

# Integrated Impact Assessment – Summary Report

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Each of the numbered sections below must be completed  
Please state if the IIA is interim or final

Final

## 1. Title of proposal

Trauma Informed and Responsive Approach In Edinburgh

## 2. What will change as a result of this proposal?

Large numbers of people in contact with public services have experienced traumatic events. There is an abundance of high-quality evidence showing that trauma is widespread and has far-reaching consequences. The City of Edinburgh Council and Health and Edinburgh Social Care Partnership (CEC & HSCP), have a fundamental role to play in recognising the prevalence and impact of trauma in their communities and workforce. People with lived experience of trauma often have difficulties accessing services because of their traumatic experiences, resulting in exclusion from many aspects of society. Our ambition is to embed a trauma-informed and responsive approach in all systems and services. We will have a leadership and workforce that recognises that “trauma is everybody’s business” and the key role our organisations play in supporting the sustainable development of a trauma-informed and responsive approach to services, systems and its workforces, across our organisations in Edinburgh.

Being trauma-informed means being able to “recognise when someone may be affected by trauma, and how a person’s past or current trauma, race, ethnicity, gender, sexual orientation, religion, or other facets of one’s identity might shape their experiences and create disadvantage and inequity”. Responding to trauma means “we acknowledge its prevalence of and impact on many, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm, and recognises and supports people’s resilience”. A trauma-informed and responsive approach strives to be equitable. It takes a strengths-based approach, that believes in a person’s or organisation’s ability to contribute to healing and recovery.

City Leaders will support a long-term commitment that reflects this work as a priority. They will work to embody and promote the 5 Principles of a Trauma Informed and Responsive Approach (TIRA), in all working environments. 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. When we design policies, systems and services to establish trust, safety, choice, collaboration and empowerment, we remove barriers to services and promote opportunities.

This will be supported by a skilled, trained and competent workforce that will ensure people that are affected by trauma are supported to recover. Embedding sustainable trauma-informed and responsive ways of working is rooted in long-term culture change that asks for our commitment to a cycle of ongoing development and improvement. This will be led by a Strategic Oversight group with commitment and representation at a senior level from across the organisation and partners.

### 3. Briefly describe public involvement in this proposal to date and planned

The revision of this policy is based on updated legislation and best practice guidance available through a range of sources including the Improvement Service; the Coalition of Scottish Local Authorities (COSLA); the Scottish Government; peer reviewed research; and anecdotal reports by staff in various organisations. The professionals consulted throughout the revision process are involved in delivering services directly to adults and children affected by trauma and adversity across the lifespan.

### 4. Is the proposal considered strategic under the Fairer Scotland Duty?

Yes. Psychological trauma can have lasting adverse effects on an individuals' functioning- opportunities in education, employment, and life chances are reduced across the lifespan. Research shows that trauma and adversity create barriers to people accessing services. The 'Hard Edges Scotland' study (2019) found that growing up with experiences of trauma, underpins severe and multiple disadvantages experienced by adults in Scotland. Trauma is experienced at high rates in some of our most disadvantaged population's, including women, children, ethnic minorities, those with disabilities, in the LGBTQ+ community, people in contact with addiction, mental health, homelessness, domestic abuse and criminal justice services. This proposal will seek to minimise disadvantage and work to increase equity and opportunities for all.

### 5. Date of IIA

Monday 27th November 2023

### 6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Angela Voulgari	Equally Safe Edinburgh Committee Lead Officer	18-5-2022
Simon Porteus	Family and Household Support Manager-Community Safety	N/A
Ian Read	Senior Health & Safety Adviser Stride Network Communications Manager	N/A
Laura Joya	Quality Assurance Officer, Quality Regulation & Governance, Chair BAME Network	N/A
Andrew Burgess		15-11- 2018

