach to trauma-informed practice: A £112 million, eight year project working in 12 partnerships across the country and aiming to provide intensive support to those experiencing multiple disadvantage to understand and access the services available to support them. The programme also aims to change the system, making services more accessible and aware of the challenges facing their users, and facilitates service user engagement to ensure better informed services.

Each of the 12 Fulfilling Lives partnerships addresses the differing needs of their local communities and therefore takes a different approach to addressing trauma. Some examples of approaches are shared below (full details can be found here).

- Working to remove barriers and improve access to services by sharing learning across organisations on the impact of trauma; and improving access routes specifically for women facing multiple disadvantage (Lambeth, Southwark & Lewisham).
- Developing best practice in workforce development for multiple disadvantage including the role of navigation and trauma-informed care (Blackpool).
- Training and awareness raising with partners to reduce stigma and increase positive engagement (South East Partnership).
- Establishment of a service coordinator team and peer mentor service to tailor a range of trauma-informed services (Golden Key, Bristol).
- Improving housing provision through trauma-informed models in hostels (Islington and Camden).

Impact: Individual partnerships have seen a range of positive outcomes for those they work with, including more knowledgeable workforce, establishment of coproduction approaches between commissioners and service users; and innovative services, informed by the experience of users, which now better meet their needs.

ACE - Aware Wales: a public health approach

Approach to trauma-informed practice: Trauma-informed Wales has several strands of work, including:

- **The ACE Support Hub Wales:** The Hub aims to bring about an 'ACE Aware Wales', with a hub of knowledge, evidence and expertise, and through this, to tackle and prevent ACEs. The Hub supports professionals, organisations and communities in a number of ways, including:

  - Sharing knowledge about ACES, listening and working together with communities, children and families to find solutions that will work.

  - Sharing evidence about what organisations can do differently to help prevent and mitigate ACEs.

  - Developing knowledge and skills among professionals, enabling them to challenge internal and external networks and drive change.

  - Learning from each other, and sharing information that leads to action.

  - Driving change by challenging ways of working, throughout Wales.

- The Early Action Together Programme: an initiative bringing together public health, policing and criminal justice to address the root causes of criminal behaviour by identifying and supporting vulnerable people through early intervention. A key activity is the training of frontline police officers and prison staff to recognise the impact of ACEs, identify vulnerable people and help them to get the support needed. The Programme also supports police forces to develop internal processes and structures that best meet community needs, and has created an 'Early Help' system to facilitate signposting to and support from partner organisations.

Impact: A recent review of the Welsh ACE policy (Welsh Government, 2021) found positive feedback for the Hub, with stakeholders noting the role it plays in collating and sharing the evidence base and in pushing forward the ACE agenda. Recommendations focused on the need to move towards preventative action, including the development of tools and resources to further support ACE prevention efforts.

EITP Trauma-informed Practice Programme: The Safeguarding Board Northern Ireland

Approach to trauma-informed practice: This £1.5 million programme, funded by the Department for Health in Northern Ireland from 2017 - 2020, aimed to build capacity across the workforce to understand the impact of ACEs on child development, and to effectively support those affected by childhood adversity through a trauma-informed approach. The project was a cross-departmental one, working with professionals in Justice, education, health, social care and the community and voluntary sector to:

- Build awareness of the particular experiences which cause trauma in a child's life, and the impact of these adversities on development;

- Help professionals identify what creates resilience to cope with adversity;

- Support organisations to develop policies and practice to embed trauma-informed practice in their work.

The programme had several key components, including:

- An evidence review on 'what works' in trauma-informed practice.

- A training needs assessment across each sector to identify baseline knowledge and establish learning needs.

- A multi-tiered training strategy, including 'Train the Trainer' training and an e-learning course, including development of resources to support training.

- Be the Change Leadership Programme, aimed at senior leaders and supporting them to begin to embed the principles and concepts of trauma-informed practice within organizational strategies and policies.

Impact: An evaluation of the programme (NCB, 2020) found that practitioners had increased skills and knowledge on trauma-informed practice and how this could be embedded within their own organisations; had increased confidence to use the principles in their own work, and to share them with others in their teams; and were committed to making changes within their organisations and personal practice based on the skills and knowledge they had learned.

Conclusions

ACEs and trauma-informed practice is a relatively new area of policy, and each of the four nations is at differing stages of development and implementation. However, an increasing evidence base shows a clear need to prioritise this area in policy and practice, and already there are numerous examples of how services, localities and nations are working to mitigate and prevent childhood trauma. There are clear commonalities across all of these initiatives, including a focus on workforce development, knowledge dissemination, and multi-disciplinary models of treatment and prevention, and there are valuable lessons to be learned.

Moving forward, it is critical that key learning from these initiatives is harnessed and shared; that impact is demonstrated through effective evaluation; that opportunities for collaborative working are embraced and that advances in policies across the four nations are sought.

NCB and The National Lottery Community Fund recently facilitated such collaboration, bringing together leaders from the UK Trauma Council and A Better Start partnerships to share learning on their work and identify how they can best support one another going forward. Through this and other opportunities to collaborate, children, families and communities will benefit from services and policies that primarily aim to prevent experiences of trauma, while also effectively supporting those who have experienced trauma.

References and useful resources

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Further reading - recent research publications (may require subscription)

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Useful resources

ACE Aware Wales https://aceawarewales.com/time-to-be-kind/

Beacon House https://beaconhouse.org.uk/resources/

Center on the Developing Child, Harvard https://developingchild.harvard.edu/

Centers for Disease Control: Violence Prevention. https://www.cdc.gov/violenceprevention/aces/index.html

Child Trauma Academy https://www.childtrauma.org/

National Council on Family Relations https://www.ncfr.org/index.php/cfle-network/summer-2017-ACEs/aces-resources-family-life-educators

Robert Wood Johnson Foundation www.rwjf.org/ACES

Safe Hands Thinking Minds http://www.safehandsthinkingminds.co.uk/

The National Child Traumatic Stress Network https://www.nctsn.org/

UK Trauma Council https://uktraumacouncil.org/

Glossary of terms

Adverse childhood experiences (ACEs): traumatic experiences in childhood which can negatively impact long term outcomes.

Compassion fatigue: physical and/or emotional burnout experienced due to caring for others in physical or emotional distress.

Empowerment: building an individual's capacity, strengths and confidence to give them autonomy in developing solutions to problems.

Neuroplasticity: the brain's ability to change and grow in response to learning experiences.

Resilience: the ability to withstand adversity, and 'bounce back' from traumatic experiences.

Retraumatisation (while receiving services): the re-experiencing of trauma effects due to recall or reminder of the traumatic experience.

Strengths-based: an approach to service delivery which focuses on and utilizes the individual's strengths rather than deficits.

Toxic stress: prolonged activation of the stress-response system, due to ongoing adverse experiences.

Trauma-informed care: an approach to service delivery that holds an awareness of potential trauma at the centre of each interaction.

Trauma-specific services: intensive support services delivered specifically to those who are experiencing extreme trauma symptoms.

Trauma: the emotional response to a disturbing experience.

Vicarious/secondary trauma: negative emotional response due to ongoing exposure to others' trauma stories.

A Better Start

A Better Start is a ten-year programme set up by The National Lottery Community Fund. Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life.

For more information visit:
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