Overview & Scrutiny Committee

Taking a trauma informed approach to delivering services

Date: 18 March 2024

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Head of Scrutiny and Policy; Head of Youth Justice Service

Outline and recommendations

This report provides a summary of how services can take a trauma informed approach to delivering services for residents, considering specifically, the approach being taken by the Youth Justice Service. Members are asked to consider the extent to which other services might take a similar approach and how this might best be facilitated.

Timeline of engagement and decision-making

15 December 2023 – Informal discussion with Head of Youth Justice Service (Chair and Vice Chair of Committee)

1. Summary

1.1. The Council's Youth Justice Service has been developing a trauma informed approach since 2016 and has been recognised for good practice in this field. Some other council service areas have also adopted a similar approach. Members are asked to consider the extent to which more council services might take such an approach and how this might best be facilitated.

2. Recommendation

2.1 That the Overview and Scrutiny Committee note the contents of the report and consider how the Council might adopt a more widespread trauma informed approach to service delivery.

3. Policy context

3.1 The Safer Communities priority within the Corporate Strategy 2022-26 specifically states that *"We will reduce the number of young people who enter the criminal justice system, focusing on prevention and expanding our trauma-informed approach, championed by our Youth Offending Service".*

3.2 Applying the unique Lewisham Youth Justice Service 'TIAARA' model (Trauma-informed, Anti-Racist and Restorative approaches) to achieve better outcomes for children and families and staff wellbeing, is central to the Lewisham Youth Justice Plan 2021-24.

3.3 The Council recently agreed a set of new values and behaviours that are relevant to taking a trauma informed approach to delivering services. In particular, the inclusive value which asks all staff to create an inclusive environment and involve people in decisions that affect them; and the collaborative value which asks staff to invite contributions from others, to improve thinking, solutions and ideas.

4. Background – taking a trauma informed approach

4.1 Trauma-informed approaches to service delivery are seen as a means of reducing the impact of traumatic and distressful experiences and supporting residents' and staff's mental health outcomes. Trauma can result from an event, series of events, or set of circumstances that is experienced by an individual as unsafe, harmful or highly stressful. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, which can impact mental, physical, social, emotional or spiritual well-being. Trauma can be triggered by physical, environmental and/or emotional factors such as behaviour, language, power dynamics, sound, smell, visuals, taste, physical sensations, significant dates, stressful events, behaviours, thoughts and unexpected situations. Re-traumatisation involves the reactivation of emotions or memories associated with past distressing life events or circumstances. When this happens, it can activate strong emotional reactions and may result in difficulty in communication, feelings of disempowerment, other changes in behaviour and it may produce destructive coping mechanisms.

Definitions

4.2 As part of the Department of Levelling Up, Housing and Communities review of the

Changing Futures programme[1], which tested innovative approaches to improving outcomes for people experiencing multiple disadvantage, it was noted that there was no consensus on what taking a trauma informed approach means. Taking a trauma informed approach does not mean taking a specific, well-defined intervention, but is more a way of working that can be applied across different geographies, services and activities.

4.3   The **Office for Health Improvement and Disparities** published a working definition of trauma informed practice on 2nd November 2022, which attempts to form a consensus within the health and social care sector on how trauma-informed practice is defined, what its key principles are, and how it can be built into services and systems. Their working definition of trauma informed practice[2] can be summarsied as follows:

- **Realise that trauma can affect individuals, groups and communities**
  Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

- **Recognise the signs, symptoms and widespread impact of trauma**
  Trauma-informed practice aims to increase practitioners' awareness of how trauma can impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff. It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing. Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'.

- **Prevent re-traumatisation**
  It seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance(s) in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves. The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services. Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

Principles

4.4   Both the Changing Futures programme review and the Office for Health Improvement and Disparities have suggested that a set of key principles should underpin trauma-informed practice. They have put forward similar, but slightly different suggestions.

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[1] Trauma-informed approaches to supporting people experiencing multiple disadvantage, A Rapid Evidence Assessment, DLUHC, April 2023
[2] See: Working definition of trauma-informed practice - GOV.UK (www.gov.uk)

