

# Community Planning Partnership Report

## December 2023

### Trauma Informed and Responsive Approach In Edinburgh

Executive Wards	Routine All
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#### 1. Recommendations

- 1.1 Note that “trauma is everybody’s business” and the key role the City of Edinburgh Council & HSCP play in supporting the sustainable development of a trauma-informed and responsive approach to services, systems and its workforces, across our organisations in Edinburgh
- 1.2 Support a long-term commitment that reflects this work as a priority. Embedding sustainable trauma-informed and responsive ways of working is rooted in long-term culture change that asks for our commitment to a cycle of ongoing development and improvement.
- 1.1 City Leaders to commit to developing knowledge and skills. Senior leaders are invited to attend the Scottish Trauma Informed Leaders Training (STILT), a half day workshop for strategic and operational leaders and managers with ongoing coaching and peer leadership support opportunities. See Appendix 1 for findings of a post STILT report.

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- 1.3 Support the establishment of a Strategic Oversight group with commitment and representation at a senior level from all partner organisations.

## Trauma Informed and Responsive Edinburgh

### Executive Summary

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- 1.1 The term “Psychological Trauma “is often used interchangeably, the definition we will use to encourage a common understanding of and narrative around trauma is that: “Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.” (SAMHSA, 2014)
- 1.2 Large numbers of people in contact with public services have experienced traumatic events. There is an abundance of high-quality evidence showing that trauma is widespread and has far-reaching consequences. Trauma is a root cause of physical and psychological illness, health-compromising behaviours, injury, suicidality, homelessness, substance misuse, and disability and increases the likelihood of experiencing multiple disadvantage, increased contact with the justice system and reduced attainment in education and opportunities in employment.
- 1.3 Traumatic experiences, both in childhood and as an adult, impact on social, emotional, and physical outcomes, and are often at the root of much adult adversity. Living with the impacts of trauma significantly impacts on relationships, health and opportunity, resulting in reduced life chances across the lifespan, early death and an increased incidence of preventable disease.
- 1.4 Taking a trauma-informed and responsive approach has been found to have positive impacts. for staff, services and people accessing services. There is much agreement that this improves people’s experiences of services, reduces further risk of harm by recognising and reducing risks of traumatisation and enabling recovery.
- 1.5 This approach helps contribute to positive changes in people’s lives, by reducing barriers to accessing services, resulting in improved experiences of services and increased engagement. This is particularly relevant for people experiencing multiple disadvantage as this group are recognised as being unable or reluctant to access services. In addition to increased engagement improvements has been demonstrated in various outcomes including in mental health and wellbeing, improved and sustained housing, a reduction in substance use, a reduction in risky behaviour and reduced risk of offending and incidence of reoffending.

## Background

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- 2.1 In Scotland, the 2019 Scottish Health Survey revealed that 71% of the Scottish adult population suffered some form of abuse, neglect or other adverse experiences during their childhood (Scottish Government, 2023). The National Trauma Transformation Programme (NTTP), led by NHS Education for Scotland, was developed to meet the Scottish Government and COSLA's commitment that all staff in Scotland would become trauma informed and responsive. They presented their vision within their programme for Scotland (2019-2020):

*'...to achieve a trauma-informed nation capable of recognising where people are affected by trauma and adversity, capable of responding in ways that prevents further harm and which supports recovery, and in ways which addresses inequalities and improves life chances.'*

- 2.2 They recognised that the journey towards becoming a trauma-informed organisation will require organisations to move beyond their traditional models of service delivery and to re-evaluate their entire organisational practices and policies through a trauma-focused lens (Homes & Grandison, 2021).
- 2.3 The key principles underpinning a trauma-informed and responsive approach are services and systems that routinely promote safety, collaboration, trust, empowerment and choice.
- 2.4 Funding was allocated by Scottish Government, to embed and sustain a Trauma Informed culture within CEC & HSCP. The role of Trauma Lead Officer was developed to support this.
- 2.5 *A Roadmap for Creating Trauma-Informed and Responsive Change for Organisations, Systems and Workforces in Scotland* was published in November 2023. This Roadmap has been designed to help services and organisations identify and reflect on progress, strengths and opportunities for embedding a trauma-informed and responsive approach across policy and practice. This will be used by organisations such as the Care Inspectorate to assess progress and hold us accountable to meeting the Scottish Government and COSLA commitment.

## Main report

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- 3.1 An abundance of high-quality evidence shows that trauma is widespread and that large numbers of people in contact with public services have experienced traumatic events.
- 3.2 Research exploring the distribution of traumatic events based on gender, age, ethnic background and socioeconomic status has shown that traumatic events are more frequently experienced by people in low socio-economic groups and from

black and minority ethnic communities, by women, those with experience of a disability and within the LGBTQ+ Community (Hatch & Dohrenwend, 2007).

