

Integrated Impact Assessment – Summary Report

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 Implementation Sub-Group Edinburgh Children's Partnership

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

Large numbers of people in contact with public services have experienced trauma. There is an abundance of high-quality evidence showing that trauma is widespread and has far-reaching consequences. The Edinburgh Children's Partnership plan is to provide a framework for delivering high-quality, integrated services that are tailored to meet the needs of children and families across the city and 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. While there are groups that experience increased incidence and severity of trauma across the lifespan, it is important to highlight that trauma is a universal experience, so we can begin to break down the "them and us".

Our ambition is to embed a trauma-informed and responsive approach in all systems and services within the Edinburgh Children's Partnership and Health and Edinburgh Social Care Partnership (ECP). We will have a leadership and workforce that recognises that "trauma is everybody's business". We acknowledge the key role we all play in supporting the sustainable development of a trauma-informed and responsive approach to services, systems and its workforces, across our organisations in Edinburgh.

The Trauma Informed Implementation Sub-group of Edinburgh Children's Partnership will work to support organisational change including long term culture, practice and policy changes within the ECP. This will be achieved through implementation of trauma informed and responsive approaches as outlined in the National Trauma Transformation Programme and the groups Terms of reference. The group will ensure that our approach is inclusive of the full range of ECP services and reflects the need for cross-sector collaboration. It will support the work of the Trauma Champions, Trauma Officer and will work to promote the principle that trauma knowledge should be inherent to all aspects of service provision and design. We will adopt an integrated approach to develop a shared understanding of trauma and what it means to be working in a trauma informed and responsive way across services within the partnership to ensure a common narrative and approach. Our vision is that all professionals will be appropriately trained and equipped to deliver services in a trauma informed way to reduce further problems arising in the future by supporting recovery of people affected by trauma and resisting further traumatisation or re-traumatisation. A trauma-informed and responsive approach strives to be equitable and takes a strengths-based approach, that believes in a person's or organisation's ability to contribute to healing and recovery. We recognise that as service providers we hold expertise but are not the experts. We commit to develop a culture that seeks to redress, not reinforce the power imbalance, but recognises a person's expertise and

support them to harness their personal abilities, taking a strength not a deficit-based approach. We will endeavour to take every opportunity to embed the principles meaningfully, so those we work with will be enabled to be active contributors in the services they receive. We will use the term Trauma Informed and Responsive Approach (TIRA) for consistent messaging and to create a common narrative.

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

The development of this implementation trauma informed group 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; 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 individual’s 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. This proposal will support us to increase understand that trauma is complex and to educate people how all-encompassing trauma can be in a person’s life. People will take their traumatic experience wherever they go, and this is often a factor when people display challenging behaviour. This is relevant across all of our services. We need to consider how we link this awareness across all services and consider how to embed a trauma lens approach and the five key principles in all our policies, procedures and strategies so services can support recovery and avoid retraumatising people, through statutory or institutional trauma. 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. When we design policies, systems and services to establish trust, safety, choice, collaboration and empowerment, we remove barriers to services and promote opportunities.

5. Date of IIA

24.04.2024

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
Emma Kilpatrick	IIA Group Facilitator	18 May 2022

Name	Job Title	Date of IIA training
	Lead HR Consultant, ER & Policy CEC	
Linzie Crookes	Service Manager, Children 1 st	N/A
Nathan Readie	Youth Justice Sergeant Police Scotland	N/A
Ethelinda Lashley Scott	EO Multi Cultural Family Base	N/A
David Orr	Young People's Service Team Leader CEC	N/A
Julie Wright	Team Leader Residential CEC	N/A
Samantha Ross	Team Leader Residential CEC	N/A
Emily Dempsey	The Promise/Corporate Parenting Lead Officer CEC	N/A
Claire Ryan Heatley	Trauma Lead Officer CEC	N/A
Marnie Coull	Edinburgh Locality Manager Action for Children	N/A
Arlaine Barbour	Project Manager Volunteering Matters	N/A
Emma Lee	LAYC Development Worker	N/A