*The **Changing Futures programme review** considered a range of different definitions that have been utilised in academic studies, practice guidance, and delivery and policy frameworks to explore similarities and differences in how trauma-informed practice is understood and applied. They identified the key principles as:*	*The **Office for Health Improvement and Disparities** has suggested that 6 principles underpin trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration.*
Taking a trauma lens by acknowledging the widespread impact of trauma on thoughts feelings and behaviour, recognising the signs of this and responding accordingly. **Ensuring people's safety** as people need to feel safe to prevent further harm and re-traumatisation and environments, and ways of working, can support this. **Addressing power imbalances** through collaboration between stakeholders at all levels. **Building trust** between staff and people accessing services. **Preventing further re-traumatisation** by recognising that services and systems can create further traumatisation and working to prevent this **Adopting a strengths-based approach** to give people a sense of control and empowerment. **Considering cultural, historical and gender contexts** as people from different communities may react to trauma differently.	**Safety:** prioritising the physical, psychological and emotional safety of service users by ensuring that people know they are safe, are free from threat or harm, effort will be made to prevent re-traumatisation, and appropriate policies, practices and safeguarding arrangements are in place. **Empowerment:** the feelings and concerns of staff and service users are validated, people are supported to make decisions and take action and it is acknowledged that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth **Trustworthiness:** the organisation and staff explain what they are doing and why, do what they say they will do and set clear expectations. **Choice:** service users and staff have a voice in the decision-making process of the organisation and its services, the needs and wishes of service users and staff are listened to, and choices are clearly and transparently explained. **Collaboration:** the value of staff and service user experience is recognised by using formal and informal peer support and mutual self-help, and there is a focus on working alongside and actively involving service users in the delivery of services **Cultural consideration:** services move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by having policies, protocols and processes that are responsive to the needs of the individuals/groups of individuals served.

4.6 The Department of Levelling Up, Housing and Communities' review of the Changing Futures programme suggested that the factors listed in Appendix A to this report have been found to either positively or negatively influence trauma-informed ways of working.

5. Case Study: The Youth Justice Service

5.1 The Council's Youth Justice Service has been developing a trauma informed approach

since 2016 and has been recognised for good practice in this field.

> *Research indicates that offenders are more likely than non-offenders to have suffered adverse effects from traumatic experiences, which appear to be linked to offending behaviour. Trauma can result in inappropriate aggression and is strongly associated with a range of problematic behaviour including violence, antisocial/criminal conduct, sex offending and substance misuse. As such, it is important that all professionals working with young people have a firm understanding of the neuroscientific impact of trauma and are equipped with the skills to deliver effective interventions across the voluntary, statutory and private sectors, including youth clubs, health centres, schools and alternative education provision.*

5.2 The approach being taken aims to create consistent and meaningful contact and trusting relationships between young people and officers; enable the 'voice' of young people to be heard; remove bias and labelling and re-victimisation and use interventions that help young people process trauma to manage behaviour. Officers working with young people who are at any risk of offending, who are known to have offended and are involved in serious violence, are aware of the impact that trauma can have on these young people's behaviour and have the skills to deliver interventions in a trauma informed manner. Staff training is integral to ensuring this.

5.3 Staff are particularly mindful of toxic stress - the body's response to lasting and serious stress. Whilst children and young people can be exposed to danger or even intense stress without that stress becoming damaging or toxic (as long as a caring adult buffers the impact of the threatening or stressful event) stress can become toxic if they feel unsafe over a long period of time and do not have the buffering effect of being cared for by supportive adults. This trauma can mean that they cannot turn off their stress response normally, resulting in lasting stress that can cause lifelong health problems.

5.4 The Youth Justice Service bases its approach on the 'TIAARA' model (Trauma-informed, Anti-Racist and Restorative approaches)[3] to achieve better outcomes for children and families and staff wellbeing. Actions being taken to embed the approach include:
- Comprehensive training for all staff and ongoing clinical support (monthly one to ones)

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[3] **Anti-racist:**
- Black, Asian and other global majority children are overrepresented in the youth criminal justice system in England & Wales. We understand that racism is a serious and difficult matter which affects all areas of life.
- As an anti-racist organisation we identify, discuss and challenge issues of race and colour and the impact it has both directly and indirectly on young people.
- We will also challenge ourselves to understand and correct any injustices we may discover and gain a better understanding of ourselves during this process. We continue to learn about active anti-racist practice and are determined to support and advocate for global majority children.
- We will help young people to understand and learn about their history, cultural values, and heritage to empower them to be the best version of themselves. We welcome young people's parents/carers input with this.

Restorative Approaches:
The process of making amends and repairing relationships with the person/people who have been harmed and impacted. This can be done directly (e.g., a restorative conference in-person) or indirectly (e.g., a letter of apology).
- it provides an opportunity for young people to share their story.
- it can help provide closure from the incident.
- it is an opportunity to repair the harm caused and bring healing for all involved.
- it helps young people to move forward and respond with empathy, compassion and care to themselves and the people they care about.

A restorative conversations and conference are also be offered to young people and their parent/carer to reflect on what has happened, how they are left feeling and what they would like to happen next.

