

# Envisioning Plymouth as a Trauma Informed City



An approach developed by the  
**Trauma Informed Plymouth Network**

## The Vision

Plymouth envisions a transformative approach that enables its people, its communities and its services to come together, to innovate and create a truly compassionate city: A city where people can feel **safe** within their community environments and within the security of safe and healthy relationships; where people's experience and choices matter; where communities are supportive and work with services to deliver outcomes that are truly **person centred**; where people seek connection with each other and are **kind**; where people trust each other, learn reflectively together and are truly **collaborative**; where people take responsibility, **empowering** each other to make a difference .

A compassionate Plymouth is a trauma sensitive city. It **realises** the potentially damaging consequences of traumatic experience and the opportunities that exist for healing to occur through safe relationships. It **recognises** the signs and expressions of trauma, but courageously seeks to address the underlying causes. It **responds** with empathy, integrating the knowledge of trauma into its policies and professional practice. It **resists** re-traumatising people and seeks at all times to de-escalate the deep anxiety that adversity can cause. It develops **resilience** within people and communities, enabling people to build upon their strengths and continue to challenge the causes of adversity.



<sup>1</sup> Plymouth Britain's Ocean City – Relates to the city branding as a waterfront heritage site, with a history of exploration and innovation, and now a cultural and educational centre of excellence: <http://web.plymouth.gov.uk/britainsoceancity/>

<sup>2</sup> Thrive Plymouth is the Public Health 10 year plan to improve health and wellbeing, and reduce health inequalities in the city. The programme is based on the 4-4-54 construct that shows

## Plymouth - The cultural context of adversity & resilience

Plymouth is a proud *Ocean City*<sup>1</sup> with a rich and pioneering history. Its iconic people and moments are captured in the many monuments that can be found within its equally iconic places. These testaments of the past have in recent times inspired a revitalised enthusiasm for the city to explore and celebrate its culture. Plymouth is a place that seeks transformation and as its landscape changes and develops, its communities and services look for new ways of understanding each other and working together. Plymouth aspires to be a place where its people feel safe and supported, and can truly **thrive**<sup>2</sup> and achieve their full potential. The city builds upon the many assets and strengths it enjoys within its people, its communities and its services and tangible is a spirit of resilience, of compassion and collaboration.



Like all great cities, the Plymouth experience can also be told as *a tale of two cities*<sup>3</sup>. Among its great monuments are also memorials to its experience of great adversity and deep hurt; The Scott Memorial at Mount Wise is a metaphor for the many Plymouth people who left to explore new territories, but sadly were lost and never returned; The Naval Memorial

poor diet, lack of exercise, tobacco use & excess alcohol consumption leads to 54% of deaths in the city (heart disease, stroke, cancers & respiratory problems).

<https://www.plymouth.gov.uk/publichealth/thriveplymouth>

<sup>3</sup> The Plymouth Fairness Commission report 2014 opened poetically, painting a contrasting picture of how deprivation and social inequalities across the city creates a radically different

on the Hoe Promenade evokes the countless service personnel that made the ultimate sacrifice in two World Wars, alongside those who died in more recent conflicts; The empty remains of Charles Church recalls the devastation of the blitz and a people under siege, experiencing the loss of family and friends while the fabric of the city itself crumbled about them.



An experience of trauma is as much part of the Plymouth story as its triumphant moments, even though adversity may now be more about social, environmental and economic deprivation, inequalities in opportunity, and a lack of fairness in being able to access life enhancing experiences such as education and employment, than the devastation of conflict. In as much as its' iconic historic moments and the great achievements of its citizens are rightly celebrated, the strength and resilience of the city is equally shaped by its profound experience of suffering.

### ***Becoming a courageously prevention focused city***

In becoming trauma aware Plymouth acknowledges the immense strengths individuals and communities bring to their own lives and to those around them. Plymouth has many successes to celebrate but wishes to move forward to ensure social justice and equality for all based on the latest research and evidence.

The adversity endured and impact on many of Plymouth's people and communities cannot be ignored. A trauma informed approach embraces the ground-breaking advances within health and neuro-sciences that demonstrate a distressing correlation between the adversity a person may experience in childhood, and its potentially damaging effects on their later physical and emotional health and social outcomes.

### ***'What is predictable is also preventable' – Dr R Anda***

Critical within this new understanding is an acknowledgement of the devastating effects of violence, neglect, and abuse, and a deepening awareness of how not only individual people, but families, groups, cultures and communities can be affected by such harmful experiences. It recognises how a legacy of trauma, without access to appropriate support and positive activities, can manifest in brokenness, vulnerability and crisis, highlighting a need to focus city resources on activities with outcomes that can make a difference and prevent harm at the earliest opportunity.

Plymouth as a trauma aware city recognises the evidence base that is emerging day by day, across both national and international communities, which identifies that the impact of trauma and the consequences of exposure to harmful experiences of adversity, as a profound health, wellbeing and social care issue of our time. This understanding creates an exciting and definitive opportunity to fundamentally shift the agenda, by bringing people, communities, city services and systems together to address the causes of adversity at the earliest opportunity, thereby becoming more boldly prevention focused.

Innovative and courageous responses are required; ones in which services and

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*lived experience, and life outcomes for people who live here.*  
<http://web.plymouth.gov.uk/fairnesscommissionreports>

community resources align and collaborate around a prevention agenda which; educates and creates a positive social, economic, and cultural environment; is challenging when social contexts normalise violence and make abuse 'acceptable'; builds resilience alongside responsibility, enabling people and communities to come to terms with what has happened to them, while having the courage to address situations where there is a risk of further harm.

A new vision for community safety emerges in which preventing the causes of adversity becomes the cornerstone of how we collectively build a safer future for the people of Plymouth.

**'Waiting until people are sick, mentally unwell or in crisis before we try to help them is not working. I want to see a world where childhood adversity is a thing of the past and prevention rather than cure is the new status quo'** – Dr Warren Larkin

### **The Trauma Informed Plymouth Network**

The Plymouth approach to defining a trauma informed city derives from a ground-up coalition of professionals from across services, who connected initially through a shared emotional awareness, arising from both a deep personal and professional experience of how trauma can affect people. In establishing the *Trauma Informed Plymouth Network*, they shared an aspiration to create an innovative & unifying narrative to enable people, communities, services and systems to work even more collaboratively to deliver more effective responses.

In becoming trauma informed, the Network identified a need to work with and harness

opportunities to engage individuals, communities, teams, organisations and systems to see the world differently through a trauma lens, and empower innovation, creativity and leadership. As a result the Network has shaped a collaborative vision that embraces not only the current understanding of trauma and its affects, but also the many innovative and excellent resources for trauma sensitive systems that have been developed both nationally and internationally. A summary of the evidence base for a trauma informed Plymouth follows:

### **Defining Trauma**

Within this approach trauma refers to *'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'*<sup>4</sup>.

Put simply, trauma is about the harmful things you experience and the legacy they leave behind. While a range of traumatic experiences are explored within this approach, there are two critical aspects that are key to a trauma informed approach:

- The damaging consequences of violence, abuse and neglect within families, groups and communities and the effectiveness of the community and services response.
- The impact of adversity and trauma in childhood brain development and in adult brain function, that can lead to a person being in crisis and needing support, but struggling to engage fully with services, or lead to challenging

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<sup>4</sup> The Substance Abuse & Mental Health Services Administration (SAMHSA) definition. SAMHSA is an agency within the U.S. Department of Health and Human Sciences.

behaviours that can shift the focus away from a compassionate response.

