



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
15 DECEMBER 2021

**REPORT ON:** TRAUMA-INFORMED PRACTICE AND LEADERSHIP

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB62-2021

## **1.0 PURPOSE OF REPORT**

To provide an overview of trauma-informed practice and leadership, including national strategy, local arrangements for implementation and future plans.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the content of this report, including local approaches to trauma-informed practice and leadership, progress to date and planned next steps.
- 2.2 Instructs the Chief Officer to provide an update report no later than April 2022, including the finalised trauma-informed practice and leadership implementation plan.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

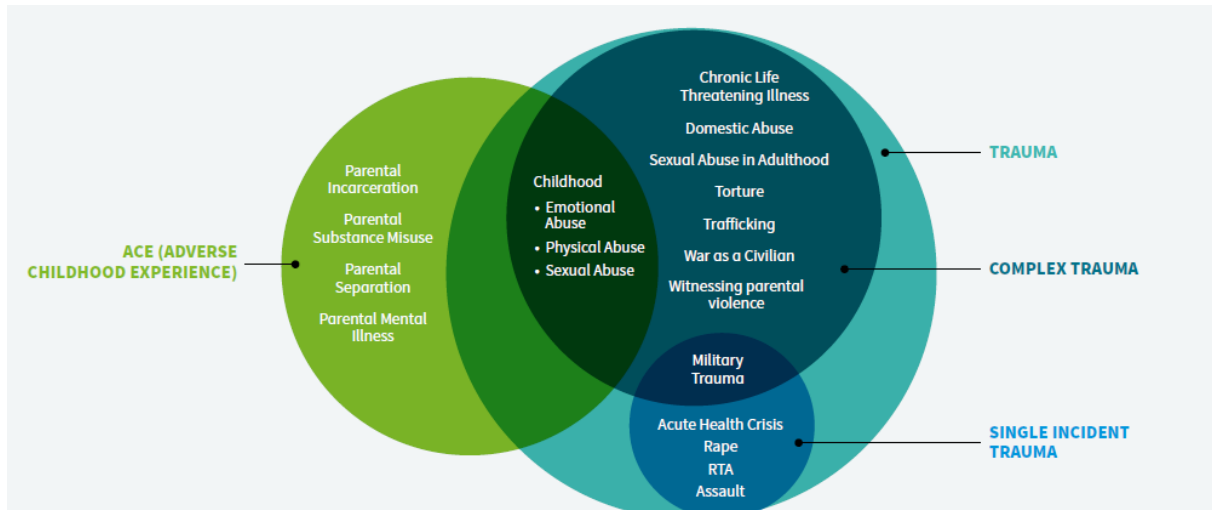
## **4.0 MAIN TEXT**

### **4.1 Transforming Psychological Trauma**

- 4.1.1 Over recent years, and particularly over the course of the COVID-19 pandemic, there has been increasing societal awareness that living with traumatic events is more common than has previously been realised. Traumatic life experiences can have a significant, long-lasting impact on people's lives, increasing the risk of poorer physical and mental health, and social, educational and criminal justice outcomes. Trauma can affect people at any stage of their lives and is more prevalent in particular sections of the population (for example, people in low socio-economic groups and from black and minority ethnic backgrounds).
- 4.1.2 As part of the Survivor Scotland Strategic Outcomes and Priorities (2015-2017) publication the Scottish Government committed to developing a National Trauma Training Strategy and subsequently commissioned NHS Education for Scotland (NES) to undertake this work. In May 2017 'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce' was published, which aimed to increase understanding of trauma and its impact across the Scottish workforce. The framework sets out the essential and core knowledge and skills needed by all tiers of the Scottish workforce to ensure that the needs of children and adults who are affected by trauma are recognised, understood and responded to in a way which recognises individual strengths, acknowledges rights and ensures timely access to effective care, support and interventions for those who need it. Since 2018 the Scottish Government has invested over £2 million in establishing and implementing the National Trauma Training Programme.
- 4.1.3 The Framework defines traumatic events as:

"an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening."

Whether and how a person is affected by the trauma(s) they experience depends on many different factors including their life circumstances and relationships, the response they received during and after the trauma(s) happened and their own personality, strengths and resources. Many people will be resilient and recover from the impact of traumatic events or even experience positive growth, however many others will be affected to a significant extent by traumatic events and need support to recover.



