

The 'go to' organisation for Local
Government improvement in Scotland



◆ EDINBURGH ◆
THE CITY OF EDINBURGH COUNCIL

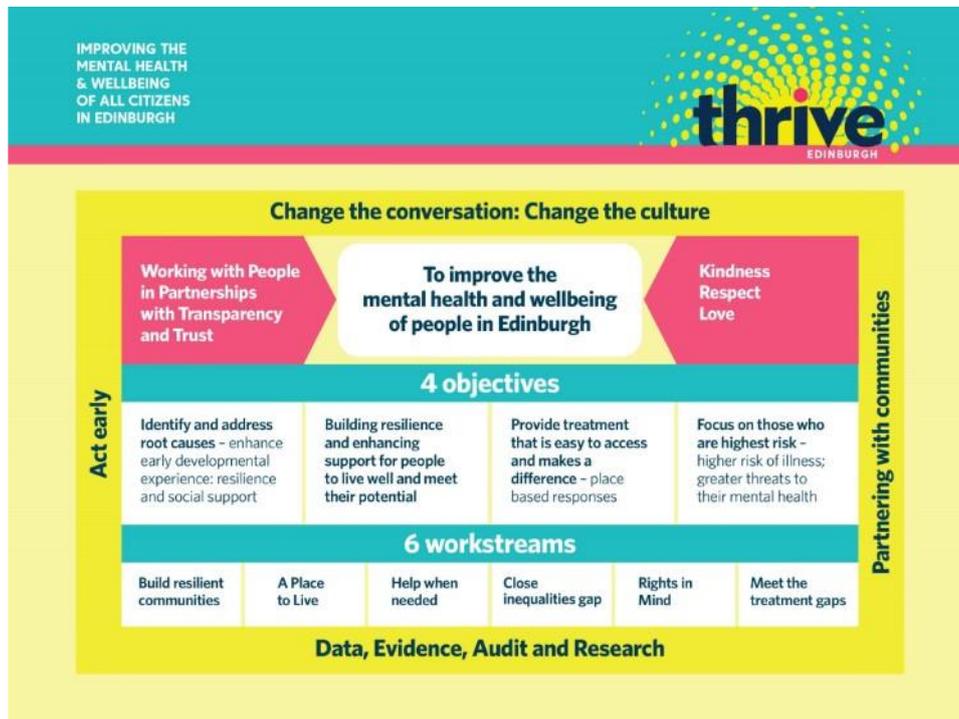


DEVELOPING A TRAUMA INFORMED EDINBURGH

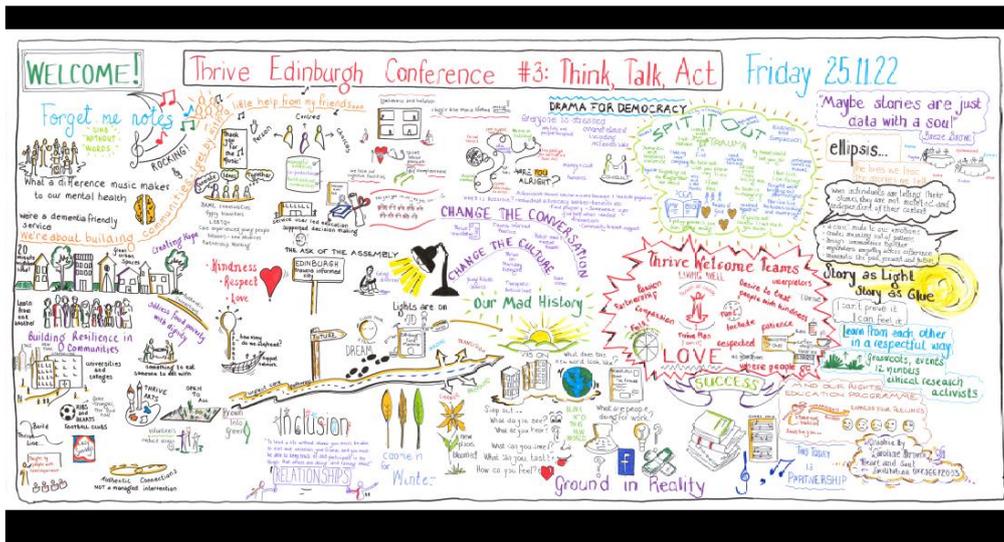
January 2023

1. Through a trauma lens

- 1.1 Attendees were provided with a light lunch and networking opportunity before the meeting.
- 1.2 Dr Linda Irvine Fitzpatrick, Thrive Edinburgh Strategic Lead and Trauma Champion for Edinburgh Health and Social Care Partnership welcomed and thanked all for attending the session. She noted how wonderful it was to return to having face-to-face events.

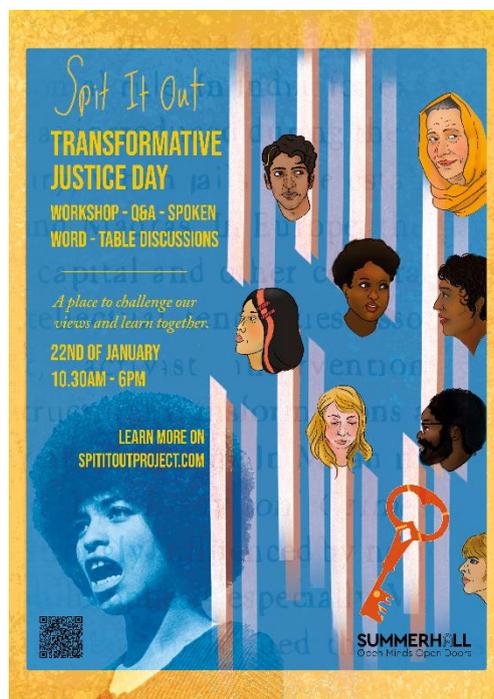


- 1.3 Linda spoke briefly about the work of Thrive and the delivery against the pillars, workstreams and Change Programmes and how we could view this work through a trauma lens.
- 1.4 She highlighted the 3rd Thrive conference, held in November 2022, noting the creative elements including music, spoken word and drama which were used and inspired fantastic conversation.
- 1.5 She shared her aspirations for the day and encouraged all to be inquisitive and curious:
 - Listen to what people value and what needs to grow
 - Hear and understanding what people think is lacking or needs to change
 - How to we weave initiatives and developments together to create coherence
 - What can we ask city leaders and key stakeholders to do – 100 days of action



2. Trauma and Healing Through Creativity

- 2.1 Bee Asha and Lea from Spit it Out, 3rd sector organisation that supports the community in finding cathartic creativity and creates platforms for sharing and healing.
- 2.2 They shared some of the work they have been involved in over that last few years including the Transformative Justice work which began as a reading group in 2021. They have since created the Transformative Justice group, a grassroots initiative to bring community together and tackle change collectively.



- 2.3 Additionally, **The Aye Right Project** is a multi-art form project dedicated to vulnerable and marginalised communities, using art to share important information around their rights using a transformative justice approach.

2.4 They noted they would be happy for people to get in contact to discuss anything further. You can see more on their website: [The Spit It Out Project](#)

2.5 Bee Asha performed some of her amazing work and concluded:

“If we wore every moment of trauma we had ever faced as scars and boils on our skin, would we perhaps be more aware and therefore, empathetic towards each other as a result?”

As women, throughout our lives, we are subjected to a multitude of physically stressful and traumatic situations that often leave our bodies and minds in states of disarray. My, like many others, vulva has gone through a lot including continuous invasive smears, violently painful “consensual” sexual acts, rape, and an extremely distressing abortion. “These traumas have left such scars on my mind that it is now a daily practice to steer my thoughts around them and bring myself back to the moment.