- Clinical supervision to reinforce that vicarious trauma[4] exists and should be acknowledged
- Use of a new narrative for explanations and conclusions. Trauma is named - neglect, abuse, domestic violence, child sexual exploitation etc.
- Use of learning opportunities to reinforce training via a practice forum, team meetings, and whole service meetings
- Revision of all policies and programmes
- Partners co-deliver the approach.

5.5 The ultimate aim of this approach is to reduce the number of children and young people entering the youth justice system. Data suggests that fewer young people are entering the system, with reductions seen since 2020. In 2022 there were 44 first time entrants, a 20% decrease from 55 the previous year. This was a greater decrease than London overall (-11.2%) and in contrast to the national trend (+2%).
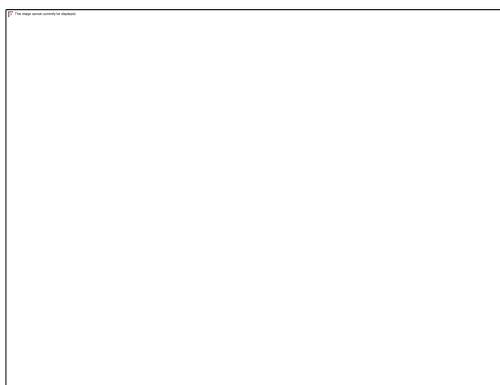
5.6 Staff have reported a range of benefits since the approach was first adopted including an increased commitment and connection to the workplace; greater awareness of others' welfare; compatibility with other approaches which address the victim-offender cycle and relevance to wider partnership approaches to reduce re-offending with police, schools, social work, neighbourhood and the business community. Additionally, the approach emphasises that staff self-care, wellbeing and resilience is key to effective practice, so this is a significant benefit for officers.

5.7 The London Assembly's Health Committee is carrying out an investigation into trauma-informed approaches to youth violence[5] and the Head of the Youth Justice Service has provided evidence on Lewisham's approach to the committee. Their investigation is examining the rationale behind using trauma-informed approaches in supporting communities affected by youth violence, and how this approach is being utilised across London; and the role that the NHS, local authorities and community organisations play in London in supporting communities through trauma-informed approaches.

6. Other examples

Lewisham

6.1 There are examples of trauma informed practice in a number of services:

- Officers in the Housing Needs & Refugee Service (part of the Housing Directorate) had trauma informed training in 2021 and, following staffing changes, another

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[4] The approach taken in the Youth Justice Service has been to focus on 'workforce trauma'. Defined as a process of change resulting from the empathetic engagement with trauma survivors and particularly relevant to practitioners who engage with violent crime and victims. Vicarious trauma is not direct trauma but has similar symptoms (e.g. toxic stress) and is caused by second hand exposure or accrual to other people's trauma.
[5] See: Trauma-informed approaches to youth violence | London City Hall

round of training is due to take place in early 2024. This will enable officers to become more trauma informed in their service delivery.

- The Children's Social Care Division have the Signs of Safety practice framework, which is modelled on trauma and restorative approaches. The Meliot Family Support Service, who work intensively with the most vulnerable children on the edge of coming into care, are trained in trauma informed practice and deliver group and individual work with families using this approach. As part of the staff development offer in 2024, the CYP Workforce Team are introducing more specific trauma informed training.
- Taking a trauma-informed approach is an integral part of the Council's Borough of Sanctuary Programme and it will form part of the Borough of Sanctuary online learning module that will be mandatory for all new staff, that is currently in development.
- The Inclusion Strategy 2022-25 seeks to ensure a fair and consistent approach to behaviour management in schools, with policies supporting the work of the Lewisham Tackling Race Inequality Strategy; taking trauma into account; and seeking to reduce the number of suspensions and permanent exclusions. All Lewisham schools have been asked to review their support for children at risk of exclusion and ensure that practice is inclusive**. A recent audit of Lewisham school behaviour policies found that a positive and nurturing ethos really came through in many instances and that some behaviour policies included 'restorative' approaches, and this good practice will be shared. (However, there is more work to be done on ensuring that schools work more collaboratively with children/parents/carers; and consider potential links between behaviour and safeguarding issues).
- The Safe Surgeries Network is an initiative aimed at reducing the barriers faced by migrant populations in accessing healthcare. Safe Surgeries training has been delivered in Lewisham and this included information on the trauma and re-traumatisation of people with a history of forced displacement approaching services. Lewisham GP surgeries display Safe Surgeries posters telling people that everyone can register and that they don't have to have proof of address or ID to register.

