An Evaluation of the Lancashire Violence Reduction Network's Trauma Informed Lancashire Communities Early Adopters

Report

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Lancashire Violence Reduction Network (LVRN) Trauma-Informed Communities Early Adopters (TILCEA) Pilot Evaluation Report

Executive summary

The Equitable Place Based Approaches to Health and Care (EPHC) team (part of the National Institute for Health Research (NIHR) supported Applied Research Collaboration (ARC) North West Coast) carried out an evaluation of Trauma-Informed (TI) approaches to community development in four early-adopter sites (Blackburn with Darwen, Fleetwood, Skelmersdale and South West Burnley) between February and June 2022. We spoke to 36 individuals and examined relevant data sets and documents to gather data for this report. The theoretical framework guiding the research was Normalisation Process Theory. This framework helped us to structure thinking and encourage exploration of issues that might otherwise not have been considered.

Our aims for this evaluation were to: explore how those working in Lancashire communities understand TI approaches and how this informs and affects their work; explore how TI approaches support service users, clients and the public; explore how data collection systems can be developed and improved to support sustainable, long-term evaluation that result in improvements to service delivery within trauma-informed communities.

Overall, TI approaches to community development were acceptable to the participants in this study. A key finding was that the lead organisation for each community affects the aims and emphasis of the approach taken to implementing TI approaches and local legacy of previous community development work, leadership and partnership working greatly influenced the extent to which TI approaches could be implemented in early adopter sites. For example, Blackburn with Darwen built on its previous Adverse Childhood Experiences (ACEs) work, success with citizen juries and a vibrant community hub (Healthy Living Centre) and work in Fleetwood was aligned with the existing community safeguarding model. The negative effects of the recent Covid-19 pandemic were particularly pronounced in health and education led services and staff in these sectors struggled to find capacity to cascade TI approaches in their organisations.

Some participants had reservations over use of the word “trauma” and language associated with TI approaches, when used in the context of community development. In the absence of a suitable alternative, they are continuing to use the language associated with the LVRN approach. However, this situation may change over time and there may be potential implications for the way TI training is used and cascaded in these communities.

Participants from all communities emphasised the importance of socio-economic and structural determinants of health and life- opportunities. Factors associated with poverty and intersecting determinants including ethnicity, gender, housing, employment and disabilities all play a role in determining outcomes for individuals, particularly those living in communities with higher levels of deprivation. Evidence-based TI approaches may be more acceptable to participants, more effective and become better embedded in practice if these factors are acknowledged and included in the narrative and practice of trauma-informed approaches.

Participants from health-led services suggested that some aspects of TI training may be incompatible with existing commitments of clinical staff. Shorter and topic-specific sessions that are accessible online were among their proposals for adapting training so that it is

relevant for medical and healthcare professionals. Offering a refined version of the TI training offer may improve access and engagement for staff working in both these sectors.

All participants across the communities discussed ways in which TI approaches can be used to support their own staff who may have suffered vicarious or primary trauma and issues around clinical supervision and psychological support for staff were raised. Future research should focus on the ways this can be implemented and exploring how concerns can be addressed.

Another overarching concern was sustainability and long- term funding. Worries about the potential short-term nature of financial and professional support exist in these communities, that have been subject to repeated re-generation and community development initiatives. This perception of short-termism may affect wider engagement with TI approaches. Any long-term commitments that the LVRN can make to early -adopter sites may increase engagement and support roll out of TI programmes to other areas.

We have identified additional recommendations for incorporating and improving future research and evaluation around TI approaches to work around strengthening communities that includes embedding evaluation in practice, data capture processes and linking to external data sets.

The main limitation of this study is that the voices and perspectives of services users, community members, patients, pupils and families were not central to the evaluation. We should ensure that future evaluations engage members of the public most affected by TI approaches to community development work in the design, dissemination and creation of research to ensure that we sensitively engage the people at the centre of this work without causing further trauma or burden.

Introduction

Background

In 2019, the UK Government announced Home Office funding to assist with establishing Violence Reduction Units (VRUs) in 18 police force areas with the aim of reducing serious violence and its root causes (1). The VRUs take a public health or 'whole-systems' preventative approach to violence reduction which is comprised of:

- Multi-agency working
- Data sharing and analysis
- Engaging communities and young people
- Commissioning and developing evidence-based interventions (1).

As part of this public health approach, the government has stressed the role of supporting communities in *preventing* young people from adopting criminal behaviours and has identified experiences of trauma and adversity as potential predictors of at least one form of serious violence:

> *"Through understanding the impact of ACEs, we know there is increased likelihood of becoming a victim, becoming violent, becoming involved with hard drugs and excess alcohol and ending up in prison." (2)(p.61).*

In response, the Home Office stated it would support police forces to develop new models of preventative, trauma-based policing (2) (p.60). Many of the VRUs have been working towards embedding a 'trauma-informed approach' through various interventions. These interventions have included: workforce development (staff training and awareness raising, changes to organisational culture); TI approaches through early interventions (for example, TI education) and development of TI interventions for offending youths (diversion and psychotherapeutic interventions).

Although there is not currently an agreed definition of 'trauma-informed approach', the Home Office (1) includes an overview of TI principles from the New Philanthropy Capital (NPC). According to the NPC, providing care in a trauma-informed way means:

- Recognising and responding to trauma;
- Providing safe environments;
- Taking a strength-based view;
- Building empowering relationships and;
- Promoting equality of access (3).

The Lancashire Violence Reduction Network (LVRN) has adopted the public health approach to violence reduction recommended by the WHO and UK Home Office. One of the aims of the LVRN is for Lancashire to be a 'trauma-informed county' and to embed TI practice as a *way of being* and a part of the county's culture. Achieving such cultural change aligns with the guidance provided by the Home Office which suggests that embedding culture change will make VRUs more sustainable in the longer term (4). The LVRN has therefore expanded the scope of TI approaches beyond previously described development activities and interventions with an ambition to support TI community development

processes. This is driven by an understanding that the delivery of TI services via the public sector and charitable organisations will be enhanced if the communities receiving the service are also trauma aware (5).

The LVRN aims to cultivate collective, cross-sector learning to support the ongoing development of TI services and has been delivering workshops across Lancashire to people working in children's social care, health, education, probation services, and non-statutory organisations.

These workshops are designed:

> *"To support the collective goal of a system wide approach that examines new ways of identifying adults who have experienced multiple childhood traumas and puts support in place with the right families much earlier to prevent the negative cycle of inter-generational problem."(6)*

Trauma Informed Lancashire has a strong focus on local communities and schools for achieving cultural change. For the LVRN taking a TI approach means:

- Recognising how common traumatic stress is;
- Recognising the potential impacts of trauma and;
- Acting to avoid people becoming 'retraumatised' or unnecessarily stressed through interactions with professionals and services. This may include implementing organisational change to make services more accessible for those who struggle to trust professional (6).

The Equitable Place-based approaches to Health and Care (EPHC) theme, part of the National Institute for Health Research's (NIHR) Applied Research Collaboration (ARC) North West Coast area were appointed by the Lancashire Violence Reduction Network (LVRN) in January 2022 to evaluate the Trauma-Informed Lancashire Communities Early Adopters (TILCEA) pilot.

This report presents findings from the evaluation of four Lancashire communities involved in the TILCEA pilot, each led by a different public sector organisation:

- Blackburn with Darwen: Local Authority led
- Fleetwood: Secondary Education led
- Skelmersdale: Health Services led
- South West Burnley: Primary Education led

The LVRN partnership work undertaken in each of these areas, while connected and informed by TI practice, each represents a different model of delivery and leadership based on the respective lead organisations expertise and networks.

The World Health Organisation's (WHO) 2014 Violence Prevention Alliance (7) advocates a public health approach, to violence prevention that "seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence" and suggests four steps to achieving this:

- Identify the size and scope of the problem
- Identify risk and protective factors
- Develop and evaluate interventions
- Widely disseminate effective practice.

For this evaluation, the EPHC team have focussed on the third step outlined above; develop and evaluate interventions. One overall research question and three aims unified and guided the focus of the discrete projects that were set in each of these four communities:

Overall research question: How has trauma-informed community development been implemented by early adopters so far and what are examples of best practice?

Aims:

- To explore how those working in communities understand trauma-informed approaches and how this informs and affects their work.
- To explore how trauma-informed approaches support service users, clients and the public.
- To explore how data collection systems can be developed and improved to support sustainable, long-term evaluation that result in improvements to service delivery within trauma-informed communities.

In addition, our findings, recommendations and key considerations for the development of further evaluation projects published in this report will contribute to the 4th step: *Widely disseminate effective practice.*

Methods

The Evaluation Framework: Normalisation Process Theory

One challenge of evaluating discrete interventions that are linked by a unifying organisation and guiding set of principles is to identify elements that are universal and underpin the approach taken. For this work, we focused on trauma-informed approaches taken to reduce violent crime via the LVRN. We have therefore identified Normalisation Process Theory (NPT)(8) as a useful framework to guide data collection and synthesise findings across this evaluation. NPT is a theory of implementation that has been used to support evaluations of complex interventions by exploring how new ways of working are embedded and normalised across groups of people and organisations. NPT focuses on four constructs: Coherence; Cognitive Participation, Collective Action and Reflexive Monitoring. Using a theoretical framework to guide research can be extremely practical and help to structure thinking and encourage exploration of issues that might otherwise not have been considered.

The constructs (and sub-constructs) can be framed as a series of simple statements and questions which enable researchers to consider the social processes of implementing an intervention, or in our case, an approach. As such, the NPT framework is not a way of measuring an implementation, but a critical framework to think through the factors which may inhibit or promote a practice, intervention or approach. The NPT framework emphasises that an implementation should be understood as a dynamic process and as such is engaged in ongoing and interactive practices of accomplishment. The NPT framework enables a theorisation of the complexity of social systems through recognition of the way that implementations, such as the TI approach can be thought of as an “ensemble” of material and cognitive practices (9). Our topic guides for the interviews and focus groups used to

collect the data for this report have been organised around NPT constructs (see interim report for examples of topic guides).

Here we give an overview of how the NPT constructs have supported our understanding of the data collected for this evaluation:

NPT domain	Examples of the types of questions that have guided our data collection analyses
Coherence has been used to understand how participants have attributed meaning to the TI approach in their community, including how they have made sense of the TI Approach and the work of the LVRN.	Do participants see the TI approach as a new and valuable way of working? Does it fit with previous ways of working? Do individuals understand what the approach requires of them? Do participants understand the role of the LVRN?
Cognitive Participation has been used to explore how committed people are to the approach and how working in trauma-informed ways fit with participants' existing value systems and understanding of their role.	Are participants willing/able to promote the TI approach? If they are willing, but not able, what are some of the barriers to cascading the information/approach to others? Is this where leadership is needed? Do stakeholders believe they are the correct people to promote and drive the TI approach? If they are not the right people, who is? Who is missing?
Collective action is the work people do together to enact TI approach and translate TI approach into collective practices. Examples of the types of questions that have guided our data collection analyses are	How do TI approaches with the existing skills of the stakeholders involved? Do people have the right skills and training? Do people have confidence in the approach? Do they have the resources needed?
Reflexive monitoring describes how participants appraise their use of TI approaches in their work. Examples of the types of questions that have guided our data collection analyses are:	How do participants evaluate the worth of the LVRN and TI approaches? What are the benefits and possible costs? How do TI approaches work and for whom do they work? What are the barriers and facilitators to implementing TI approaches

Data collection commenced from late March 2022 and ended mid-June 2022.

Ethical approval

Ethical approval to carry out this research was received from Lancaster University Faculty of Health and Medicine Research Ethics Committee on the 22 March 2022 (ref FHM-2022-0631-SA-1).

