

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

ELECTED MEMBER BRIEFING NOTE

# Trauma is Everybody's Business





# Elected Members Briefing Series

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The Improvement Service (IS) has developed an Elected Members Briefing Series to help elected members keep pace with key issues affecting local government.

Some briefing notes will be directly produced by IS staff but we will also make available material from as wide a range of public bodies, commentators and observers of public services as possible.

We will use the IS website and elected member e-bulletin to publicise and provide access to the briefing notes. All briefing notes in the series can be accessed at [www.improvementservice.org.uk/products-and-services/skills-and-development/elected-members-development/elected-member-guidance-and-briefings](http://www.improvementservice.org.uk/products-and-services/skills-and-development/elected-members-development/elected-member-guidance-and-briefings)

## About this briefing note

This briefing is one in a [series](#) raising awareness of the prevalence and impact of psychological trauma on individuals and communities, and highlighting some of the good practice around Scotland in developing trauma-informed services, systems and workforces.

Specifically, this briefing aims to:

- Highlight what we mean by psychological trauma, and the impact and prevalence of trauma across Scotland;
- Raise awareness of how trauma-informed services, systems and workforces can respond in a way that reduces barriers to support, supports people to recover from their experiences, improves people's life chances, and supports workforce wellbeing; and
- Explore the key role that councillors and board members play in supporting the sustainable development of trauma-informed services, systems and workforces.



# Introduction

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Trauma is often defined as “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening”. This could be a single incident such as rape, suicide and sudden bereavement or a serious accident, or complex trauma that takes place over a prolonged period of time, such as child abuse, human trafficking or different forms of violence against women and girls (VAWG), including domestic abuse. Evidence suggests that childhood trauma is common. [In Scotland](#), one in seven adults reported four or more adverse childhood experiences (ACEs). 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.

Although many people show remarkable resilience and recover from their experiences, it remains a fact that people who experience trauma are at higher risk of experiencing negative outcomes at all stages of their lives, including physical and mental health, education, justice and employment. Recent research, such as the [Hard Edges Scotland report](#), found that severe and multiple disadvantage experienced in adulthood, such as alcohol/ drug use, offending, homelessness, mental ill health and domestic abuse, often has roots in childhood trauma and adversity, estimating that 226,000 people in Scotland have experienced two of these disadvantages in their lives largely as a result of earlier trauma. People experiencing multiple forms of trauma and adversity are more likely to experience greater inequalities in outcomes.

Responding to trauma is, now more than ever, a public health priority. COVID-19 and the restrictions put in place to contain the virus have significantly increased the risk of people experiencing trauma and re-traumatisation. This includes people living with domestic abuse or child abuse during lockdown, facing poverty, financial hardship and unemployment, facing severe/chronic illness, bereavement through suicide. For the Scottish workforce, particularly those in key frontline roles, the risk of potentially traumatising experiences during the pandemic has also increased, as has the likelihood of chronic stress and burnout. This is further exacerbated by the disruption to usual social support systems which, evidence shows, is one of the key predictors of improved outcomes when recovering from traumatic events.



# Why is responding to trauma everybody's business?

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There is growing evidence that trauma-informed systems and practice, where the impact of trauma on those affected by it is understood by staff, and systems are adapted accordingly, can result in better outcomes for people affected by trauma. Through the [National Trauma Training Programme \(NTTP\)](#), led by NHS Education for Scotland, it is the Scottish Government and COSLA's ambition to have a trauma-informed and responsive workforce and services across Scotland. This means that universally, across all systems and services, we recognise where people are affected by trauma and adversity, respond in ways that prevent further harm and support recovery, and improve life chances for people affected by trauma. The key principles underpinning trauma-informed practice, services and systems are safety, collaboration, trust, empowerment and choice. The NTTP provides accessible, evidence-based trauma-training resources, alongside a range of other support, to support all sectors of the workforce to embed and sustain trauma-informed practice.