<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
	Senior HR Consultant Organisational Development IIA Group Facilitator	
<b>Emma Kilpatrick</b>	Lead HR Consultant, ER & Policy	N/A
<b>Emma Gall</b>	Project Lead Thrive	N/A
<b>Katie Davies</b>	Transforming Psychological Trauma Co-Ordinator	N/A
<b>Claire Ryan Heatley</b>	Trauma Lead Officer Report Writer	N/A

## 7. Evidence available at the time of the IIA

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
Data on populations in need	<p><a href="#">Scottish Health Survey 2019</a></p> <p><a href="#">Kings College London</a></p> <p><a href="#">Supporting Survivors</a></p>	<p>In Scotland, the 2019 Scottish Health Survey revealed that 71% of the Scottish adult population suffered some form of abuse, neglect or other adverse experiences during their childhood. One in seven adults reported four or more ACEs.</p> <p><b>Children-</b> 31% children under age 18 have a traumatic experience during childhood, and those who were exposed to trauma were twice as likely as their peers to have a range of mental health disorders.</p> <p><b>Women-</b>While abuse can happen to anyone, women are the most frequent victims and men are the</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="#">Scottish Domestic Abuse Helpline</a></p> <p><a href="#">American Psychological Association 2023</a></p> <p><a href="#">WHO 2021</a></p> <p><a href="#">Centres for Disease Control and Prevention</a></p>	<p>most frequent abusers.</p> <p>82% of domestic abuse incidents reported had a female victim and male perpetrator .</p> <p>Women are typically exposed to more interpersonal trauma than men, and often at a younger age, which can have a greater negative impact on their lives The lifetime prevalence of PTSD for women is 10% to 12%, compared to 5% to 6% for men.</p> <p>Sexual abuse is the most common form of trauma for women. An estimated 91% of victims of rape &amp; sexual assault are female and 9% male. Nearly 99% of perpetrators are male.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="#">Karatzias et al., 2017</a></p> <p><a href="#">Implementation of Trauma-Informed Care in a Housing</a></p> <p><a href="#">LGBTQ+ needs assessment</a></p>	<p>91% of women in Scottish prisons report both childhood and adulthood trauma.</p> <p>A Trauma Informed and Responsive Approach, takes a gendered approach to services. A trauma-informed housing shelter for survivors of interpersonal violence showed a 98.9% reported increase in safety and understanding of domestically violent relationships, and survivors retained safe housing at a 3 month follow-up.</p> <p><b>Gender-</b> Research indicates that sexual and gender minorities are exposed to a heightened number of trauma-related stressors. LGBTQ+ individuals generally deal with higher levels of</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p data-bbox="456 846 927 875"><a href="#">Inter Partner Violence Among LGBT</a></p> <p data-bbox="456 1128 890 1158"><a href="#">Journal of Mental Health Nursing</a></p> <p data-bbox="456 1727 746 1756"><a href="#">Improvement Services</a></p>	<p data-bbox="1174 607 1430 875">interpersonal victimisation. Findings of lifetime Inter-personal violence among transgender people range from 31.1% to 50.0%.</p> <p data-bbox="1174 954 1430 1592"><b>Mental health-</b> Inpatient mental health services 60% of women and 50% of men report being sexually or physically abused in childhood. More than one-third had experienced sexual abuse in childhood or adulthood, indicating rates that were significantly higher than the general population.</p> <p data-bbox="1174 1619 1430 2007"><b>Substance use</b> Childhood maltreatment predicts a 73-74% higher risk of developing substance use problems. A trauma-informed substance use</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p data-bbox="453 1373 823 1406"><a href="#">Impact of ACEs on Learners</a></p> <p data-bbox="453 1653 799 1686"><a href="#">Trauma-Informed Schools</a></p>	<p data-bbox="1171 600 1439 1196">service resulted in a 31% lower rate of treatment dropout, with longer treatment leading to improved outcomes. Clients were also found to be using services more effectively, behaving more appropriately and moving towards independence more quickly.</p> <p data-bbox="1171 1223 1439 2020"><b>Inclusion-</b> Educational success has been demonstrated to relate more to ACES than income and research consistently demonstrate those impacted by trauma and adversity have lower educational qualifications and employment opportunities. Implementation of a trauma informed approach in an educational setting showed a reduction in suspension by 83% and increased graduation rates.</p>



Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on service uptake/access	<a href="#">Journal of Mental Health 2018</a>	Many people with lived experience of trauma report finding it difficult to feel safe and trust others, especially in situations that remind them of traumatic experiences. This can lead to difficulties accessing services and exclusion from other aspects of society. People who are homeless are more likely to have experienced trauma than the general population and services that are not trauma informed risk excluding people who have experienced trauma.
Data on socio-economic disadvantage e.g. Low income, low wealth, material deprivation, area deprivation.	<a href="#">Trauma-Informed Practice Toolkit-Scottish Government</a>	While trauma can affect anyone, regardless of their individual characteristics research exploring the distribution of traumatic events based on gender, age, ethnic background and

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		socio-economic status has shown that traumatic events are more frequently experienced by people in low socio-economic groups and from black and minority ethnic communities.
Data on equality outcomes.	<a href="#">Scottish Government</a>	In Scotland, one in seven adults reported four or more ACEs, with those in the most deprived areas twice as likely than those in the least to experience this quantity of ACEs. ACEs have also been shown to be highly correlated with socio-economic disadvantage in the first year of life.
Research/literature evidence.	<a href="#">Scottish Government June 2023</a>  <a href="#">Trauma Informed Approaches April 2023</a>	Evidence Review: Enablers and Barriers to Trauma-informed Systems,

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="#">Trauma-informed systems SG 2023</a></p> <p><a href="#">Scottish Government 2019</a></p> <p>See body of report for additional research.</p>	<p>Organisations and Workforces.</p> <p>Supporting people experiencing multiple disadvantage -A Rapid Evidence Assessment.</p> <p>Scottish Health Survey.</p>
Public/patient/client experience information.	<p><a href="#">A Roadmap for Creating Trauma-Informed and Responsive Change Guidance for Organisations, Systems and Workforces in Scotland</a></p>	<p>This IIA has been informed by the Roadmap for Creating Trauma Informed and Responsive Change. This recent publication have drawn on the evidence base and informed by what people with lived experience of trauma, experts by profession and leaders identify as important in adopting this approach.</p>
Evidence of inclusive engagement of people who use the service and	<p>January 2023 a Trauma Informed Edinburgh Development session with circa 100 attendees from a variety of services, including CEC,</p>	<p>The session focused on fostering vision for a trauma-informed Edinburgh.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
involvement findings.	NHS, Third Sector, Experts with Lived Experience, Advocacy Groups, Emergency Services, Education Staff and Local Councillors	Attendee responses have informed this proposal. This includes a shared knowledge and a common narrative and response to trauma across the services and sectors.
Evidence of unmet need.	<p><a href="#">Addressing unmet needs in women’s mental health</a></p> <p><a href="#">Trauma Informed Practice Toolkit Scotland</a></p> <p><a href="#">Hard Edges Scotland Report Multiple Disadvantage</a><a href="https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html">https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html</a></p> <p><a href="#">Adversity in Childhood Links to Mental and Physical Health</a></p>	<p>Trauma is a root cause of physical and psychological illness, health-compromising behaviours, injury, suicidality, homelessness, substance misuse, and disability and increases the likelihood of experiencing multiple disadvantage, increased contact with the justice system and reduced attainment in education and opportunities in employment.</p> <p>Living with the impacts of trauma significantly impacts on relationships,</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		<p>health and opportunity, resulting in reduced life chances across the lifespan, early death and an increased incidence of preventable disease .People are often failed by services and systems that focus on singular issues rather than taking a whole person, whole systems approach.</p> <p>It is well documented that systems, policies and processes inadvertently cause traumatisation and re-traumatisation, and by adopting this approach this risk can be significantly reduced.</p>
Good practice guidelines.	<a href="#">A Roadmap for Creating Trauma-Informed and Responsive Change Guidance for Organisations, Systems and Workforces in Scotland</a>	Individuals who have experienced trauma can benefit from emerging best practices in adopting a trauma-informed