Events may be defined as ‘potentially traumatic’ leading to tolerable stress, as not everyone will experience them as such. A range of responses may occur from people experiencing extreme stress and needing support, to coping well with no requirement for additional help. Protective factors and resilience are important and these are explored below.<sup>5</sup>

**Developmental Trauma**

*This is the term used to describe the impact of early, repeated abuse, separation and adverse experiences that happens within a child's important relationships. Children affected may not develop the essential skills to enable them to thrive, such as being able to manage their emotions and impulses, solve problems, or maintain healthy relationships. Children can be damaged by exposure to toxic stress (see page 11), encountering the world as fundamentally unsafe, and operating from their primitive survival brain. The child is continually in survival mode, (the fight flight, freeze response) and even small everyday things can be experienced as a survival threat. All of their resources become used up in staying alive and staying in the minds of their adults. (beaconhouse.org.uk)*

**'The city could benefit from an overarching approach such as 'trauma informed'. We would at least have a shared language or set of values to which we aspired and it might help pull some of the partnership together. It would have to be a long term commitment and not something that was replaced by the next fashionable model' - Feedback from the Workforce Development Survey 2018.**

## Adverse Childhood Experiences (ACEs)

The concept of Adverse Childhood Experiences, or ACEs, derives from a ground-breaking public health study that outlined how exposure to traumatic experiences in childhood can be a significant underlying factor for physical and mental ill health in adulthood<sup>6</sup>. The ACE study was notable in the following ways:

- It identified a relationship between the exposure to adversity in childhood, leading to poorer health, wellbeing and social outcomes in later life. Experiencing ACEs was shown to statistically increase the risk of adult onset chronic diseases, such as cancer and heart disease, in addition to increasing the risk of mental illness. This relationship was also shown to be exponential in that the more adversity a child is exposed to (the ‘dose’ effect), the greater likelihood of a negative impact upon their health and social outcomes.
- It challenged the notion that childhood adversity was purely about economic and social deprivation. It was not that these factors were insignificant, but rather the ACE study showed a prevalence of adversity within a middle class professional population, reinforcing that traumatic experience can and indeed does affect anyone. Nearly half of all adults will have experienced an ACE, with almost 10% experiencing four or more.
- Most importantly it established public health as the critical context for early intervention and prevention, in terms of addressing vulnerability across a range of issues including health, social care, criminal justice, and education.

<sup>5</sup> Public Health Devon (Devon County Council), *Trauma Informed Approach – Discussion Paper 2018*

<sup>6</sup> Felitti & Anda (CDC-Kaiser Permanente) ‘Relationship of Childhood Abuse & Household Dysfunction to Many of the

*Leading Causes of Death in Adults’, published in the American Journal of Preventative Medicine in 1998.*

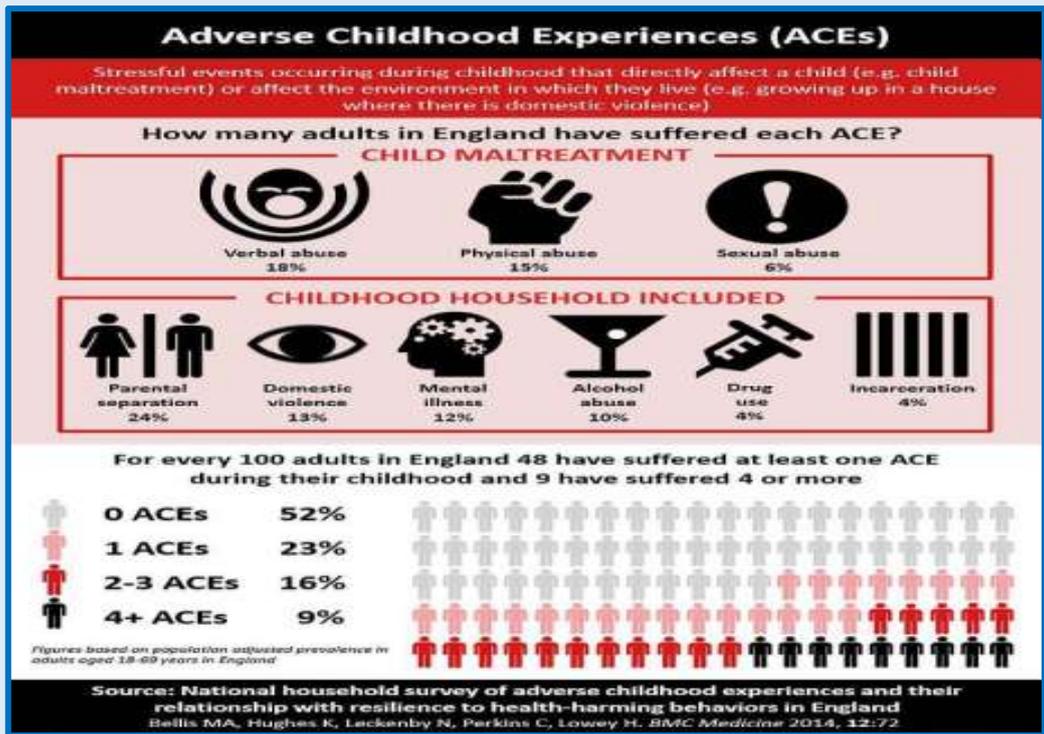


Figure 1 - This diagram demonstrates the impact of ACEs on the population in England

The ACE's agenda is helpful for understanding the prevalence of adversity experienced and for bringing together communities to recognise these experiences affect 'us' and not just 'them'.

**Keeping the score?**

*In some less considered approaches an ACE enquiry has been used to arrive at an ACE 'score' of 1-10. There is an emphasis on asking a person to identify the number of ACEs they have experienced. However when done well the use of an ACE enquiry is the start of a therapeutic conversation that seeks to move from 'what is wrong with you?' to 'what has happened to you?' The Plymouth approach is wary of making simplistic and unhelpful assumptions about exposure to ACEs, without an understanding of the resilience factors that can balance them. There are situations where a specific enquiry into a person's ACE history is appropriate, particularly when there are opportunities to signpost for effective support. There is however an opportunity for an awareness of ACEs to inform our wider public health and prevention messaging.*

For those experiencing crisis, or in more vulnerable sections of the community, including those who; struggle with their mental health; misuse substances; have difficulty with social or emotional control; or exhibit harmful or risky behaviours; the prevalence of ACEs is likely to be significantly higher. In this regard early exposure to adversity becomes understood as an indicator of who may require the support of health and social services as adults.

The ACE framework provides a useful context for a prevention focused approach and in some areas services are aligning around an agenda to eradicate ACEs, and thereby improve health and wellbeing outcomes. However an emphasis on ACEs can over-simplify the social and cultural experiences of people and communities, and therefore the evidence of ACEs should be acknowledged in a wider context.

The adversity a person experiences does not necessarily determine their physical and

emotional health outcomes in later life. People can and do overcome the most horrific experiences, and go on to live fulfilling lives<sup>7</sup>. Protective factors can and do offset the harmful effects of an exposure to adversity, enabling people to survive and even flourish regardless of the trauma they have experienced. It is therefore unwise to discuss the impact of childhood adversity without recognising the influence of resilience. Care should be taken to avoid becoming deficit focused by making negative assumptions about how a person's later life outcomes may become diminished by their exposure to childhood adversity. It should also be recognised that the evidence around Adverse Childhood Experiences is based on a limited range of nine ACE factors. These are not the only expressions of adversity in childhood. Poverty, deprivation, bereavement and bullying are other examples of adversity that are not situated within the ACE framework.