Councils and community planning partners play a significant role in our local communities, and we will all interact with a variety of those services, systems and members of the workforce throughout our lives. As such, councils and community planning partners have a fundamental role to play in recognising the prevalence and impact of trauma in their communities and workforce. Adapting policy, practice and processes to reflect this understanding can contribute to the overall aim of councils and partners of reducing inequalities, supporting prevention and early intervention, and improving outcomes for people and communities.

One of the foundations of developing trauma-informed systems, services and workforces is ensuring that everyone recognises the role they have to play in responding to trauma. This doesn't mean that everyone needs to be a trauma expert - we know that different expertise and skills are required to support people's recovery – but instead that all workers, in the context of their own role and work remit, have a trauma-informed role to play in responding to people who are affected by trauma. It is equally important that all staff are able to work within systems, policies and environments that are designed and developed with an understanding of trauma and its impact at their heart.

Outlined below are some of the reasons why trauma matters across different policy areas, and how adopting a trauma-informed approach can support key priorities for local authorities and community planning partners.



## Physical health, mental health and social care

[Health inequalities](#) are the unfair and avoidable differences in people's health across social groups and between different population groups. These health inequalities do not occur randomly or by chance, but are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live a longer, healthier life.

Research shows that experiences of trauma and adversity can impact physical and mental health outcomes; for example, living through traumatic events increases the risk of a range of physical health conditions including type II diabetes, stroke, cancer and cardiovascular disease and increases the risk of developing mental ill health, such as depression, anxiety and post-traumatic stress disorder (PTSD). The pandemic has increased the risk of trauma for many people across Scotland, particularly for those already affected by inequality, trauma and adversity. Therefore, we are likely to see an increase in health inequalities as a result of COVID-19, and a trauma-informed approach could help to mitigate this.



## Alcohol and drugs

Drug deaths are at their highest ever levels in Scotland. The number of alcohol-related deaths also increased in 2020. Evidence shows that many people using alcohol and drugs have experienced trauma and adversity in their lives. Local Drugs Commission findings in [Dundee](#) and [Renfrewshire](#), for example, consistently highlight that the root causes of drug/alcohol use are “poverty, trauma, violence, neglect in childhood and adulthood, incarceration and criminalisation, stigma towards people who experience problems with drugs, drug and health policies that exclude rather than include, and lack of access to effective and high-quality treatment and support”.

We know that people often use alcohol/drugs as a way of coping with previous or ongoing traumatic experiences. This might include using alcohol/drugs to self-medicate to escape invasive, triggering or traumatic memories, using alcohol/drugs to cope with mental health challenges brought about by those traumatic experiences, using alcohol/drugs to cope with other experiences of adversity that may be compounded by traumatic experiences, such as housing instability or poverty, or as a way of coping with traumatic relationships. People using alcohol/drugs often report feeling shame and stigma, and highlight that they face difficulties in accessing holistic support for all of the needs, including substance use, trauma, mental health and housing.



## Housing and homelessness

Professionals delivering housing services are often supporting people who have experienced/are experiencing adversity and trauma. [For example](#), it is estimated that between 80% to 100% of people using homeless services in Glasgow have experienced trauma. People requiring support from housing services often have complex needs because of their experiences of trauma; for example, a person may be using alcohol/drugs as a coping response to their experiences, or may have poor mental health caused by their traumatic experiences, or a person may be experiencing domestic abuse and is facing homelessness if she leaves home. These experiences and needs may impact people's ability access to support and may impact whether they are able to maintain stable housing.

[Local authorities/HSCPs](#) that have adopted a trauma-informed approach across housing policy and practice [report increased safety and wellbeing for service users](#), positive prevention of homelessness, increased tenancy sustainment, and the further development of trauma-informed policy and processes to support populations facing additional risk, such as care-experienced young adults. Staff also highlight that they feel better equipped to do their job and report increased job satisfaction.