7. Evidence available at the time of the IIA

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 populations in need	Scottish Health Survey 2019	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 Children- "Trauma can affect any one of us at any time, but we also know that some people are

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>Scottish Government</p> <p>Kings College London</p> <p>Childhood Maltreatment and Revictimization: A Systematic Literature Review</p> <p>Searchers: Brave a Thousand Deaths</p> <p>Sexual child abuse as an antecedent to prostitution</p> <p>Supporting Survivors</p>	<p>more vulnerable than others, especially children.</p> <p>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>There is ample evidence showing that childhood maltreatment increases two to three fold the risk of victimisation in adulthood. Approximately, three in four children experience physical and/or emotional victimisation. Approximately half of individuals with a child sexual abuse history are at risk of revictimization.</p> <p>Vulnerable adults: While there is increasing awareness of the potential for exploitation in children, adults there that are exploited are not always recognised to be the victims that they. Dr Burrus-Wright is working to bring awareness to the long known fact that “incest is a driving factor to prostitution.” A study from over forty years ago identified that “seventy percent of the women reported that the child sexual exploitation definitely affected their decision to become a prostitute”. Increased awareness is needed re the complex, intersectionality of childhood and adult abuse that is relevant to Commercial Sexual Exploitation.</p> <p>Women-While abuse can happen to anyone, women are the most</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>Scottish Domestic Abuse Helpline</p> <p>American Psychological Association 2023</p> <p>Preventing and responding to gender based violence: a whole school framework Scottish Government 2024</p> <p>WHO 2021</p> <p>Centres for Disease Control and Prevention</p> <p>Karatzias et al., 2017</p> <p>Implementation of Trauma-Informed Care in a Housing</p>	<p>frequent victims and men are the 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</p> <p>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 & sexual assault are female and 9% male. Nearly 99% of perpetrators are male.</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. People experiencing trauma such as gender based violence when responded to by universal services in a knowledgeable, integrated way, underpinned by a TIRA, will be identified and supported to access appropriate care a lot more quickly. This reduces the risk of re-traumatisation as they are supported to have their trauma recognised, validated and appropriately supported, which helps survivors process the trauma earlier allowing for</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>LGBTQ+ needs assessment</p> <p>Inter Partner Violence Among LGBT</p> <p>Journal of Mental Health Nursing</p> <p>Improvement Services</p>	<p>improved chance of recovery. 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>Gender- 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 interpersonal victimisation. Findings of lifetime Interpersonal violence among transgender people range from 31.1% to 50.0%.</p> <p>Mental health-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>Substance use Childhood maltreatment predicts a 73-74% higher risk of developing substance use problems. A trauma-informed substance use 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>

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>Impact of ACEs on Learners</p> <p>Trauma-Informed Schools</p> <p>Multi-tiered Approaches to Trauma-informed Care in Schools 2019</p> <p>Reductions in behavioural and emotional difficulties from a Trauma informed school 2021</p> <p>Trauma-informed child welfare systems and children's well-being 2017</p>	<p>Inclusion-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> <p>Research show that trauma-informed early intervention is critical for the prevention of re-traumatisation of children who have experienced trauma.</p> <p>A Trauma Informed intervention in a specialist school led to a reduction in difficult behaviours, problems with peers and overall difficulties. such as hyperactivity.</p> <p>A study in care experienced population demonstrated that integrating trauma-informed care increased the wellbeing of children in care, as well as their placement stability in foster care.</p>
Data on service uptake/access	<p>Journal of Mental Health 2018</p>	<p>Many people with lived experience of trauma report finding it difficult to feel safe and trust others, especially in situations that remind them 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
		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.	Trauma-Informed Practice Toolkit- Scottish Government	While trauma can affect anyone, regardless of their individual characteristics, research exploring the distribution of traumatic events based on gender, age, ethnic background and 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	Scottish Government	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.