Research design and approach

Our overall research design was qualitative. Data was collected using focus groups or semi-structured interviews and was analysed using the framework approach(10) or inductive and interpretative thematic analysis. (11, 12) Topic guides used to collect data for each of the workstreams can be found in the appendix of the March 2022 interim report.

We took a pragmatic approach to data collection and analysis based on the appropriateness for each of the community approaches we evaluated. A description of the participants involved in the study is outlined in table 1 below:

Table 1. Study participants

Community	Data collection method	Professional background	Number of participants
Fleetwood	Interview	Lancashire County Council youth services	1
	Focus group	Primary school staff	6
South West Burnley	Interview	Community organisation delivering services to the Burnley community.	1
	Focus group	Two schools (one primary, and one alternative provision academy)	5
Skelmersdale	Dual interview	Healthcare professionals with knowledge of the plans for TI approaches to community development in Skelmersdale.	2
Blackburn With Darwen	Focus group	Members of the strategic group/forum	10
	Focus group	Members of the citizen's jury	9
	Interview	Strategic group member	1
	Interview	TI champions trainer	1
Total number of participants			36

Analysis of qualitative data:

Data from the focus groups were analysed using a framework approach (10). Data from the focus groups will be organised into themes derived from the evaluation framework (NPT) and data included under each NPT construct was further organised using thematic analysis.

Findings

The findings of our evaluation are presented as case studies for each of the early adopter communities. The background to each programme of work is presented, followed by the findings from our primary data analysis.

Case Study 1: Fleetwood – Secondary Education led

Pilot Programme Description

TILCEA pilot work in Fleetwood aimed to embed TI approaches to community development work led by staff across a network of local schools. The LVRN has been supporting the

schools in the area to make links with local agencies and to adopt the Youth Divert scheme, as well as working to improve information sharing, liaison and case planning between Community Police teams and pastoral support staff at the school.

This pilot programme included the development of school-based strategies to communicate the impact of Adverse Childhood Experiences (ACEs), trauma and vulnerability in the Fleetwood community, as well as strategies to provide support to families and children.

As part of this programme, the schools involved would develop transition programmes across primary and secondary schools supported by trauma-informed practice. Ultimately, their aims are to:

- Reduce exclusions
- Improve attendance
- Reduce vulnerability to exploitation and crime for young people
- Improve educational outcomes and potential social mobility

Data Sources for this case study

Primary School

As part of a separate evaluation of the LVRN's Trauma-Informed Education workstream, the research team conducted a focus group with six members of pastoral staff at a Fleetwood primary school. Some of the findings, where salient, are included here, but are more fully explored in the Trauma-Informed Education evaluation report.

Quotes from focus group participants will be identified as Pastoral Staff Member (PSM).

Community Partners & Events

The research team approached six suggested contacts working within the broader Fleetwood community (community safety, primary and secondary school staff, youth services) for interview. One responded to our request and participated in an interview (youth services).

Quotes from the interview will be identified as Youth Services 1 (YS1).

A member of the research team attended a one-day event organised by the LVRN for the Fleetwood community on *Community Emergency Responses to Criminal Exploitation of Young People* and was able to observe some of the community actors and activities engaging with the LVRN and TI approach. This event was attended by a range of Fleetwood community members including parents, teachers and pastoral staff from local and regional schools, members of the local football trust, DIVERT, Lancashire County Council members and wider social care and community services (Fire and Rescue Services).

Findings from Interview & Focus Groups

Coherence: Understanding the TI Approach and the role of the LVRN

The TI approach is not necessarily new to those in professional services working with young people and families in the Fleetwood community or across broader Lancashire County Council (LCC) social care staff. The youth services participant (YS1) we interviewed reported that the training they had received from the LVRN on TI approaches had *'piggy-backed'* on the back of other training they had completed in recent years, for example, on

Adverse Childhood Experiences (ACEs) and the Solihull Approach (a parenting programme that supports child and family emotional well-being) training.

For focus group members, the TI ways of working were new to some, however others were familiar with the approach. Despite some perceived novelty, the TI approach was considered compatible with previous strategies; '… *marries perfectly together*' with previous approaches in children's social care and early years development.

When asked about what makes the TI approach different to previous approaches, the youth services participant reflected that it had positively changed the way that those working with vulnerable children viewed "bad" or anti-social behaviour. While staff may have previously viewed a child as *'a perpetrator not a victim',* adopting a TI approach has modified understandings of such behaviours as located within a broader social context and enabled staff to '*think about what has happened to that young person for him to show that behaviour, instead of reacting to the behaviour'*. In addition, whereas previous approaches might have been about implementing an intervention on/against someone, processes to engage young people are now '*consent driven'* and about responding to their self-identified needs. As a result:

> *'They feel more in control, they've got strategies in place, they know where to go, what to do. I think it's that approach, the violence reduction element of the Trauma-Informed, I said before, it's helped embed that thinking.' (YS1)*

Similarly, pastoral staff members discussed children's behaviour as possibly indicative of familial context and home situation. This way of thinking emphasised an appreciation for the need to create safe spaces in school which seek to avoid re-traumatisation, for example, through implementing a '*non-shouting school*' culture:

> *'no one is allowed to shout and I think they respond really well to that because at home, you know, some of them just get swore at and shouted at a lot'. (Pastoral Staff Member)*

Participants felt that the LVRN/ TI approach was understood to fit well with the *'community-based offers'* that youth services provide in Fleetwood, as well as the Lancashire Safeguarding Model which was recently implemented (January 2021) and which:

> *'is around resilience, and it's around strength-based approach compared to what we used to work on, which was… a more of a negative based approach compared to the strength based.' (YS1)*

The TI approach was therefore seen as complementary to existing and current approaches and has helped to reinforce understandings of trauma for staff working with families and young people in LCC social services:

> *'You did the Solihull and then you had the ACEs, so you had the understanding of the impact on adults in later life... But then the Trauma-Informed helped package that up as a really good understanding for our staff.' (YS1)*

This resonates with the focus group discussion at the Fleetwood primary school which spoke of the TI approach being an opportunity to 'upskill' their knowledge and approaches to trauma in children.

Reflecting on the value of the TI approach for staff, the focus group said:

> *'your well-being is being more looked after and you know if we've had a very stressful day, you know you don't feel on edge if you need to go home at 3:00 o'clock because it's been a very tricky day with children, to be able to look after ourselves. I think that's definitely being recognized within school through being more trauma informed and looking after each other as well around our own well-being.' (Pastoral Staff Member)*

Cognitive Participation: How committed are participants to embedding and promoting the approach?

The youth worker participant suggested a synergy between their existing role and TI approaches. Therefore, TI approaches may represent an acceptable approach for professionals providing family support services to the Fleetwood community, and be especially relevant for those working with young people:

> *'trauma-informed practice, that's what the youth work is about. It's understanding the lived experience of that young person and then trying to support that young person to build strategies, skills, knowledge, that actually they make that informed choice.' (YS1)*

Similarly, pastoral staff members believed that the TI approach was a legitimate approach for them and noted that although the whole school was working towards being trauma-informed, the adoption of the TI approach is most manifest within the pastoral team. This was attributed to the nature of their role which involves being *'very nurturing and motherly to our children'* and as a result of the relationships pastoral staff members build with children over the course of their school trajectory. Outside of the pastoral team there were '*lots of people that didn't quite get it. Didn't quite understand the same as we did.*' As such, pastoral staff said that the TI approach was taking a while to embed across the wider school but that it was *'trickling through'.*

The focus group reflected positively on the ability of the LVRN Education lead to deliver training and appreciated the external training delivered by the LVRN education lead as good opportunities to embed and reinforce the approach:

> *'I think for us it's just keeping it consistent for staff keep reinforcing that getting staff really back on, you know because ultimately teachers are here to teach I know we have the whole holistic approach about it all.' (Pastoral Staff Member)*

As such, more LVRN-delivered training, resources and leadership might be useful to initiate and enrol others.

The focus group participants reflected on their understanding of the importance of the TI approach when trying to meet the needs of families in the wider community settings, and identified the need for widespread adoption of TI approaches across local services. The need for universal approaches was especially important when working with physical and mental health services as members of the pastoral team were involved in phoning to make

medical appointments on behalf of parents and picking up prescriptions where wider services were seen to be letting the community down:

> *'They [parents] haven't got the ability to pick up a prescription and then they'll [pharmacy delivery] say we went to deliver it they didn't answer the door. [Community Mental Health service] or Minds Matters will ring them. They [parents] don't answer the phone, will ring them again. They don't answer the phone. And then they're struck off. Well, they're not going to answer the phone. So, we've got all these barriers all the time and ultimately, we've got the children in the middle of all of this. And we're not able sometimes to move those families on because we aren't the right professionals to be moving the family on.'* (Pastoral Staff Member)

Wider data generated from the focus group suggested that mental health community services and housing services were examples of where the TI approach could be strengthened around supporting community members. Without wider adoption of TI approaches, pastoral staff tended to fill in gaps in provision and take on tasks that were felt to be beyond their role and responsibility. As such, staff perceived that a lack of universal approach made sustaining the TI approach more difficult. This was underlined in the context of discussing secondary school engagement:

> *'because all the good work that goes on here gets undone a little bit when they go to high school because again, I don't think they have the same, primary schools tend to be nurturing don't they have that family approach? We know our parents. You've got to think we have these children from the age of two up to 11. And we have the biggest impact on those families and those children before they go to high school… we try to give every child lots of tools to take away with them because sometimes we can't change what goes on at home with all the services in the world. We're never going to change some of those things. But what we need to do is maybe give the children tools to be able to deal with situations when they've left school and know how to resource things and what goes on in the community where they can get help and support from.' (Pastoral Staff Member)*

Importantly, the evaluation team has been unable to gather data that might inform an understanding of how the local high school has been able to incorporate and organise around TI approaches. This will be discussed further in the discussion section of the report.

Collective Action: Putting the TI Approach into Practice and Working with the LVRN

Focus group participants discussed challenges in responding to the complex needs of some families, which sometimes relied on requests to charities and the generosity and flexible working of staff. This included school funds being used to provide bedding for children in a family and installation of a washing machine in school for families who were temporarily or sporadically not able to wash their children's clothes. Another example of flexible working included situations when parents were unable to collect their children after school because they needed to attend their solicitors or appear in court. Pastoral staff:

> *'will stay behind to look after those children till 6:00 o'clock at night, if that's what's needed … because, we're lucky because we have the flexibility to build that time, … to take it back and all because [Headmaster], you know, like, say, looking after our own well-being and I feel that we are*

appreciated in those things that we do sometimes.' (Pastoral Staff Member)

'So again, it's not just about focusing into what the needs of the children are. It's about the whole family holistically. And sometimes it comes down to resources and money, ultimately because they haven't got the money to be able to provide what they need to be able to live' (Pastoral Staff Member)

Such challenges suggest a need for infrastructures of support for staff working in TI ways in deprived communities and for broader mechanisms that address the adversity associated with socioeconomic disadvantage. This raises some important questions about how TI approaches may be implemented without burdening school staff in ways that may be unsustainable. The emphasis on understanding the child's familial and environmental context and how it may be impacting upon the child may make it impossible for staff members who care deeply about these children not to intervene: *'you know, no need is too great to not give that a go for me'*. Working under such circumstances could potentially be a source of vicarious trauma, and although the staff members said that the TI approach had enabled a reflective approach towards issues of trauma and staff wellbeing, it is important to consider how such issues can be addressed in the longer term through changes to organisational procedures and policies.