Source: 'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce' 2017, figure 2, page 20

4.1.4 Trauma-informed practice is a model that is grounded in and directed by a complete understanding of how trauma exposure affects people's neurological, biological and psychological and social development. It is applicable across all sectors of public service, including health and social care. Trauma-informed organisations assume that people (both internally and externally to the organisation) have had traumatic experiences and as a result may find it difficult to feel safe within services and to develop trusting relationships with service providers. In recognition of this service are structured, organised and delivered in ways that promote safety and trust and aim to prevent re-traumatisation. As well as bringing benefits for people using services, trauma-informed practice can also enable organisations to support their own workforce to take care of themselves and minimise risks of exposing them to secondary traumatic stress, vicarious trauma and burnout. Trauma-informed practice is highly relevant in the context of health and social care services, both from the perspective of service users and for the workforce.

4.1.5 The key principles of trauma-informed practice are:

- Safety – efforts are made by an organisation to ensure that physical and emotional safety of clients and staff. This includes reasonable freedom from threat or harm, and attempts to prevent further re-traumatisation.
- Trustworthiness – transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, clients and the wider community.
- Choice – clients and staff have meaningful choice and a voice in decision-making process of the organisation and its services.
- Collaboration – the organisation recognises the value of staff and clients' experience in overcoming challenges and improving the system as a whole. This is often operationalised through the formal or informal use of peer support and mutual self-help.
- Empowerment – efforts are made by the organisation to share power and give clients and staff a strong voice in decision-making, at both individual and organisational levels.

The development of trauma-informed practice requires systematic alignment with these five principles and change at every level of an organisation. Implementation is therefore an ongoing

process of organisational change requiring shift in knowledge, perspective, attitudes and skills over time. NES has identified five key drivers for organisational change: leadership and management; workforce wellbeing; workforce knowledge and skills; experts by experience; and, data and information. Ten implementation domains have also been identified and are summarised in appendix 1.

## **4.2 Local Approach to Trauma Informed Practice and Leadership**

4.2.1 A Dundee Trauma Steering Group was initially established in 2019 to undertake a mapping of the Dundee City Council and Dundee Health and Social Care Partnership workforce against the national trauma training framework. The work of the Steering Group was quickly disrupted by the onset of the COVID-19 pandemic, however the group reconvened in November 2020 and has since evolved to take a broader remit to develop and support the implementation of an action plan focused on organisational change relating to trauma informed leadership and trauma informed practice.

4.2.2 The Steering Group is currently working to refresh its implementation plan, aligning improvement priorities and actions with the ten implementation domains (see appendix 1). This includes identifying timescales for delivery and measures of impact for the actions agreed within the plan. The Steering Group has also been supported by NES to develop theory of change models which illustrate the intended impact of leadership training and workforce lived experience priorities and actions. It is anticipated that final version of the implementation plan will be available by the end of March 2022.

4.2.3 Building a whole systems approach to trauma across Dundee is an expansive and complex project. Care has been taken to balance a structured programme of improvement and organisational change activities in priority areas with a continued desire to encourage and support organic, creative development of trauma informed approaches at team level, especially amongst operational teams in health and social care and children's services. The approach also recognises that key aspects of trauma informed practice and leadership align closely to the professional values and skill sets within a number of sectors across the workforce (for example, health, social work and housing professions), but that the full implementation of trauma informed principles and approaches can be disrupted by a range of organisational and systems factors. This has also been acknowledged in recent national reports such as The Promise and the Independent Review of Adult Social Care in Scotland.

## **4.3 Progress to Date**

4.3.1 In late 2019 the Scottish Government approved a bid from Dundee to pilot a focus on trauma-informed training for our strategic and senior management teams. The pilot also included a focus on lived experience and more specifically, professionals with lived experience. It is known that the safe and effective use of lived experience expertise is a powerful tool for strategy, service design and service delivery and evidence has shown that lived experience workers can bridge the gaps between strategy, services and communities, influencing the culture and practices of their organisations. The initial resource offered by the Scottish Government consisted of training input and support from NES to deliver Scottish Trauma Informed Leadership Training (STILT) to the Chief Officers Group and other strategic and senior personnel between January to March 2020. This was delivered at the end of 2020 / start of 2021 through a virtual approach.

4.3.2 Towards the end of 2020 a request was received from the Deputy First Minister/CoSLA for local areas to identify trauma champions from local authorities, health and social care partnerships, NHS boards and other relevant service providers. Dundee nominated The Chief Social Work Officer / Head of Service, Health and Community Care, Executive Director of Neighbourhood Services and Interim Head of People, Dundee City Council. The Director of Psychology is the NHS champion. Trauma champions have attended a number of national training sessions around both leadership and service specific responses to trauma.