*There are many that may need to seek help from medical professionals, which can be made an incredibly daunting process for those of us with mental health issues, learning disabilities or histories of trauma. I believe there needs to be a responsibility and a shift in the way healthcare providers are educated to treat patients. A more holistic approach needs to be taken in order to stop any further trauma. I believe there needs to be a shift in the way that our society looks at each other. We need to approach people with an initial foresight of kindness and compassion, no matter their creed. **“This person has lived a life. Anything could have happened to them.”***

3. Aims and national overview

3.1 Rowena McIntosh, Trauma Project Manager, Improvement Service began by explaining that psychological trauma is much more prevalent than is often understood. Often ‘trauma’ is associated with physical trauma or “one off” experiences.

3.2 For people with multiple needs, including people in in-patient mental health, drug and alcohol services and the justice system, the prevalence of trauma is often even higher. For example:

- 75% of women and men attending substance misuse services, for instance, report abuse and trauma in their lives.
- Among people in prison, studies have found 94% of people report a history of trauma
- In inpatient mental health services 60% of women and 50% of men report being sexually or physically abused in childhood.

3.3 She noted that despite the association between the experience of trauma and poorer physical, social and educational outcomes, we also now understand that people affected by trauma can be less likely than others to seek or receive the help or support they need, for a range of reasons.

3.4 When explaining what it means to be trauma informed, Rowena referred to the 6 ‘Rs’:

Realising trauma is more common than we once thought.

Recognise the impact across a person's life, which can often be hidden.

Responding with that recognition in mind. Do no harm, and we design systems and services and ways of working that support people's recovery, rather than creating barriers

Recognise that people are resilient and we support that resilience.

Relationships - People who have experienced trauma tell us that one of the most important parts of their recovery was relationships—developing a real, trusting relationship with a person, often a professional—this doesn't have to be with a specialist service, this could have been a housing officer, a GP, a library worker, for example.

Psychological trauma – why it matters	What does it mean to be 'trauma-informed'?
<p>In 2019, just over one in seven adults reported four or more ACEs.</p> <p>15% 4 or more</p> <p>Verbal abuse was the most common ACE reported, experienced by just under half of all adults.</p> <p>Verbal abuse** 47%</p> <p>Physical abuse** 26%</p> <p>Household domestic violence 24%</p> <p>Parental separation 23%</p> <p>Household mental illness 19%</p> <p>Household alcohol abuse 19%</p> <p>Sexual abuse 17%</p> <p>Household drug abuse 9%</p> <p>Homelessness of a household member 3%</p>	<p>Realises the prevalence of trauma.</p> <p>Recognises the impact of trauma</p> <p>Responds with that recognition in mind do no harm, support recovery, create systems, that remove potential trauma related barriers</p> <p>Resilience recognised and supported</p> <p>Relationships matter</p>
<p>The 'go to' organisation for Local Government improvement in Scotland</p>	<p>Resists re-traumatisation: Understands that trauma memories feelings and responses can be "triggered" often by subtle or innocuous events / relationships</p> <p>Offers the opposite of a "traumatising" relationship</p> <p>The 'go to' organisation for Local Government improvement in Scotland</p>

- 3.5 She then turned to the national context for this work which she notes ultimately lead to why we are talking about trauma and trauma-informed approaches in Edinburgh. She raised that it be very familiar to some of you, perhaps not so much for others.
- 3.6 The Scottish Government has made a commitment to preventing adverse childhood experiences (ACEs) and to supporting the resilience and recovery of all children and adults affected by psychological trauma. This commitment is anchored in the long-standing national approach of Getting It Right for Every Child (GIRFEC) and aligns closely with the incorporation of the UN Convention on the Rights of the Child into Scots law. It also supports the ambition set out in our National Performance Framework of increasing the wellbeing of people living in Scotland and reducing inequalities.
- 3.7 She highlighted that this ambition for trauma-informed services, systems and workforces is designed to support approaches and priorities across the piece, rather than be a siloed or additional ask of the workforce and services.
- 3.8 Rowena went on to say this ambition is being embedded across national strategies and guidance.