6.2 Lewisham is an active participant in the Tackling Racial Inequality Group (TRIG) which is coordinated by London Councils. During an event on 'Harnessing our Black, Asian and Multi-Ethnic Communities Talent', panellists and the audience explored the issue of racial trauma, focusing particularly on the lack of understanding and support available within organisations. To explore this further the programme held a session with Professor Patrick Vernon OBE and as a result, some guidance on racial trauma was produced[6]. The guidance seeks to provide a working definition of racial trauma, share and build an understanding of the experiences of racial trauma and provide suggestions around what support organisations can provide within existing structures. The guidance defines racial trauma as the mental and emotional injury caused by encounters with racial and cultural bias, ethnic discrimination, racism and hate crimes.

6.3 Connected to this, TRIG initiated a project to explore the importance of language in relation to race equality, including the use of the acronym 'BAME'. Across London, a survey found that (a) respondents were not comfortable being categorised by a collective term that encompasses all backgrounds except White British and (b) if a collective term is necessary, 'ethnically diverse' and 'Black, Asian & Multi-Ethnic' were the overall preferred terms. Following on from the TRIG work and linked to the launch of Lewisham's Values and Behaviours Framework, the Council is consulting with staff

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[6] See: https://www.londoncouncils.gov.uk/node/40328

on the next steps to co-produce a way forward.

Other councils

6.4 In 2020, the Safer Stronger Communities Select Committee reviewed how the Council embeds equalities across its service provision[7] and, as part of that in-depth scrutiny work, councillors visited Glasgow City Council, known for its comprehensive approach to equalities, seeking to embed equalities into all services. Since then, the Scottish Government has indicated that it is keen to develop a trauma-informed and trauma-responsive workforce across Scotland, to support the resilience and recovery of all children, young people and adults affected by trauma. Glasgow was selected as one of the pilot areas to roll out trauma informed training with the primary aim of ensuring all staff are 'trauma informed'. To mainstream trauma training, some of the Council's social work training products were adapted for a non-social work staff audience[8]. Organisational Development officers worked with social work colleagues to adapt the courses which provided training on recognising how coping with traumatic experiences can affect the way a person behaves, their reactions and how they communicate with others.

6.5 The Scottish National Trauma Transformation Programme is a major and long-term change programme, which aims to help services and organisations identify and reflect on progress, strengths and opportunities for embedding a trauma-informed and responsive approach across policy and practice. To this end it has produced guidance and a 'roadmap'[9] which aim to articulate "what good looks like" and assist organisations in conducting a self-assessment and plan to undertake activities that are most effective in supporting services and organisations in their journey towards becoming trauma informed and responsive.

6.6 The West Midlands Combined Authority is working to embed a trauma informed approach to service delivery across the region via a coalition of public service agencies. The coalition includes the West Midlands police force, public health, primary care, local authority children's services, schools, faith groups and charities including homelessness, temporary accommodation, drug, alcohol, domestic violence and mental health. It aims to promote a framework for trauma informed practice and create a community of practice. A key output has been the creation of training material to promote trauma informed practice. The coalition is also hoping to establish a consistent unified approach across educational settings[10].

7. Considerations

7.1 The draft People and OD strategy is being developed, which will communicate our vision for our people and identify the areas we need to focus on to deliver our corporate strategy to the best of our ability through effective leadership, engagement and optimisation of our people. The strategy sets out six priority areas:

- o Performance and accountability
- o Attracting and retaining talented people
- o Promoting a positive working environment
- o Developing skills for now and the future
- o Developing leaders for now and the future

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[7] See: https://lewisham.gov.uk/-/media/archive/_equalitiesreview2020.ashx
[8] See: https://www.glasgow.gov.uk/councillorsandcommittees/viewSelectedDocument.asp?c=P62AFQDNZLDXNTT12U
[9] See: https://www.traumatransformation.scot/implementation/
[10] See: https://www.caci.co.uk/insights/trauma-informed-practice-how-a-west-midlands-coalition-is-changing-things/

o Readiness for change

7.2 The strategy, coupled with the Council's new values and behaviours framework, underpin everything the Council does - setting a benchmark and aiming to standardise behaviour across the organisation.

7.3 Our staff are one of the primary interfaces between the Council and those we serve. Residents access council services through a number of 'doors' and can experience a variety of different services on their path to resolving an issue. It is important that all staff are equipped to respond to and identify the varying needs of residents whilst adhering to our values by being inclusive and cognisant of residents' perspective and potential trauma.

7.4 In recent years, and even more so since the pandemic, the pace of change has increased exponentially and expectations from the public and employees alike have also changed. As referenced in our Corporate Strategy, the financial challenges faced by local government also remains acute. However, equipping staff with effective skills to service resident needs across the spectrum services remains a priority for the organisation. The following training/development is in place or planned:

- Armed Forces Covenant Awareness – this training is already available for all frontline staff and includes a section on understanding the impact of trauma and how it can manifest in different ways.