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Research/literature evidence	<p>Scottish Government June 2023</p> <p>Trauma Informed Approaches April 2023</p> <p>Trauma-informed systems SG 2023</p> <p>Scottish Government 2019</p>	<p>Referenced throughout</p> <p>Evidence Review: Enablers and Barriers to Trauma-informed Systems, 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 Roadmap for Creating Trauma-Informed and Responsive Change Guidance for Organisations, Systems and Workforces in Scotland</p>	<p>This IIA has been informed by the Roadmap for Creating Trauma Informed and Responsive Change. This recent publication has drawn on the evidence base and been informed by people with lived experience of trauma, experts by profession and leaders</p>
Evidence of inclusive engagement of people who use the service and involvement findings	<p>January 2023 a Trauma Informed Edinburgh Development session with circa 100 attendees from a variety of services, including CEC, NHS, Third Sector, Experts with Lived Experience, Advocacy Groups, Emergency Services, Education Staff and Local Councillors</p>	<p>The session focused on fostering a vision for a trauma-informed Edinburgh. Attendee responses have informed this proposal. This includes a shared knowledge and a common narrative and response to trauma across the services and sectors.</p>
Evidence of unmet need	<p>Addressing unmet needs in women's mental health</p> <p>Trauma Informed Practice Toolkit Scotland</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</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>Hard Edges Scotland Report Multiple Disadvantage</p> <p>Adversity in Childhood Links to Mental and Physical Health</p> <p>A Rapid Review of the Literature on Whole Family Approach</p> <p>Tackling Child Poverty Delivery Plan</p> <p>NHS Lothian Director of Public Health Annual Report</p> <p>The gendered impact of the cost-of-living crisis</p>	<p>disadvantages, 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, 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, whole family approach.</p> <p>Intersectionality: By recognising how the intersecting, cumulative impact of trauma can lead to multiple disadvantage, particularly in relation to the interplay of socio economic disadvantage and various protected characteristics this proposal can seek to minimise disadvantage and work to increase equity and opportunities for all. There is a clear link between child poverty, adverse childhood experiences, and later health outcomes, as highlighted in the NHS Annual Report 2022</p> <p>Lone-parent families, housing where someone is disabled, families with three or more children, minority ethnic families, families with a child under one year old, families where the mother is under 25 years old are recognised as the 6 priority groups most at risk of poverty.</p>