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		responsive approach.
Carbon emissions generated/reduced data.		
Environmental data		
Risk from cumulative impacts.	<p>The proposal supports us to expand our understanding of trauma as an experience beyond the personal to include awareness of structural, community and societal trauma. The populations identified experience disproportionate vulnerability and are at greater risk of cumulative trauma across the lifespan. Collective trauma is a collective responsibility, recognising that higher adverse childhood experiences were reported by Black, Latinx, and LGBTQIA+ communities, with the highest ACEs in <a href="#">multiracial and bisexual groups</a>. It acknowledges that people of different ages and at different stages of life will have different experiences and will display different help-seeking behaviours. It considers that people of different ages will likely have different intersecting needs.</p>	<p>Through a combination of the research papers, publications and information available in the sources cited above, there is a wealth of information around how Psychological Trauma and Adversity affects people from all walks of life, across the lifespan. As demonstrated the intersecting, cumulative impact of trauma leads to multiple disadvantage, particularly in relation to the interplay of socio economic disadvantage and various protected characteristics.</p>
Other (please specify)		N/A
Additional evidence required	No	No further evidence has been deemed to be required by

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		the group that carried out the Integrated Impact Assessment for a Trauma Informed and Responsive Approach In Edinburgh proposal.

8. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
<p><b>Positive</b></p> <p>This approach highlights that it is critical that all service providers recognise the prevalence of trauma and the vital role all services provide is supporting recovery and resisting traumatisation or re-traumatisation of our most vulnerable population in routine service provision. Psychological trauma result in invisible barriers to people accessing support and this approach can play a significant role in tackling health inequalities, and the reduced educational and employment opportunities we see in those affected by psychological trauma. It is vital we recognise that trauma, has profound effects on an individual and influences how people engage with services. A TIRA supports us to recognise the structural barriers that can negatively impact and promote marginalization of our most vulnerable populations and communities, ensuring we develop and deliver services with a more inclusive lens. Understanding the potential impact of <a href="#">trauma and adversity across the life course</a> is key if we are to break the intergenerational cycle of trauma multiple disadvantage including poverty and unemployment.</p>	<p>Psychological trauma is widespread and anyone can be impacted by trauma. It is particularly prevalent in people who access health and social care services and is experienced at a much higher rate by certain populations. Our most at risk populations, include</p> <ul style="list-style-type: none"> <li>- Women</li> <li>- Older People</li> <li>- Children and Young people</li> <li>- Care Experienced Children and Young People</li> <li>- People with disabilities-</li> </ul>

Equality, Health and Wellbeing and Human Rights	Affected populations
	<p>including physical/ learning disability, sensory impairment, long-term medical conditions and mental health problems)</p> <ul style="list-style-type: none"> <li>- People from minority ethnic backgrounds</li> <li>- People with different religions or beliefs</li> <li>- Those experiencing multiple disadvantage, such as poverty, deprivation and adversity</li> <li>- Vulnerable families</li> <li>- People involved in the criminal justice system</li> <li>- People experiencing difficulties with substance use</li> <li>- Others, for example veterans, refugees and asylum seekers and students</li> </ul>
<p><b>Negative</b></p> <p>There are currently more risks in not adopting a TIRA for Edinburgh than in adopting it. In a climate of ongoing recovery from the Covid pandemic and the cost of living crisis, a lack of investment in a trauma-informed and responsive approach risks perpetuating the cycle of intergenerational trauma, by increasing the possibility to traumatise and retraumatise individuals by failing to meet the unacknowledged needs of some of the most vulnerable people in the city, at a tremendous economic, social and human cost to the Council, the HSCP and the citizens of Edinburgh.</p>	