- Thrive LDN has partnered with Nicola Lester Psychological Trauma Consultancy to offer free, pre-recorded trauma-informed practice training to support individuals and organisations. People and OD are making this training available to staff, via the Learning Academy, during Q1 2024. This trauma-informed training, supported and funded by the Mayor of London, is designed for anyone in a role which supports others, whether formal or informal. However, participating in the training supports an understanding of how trauma influences and shapes the lives of those it touches regardless of previous knowledge or role.

- Additional support systems and training already available that assists staff include: Developing resilience, Managing stress, Appraisal, Regular One-to-Ones and Supervisions for certain Social Care roles. Dealing with vicarious trauma requires a thoughtful and proactive approach to self-care. A suite of well-being initiatives are also available to support staff.

7.5 Elements of a trauma-informed approach are already covered across a range of interventions and activities. A further learning needs analysis would need to be conducted to establish where the gaps in learning exist when compared to what is already available. This will include identification of which groups of staff require further training.

7.6 In order to support delivery of any training to frontline services, Equalities Action Plans will be developed by each Directorate which, where relevant, may make reference to plans for training or the implementation of this approach. These Action Plans will be developed during the service planning process in Spring 2024, in line with a recommendation from the Equalities Review conducted by David Weaver and DWC Consulting. Additional recommendations from DWC include the recruitment of a senior equalities post, which the Council has agreed to, and who may provide additional capacity to support this work once they have been recruited.

7.7 As at 31 December 2023 the Council's average turnover rate is 8.6%. For the purposes of this report, turnover refers to voluntary leavers by way of resignation and therefore excludes retirements and deaths in service, all of which are classified across sector as 'voluntary'. Appendix C provides a breakdown of turnover rates by directorate and

service area. The services with the highest turnover rates are:

- Law and Corporate Governance 18%
- Planning 18%
- Housing Strategy 18%
- Children Social Care 16%
- Communications and Engagement 15%
- Adult Integrated Care and Commissioning 15%

The Council's overall turnover rate of 8.6% is broadly in keeping with London averages. The council is unable to compare against specific services as this information is not readily available. Whilst all leavers (by way of resignation) are asked to complete an exit evaluation questionnaire, the response rate for this is very low. In the last year, only 16 completed the evaluation which makes it difficult to draw any meaningful conclusions as to the motivation. Of the few returns received, the main reasons given were promotion, increased earning potential and personal reasons. When asked if there is anything that would persuade them to stay, seven said 'no' and six cited more staff resources, and 60% said they would recommend the Council to a friend/family as a place to work. 100% stated they had *not* experienced inequality.

8. Financial Implications

8.1 There are no direct financial implications arising from this report. However, data suggests that, following the adoption of the TIAARA' model, fewer Lewisham children and young people are entering the youth justice system which may reduce the financial burden on associated services. There may be future financial implications should a decision be taken to roll out a trauma informed approach more widely, such as staff training costs.

9. Legal Implications

9.1 There are no direct legal implications arising from this report.

10. Equalities Implications

10.1 Due regard to equalities must be considered when adopting new policies. Taking a trauma informed approach to service delivery involves (a) taking into account the effects that trauma can have on individuals and communities, including those that share protected characteristics; (b) recognising the signs and symptoms of trauma; and (c) aiming to prevent re-traumatisation. Taking a trauma informed approach may be considered, at its core, to be about workplace equality. It considers power structures and how to empower staff to shape their workplace. It is aligned with equalities ambitions and can improve equalities outcomes.

11. Climate Change and Environmental Implications

11.1 There are no direct climate change and environmental implications arising from this report.

12. Crime and Disorder Implications

12.1 There are no direct crime and disorder implications arising from this report. However serious youth violence can cause significant trauma in individuals and communities, and can impact young people's development, making them more likely to be involved in the justice system in later life. Taking a trauma informed approach may have a mitigating impact. The Council's youth justice service follows the 'TIAARA' model

(Trauma-informed, Anti-Racist and Restorative approaches) to service delivery. A trauma informed approach looks at how trauma impacts behaviours. A trauma informed approach can give greater understanding of the roots of anti social behaviour, and can help promote de-escalation and cohesion.

13.   Health and Wellbeing Implications

13.1   While unique to the individual, generally the experience of trauma can cause lasting adverse effects, and impact mental, physical, social, emotional or spiritual well-being. Taking a trauma informed approach to service delivery should have a positive effect on staff and residents' health and wellbeing as it involves (a) taking into account the effects that trauma can have on individuals and communities; (b) recognising the signs and symptoms of trauma; and (c) aiming to prevent re-traumatisation.