4.3.3 A number of tests of change (trauma-informed and responsive culture and practice) are in progress within operational teams. This includes:

- a test of change within the Care Home Team with a focus on trauma principles which aims to collate stories on the impact of COVID for care homes, residents, next of kins and staff

across the city. This work has been underpinned by a request from the Care Home Safety Huddle and findings from a National Trauma Deep Dive event for Health and Social Care. A stakeholder engagement and feedback session took place on 26 October 2021 with care homes across the city, further engagement, feedback and buy-in has been explored within the Care Home Safety Huddle. The next phase (29 November 2021 – 17 January 2022) focuses on gathering initial feedback and data to inform next steps through an accessible trauma informed survey. Survey data, stories and experiences will be analysed with findings shared with Health and Social Care Partnership and the Care Home Safety Huddle in February 2022. A Care Home Trauma Deep Dive learning exchange event has been planned for early March to share local findings, stories, next steps, national and local trauma developments, improvements and resources as well as available supports and offers to the workforce.

- a test of change focused on embedding trauma-informed practice principles, tools and models to existing learning and development activity across the city. This has enabled a number of resources, products and offers to Dundee health and Social Care Partnership. For example, links with Dundee's Employee Wellbeing Service has provided access to reflective and team development underpinned by the Window of Tolerance Model and Post-Traumatic Growth activity. A redesigned Leadership Programme delivered by Dundee's Learning and Organisational Development Service is being piloted with Nursing and Integrated Managers, a core element of the programme focuses on trauma-informed leadership. The programme pilot started on 30 September 2021 and will conclude on 3 February 2022. A manager toolkit resource which embeds learning from another test of change (Youth Employability Service) will be shared with managers from the leadership programme to test and pilot within their service areas.
- a test of change focused on enhancing responses to domestic abuse. During the pandemic there was heightened awareness of the prevalence of domestic abuse within the city and its impact across all age groups (for example, over half of the children on the Child Protection Register are impacted by domestic abuse), providing an opportunity for key stakeholders to reflect on practice and service responses. From this a test of change has developed focused on supporting a culture shift in terms of domestic abuse practice that incorporates trauma-informed and responsive practice. Stakeholders worked together to reflect on current approaches, to define what a trauma-informed response to domestic abuse would mean and to develop a set of principles and recommendations. Additional investment from Dundee City Council remobilisation monies is contributing enhanced capacity to progress implementation. Initially the test of change is focused on the Council's Children and Families Service, however through whole family approaches this will also significantly impact on work with adult victims and collaborative practice between children's and adult services teams.

4.3.4 In May 2021 a virtual learning and knowledge exchange event was held for Trauma Steering Group members. This provided an opportunity to hear from partners within Dundee and beyond who have already embedded trauma informed approaches, to learn from their implementation journey and to identify how this can inform the Steering Group's developing implementation plan. Presentations were given by Dundee Women's Aid, Dundee City Council Community Justice, Dundee City Council Educational Psychology, Dundee Drug and Alcohol Recovery Service Psychology, Barnardo's Scotland and Argyll and Bute Council. The event was very positive, has directly influenced the content of the draft local implementation plan and also supported the development of a psychological safe culture within the Steering Group itself, allowing for open, honest and reflective discussion amongst members. The Steering Group intend to replicate this style of event in the future to further support implementation plans.

4.3.5 The Steering Group has led the completion of workforce mapping for Health and Social Care Partnership and Dundee City Council against the National Trauma Training Framework. This has been an extensive and complex exercise and work is continuing to agree relevant workforce groups for level 3, enhanced training. As well as matching workforce groups to the training levels defined in the national framework, the mapping exercise also identified training already delivered to the local workforce. The implementation plan being developed by the Trauma Steering Group includes plans for the delivery of training over 2022/23.

4.3.6 Planning is being progressed to develop safe approaches to support professionals with lived experience of trauma to contribute and co-produce services and strategy. In the first instance, the focus is on creating opportunities for professionals with lived experience to talk about the

barriers to utilising their lived experience in a constructive way in the workplace, what could be done to support them to do this safely and how people feel their experience could most effectively influence service planning and design in the future. In the longer-term the aim is to co-produce approaches that ensure that professionals with lived experience are consistently better supported within the workforce, and that their knowledge and insights influence service design, delivery and evaluation. Members of the Steering Group are liaising with Trade Unions to support this activity.