Participants spoke positively about the work of the LVRN in providing and co-funding training and courses to LCC staff and voluntary and community sector groups. This included a number of evidence-based programmes, and courses such as Escape the Trap (which aims to help young people identify healthy relationships) as well as training on Child Criminal Exploitation (CCE). As a result of this training, youth workers have been able to disseminate learning within schools:

'They [youth workers] go to a school and say, "What are the needs in your school have you identified?" They might say it's criminal child exploitation. We will then deliver a group in that school with an evidence-based programme that hits all the elements of what does that look like. So young people are gaining that learning and understanding from it. They know what grooming is, they know, actually, what a runner is. They know that if they're getting involved, you know, the signs to look out for so they're not getting into that position in the first place. We deliver that right across Lancashire, at the moment, to schools.' (YS1)

Similarly, the focus group participants spoke positively of the training they had been able to access as a result of the LVRN (for example on emotional coaching and sensory training).

The interviewee also discussed a recent piece of work undertaken by some of the youth workers based in Fleetwood, in collaboration with the pupils attending the target secondary school that explored how the students felt about living in the Fleetwood area and what factors made them feel safe, or vulnerable. This work was shared at the Fleetwood community event (17 March, 2022), attended by one of our research team and many other community stakeholders. In addition to this there were presentations from the Multi Agency Support Panel (MASP) and on Child Criminal Exploitation (CCE) in the Fleetwood context (see Appendix 1).

The availability of funding, training and abovementioned activities align with the objectives of the Fleetwood community pilot, to facilitate strategies which increase awareness around issues of trauma and vulnerability, and to disseminate information about the effect of trauma and vulnerability to the wider community. However, as we were unable to reach the secondary school staff for participation in the evaluation, it is not clear to what extent they have been able to make use of the abovementioned learning programmes (on CCE, or Escape the Trap for example), or what wider dissemination strategies the school may be engaged in when working with the broader community.

The youth services participant also reported on the success of collaborative work to reduce anti-social behaviour amongst young people in the Fleetwood community. This collaboration between youth services, a local voluntary sector organisation in Fleetwood, the LVRN (including Youth Divert) and Wyre council "*identified that boxing was an interest of the young people*" and developed a boxing club for young people in the Fleetwood community. Whilst providing activities for the young people involved, local issues around CCE were also addressed with attendees. As a result:

> *'the anti-social behaviour actually dropped in that time we were doing that. One particular young person, when we stopped at Christmas for two weeks, his anti-social behaviour picked up again, and then when we started the boxing course again, it dropped again. We've got evidence to show that was the case.' (YS1)*

The apparent success of these collaborative projects suggests that there are viable ways of multi-agency working that offer opportunities to disseminate the TI approach and wider messages about vulnerability to the community external to the secondary school.

Reflexive Monitoring: Appraising the TI Approach, the Language of Trauma and the LVRN

When asked whether they thought that the secondary school represented a good community hub for enacting and disseminating the TI approach, the youth services participant indicated that there were barriers to using the school for this purpose, for wider community members and especially for children who do not attend school. Participants in the focus group also felt that secondary school may not be the most appropriate setting for TI approaches as they are not seen as nurturing settings: *"because all the good work that goes on here gets undone a little bit when they go to high school because again, I don't think they have the same, primary schools tend to be nurturing don't they have that family approach?'.*

The youth services worker identified a local community centre with a history of delivering youth work, as well as offering a more general family hub where members of the community could access services, clubs, and activities (e.g. parenting classes, men's health groups, wellbeing groups, women's groups, and mental health services) as a more suitable base for delivering trauma-informed services training. They also referenced community organisations and initiatives such as Healthier Fleetwood and Together Fleetwood as having a history of well-established multi-agency working:

> *'That's what's been really strong in Fleetwood with the Fleetwood Together and Healthier Fleetwood, is we've got these networks in place and we can build on those strength-based approaches to benefit those children, young people and families.' (YS1)*

Case Study 2: South West Burnley – Primary Education led

Pilot Programme Description

The purpose of this pilot was described in the original LVRN Invitation To Quote (ITQ) document as seeking to 'mitigate and resolve the effects of trauma for the current generation, and to prevent trauma for future generations, insofar as this is possible'.

The SW Burnley TILCEA pilot has built upon work initiated through two schools in the community, in collaboration with the SW Burnley Together community organisation, they explored and defined how pupils and local people would like their community to be known and how they would want services to be delivered. They found that members of the community who participated in this exercise would like to see reductions in major social problems including:

- Child abuse & neglect
- Domestic Abuse
- Youth Violence
- Substance Misuse
- Suicide

They also wanted to see improvements school attendance and pupil's aspirations and ambitions.

Data Sources for this Case Study

Primary School & Alternate Provision Academy

The research team conducted a focus group with 5 members of staff from across two schools (1 x Primary, 1 x Alternate Provision Academy). The focus group was comprised of pastoral and teaching staff.

Quotes from focus group participants will be identified as School Staff Member (SSM).

Community Partners

The research team conducted an interview with a member of staff from a community organisation providing services to the Burnley community.

Quotes from the interview will be identified as Community Partner 1 (CP1).

The research team approached a key contact from SW Burnley Together community organisation for participation in the focus group and for interview. Unfortunately, they were unable to attend and did not respond to follow-up contact.

Findings from Interview & Focus Groups

Coherence: Understanding the Trauma-Informed Approach and the role of the LVRN

Participants were familiar with TI approaches prior to the work of the LVRN, due to a history of local work around Adverse Childhood Experiences (ACEs) and training in the Solihull Approach to parenting. Some participants had listened to TED talks or had undergone training on '*Unconditional Positive Regard* 'and relationship-based approaches in education.

Participants felt that school staff were sensitive to local family issues that included high rates of domestic violence and parental incarceration and the context of high levels of deprivation, with an understanding of how these environments can impact upon children's experiences and behaviour. This informed the way staff members worked with children and the relationships they developed. Consequently, TI approaches were reported as being part of a wider, holistic approach to working with children, rather than the sole approach. As such, taking a TI approach is not necessarily viewed as a new way of working but builds upon pre-existing approaches:

> *'we used trauma-informed approaches before they were called trauma-informed approaches – so we've kind of become quite expert in what we do know does work.' (School Staff Member)*

> *'I think we were ahead of the wave, I'd like to think, in terms of because of this catchment area that we serve, we've had to be very aware of it for many years but it's been kind of labelled, I suppose, much more recently under the trauma/ACEs agenda and making sure that we have a very relationship-based approach in school.' (School Staff Member)*

Coherence: Gaps in understanding

Some participants from the focus group and interviews were unsure of the role of the LVRN in their work with local families:

> *'I don't know, I think a firmer understanding of what the role is of the VRN; is their role to work with local areas to find out what's going on and target work or is their work to come in and train?…that would help. Those resources are probably quite useful but there's nobody telling us what they are, I think that's the thing.' (School Staff Member)*

> *'I think, if truth be told, I'm not entirely sure what the remit of the LVRN is. I know what it says in terms of violence reduction but I'm not exactly sure what their sort of brief is/was. My guess is it started, again, I think it possibly started out with work with communities and in a fairly broad way. I think it got narrowed over time.' (CP1)*

The focus group also pointed out that the TI approach and role of LVRN may be struggling to maintain a coherent identity in a context of other models and priorities with similar aims being rolled out across Lancashire at the same time:

> *'I think it feels as though it's kind of… not lower priorities, that's not the phrase that I'm necessarily thinking about, but the trauma-informed approach across Lancashire seems to have been brought in about the same time as a completely new Early Help model and a completely new Children's Social Care model, and it is meant to all be tied up together but it seems to be being dealt with as three separate strands. I think that has proved quite difficult in terms of making sure it maintains its priority at the top of things because if it is meant to be a pan-service, pan-Lancashire approach, it needs to be talked about in that respect. The fact that it's being driven by the Lancashire VRN is great because it's got a core aim there within it but I think that's a big ask across services that are going through major, major structural changes to maintain the voice of that and*

make sure that message stays consistent across services' (School Staff Member)

Both participants from the focus group and interview were aware of the LVRN as a *'funding pot'* for events or training sessions (an example of this included the Chimp Management Model): *'the information about the VRN has come through, again, various channels, not necessarily directly from the VRN themselves, but more about the fact that they open up the opportunities for organisations to use that funding to put these projects in place.' (School Staff Member)*

In addition, participants were aware of LVRN resources such as *The Little Book of ACEs* and *Mia's Story* but not necessarily aware that these resources had been developed and funded by the LVRN:

'The Little Book of ACEs, and that's my bible, really. Not that the VRN had anything to do with that publication particularly but I know that they've referenced it in some of the other things that I've read externally but that's because I've gone out and found it rather than it being openly shared and advised for people to read.' (School Staff Member)

'I think I've used more from Nottingham VRN than anything else, following a couple of conferences I've been on where that's quite an established network who have been presenting quite a lot of their findings nationally at conferences.' (School Staff Member)

As such, there may be opportunities for future work with those involved in the community approach to define a roadmap for what future TI activities involve and a more thorough understanding of the LVRN as well as raising the profile and accessibility of LVRN resources.

Cognitive Participation: How committed are participants to embedding and promoting the approach?

Discussion from the focus group identified that incorporating a TI approach is a useful way of working with students and families, and that this requires whole-school commitment. All members of the focus group (pastoral and teaching staff) agreed that the TI approach fit with their role within the school, and that it was important that everyone "*sing from the same hymn sheet*" as inconsistent approaches from staff could quickly undo or lose any trust gained from pupils/families. As such, one participant felt that the approach had to be universal so that the TI approach is implemented consistently across all services including social work, family wellbeing services and any other professionals that interact with a child.

Having a consistent and committed approach when dealing with difficult issues of trauma was seen as valuable to staff wellbeing:

'knowing that you can go and talk to somebody else who's on the same page and believes, like you, that we are doing a good job, we make a difference every day, is good for our wellbeing because it's that shared purpose that we've got to manage those difficult times.' (School Staff Member)

…'I think I feel that keeping in my mind always what the children have gone through and what their context is does support the frustrations that

come along the way and when a parent will scream and shout and tell me what they feel of me, I just keep in the background well, actually, this is a traumatic environment that they are living in or that I know they're going through. I think it does support you managing it, it's still not easy always but it does put it into the context' (School Staff Member)

However, there was some indication that members of the SW Burnley group identified the task of becoming TI, and the skills needed to reach this level of TI practice as beyond their professional scope:

'Because in the context of adverse childhood experiences and being trauma-aware, and I'm more comfortable with trauma-aware than trauma-informed because I'm not sure that any of us would ever be skilled enough as practitioners because we've all got our own specialism. I think we develop awareness; I'm not absolutely convinced that without a heck of a lot more investment and infrastructure we would be truly trauma-informed. But that's just my perception and my take on it.' (CP1)

Focus group participants also felt that leadership could be improved and stressed the need for an accessible point of contact to engage with when they encountered issues associated with implementing a trauma-informed community approach. This was supported by data from the interview, where a lack of shared vision regarding the programme's overall aims and expectations and smaller projects funded by the LVRN was reported:

'The reality is we needed a person, someone who had the responsibility and accountability to get on and do things because it was all of us in our own roles within the respective organisations that were trying to pull this off and so it was never going to happen really. We could all do our little bit but it wouldn't necessarily be as cohesive.' (CP1)

Although participants identified that there were *elements* of the LVRN TI approach that really resonated with the needs of the community, there was a concern that stakeholders involved in delivering services to the community were having to *reframe* the work they wanted to do to fit with the LVRN TI approach in order to access funding: *'I think what inevitably happens there is that the agenda is set elsewhere, that the information that you need to produce is to meet someone else's needs. So it's not actually then community-driven.' (CP1)*