Recognising and understanding the 3 levels of stress, positive, tolerable and toxic, is useful to consider in the context of the positive experiences and relationships a child has also experienced. Through an intergenerational perspective, ACE's are a helpful consideration as they may indicate the lack of ability to provide parental buffering and ability for children to build resilience.

*The Plymouth Children in Poverty (PCIP) project responds to the 'tale of two cities' described in a Plymouth Fairness Commission report, which highlights that child poverty in the city is not only significant but also steadily worsening. The project aims to eradicate child poverty by drawing together corporate businesses, public sector agencies, and charities in an exciting collaboration. Partners can co-fund and work together in delivering projects, and the Plymouth Drake Foundation has ring-fenced funding, while Plymouth City Council provides administrative support to the project.*

<sup>7</sup> This evidence base and narrow understanding of social contexts within an ACE focused approach is questioned in 'The Problem with ACEs'. Edwards et al.'s submission to the House of

Work is ongoing to explore what can be done in response to the wider contexts of adversity, how ACEs might be prevented, and how outcomes can be improved, including how trauma informed approaches and interventions might assist. These are emerging areas of study and there is a need to be mindful that current thinking and approaches will need to respond and adapt to emerging ideas, evidence and practice that come to light over time.

### **Adverse Community Environments**

While the ACE study centres upon the individual experience of adversity, it is complemented by theories relating to adverse community environments and cultural experiences of trauma. A group, or a community can experience profound adversity and this can leave a toxic legacy within an environment and the people who live within it.

When a sense of community safety and value is undermined through difficult & traumatic events, or through inadequate organisational or system responses, a community itself can become traumatised. Environmental degradation including pollution, natural disasters, terrorism, experiences of war, or being targeted by hate crime are all examples of where adverse community experiences can lead to harmful environments. However these can also be more subtle, encompassing poverty and social deprivation, leading to a community perception that no-body really cares.

A trauma informed approach needs to educate and empower community resources to enable them to embrace the prevention opportunity, so that they not only better support those experiencing adversity, but can also challenge the local culture when community environments create the context for traumatic experiences to occur.

Commons Science and Technology Select Committee Inquiry into the evidence-base for early years' intervention (EY10039). 12 December 2017.



**The Public Health England - Plymouth Health Profile 2018**

*This identifies that the health of people in Plymouth is generally worse than the England average. About 19% of children live in low income families. Life expectancy for both men and women is lower than the England average. The rate of adult alcohol related harm and self-harm hospital admissions is worse than the national average, as are the figures for adult excess weight, smoking and sexually transmitted infections. Rates of violent crime and early deaths from cancer are also worse than average.*

**'The single most important thing we need today is the courage to look this problem in the face and say this is real and this is all of us' – Dr Nadine Burke-Harris**

**Inter-generational Trauma & Epigenetics**

Studies have also identified the inter-generational effect of trauma which is based upon the idea that the serious impact of trauma on a person, can shape their behaviour, and in turn subsequently shape the behavioural responses of their children and grandchildren.

However, an emerging area of research called epigenetics, identifies that it is possible for the impact of traumatic experiences to not only be socially transmitted through learned behaviour, but also genetically inherited through imprinted brain memory, that is passed down through generations.

This reinforces not only the longer term significance of early intervention now, but also the importance of creating supporting and safe relationships and communities to prevent harm to future generations.

## YOUNG BRAINS ARE PARTICULARLY SENSITIVE TO EPIGENETIC CHANGES.

Experiences very early in life, when the brain is developing most rapidly, cause epigenetic adaptations that influence whether, when, and how genes release their instructions for building future capacity for health, skills, and resilience. That's why it's crucial to provide supportive and nurturing experiences for young children in the earliest years.

Services such as high-quality health care for all pregnant women, infants, and toddlers, as well as support for new parents and caregivers can—quite literally—affect the chemistry around children's genes. Supportive relationships and rich learning experiences generate positive epigenetic signatures that activate genetic potential.

Figure 2- Centre on the Developing Child at Harvard

### The Inter-Playing factors of Trauma

If the traumatic events people experience are often linked to their familial and community context, they also rarely occur in isolation. Indeed as the ACE study shows adverse experiences frequently overlap with damaging consequences. As the graphic below

illustrates, traumatic experiences do not occur in a vacuum, but are often complex, overlapping and inter-connected. Community and service responses therefore also need to be multi-dimensional, complimentary and layered, to ensure every opportunity is taken to increase resilience and prevent further harm

### DIFFERENT TYPES OF TRAUMA & SOME OF THE INTERPLAYING FACTORS AROUND THE IMPACT & CONSEQUENCES

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THIS IS NOT A PRESCRIPTIVE OR EXHAUSTIVE LIST. NOR ARE THEY MUTUALLY EXCLUSIVE - MANY ARE & CAN BE

**LAYERED, INTERLINKED, & INTERWOVEN**

TRAUMA DOES NOT OCCUR WITHIN A VACUUM; IT IS INFLUENCED BY MULTIPLE SYSTEMIC, RELATIONAL, & CONTEXTUAL ELEMENTS. THEREFORE, THE IMPACT & CONSEQUENCES OF THE TRAUMAS ARE LIKELY TO BE ON A CONTINUUM, & SHAPED BY A NUMBER OF INTERPLAYING FACTORS INCLUDING:

- AGE & STAGE.
- TEMPERAMENT & UNIQUE ATTRIBUTES, INCLUDING BIOLOGICAL & GENETIC FACTORS.
- RELATIONSHIP WITH THE PERSON.
- SEVERITY & NATURE OF THE TRAUMA
- DURATION & FREQUENCY OF THE TRAUMA.
- OTHER PEOPLE & THE COMMUNITY'S RESPONSES, SUPPORT, & REACTIONS.

- THE MEANING-MAKING & SENSE-MAKING AROUND THE TRAUMAS.
- THE BELIEFS, ATTRIBUTIONS, JUDGEMENTS, EXPECTATIONS, & ASSUMPTIONS.
- CULTURAL, SOCIAL, & SOCIETAL CONTEXT & CONCEPTUALISATIONS.
- IMPACT ON THE PERSON'S DAY-TO-DAY LIFE, INCLUDING THE LOSSES.
- OTHER PROTECTIVE & RISK FACTORS INCLUDING PREVIOUS LIFE EVENTS.