- 3.3 In Scotland, one in seven adults reported four or more ACEs, with those in the most deprived areas twice as likely than those in the least to experience this quantity of ACEs. ACEs have also been shown to be highly correlated with socio-economic disadvantage in the first year of life (Marryat & Frank, 2019)
- 3.4 Educational success has been demonstrated to relate more to ACEs than income and research consistently demonstrate those impacted by trauma and adversity have lower educational qualifications and employment opportunities.
- 3.5 Women in low-income households are 3.5 times more likely to experience violence than women in slightly better-off households.
- 3.6 Implementation of a trauma informed approach in an educational setting showed a reduction in suspension by 83% and increased graduation rates. A trauma-informed substance use service resulted in a 31% lower rate of treatment dropout, with longer treatment leading to improved outcomes. Clients were also found to be using services more effectively, behaving more appropriately and moving towards independence more quickly.
- 3.7 Although many people show remarkable resilience and recover from their experiences, people who experience trauma are at higher risk of experiencing negative outcomes and reduced life chances across the lifespan.
- 3.8 The City of Edinburgh Council & EHSCP, have a fundamental role to play in recognising the prevalence and impact of trauma in their communities and workforce. Adapting policy, practice and processes to reflect this understanding can contribute to the overall aim of councils and partners of reducing inequalities, supporting prevention and early intervention, and improving outcomes for people and communities.
- 3.9 A trauma informed approach to service delivery is explicitly referenced across priority national and local guidance and policy areas. Nationally, A Trauma Informed and Responsive Approach (TIRA) supports the Scottish Government's National Performance Framework (NPF) and will contribute to the following National Outcomes:
  - *Children and Young People* – we grow up loved, safe and protected so that we realise our full potential
  - *Communities* – we live in communities that are inclusive, empowered, resilient and safe
  - *Fair work and Business* - We have thriving and innovative businesses, with quality jobs and fair work for everyone
  - *Human Rights* – we respect, protect and fulfil human rights and live free from discrimination
  - *Health*- we are healthy and active
  - *Poverty* - We tackle poverty by sharing opportunities, wealth and power more equally.

- 3.10 This is also relevant to our staff as research indicates that people in human services demonstrate higher incidence of trauma and adversity than in the general population (Esaki & Larkin, 2013) Additionally staff may incur exposure during the course of their profession that exposes them to a risk of secondary trauma and increase the risk of being impacted by vicarious trauma.
- 3.11 Organisations that do not support their staff to take care of themselves run the risk of exposing them to secondary traumatic stress, vicarious trauma and burnout, all of which will inhibit their ability to provide high quality care (National Child Traumatic Stress Network (NCTSN), 2011). Levels of stress and burnout are reduced among frontline workers when they feel well prepared for their role as a result of specialised training, or when they feel confident in their own knowledge and understanding of the situation (Lai, et al., 2020)
- 3.12 Benefits for the workforce included enhanced skills and staff increasingly considered the emotional needs of the people they were working with. They used their knowledge of psychological trauma and the effects of this to create safe and supportive environments, resulting in improved relationships, improved morale and increased resilience Lower levels of staff sickness, absence and turnover were identified. One study of staff reported that they were less reliant on their managers because they were more understanding and therefore 'tolerant' of the people that they were working
- 3.13 Current challenges make Trauma Informed and Responsive Practice highly relevant and can help address the high incidences of staff absences, burnout, and recruitment and attrition rates currently experienced, by prioritizing a well workforce as a foundation to do this work. A well service requires a well, supported and emotionally resourced staff.

## Next Steps

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- 4.1 Adopting a trauma-informed and responsive approach in Edinburgh would mean that our services and organisations commit to being able to recognise when someone may be affected by trauma, make the connection between people's experiences and the difficulties they face, collaboratively adjust how we work to respond in a way that supports recovery, reduce barriers to accessing services and support and improve outcomes and opportunities, across our services and organisations.
- 4.2 Long-term commitment to embed and sustain this approach is required to make the culture change necessary. A commitment to align strategic thinking, planning and decision making with a TIRA and a commitment by all leaders to act as role models, embodying this approach.
- 4.3 Trauma Informed Practice will mean different things for different people. We need to ensure everyone is trained to the right degree for their role, and have the knowledge, skills and confidence to apply this in their role.

- 4.4 Commitment to support learning and development across all teams. Beginning with Level 1 Trauma Training as a core element of essential learning, progressing through the levels as appropriate to role.
- 4.5 A commitment to support implementation. This will look different for different services. Reflective practice groups and trauma informed supervision supports this.
- 4.6 A number of services have undergone training in Justice Services and in Childrens services. Some of those trained supported the training and development of staff in other teams. We would draw on this learning to rollout further training across priority service areas using a co-facilitation, sustainable delivery model for Train the Trainer, allowing frontline staff to deliver training in conjunction with the Trauma Lead Officer.