Participants also reported some scepticism around the role of government organisations and police in supporting local community development initiatives:

'I really don't think the police should be rolling stuff like this out. I just don't think they're best placed to do it. I've seen it in other funding – they get the money because of where it comes from, and then they train a handful of people up to deliver a short programme. It doesn't sit comfortably with me. I'm already a bit biased in a sense, if it's something coming out from the police. I'm sort of thinking, "Hmm, it'll have a particular slant on it, it'll be trying to meet some of their outcomes, is this really about what's right for the community?" I'm generalising because there are some brilliant people who work within that organisation but my experiences generally are it's self-serving what the police want… I don't know if it was the Ministry of Justice or the Home Office, whichever one were the money – they were just interested in how many people could access training. I just thought,

> *"It's nonsense, that's not going to change anything." I think as soon as I realised that that's what was driving it. And to be fair to the Lancashire people [LVRN], that's not what they were wanting, but they were accountable to the funder and so they needed to distribute the funding in a way that got as many numbers as possible because that's what they were being measured on.' (CP1)*

The focus group participants raised some concerns about the appropriateness of disseminating the TI approach to members of the public, due to the absence of support services and clinical supervision needed to deal with the possible consequences of working in trauma-aware ways: *'As soon as you turn round and say, "Well, you've suffered this," it's like, "Well, I don't want to admit to that because dealing with all the emotions that comes with, it's really difficult." The support networks that would deal with that aren't always there.' (School Staff Member)*

Cognitive Participation: Making the TI approach sustainable

The importance of providing further one-to-one supervision with staff, with a focus on managing staff wellbeing, was identified as something to be further invested in. Staff were said to have a *"hard weight to carry"* and therefore need further support dealing with vicarious trauma as well as their own previous experience of trauma and *vulnerabilities,* and these were not something they necessarily wanted to share with their colleagues:

> *'some of the difficulties that we have to pick up and manage ourselves and then go home and try and be mum, grandma, whoever else we're trying to be that day, has to be recognised, I think. So that has been something that we've said we need to invest funds into but also sometimes it's an opportunity to sound off to somebody who is paid to listen to you, which is amazing, and doesn't tell anybody else.' (School Staff Member)*

> *'the wellbeing of staff is key to being able to maintain a trauma-informed approach. They have to have their cup ready to take on board some of what the pupils are bringing in day out and certainly what the parents are bringing in. So having access to supervision is absolutely key for those staff that are dealing with that day in, day out' (School Staff Member)*

Participants felt that resources such as the *Little Book of ACEs* and *Mia's Story* were valuable resources. However, they felt that signposting of these resources to staff from partner organisations should be strengthened by, for examples, sharing on the Lancashire Safeguarding webpages or on school portals.

Collective Action: Putting the TI Approach into Practice and Working with the LVRN

For the SW Burnley schools, the LVRN was identified as a valuable source of funding which enabled them to access external activities and events they could otherwise not afford (for example, the "Chimp Management Model"). However, participants cited difficulties with communication with LVRN staff and access to training from the LVRN:

> *'I think the difficulty from my point of view is the fact that opportunities for training within or from the VRN, I haven't received. I've heard them talked about and some people talk about them as though they've had quite extensive exposure to those opportunities. Certainly when I'm working*

across Lancashire, so I run the Pupil Referral Unit AP Network and so I have contact with schools across the Lancashire footprint, and some of them have been really involved, certainly when they're central and in Preston, they seem to have quite a lot of access whereas we haven't had any emails sent out detailing opportunities for training.'

(School Staff Member)

The interviewee identified that as part of the TILCEA work, they had tried unsuccessfully to gain access to LVRN funding for delivery of communication and conflict resolution training to professionals working with the community. This seems to have been a frustrating experience: *'I think if I'm being kind, I think our applications for funding after the October meeting simply got misplaced. I don't think they were deliberately not dealt with.' (CP1)*

The interviewee reflected on the difficulties of working with time-limited, scarce funding and the impact that such *'short-termism'* has on projects which seek to embed cultural change:

'Interestingly, the length of time that the funding is available, you wouldn't start to see those changes in that community so quickly. It's taken generations to get to where it is so a year's funding/two years' funding is just not going to cut it, you're not going to see anything. Which is why, I think, they panic and say, "Let's just get a load of people on a training course and we can say that we've trained 1,000 people and they're all trauma-informed now." I think that's why that happens. Instead of actually saying let's really, really get underneath this, let's put that infrastructure back in that community, let's really work and we'll do annual reviews, we'll see where we're going but this is a minimum of a ten-year project. But that's pie in the sky. I know, nobody is going to fund something for ten years.' (CP1)

Reflecting on some of the barriers to accessing the funding they said: '…it's so bureaucratic that even when the conversation is 'oh gosh, we love this project idea, we think it's great, it's going to meet all the things we're trying to do as well as what you want, here's the application, we'll get that sorted', it takes months and months.' (CP1)

As a result, they felt their time had been wasted: 'I just thought this is taking up too much of my time for the return I will get. So it wasn't worth it in that sense.' (CP1)

The participant felt that a more helpful strategy would be to facilitate a more '*joined up'* approach to communication between other TILCEA communities such as Blackburn with Darwen and Skelmersdale communities so that they could learn from the experiences of how the approach was working elsewhere: *'it might have been helpful because, best practice. The pitfalls, the barriers, let's work on this.' (CP1)*

Reflexive Monitoring: Appraising the TI Approach, the Language of Trauma and the LVRN

Local legacies of working with pupils and the wider community in ways perceived as successful may provide opportunities for developing further successful projects, in line with the aims of this TILCEA project. Participants cited historic and recent school-based

approaches that were seen as having a positive effect on community pride and fostering engagement such as the First World War project and Children's University:

> *'Those bits of work are invaluable to generating that pride that we were talking about before that helps people not be so guarded, that opens them up to new opportunities and believe that something else is possible, and that is key. They're the outcomes that we should be looking for from this work and yes, it is possible, it's just about putting the work in place, the right work, and speaking to the people who know about these areas to put it in place.' (School Staff Member)*

> *'Projects like that, they're great, it's just encouraging the children all the time, and hopefully that would then have a knock-on effect for the parents as well. So the parents get to the graduation and witness the child on that stage and then maybe and hopefully, that them parents might think, "Well, I'm not working but I go and learn, I could go and try and do something and better myself.'*
>
> *(School Staff Member)*

Participants in the interview and focus group raised some concerns around whether the 'trauma-informed lens' is the right way to frame issues for the community of Burnley. One participant spoke of how they try to '*pitch*' issues of trauma to communities while avoiding the use of the word "trauma". Conflictingly, they understood that adopting the language of trauma is aligned with obtaining funding and support from the LVRN. Similarly, some participants felt that a focus on trauma could side-line important socio-economic and structural factors that negatively affected people in their community.

> *'To understand where our young people come from is to understand all of the barriers to learning that aren't just about special educational needs, they are the kind of socio-economic barriers to learning.' (School Staff Member)*

> *'… the language, that is the biggest barrier, and making sure that the language doesn't then isolate the people that you want to get involved in it… the language has to be right otherwise that would be a huge barrier to the parents and almost undo what we're doing.'(School Staff Member)*

Other participants felt that the language around wellbeing might be more accessible or appropriate for children, families and others in the local community due to an inherent difficulty in recognising trauma when it has become normalised over a period of time.

> *School Staff Member 3: I think sometimes we need to tip it on its head and say more about we want to be emotionally well… as opposed to the word trauma. I think it's, for some of our parents, they don't necessarily recognise even they've been through it because it's what they were brought up with, they don't even know.*

> *School Staff Member 2: And they're still surrounded by it as well so why is it a trauma? And it's actually understanding the impact that it's having. It's the norm.*

School Staff Member 4: I think one of the things that we've looked at and it's similar really, is exactly that, looking at that wellness and developing understanding. So with our young people, we try and focus on growth mindset and developing those vital skills around resilience building, around accepting challenge, around developing an ability to take on board what other people are saying. That feeds right into that wellness, that mental wellness, and about the fact that we're reducing stigma around mental illness.

Participants did however feel that TI approaches have the potential to be transformational if implemented and resourced appropriately and could fill gaps left by the withdrawal of valuable services in the area due to austerity measures. One participant hoped that LVRN funding might:

'…address all the cuts and services that are no longer available in that community. It's like Maslow's hierarchy of needs, you can't begin to start having high-level conversations with anybody about the vision and the ambition if the basic services are not there. That's really what we were trying to rebuild…' (CP1)

Case Study 3: Blackburn with Darwen – Local Authority led model

Description of activity

Blackburn with Darwen (BwD) borough council has a history of working in trauma-informed (TI) ways, including earlier work on Adverse Childhood Experiences (ACEs) and the creation of two local citizen juries, which were seen as a cornerstone for local community development work. The citizen juries (13) aimed to increase awareness and understanding of adverse experiences, trauma and the impact on communities as well as propose clear recommendations to inform a borough wide approach. They were co-ordinated and delivered by BwD healthy living centre (a local community setting) and involved 24 participants in total. A detailed report of the juries has been prepared by BwD healthy living for LVRN and provides further information of the work undertaken and recommendations made(14).

Prior to the formation of the LVRN BwD had a number of existing processes and initiatives in place supporting trauma informed practice through the ACEs work. Please see appendix 2 for more detail.

Delivery of *TIC champion* (practitioners with a role in promoting and engaging other professionals in trauma informed approaches) training across BwD, commissioned through a local VCFSE organisation (charity consortium), Spring North. Training was delivered in person by designated trainer to organisations operating within BwD. Training material was provided by LVRN to cover the following elements:

- What is trauma?
- How trauma affects behaviour
- How trauma can impact on the body
- Brain development and trauma
- The effects of childhood trauma and how it impacts on adulthood
- Case studies on how trauma can present in behaviours throughout childhood and adolescent years.

This case study explores the role of the BwD Trauma Informed Community (TIC) steering group and Citizen Juries in the TI community development work that has been commissioned. It considers the views of participants around how TIC approaches are understood and how TI approaches have been mobilised in BwD and any potential impacts.

Data sources for this case study

- Data for this case study comes from a total of 21 participants:
- 1 focus group with BwD TIC stracegic forum/ members(n10) (professional)
- 1 focus group with Citizen Jury members (n9) (community)
- 1 follow up interview with steering group member (professional)
- 1 interview with the TIC champions trainer (professional)

Participants for the strategic forum focus group were recruited through the steering group lead. Participants of the strategic forum group consisted of nine BwD local authority staff and one participant from the voluntary sector. Local authority staff were from public health teams, education, early years and adult services departments. The strategic forum was described as *'relatively new'* (S4) and the focus group discussion centred more broadly around the TI work within BwD. Participants on the juries were recruited through the BwD Healthy Living Chair who had led the juries. All juries' members were contacted via email and invited to participate in the focus group. Quotes from strategic forum and interview participants have been numbered and referred to as professional perspectives P1, P2 etc . Quotes from participants form the juries are referred to as community perspectives and labelled C1, C2 etc.