<b>RELATIONAL ATTACHMENT &amp; INTERPERSONAL</b>	<b>DEVELOPMENTAL</b> <small>INCLUDING IN-UTERO</small>	<b>ABUSE &amp; MALTREATMENT</b> <small>PHYSICAL, SEXUAL &amp; EMOTIONAL ABUSE, NEGLECT, DOMESTIC VIOLENCE, ETC.</small>
<b>CULTURAL &amp; RACIAL</b>	<b>INTERGENERATIONAL &amp; HISTORICAL</b>	<b>SINGLE - EVENT</b> <small>CAR ACCIDENT, BURGLARY, ETC.</small>
<b>WAR, REFUGEE, &amp; POLITICAL</b>	<b>COMBAT-RELATED &amp; MILITARY</b>	<b>MEDICAL, INJURY, &amp; BIRTH TRAUMA</b>
<b>TRAUMATIC GRIEF, BEREAVEMENT, &amp; LOSS</b>	<b>COMMUNITY TRAUMA</b> <small>INCLUDING NEIGHBOURHOOD &amp; SCHOOL VIOLENCE</small>	<b>PEER, SIBLING, &amp; BULLYING TRAUMA</b>
<b>NATURAL DISASTER</b>	<b>ORGANISATIONAL, SYSTEM, &amp; INSTITUTIONAL TRAUMA</b>	<b>SECONDARY &amp; VICARIOUS TRAUMA</b>

Figure 3 - Dr Karen Treisman - Safe Hands thinking Minds.co.uk

## Identity Intersectionality

Just as there are interplaying factors regarding the impact of adversity and trauma, it is also true an experience of trauma (no matter how profound) is only one aspect of a person's identity. Multiple factors such as culture, gender, social or economic status, sexuality and education are also important. These factors may increase or otherwise compromise a person's resilience to adversity. In addition

these factors will shape each individual response to traumatic experience, and we should avoid making narrow assumptions when a group is affected by trauma about how each person will respond. A family, a group or a community might have a range of responses to adversity and may not agree on what support is required to help them recover. There needs to be sensitivity in any agency or system response and acknowledgment of the wider context when adversity occur

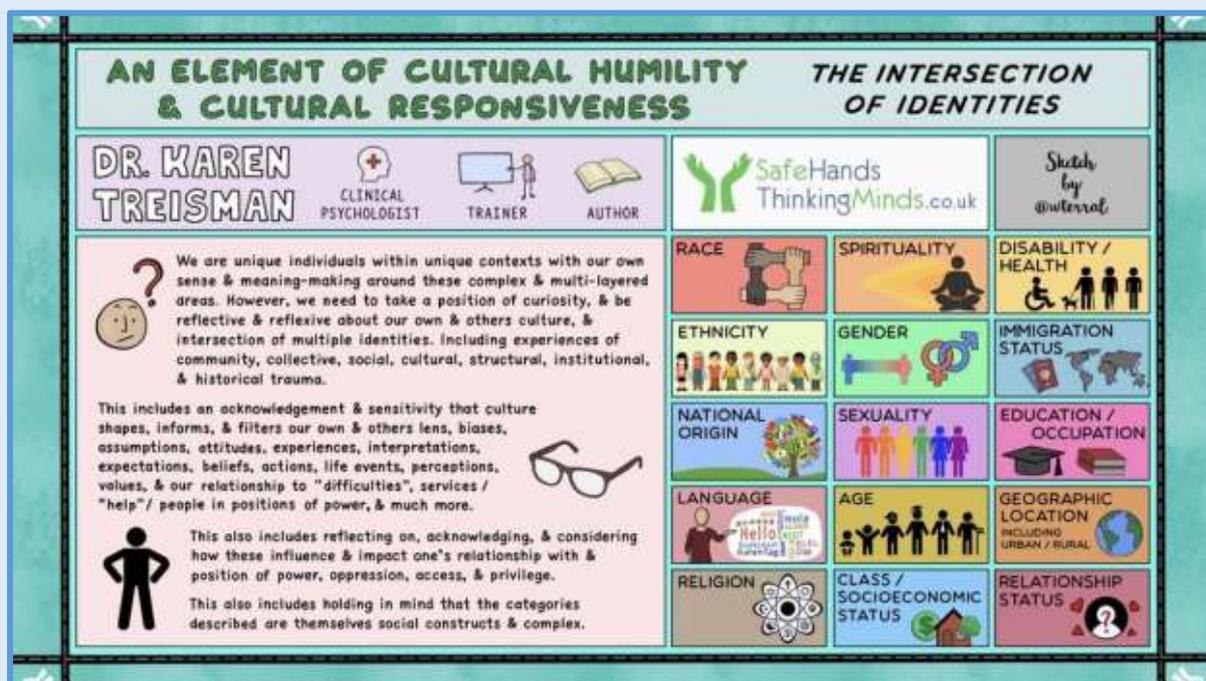


Figure 4 - Dr Karen Treisman - Safe Hands Thinking Minds.co.uk

## Resilience, Trust & Healthy Relationships

While the experience of trauma and adversity can be damaging, they are balanced by protective factors that can help reduce the harmful effects and promote healing. To talk of trauma without reference to resilience is to tell only half of the story.

Resilience is about the capacity of people and communities to effectively cope with, adapt to and bounce-back from an experience of stress or adversity. Resilience can be understood as a

quality a person or community possesses that enables them to withstand adversity.

The **EMPOWER Plymouth** group<sup>8</sup> defines a healthy relationship as:

**"A relationship with friends, family or loved ones that is built on a solid foundation of respect, honesty, communication and trust"**

However research shows that for those who are exposed to traumatic incidents resilience is primarily developed through the support provided by trusted and healthy relationships, and social interactions within the family and

<sup>8</sup> EMPOWER Plymouth are a group of young people who have informed the Healthy Relationships Project commissioned

through Plymouth City Council and delivered by Barnardo's and the NSPCC

the community. Addressing social inequalities and improving access to community based assets can help build resilience and alleviate the impact of adversity. Great relationships can also include the support you receive from professionals and the workforce across Plymouth services can, and indeed should become part of a system that becomes more fully relationships-focused and promotes healing for those who are affected by trauma.

Just as adverse community environments can serve to intensify the experience of personal adversity, there is also a recognition that the community can also be part of helping people adapt to, and find healing from the damage trauma causes. This can be through community and youth work approaches, or engaging the community through volunteering, through

sport, or through cultural experiences. A trauma sensitive city should understand where community assets promote healing, and strengthen these resources so that they can help prevent the conditions for adversity occurring in the first place.

The Public Health England (2016) graphic on the following page highlights how developing resilience in young people requires personal attributes to be developed, but these require nurturing and supportive relationships within the family and community environments.

Using a trauma informed approach to developing resilience means understanding and supporting parents, carers and communities to be able to have the capacity to do this.

***'The parent-child connection is the most powerful mental health intervention known to mankind' – Bessel Van Der Kolk.***

### ***Toxic, Tolerable & Positive Stress***

Stress is a normal part of everyday life and plays an important role in helping us get focused, stay alert, and remain strong in order to meet new challenges. **Positive** stress also helps us get things done; it pushes us to learn, to solve problems, and to acquire new skills. Our response to stress is determined not just by the severity of a stressful event but also by our individual biological and psychological ability to manage it. Sometimes, however, we are faced with more difficult events, such as the death of a family member, and a more severe reaction of the body's stress response system is triggered. This stress, which may be

severe and prolonged enough to cause harm, can be made **tolerable** by the buffering support of friends and family, wider social groups within the community, or indeed therapeutic professionals. When we are faced with prolonged adversity such as exposure to violence, abuse and neglect however the stress response can become permanently hyper-aroused, triggering a prolonged fight or flight response which floods the body and brain with stress hormones. Stress therefore can become **toxic**, disrupting the healthy function and development of the brain and causing damage to vital organ systems within the body.