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	<p data-bbox="480 636 759 667">Scottish Government</p> <p data-bbox="480 1128 911 1227">Developing trauma resilient communities through community capacity building</p>	<p data-bbox="1002 461 1431 875">Commercial sexual exploitation is often linked with substance use. While it is important to recognise them as separate issues, the intersecting, complexity needs highlighted, as increasing numbers of people are exposed to the risk of being exploited due to the current cost of living crisis making people, particularly women more vulnerable.</p> <p data-bbox="1002 936 1431 2018">Communities: There are many complex considerations that relate to the context of trauma in our communities. For some communities, trauma may be a whole community experience. Trauma has and will affect individuals from all parts of our communities, as well as a great many in our workforce". We recognise the need to increase awareness regarding this, and the importance of considering what these different communities are, as this awareness can increase compassion and empathy. It is important to see the various demographics and the different specific needs of the population and not the area as a whole. We want to support the development of trauma resilient communities, exploring participation and engagement to adopt an asset based approach that will enable us build networks within families and communities that promote richer lives, where people are supported to move beyond 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 data-bbox="480 882 938 949">Peer Support for Veterans, Serving Members and their Families 2023</p> <p data-bbox="480 1727 919 1760">Healthcare Induced Trauma 2021</p>	<p data-bbox="1002 427 1426 667">legacy of trauma. This requires us to meet people where they are at, and our work needs to be rooted in a message of hope that sees and supports the needs of whole families and whole communities.</p> <p data-bbox="1002 689 1437 1491">Military families A recognition of the vital role third sector organisations play in addressing the need of this population and a recognition that there is a significant resource peer recovery, community-based, work in the veteran communities. There is an assumption that families can access support through the military, but this is not always so. A whole family approach is required here to offer comprehensive support. The importance of recognising the potential for recovery to happen in relationships highlights the need for universal services to have an awareness of what support organisations are available for veterans that are impacted by trauma.</p> <p data-bbox="1002 1532 1437 1951">Institutional trauma: While there is a recognition around institutional trauma for certain population such as individual leaving prison the awareness does not extend to other populations, such as people who have been hospitalised long-term. This is a vulnerable often unrecognised population. Need to increase awareness to include all populations affected.</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>The Impact of Trauma Work 2013</p>	<p>Secondary and vicarious trauma. It is important we recognise the potential for secondary and vicarious trauma while recognising there is a more evident risk in populations that have direct exposure..</p> <p>It is necessary to create environments where workers are able to connect, prioritise wellbeing and develop reflective practice. This requires a whole system approach and commitment from leadership to lead and implement a culture change, embedding a common narrative from the foundations and throughout all levels of organisations. Indirect trauma exposure will require separate consideration, particularly given this is an under researched, previously unrecognised hidden population. Hybrid working for our workforce population increases the potential for secondary trauma</p>
Good practice guidelines	<p>A Roadmap for Creating Trauma-Informed and Responsive Change Guidance for Organisations, Systems and Workforces in Scotland</p>	<p>Individuals who have experienced trauma can benefit from emerging best practices in adopting a trauma-informed responsive approach. 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>