- 3.9 She stated at the heart of all of this is the absolute need for everyone to recognise that trauma is everybody’s business. No one team, agency or organisation is solely responsible for responding to trauma. Joined-up multi-agency working where every colleague and every organisation understands their role helps to ensure that services and systems respond to trauma and its impact as early as possible and has a shared language and understanding across all parts of the workforce
- 3.10 In this sense, it is about approaching all service design and delivery in ways which support recovery and resilience, and resist retraumatisation through examining all the aspects of an organisation and its services - things like physical environments, communication, our care and support pathways, and our partnership working.
- 3.11 It is also about thinking about the wider parts of how systems and organisations work and how these can support the development and embedding of trauma-informed practice and policy—like leadership, culture and values, workforce wellbeing, power sharing with people with lived experience of trauma, collecting meaningful data on how services are working and what this means for people’s outcomes, equipping staff with knowledge, skills and confidence in working this way. This is really about long-term culture change.
- 3.12 She highlighted that to help further this ambition, the National Trauma Training Programme was established in 2018, led by NHS Education for Scotland (NES).
- 3.13 It was initially built on the foundational knowledge and skills framework for psychological trauma, which was published in 2017, leading to the publication of the training plan. Since then, NES has produced a wide range of universally accessible core training and resources, which are designed to support all sectors of the workforce to upskill staff to the appropriate level of trauma informed practice.
- 3.14 Both the Trauma Framework and training Plan highlight the key role of councils, NHS and other community planning partners in ensuring that trauma-informed systems and practices are embedded at a local level, and how this shift will contribute to these organisations’ overall aim of reducing inequality and improving outcomes for communities.

Trauma as 'everyone's business'



The NTTP - who & what?



3.15 Evidence tells us that a range of other things needs to be in place to support the sustainable development of high-quality trauma-informed services, systems and workforces:

- Champions network
- Local funding – many areas using this for a lead officer
- Many areas forming steering groups – various formats and levels of governance/remit etc
- IS work – local implementation and development support; champions network comms and events; lead officers network and peer support; Khub; various tools including EM briefings and companion documents.

3.16 Rowena finished by explaining the aims of the day which would be covered in each of the breakout group sessions.

Local Implementation

- Champions network
- Local funding – many areas using this for a lead officer
- Steering/oversight groups – various formats and levels of governance/remit etc
- Local implementation and development support; champions network comms and events; lead officers network and peer support

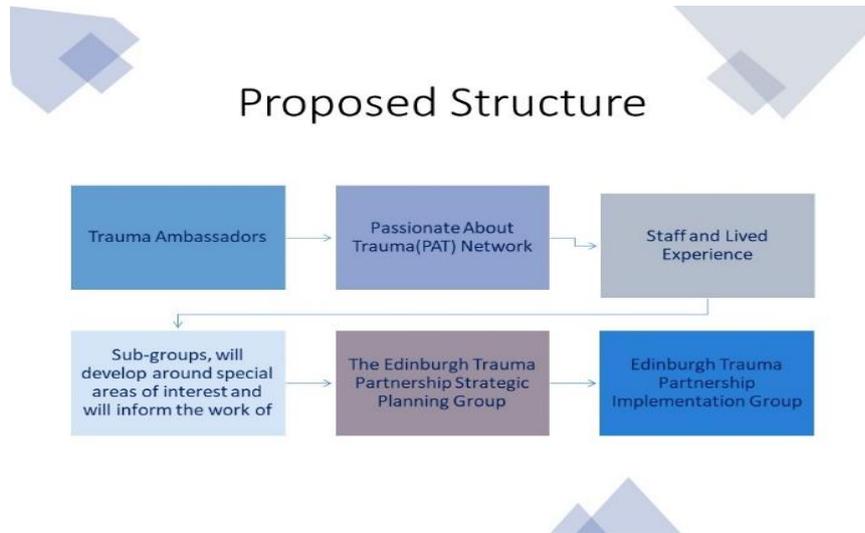
Aims for today

- The 'vision' for a trauma-informed Edinburgh
- Reflect – where are we currently?
- The 'action' – what needs to happen?

