Envisioning Plymouth as a Trauma Informed City

An approach developed by the

Trauma Informed Plymouth Network

The Vision

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

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

The Importance of Language

> "Language shapes the way we think and deterines what we can think about"
>
> - Benjamin Lee Whorf

Working in a Trauma Informed way includes thinking carefully about the words we use; words have an impact on how we think, feel, see and act. We also want to acknowledge that language, as our main mode of communication, is not perfect – the significance, and effect, words have varied from person to person. Language is also never still; it evolves within culture and society, and meanings can shift. For instance, some have challenged the use of 'trauma informed' and prefer other descriptions such as 'experience sensitive.' Other words that may have been used frequently, like *resilience*, *healing* and *empower*, may now be rethought. For example, what does *resilience* mean for individuals coping with multiple stressors that may be socially constructed? Can we challenge what we mean by *heal* – does this suggest that people who have experienced trauma are unwell, broken and in need of fixing?

As a network it will be important to revisit and re-examine some of our key language within our lens, for instance, and the version of this document retains some language like 'safe' 'empower' and 'kind' that may require more thinking about. As language evolves, it can transpire that although certain words have outlived their use, there are no common, better replacements for them.

Collectively, we acknowledge it is important to stay alert to ways we are impacted by language and continually interrogate the ways in which we communicate. This work is never done. We openly invite others to share their thoughts around our use of language with us; by working together and challenging one another, we can do better.

Plymouth - The cultural context of adversity & resilience

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

Like all great cities, the Plymouth experience can also be told as *a tale of two cities*[3]. Among its great monuments are also memorials to its experience of great adversity and deep hurt; The Scott Memorial at Mount Wise is a metaphor for the many Plymouth people who left to explore new territories, but sadly were lost and never returned; The city streets and buildings named in celebration of our historic city forefathers but which also serve as a stark reminder of the legacy of slavery; The Naval Memorial on the Hoe Promenade evokes the countless service personnel that made the ultimate sacrifice in two World Wars, alongside those who died in more recent conflicts; The empty remains of Charles Church recalls the devastation of the blitz and a people under siege, experiencing the loss of family and friends while the fabric of the city itself crumbled about them.

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

Becoming a courageously prevention focused city

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

[2] Thrive Plymouth is the Public Health 10 year plan to improve health and wellbeing, and reduce health inequalities in the city. The programme is based on the 4-4-54 construct that shows poor diet, lack of exercise, tobacco use & excess alcohol consumption leads to 54% of deaths in the city (heart disease, stroke, cancers & respiratory problems). https://www.plymouth.gov.uk/publichealth/thriveplymouth

[3] The Plymouth Fairness Commission report 2014 opened poetically, painting a contrasting picture of how deprivation and social inequalities across the city creates a radically different lived experience, and life outcomes for people who live here. http://web.plymouth.gov.uk/fairnesscommissionreports

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

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

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

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

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

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

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

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

The Trauma Informed Plymouth Network

The Plymouth approach to defining a trauma informed city started with just five people connecting through a shared emotional awareness, arising from both deep personal and professional experiences of how trauma can affect people. In establishing the *Trauma Informed Plymouth Network*, they shared an aspiration to create an innovative & unifying narrative to enable people, communities, services, and systems to work even more collaboratively to deliver more effective responses. The Network has grown substantially to over 900 members and embraces a rich diversity of lived experience of

trauma. It has also developed into a Community Interest Company (CiC) to safeguard the best interests of its members, its values, and its independence.

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

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

Defining Trauma

Within this approach trauma is broadly understood *'an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being'*[4].

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

- The damaging consequences of violence, abuse and neglect within families, groups and communities and the effectiveness of both the community and the 'system' response.

- The impact of adversity and trauma in childhood brain development and in adult brain function, that can lead to a person being in crisis and needing support, but struggling to engage fully with services, or lead to challenging behaviours that can shift the focus away from a compassionate response.

Events in themselves may be defined as *'potentially traumatic'* as every person will respond uniquely and may not experience them as such. A range of responses may occur from people experiencing extreme stress and needing support, to coping well with no requirement for additional help. Protective factors and resilience are important, and these are explored below.[5]

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

[4] *The Substance Abuse & Mental Health Services Administration (SAMHSA) definition. SAMHSA is an agency within the U.S. Department of Health and Human Sciences.*

[5] *Public Health Devon (Devon County Council), Trauma Informed Approach – Discussion Paper 2018*

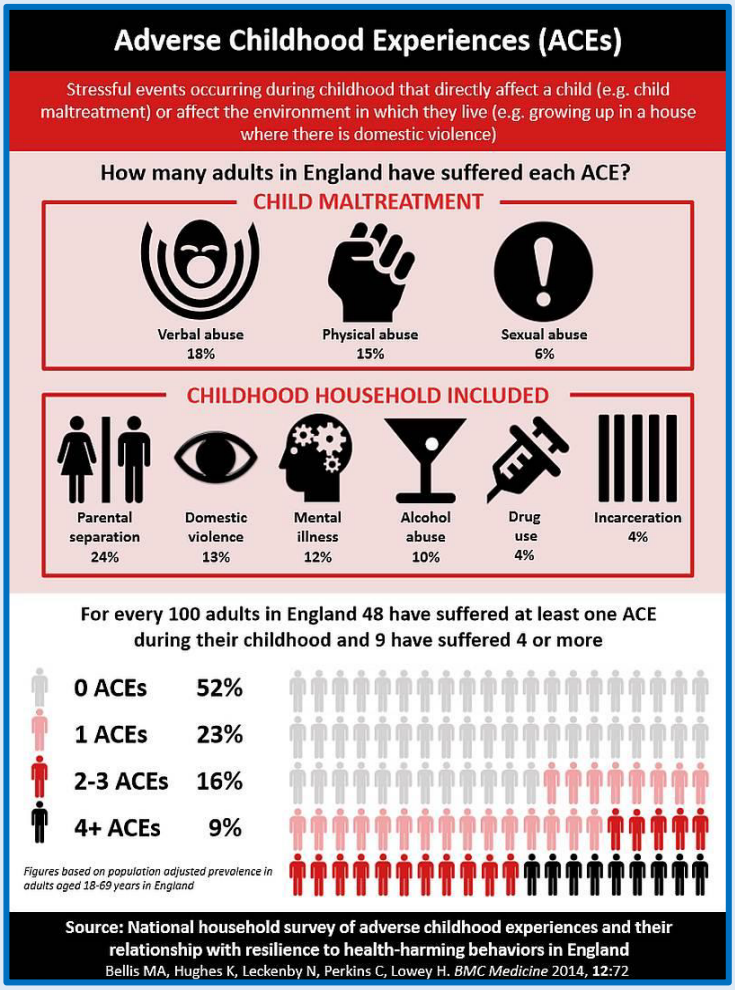
Adverse Childhood Experiences (ACEs)

The concept of Adverse Childhood Experiences, or ACEs, derives from a ground-breaking public health study that outlined how exposure to traumatic experiences in childhood can be a significant underlying factor for physical and mental ill health in adulthood[6].