<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>A trauma informed and responsive approach supports engagement and reduces dropout and disengagement. This in turn leads to a better utilisation of resource and improved outcomes.</p>	<p>Anyone can be impacted by psychological trauma. Our most at risk populations as outlined above can be supported to better engage with our services by adopting this approach.</p>
<p><b>Negative</b> This approach does not have any negative implications for environmental considerations.</p>	

<b>Economic</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>Current challenges make Trauma Informed and Responsive Approach within our workforce highly relevant. Levels of stress and burnout are reduced among frontline workers when they feel well prepared for their role because of specialised training, or when they feel confident in their own knowledge and understanding of the situation. This approach can help address the high incidences of staff absences, burnout, and recruitment and attrition rates currently experienced, by prioritising a well workforce as a foundation to do this work.</p> <p>Trauma is a root cause of physical and psychological illness, health-compromising behaviours, injury, suicidality homelessness, substance misuse, and increases the likelihood of experiencing multiple disadvantage, increased contact with the justice and social work system and reduced attainment. Although many people show remarkable resilience and recover from their experiences, people who experience trauma are at higher risk of experiencing negative outcomes and reduced life chances across the lifespan.</p> <p>A Trauma Informed and Responsive approach can contribute to increased positive outcomes and reduced risk of the negative sequelae outlined above. The impacts of trauma come at a significant cost to statutory organisations and society more broadly. Trauma has a significant and detrimental financial and human cost. Although intuitively and contextually understood, the impact of trauma on lost productivity, the increased need for health and social care, education and higher levels of involvement in the justice system, we cannot accurately capture the significant intangible costs and emotional suffering to the people affected and the ensuing lost opportunities to thrive in life.</p>	<p>Workforce and citizens.</p> <p>Anyone can be impacted by psychological trauma. See above</p>

<b>Economic</b>	<b>Affected populations</b>
<p>This area is under researched. However, evidence also strongly supports the benefits of a trauma-informed approach across services and organisations: Trauma-informed care has been shown to be effective with difficult-to-engage populations by reducing barriers to accessing support and by promoting earlier intervention, preventing and reducing the need for crisis support.</p>	
<p><b>Negative</b></p> <p>Given the abovementioned evidence, the benefits of fully implementing a TIRA across the Council and the HSCP heavily outweigh the financial and time costs involved in undertaking the training required across the workforce. All training materials for staff are available and are soon to be made available on My learning Hub. There is a recognition that many staff may have experienced trauma personally and or professionally. To support staff with managing this and resource them in the role the free training “Understanding Your Own Trauma”, and the “Taking Care of Myself “ NES Wellbeing module is recommended. This does not require a financial cost, but a time cost is required to allow staff to complete the learning. Thereafter a meaningful commitment by managers and leaders is recommended, to develop a reflective, supportive culture to embed the learning, and ensure staff wellbeing is meaningfully supported.</p>	<p>Workforce and citizens.</p> <p>Anyone can be impacted by psychological trauma. See above</p>

**9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

This approach applies to all services delivering services to our citizens. This includes both services delivered by the City of Edinburgh Council, as well as services available through our partner providers. Although many services external to the council are funded by independent sources, the City of Edinburgh Council also provides funding specifically for services working with individuals who may be impacted by trauma. All services external to the council are funded through a competitive tendering process. All successful service providers will be expected to demonstrate that they are adopting a Trauma Informed and Responsive Approach. It is proposed that this will become a routine part of our Integrated Impact assessments internally and commissioning process externally.

10. **Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

This information can be made available in alternative languages and formats (including Braille and Easy-Read formats) upon request by any organisation or member of the public. There are a number of accessibility features that colleagues can utilise via our MS365 package. These can be made available via reasonable adjustments made in the course of their role.

