Nottingham and Nottinghamshire Trauma Informed Partnership -

Trauma Strategy Summary

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Nottingham and Nottinghamshire

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What is trauma?

Trauma is defined as physical and psychological impacts re-experienced in the present, often shaped by pre-existing vulnerabilities, available support, and additional stresses (van der Kolk, 2014; Mate). Childhood trauma can shape brain development, emotional regulation, and relational patterns (Cairns, 2002). Trauma reactions, such as fight/flight or freeze-faint responses, are normal survival mechanisms, but can cause difficulties in daily life if they persist (NICE, 2022).

Trauma is not evenly distributed in society (McLaughlin et al., 2013; Magruder, et al., 2017). It disproportionately affects marginalised populations and is inseparably bound up with systems of power and oppression (Bowen and Murshid, 2016; Becker-Blease 2017).

Trauma survivors may experience re-experiencing symptoms, strong memories, intrusive thoughts, and dissociative symptoms (NICE, 2022). These symptoms can impact various aspects of their lives, including self-perception, relationships, work, and worldview (NICE, 2022). Some survivors may also experience post-traumatic growth (Woodward & Joseph, 2003).

Organisational trauma can shape generations of organisations, communities, and countries, with symptoms including perceived danger, numbing, relational damage, loss of hope, powerlessness, increased sickness, compromised thinking, reduced emotional spaces, and staff fleeing (Bartle & Bell, 2020). To deliver trauma informed services, organisations need reflective and emotional capacity to contain and make sense of traumatic experiences (Casement, 1985).

The impact of trauma

People with experiences of trauma are at heightened risk of a range of adverse impacts across different aspects of their lives, including their health and wellbeing, employment and educational outcomes, and their likelihood of experiencing multiple disadvantage and related challenges including homelessness, substance use and offending (Felitti et al., 1998; Copeland et al., 2018; Watson et al., 2019). In addition, trauma can also create a wide range of emotional, physical, behavioural and cognitive responses (e.g. shame, withdrawal, hostility, fatigue, risk-taking, cynicism, argumentative behaviour, apathy, and memory problems)[1] that serve as barriers to access to effective help and support.

The result of this dynamic is that people who are at most risk of poor health and wellbeing and other challenges arising from trauma are also often least well served by support systems and structures (e.g. those attending to health, housing, education, and other areas) that can help. This can lead to people becoming more vulnerable and facing increasing and longer-term difficulty throughout their lives.

[1] https://www.ncbi.nlm.nih.gov/books/NBK207191/table/part1_ch3.t1/?report=objectonly

IMPACT

The impact on services, staff, and the wider system

The consequences of trauma are felt across a range of areas of teams and services with responsibilities relating to varied areas, including health and wellbeing (including mental health), education, welfare and employment, social care, substance use, offending and criminal justice, and homelessness. These services may see increased demand pressures (particularly for reactive and emergency interventions) associated with the impact of trauma and challenges that prevent or reduce access to preventative support. This can place additional strain on partners' resources and efforts at a time of high demand across services operating in the public and voluntary sectors.

Additionally, colleagues across teams and services can face challenges engaging with people who may interact differently (e.g. by being withdrawn, combative, cynical, missing appointments, etc) due to their responses to trauma. This can place additional demands on staff, and in some cases, can undermine their efforts where underlying issues relating to trauma are unaddressed.

Prevalence

Experiences of trauma are not uncommon and can present across the life course and amongst people across partners' services (e.g. education, criminal justice, health / mental health). The prevalence of trauma in communities can be measured through traumatic events, diagnoses, or Adverse Childhood Experiences (ACEs) (Bellis et al., 2014; Felitti et al., 1998). In England and Wales, there were an estimated 1.6 million women who experienced domestic abuse, 618,000 women and 155,000 men who experienced rape or sexual assault, and 46,239 knife or sharp weapon incidents in the past year (GOV.UK, 2021, 2022; Women's Aid, 2021). An estimated 85% of adults who experience multiple disadvantage have faced traumatic experiences in childhood.It is also worth noting that early experiences of trauma can often feed into increased risk of further traumatic experiences later in life.

Approach

In 2021, the Nottingham and Nottinghamshire Strategic Violence Reduction Board agreed on the need for a trauma informed strategy to create a shared understanding across various sectors. The strategy aims to engage organizations at all levels in becoming trauma informed, covering both children's and adult services.

The strategy was developed based on trauma informed practice values, with collaborative events revealing that the impact of trauma is felt across numerous teams and services, with many organisations beginning to recognise the value of considering trauma informed approaches to help improve outcomes and attend to the needs of vulnerable people in their own areas of responsibility. A cross-organisational steering group was formed in 2021 to explore the opportunity to support organisational awareness and governance arrangements and identify opportunities to strengthen trauma informed delivery.