The ACE study was notable in several ways. Firstly, it identified a relationship between the exposure to adversity in childhood, with poorer health, wellbeing, and social outcomes in later life. At a statistical level experiencing ACEs was shown to increase the risk of adult-onset chronic diseases, such as cancer and heart disease, in addition to increasing the risk of mental illness. This relationship was also shown to be exponential in that the more adversity a child is exposed to (the 'dose' effect), the greater likelihood of a negative impact upon their health and social outcomes.

Secondly, it challenged the notion that childhood adversity was purely about economic and social deprivation. It was not that these factors were insignificant, but rather the ACE study showed a prevalence of adversity within a middle-class professional population, reinforcing that traumatic experience can and indeed does affect anyone. Nearly half of all adults will have experienced an ACE, with almost 10% experiencing four or more.

Most importantly, it established public health as the critical context for early intervention and prevention, in terms of addressing vulnerability across a range of issues including health, social care, criminal justice, and education.



[6] *Felitti & Anda (CDC-Kaiser Permanente) 'Relationship of Childhood Abuse & Household Dysfunction to Many of the Leading Causes of Death in Adults', published in the American Journal of Preventative Medicine in 1998.*

The ACE agenda is helpful in demonstrating the prevalence of adversity within society and enabling people to recognise how these experiences affect 'us' and not just 'them'. For those experiencing crisis or in more vulnerable sections of the community, including those who struggle with their mental health, use substances, have difficulty with social or emotional control, or who exhibit harmful or risky behaviours, the prevalence of ACEs is likely to be significantly higher. In this regard early exposure to adversity becomes understood as a critical prevention opportunity being an early indicator of who may require additional support as they move toward adulthood.

Keeping the score?

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

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

The ACE framework provides a useful context for a prevention focused approach and in some areas, services are aligning around a public health agenda to eradicate ACEs, and thereby improve health and wellbeing outcomes. A public health approach recognises that ACEs should not be approached at the individual level and rather should only be considered at a population level.

"The ACE is a 50,000 ft fly over of someone's life"– Dr Bruce Perry.

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

[7] This evidence base and narrow understanding of social contexts within an ACE focused approach is questioned in '*The Problem with ACEs'. Edwards et al.'s submission to the House of Commons Science and Technology Select Committee Inquiry into the evidence-base for early years' intervention (EY10039). 12 December 2017.*

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

Adverse Community Environments

While the ACE study centres upon the individual experience of adversity, it is complemented by theories relating to adverse community environments and cultural experiences of trauma. A group, a community, or a section of the population can experience profound adversity, and this can leave a toxic legacy within an environment and the people who live within it. The global Black Lives Matter movement that came to prominence following the death of George Floyd can only be fully understood within the wider context of the deep systemic racism experienced by the black community over hundreds of years across many generations and encompassing multiple terrible and traumatic events that each leave a mark of hurt upon the community.

When a sense of community safety and value is undermined through difficult and traumatic events, or through inadequate organisational or system responses, the community itself can become traumatised. Environmental degradation including pollution, natural disasters, terrorism, experiences of war, or being targeted by hate crime are all examples of where adverse community experiences can lead to harmful environments. However, these can also be more subtle, encompassing poverty and social deprivation, leading to a community perception that nobody really cares.

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

The Public Health England - Plymouth Health Profile 2018

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

Inter-generational Trauma & Epigenetics

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

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

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

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

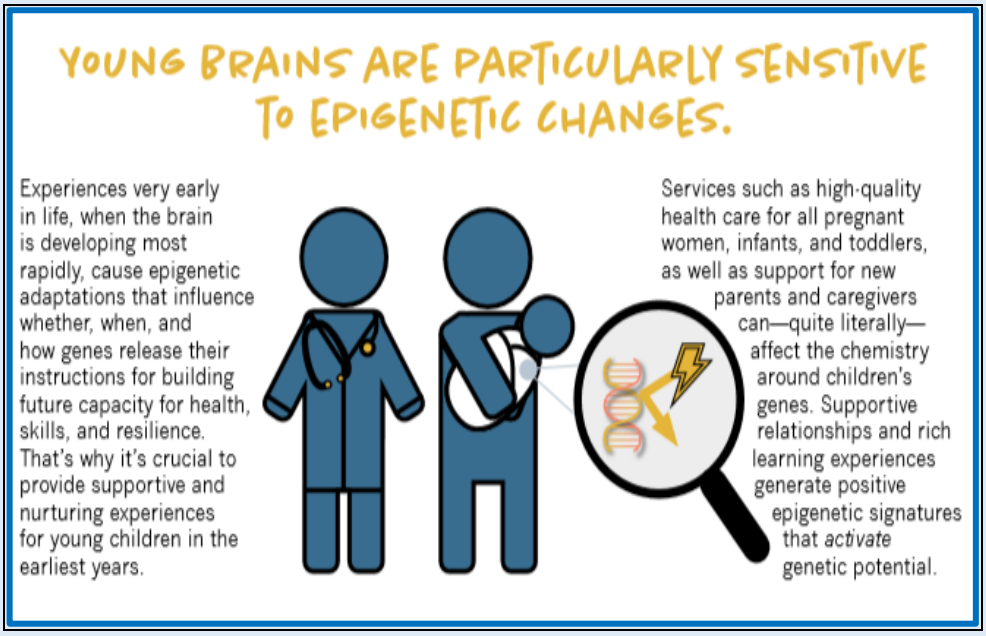


Figure 2- Centre on the Developing Child at Harvard

The Inter-Playing factors of Trauma

If the traumatic events people experience are often linked to their familial and community context, they also rarely occur in isolation. Indeed, as the ACE study shows adverse experiences frequently overlap with damaging consequences. As the graphic below illustrates, traumatic experiences do not occur in a vacuum, but are often complex, over-

lapping and inter-connected. Community and service responses therefore also need to be multi-dimensional, complimentary, and layered, to ensure every opportunity is taken to increase resilience and prevent further harm