## Financial impact

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- 5.1 While we attempt to explore the financial costs of adversity and trauma in all its forms and its increased need for services including health care, social care, education, the criminal justice system and the impact of lost productivity on the economy we cannot, capture the significant intangible costs and the emotional suffering to the individuals involved and lost opportunities to thrive in life.
- 5.2 Mental health problems cost the Scottish economy at least £8.8 billion annually according to a new report published by the Mental Health Foundation. Trauma is common across the entire population, but evidence shows that many people experiencing mental health difficulties have often experienced particularly high levels of trauma and adversity in their lives.
- 5.3 91% of females in a Scottish prison had experiences of both childhood and adulthood trauma, at a tremendous financial, social and emotional cost as many have caregiving responsibilities and young dependants. In Edinburgh this figures is higher than the national average and has been identified as 96-98%
- 5.4 Childhood maltreatment predicts a 73-74% higher risk of developing substance use problems. Alcohol harm is estimated to cost Scotland £3.6bn each year, including almost £500 million a year in health and social care costs. In 2017 there were 1,120 alcohol-specific and 934 drug-related deaths. There were 8,546 Drug related stays in hospital, 36,235 Alcohol and 93% Emergency Admissions were related to substance. 38% of all child protection case conferences cited parental drug and/ or alcohol use as a concern.
- 5.5 A variety of international studies give us some insight while recognising the true cost cannot be measured and that this is an area that is under researched.
- 5.6 The greatest individual predictor of health care spending, utilisation and outcomes is the number of adverse experiences sustained in childhood. Individuals who have experienced trauma have been shown to be more likely to utilise costly health care services compared to individuals without a trauma history. In Washington State, a

study found that counties using trauma-informed care in their schools and social services saved \$1.4 billion over a decade.

- 5.7 A study of women with co-occurring mental and substance use disorders with a history of violence highlights the cost effectiveness of using a trauma-informed approach.
- 5.8 A research study completed in Australia by Adults Surviving Child Abuse determined the economic impact of unresolved childhood trauma costs the Australian government \$9.1 billion annually.
- 5.9 For children and youth served in a trauma-informed care facility, inpatient mental health services decreased by half, yielding a 51% savings.
- 5.10 Trauma-informed care has been shown to be effective with seldom heard populations by reducing barriers to accessing support and promoting earlier intervention, reducing the need for crisis intervention.
- 5.11 Trauma-informed approach in substance use treatment increased retention rates as the intervention group was 31% less likely to discontinue treatment within four months.
- 5.12 A study of a trauma-informed organisations indicated lower rates of staff turnover and lower usage of sick leave. The workforce development for trauma-informed care is relatively low-cost and high-yield.
- 5.13 Care experienced children and young people is one population where there is a high incidence of multiple trauma experiences, usually inter-generational in nature. Economic cost of the care system in the UK is £875 million Income tax and national insurance foregone as a result of lower incomes is £732million.

## **Equality and Poverty Impact**

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- 6.1 This approach would not have a negative impact on Equality and Poverty and has the potential to offer many benefits by adopting a root cause approach, recognising the links between trauma, adversity and poverty and that poverty is itself an adverse childhood experience.

## **Climate and Nature Emergency Implications**

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- 7.1 A trauma informed and responsive approach supports engagement and reduces dropout and disengagement.

## **Risk, policy, compliance, governance and community impact**

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- 8.1 In January this year the Trauma Champions, Trauma Informed Advisory Panel supported by the National Improvement Services held a Trauma Informed Edinburgh Development session. Just under 100 people attended from a variety of

services, including CEC, Police Scotland, NHS, third sector, experts with Lived experience, local councillors, education staff.