Report Author and Contact
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Appendix A - Factors that have been found to either positively or negatively influence trauma-informed ways of working

Appendix B – Notes of informal meetings between the Chair and expert witnesses in the run up to the meeting

Appendix C - Breakdown of turnover rates by directorate and service area

Appendix A - Factors influencing the implementation of a trauma-informed approach

(Taken from: Trauma-informed approaches to supporting people experiencing multiple disadvantage, A Rapid Evidence Assessment, DLUHC, April 2023)

An overview of factors that have been found to either positively or negatively influence trauma-informed ways of working:

Area	Enablers of a trauma- of a trauma-informed approach	Barriers to a trauma-informed approach
Moving towards a trauma-informed approach	Governance and leadership that advocate for and support this way of working	Change fatigue
Moving towards a trauma-informed approach	Effective use of evidence-based trauma-specific screening, assessments and treatment	Limited capacity to implement new/additional tools
Working in a trauma-informed way	Policies and procedures that enable trauma-informed principles to be put into practice	Staff turnover
Working in a trauma-informed way	A physical environment that promotes trauma-informed principles (e.g. by creating a safe and collaborative space)	Resistance to idea that there is prevalence of trauma in society and that individuals and organisations play a role in this
Working in a trauma-informed way	Collaboration between staff at all levels, organisations, sectors and people accessing services and their support networks to design and deliver services	Funding cuts which lead to competition between local organisations. Services being commissioned separately, which creates fragmentation and duplication.
Working in a trauma-informed way	Training and workforce development that gives staff/volunteers the confidence, knowledge and support to be able to work in a trauma-informed way	Not recognising and addressing secondary trauma amongst staff
Monitoring the implementation of a trauma-informed approach	Ongoing assessment, tracking and monitoring of trauma-informed principles	Lack of consensus on what constitutes a trauma-informed approach and how this should be implemented
Providing evidence on the benefits of a trauma-informed approach	An evaluation methodology that reflects trauma-informed principles	Lack of a single trauma-informed approach that other models can be compared against
Resourcing a trauma-informed approach	Financing structures that enable sufficient resources to be dedicated to a trauma-informed approach	Context of austerity and short-term funding contracts

Appendix B – Notes of informal meetings between the Chair and expert witnesses

Meeting note – Trishana Osbourne

12 pm on 26 January 2024
Microsoft Teams

In attendance
Cllr Rudi Schmidt
Trishana Osbourne, Inclusive Trauma Solutions
Benjamin Awkal, Scrutiny Manager

Key points from discussion

1. Trauma informed practice is of increasing importance important due to the increasing diversity of communities. Following the pandemic, there is increased demand for public services. There is a gap arising from No Recourse to Public Funds (NRPF): the majority of people designated as such were low income and thus significantly impacted by the restriction; this could drive criminality, further straining public services and finances. NRPF is a barrier to the realisation of Borough of Sanctuary ambitions.
2. There is a lot of misconception regarding the meaning of trauma informed practice. Despite the term existing for over 20 years, organisations are struggling to understand and adapt the approach and often consider it restricted to justice and health and care. Eighty per cent of leaders believe they are very self-aware, but the reality is 20 per cent are. Leaders often lack awareness of how their decisions impact the wellbeing of staff and services. Trauma informed approaches enabled leaders to be more self-aware and inclusive.
3. It is important for leaders to be aware of and understand their own trauma – which can range from mild/moderate to acute/distressing to severe/overwhelming. Trauma affects decision-making and drives biases due to our preference for the familiar resulting from our innate desire for safety. Being trauma informed enables open-mindedness, curiosity and the fostering of collaborative and supportive organisations and environments.
4. Trauma informed principles should be embedded at strategic level via policy. Trauma-informed organisations should collaborate. Training should be delivered at all levels of organisations. Leaders need to be culturally aware.
5. Organisations always act in crisis, which exhausts individuals and organisations – contributing to fatigue, burnout and staff turnover. Significant organisational changes can also contribute to or exacerbate trauma. Embedding trauma informed culture is a long-term investment which should be prioritised to support staff well-being.
6. A task force or hub to lead on the implementation of trauma informed practice could help elevate it as a priority, promote consistency, provide a source of support and expertise and provide accountability.
7. People's experience of power dynamics can exacerbate their trauma. Trishana had supported leaders in law enforcement to implement trauma-informed policies which accorded greater priority to safety, well-being and equality. She had facilitated cultural competence training regarding self-awareness, de-escalation techniques, inclusive language, disabilities and safeguarding.
8. Organisations are hierarchical, which can dissuade people from raising concerns or seeking help and support, particularly people from diverse backgrounds. Inclusive language and trauma-informed culture can minimise exclusionary power dynamics.
9. People's past experiences can shape their responses to power dynamics. This might be particularly heightened for individuals from underrepresented communities, who may have encountered less equitable treatment within public service systems.