The 'go to' organisation for Local Government improvement in Scotland

4. Trauma informed approaches update and overview

4.1 Claire Ryan-Heatley, Trauma Lead Officer, Edinburgh City Council gave an overview of the Trauma Ambassadors and The Passionate About Trauma Network.



4.2 Many individuals who access services have histories of trauma, but they often do not recognise the significant effects of trauma in their lives; and don't draw connections between their trauma histories and their presenting problems.



4.3 Collaborative working and knowledge sharing to promote local, joined up, integrated multi-agency partnerships will be key. Trauma Ambassadors will collaborate with other Trauma Ambassadors to feed into a Passionate About Trauma (PAT) Network. Sub-groups will develop around special areas of interest to inform the work of The Edinburgh Trauma Partnership Strategic Planning and Implementation Group. This will ensure the voice of frontline staff and those we support are represented and have an opportunity to influence practice and policy, inform and influence cultural and system-wide change.



4.4 Claire detailed the potential role of the Trauma Ambassador:

- Prevent and mitigate impact of trauma, where possible and resist traumatisation or retraumatisation
- Raise awareness of the prevalence of trauma and how best to respond to trauma to resist re-traumatisation and support recovery.
- Educate staff and those supported to recognise, understand and manage the impact of trauma.
- Destigmatise trauma through education; change judgemental narratives through trauma informed approach.
- Encourage all staff to identify and complete appropriate level of training using the National Trauma Training Programme (NTP).
- Support a trauma informed culture, modelling curious conversations within their team, service and wider sphere of influence.
- Respect the resilience of people and their efforts to survive, by using coping behaviours available to them- not a lifestyle choice!
- Identify priority areas for improvement and support team to take a trauma informed lens to service.
- Recognise that this is a continuous, committed process. A way we are being in relationship with others, in every interaction.
- To encourage colleagues to feel confident in highlighting where TIP isn't yet happening and support action steps to address this.
- To adopt a solution focused, strengths-based approach and explore how current practice could be improved.
- Fosters an open honest culture that values transparency, views people as human first and employees second, nurtures psychological safety, proactively supports wellbeing, recognises the prevalence of trauma in our workforce and provides appropriate support

4.5 Trauma Ambassadors are asked to complete Developing Your Trauma Skilled Practice E-modules. Regular ongoing development and group space will be made available to continue to develop skills, offer peer support, take a trauma lens to challenges arising and share knowledge, supported by the Transforming Psychological Trauma Implementation Co-ordinator (TPTIC) and Trauma Lead Officer (TLO).

- 4.6 Claire asked colleagues to consider if they would like to be a Trauma Ambassador and to get in touch with her.

5. A trauma informed Edinburgh: the vision

- 5.1 The first breakout session aimed for each group to think big and ambitiously about what the broad picture would look like for Edinburgh if it were truly 'trauma-informed' and responsive. This helped develop a shared understanding of this ambition for Edinburgh from the outset.
- 5.2 Rowena noted that the aim is think about what culture and outcomes would look like across the area and its population, beyond specific services and organisations.
- What would a 'trauma-informed Edinburgh' look and feel like?
 - What would outcomes look like for the population and culture of Edinburgh if it were truly 'trauma-informed'?
 - What would citizens and service users tell us about their experiences of services in a trauma-informed Edinburgh?
 - How would you know this was happening? What would be the key indicators of success/progress?
- 5.3 Facilitators submitted the key points from their tables to mentimeter which can be seen below:

Sense of community

- universal training across services/sectors - understand barriers, ease of access for those requiring support- person centred not service centred

Consistent responses across all systems and services, with strong buy-in across professionals at all levels and service areas.