- 8.2 The session focused on fostering a vision for a trauma-informed Edinburgh, identifying the steps required as we work together to support this and explored the priorities and actions that are required to make it happen.
- 8.3 The attendees feedback that a trauma informed Edinburgh would provide a sense of community and provide consistent responses across all systems and services. The vision identified was for a universal level of knowledge and a common narrative across the services and sectors to ensure a consistent, multi-agency, cross service and cross sector response to trauma
- 8.4 The hope was expressed that this would be a place where everyone feels safe and is treated with dignity and respect. Emphasis was placed on moving away from the 'us' and 'them' attitudes to provide compassionate, non-judgemental places and people.
- 8.5 A TIRA aligns with the three key objectives of the CEC Change Strategy, "To drive improvement to the high-quality services that our residents expect and deserve", ensuring that "Investment is targeted at prevention and early intervention to reduce long-term reliance on our services and allow residents to lead active, independent lives", and that "The growth of the city is sustainable and inclusive" and 2 of our 3 Business Plan priorities to "Create good places to live and work in Edinburgh" and "Take all the local actions needed to end poverty in Edinburgh"
- 8.6 It is well documented that systems, policies and processes inadvertently cause traumatisation and re-traumatisation, and by adopting this approach this risk can be significantly reduced.
- 8.6 Trauma is experienced at a much higher rate, in certain populations. We know that women, ethnic minorities, those with disability, LGBTQ+ and all protected characteristics experience higher incidences of trauma and often repeated incidences across the lifespan. If we were to commit to a trauma-informed and responsive approach in Edinburgh, that recognises the impact trauma can have on people's lives and respond to individuals' needs in a way that resists re-traumatisation and supports recovery this would greatly benefit our most vulnerable populations.
- 8.7 Rejecting the recommendations in this report and failure to adopt a Trauma Informed and Responsive Approach will continue to lead to negative social and health outcomes and perpetuate the cycle of intergenerational trauma, while continuing to risk re-traumatising and failing to meet the real unaddressed and acknowledged need of this population, at a tremendous continued economic, social and human cost to our organisation, our people and our citizens. Adopting a trauma informed and responsive approach in 2 service areas saw a reduction in frequent attendees in and A and E setting by 11% and in a GP setting by 31%. This could help address the revolving door system we see in our services by addressing the root cause issue, not just simply managing symptoms.



## Background reading/external references

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- 9.1 The National Trauma Transformation Programme and Roadmap [Implementation - National Trauma Transformation Programme](#)
- 9.2 The Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce  
[https://transformingpsychologicaltrauma.scot/media/x54hw43l/nationaltraumatrainin  
gframework.pdf](https://transformingpsychologicaltrauma.scot/media/x54hw43l/nationaltraumatrainin<br/>gframework.pdf)
- 9.3 Trauma-informed practice: toolkit  
<https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland>
- 9.4 Enablers and barriers to trauma-informed systems  
[https://www.gov.scot/publications/evidence-review-enablers-barriers-trauma-  
informed-systems-organisations-workforces](https://www.gov.scot/publications/evidence-review-enablers-barriers-trauma-<br/>informed-systems-organisations-workforces)
- 9.5 Trauma-informed approaches to supporting people experiencing multiple disadvantage [Trauma-informed approaches to supporting people experiencing multiple disadvantage \(publishing.service.gov.uk\)](#)
- 9.6 [Mental Health Foundation Cost to the Scottish Economy](#)
- 9.7 [Hard Edges Scotland | The Robertson Trust](#)
- 9.8 [3Rs-Strategy Reducing Drug Deaths.pdf](#)
- 9.9 Follow the Money report [Follow-the-money.pdf \(carereview.scot\)](#)
- 9.10 Conti, G. [://www.gov.scot/publications/trauma-informed-practice-toolkit-  
scotland/London: NSPCC](://www.gov.scot/publications/trauma-informed-practice-toolkit-<br/>scotland/London: NSPCC).
- 9.11 Halpern, S. C., Schuch, F. B., Scherer, J. N., Sordi, A. O., Pachado, M., Dalbosco, C., ... & Von Diemen, L. (2018). Child maltreatment and illicit substance abuse: A systematic review and meta-analysis of longitudinal studies. *Child Abuse Review*, 27(5), 344-360.
- 9.12 Karatzias, T., Power, K., Woolston, C., Apurva, P., Begley, A., Mirza, K., ... & Purdie, A. (2018). Multiple traumatic experiences, post-traumatic stress disorder and offending behaviour in female prisoners. *Criminal behaviour and mental health*, 28(1), 72-84.

### City of Edinburgh Council Policies and Procedures

- 9.13 Multi-Agency Domestic Abuse Policy: [Integrated Impact Assessment](#)
- 9.14 The Edinburgh [Adult Protection Policy](#)
- 9.15 The Edinburgh [Adult Protection Multi-Agency Guidelines](#)
- 9.16 The Edinburgh [Adult Protection Procedure](#),
- 9.17 The Edinburgh [Child Protection Procedures](#),
- 9.18 The Edinburgh [Domestic Abuse Housing Policy](#)
- 9.19 [EADP-Strategic-Plan-2021-2024-1.pdf \(edinburghadp.co.uk\)](#)

9.20 [Edinburghs Promise](#)

9.21 (COVID-19): [Coronavirus](#) mental health - transition and recovery plan

## **Appendices**

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10.1 Enablers and barriers to trauma-informed systems, organisations and workforces: evidence review -[here](#)

10.2 Trauma-informed approaches to supporting people experiencing multiple disadvantage A Rapid Evidence Assessment- [here](#)

10.3 Trauma-informed approaches to supporting people experiencing multiple disadvantage (publishing.service.gov.ukAppendix 1 for findings of a post

10.4 [STILT Report](#)

10.5 Appendix 2 [Trauma is Everybody's Business](#)