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
Carbon emissions generated/reduced data		
Environmental data		
3	<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 multiracial and bisexual groups. 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 disadvantages, particularly in relation to the interplay of socio economic disadvantage and various protected characteristics. We know that the experience of psychological trauma creates invisible but very real barriers to people accessing services. The current process of service delivery further compounds trauma as our fragmented, siloed approach requires individuals to retell their story at almost every point of contact. This has a real potential to retraumatise the person and impede their recovery journey and has the potential to traumatise the staff member hearing this needlessly. There is a need to consider information sharing and data sharing agreements across services and sectors.</p> <p>Whole Family- ACES poverty, whole family well-being, gender based violence are all issues we are aware of but work tends to be in silos. This can lead to</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="480 461 879 528">Whole Family Approach :Rapid Review of Literature 2023</p> <p data-bbox="480 1200 906 1267">Intimate Partner Violence During Pregnancy 2015</p> <p data-bbox="480 1727 970 1895">Studies have shown that upward of 40% of refugees, and as many as 90% of refugee children, suffer from post-traumatic stress disorder, but getting them help can be difficult.</p>	<p data-bbox="1002 427 1430 954">multiple service involvement with a potential for revolving door engagement with our services. We need to see the person in a whole person, whole family, community context. We need be mindful of the intersection between different types of trauma and adversity (including domestic abuse, neglect, forced marriage); how they may co-exist in a child’s life, as well as the potential impact on their immediate and ongoing development</p> <p data-bbox="1002 987 1430 1402">In partner abuse most abuse starts in pregnancy, this impacts the partner and the unborn baby. This exposure to trauma starts an in utero-cycle intergenerational trauma cycle. Embedding a TIRA will benefit the child and carers. We cannot separate this and look to address it as two separate issues, intersectionality is paramount.</p> <p data-bbox="1002 1514 1430 2029">Refugees & Asylum Seekers: This population usually experience multiple complex trauma. This includes a survivor of war and possible war crimes such as torture. Gender based violence, physically and culturally displaced often with a language barrier, navigating multiple losses -country, home, family often to bereavement and worry re safety of family if in area of conflict. People are not granted refugee status unless they can</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>prove their life was at risk. Neuroscience on the impact of trauma on the brain tells us that memories are not encoded in a coherent fashion, are often fragmented at best or inaccessible to the person, because of the protective function of the brain that help the person survive the trauma. We need to hold this in our awareness when we are asking people to evidence that their lives are at risk as well as the impact of this on staff and the potential for secondary or vicarious trauma on our workforce.</p> <p>Unaccompanied Asylum Seeking Young Children (UASC) and those in Continuing Care currently make up approximately 33% residential services in Edinburgh.</p> <p>LGBTQ Asylum Seekers: In 2022, 2% of asylum claims in the UK sexual orientation as part of the basis for the claim.</p> <p>Refugees that are trafficked are a separate group and are not recognised as such. There is a need to identify their potential to be exploited in the context of modern slavery. A recognition that potential victims of trafficking may be subject to the National Referral Mechanism (NRM), a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Modern slavery is a complex crime and may involve multiple forms of exploitation. It</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="480 636 836 703">Modern Slavery and Human Trafficking 2024</p> <p data-bbox="480 1133 954 1234">Trauma-Informed Guiding Principles for Working with Transition Age Youth</p> <p data-bbox="480 1868 794 1901">National Statistics 2022</p>	<p data-bbox="1002 427 1433 741">encompasses human trafficking, slavery, servitude, and forced or compulsory labour. Need to raise awareness and educate staff in universal services regarding this. Another layer of complexity that relates to this is if the individual has no recourse to public funds.</p> <p data-bbox="1002 815 1433 1653">Transitions This is highly relevant when we consider people at times of transitions as people are particularly vulnerable to service traumatisation at this time. This risk is further enhanced when there are intersectional considerations and are accessing specialist services for mental health or other specialist support and if the child or young person has protected characteristics. Poorly planned and executed transitions have been shown to have an adverse impact on young people’s mental health as transition are difficult for anyone, change involves loss and feelings of uncertainty. For children who have experienced trauma and adversity, transitions can be particularly vulnerable times.</p> <p data-bbox="1002 1659 1433 2033">Contextual safeguarding has increased our awareness of how young people may experience arrange of harm in extrafamilial relationships and contexts. This can include sexual and criminal exploitation of their local neighbourhoods sexual abuse and harassment physical violence from peers at school or college and physical sexually</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>Challenges and Facilitators During Transitions 2020</p> <p>Trauma-informed responses to extra-familial harm 2024</p> <p>32</p> <p>Report of the inquiry into stigma CPG on Poverty 2023</p>	<p>emotional abuse in their own intimate and dating relationship relationships. This reinforces the intersectionality of a trauma informed approach and child and adult protection.</p> <p>Digital access and the stigma associated with families in poverty and potential for cyber bullying and child sexual exploitations are more recent considerations.</p>
Other (please specify)		
Additional evidence required	No	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.

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive This approach highlights that it is critical that all service providers recognise the prevalence of trauma and the vital role they provide in supporting recovery and resisting traumatisation or re-traumatisation of our most vulnerable population in routine service provision.</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</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Psychological trauma results 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 trauma and adversity across the life course is key if we are to break the intergenerational cycle of trauma and multiple disadvantage including poverty and unemployment</p>	<p>populations Our most at risk populations, include</p> <ul style="list-style-type: none"> - Women - Older People - Children and Young people - Care Experienced Children and Young People - People with disabilities- including physical/ learning disability, sensory impairment, long-term medical conditions and mental health problems) - People from minority ethnic backgrounds - People with different religions or beliefs - Those experiencing multiple disadvantage, such as poverty, deprivation and adversity - Vulnerable families - People involved in the criminal justice system - People experiencing difficulties with substance use - Others, for example veterans, refugees and asylum seekers and students
<p>Negative</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 trauma-informed practice risks perpetuating the cycle of intergenerational trauma, retraumatising and 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>	<p>People that haven't had contact with specialist services may be overlooked as lack of contact does not indicate people are well and thriving. Multi-cultural families may face barriers to accessing care and face vulnerability due to the language barrier, their ethnic origin and the difficulty accessing the healthcare they need. For example one partner organisation working in this field is seeing increased numbers of pregnant vulnerable women who are experiencing barriers accessing support. Semi-rural communities are at greater risk of not getting the support they need, particularly for people without community support around them, highlighting the importance of offering community based, culturally sensitive</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
	support for communities with universal services at a local level. Barriers to Access and Utilisation of Health Care Services 2022