Everyone has an understanding of trauma and it's impact

Everyone understands what a trauma-informed Edinburgh is

It feels okay to talk about trauma without feeling shame / judgement

Compassionate kind and thoughtful

No outcome based funding, and funding should be longer term

Staff feel supported and have access to good supervision and reflective practice spaces

Community wellbeing, connections, resilience

Services should be accessible to everyone in Edinburgh

A media that was responsible about speaking about trauma

A place where everyone feels safe and are treated with dignity and respect

Workforce wellbeing, proactive and reactive support, impact of vicarious trauma

Staff are all trauma informed trained and supported. Services practice what they preach with their own staff. Everyone in Edinburgh is trauma informed staff and members of the public. Children and parents are taught about it. Labels are avoided.

No wrong door approach - compassionate, non judgemental responses no matter who you engage with

Seeing people not behaviours

No 'us' and 'them' culture. A recognition that everyone has experiences of trauma and everyone's wellbeing needs to be promoted and prioritised.

Not looking to provide solutions all the time. Listen and be empathetic is also important and all someone may be looking for.

Understand what ACEs are and how they impact people and behaviours. Both mental, emotional and physical well-being.

Don't be judgemental. Remove prejudice

People getting support where they need it when they need it

Having funding systems in place to respond to emerging and obvious gaps. Example full mental health waiting lists. Crisis in school attendance and yp mental health. Decide media in Edinburgh can undo a lot of trauma education.

Initiatives using life experience. Sharing psychoeducation with families to empower them.

Empowering people to understand themselves and their children.

5.4 In summary attendees:

- felt that a trauma informed Edinburgh would provide a sense of community and provide consistent responses across all systems and services.
- thought that there would be a universal standard of training across the services and sectors to ensure everyone understand what a trauma informed Edinburgh means.
- There was hope that this would be a place where everyone feels safe and is treated with dignity and respect.
- There has to be a move away from the 'us' and 'them' attitudes to provide compassionate, non-judgemental places and people.

6. A trauma informed Edinburgh: where are we now?

6.1 Rowena explained that the aim of this discussion is to reflect on where Edinburgh is currently. She encouraged all to think about what they know about Edinburgh's citizens and their experiences of trauma, as well as how services and organisations in the city currently respond to psychological trauma and the needs of those affected by it.

6.2 The key questions that the groups focused on were:

- What are the key issues affecting people with experience of trauma in Edinburgh?
- What is specific to Edinburgh when thinking about responding to trauma? How do factors such as geography and socio-economics impact this work?
- What are the current strengths in Edinburgh in terms of how services and professionals respond to the impact of psychological trauma?
- Are there any particular examples of good trauma-informed work which is already taking place in Edinburgh?
- How can we draw and build on good work which is already taking place?

6.3 Facilitators submitted the key points from their tables to mentimeter which can be seen below:

Adult protection esp marac and log

Connecting events eg community days

Inconsistent approaches. Judgemental society/Value laden assumptions

3rd sector can show how to work in a compassionate and culturally sensitive ways

Grassroots, small responsive groups

Often Trauma is associated with inequality and issues of poverty, poor housing, and substance misuse which can make it particularly difficult to access mental Health services.

Parenting programmes

The libraries are good as partnership work and responding and reflecting the communities they are in

Edinburgh send to have a bit of a postcode lottery with availability of services

Services are available however it is divided on postcode.

We could get better at publicising information about the services and resources (e.g. training) that are available.

Non stigmatising Services need to be available to all.