Findings from interviews and focus groups

Coherence: Understanding the Trauma-Informed Approach and the role of the LVRN - Professionals

All professionals were familiar with the TI approach largely due to their existing roles and service areas within the local authority and the history of the ACEs work: '*The majority of the staff have done Trauma Informed Practice, so we're a trauma-informed service'* (P10). Participants reported an ambition to embed TI approaches further through adopting a shared language around trauma:

'We have tried to recognise the immense amount of work that's already gone on as a starting point, that platform, but widen that out into the trauma-informed language so that we're looking at recognising trauma beyond the recognised ACEs.' (P3)

However, TI approaches were considered to be more inclusive than focusing solely on ACEs: '*The language of ACEs, it can feel that you are being, almost excluding out older people in the population… [TI approach] was very much understood across the whole life course. That was the shift that I saw.' (P3)*

Participants recognised that the LVRN were supporting this broader thinking around emphasising TI approaches: *Initially (…) it was a lot of ACEs work that was happening, but with LVRN now coming in and supporting this agenda, we are hopefully going to be (…) trauma-aware, trauma-sensitive, on that whole pathway' (P1).*

Participants felt that TI approaches encouraged those working with traumatised individuals and groups to look beyond presenting issues and behaviours to try and understand factors that might be contributing to an individual's situation:

'…to actually have more empathy for people and actually a bit more understanding … I suppose even tolerance … You know, instead of this person's displaying whatever behaviour. So, they are a bad person or they are bad family or whatever … Is there something underlying that is it that there are some kind of issues that they could actually do with some support with. Then people become more empathetic towards it rather than just judge' (P10).

The TI champion's training was also seen as supporting awareness raising and understanding of TIC within BwD :

'can go out there and pass that word on to all the members … that they're working with …, The (fb1 organisation), they've really, you know, they've taken it on board. And they thought, you know, it was a little bit of a light bulb because they're out there, you know… hopefully they can start the ball rolling with that type of that type of sort of like the trauma informed stuff within their organisation' (P10).

Awareness of the LVRN was perceived to be stronger where professionals had had some direct contact with people in the organisation, for example through training, events or meetings. Participants recognised the LVRN as an organisation involved in focusing on reducing violence and impacts of violence in addition to providing TI training and support to individuals and organisations across Lancashire. '…*depends on who you ask, which services you ask. So, for those of them who've had training from the LVRN… that's where the connection would come in (…) they've done some work directly with them (…) So they would have more of understanding of LVRN. Others may not necessarily. (P3)*

Participants also talked about community awareness and raised questions about how well understood the TI approach is within the local community

'I think there might be something on what the community understands about this training, about what trauma-informed is. Is the community fully informed to be able to know whether it is in place or not in place, or is it just somebody that, maybe a support worker, has just tried a different way of approaching them and they like that way? But do they know it as a trauma-informed approach?' (P8).

Concerns around levels of understanding around trauma extended to individuals who may have experienced their own trauma; participants felt that some people and indeed whole communities, do not necessarily recognise or have awareness of the fact *they 'will be experiencing trauma or have experienced trauma'(P3).*

One participant from the citizen's jury felt that an excessive focus on trauma could exclude considerations of the social determinants of health and power imbalances between community members and those who deliver TI services and training, asking 'i*s it still not a class-based problem? That the middle class privileged come and deal with working class communities and they've got a completely different attitude towards life. That, you know, 'we know best' attitude (C7)*

Coherence: Understanding the Trauma-Informed Approach and the role of the LVRN

From a community perspective, a citizen jury member suggested that although people are generally familiar with the word trauma, they may not know how to introduce and approach TI conversations: '*when to get involved to start talking to the young people or the children from what age. So, you're just asking the questions why did you do that or what happened or how did it get to that. It's where do you start those conversations from with young people or the children, you know what I mean? It's finding that right point.(C8)*

Three participants involved in the TIC juries had been involved in the ACEs jury and therefore had developed some understanding of TI approaches in relation to children.

> *'No, I wasn't really aware of this until I joined the group. But I'm really impressed with what has been going on because I think it's something that deeply needs to be looked into because when you're an outsider, you don't realise that… you don't think further than what the child or person is getting up to as to there could be a deeper issue.'(C2)*

Participants felt that the citizen's juries had contributed to supporting a better understanding of TI approaches for those who participated in them.

> *'When we did the second phase and the third Citizen's Jury a lot of people, they used that as a learning(…) the community, the 18-19 people that we had on the Jury, they thought, "This is a completely different approach." They got it once it's all explained to them what the approach is, what these professionals are going to be implementing and hoping that will be implemented, they got the process, they understood and they could be empathetic going forward as well. They can learn what professionals will be working towards(P1).*

Citizens jury members also noted that that TI approaches encompassed an approach to understanding and dealing with individual behaviours in a way they felt was novel and emphasised prevention.

> *'I didn't know anything about it before but it is really interesting and I like the fact that they said they wanted to catch the people - rather than fish them out of the river, where they were able to catch them before they fell in. I thought that was a better idea. Try and tackle it while they're younger (C4).*

One jury participant provided an example of how Trauma Informed approaches presented new ways of working by re-framing the way difficult or challenging behaviours were understood:

> *"When we worked at (organisation) years and years ago and you got these troubled kids, but you only saw them as troubled kids. There was no why. It was never linked and there was nothing you could ever do. It was always a problem. You always used to think there must be something. Then actually doing this and then you think, yes, perhaps that's part of the thing that if it had been there ages ago, you could have actually done something and linked it and moved [them] further on.' (C7)*

> This recognition as trauma as the possible underlying cause of some behaviours was articulated as an emphasis on understanding and curiosity around 'why' something was happening and recognition that wider factors affect individual behaviours. *'it's now becoming, everything is linked up, you're saying just because you've got problems it doesn't mean it's just because of you, it's outside influences as well. (C7))*

Jury members further described adoption of TI approaches as supporting and facilitating a more joined up way of working across organisations; '*whereas before you were working in isolation with your little organisation, your little group, (…) I think that is where this trauma thing helps (C17)*.

Cognitive Participation: how committed are participants to embedding and promoting the approach?

The importance of leadership in implementing TI approaches in the community was emphasised by participants from the citizens jury group:

> *'I think a lot of it is actually persuading the people at the top that they've got to push this, spend the money and the time doing it. It's no good saying, "We'll do it." If the people aren't supportive, then it becomes really difficult. I think this is the hard bit, that you've got to persuade… It's got to be a change that's led.' (C3)*

It is important to note that professionals involved in the strategic forum focus group were already invested in TI approaches prior to the involvement of the LVRN through influenced by the earlier work in the BwD area. The local authority has an appointed TI strategic forum lead who is charged with driving the TI agenda forward. The TI lead has played an active role in engaging other services within the organisation and externally to develop a network of steering group members.

> 'I'm really pleased … the leg work that [lead] has done in bringing us altogether. Because, you know, we may have gone on a different journey and had a different experience of this, but it's the same common goal that we're all trying to work towards and achieve, which is really … important.' (P5)

Participants felt that the BwD approach and LVRN principles were aligned and that the LVRN is helping to influence the direction of work in the borough:

> *'So, there were some guiding principles that have come through that we have signed up to the pledge. The work that we are delivering on is very much aligned with that. I guess, in some ways, yes, they are helping us to set the agenda of where we are going with this going forward.' (P3)*

Participants felt that there was strong commitment to ensure that all frontline staff have TI training, adopt these approaches and cascade the learning. For example, the role of schools was emphasised and in particular, supporting teaching staff to work in TI ways was highlighted:

> *'What we are actually trying to say is actually let's look behind that behaviour and understand why that child is directing in such a way and*

that's a massive step forward for a lot of our teaching staff because they're not trained. They're not taught that they'll have a small amount of that but. That you know, and we're really trying to work towards that.' (P3)

Professionals regarded TI approaches as both legitimate and integral to their work given the nature of their roles and work areas, which included, public health, early help and specialist support, school support services, community safety partnership, early years and outreach service, adolescent services, contextual safeguard and exploitation team and the leaving care service. '*In regards to the Exploitation Team, it's the bread and butter of everything they're doing in regards to their work'. (SP10).*

It was evident the earlier work had paved the way in embedding of trauma informed approaches particularly within BwD council led services that worked with families and vulnerable individuals:

'…really getting people to think about adversities and how that impacts on the adult in that future parenting. It became something that was absolutely embedded across that Family Support Service. The policies, the procedures, the practice, the shared learning, coming together and really sharing those experiences.' (P5).

There was also a sense that the previous work had placed organisations in a good position to champion TI approaches more widely:

'All the agencies are ready, they're primed to pick this up and ready drive it forward, right across the board, across BwD and I think the timing is right with [lead] She's pulled the agencies together and I think it is just right … the awareness is already there. What we need to do is reinforce it and drive it…'(P8)

However, participants also recognised that resources and time are required to support implementation, engagement and embedding TI practice and that some organisations may struggle to find capacity to implement new ways of working *'Where do they find time for that support? Where do managers find time(…) It is about the culture of our work, I suppose, around something looking at funding, I'm not sure, it would help. It's changing the whole culture of the way we work*'. (P8)

Engagement

Participants felt there was a willingness to share TI approaches across other teams and professionals. One strategic forum group member described aspirations to reach out to those working with young people in care:

'I'm wanting to look at how we can utilise trauma-informed practice across Leaving Care and supporting our Leaving Care young people but also through education, looking at apprenticeships, looking at employers, how can we trauma-inform our employers so that when our young care leavers that are coming forward for those apprenticeships, that we've got a more understanding and trauma-informed workforce that can support those young people.' (P10)

In addition, the champion training was reported positively and was felt to engage others and influence practice. One participant described how well-received TI approaches had been in their organisation:

> *'… really, you know, they've taken it on board. And they thought, you know, it was a little bit of a light bulb because they're out there…. [those trained] can start the ball rolling with that type of that type of sort of like the trauma informed stuff within their organisation.' (P11)*

Collective Action: Putting the TI Approach into Practice and Working with the LVRN

Participants reported that more recently the language in BwD has started to shift and trauma informed practice is being recognised as an umbrella term that includes the ACEs work but considers trauma across the life course. This is demonstrated by the development of a trauma informed strategic framework led by the public health team. At the time of writing this report the framework is in a draft format Check. The framework is intended to provide a clear vision to all services, partners and sectors and will provide a formalised governance structure. '

> *'We wanted something which brought all that together with a shared vision for Blackburn with Darwen. So that's why we called it a framework rather than a strategy. It's a strategic framework … we've managed to speak to all of our service providers and all of our local authority services … brings together what you would say our core principles are working towards understanding about the impact of adverse childhood experiences, but also recognizing other forms of trauma within the borough.' (P3)*

The framework includes five managed networks to support collaboration across organisations and within communities. 1)Early years (pre-conception -age 5), 2) children and 3)young people (5-19, up to 25 for SEND, 4)Communities and neighbourhoods,5) health and social care and vulnerable adults. These networks are intended to be led by a sector member and meet on a quarterly basis to identify set priorities and actions. The first four networks are in their initial stages of development and the participants of the strategic forum focus groups were linked to these networks:

> *'We've developed this steering group which is representatives of the networks which we've got planned. They're just really getting started now. People on this call today are all part of the leadership of those networks that feed into the strategic forum.' (P3)*

The strategic forum itself was also described as being in its infancy '*Basically, it's a new structure, and we have been meeting in various guises as a strategic group, but we've really sort of honed it down to this smaller group.'(S4).* Some meetings had taken place, but the managed networks had not officially met at the time of writing.

Workforce skills and support

The Trauma informed champion training being rolled out to organisations within BwD has also involved developing closer supportive relationships with organisations to embed TI approaches. '*I'm going into organisations and hopefully getting that you know, the whole organization working in that way [trauma informed]'. C12)* Individuals from a range of

organisations and roles had been trained including, housing providers, the BwD food bank, Age UK, domestic violence support group, community support workers, nurses.