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <p>A trauma informed and responsive approach supports engagement and reduces dropout and disengagement.</p> <p>City Plan 2030 Climate Strategy (CEC)</p> <p>2030 (CEC)</p> <p>End Poverty in Edinburgh Delivery Plan 2020-30</p> <hr/>	<p>Anyone can be impacted by psychological trauma. Our 20-Minute Neighbourhood Strategy has been designed to help tackle the challenges of poverty, health and wellbeing inequalities, climate change and economic recovery by enabling everyone to live well locally. This approach can minimise the barriers people face to accessing support, thereby supporting opportunities for healing and recovery beyond the impact of trauma. When people are safe and stable and no longer adversely affected by their traumatic experiences they are more likely to live lives, as engaged contributing citizens, better equipped to hold awareness of broader issues such as environment and sustainability.</p> <p>Environment and Spaces It is useful to consider trauma in the context of environment and spaces and the potential for green spaces to offer healing and recovery. Also a consideration regarding contextual safeguarding and the environment and our corporate responsibility in relation to our community guardianship role. This relates to practical</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
	<p>consideration such as lighting, public transport community resource and how we make our communities and our environment safe for families and children.</p> <p>This also has relevance to us as workers and the spaces we have available to offer families, giving them options to meet in spaces that are not traumatising, e.g parents are sometimes asked to meet in the same space where they learned their child was to become accommodated. It is important to take a trauma informed lens to environment as many of our current spaces are not suitable for purpose.</p> <p>Recognise the value of community groups, and how taking an asset, community based approach that empowers people to have agency over their own local challenges demonstrates greater success and lower financial cost. When we harness the use of community hubs, to support greater access to local support, incorporating a peer based model, that reflects various trauma experiences and recognises the value of lived experience. The vision for 20 mins neighbourhood to consider the importance of designing places and spaces which will enrich connections within the community and foster a sense of collective ownership. These are all recognised as important resilient and protective factors that support trauma recovery.</p> <p>Culturally and historically sensitive: It is important that any</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
	<p>trauma informed training and approach is culturally and historically sensitive and language is inclusive. Our spaces also need to give consideration to education and awareness raising in relation to issues such as micro aggressions. Instances need to be acknowledged and dealt with when there is a disconnect in our organisations, services and teams behaviour and what they say they are committed to doing.</p> <p>There needs to be increased awareness around faith based events to ensure that communities and spaces are responding more sensitively to the needs of our diverse population and increase safety for our ethnic minority populations.</p>
<p>Negative This approach does not have any negative implications for environmental considerations</p>	

Economic	Affected populations
<p>Positive</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 as a result 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 workforce wellbeing as a foundation of this work.</p> <p>A Trauma Informed and Responsive approach can contribute to increased positive outcomes and reduced risk of the negative impact associated with trauma. The impacts of trauma come at a significant cost to statutory organisations and society more broadly. Trauma has a</p>	<p>Workforce and citizens.</p> <p>Anyone can be impacted by psychological trauma.</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</p>