## Justice

Experiencing trauma and adversity does not mean that people will go on to offend, but there is growing evidence of the prevalence of trauma within both male and female populations who find themselves in the criminal justice system. [One study](#) shows that 70% of women in several community justice services in Scotland reported experiencing trauma. [In one survey](#), 45% of adult prisoner respondents in Scotland reported that they had been physically abused in their home as a child. Emerging evidence from some services shows that understanding the high prevalence of trauma and its impact for people in the criminal justice system suggests that taking a trauma-informed approach enables interventions to be more effective. [One evaluation of Willow](#), a service supporting women involved in the criminal justice system, indicated that service users' experiences and outcomes improved when the service adopted a trauma-informed model of service delivery.



## Early years and education

Evidence shows that trauma can have an impact on many aspects of a child's development, including physical and mental health, behaviour, relationships, memory and learning. If children do not receive the right support at the right time, these experiences can potentially go on to impact their education outcomes. Nurturing and trauma-informed approaches can have a positive impact on attainment and social and emotional competences and confidence. At the heart of nurture and being trauma informed is a focus on wellbeing and relationships and a drive to support the growth and development of children and young people, many of whom have experienced trauma, adversity and inequality, and require additional targeted support to close the equity gap.

Considering support through a trauma-informed lens can contribute to a greater understanding of the reasons underlying some children's difficulties with relationships, learning and behaviour. A school ethos that embraces an understanding of what has happened to an individual is far more likely to lead to supportive interventions that ultimately avoid exacerbating stress and trauma. [Evidence shows that](#) integrating trauma-informed approaches into existing educational practices can help develop a shared language for teachers and practitioners, can increase staff confidence in responding appropriately to children and young people's needs, and can contribute to the achievement of positive outcomes for children and young people.



## Adult protection

Given the prevalence of trauma, many people at risk of harm and many people accessing adult support and protection services may have experienced trauma at some point in their lives. We also know that many people at risk of harm because of disabilities or mental health, for example, often face a higher risk of traumatic experiences; for example, evidence shows that women with learning disabilities are at increased risk of experiencing domestic abuse than the greater population. People who have experienced trauma are resilient and develop a range of adaptations and coping responses in order to survive their experiences, such as maintaining contact with the perpetrator of the abuse or using drugs and/or alcohol, and such coping strategies may impact engagement with services or create barriers to accessing support. If our workforces, services and systems recognise the prevalence and impact of trauma for adults at risk of harm, this can support safeguarding efforts, help identify where further support may be needed, and help reduce the long-term impact of trauma.





## Child protection

Growing up with adverse childhood experiences (ACEs) such as domestic or child abuse, neglect, community violence, homelessness or growing up in a household where adults are experiencing mental health issues or harmful alcohol/drug use, can have a long-lasting effect on children and young people's outcomes. It is estimated that 500,000 – 750,000 people in Scotland are affected by ACEs, so it is vital that we respond as early as possible to trauma and adversity to mitigate its impact on children and young people.

For example, we know that, in Scotland, domestic abuse is one of the primary reasons for children being placed on the child protection register and is also one of the most common grounds of referral to the Children's Hearing System. If our child protection services [recognise the prevalence and impact](#) of traumatic experiences like domestic abuse on children and young people, this can help to improve safety for adult and child victims/survivors, reduce unnecessary removals and associated costs of care, and help to reduce the impact on children and young people's long-term outcomes.



## Violence against women and girls (VAWG)

While anyone is at risk of experiencing trauma, different factors can increase the risk and can impact people's safety, recovery and access to support. For example, as a result of their gender, we know that women are significantly more likely than men to experience domestic abuse, with one in three women in Scotland estimated to experience domestic abuse in their lives. We also know that women and girls often experience multiple forms of gender-based violence, including rape and sexual assault, stalking and harassment, so-called "honour-based" violence such as forced marriage and female genital mutilation, and commercial sexual exploitation. Barriers to support for women and girls are often around feeling stigma, blame and judgement around their traumatic experiences, not feeling believed by professionals if they disclose what has happened to them, and facing complex referral pathways to support, which can be re-traumatising. Without adequate support, women and children who have experienced VAW are at increased risk of experiencing other negative outcomes including mental health issues, drug and alcohol use, homelessness and/or offending behaviour. It is therefore vital that trauma-informed systems and services are in place locally that take account of victim/survivors previous, current or ongoing experiences of violence, abuse and trauma, and ensure that women and children's voices are heard and their rights are respected when accessing support.