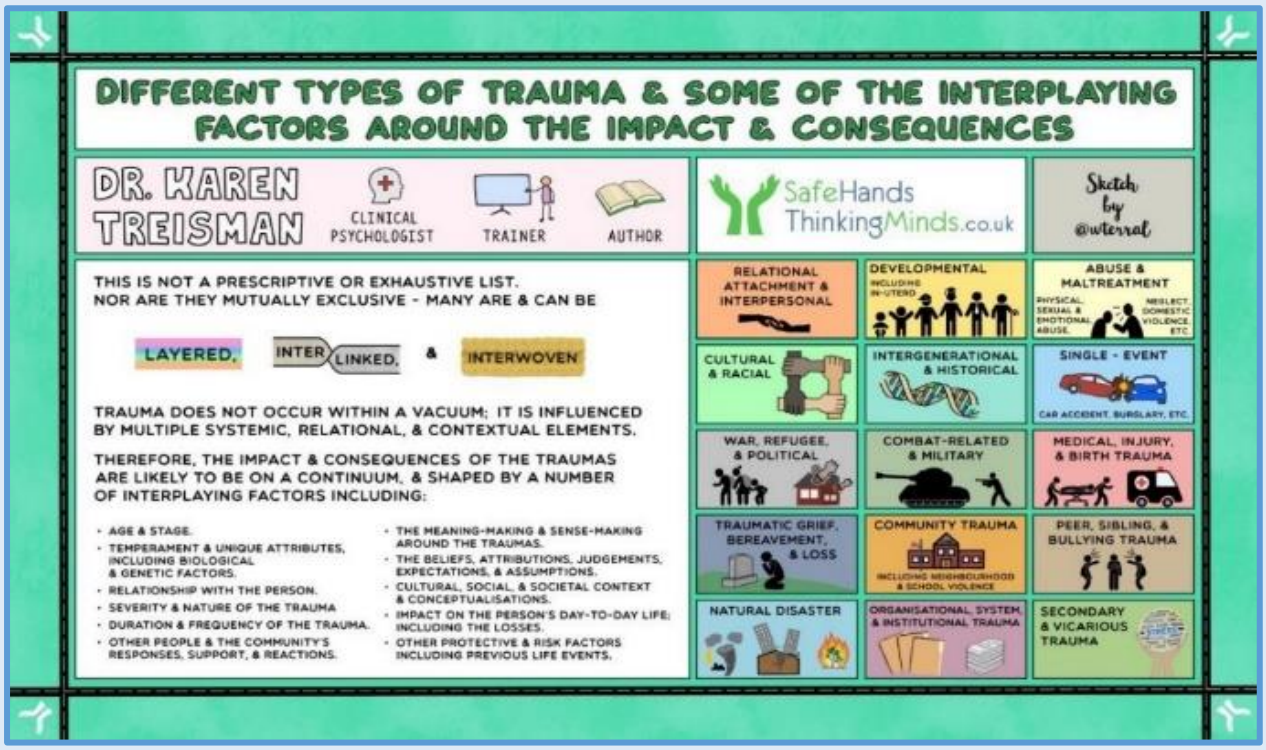


Figure 3 - Dr Karen Treisman - Safe Hands thinking Minds.co.uk

Identity Intersectionality

Just as there are interplaying factors regarding the impact of adversity and trauma, it is also true an experience of trauma (no matter how profound) is only one aspect of a person's identity. Multiple factors such as culture, gender, social or economic status, sexuality and education are also important. These factors may increase or otherwise compromise a person's resilience to adversity. In addition, these factors will shape each individual response to traumatic experience, and we should avoid making narrow assumptions when a group is affected by trauma about how each person will respond. A family, a group or a community might have a range of responses to adversity and may not agree on what support is required to help them recover. There needs to be sensitivity in any agency or system response and acknowledgment of the wider context when adversity occur

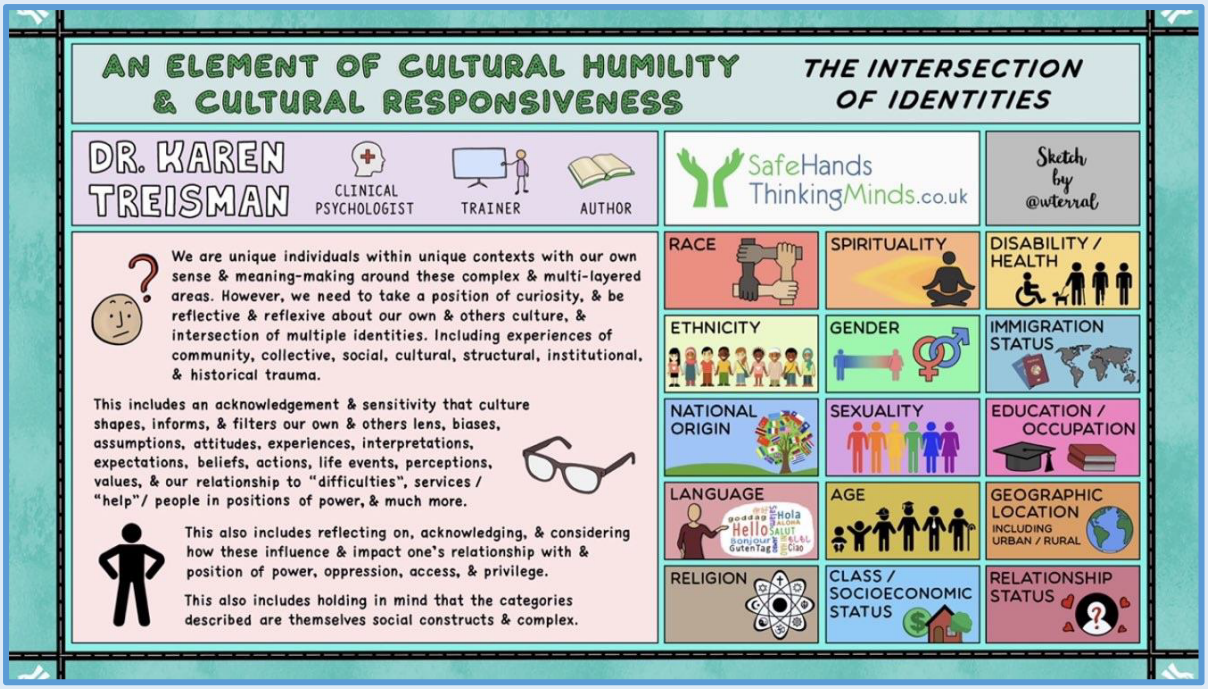


Figure 4 - Dr Karen Treisman - Safe Hands Thinking Minds.co.uk

Resilience, Trust & Healthy Relationships

While the experience of trauma and adversity can be damaging, they are balanced by protective factors that can help reduce the harmful effects and promote healing. To talk of trauma without reference to resilience is to tell only half of the story. Resilience is about the capacity of people and communities to effectively cope with, adapt to and bounce-back from an experience of stress or adversity. Resilience can be understood as a quality a person or community possesses that enables them to withstand adversity.