Other staff development activities not specifically linked to LVRN described in the steering group focus group included:

- Bringing together school PHSE (personal health social education) curriculum leads to build in TI agenda and develop better links between health and education.' *We've got a meeting (…) with our primary schools and it's through PHSE. So, the so that's the link f, they have responsibility for PSHE in school.'(P3)*
- Working toward developing online training for TIC so it becomes mandatory (similar to the "ACES building" approach). It was also indicated that this would make the training more sustainable.
- Education programme with schools including (EMBRACE) as well as more specific training for primary schools where training is provided across all classroom staff. '*Twelve of our primary schools have been trained in trauma. So, it's a slightly different to what has been done within EmBRACE. (P3)*
- Other work in schools: *What we wanted to do was enable our environment for all children to succeed and support them. So, did more of our what is the graduated response for all children that will make their life in school more successful...We did quite a lot of training around that(..)We looked at the behaviour policy and different policies in school. (P6)*

It became apparent that there were several types of training being provided within schools and organisations in BwD. The following examples were cited: ACEs, LVRN TIC training, Embrace, Zoe Lodrick training, LA led training in schools, staff e-learning, Warren Larkin (REACh routine enquiry training), LVRN Champions training. This creates the potential for the implementation of different messages and approaches in BwD and it is not clear how they align or support communication of messages for TI practice. One strategic forum member used an example of schools to emphasise how a more prescribed approach maybe more beneficial in supporting engagement:

> *'I'm keen to say to schools or to whichever arena we're going to … We want you to sign up to this. This is the training and this is the resource pack. This is the audit tool we wanted to go through for your school. This is going to support you in terms of your whole school emotional from well-being audit and your action plan and your resilient schools' marker … rather than say well these people do some training and you could go there or you could do this because then they just won't do it. I feel like we need to be a bit more prescriptive in that area.' (P3)*

Participants felt that training in trauma-informed approaches was an integral aspect of embedding new ways of working within the community. Training was valued as it supported professionals to deal with clients and the public sensitively and appropriately:

> *'I think it's really teaching what needs to be done and how to deal with people because I think, through no fault of their own probably, they haven't had training, they've gone into Social Services and they don't have the communication skills to deal with people that might be in trauma… It's the way you come across to people that can be very hurtful. That I think is what is good about trauma informed, is that these things can be taught to the services.' (C2)*

In addition, workforce support and considering the needs of staff working in TI ways was raised in the discussions. Participants recognised that staff may have their own trauma or be impacted by the traumas they are exposed to in their roles and that support and supervision needs to be provided. *'It would be, as a safeguarding angle for vicarious trauma and things like that, it would be really good to support the staff we've got in place right now…. for some type of staff support to be built in whatever what we do and wherever we go with this trauma-informed approach'. (P8)*

LVRN specific activities

Some examples of how the LVRN had influenced work taking place in BwD were highlighted in the discussions this included LVRN delivering TI training to staff, supporting accessing to funding for specific roles and grant bids, informing strategy development as well as the commissioning of specific activity such as the TI champion training and Citizen juries.

> *'VRN have been supporting us with regards to reviewing the whole of the strategy[safeguarding]to ensure … that was a trauma-informed strategy. So, the VRN sense checked that and went through that document with us to give us the okay that actually we could say we used trauma-informed language and … it was a trauma informed strategy.' (P10)*

> *'We are benefiting from the funding as well from the VRN. So [Trainer J] came and trained my group of managers. From that we're now embedding those tools and those principles into our parenting offer, which was part of the agreement for that funding.' (P5)*

Work undertaken with community members

As mentioned earlier, three Citizens juries involving community members have taken place in BwD, one was commissioned through the public health team and focused on ACES and two were specifically commissioned by LVRN for TI. The juries were seen as a crucial element of shaping the implementation of TI approaches in BwD. The more recent juries focused on two different demographics groups; one included people from BME groups and another on people from white groups:

> *'From my point of view, the information that we've got through the Citizen's Juries has been absolutely invaluable in terms of being able to drive through those recommendations rather than just as a set of professionals saying, "This is what we think should happen." You know, you're really listening to people and taking people on that journey and it's an opportunity to, kind of, really share what we are doing as a borough and see how that is filtering through to, you know, everyday people. It's like, you know, this is actually having an impact where we want it to have an impact. For me that has been really useful.' (P3)*

Recommendations from the ACEs jury have been built into the TIC framework and participants reported that these had also been checked alongside the emerging recommendations from the TIC juries to ensure they align. The newer work and incorporations of the findings were seen as assurance that TI approaches will be embedded into longer term strategies for the area:

'It's fantastic to know that it's not going to just get shelved. [Lead] has built it into the framework. Obviously, the Violence Reduction Network are going to be forward some of these recommendations and they will be building it into going forward.'(P1)

The recommendations were reported to cross different sectors such as *'the police service, the Social Services, the probation service'* and it was felt that they would '*…feed into every organisation that somebody will come across in their life course*.'*(P1)*

Reflexive Monitoring: Appraising the TI Approach, the Language of Trauma and the LVRN

Participants expressed generally positive views toward TI approaches to community development, including training and resources 'We've got a lot of passion around this work. We know it's absolutely right and we see the benefits and the impacts of this for families that we work with.'(S6).

Participants recognised that the work of the strategic forum and BwD TIC framework is in its early stages of development and therefore it is difficult to evaluate impacts on developing trauma informed communities at this stage. Similarly, the citizens juries will need to be given time to translate into action and assess how findings inform practice and the development of TIC within BwD. However, participants did reflect on some early successes:

'It did impact on our practice quite significantly in school, it impacted on the way that staff dealt with children and thought about their response, essentially, to the way that children were presenting … those changes are starting to emerge, or there are lots of changes that parents are sustaining, but really following parents through that therapeutic model to really think about their experiences and how that might be impacting on their parenting.' (P6)

The champion's training was also positively appraised, and participants reported that the training was raising TI knowledge awareness as well as TI practice:

'It's really been enlightening to them You know, there's a lot of things that they've not. You know, you wouldn't think about and it's they're gonna bear that in mind in future when they're dealing with a lot of them work with young people and things like that. And you know some of the signs of what people may display when they when they have had trauma.'(P11)

Participants from both focus groups were concerned about long-term sustainability and highlighted the importance of securing funding over the longer term if their work in the community was to make an impact:

'…As much as we are all extremely passionate about it and want to drive it forward, if we want to put in specific intervention's and build new support, it comes with a cost doesn't it? I've been looking at that as well with our consultants within Public Health. I know we're keen to drive this. Like we were saying, if we want to become a trauma-informed borough we do need to have a full commitment and it's not just a human resource. We do want to think about financial resources around it too.'(P3)

Professionals and jury members discussed the language of trauma and suggested that the phrase “trauma informed” may not be the most appropriate for use within their community. Jury members did not suggest an alternative phase but suggested rewording things more positively and provided an example of parenting courses being renamed as ‘family learning’. The council lead indicated language is something they would review going forward and this needed to be done in consultation with other stakeholders. ‘*We want something that collectively represents all of the language that we want to use.’ (P3)*

The council lead reported that in the meanwhile, the partnership in BwD would continue using language aligned to the LVRN model until stakeholder engagement around this topic had been completed.

Case Study 4: Skelmersdale – Health Services led

Pilot Programme Description

The Skelmersdale trauma-informed community approach involves developing work led by the local NHS Clinical Commissioning Group (CCG) to establish effective evidence-based, multi-disciplinary team (MDT) working which is underpinned by a culture of care co-ordination. The initial focus of this approach was to:

- Prevent cardiovascular disease
- Tackle neighbourhood health inequalities
- Deliver proactive and personalised care

In order to embed the trauma-informed approach in clinical and non-clinical practice, the following actions were proposed:

- Offering training to relevant clinical and non-clinical staff groups on trauma informed approaches.
- Working with local education and academic partners to assess the feasibility of embedding trauma-informed training into relevant curricula – schools, West Lancashire College, Edge Hill University and L&SC GP training.
- Offering training to relevant staff groups as part of the preparation of getting “care co-ordination ready” including commissioning bespoke care co-ordination training for a range of staff groups across West Lancashire.
- Raising awareness of the Trauma Informed Lancashire and the work of the Lancashire Violence Reduction Network.

Proposed work also included development of an outreach model, led by third sector partners (possibly via extension of an existing social prescribing service). An aim of this work is to develop an “Asset Based Community Development” (ABCD) model for lay community health workers to act as a “bridge” between primary care services and the broader community to deliver public health messages. A further aim of this work was to reach a “forth cohort of people who may not be known to us” (see below for details of cohorts 1-3) who may have social or clinical vulnerabilities and reside in one of Skelmersdale’s four priority wards.

The outreach model proposes to draw on existing schemes and resources (such as community champions) and consider the feasibility of aligning them to the TI model. To do this the trauma-informed social vulnerability multi-disciplinary team (MDT) proposed a place-based access to services assessment for the priority wards, and a ward level rapid self-assessment.

A part of this workstream involved making use of NEXUS data (a data collection system which contains clinical and non-clinical data) to identify key cohorts. NEXUS is a population health management system adopted within the ICS (one of two systems currently in operation; the other is the “Aristotle System”). Fylde Coast at present manage the data, which includes general ONS (office of National Statistics) demographic data including deprivation, age profiles and general demographic information. Some Local Authority data is also included and there are conversations taking place at strategic level to include data from VCFSE (Voluntary, Community, Faith and Social Enterprise Sector) and local Community Safety organisations. NEXUS can aggregate by (the new) place-based localities (eg Fylde, West Lancs etc), then by Primary Care Network (PCN), of which Skelmersdale has 3. It’s level of granularity that allows for consideration of subsidiarity to take into account; what level of data is needed by what organisation or agency, and for what reason? In addition, NEXUS can also aggregate by ward and super output area (SOA).

Access to the system is subject to standard rules around information governance, but routinely collected data is widely available. High level aggregate data access is subject to some controls and is dependent on staff role and organisation within the Integrated Care System architecture. The 3 cohorts identified to inform this TI model were:

Cohort One - under 5s with a high level of urgent care attendances (i.e. the focus of the priority wards work).

Cohort Two - individuals experiencing high levels of social vulnerability with no known clinical vulnerability (i.e. the focus of the NHSEI pilot). This will be via 4x4 vulnerability matrices within NEXUS6 and work on practice registers quantifying “the missing thousands”.

Cohort Three – a defined population within Skelmersdale PCN footprint experiencing inequality in health provision and/or outcomes (i.e. the focus of the PCN Directly Enhanced Service (DES)/management of long-term conditions).

Data Sources for this Case Study

- 1 x Dual interview
- 1 x professional (“on the record”) conversation with a Director of Population Health

The research team conducted a dual interview with the Population Health clinical lead for Lancashire and Cumbria ICS and Designated Lead Nurse for Adult Safeguarding. Both participants had a strategic role in the delivery of TI approaches in Skelmersdale.

Quotes from the dual interview will be identified as Health Leads 2 (HL2).

Findings from dual Interview

Coherence: Understanding the Trauma-Informed Approach and the role of the LVRN

When asked what it meant to operationalise a TI approach in the community of Skelmersdale, participants noted the education received from the LVRN on adapting language to be used with the community and developing an understanding of the influence of trauma on lifestyle and health inequalities:

> *‘So, there's been lots of work happening at the moment, obviously with the LVRN in terms of education and around changing the language in which we are, you know, talking to our population, our communities and how we looking*

at causes of the causes around obviously some of the lifestyle choices and understanding and obviously life trauma events and how that can therefore lead on to health inequalities as well going forward.' (Health Leads 2)

Participants emphasised the complexity inherent in understanding trauma and the importance of communicating TI approaches in a coherent way:

'*trauma does not present as obvious trauma, it presents in a myriad of different ways and really in ways that people don't find acceptable and people can't work with, find it difficult to work with, so it really ultimately it's about kind of getting that single message across.' (HL2)*

One participant made an important distinction between 'clinical vulnerability (vulnerability to illness) and social vulnerability' and reported that these conceptualisations of vulnerability will be used to identify the priority populations for Multi-Disciplinary Team interventions through the use of Adverse Childhood Experiences (ACEs) scores to 'determine whether someone has experienced high levels of trauma'.