## Environment and infrastructure

Evidence shows that positive relationships with family, peers and communities can support people's resilience and help them to recover from their experiences of trauma. Ensuring that services and support are available in local communities and are easy to access, and that there is easy connectivity across and between communities, can provide practical support for people's recovery. If people are able to access support and develop relationships in their local community, they are more likely to build resilience and experience improved outcomes.



## Corporate and human resources

Given the prevalence of trauma, we know that many of our workforce will be affected by trauma, and we know that trauma can have a lasting impact on physical and mental health. We also know that many professionals, particularly frontline practitioners, face an increased risk of vicarious trauma, chronic stress and burnout through their prolonged work with people affected by trauma. [CIPD reports](#) that mental ill health is one of the most common causes of long-term absence. More than half (55%) of organisations report that reported mental health conditions have increased over the last 12 months. The consequences of Covid-related mental health trauma are also a key risk for the economy, businesses and working lives.

This means that trauma-informed practice and policy is just as relevant to all our staff as it is to people accessing services, and it is vital that staff have access to relevant training, supervision and support that helps them to understand the potential impact of trauma and vicarious trauma on both themselves and the people they are supporting. If staff are not well, they will be unable to support others and provide high-quality care. [Research shows](#) that levels of stress and burnout are reduced among frontline workers when they feel well prepared for their role as a result of specialised training, and when they feel confident in their own knowledge and understanding of the situation.



## Economic development

Trauma is costly. Economic costs include those from lost employment, presenteeism (being at work, but not functioning well), reduced productivity and the provision of mental health and other services. Research shows that trauma can result in inequalities in employment prospects and barriers to accessing services. There is a growing awareness across Scotland about the intersections between trauma, mental health and employment, particularly for young adults. For example, [there is an increasing recognition](#) of the need for all employability service staff to have a core set of skills in relation to mental health and trauma. This means that, while not all staff are treating mental health or trauma issues, they are all able to identify issues, signpost, and tailor their support to clients' particular needs. This can help people to gain employment and access the additional support they may need, support retention and progression in work, and help people access any additional ongoing support they may need to prevent them from falling out of work.

[It is estimated](#) that 24% of children in Scotland live in relative poverty and, for already vulnerable families, the crisis is likely to further compound family stress and trauma. Beyond the immediate financial hardship, people living in poverty also face stress, social isolation, shame and stigma. There is growing evidence that living with poverty can impact long-term health, wellbeing, educational and life chances. And if children experience other kinds of trauma, such as domestic abuse or child abuse, while living in poverty, this may further compound the impact. While many children who grow up in poverty will not go on to live in poverty in adulthood, there is a clear link between childhood disadvantage, low educational attainment and future poverty, and these inequalities can lead to people facing barriers to accessing further education, training and employment support and opportunities.



## Leisure and culture

Community facilities like gyms, libraries and community hubs are key spaces which can support people's recovery from trauma. Whilst not directly involved in assisting people to manage the impact of their trauma, these spaces can offer safe and welcoming environments where people can develop the types of supportive informal networks and positive social interactions which can help build resilience and support recovery. Such community spaces can also help people develop trusting relationships with workers such as librarians and reception staff. This is important in supporting people's recovery as we know that the development of trusting relationships of all types can have a significant impact on increasing people's confidence and capacity to go on to seek and receive the relevant specialist care, support or interventions they might need to support their trauma recovery.