> The EMPOWER Plymouth group[8] defines a healthy relationship as: "A relationship with friends, family or loved ones that is built on a solid foundation of respect, honesty, communication and trust."

However, research shows that for those who are exposed to traumatic incidents resilience is primarily developed through the support provided by trusted and healthy relationships, and social interactions within the family and the community. Addressing social inequalities and improving access to community-based assets can help build resilience and alleviate the impact of adversity. Great relationships should also include the support you receive from compassionate professionals, and the workforce across Plymouth services can and indeed should become part of a system that becomes more fully relationship-focused and promotes healing for those who are affected by trauma.

Just as adverse community environments can serve to intensify the experience of personal adversity, there is also a recognition that the community can also be part of helping people adapt to and find healing from the damage trauma causes. This can be through community and youth work approaches, or engaging the community through volunteering, through sport, or through cultural experiences. A trauma and shame sensitive city should understand where community assets promote healing and strengthen these resources so that

[8] EMPOWER Plymouth are a group of young people who have informed the Healthy Relationships Project commissioned through Plymouth City Council and delivered by Barnardo's and the NSPCC

they can help prevent the conditions for adversity occurring in the first place.

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

Using a trauma informed approach to develop resilience means supporting parents, carers, social groups, and communities to grow or deepen their capacity and capability to be a protective factor.

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

Toxic, Tolerable & Positive Stress

Stress is a normal part of everyday life and plays an important role in helping us be focused, stay alert, and remain strong in order to meet new challenges. **Positive** stress also helps us get things done; it pushes us to learn, to solve problems, and to acquire new skills. Our response to stress is determined not just by the severity of a stressful event but also by our individual biological and psychological ability to manage it. Sometimes, however, we are faced with more difficult events, such as the death of a family member, and a more severe reaction of the body's stress response system is triggered. This stress, which may be severe and prolonged enough to cause harm, can be made **tolerable** by the buffering support of friends and family, wider social groups within the community, or indeed therapeutic professionals. However, when we are faced with prolonged adversity such as exposure to violence, abuse, and neglect the stress response can become permanently hyper-aroused, triggering a prolonged fight or flight response which floods the body and brain with stress hormones. Stress therefore can become **toxic**, disrupting the healthy function and development of the brain, and causing damage to vital organ systems within the body.

Shame and Trauma

Like stress, shame is a normal part of everyday life. Healthy shame is a pro-social emotion that can lead to the expression of positive attributes such as modesty, humility, and gratitude, along with respect for oneself and for others. It can also be a powerful motivating force for personal growth and change, and in forging harmonious and meaningful relationships with others. However, like stress, shame can turn toxic. When toxic, shame can become unhealthy, maladaptive, or destructive. The psychotherapist Christine Sanderson notes that unhealthy shame, *"paradoxically severs connections, destroys social bonds and can lead to antisocial behaviour, hostility, rage and violence*" (Sanderson 2015, 22). While unhealthy shame has many causes, it is clear that a significant cause of persistent unhealthy shame is trauma, where childhood relational trauma and traumatic experiences in later life are strongly correlated with experiences of unhealthy or toxic chronic shame and shame anxiety.

Research suggests that shame is a keystone emotion in trauma and post-traumatic states. Many see shame and trauma as 'inextricably linked' where experiences of shame are key in shaping the post-traumatic state. Some researchers have come to characterise PTSD as a 'shame disorder'. What is clear is that shame is a world-organizing affect for many survivors of trauma and that shame is also behind much

of the maladaptive behaviour associated with trauma, PTSD, and other post-trauma states.

"Privilege leads to a pattern of stress in your life that is more predictable, more controllable and it's more moderate and that leads to resilience…your stress response is more regulated" – Dr Bruce Perry

Shame can be a powerful barrier to treatment for trauma survivors, leading to outright avoidance, and to dropping out and attrition once engaged with care and services. The 'necessity' to avoid shame or shameful exposure can interfere with individuals accessing healthcare, and also prevent them from reporting traumatic incidents such as

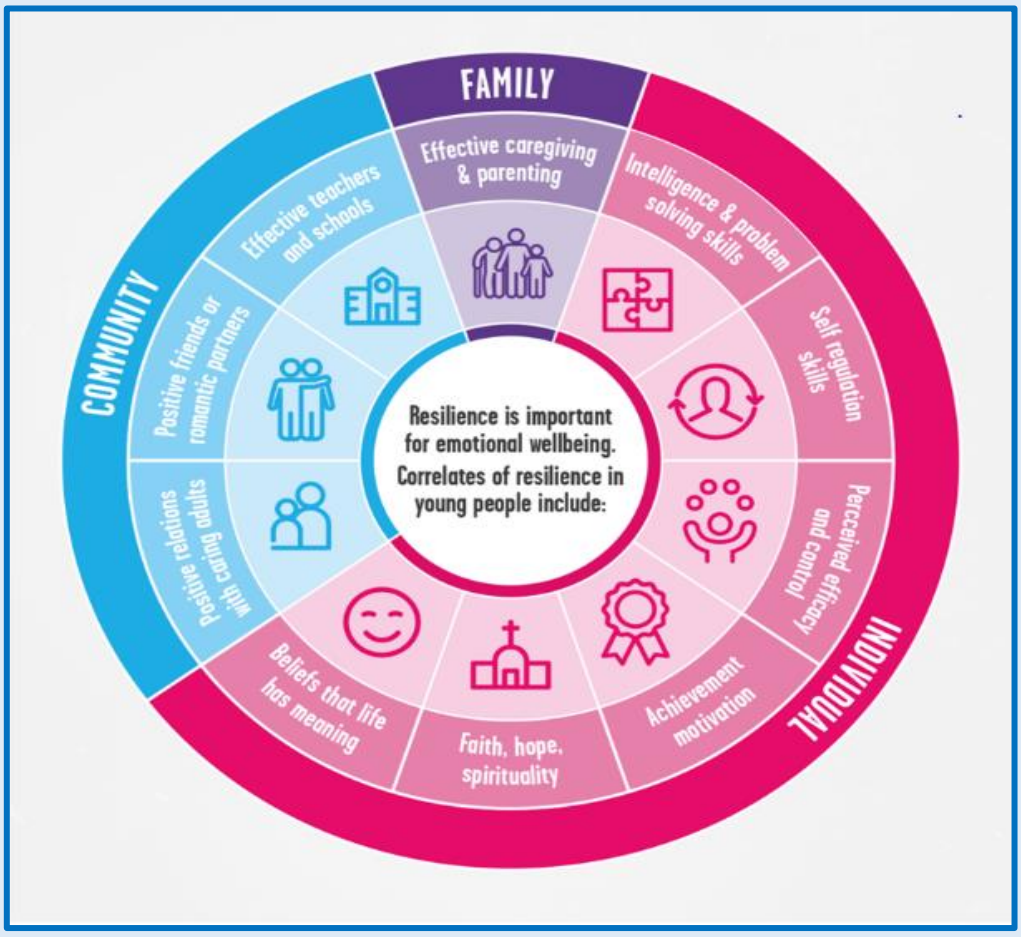


Figure 5 - Public Health England 2016 - Resilience Factors

abuse, sexual assault, and violence. In the context of seeking help through health, care or social services, individuals who have experienced trauma and are chronically anxious about shameful exposure may avoid seeking help in the first place; may regularly miss appointments; may avoid disclosing honest details about traumatic events, lifestyle, or circumstances; may fail to follow through with treatments; may conceal diagnoses and coping behaviours from friends, family, and professionals.