Participants felt that ACEs scores could not provide a complete framework of understanding problems faced by individuals. Societal and structural issues, including social determinants of health could contribute to higher incidences of ACEs. However, higher ACE scores may give an indication of exposure to chronic trauma at a young age and that this would increase the risk of a person developing certain illnesses and diseases and adopting unhealthy lifestyles:

'So, you're more likely to have addiction issues, you're more likely to be obese. You're more likely to have high blood pressure. You're more likely to die prematurely. And because your brain has been built differently because of the trauma that you have experienced, so it is about interrupting those patterns of trauma by identifying people before they presenting unscheduled care settings. Generally, people who experience significant trauma, especially like I say, the chronic trauma in childhood, which is really the one that we're targeting, tend to present in health settings when a critical incident occurs, like a heart attack, or they go into a mental health crisis. And they rarely access any preventative services and proactive health, like people who haven't experienced trauma would because their brains are built differently.' (HL2)

Participants reported that trauma-informed workforce development for NHS staff members working in "priority areas" within the Skelmersdale community would be given primary focus. An example given was that paediatric consultants had asked for a presentation on TI approaches as these clinicians had apparently not received any training or information on the topic. They did however routinely work with children and families who may have experienced Adverse Childhood Experiences (ACEs) and the provision of LVRN training materials was viewed as filling a gap in skills and knowledge in this area: "*a world-leading centre for paediatrics …were not skilled in this approach/training!"*. The Little Book of ACEs was subsequently shared with this group of clinicians.

Participants further understood the role of the LVRN in supporting newly created roles. They described how the LVRN supported the funding of a band 6 practitioner (hosted by the Morecambe Bay CCG) who would take on the role of disseminating trauma-informed training and a 'buddy system' which will support the delivery of resource packages to the wider workforce:

'So the role funded by the LVRN, that's hosted by Morecombe Bay CCG at the moment. But they're obviously working on the e-packages and the programmes in terms of that trauma-informed training' (HL2)

Discussion from the interview highlighted an ambition to embed the TI approach within the population health operating model of Skelmersdale, and bring together work between NHS England and the LVRN. This work was currently in its early stages:

'So there's like lots of different pockets of work which we're weaving into, but they're all at the early stages and that's because we've [just] started to really introduce trauma informed practice… we've just kind of raised the profile around it. But it's starting to talk about it a little bit more.' (HL2)

Cognitive Participation: How committed are participants to embedding and promoting the approach?

As a result of staff turnover and delays in recruitment, participants reported delays in embedding the TI approach in wider working partnerships. However, there was an ambition to embed the TI approach through workforce training. Adopting a universal approach across the health workforce was felt to be important and key to supporting vulnerable individuals:

*'I think it needs to be wider. You know, we're at risk of saying in A&E, of re*traumatizing people just due to the language in which we're talking to *individuals and again we want to reduce that from happening and the impacts and individuals and same as in primary care you know recognizing there might be an individual there who may make a disclosure, it might be the first time they've made a disclosure and just the way in which that's handled in that very first contact, if that's the first time, will definitely have an ongoing impact on how somebody may or may not respond when in treatment and support.' (HL2)*

Participants reported some strategic changes to the delivery of violence reduction strategies including TI approaches. Historically, this had been the responsibility of Community Safety Partnerships, however, more recently the TI approach had been incorporated into the remit of adult safeguarding and vulnerability. Community Safety Partnerships do continue to play a role in delivery of relevant services and are linked strategically to other services in Skelmersdale, for example through plans to incorporate data into the NEXUS system.

The interview identified two key workstreams to operationalise and promote the TI approach in health: workforce development and education and the development of a multi-partner operating model, 'case finding and risk stratification'. Here is a brief description of these workstreams:

Trauma-Informed Health Education and Workforce Development

In order to embed and promote engagement with the TI approach in health settings, interview participants were conducting a preliminary exploration of how to incorporate TI education into the undergraduate curriculum for health and medical professionals. They felt that TI approaches are currently absent, or delivered at a very basic level in these curriculums, and a better understanding of the content delivered by local universities was needed. Some discussions had been started with course leaders in Lancashire universities to discuss their future inclusion. A collaboration had also been explored with a local Primary

Care Network (PCN) Cohort around clinical leadership, to incorporate a trauma-informed module into their training programme.

A further ambition was to train '*more skilled and expert'* trauma-informed champions to work with members of staff who may have experienced their own trauma. Professionals in these roles would help traumatised staff to "*work through their own trauma, identify it so that they're able to then support and ultimately what we're trying to do is support the population who have experienced trauma and how that manifests.*' (HL2)

By training the wider workforce in TI approaches it was hoped that the awareness and the skills emanating from being trauma-informed would help staff to capitalise on opportunities to have meaningful interaction with regular attenders in emergency care:

> *'Those individuals bouncing in and out of our A & E departments, seeing what's going on and that's just stepping back and really thinking differently of what actually is happening too in that person's life, for you know, instead of being a frequent attender and the coming in because you know the alcohol thing and then bouncing out, coming back in.' (HL2)*

Case finding and risk stratification

In order to operationalise the TI approach within the priority wards for Skelmersdale, a shared strategy and operating model was being developed with the West Lancashire Partnership: a group representing a number of different health and care organisations working within the locality to improve the health, care and wellbeing of local populations. Their strategy represents a shared action plan to be used to engage all partners. A multi-agency approach was viewed as vital to effective delivery; '*because it can't just be health's responsibility'*. One participant stated that the approach will use '*data insights and profiling through Nexus, through Aristotle, through EMIS to case find… and council information and data to find people who are both clinically and socially vulnerable*.'

After identifying vulnerable populations, participants described how the Skelmersdale approach will develop Community Champions who have undertaken trauma-informed training delivered by the LVRN and who will deliver enhanced health and screening checks. An important part of the Community Champion role was identified as a close working relationship with the PCN and social prescribers. Importantly, participants felt that successful and sustainable ways of working will require stakeholders to align and make use of existing resources.

Collective Action: Putting the TI Approach into Practice and Working with the LVRN

Although much of the work that was discussed by participants could be described as being in a planning and development phase, there were some activities already being shaped by adopting the TI approach. Reflecting on how the TI approach was being enacted in practice, participants discussed how they were adapting their practice according to experiences of violence against the workforce. Taking a TI approach towards individuals who had been violent towards staff was viewed as helpful:

> *'... engage that individual differently as to usual typical means and looking through a trauma informed way, understanding the individual, changing the language … So what's going on, what's happening? What's happened to you, you know? And again, just so with that work, will come training, will*

come the trauma informed element of how we we're starting to deal with those individuals within our service.' (HL2)

A participant reported that the development of a dedicated trauma questionnaire for use in a primary care setting was being discussed. The view held is that, despite a range of questionnaires already being available, there needed to be one specific tool that could be administered by different staff groups (e.g. social prescribers and link workers to collect initial basic information), and be completed in a timely manner, recognising the time limits for some appointments. The issue of data specificity and sharing was recognised as a potential challenge, specifically in relation to data included in medical records about trauma. Historically medical records have been viewed as the property of the GP and lots of non-medical information would be included in them. There are also potential clinical coding considerations around consistency and appropriateness of the data that is recorded. The participant viewed the rise in number of patients who can now access and view their records as a positive step in encouraging acceptance of such data being included in their records.

Reflexive Monitoring: Appraising the TI Approach, the Language of Trauma and the LVRN

Participants felt that a particular area of strength for the LVRN team was engagement with people who have lived experience. Involvement of people with lived experience in their training events and signposting to the Poverty Truth Commission were cited as examples of this. They further valued the working relationship established with the LVRN:

'a good partnership to be linked into and you know they're so knowledgeable and as the team and the motivation is really, really good'. (HL2)

Although motivated to implement TI approaches and well-supported by the LVRN, one participant was concerned about their professional capacity to deliver on the strategic plan for trauma-informed community development in Skelmersdale. This was viewed as being in competition with other demands of their time and various roles/responsibilities. A further barrier suggested to promoting wider engagement and dissemination of the TI approach is the duration and delivery of LVRN-delivered training packages:

'How that's going to work in the current climate that we're working in cause obviously the packages from the LVRN, even the basic packages 5-6 hours where we're not going to be able to get the workforce out to provide a 6 hour training course for just some basic… So we're just at the stage where we're trying to figure out how we are going to target in the most appropriate way as well for health to get that training out.' (HL2)

Participants felt that the LVRN model of delivering face-to-face training was impractical for those working in health services. They mooted how lengthy training sessions might be broken down into smaller packages that focused on specific topics for relevant groups of health workers and could be delivered through 'virtual ways of working'. An example given was through the practice of 'protected learning time events' for GPs which could gather an audience of up to 100 GPs but typically for a maximum of one hour. Adapting the approach to TI training to fit with these meetings and timescales was considered a more practical and acceptable model of delivering the TI approach. Additionally, these training sessions should be developed with specific NHS audiences in mind:

'So, what might be relevant for the mental health side of work might not be always relevant for primary care might, not be relevant for your nurse who's on there a general surgical report. You know, so again, we've got to really look at, be specific, to make it relevant for the people to make sure it makes a difference.' (HL2)

Discussion

Overall, trauma-informed approaches to community development were acceptable to the participants in this study. We found that, unsurprisingly, the lead organisation for each community affects the aims and emphasis of the approach taken to implementing TI approaches. For example, staff from health services-led organisations may prioritise safeguarding or vulnerability issues and staff from community safety partnerships may focus on violence reduction. We also found that importantly, the local legacy of previous community development work, leadership and partnership working greatly influenced the extent to which trauma-informed appraches could be implemented in these early adopter sites. For example, Blackburn with Darwen built on its earlier ACEs work and success with citizen juries and a vibrant community hub (Healthy Living Centre) and work in Fleetwood was aligned with the existing community safeguarding model. The effects of the recent Covid-19 pandemic appeared to particularly affect health and education led services negatively and staff in these sectors struggled to find capacity to cascade the trauma-informed training that they had undertaken.

The evaluation team found that there were challenges inherent in working with schools in a post-pandemic context. Although our understanding was that Fleetwood High school was considered the hub or centre for delivery of trauma-informed approaches we were not able to engage staff from this school with the evaluation and their perspective is unfortunately missing from our data. However, we did identify a legacy of work in this area (community-based offers and services including the Lancashire safeguarding model) that supported the implementation of TI approaches and were able to gather data from staff working in a local primary school. Similarly, we were able to engage with only two members of staff working in Skelmersdale, both from the health sector. Due to post-pandemic redeployment and staff shortages, work on implementing the TI locally had been delayed. This meant that activities such as engagment with higher education institutions around including TI approaches in the undergradute health and medical curriculm had been postponed, however at the time of writing, were at a strategic planning stage.

Some particpants working in South West Burnley and Blackburn with Darwen had reservations over use of the word "trauma" and language associated with TI approaches, when used in the context of community development, although in the absence of a suitable alternative they are continuing to use the language associated with the LVRN approach. However, this situation may change over time and there may be potential implications for the way TI training is used and cascaded in these communities.