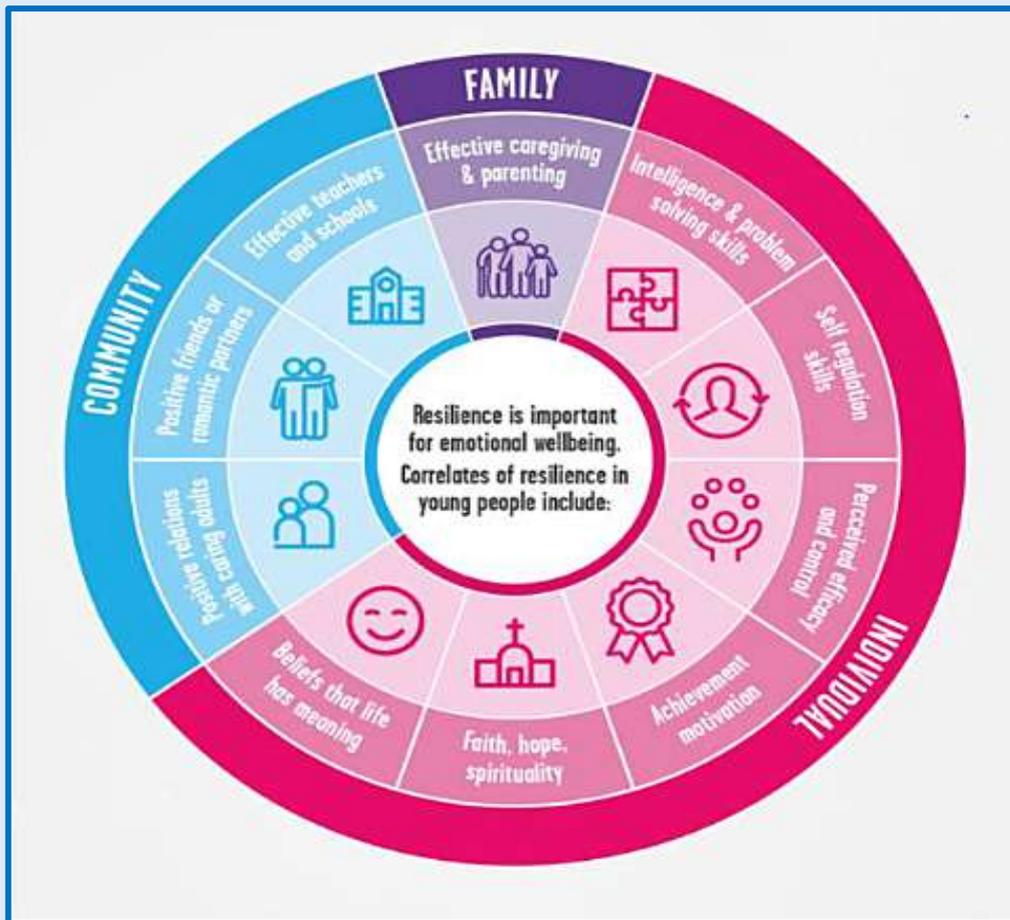


Figure 5 - Public Health England 2016 - Resilience Factors

### Trauma Informed to Trauma Responsive

Becoming Trauma informed is about a whole system approach which requires transformational change within organisations and communities. It is based on the recognition that trauma is widespread and often hidden in our communities, and can lead to poorer long-term health and social outcomes. Trauma informed communities and services do not necessarily seek to treat trauma, but rather are sensitive in their response, seeking to improve the quality of their relationships with people who they encounter. By prioritising safety, choice and emotional connection, they address some of the barriers to accessing care and support which traumatised individuals may experience.

Trauma responsive services will have trained staff who are able to provide psychologically informed interventions which may help to increase the safety and stability of people who

have experienced trauma. This might include psycho-educational work to understand the nature of trauma in group or individual settings, mindfulness and grounding exercises and harm reduction work where there are coping strategies arising out of experiences of trauma. Specialist trauma services includes appropriately qualified and experienced practitioners and therapists who can offer interventions which help individuals to process their traumatic memories and experiences through therapeutic intervention.

**'The work around developing Plymouth as a Trauma Informed City is among the most exciting partnership activities in the city' - Dave Thorne, Commander Plymouth Police & Chair of Safer Plymouth Community Safety Partnership**

## Envisioning a Trauma Informed City

The Trauma Informed Plymouth Network grew from a shared understanding across partnership services that the impact of trauma upon individual people and communities could no longer be ignored. Partly this was in response to a workforce development survey across agencies that identified an awareness of trauma was not only desirable, but indeed essential to address the complexity of those accessing city services.

**The Plymouth Workforce Development Survey (2018)** indicated a very high degree of importance attached to trauma & ACE related topics by staff from across 40 organisations.

- Understanding Trauma was identified as of high importance by 83.53% of respondents but only 28% had received any recent training in this area.
- Sensitive enquiry into childhood trauma was identified as of high importance by three quarters of respondents but only 15% had received recent training.
- Only 8% of respondents had received training around local pathways of provision to support trauma recovery.

Having been exposed to the evidence of trauma and adversity, professionals had come to accept the science. The challenge was in how to encourage the city strategic systems to share the journey.

## The Plymouth Trauma Lens

In shaping a vision for the city, the Trauma Informed Network worked collaboratively to comprehend the science of trauma and how it related to the local city context, in order to better understand what a trauma informed approach should look like. An essential metaphor emerged that highlighted a shared sense that the world once viewed through the lens of trauma, is transformed and becomes

impossible to ignore. This led to the creation of the *Plymouth Trauma Lens*, as a model that defines and captures the underlying *Principles, Core Values* and supporting *Standards* for a trauma informed city.

## The Principles – The 5Rs of becoming trauma informed

The principles for becoming trauma informed reflects the existing **5Rs** approach that is in common use internationally, in developing trauma informed communities and systems that are able to:

1. **REALISE** - what trauma is and how it can have wide spread impact for individuals, families and communities.
2. **RECOGNISE** – the signs and effects of trauma in individual people, families, groups, and communities. This includes the workforce within organisations that deliver services.
3. **RESPOND** – by integrating knowledge regarding trauma informed approach into policies, procedures and practice.
4. **RESIST** - re-traumatising people and communities by actively seeking to avoid situations where traumatic memories might be re-triggered, and seeking to de-escalate & diffuse potentially traumatic interactions when they occur.
5. **RESILIENCE** – is promoted in supporting individuals and communities to cope with and adapt to adversity, and have the strength to challenge situations where it might occur.

## The Core Values & Standards of a Trauma informed Plymouth

The **5Rs** are the framework that supports the **5 Core Values** for a trauma informed Plymouth, as identified by the Trauma Informed Plymouth Network partnership. These values are enhanced by supporting **Standards** that describe a trauma informed city as one that is

**Safe** and delivers **Person Centred** responses that are **Kind**; in which communities and professionals work **Collaboratively** with each other, and their services users; and are focused on **Empowering** and encouraging each other to innovate and transform culture.

The Plymouth Trauma Lens is intended to be an overarching tool in which the 5 Core Values

and aspirational *Standards* can be applied at the individual level (for people accessing a service or responding to a need), at a team or departmental level, at an organisational, or community level, and at system level. The central premise of the Plymouth approach is that a trauma informed city derives from a person, seeing the world differently through the trauma lens and becoming empowered to make a difference.