Not only is shame a barrier to accessing services, but it is also very easily incited or made worse in the context of seeking help from professionals. Shame is a relational emotion that is frequently present in clinical and care encounters, especially when there is

an unequal power relationship, a fear of being judged, the scrutiny and exposure of one's potentially 'shameful' past, circumstances, coping behaviours, body, illnesses, mental health status along with other vulnerabilities.

When considering the core principles that are widely acknowledged to be central to a trauma-informed approach it seems clear that being attuned to experiences of shame and chronic shame, along with the common strategies individuals use to avoid shame and shameful exposure, is central to achieving trauma-informed practice. For this reason, we acknowledge the need for shame competence and shame-sensitive practice within trauma-informed approaches, where the ability to acknowledge, avoid and address shame is embedded into the way services are designed and delivered.

Trauma Informed to Trauma Responsive

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

Trauma responsive services will have trained staff who are able to provide psychologically informed and shame sensitive interventions which may help to increase the safety and stability of people who have experienced trauma. This might include psycho-educational work to understand the nature of trauma in group or individual settings, mindfulness and grounding exercises and harm reduction work where there are coping strategies arising out of experiences of trauma. Specialist trauma services includes appropriately qualified and experienced practitioners and therapists who can offer interventions which help individuals to process their traumatic memories and experiences through therapeutic intervention.

Post Traumatic Growth

It is important to remember that it is not the event that causes trauma, but how it is experienced by the individual. This is shaped by many factors, such as overall life experience, developmental stage, biology, family, friendships and social contexts. What we do know is that the overwhelming effects of trauma are lessened, over time, through relationships with others. The empathy and understanding of others can help the working through of painful feelings and emotions.

> ***"We then have new possibilities where people are often, out of necessity, confronted with having to change their life priorities or trajectories and interests, and develop new ways of living life or new priorities that they might not have pursued before."*** [9] - Richard Tredeshi

Importantly, although this journey of making sense of the trauma **with others** can be a difficult one, it transforms peoples' lives. Studies show people grow in personal strength, build a renewed appreciation of life, are able to respond to new possibilities, have improved relationships with others and develop spiritually and existentially.[10] This helps them live more fully than they did before.

[9] https://integrativepainscienceinstitute.com/latest_podcast/trauma-and-post-traumatic-growth-with-richard-tedeschi-phd

[10] https://www.apa.org/news/podcasts/speaking-of-psychology/transformation-trauma

Crucially, the key is that no-one should be expected to do this alone. Trauma is healed through supportive, accepting and healthy relationship with others. Learning to do this for each other, not only strengthens individuals, but society as a whole.

Envisioning a Trauma Informed City

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

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

The Plymouth Trauma Lens

In shaping a vision for the city, the Trauma Informed Network worked collaboratively to comprehend the science of trauma and how it related to the local city context, in order to better understand what a trauma informed approach should look like. An essential metaphor emerged that highlighted a shared sense that the world once viewed through the lens of trauma, is transformed, and becomes impossible to ignore. This led to the creation of the ***Plymouth Trauma Lens***, as a model that defines and captures the underlying ***Principles***, ***Core Values*** and supporting ***Standards*** for a trauma informed city.

The Principles – The 5Rs of becoming trauma informed

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

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

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

1. ***REALISE*** - what trauma is and how it can have widespread impact for individuals, families, and communities. Also realise that shame is often integral to post-trauma states, and often a key part of experiencing adversity and disadvantage, while also being a barrier to the effective delivery of services.
2. ***RECOGNISE*** – the signs and effects of trauma in individual people, families, groups, and communities. This includes the workforce within organisations that deliver services.

1. ***RESPOND*** – with shame sensitivity and by integrating knowledge regarding the trauma informed approach into policies, procedures, and practice.
2. ***RESIST*** - re-traumatising people and communities by actively seeking to avoid situations where traumatic memories might be re-triggered and seeking to de-escalate & diffuse potentially traumatic interactions when they occur.
3. ***RESILIENCE*** – is promoted in supporting individuals and communities to cope with and adapt to adversity and have the strength to

challenge situations where it might occur.

The Core Values & Standards of a Trauma informed Plymouth

The ***5Rs*** are the framework that supports the ***5 Core Values*** for a trauma informed Plymouth, as identified by the Trauma Informed Plymouth Network. These values are enhanced by supporting **Standards** that describe a trauma informed city as one that is ***Safe*** and delivers ***Person Centred*** responses that are ***Kind***; in which communities and professionals work ***Collaboratively*** with each other, and their services users; and are focused on ***Empowering*** and encouraging each other to innovate and transform culture.

The Plymouth Trauma Lens is intended to be an overarching tool in which the *5 Core Values* and aspirational *Standards* can be applied at the individual level (for people accessing a service or responding to a need), at a team or departmental level, at an organisational, or community level, and at system level. The central premise of the Plymouth approach is that a trauma informed city derives from a person, seeing the world differently through the trauma lens and becoming empowered to make a difference.

Equity, Diversity and Inclusion

Our commitment to equity, diversity, and inclusion is rooted in intersectionality, as popularised by Dr. Kimberlé Crenshaw through her decades of scholarly work on the unique forms of oppression Black women face in the US legal system. This commitment manifests in the Inclusion & Resilience branch which is for members of Trauma Informed Plymouth Network with an interest in supporting the Network, ourselves, and our society, to be more accessible and inclusive. This branch hosts relevant organisations, services and individuals to come and speak about the work they do and their experiences working with currently marginalised people or issues. While this is the branch's focus, we strive for the whole Network to be as intersectional as possible, with a commitment to social justice, and working to end oppression.

We are always growing and learning in this area, and welcome feedback as to how we can make the Network more inclusive and accessible.