A shared vision for a trauma responsive Nottingham and Nottinghamshire emerged during the collaboration phase, aiming for cultural and systemic changes to create safety and nurture in organizations and communities.

Workshops held in February and March 2022 focused on trauma informed commissioning, developing shared language and frameworks, and trauma specific pathways, whilst acknowledging that different organisations in Nottingham were at different points in the journey to becoming trauma-aware.

Value of a trauma informed approach

Trauma informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to safe or develop trusting relationships with services providing health, care and other interventions and their staff.

It aims to improve the accessibility and effectiveness of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration partnership with people and empower them to make choices about their lives.

A trauma informed approach acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What's wrong with this person?'

Trauma informed approaches have key components, including recognition of trauma, safety, resistance to re-traumatisation, trustworthiness, collaboration, empowerment, peer support, cultural issues, and pathways to trauma specific care (SAMHSA, 2014). These principles should be tailored to each organisation's own context and the needs of people they support.

By increasing the adoption of trauma informed approaches, the Nottingham and Nottinghamshire Trauma Informed Strategy aims to empower colleagues and services in our region to engage and work more effectively with people who have experienced trauma to help meet their needs.

The use of trauma informed practices is also aimed at helping partners to realise the following benefits:

- **Improved interactions (e.g. by reducing missed appointments)**
- **Reduced demand for repeated and reactive or emergency interventions**
- **More effective delivery and attainment of core organisational**
- **Improved wellbeing of colleagues**

Example of a partnership programme using a trauma informed approach:

Changing Futures Nottingham

The Nottingham City Changing Futures programme places a strong emphasis on taking a person-centred approach to extend understanding of the individual needs and preferences of people who face multiple disadvantage beyond the symptoms of their trauma.
By working as partners in planning their care and support, and by helping providers of other services to account for their needs, Changing Futures is working to help overcome barriers to help and rebuild belief that a happier, healthier life is possible.
The Changing Futures programme also supports wider services that people depend upon across the system (e.g. those attending to physical and mental health, homelessness, domestic violence and abuse, and substance use treatment) to understand and adopt trauma informed approaches through free training and resources provided by the Nottingham Practice Development Unit.

In addition to helping to improve the life chances of vulnerable people, evidence from the delivery of the programme has shown significant reductions in the corresponding demand for reactive and emergency interventions in healthcare (including A&E attendances, unplanned hospital admissions, and days in inpatient mental health wards) and improvements in many other areas of need (e.g. homelessness, offending, substance use, etc).

Recent collaboration with the Severe Multiple Disadvantage (SMD) Centre of Excellence in Primary Care has produced tools and resources for GP surgeries in Nottingham - see Changing Futures Nottingham- Access to Healthcare Video.

NEXT

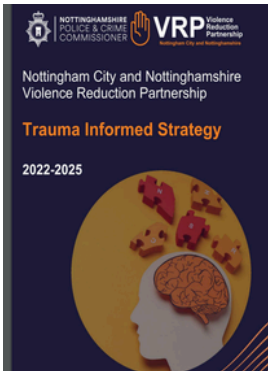
Next Steps

Developing trauma informed practice in Nottingham and Nottinghamshire involves layers of social, cultural, and political changes. Those organisations involved posed a number of reflective questions focusing on existing trauma informed practices, barriers to implementation, and the need for trauma informed commissioning structures that support the embedding of trauma informed approaches at different operational levels and the creation of trauma responsive physical environments and workforces. This included the need for a trauma informed workforce encompassing the provision of training, reflective and supervisory spaces, self-regulation opportunities, and trauma-focused interventions.

Key markers of becoming trauma informed and responsive include recognising trauma's impact on behaviours, supporting workforce-related trauma, creating safe environments, and providing appropriate training and support. Recognizing trauma and adversity in service users requires holistic assessments, trauma specific pathways, and understanding the stages of trauma recovery. These markers can be captured through case studies and narratives from service users and providers. An evaluative process is needed to track systemic and cultural shifts over time.

TRAUMA INFORMED STRATGEY

In 2021, the Nottingham and Nottinghamshire Violence Reduction Partnership (VRP) board agreed on the need for a trauma-informed strategy to create a shared understanding across various sectors. The strategy aims to engage organizations at all levels in becoming trauma-informed, covering both children's and adult services. The strategy was developed based on trauma-informed practice values, with collaborative events revealing that many organisations have started considering trauma-informed care.



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