There are barriers for people living in Edinburgh including waiting lists, access points & service pressures. Covid has impacted how we support the most vulnerable Service response is not always universal

So many gaps in services and not being joined up

Local hubs (20 min. Neighbourhood) where people can flexibly access a suite of colocated services

Funders understanding complexity of trauma, funding cycles and taking long term strategic approach

Housing stability issues are prominent in Edinburgh

Postcode lottery, misunderstanding that trauma only happens for certain populations/postcodes

We need to harness the people that have lived experience that are already working within our services

Impact of lockdown on care services - lack of resources to respond to the increased demand on these services

Changing demographics/ needs within the city that structures are not necessarily in place yet to respond to.

Staff retention, loss of knowledge, short term funding

Good examples of models already in place eg rivers, home first, the Vow, willow

Housing- lack of availability and inappropriate options and no trauma informed understanding of homelessness

Support is siloed, people's needs aren't seen holistically

Too much focus on services - community cohesion and community supports are for a growing city essential. Better investment into what support community

Challenges in accessing support/ services - incl knowledge of what support is available, lack of capacity within services or high thresholds that need to be met to access support.

Family group decision making, Bairns Hoose, Family Nurse Partnership are examples of good practice already happening

Funding needs to be available much quicker to respond to emerging crisis and obvious needs coming through, for example crisis in school attendance, full waiting lists for mental health, not enough services for children and young people with ASD

Homelessness - that lack of crucial foundation affects a whole persons life.

Lots of great practice across the city but are the people who need to know about aware of it? There is a role for everyone around these tables to raise awareness of good practice, champion this agenda and reach stakeholders who aren't engaged yet.

Lack of community development and empowerment. Using a sticking plaster approach

Lack of psycho education for Edinburghs citizens in general. If we had it, we would be a more compassionate city.

Devisive media in Edinburgh can u do a lot of great work.

More people interested and know about TIP, which is really positive and this interest should be built upon.

'Fear' of unearthing trauma by using an educational approach- yet people are living it day in and day out. Education is empowering.

6.4 It was noted that whilst there are some inconsistent approaches within the city, there are some models of good practice which should be shared. There was an overall sense that people may not be aware of what is available to them, additionally other commented that there seemed to be a 'postcode lottery' in terms of support.

7. The action: what is needed to get there?

7.1 Rowena invited attendees to draw on the discussed ambitions and vision for a trauma-informed Edinburgh, to focus on the immediate and short-term priority areas that require focus over the next six-to-twelve-month period, including the scaffolding and oversight required to steer and guide this work.

7.2 The key questions that the groups focused on were:

- What are the key priorities/actions for this work across partners over the next six to twelve months?
- Where are the opportunities for collaboration across partners in order to further the trauma-informed agenda across Edinburgh?
- Who needs to be actively involved in the development and actioning of these priorities?
- Regarding the proposed structure for how Edinburgh will deliver this work - who should be feeding into this? What voices should be involved?

7.3 Facilitators submitted the key points from their tables to mentimeter which can be seen below:

Trauma training needs to be continuous and include everyone within a service, at all levels. There should also be revisions and CPD on it

Maximising community investment and planning - services are not the panacea and complete response to trauma

Trauma designed buildings - linked to communal, shared, space, reducing isolation and boosting community level support

Training and knowledge. Evaluate the language that is being used. Needs to be a culture change

We need ambassadors beyond universal services to promote and encourage colleagues to undertake training and change cultures

Redrawing trauma responses as societal and not solely service responses - promoting compassion, kindness and social solidarity

Incorporate trauma education throughout higher education degrees offered

Staff training which changes peoples mindset.