The Plymouth Trauma Lens

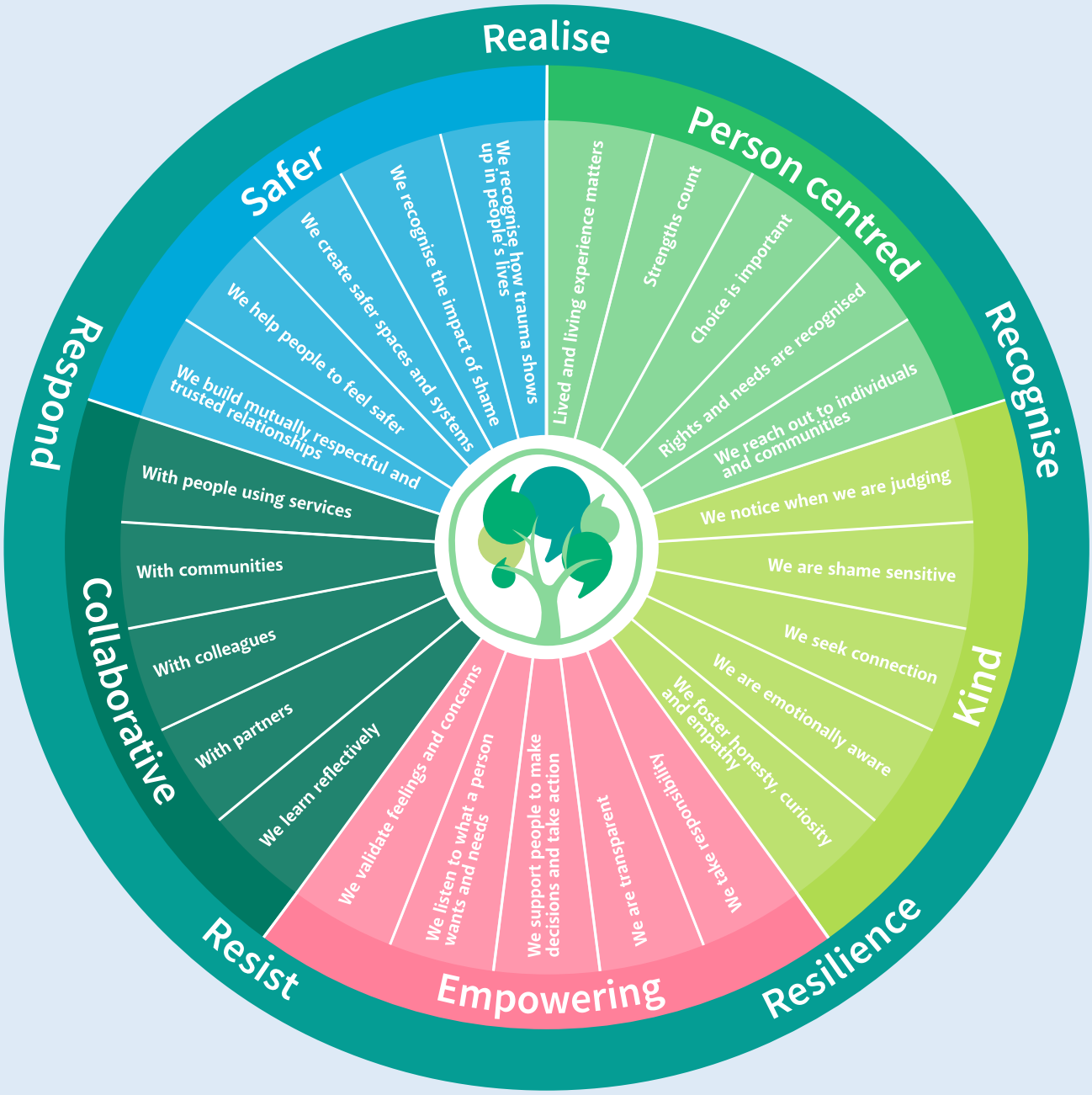


Figure 6 -Devised by Hardwick, Moss & Shaw for the Trauma Informed Plymouth Network

Plymouth through the Trauma Lens

Safer

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

Key to a trauma informed approach is to recognise this harmful legacy of trauma and to enable those affected by trauma to feel safe, not only physically but also emotionally and psychologically. This includes understanding the triggers for anxiety and shame within specific environments, and seeking to reduce the potential for further harm, or re-traumatisation, by creating psychologically safe and shame sensitive environments that help to alleviate anxiety. A safe place can be as simple as creating the right physical setting where professionals work with people needing their support or making the choice to meet in a place where they feel comfortable. However, it can be more complex and we recognise how a particular context such as a family, a school, or a community may impact positively or negatively on a person's sense of safety. Absolute safety can never be guaranteed, but by embedding trauma informed ways of being, we can certainly make spaces feel **safer.**

Healing from trauma occurs within the context of relationships, within families and communities, but also with supporting professionals. The role of those relationships is to provide physical and emotional safety and to bolster the courage to tolerate, face and process the reality of what has happened. Safe relationships build confidence, resilience, and trust in those affected by trauma. Each interaction is an opportunity to show someone that they are valued and to help build self-esteem. They require a developed workforce, and an educated community which can realise not only the damaging impact of trauma and shame, but the transformational impact of positive relationships in helping people overcome them.

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

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

Person Centred

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

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

Yet while we are aware of how trauma can create a negative legacy, we also recognise that those we encounter are continuously surviving it and acknowledge they have strengths, characteristics, and assets that can be built upon. In building trusting relationships we need to give people choices in how services will be delivered and focus on the outcomes that best meet their needs, rather than those

that enable an agency or service outcome to be delivered.

A trauma informed approach is about connecting with hearts and minds. While it is important to respond from a position of knowledge, expertise, and evidence, we should be careful to not discount the expertise that comes from living with, or closely supporting people who have suffered trauma.

Creating a welcoming environment

Trevi House is an award-winning women's and children's charity that provides safe and nurturing spaces for women in recovery to heal, grow and thrive. They use donations from the public and a bit of creativity to try to ensure bedrooms are welcoming upon arrival and are a place where women can feel safe. They want the first night to be as comfortable as possible.

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

Lived Experience is at the very heart of the Trauma Informed Plymouth Network and is a vital aspect of developing trauma and shame sensitive approaches. There needs to be an ongoing and deepening appreciation of how families, community groups, and third sector organisations can be specialists from experience, and as a result may offer strengths and skills that services cannot provide when seeking to frame a response to a person or community affected by adversity.[11]

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

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

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

Kind

For those affected by trauma, building stable social and emotional attachments can be difficult. If the world can feel an unsafe place, so too can the people you encounter within it. Meeting new people and engaging with unknown professionals can trigger great anxiety, shame, or awaken difficult sensory memories, even if they are there to help.