## The Plymouth Trauma Lens

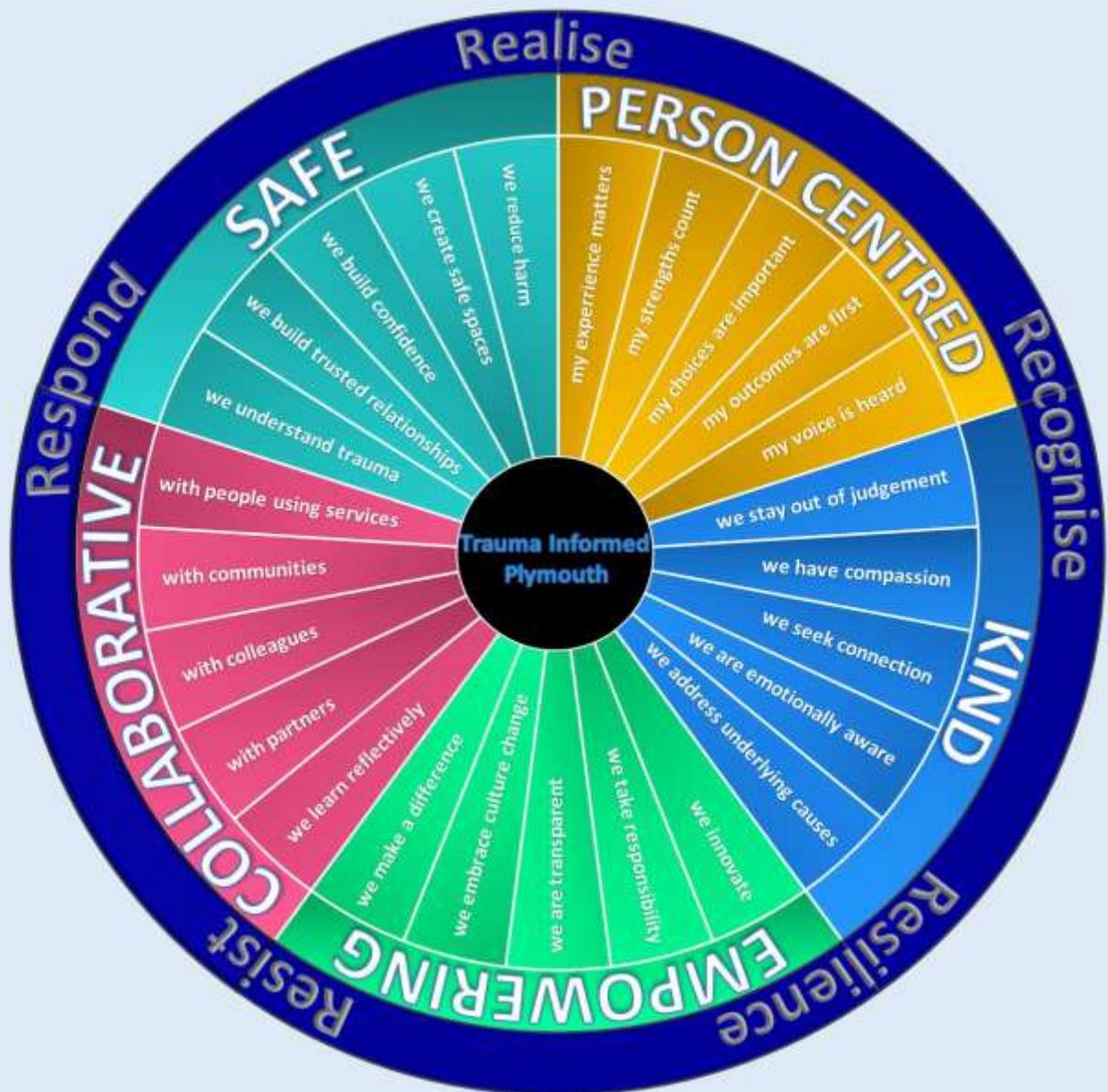


Figure 7 - Produced by Simon Hardwick, Anna Moss & Shelley Shaw for the Trauma Informed Plymouth Network

## Plymouth through the Trauma Lens

### Safe

For people affected, the legacy of developmental trauma, can make the world feel like an uncertain and unsafe place, for a lot of the time. Evidence suggests that trauma can impair the development of higher brain functions, preventing the ability to emotionally self-regulate and locking a person into an anxious, fight, flight, or freeze response. This is particularly the case when a person is confronted with unfamiliar, or new experiences and surroundings.

Key to a trauma informed approach is to recognise this harmful legacy of trauma and to enable those affected by trauma to feel safe. This includes understanding the triggers for anxiety within specific environments, and seeking to reduce the potential for further harm, or re-traumatisation, by creating safe environments that help to alleviate anxiety. A safe place can be as simple as creating the right physical setting where professionals work with people needing their support, or making the choice to meet in a place where they feel comfortable. However, it can be more complex and recognise how a particular context such as a family, a school, or a community may impact positively or negatively on a person's sense of safety.

**'Relationships matter: the currency for systemic change was trust, and trust comes through forming healthy working relationships. People, not programs, change people' – Bruce D Perry**

Healing from trauma occurs within the context of relationships, within families and communities, but also with supporting professionals. The role of those relationships is to provide physical and emotional safety and to bolster the courage to tolerate, face and process the reality of what has happened. Safe relationships build confidence, resilience and trust in those affected by trauma. Each

interaction is an opportunity to show someone that they are valued and to help build self-esteem. They require a developed workforce, and an educated community which can realise not only the damaging impact of trauma, but the transformational impact of positive relationships in helping people overcome it.

#### **Substance Misuse Pupil Support Training**

*As an outcome of partnership work between Secondary Schools, Harbour and Plymouth City Council, the Council commissioned Harbour (with Hamoaze House) to deliver a series of training events aimed at secondary school staff and key partners in 2019. The project aimed to deliver substance misuse focussed learning which embedded ACE awareness and considered a trauma informed approach to dealing with drug and alcohol issues. Using the trauma lens helped us to explore what might be needed to better keep pupils in Plymouth safe through understanding how adversity and toxic stress might make some young people more vulnerable. We also looked at how strong and effective collaboration between schools and key partners could lead to more positive outcomes for our young people.*

A community or workforce which feels safe and resilient is one of the cornerstones of a trauma informed approach, this entails being mindful of the potential impact of vicarious trauma and ensuring effective, compassionate support systems are in place alongside an emphasis on the benefits of self-care.

A sense of safety may take time to develop and people and communities affected by trauma might not respond positively to change at first. New approaches involve a time for transition as changes can be frightening. Creating safety takes time and even when it begins to develop people affected by trauma may still struggle. Becoming trauma informed is not a quick fix, and we will not always get our responses right. We should take some comfort in understanding that safe spaces are ones in which you can make mistakes.

## Person Centred

A trauma informed approach is centred upon a universal precaution that assumes that anyone may be affected by childhood adversity and trauma. This is true for both the users of services, the wider community, but also professionals delivering services.

As we recognise that experiences of trauma can lead to increased anxiety, which in turn may result in challenging or crisis-driven behaviours, our focus needs to shift away from these behaviours and toward the person that requires our help. In considering, *'what has happened to you?'* we acknowledge the deep experience that has affected and marked their life journey.

Yet while we are aware of how trauma can create a negative legacy, we also recognise that those we encounter are continuously surviving it and acknowledge they have strengths, characteristics, and assets that can be built upon. In building trusting relationships

### **Creating a welcoming environment**

*Trevi House have used donations from the public and a bit of creativity to try to ensure bedrooms are welcoming upon arrival and are a place where women can feel safe. We want the first night to be as comfortable as possible.*

*We have appealed for toiletries, so that we can gift products to women when they arrive. We have posters with positive affirmations on the walls, we ask other residents to write out a card welcoming the new arrival. If a child is older, we find out their likes and dislikes in order to personalise the room.*

we need to give people choices in how services will be delivered and focus on the outcomes that best meet their needs, rather than those that enable an agency or service outcome to be delivered.