11. **Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

This proposal is not anticipated to have any significant primary environmental impact as it is concerned with a way of working to support services to realise the prevalence of trauma, recognise what behaviours that are presenting may be connected to a trauma response, and work in a way that resists re- traumatisation, supports recovery, and supports a resilience, by adopting a strength based and relationship based approach, within a cultural and historical context, by services operating throughout the City of Edinburgh. There may be a secondary gain as this approach has been shown to be effective with difficult-to-engage populations by reducing barriers to accessing support and by promoting earlier intervention, prevention and reducing the need for crisis support. This approach supports engagement and reduces dropout and disengagement, reducing poor utilisation of resources. In addition people who are supported to engage with services working in ways that improve outcomes through enhanced feelings of safety, fostering empowered agency and the ability to feel more in control of their lives. This has the potential to translate to the individual having capacity to take more interest in other long term considerations, such as choosing to act in more environmentally friendly ways.

12. **Additional Information and Evidence Required**

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

No further evidence has been deemed to be required by the group that carried out the Integrated Impact Assessment for a Trauma Informed and Responsive Approach In Edinburgh proposal.

13. **Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:**

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Proposal to create a Strategic Oversight group to provide a strong foundation, and invite senior representation from all directorates.	Claire Ryan Heatley Trauma Lead Officer Rose Howley Trauma Champion	01/08/24	1/05/24
Long-term commitment to embed and sustain this approach to make the culture change necessary. Align strategic thinking, planning and decision making with a TIRA to include recognising that this approach underpins everything we are doing and needs to be meaningfully embedded in all practice policy and processes. Support at senior level across directorates	Rose Howley Trauma Champion  Claire Ryan Heatley Trauma Lead Officer  Supported by Organisational development and wellbeing Team Human Resources	01/08/24	1/05/24
All Teams within the Council and HSCP to undertake a minimum of Level 1 Trauma Training on a compulsory basis, with additional training to be undertaken based on their specific roles and responsibilities.	Claire Ryan Heatley Trauma Lead Officer  Supported by Learning and Development Team Human Resources		
All services invited to have a self nominated trauma Ambassador. Opportunity to attend bimonthly development sessions and community of practice space to create space to take a trauma lens to service areas and proactively work to embed this approach within each service	Claire Ryan Heatley Trauma Lead Officer Supported by service leads and endorsed by Directorate leads		

**14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?**

Psychological Trauma affects a large percentage of people in the City of Edinburgh, many of whom access services available through the public and third sectors. Adopting a Trauma Informed and Responsive Approach In Edinburgh, would seek to enhance the daily work of services involved in supporting adults and children affected by trauma and its multitude of presentations. Continuous

conversations, with frontline staff, and a commitment to explore how we can capture the voice of people that use our services through various feedback loops will be explored to ensure and potential impacts not identified currently are recognised and addressed at the earliest opportunity

15. **How will you monitor how this proposal affects different groups, including people with protected characteristics?**

I have working relationships with many of the specialist services providing support to victims/survivors of psychological trauma. I am a members of the Equally Safe Edinburgh Committee, am a member of of the Adult Support Protection Subgroup, report to the Childrens Planning Partnership and the Corporate Parenting Board. Members of various committees and networks have been consulted on the creation of this proposal, and some have also participated in the associated Integrated Impact Assessment. Every effort has been made to ensure that this undertaking is an inclusive as possible.

Outcome measures are to be agreed by our Strategic Oversight Group once established. Aim would be for a Training Programme evaluation with ongoing evaluations at regular touch points to evidence learning and change in practice. Plan to capture both quantitative and qualitative data to evidence change at level of improving people lives and plan to utilize focus groups. To consider detailed short and medium term outcomes, with a strong focus on outcome not input. Success to be defined collaboratively, consideration given to what would have the biggest impact for the person, the staff and the service and not just the service. To achieve this the goals is to develop an outcomes framework as part of our Delivery Plan.

16. Sign off by Head of Service

**Name** Amanda Hatton

**Date** 06.05.2024

17. Publication

Completed and signed IIAs should be sent to:

[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)

**Edinburgh Integration Joint Board/Health and Social Care**  
[sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk) to be published at [www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/](http://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/)