People affected by trauma can become closed-down and withdrawn, appear resistant, or otherwise overly compliant as they struggle to manage these unfamiliar encounters.

The relationships we seek to establish can provide physical and emotional safety for those who have experienced trauma, including safety from feeling shamed, admonished, or judged. A critical aspect of a trauma informed approach is about staying out of judgment and allowing natural consequences to follow from

[11] This was identified within a consultation with Devon & Cornwall Police - Independent Advisors Group (IAG) at their annual conference at Buckfast Abbey on 13.02.18. Independent Advisors represent a wide-range of diverse communities and those within protected characteristics groups.

challenging behaviours rather than being punitive in our response. Kindness should not be mistaken for being 'nice', and it will still be important to have difficult conversations and to hold people to account for their actions and behaviours. However, we should do so with empathy, by avoiding shame, and with a view to maintaining a positive relationship.

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

Child Centred Policing

Devon & Cornwall Police within Plymouth have created a Child Centred Policing Team that seeks to put the child first in any policing intervention. The team is starting to integrate the principles & values of a trauma informed approach, developing empathetic responses to children in crisis or at risk of offending, in order to build better relationships & identify opportunities for prevention and diversion. The team works alongside the local Youth Justice Service in delivering a 'child first' response to youth crime. It is the first police team nationally to have a youth specialist officer working exclusively with care experienced children as a result of an innovative partnership between the D&C Police & Crime Commissioner and Plymouth City Council.

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

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

Being shame-sensitive, having empathy, or simply being kind, are crucial factors in fuelling connection and creating wellbeing. These should be the basis of all of our relationships, not only those with users of our services, but also with our colleagues and peers, with those we supervise, and also with our partners and our communities.

Collaborative

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

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

Plymouth Care Journeys

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

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

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

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

Empowering

A deep experience of trauma may leave people feeling like they have no control and as a result they can become disempowered. A response to an unsafe and scary world might be to avoid situations that cause anxiety and shame or seek to manage them in order to minimise the fear they invoke. Empowerment is about having a voice, and having agency, choice and ownership of my story and my future. The trauma informed approach is about honouring and giving a voice to lived experience and encouraging others to develop autonomy and build resilience.

Trauma informed teams, departments, communities, and agencies have at their heart trauma informed people, people who are able to recognise they can be the difference to those they encounter. Working in this way *we* too become empowered, and we can take greater responsibility in identifying new ways of working within our teams so that we begin to transform our culture, step by step, and layer by layer.

"Relational trauma requires relational repair" - Dr Karen Treisman

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

Engaging Hearts & Minds – The Journey so far

The Trauma Informed Plymouth Network occupies a unique space with members being influential within agencies, communities, and partnership systems, but at the same time creating an environment where those from outside of the 'system' have a voice, can be involved in innovation, and can influence change. Since 2018 the Network has been the catalyst for Plymouth's journey toward becoming a trauma informed and shame sensitive city. It has achieved this by:

Informing – The Network arose from a curiosity about the impact of adversity and trauma as a backdrop to people accessing services, and the need for long-term city partnerships to address root causes and take action to prevent future harm, or health and social inequality. The Network has taken significant steps to develop the city workforce around trauma informed awareness and practice, while also developing an understanding of the public health model in critical city partnerships.

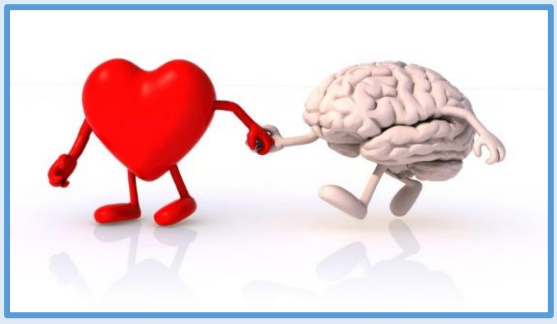
Influencing – The diversity of the Network and its grassroots nature means that its influence is directed to a cultural change model, transforming agencies and systems from within. As part of its values-based ethos, the Network has articulated a unifying narrative, grounded in lived experience, that has connected people, agencies, and partnerships within a common approach. The Network has worked collaboratively with Safer Plymouth, our local Community Safety Partnership and The Plymouth Safeguarding Children Partnership to align these partnerships to a trauma informed methodology. The Network has been endorsed by multiple partnership systems including the Plymouth City Council Cabinet and the Strategic Health & Wellbeing Board. The Network, under the guidance of the WAVE Trust is part of WHO alliance of trauma informed communities and has been part of a national and international dialogue around trauma informed and public health approaches. Among forums it has influenced at regional and national level is its leadership development work with the NSPCC, the National Working Group for Child Sexual Exploitation, Public Health England's work to connect lived experience to approaches to Domestic Abuse, and the South-West Regional Reducing Re-Offending Board.

Another aspect of influencing is around funding and wider system resourcing. Through Network member involvement or through the influence of the Plymouth *Trauma Lens* and narrative, the Network has contributed to successful funding initiatives into and across the city and region, around a wide range of projects and themes. Increasingly the aspiration to be a trauma informed city has helped further identify Plymouth as a community of regional and national interest for innovation and investment.

I**nnovating** – From the outset a focus has been connecting to the lived experience of those affected by adversity and trauma, including the professionals who work within the city. There is a flourishing Lived Experience branch within the network that is working with agencies and

system leaders to re-think how services can be delivered. There is likewise a Resilience and Inclusion branch that considers community trauma across a range of themes to help the city better understand and respond when harm occurs. The network offers a space for members to connect to others and feel empowered to 'dare to try' new approaches. These have included connecting to new academic research around the impact of shame and blame; ground-breaking approaches to trauma-informed care in dentistry for vulnerable groups; innovative work to address adolescent to parent violence; considering how we develop our response to those responsible for sexual harm; identifying new opportunities for youth diversion from criminal justice and assisting the city respond to Violence Against Women and Girls. The network has played a supportive role in enabling the city to be agile in its response to the COVID-19 pandemic and the Keyham tragedy.

Integrating – From its beginning as a non-funded movement, the network has had to innovate and enact cultural change mostly within agencies and systems, using existing resources. Trauma informed approaches have been developed by applying the trauma lens and seeing the picture differently. An example is the work with partners across the South-West peninsula to develop public health approaches to Domestic Abuse, Sexual Violence, and Serious Violence.



Developing a trauma informed city is fundamentally about engaging hearts and minds to undertake a journey of culture change, using the trauma lens to see the city landscape differently, and collectively embrace the prevention opportunity that is presented.