Evidence from data collected from participants working in Skelmersdale suggested that some aspects of TI training may be incompatible with the existing commitments of clincial staff. Shorter and topic-specific sessions that are accessible online were among the proposals for adapting training to make it acceptable to medical and healthcare professionals. We have previously acknowldged some difficulties in engaging staff from the health and education sectors and it may be that a refined version of TI training may improve access and engagement for staff working in both these sectors.

Participants from all communities emphasied the importance of socio-economic and structural determinants of health and life- opportunities. Factors associated with poverty and intersecting determinants including ethnicity, gender, housing, employment and disabilities all play a role in determining outcomes for individuals, particularly those living in communities with higher levels of deprivation. It is important not to *decontextualise* the dynamic social origins of trauma which characterise people's lives, agency and subjectivities. (15, 16). These factors may interact with trauma to produce anti-social and violent behaviour. Trauma-informed approaches may be more acceptable to participants, more effective and become better embedded in practice if these factors are acknowledged and included in the narrative of trauma.

Participants across the commmunities also discussed ways in which TI approaches can be used to support their own staff who may have suffered trauma and issues around clincial supervision and psychological support for staff were raised. Future research should focus on the ways this can be implemented and exploring how such concerns can be addressed.

Another overarching concern was sustainability and long- term funding. Worries about the potential short-term nature of financial and professional support exist in many communites that have been subject to repeated re-generation and community devleopment initiatives, and this may affect engagement with TI approaches. Any long-term commitments that the LVRN can make to early -adopter areas may increase engagment and support roll out of TI programmes to other areas.

Our aims for this evaluation were to: explore how those working in communities understand trauma-informed approaches and how this informs and affects their work; explore how trauma informed approaches support service users, clients and the public; explore how data collection systems can be developed and improved to support sustainable, long-term evaluation that result in improvements to service delivery within trauma-informed communities. While it appears that we have achieved most of these aims, a main limitation of this study is that, with the exception of the Blackburn with Darwen community jurors, the voices and perspectives of services users, community members, patients, pupils and families were missing. Although not within the remit of this study, future evaluations should engage members of the public most affected by TI approaches to community development work in the design, dissemination and creation of research to ensure that we sensitively engage the people at the centre of this work without causing further trauma or burden.

We have identified a number of recommendations for incorporating and improving future research and evaluation around TI approaches to work around strengthening communities and this is discussed further in the next section.

Suggestions for future research and evaluation generated by participants

The evaluation team gathered some data during interviews and focus groups that might inform the direction and approach of future research and evaluation on trauma-informed community development. General recommendations for data collection and evaluation strategies that might fit across workstreams are presented, however there may be idiosyncrasies in context and delivery that mean a tailored approach may need to be considered in some circumstances.

Recommendation	Supporting evidence
Have a consistent approach to collecting evaluation data on TI training, across organisations and a regular time periods to assess impact over time	*'You know, it's difficult to find out exactly what they're doing…, it's difficult to monitor it with the fact that there's, you know, probably. Organisations and different people, you know, different people from different organisations all been on the training.'*
Have a named member of staff in each community partnership with responsibility for monitoring and evaluation data collection	'*fair enough saying I'm trauma-informed, but who's monitoring that? Who is saying, yes you are."*
Present data accessibly so that it can be easily used to improve services	*'might be about getting a data analyst assigned to the piece of work to look at the information that's available and then how do we present that in a kind of like maybe a dashboard type way or something that helps us to understand the impacts"*
Demonstrate any changes in the behaviours of staff and children/ clients/ patients following training	'*if we are talking about being resilient and trauma informed, are we embedding that into the way that the teacher responds to behaviour in a classroom.'*
Collect data on diversity of the people delivering and using services and make sure services and outcomes are appropriate	*'It's often difficult to monitor with adults with multiple needs because that may be not necessarily not stopping drugs, it may be something as simple as sustaining their current use and not getting into any further troubles'*
Capture changes in strategic approaches	*'There could be some kind of questions put to that organization as to you know, what have you done to change your such and such and safeguarding policy or whatever policy it is.'*
Involve service users in designing evaluations	*Make sure that [we are] engaging with young people's voices as well.'*
Consider funding services for research and evaluation	*'Make sure that we've got something quite robust in place.'*
Consider linking social care data to evaluate any reduction in referrals for children attending schools working in TI ways	*'Certain families we can see that, if the Trauma-Informed Practice is working, we'll have less families coming back into Social Care.'*
Explore opportunities to link to big health data sets e.g. NEXUS in Skelmersdale	Integral to adopting a public health approach to violence reduction (Home Office directive)

The Blackburn with Darwen community leads have made particular progress with embedding evaluation into regular practice. We have compiled a table of current research activity undertaken that might help to inform other evaluation strategies. This can be found in Appendix 3

References

1. Home Office. Violence reduction unit year ending March 2021 evaluation report. 2022.
2. HM Government. Serious Violence Strategy. 2018.
3. New Philanthropic Capital. Trauma Informed Approaches [Internet]2022 [Available from: https://www.thinknpc.org/resource-hub/trauma-informed-approaches/.
4. Home Office. Violence Reduction Unit Interim Guidance. 2020.
5. Lancashire Violence Reduction Network. Culture Change [Internet]2020 [Available from: https://www.lancsvrn.co.uk/culture-change/.
6. Lancashire Violence Reduction Network. Trauma Informed Lancashire Workshops [Internet]2020 [Available from: https://www.lancsvrn.co.uk/trauma-informed-lancashire-workshops/.
7. World Health Organisation. The Violence Prevention Alliance Approach [Internet]2014 [Available from: https://www.who.int/groups/violence-prevention-alliance/approach.
8. Murray E, Treweek S, Pope C, MacFarlane A, Ballini L, Dowrick C, et al. Normalisation process theory: a framework for developing, evaluating and implementing complex interventions. BMC Medicine. 2010;8(1):63.
9. May C. Towards a general theory of implementation. Implementation Science. 2013;8(1):18.
10. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology. 2013;13(1):117.
11. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006;3(2):77-101.
12. Terry G, Hayfield N, Clarke V, Braun V, Willig C, Rogers WS. The SAGE handbook of qualitative research in psychology2017. 17-36 p.
13. Involve. Citizens' Jury 2018 [Available from: https://www.involve.org.uk/resources/methods/citizens-jury#:~:text=A%20Citizens'%20Jury%20is%20a,of%202%20to%207%20days.
14. BwD Healthy Living. Trauma Informed Communities; A Citizens Jury Approach. 2022.
15. Birnbaum S. Confronting the Social Determinants of Health: Has the Language of Trauma Informed Care Become a Defense Mechanism? Issues in Mental Health Nursing. 2019;40(6):476-81.
16. Rose N, Birk R, Manning N. Towards Neuroecosociality: Mental Health in Adversity. Theory, Culture & Society. 2022;39(3):121-44.

Appendix 1: Reflections on Community Emergency Response to Criminal Exploitation of Young People 17.03.2022

17 March 0930-1530

Marine Hall,
The Esplanade,
Fleetwood,
FY7 6HF

I (Hilary Stewart) was able to attend the above event organised by the LVRN for Fleetwood Community.

This provided a good opportunity for me to get a feel for some of the work taking place in the Fleetwood context, as preparation for the evaluation of the Trauma-Informed Communities Early Adopters work. Attendance at the conference also allowed me to make some connections with those involved in the work, and I anticipate contacting them for participation in interviews as part of the evaluation work.

Some of the key messages I have taken away with me are:

The Trauma-Informed Communities work seeks to create a "social movement" which can only be achieved with community involvement. Those in attendance are very enthusiastic about the work of the LVRN and the trauma-informed approach, and what it can do for the community of Fleetwood. There were a number of anecdotes which shared how the children have been sharing the trauma-informed messages (brain science) with their parents. The LVRN seeks to work as a "joiner upper" of services, actors, agencies. There is good work going on to listen to and capture the voices of children within Fleetwood and what is important for them to feel safe in their community, and the opportunities/activities they would like to have access to.

The presentation by Kirsty Taylor and Matt Normanton (of Child Criminal Exploitation and Intelligence Units) provided an overview of the criminal exploitation of children and young people going on in Fleetwood. While this presentation introduced the County Lines model underlying much exploitation, it was noted that in Fleetwood peer exploitation and exploitation by groups known to families/children is more of a problem. In this sense, criminal gangs and organised crime is "homegrown", and is very different to Blackpool, for example.

Pita Oates delivered a presentation on the Multi-Agency Support Panel which has been used in District 6 in Preston after the Sarmad al Saidi murder, and is now being implemented in Fleetwood. My understanding is that this panel will enable adults to raise concerns they might have about early indicators of CE, which may usually fall below the usual thresholds for other safeguarding measures. This will allow partners to intervene before Crisis Level Need. The emphasis is on making connections, and delivery the right services/interventions, for the right children, at the right time.

I was also able to meet some of the LVRN team (Teigan Whiffing, Justin Srivastava, Luke Tomlinson, Siobhan Collingwood) and heard about the Trauma-Informed training for communities.

Appendix 2: BwD Existing ACES and TIC related activities (screenshot from local authority website):

- Raising awareness of ACEs is deeply embedded within our Children's Partnership Board (a sub-group of the **Health and Wellbeing Board**).
- We have written the reporting and recording of ACEs into specific public health contracts (such as those for sexual health and substance misuse).
- We have worked with Lancashire Constabulary to bring ACEs into the Early Action Programme.
- We have worked with Lancashire Care Foundation Trust to train staff to be able to routinely enquire about ACEs, through the REACh (Routine Enquiry in Adverse Childhood Experiences) initiative.
- We have worked with a local secondary school to be ACE-Aware and ACE-informed, through the EmBRACE (Emotional and Brain Resilience in Adverse Childhood Experiences) initiative.
- We have been in discussions with various stakeholders to raise the awareness of ACEs and have presented at local, regional, national and international conferences.
- We have started to create an environment to support social movements around ACEs.
- We have developed an animation on ACES in collaboration with Public Health Wales.

Appendix 3 Title BwD evaluation examples

Monitoring	*'because we committed in the bid to have this trauma-informed and we'd stated on it we had to deliver, so that means that every single frontline agency is going to be monitored as part… I'm part of the East group, the Blackburn with Darwen, and we're monitoring which agencies have attended the trauma-informed training.'S9*
Case studies and lived experience	*We've used a lot of qualitative data. A lot of case study data. But also, feedback forms with parents, carers, either at the start of their journey with us, what that support looks like when we've created that plan of support with the family, but also when we're coming to closure. So, reflecting back on where we started, what where the strategies, what were the support that we put in place to help get them to a place, potentially, where they no longer need that service. (S11)* *we've been recording, I have monthly, it's called Blackburn with Darwen Vulnerable People's Lived Experience Group. We hear case studies, much like Clare's just mentioned, but we have a format on the case study and we ask for the barriers. We ask for the challenges. On there, we have a form for barriers and challenges, that is worked on. We're raising it at strategic levels, so at the programme board across Lancashire, and we're making decisions based on what's coming from each of these lived experience groups. So, we're informing system change that way. S9*
Cost benefits:	*I'm going to do a plan of a timeline of the client when they're accepted on the programme, and what's gone on and who's got involved and everything else. I'm going to do a plan of that client had thy not been accepted on that programme. Going to try and cost – this is going to be massive – going to try and cost financial wise that cost for that client had that intervention not happened. So, we're doing the backwards way round, but if the client is not moving, as in their sustaining a healthier lifestyle, but not ticking an of our measurements, then at least we can try and measure the implementation of that trauma informed approach s11*
Feedback forms	*Yeah, I was given them [Feedback form]. I was giving them through the [LVRN] you know, they give me those feedback forms and then (…) I've got all that together (…) I have done some follow-ups after as I mentioned. (S12)*