- 4.3.7 On 1 December 2021 the Dundee Partnership hosted a Violence Against Women and Trauma Summit as part of the programme of activities for the 16 Days of Activism against Gender Based Violence. The summit focused on raising awareness of the links between violence against women and trauma and the need for a joined-up approach to improving outcomes for women and children across all policy areas. As well as inputs from senior leaders across the city the summit showcased six examples of operational services we are taking a trauma informed approach to supporting victim/survivors. This included presentation from the Gendered Services Project that is working across health and social care services and ASPEN (psychological support) which is funded by the Health and Social Care Partnership.

#### 4.4 **Next Steps**

- 4.4.1 The Trauma Steering Group has identified key priorities for the period until the end of the current financial year:

- completion of the local trauma-informed practice and leadership implementation plan, including timescales for delivery and indicators of impact;
- completion of the trauma training mapping exercise, specifically reaching agreement about workforce groups that require enhanced, level 3 trauma training;
- delivery of further STILT training to local senior leaders across the Dundee Partnership, supported by NES and local trauma trainers; and,
- continuing work that has started with the Improvement Service to develop and test at a local level trauma leadership training for elected members and Integration Joint Board members, with a view to delivering a pilot session in Dundee before the end of March 2022.

- 4.4.2 In addition, to these actions the Trauma Steering Group will also planning for the use of funds allocated by the Scottish Government in October 2021 as part of a £1.6 million investment in supporting local authorities across Scotland to deliver services that can safely support people affected by psychological trauma and adversity. £50k has been allocated to Dundee City Council for 2021/22 and a further £50K for 2022/23 to work with other community planning partners to further progress trauma-informed services, systems and workforces. In the first instance, steering group members are considering how funds can be used to accelerate local training delivery and to enhance work to meaningfully and safely involve people with lived experience (public and workforce) in service development, planning and improvement.

#### 5.0 **POLICY IMPLICATIONS**

- 5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

#### 6.0 **RISK ASSESSMENT**

- 6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

#### 7.0 **CONSULTATIONS**

- 7.1 Members of the Chief Officers (Public Protection) Strategic Group, members of the Trauma Steering Group, the Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

#### 8.0 **DIRECTIONS**

- 8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

- 9.1 None.

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DATE: 8 November 2021

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**Trauma Informed Practice – 10 Implementation Domains****1. Governance and leadership**

The leadership and governance of the organisation support and invest in implementing and sustaining trauma-informed practice. There is an identified point of responsibility within the organisation to lead and oversee this work. There is inclusion of the peer voice.

**2. Policy**

There are written policies and protocols establishing trauma-informed practice as an essential part of the organisational mission. Organisational procedures and cross-agency protocols reflect trauma-informed principles.

**3. Physical environment**

The organisation ensures that the physical environment promotes a sense of safety and collaboration. Staff and clients must experience the setting as safe, inviting, and not a risk to their physical or psychological safety.

**4. Engagement and involvement**

Staff, clients and their family members have significant involvement, voice, and meaningful choice at all levels and in all areas of organisational functioning.

**5. Cross sector collaboration**

Collaboration across sectors is built on a shared understanding of trauma and the principles of trauma-informed practice.

**6. Screening, assessment and treatment services (Direct service provision)**

Practitioners use and are trained in interventions that are based on the best available empirical evidence and science, are culturally appropriate, and reflect the principles of trauma-informed practice. Trauma screening and assessment are an essential part of the work (where relevant). Where interventions are not being delivered in organisations, direct services are provided which are culturally appropriate and reflect trauma-informed practice principles.

**7. Training and workforce development**

There is ongoing training in trauma and peer support. The organisation's human resource system incorporates trauma-informed principles in hiring, supervision and staff evaluation. Procedures are in place to support staff with trauma histories and/or those experiencing secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals affected by trauma.

**8 Progress monitoring and quality assurance**

There is ongoing assessment, tracking and monitoring of trauma-informed principles and effective use of evidence-based trauma-specific screening, assessments and treatment.

## **9 Financing**

Financing structures are designed to support trauma-informed practice which includes resources for: staff training on trauma; key principles of trauma-informed practice; development of safe and appropriate facilities; establishment of peer support; provision of evidence-based trauma screening, assessment, treatment and recovery supports; and development of trauma-informed cross-agency collaborations.

## **10 Evaluation**

Measures and evaluation designs used to evaluate service or programme implementation and effectiveness reflect an understanding of trauma and appropriate trauma-oriented research instruments.