# Key actions for councillors/board members to consider

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In order to embed trauma-informed policy and practice across services, systems and workforces, councillors and board members should consider the following actions:

- Using the information above, take a trauma-informed lens to local strategic plans and community planning priorities. Do plans include a commitment to embed trauma-informed approaches? Do plans highlight the links between trauma and wider local ambitions for reducing inequalities and improving outcomes for communities?
- If you are hold a particular portfolio or Cabinet role, consider how you can address trauma and champion trauma-informed approaches in your remit.
- Explore what existing data might be able to tell your organisation/local area about the prevalence and impact of trauma in local communities and consider how trauma might be driving or compounding existing inequalities in local communities. This would include collecting and analysing data by gender and other socioeconomic factors wherever possible to ensure that different needs are considered when designing systems and services.
- Encourage a whole system, joined-up approach across services, agencies/ organisations and partnerships that helps people to understand that responding to trauma is everyone's business and that everyone has a role to play.
- Champion investment in evidence-based service design, meaningfully and robustly informed by experts by experience and profession, to ensure that local services and systems recognise and respond to people's needs, reduce barriers to accessing support, support people's recovery and minimise re-traumatisation.
- Encourage your organisation to sign up to the [public pledge](#) to commit to embedding trauma-informed principles and practice across their services, systems and workforces.
- Champion trauma-informed approaches as long-term culture change. Talk about this issues with other elected members, board members and officers. Lead conversations that challenge, influence and support this ambition.
- Collaborate with your local nominated Trauma Champions to support this work (you can find contact details of your local champions by contacting: [trauma@improvementservice.org.uk](mailto:trauma@improvementservice.org.uk)).
- Access [NTTP training materials](#) to help strengthen your knowledge and understanding of trauma, such as Scottish Trauma-Informed Leaders Training, designed to support leaders understand their role in embedding trauma-informed approaches across services, systems and workforces.



# Key questions for councillors/ board members to consider

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The questions below may be useful for councillors/ board members to refer to to take a trauma-informed lens when scrutinising local decisions, strategies, plans and commissioning processes.

## **Understanding the nature, prevalence and impact of psychological trauma**

Has the approach taken account of and considered:

- The prevalence and impact of trauma in the local community/ population it is looking to serve, as well as in the workforce involved in its delivery?
- The varied complex needs that people who have experienced trauma may often have?
- How systems, policies and processes may cause re-traumatisation, and the barriers people affected by trauma can face when trying to access services?
- How the above might impact on equity of access to support and positive outcomes for people affected by trauma in the local community?

## **Promoting the key principles of a trauma-informed approach**

Has the approach taken account of and considered:

- How to communicate a shared vision and ongoing commitment to the ambition of trauma-informed and responsive services, systems and workforces?
- How to value the contribution of lived experience of trauma? How has the approach been robustly and meaningfully informed by the experiences of people who will be affected by what is proposed, including those who might experience multiple barriers to accessing support and/ or those who have experienced psychological trauma?
- How to value the development of workforce skills and knowledge and commit to an ongoing context and culture that actively supports the workforce to put into practice the knowledge and skills they have learnt in training around psychological trauma?
- How to highlight a commitment to staff wellbeing? How has the approach been developed in collaboration with the workforces involved in its delivery?
- How to build in ongoing feedback loops from people who will be impacted by what is proposed and who have experienced psychological trauma?

- How to develop new and support existing services, systems and workforces to offer a greater sense of choice and trust, empowerment, collaboration and safety with everyone they come into contact with?

### **Supporting local priorities**

Has the approach taken account of and considered:

- How to recognise that embedding trauma-informed practice and policy supports any proposed outcomes and/ or existing local priorities?
- How to champion and support the building of both individual and community resilience?
- How to develop opportunities to build relationships between services/ organisations and the local community and recognise the importance of multi-agency, collaborative working?



# Further support and contacts

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## **Improvement Service**

The go-to organisation for Local Government improvement in Scotland. Please visit [their website](#) for more information or contact [trauma@improvementservice.org.uk](mailto:trauma@improvementservice.org.uk) for more information on support available for elected members, local authorities and other community planning partners on adopting a trauma-informed approach.

## **NHS Education for Scotland**

A special health board responsible for supporting NHS services in Scotland by developing and delivering education and training for those who work in NHS Scotland. Please visit [their website](#) to find out more about the National Trauma Training Programme and access their free range of trauma training resources.



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