Economic	Affected populations
<p>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. 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 hardly reached populations by reducing barriers to accessing support and by promoting earlier intervention, preventing and reducing the need for crisis support</p> <p>The Social Psychology of Trauma-Connecting the Personal and the Political</p> <p>The Money Independent Care Review</p> <p>The Economic and Social Costs of Mental Ill Health 2023</p>	<p>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>“Trauma can contribute to poverty, disability and underemployment, migration of populations, family separation and homelessness, all of which carry significant social and economic costs</p> <p>Assessing the aggregate cost of trauma on mental and physical ill health, and reduced opportunities across the lifespan in education and employment as well as the increased contact with social services, criminal justice , alcohol and drug services social functioning as well as the costs associated with different impacts, is required to illustrate the magnitude of the impact of psychological trauma. While specific figures are not available to benchmark the potential economic and social benefits of reducing the prevalence and severity of trauma in our society The Follow the Money report estimates the cost of the services required to</p>

Economic	Affected populations
	support care experienced adults as a result of them being failed by the 'care system' as children is estimated at £875million per annum.
<p>Negative</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 ABC of self-care 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 to develop a reflective, supportive culture to embed the learning, ensuring staff wellbeing is meaningfully supported.</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 the third sector or other 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, grant or commissioning 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 internal and external commissioning process.

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 the MS365 package. These can be made available via reasonable adjustments in the course of and individual's 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 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 hardly reached 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, service will work in ways that improve outcomes through enhanced feelings of safety, fostering empowered agency and provide 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 Trauma Informed Implementation Group Edinburgh Childrens Partnership.

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:**

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Proposal to create a Strategic Oversight group to provide a strong foundation and invite representation from across CEC and HSCP.	Claire Ryan Heatley Trauma Lead Officer Rose Howley Trauma Champion	01/08/24	1/02/25
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.	Chair Claire Ryan Heatley Trauma Lead Officer and co-chair Jillian Hart Trauma Coordinator WFWF, supported by chair of ECP and Trauma Champions CEC and HSCP Colin Briggs Rose Howley Linda Irvine Fitzpatrick Supported by Organisational development and wellbeing team Human Resources	01/08/24	1/02/25
All Teams within the Council 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. To explore potential for equivalent undertaking across HSCP.	Claire Ryan Heatley Trauma Lead Officer Supported by Learning and Development Team Human Resources within relevant organisations	01/10/24	1/04/25
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	Claire Ryan Heatley Trauma Lead Officer and Jillian Hart Trauma Coordinator WFWF	01/10/24	1/04/25

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
embed this approach within each service	Supported by service leads and endorsed by various organisations		
A commitment to increase awareness of trauma in the workplace, whether personal or professional. Work to change the narrative and break down the “them and us” Recognising the value in professional expert by experience and destigmatise this. Further develop workplaces that are psychologically safe so staff can bring their whole self to work, where we value our people as humans first and employees second. Recognise the strength and potential vulnerability associated with this and the importance of creating a workplace where vicarious, secondary and workplace trauma is recognised and steps are taken to foster a nurturing supportive culture amongst all colleagues, top down, bottom up. Liaise with organisational development and wellbeing team to progress this.	Trauma Lead Officer and co chair Jillian Hart Trauma Coordinator WFWF, supported by chair of ECP and Trauma Champions CEC and HSCP Colin Briggs Rose Howley Linda Irvine Fitzpatrick Supported by Organisational development and wellbeing team Human Resources	01/10/24	1/04/25

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, families and communities 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 any 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 member of the Equally Safe Edinburgh Committee and Adult Support Protection Subgroup, which 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 as inclusive as possible.

Outcome measures are to be agreed by the Edinburgh Children's Partnership and 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. We would plan to capture both quantitative and qualitative data to evidence change at a 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 will be defined collaboratively, giving consideration to what would have the biggest impact for the person, the staff and the service and not just the service. To achieve this the goal is to develop an outcomes framework as part of our Delivery Plan.

16. Sign off by Head of Service

Name Amanda Hatton

Date 24.06.2024

17. Publication

Completed and signed IIAs should be sent to:

integratedimpactassessments@edinburgh.gov.uk to be published on the Council website
www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care sarah.bryson@edinburgh.gov.uk
to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/