A trauma informed approach is about connecting with hearts and minds. While it is important to respond from a position of knowledge, expertise and evidence, we should be careful to not discount the expertise that comes from living with, or closely supporting people who have suffered trauma. There should be a deeper appreciation of how families, community groups, and third sector organisations can be specialists from experience, and as a result may offer strengths & skills that services cannot provide when seeking to frame a response to a person or community affected by adversity.<sup>9</sup>

**'We readily feel for the suffering child, but cannot see the child in the adult who, his soul fragmented and isolated, hustles for survival a few streets away from where we shop or work' – Gabor Mate**

A person-centred approach also recognises the importance of wellbeing within our workforce. It understands how they may be affected by their own experience of trauma, and that of their clients. It recognises that trauma is not about 'them', but about 'us', and gives a voice to those that have experienced trauma.

To develop a person, a team, an agency, a community or a system that meets the needs of those who are affected by trauma, is to make a shift to becoming fully person centred, with efforts made to listen to what is important in the narrative of the individual, should they chose to share this, rather than what fits our service criteria or objective. In doing so not only do we become safer and more compassionate towards those who have experienced trauma, we become a better, more relationship focused service, or community for those who have not.

To be person centred means working with individuals and communities on their priorities, starting where they are at and facilitating the lightening of their load.

<sup>9</sup> This was identified within a consultation with Devon & Cornwall Police - Independent Advisors Group (IAG) at their

annual conference at Buckfast Abbey on 13.02.18. Independent Advisors represent a wide-range of diverse communities and those within protected characteristics groups.

## Kind

For those affected by trauma, building stable social and emotional attachments can be difficult. If the world can feel an unsafe place, so too can the people you encounter within it. Meeting new people and engaging with unknown professionals can trigger great anxiety, or awaken difficult sensory memories, even if they are there to help. People affected by trauma can become closed-down and withdrawn, appear resistant, or otherwise overly compliant as they struggle to manage these unfamiliar encounters.

### *Child Centred Policing*

*Devon & Cornwall Police within Plymouth have created a Child Centred Policing Team that seeks to put the child first in any policing intervention. The team is starting to integrate the principles & values of a trauma informed approach; developing empathetic responses to children in crisis, or at risk of offending, in order to build better relationships & identify opportunities for prevention. The police are also working collaboratively with the Zebra Collective, The Trauma Informed Plymouth Network, the Police & Crime Commissioner, and colleagues within the Alliance Prevention Directorate, to design & deliver an innovative workforce CPD programme that will train some frontline police staff in trauma informed practice. They will be empowered to develop trauma informed responses to policing situations, while upskilling their teams to embed culture change.*

The relationships we seek to establish can provide physical and emotional safety for those who have experienced trauma, including safety from feeling shamed, admonished or judged. A critical aspect of a trauma informed approach is about staying out of judgment, and allowing natural consequences to follow from challenging behaviours rather than being punitive in our response. Even when we are required to hold people to account we should do so with compassion, with a view to maintaining a positive relationship.

In seeking to create a meaningful connection with someone for whom relationships may be immensely challenging we should be driven by empathy. This involves perspective taking, connecting with the experience of those who use our services, while acknowledging how our own difficult experiences of trauma might be evoked. We need to recognise that in the challenging behaviours and emotions we encounter in others, what we see on the surface might not reflect the deeper and more vulnerable emotions inside. We need to understand that behaviour is a form of communication and when we encounter anger, aggressive and impulsive actions in those who have experienced trauma, often the underlying emotions are fear and anxiety.

**'I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgement; and when they derive sustenance and strength from the relationship' – Brené Brown**

For some people who have experienced trauma, their ability to manage competing demands or expectations placed upon can be immensely challenging. With this awareness we can continue to hold the person in mind even when their conduct may be difficult to deal with, yet needs to be addressed. We can resist being behaviour focused and seek to identify why someone finds themselves in difficulty.

Having empathy, or simply being kind, is a crucial factor in fuelling connection and creating wellbeing. It should be the basis of all of our relationships, not only those with users of our services, but also with our colleagues and peers, with those we supervise, and also with our partners and our communities.

## Collaborative

Becoming trauma informed is to become both person and relationship focused. As such it is about working together and collaborating to achieve the best possible actions for those who use our services. When people have experienced trauma they may struggle to engage with us, feel invisible, or have difficulty in regulating feelings regarding a loss of power and control. They need people to accompany them on their journey, to establish trusted relationships, help them find their voice, and to empower them to make choices for themselves.

Being collaborative is also about being mindful of how our colleagues in other parts of our agency are seeking to deliver services, and ensuring a properly joined-up and consistent approach. In the same manner, where our partners in agencies or communities are already engaged, we need to make sure that we understand each other's purpose and the potential strength of an integrated approach. This requires mutual trust, and a recognition that others may have the most trusted relationship through which we might better achieve the outcomes we desire.

### *Plymouth Care Journeys*

*Collaboration is central to the Barnardo's approach within Plymouth. Working from a position as to 'who is best placed to support this young person' Barnardo's is relationship focused, seeking to mentor and guide other professionals, such as youth workers, teachers and police officers to build effective relationships with young people and their families. Barnardo's are involved in an exciting and creative partnership with Plymouth City Council to transform Care Journeys for young people in care within Plymouth. Barnardo's has a mission to work collaboratively with young people and their families. They are passionately committed to standing alongside those who use their services and ensuring their voice of experience is always heard.*

Being trauma informed recognises that our own agencies and our multi-agency systems can also traumatise, particularly when multiple professionals are involved with a person or a family. A true partnership approach should seek to resist re-traumatisation; by seeking the most proportionate and least intrusive interventions; avoiding where possible a narrow focus on single-agency outcomes; and focusing instead upon a fully coordinated, integrated and compassionate response in order to help people feel safe and supported. We should also avoid a 'one-size fits all' approach to delivering our services.

**'Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek' – Barack Obama**

Collaboration is also about understanding the perspective of our partners and recognising their experience. It is about learning together reflectively; sharing skills and allowing best practice to be shared; while challenging each other with consideration to enable excellence to flourish.

## Empowering

A deep experience of trauma may leave people feeling like they have no control and as a result they can become disempowered. A response to an unsafe and scary world might be to avoid situations that cause anxiety, or seek to manage them in order to minimise the fear they invoke. In creating a sense of safety, being focused on the person, creating connection through empathy, and collaborating with people to achieve the best outcomes for them, we seek to be empowering, helping them to build resilience to support healing and move forward with hope.

Trauma informed teams, departments, communities and agencies have at their heart trauma informed people. In becoming trauma informed people are able to recognise they can make a difference to the people they work

with. In working with others we become empowered to make a difference. With this understanding we can start to take personal responsibility and identify new ways of working within our teams so that we can begin to transform our culture, step by step, and layer by layer.

#### **Compassionate Plymouth**

*In 2017 the Compassionate Plymouth movement was founded linking the city to nearly 500 compassionate cities across the globe. The movement is centred on a journey to a greater culture of compassion, empathy inclusion, and unity. The movement has worked with the Anne Frank Trust to bring its schools programme to the city and delivered an Empathy in Schools pilot. They have achieved funding from the Esme Fairbairn Foundation to deliver workshops to groups, organisations and businesses interested in becoming Compassionate Plymouth partners.*

**'Relational trauma requires relational repair' – Dr Karen Triesman**

Understanding that the principles of a trauma informed approach are not just for *them* but for *us*, we should embrace the change we wish to see in our organisations and communities. We should dare to innovate to find more effective ways to meet the needs of others and deliver the outcomes they require, and at the same time be open and transparent when things do not work as well as we would like. Becoming empowered is about being inspired to see a different picture; having the courage to embrace change; becoming fully self-aware; being energized to face the challenges; and being emboldened by a renewed sense of shared purpose.