10. The Council, as a democratic organisation, could take a leading role by promoting trauma informed culture to its partners.
11. The question of whether labelling people as traumatised is stigmatising was raised. It can be useful to discuss with the public what language they are comfortable with, which may need to be different in different contexts and mediums.
12. Trauma-informed principles, such as inclusive language, could be embedded in existing training programmes.
13. Quality and performance reviews of the implementation and impact of trauma informed approaches should be undertaken. Feedback surveys and cases studies could be used.
14. Trauma informed principles integrated in an organisation's mission and core values will cascade into policies and practices and enable the development of programmes. Review training policies and incorporate inclusive language and communication.
15. Cllr Schmidt offered to keep Trishana abreast of the Committee's next steps, noting the cancellation of its 6 February meeting.

Meeting note – Hannah Alghali, Partisan

2pm on 30 January 2024
Microsoft Teams

In attendance
Cllr Rudi Schmidt, Chair of O&S
Hannah Alghali, Partisan
Charlotte Dale, Head of Scrutiny and Policy

Partisan is a small, Black-led Community Interest Company, made up of experienced Psychotherapists and Clinical Psychologists who advocate for accessible and culturally sensitive mental health and wellbeing support for the most marginalised and racialised communities. Partisan looks to amplify the voices of others, empowering communities to take the lead.

Key points from discussion
1. Trauma informed practice is becoming more widespread, but the meaning of taking a trauma informed approach may be becoming more diluted as a result. It is more than taking a training course. It means being collaborative, seeing interactions through a trauma lens, and taking a compassionate, non-punitive approach.
2. Taking a trauma informed approach is applicable to all services.
3. It is important to support staff to take a trauma informed approach with service users, by recognising their trauma and supporting them.
4. It is important to consider 'who does the work?'. Should training just be for operational staff or should leaders also be trained and supported to make changes and be accountable? Leaders need to understand their own trauma and a "them and us approach" should be avoided (there needs to be genuine bi-directional dialogue). Senior leadership need to be willing to make changes that support staff and residents.
5. At Partisan everyone on the team has significant mental health training, so have good understanding of trauma. There is a 4-day working week due to the impact on staff associated with undertaking this nature of work. Half a day a week is dedicated to shared, transparent decision making. Principles of trust & safety and empowerment & collaboration are followed. Professional boundaries are respected but warm and compassionate interpersonal relationships are fostered.
6. Embedding a trauma informed approach in a large organisation will be different.

7. However, it will still be important that training isn't 'done' to staff – there will need to be a degree of collaboration. The embedding could be done on a service by service basis, with the relevant staff working out what adopting such an approach means to them and their service users. There needs to be some diversity and tailoring.
8. Being part of a reflective practice group allows you to think about your work and yourself within the work.
9. Interactions between residents and staff can become difficult when staff are burnt out or experience challenging circumstances – compassion needed in line managers and team e.g. acknowledging difficulties and asking what do you need?
10. It would be difficult to properly embrace a trauma informed approach "on a shoestring budget". It might be anxiety provoking to do a small amount of training on trauma but not develop it further. Doing it properly can improve staff retention as staff feel supported and avoid service user needs from escalating (at high cost) as they feel supported and are not retraumatised. (Invest to save).
11. In a large organisation it might be possible to have trauma informed champions/ambassadors that are properly trained and cascade their learning through teams.
12. Implementing a few, simple, organisational shifts might be a straightforward way of empowering staff. E.g. using inclusive and transparent language.
13. Narrative therapy involves not putting the problem within the person, focussing on people's strengths and connections with others.
14. Racial trauma is a real experience for many individuals, but it's important to avoid assuming it universally applies. We must acknowledge and create space for people's individual experiences of racial oppression and the potential trauma it can cause. Failing to do so risks overlooking the systemic impact of racism.
15. Understanding the science of trauma and stress can be helpful but this isn't the key focus of trauma informed practice – you don't need to know a huge amount of the theory to do good work in practice.
16. Cllr Schmidt offered to keep Hannah informed of the Committee's next steps.

Meeting note – Michael Preston-Shoot

In attendance
Cllr Rudi Schmidt, Chair of O&S
Michael Preston-Shoot, Outgoing Chair of the Safeguarding Adults Board

Charlotte Dale, Head of Scrutiny and Policy

It was noted that Michael Preston-Shoot was stepping down as the Chair of the Board following seven years of service and that Professor Keith Brown (University of Bournemouth) would be the new chair.