Trauma training must become mandatory CPD or part of organisational induction

Publicity - major unified programme across the board on radio, on buses, in schools, libraries, reaching people where they are at to raise awareness, educate about what trauma is and get the common language out there

Time for reflective practice

Societal messages - public messages around the 5 principles - think drink drive cultural change (don't have that fifth pint 1972)

Reduce some of the barriers (incl. physical barriers)

A designated Trauma Awareness Day, backed by a media awareness campaign, supported by community poster competition, spotlight celebrate the good stuff, Childrens parliament event

Need to partner with people that are actually using the services

Lived experience must feed into it. This needs to be appropriately supported and followed by tangible action

Community ownership and responsibility, Let's talk about trauma. Recovering Together

Lived experience must be at the centre but everyone needs to be around them and be willing and prepared to go on the journey with them

All staff need to be trauma informed. We need a definition of it. Can we evaluate the experience of service users to establish if it is trauma informed? If not where can we improve?

Can we bring in insistence when allocating funders for evidence of using projects and contractors funded using a trauma lens to their work? Should funding be given with this premise included? And training be part of the conditions.

Regular gatherings of the relevant people around the table to keep the conversation and momentum going

Harnessing what's on the ground to get the message out

It is about being intentional in the work that we are doing and taking forward

Use psychoeducation to empower our citizens, our children, parents, carers.

Needs to be driven forward by seniors and influencers. And it's possible that different forums are needed

We need a media campaign around trauma - we can use a different word - had a difficult time, how it can show up in a person and manifest - create an understanding of it how presents and how we can support a person through our connections and relations

Workforce wellbeing and self care needs to be focused on. Ensuring time for reflection is included on a regular basis and in a supported way.

Part of a movement- I'm trauma aware badge, sign etc

Getting the voice of the people out sharing their story

Reflecting on our own organisations/services to determine where we currently are. Examine purpose and ensure TIP is embedded within this to encourage culture change.

Learning and development needs to be accessible and prioritised within services.

Ensure people with lived experience of trauma have meaningful opps to share the actions they'd like to see prioritised, and for these to be acted on.

Training and implementation support—training needs to stick

Organise more sessions like today but targetted at wider audiences including more managers and people in leadership positions.

Need to think about entire workforce, eg sessional workers, making training accessible

Share actions today with senior leads across all policy areas and ask them how they will support this work within their roles.

All elected members should do the training

An event next year to think about what have we done, where have we go to with this work

Ways to actually embody what we learn in trainings

Undertake a scoping exercise of the services in Edinburgh that are already making a real difference to the lives of families affected by trauma and direct funding (eg. the WFWF) towards expanding these services rather than parachuting in new service

Needing a universal language around trauma that is simple to understand

Creating supportive environments

Ensure all professionals who come into contact with families affected by trauma receive training that is appropriate to their role and remit.

Hearing from those with lived experience who have used tools and practices to overcome the effects of trauma

Consider making the issue a matter of public health.

Pay minority ethnic community based orgs to participate

Improve information sharing about services and supports and coordination of training - would not cost money but could make big difference

- 7.4 Attendees were keen to see a standard of training for everyone, at the awareness level and ensure that we are continually working together to share knowledge, information, and best practice. There was a sense that we need to work in a more collaborative way, ensuring that everyone is being heard and that those with lived or living experience can input. There was agreement that large events are important but would like to see representation from policy makers and senior leaders.

8. Next steps

Linda thanked everyone for coming along and participating in discussion. She noted that a report would be written up and shared.

9. Key Themes

- 9.1 There were a several key themes which emerged from the day:
- Ensuring that people with living / lived experience voices are heard and are part our delivery mechanism; building on collective advocacy and user led initiatives
 - Partnership and collaborative working underpinning all we do
 - The need to develop a shared language and cultural change of how we think about trauma through community capacity building
 - Training education and ongoing support for staff and managers across statutory, third sector and private providers
 - The importance of staff wellbeing staff wellbeing, support, supervision
 - Spotlighting good practice and scaling up what works well
 - The need to strengthen communities' resilience and trauma awareness
 - Making places and spaces that make communities trauma informed
- 9.2 The Edinburgh Trauma Partnership Strategic Planning Group will now consider these themes and develop a draft action plan.

30 January 2023