Next Steps

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

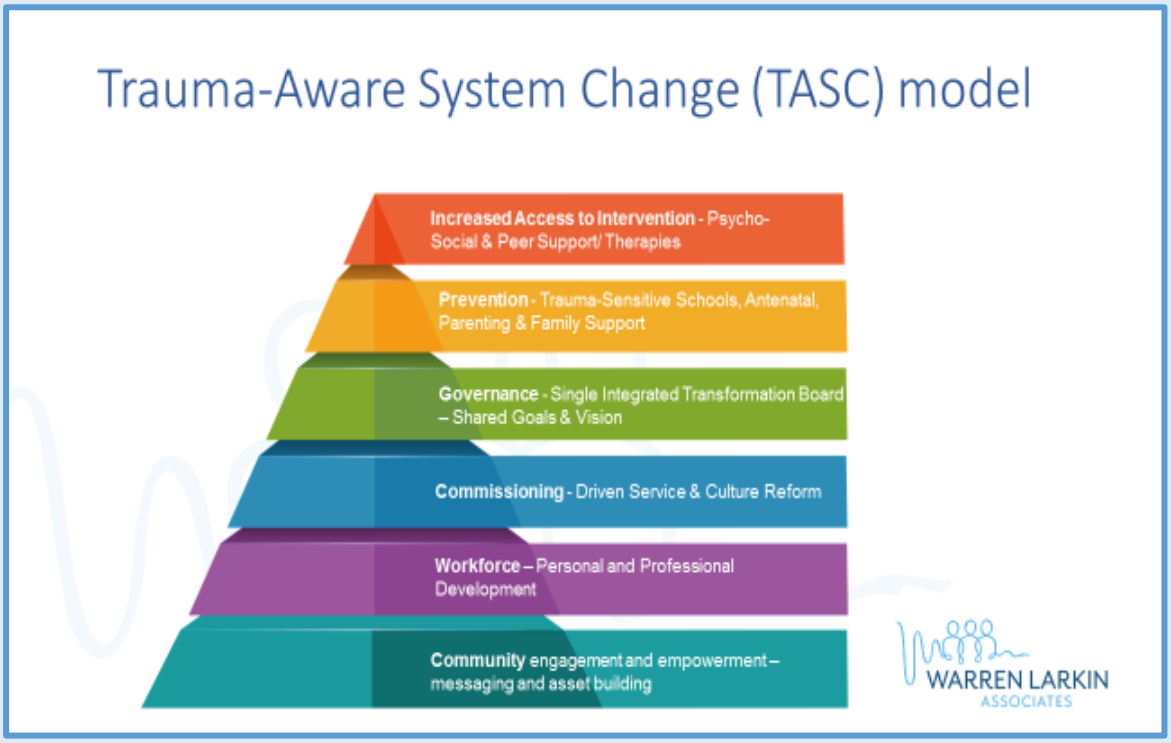
Leadership Collaboration is required within agencies from across statutory, non-statutory, voluntary, community and commercial sectors to consider if they can coalesce around the shared vision outlined within this approach.

To help facilitate this the Network has collaborated with Dr Warren Larkin to promote trauma informed leadership using his TASC model:

- ***Community Engagement*** – Working with Plymouth communities to raise awareness around how trauma can affect people; help build their capacity for resilience; increase community confidence to challenge their own culture with regard to how and why adversity is experienced.

- ***Workforce*** – Working collaboratively to develop trauma informed training for city professionals and agencies. To date over 1000 people have been trained by the Network at no cost, utilising generous funding from the Police & Crime Commissioner and the Plymouth Safeguarding Children Partnership.

- ***Commissioning*** – Across-system commissioning needs to be engaged as an essential opportunity to create a trauma sensitive Plymouth that works across the prevention cycle to stop



adversity, respond to trauma, and prevent systematic re-traumatisation.

- ***Governance*** – Needs to be considered for the trauma informed city work if the aspiration is to be achieved. The Trauma Informed Plymouth Network CiC offers an independent and value-led collaboration partner for agencies seeking to become trauma and shame sensitive.

- ***Prevention*** – All partnership systems need to understand the impact of adversity and plan how to respond and prevent to reduce risk of intergenerational transfer.

- ***Increased access to intervention*** – Support delivered must be focused on the whole person and family and address the underlying causes of behaviours, starting with what is important to the person.

Plymouth Learning Partnership (PLP)

The PLP has worked with Dr Warren Larkin to promote ACEs awareness and trauma-informed practice across Plymouth schools. The partnership also raised awareness by facilitating viewings of the film 'Resilience: the Biology of Stress and the Science of Hope.' The PLP kindly hosted a workshop by Warren with the Trauma Informed Plymouth Network exploring how trauma sensitive system change can be enacted. This has led to further collaboration to explore system change across city partnerships. The Multi-Agency Support Team (MAST) continues to provide holistic, timely and evidenced-based interventions to support children and families experiencing adversity. 'Kid's Time' is a weekly programme where families that have a parent affected by mental illness, come together to support each other and build resilience. PLP also continues to support Operation Encompass which supports children in school when they have experienced domestic abuse.

Thanks to:

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

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

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

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

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


Trevi House


Believe in children
Barnardo's

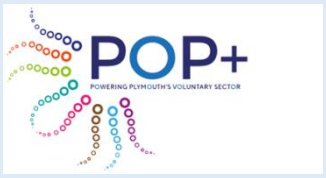

bcha
find a way forward help with housing, learning and living


NSPCC

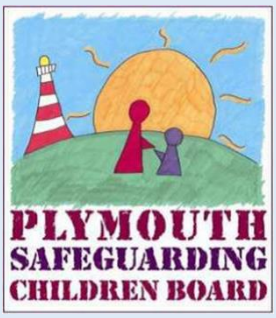

Coombe Dean


Courtlands School


PLYMOUTH
CITY COUNCIL


POP+
POWERING PLYMOUTH'S VOLUNTARY SECTOR


DISCOVERY


PLYMOUTH
SAFEGUARDING
CHILDREN BOARD


STOKE
DAMEREL
Community College


ZEBRA
collective

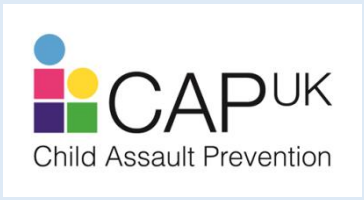

effervescent
social alchemy


Brook
Green
CENTRE FOR LEARNING


YOUNG
DEVON


Livewell
Southwest


TOR BRIDGE
HIGH


CAP UK
Child Assault Prevention


NHS
University Hospitals
Plymouth
NHS Trust


HOW
ACTION FOR
CHILDREN
WORKS


Devon & Cornwall Police


HARBOUR