Key points from discussion
1. An all-age and all-service approach is needed to ensure proper recognition of the impact of trauma and adverse experiences on people. Those affected needed both resilience and resources to manage the impact.
2. It was important not to label people or make assumptions, but to take the time to understand a person's 'backstory' (which could be expressed in challenging behaviour) and address the causes, not the symptoms, of a presenting issue.
3. There was a growing awareness of the impact of trauma across adult social care. However, the financial circumstances of both local authorities and NHS trusts meant that, despite this awareness, there was not always the time or resources to act on it, as staff had demanding workloads. Building up the trust in a relationship to allow someone to articulate their trauma took time. Often, the issue was not so much raising awareness of trauma, but having the ability to respond to it meaningfully.
4. It was noted that virtually all safeguarding adults reviews featured mental health issues and Michael Preston-Shoot had expressed concerns to the South London and Maudsley NHS Trust that the level of support for people living with mental distress was, at times, insufficient to help people to manage their mental distress in the community.
5. As well as not having the time, some staff may not have the confidence or skills to engage service users in discussions about trauma.
6. The built environment was important and some buildings were arguably not conducive to trauma recovery (e.g. the Ladywell Secure Unit).
7. A number of council services had a particular need to be trauma informed including adult social care, children's social care, housing, some elements of environmental health, trading standards etc. Partner services were also important – health services and emergency services (police, ambulance, fire).
8. It was important to *make every contact count* – for example, rather than simply signposting residents to services, taking them there or arranging a direct referral, or bringing the service to them.
9. There was also a need to *make every person matter* – for example making the presenting resident feel that they were important to the member of staff interacting with them.
10. Where possible staff need to think beyond statutory duties and really consider how they can help a person in distress. For example, whilst the Care Act specifies the criteria for support to be two or more eligible needs, not all people who have experienced trauma will tick the box, but they might still need support from adult social care. However, whilst it was important to recognise that the local authority has the power to provide, if not the duty, this can be a challenge when councils are facing difficult financial circumstances.

11. It was important for leaders (who have a special responsibility for service provision) to receive trauma informed training; and such training could be made mandatory for them - and for specific cohorts of frontline staff such as those in adult and children's social care and housing.

12. Vicarious trauma and the impact on staff who deal with trauma-affected residents, was important to consider. Leaders needed to consider the quality of supervision and the level of management oversight; and whether working relationships were "safe" (can staff admit to feeling overwhelmed, lacking skills etc). There was often a tendency for junior staff to "hold the risk and the pain" themselves rather than share it with managers.

13. It was noted that the Council was in a good position to influence local partners. The Police, for example, were a statutory partner in terms of the children and adult safeguarding boards and it would be helpful if partners received similar training to council staff.

14. Power imbalances between staff and service users - and within the workforce itself - needed to be acknowledged. A good approach might be for decision makers to really think about who is best placed to understand a situation, who knows the individual best, and to take their recommendations into account. Making sure all relevant voices are listened to is important.

15. It was noted that leaders and managers needed a certain level of self-awareness so they could consider the impact they have on those they work with. Life experiences, including trauma, will impact professional relationships.

16. Cllr Schmidt offered to keep Michael abreast of the Committee's next steps.

Appendix C - Breakdown of turnover rates by directorate and service area

Level 1 Department	Level 2 Department	Headcount	No. of Leavers	Turnover
Lewisham Council	**-**	**3030**	**260**	**8.6%**
Chief Executive's Directorate	-	127	18	**14.3%**
	Communications and Engagement	34	5	15%
	Law and Corporate Governance	55	10	18%
	People and Organisation Development	37	3	8%
Children and Young People Directorate	-	692	81	**11.7%**
	Childrens Social Care	307	48	16%
	Education Services	244	19	8%
	Families, Quality and Commissioning	140	14	10%
Community Services Directorate	-	652	55	**8.4%**
	Adult Social Care	337	18	5%
	Adults Integrated Care and Commissioning	33	5	15%
	Communities, Partnerships & Leisure	267	30	11%
	Public Health	14	2	14%

	-	543	37	**7%**
	Assurance	23	0	0%
Corporate Resources Directorate	Finance.	110	10	9%
	IT & Digital Services	72	7	10%
	Resident and Business Services	337	20	6%
	-	582	31	**7.6%**
	Housing Quality and Investment	169	5	12%
Housing Directorate	Housing Resident Engagement and Services	296	5	7%
	Housing Strategy	116	21	18%
	-	434	38	**8.8%**
	Inclusive Regeneration	81	5	6%
Place Directorate	Planning	49	9	18%
	Public Realm	304	24	8%