#### **Plymouth Learning Partnership (PLP)**

*In March 2018 the PLP held an ACE conference for schools where Dr Warren Larkin outlined the case for trauma-informed practice, and a need to be more radically prevention focused in addressing childhood adversity. This was supplemented in January 2019 with a follow up visit, in which Warren worked with schools to further raise ACE awareness and help them understand how in becoming trauma informed, schools can become a vital 'buffer' to children experiencing adversity, and help increase resilience. A workshop with the Trauma Informed Plymouth Network also explored how trauma sensitive system change can be enacted. PLP continues to raise awareness of ACEs by facilitating viewings of the film 'Resilience: the Biology of Stress and the Science of Hope', and discussion around ACEs for school staff. The Multi-Agency Support Team (MAST) continues to provide holistic, timely and evidenced-based interventions to support children and families experiencing adversity. 'Kid's Time' is a weekly programme where families that have a parent affected by mental illness, come together to support each other and build resilience. PLP also continues to support Operation Encompass which supports children in school when they have experienced domestic abuse.*

#### **Engaging Hearts & Minds - The Next Steps**

The Trauma Informed Plymouth Network has identified that a trauma informed approach is fundamentally a matter of community safety, and health & wellbeing. Trauma is most frequently experienced by people as violence, abuse, neglect and exploitation, within their families, their groups, or their communities. Addressing these themes is to confront the causes of traumatic experience and this requires a system-wide response that utilises every opportunity to educate, intervene, and prevent harm at individual, group, and community level.

Developing a trauma informed city is fundamentally about engaging hearts and



minds to begin a journey of culture change; using the trauma lens to see the city landscape differently, and collectively embrace the prevention opportunity that is presented.

From the outset, the Trauma Informed Plymouth Network has placed a great value on emotional connection, creative thinking and empowering those involved. The group came together through people sharing values and therefore identifying the values of a trauma informed approach soon became a central focus.

The Network has already started to engage local partners within education, health & mental health, criminal justice, adult and

children’s safeguarding, in voluntary & community sectors, and of course community safety. It is also developing relationships to strategic leaders involved in community safety across greater Devon and within neighbouring areas and cities.

The **5Rs Principles**, the **5 Core Values**, and their accompanying **Standards**, offer a unifying narrative for a trauma informed city. It is proposed that this document and these values become the starting point for a wider conversation across city agencies and systems about how we might become better connected, efficient, preventative and aspirational in how we respond to communities in delivering services.

**Leadership Collaboration** is required within agencies from across statutory, non-statutory, voluntary, community and commercial sectors to consider if they can coalesce around the shared vision outlined within this approach.

To facilitate this the following activity can now be considered, using the TASC model developed by Dr Warren Larkin:

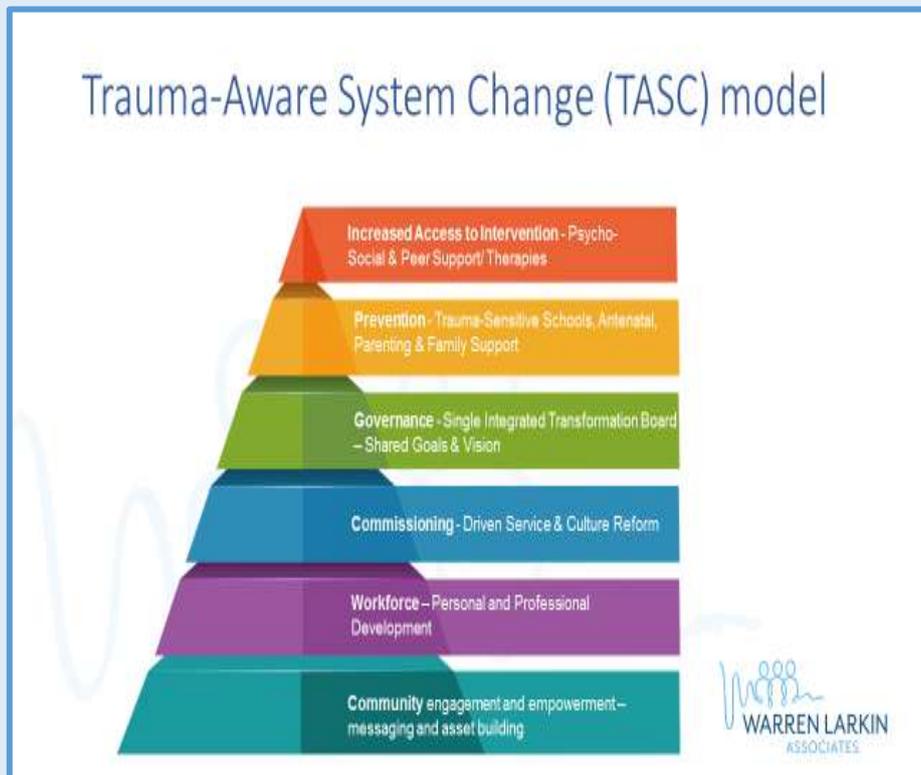


Figure 8 - Dr Warren Larkin –Warren Larkin Associates

- **Community Engagement** – Working with Plymouth communities to raise awareness around how trauma can affect people; help build their capacity for resilience; increase community confidence to challenge their own culture with regard to how and why adversity is experienced.
- **Workforce** – The learning from other areas and the local city workforce survey identifies a need for agencies and systems to be better joined up and share a common language. The Principles and Common Values offer this opportunity and the first step is to map how this might be achieved through existing training delivery.
- **Commissioning** – Across-system commissioning needs to be engaged as an essential opportunity to create a trauma sensitive Plymouth that works across the prevention cycle to stop adversity, respond to trauma, and prevent systematic re-traumatisation.
- **Governance** – Needs to be established for the Trauma Informed city work moving forward. It is suggested this should be within the Strategic Health & Wellbeing Board. The Trauma Informed Plymouth Network while still developing, can be a useful operational delivery partnership.
- **Prevention** – All partnership systems need to understand the impact of adversity and plan how to respond and prevent to reduce risk of intergenerational transfer.
- **Increased access to intervention** – Support delivered must be focused on the whole person and family and address the underlying causes of behaviours, starting with what is important to the person.

### **Thanks to:**

*All the members of The Trauma Informed Plymouth Network for embracing the opportunity to work creatively, collaboratively, and being courageous enough to step outside of the 'system' to shape a shared vision. Your patience, positive feedback and challenging suggestions were critical in producing this shared manifesto.*

*The Safer Plymouth Community Safety Partnership, for supporting the network and bravely undertaking to become a trauma informed system. We will safely make mistakes together so others can benefit from our learning!*

*Also to NSPCC Plymouth, Plymouth City Council, Stoke Damerel Community College, and Plymouth Learning Partnership for hosting the Network meetings and providing tea & coffee.*

*Dr Warren Larkin & Plymouth Excellence Cluster for providing a workshop to think about Trauma Informed System Change.*

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**Cover Image** – 'You are not Alone', by **Helen Townsend** for Inner World Work. This is an online trauma informed resource that provides free resources. [www.innerworldwork.co.uk](http://www.innerworldwork.co.uk)

