



Trauma Informed Services in Fife Conference Report (Condensed)

Dr Margaret Hannah
Director of Public Health
June 2016

Introduction

This report summarises discussions which took place at a conference in Fife held on 16th June 2016 at Rothes Halls, Glenrothes. The event was attended by about 100 people from the Health and Social Care Partnership, NHS Fife, Fife Council, OHSAS and a wide range of third sector organisations. The aim was to improve outcomes for survivors through exploring ways to

- Offer more appropriate and responsive services meeting individual need
- Improve partnership working across statutory and third sector
- Improve service pathways with survivors at the centre

The conference was aimed at practitioners working with people with a range of adverse experiences including in:

- childhood (neglect, physical or sexual abuse), and
- in adulthood (domestic abuse / sexual violence)

The event was opened by Dr Seonaid McCallum, Associate Medical Director and facilitated by Dr Margaret Hannah, Director of Public Health.

There were three presentations which set the scene:

- an overview of adverse childhood events and their impact on adult behaviours and health by Dr Hannah
- a summary of psychological processes which occur following adverse events and the value of psycho-educational approaches to deal with their effects by Dr Summers
- views of survivors of adverse events, particularly survivors of sexual abuse, on what they want from services by Mhairi McAllister

Powerpoint presentations are available [here](#):

First Discussion Session

Participants were asked to reflect on what they had heard and consider what they would like services to look like in the future. Each table had cards to summarise three key points which were shared with the wider group. The following summarises this feedback:

- We need to be ready to respond with safety and stabilisation at the first port of call, wherever that may be.
- We need “Total Trauma Awareness” – core mandatory training for staff working in frontline agencies
- Services need to be linked and accessed in a timely way and pathways created which help people move through the stages of recovery with the right support
- This is about the whole community so we need to engage with everyone. This can be through a peer support model – particularly so that we can manage anxiety (everyone’s)
- There needs to be easier access to services e.g. via a Hub
- We need to work across disciplines and create positive relationships in the way we work. This culture will filter down to service users
- Bigger structures need to be convinced that integration works
- Build a Culture of Kindness – a conference was held in 2015, we can continue to grow this
- This work needs to be across the lifespan
- It will be a societal paradigm shift to move in this direction and make this the basis of prevention

- Need to look after ourselves – simple things – it’s not a luxury but a necessity
- Asset-based approach
- Engagement with wide range of staff and those with lived experience
- Move away from punitive approach: from blame/shame to understanding and nurture
- Still Face video shows the importance of attention and engagement. Focus on simply being there for people.

After Lunch Session

There were three further presentations after lunch. The first on mindfulness by Dr Wendy Simpson was highly participative, giving people the chance to experience a calmness in mind and body. The second was on staff care given by Dr Sue Blair from OHSAS and the third was about the Better Than Well project in Kirkcaldy presented by Dianne Williamson. Powerpoint slides are available [here](#).

During the break, people selected from the following list of themes which were derived from the issues that had been raised by these presentations and also the work of the morning. The themes were:

- Trauma Training
- Better than Well Pathway
- Integrated Working Community Hub/One-stop Shop
- Culture Shift – Society, Community, Family Change
- Recovery & Reconnection
- Staff Care/Self Care

From this selection, 3 groups discussed trauma training, 2 groups - one for Kirkcaldy and one for Dunfermline - discussed the community hub concept. Recovery and connection was subsumed with the self care group.

The groups were tasked with “making it happen”. They were encouraged to think about the theme they had selected and consider it in more detail. They were also asked if they had any requests of others and if they had any offers to make to help take things forwards. Groups were given blue cards to write their main points down. At the meeting, groups fed back the following highlights from their discussions.

Trauma Training

- Keep Trauma in Mind – for Practitioners
- Other basic awareness
- Specific Safety & Stabilisation
- Clarify Key Messages
- Supervision
- Access to Training, info on programmes
- It’s not just about training people but creating supportive working environments for them to express this ethos of understanding and nurture rather than blame and shame.

Better than Well

- Need to work up a way to sustain the model – possibly through different commissioning

Community Hubs

- Great enthusiasm and keen to get going
- Work together in the same building & talk to each other
- Know what's out there to link with

Culture Shift

- Start with ourselves
- Byre Youth Theatre production
- Get society more ACE aware
- Tap into colleges/media courses

Self care

- Accept Compliments
- Share/Support isolated worker – joint lunches

Conclusion

Margaret thanked everyone for their attendance and asked them to complete the evaluation form before they left. Overall, feedback was very positive (see below). A working group will take this output and develop further plans which can be fed into the work of the HSCP and the implementation of its strategic plan.

EVALUATION FEEDBACK: Trauma informed services in Fife conference 16th June 2016

51 Evaluation responses

Rate	Poor	Good	Excellent
Presentations		29	20
Workshops		30	16

Most useful elements & why

- Margaret Hannah - Interesting presentation. Good references that I can follow up. I like the use of videos
- Dr Summers - Good presentation - clear and I enjoy the visual display. Easy to relate to self and people I work with
- Mhari McAllister - case study - very helpful way to work with people who are severely traumatised. Reminder that people are able to understand/ accept and change if someone sticks with them and takes the time to go over and over something - good to know that clients don't have to tell their story as that can often put people off accepting treatment. Gave practical tools that can actually help people to cope and understand that their feelings/behaviours are normal.
- Mindfulness Wendy Simpson - helpful techniques to use to practice mindfulness and to show clients
- Dr Sue Blair - self care and compassion - good that she was able to link her presentations to the ones previous - easier said than done in our busy lives and workplaces
- Dianne Williamson - Designing a new pathway about the work she is doing. Good overview and great to see possible outcomes already.
- The workshop discussions/space to be creative.
- Networking - meeting other professionals. Finding out what is happening across Fife.
- Networking opportunities. The involvement and acknowledgement of the trauma work done in the 3rd sector.
- Opportunity to have discussions round the table. Networking with other professionals
- The presentations were very good and I make links to my current service and how we can possibly develop interventions.
- Linking with other agencies. Considering how we can work together to help those with wider trauma problems.
- Presentations on the impact of trauma and how services work to address this and experiences across the lifespan. Also importance of looking after yourself as a worker.
- Hearing about 'Better than Well'. All presentations gave me some new information and was therefore useful. Table top discussion - hearing other people's and agencies views.
- All elements were interesting and gave some food for thought I enjoyed the table top discussion and reflection listening to other agencies and their views.
- Information on public health aspect down to patient stay. All helpful and useful - painted a picture. Workshops helpful - generated good discussion/wealth of knowledge/networking.

- Learning about how clinical services are embracing a wider/holistic approach and lifelong impacts of trauma.
- Discussing with other professionals. Finding out more about new developments in trauma-informed care.
- Last hour
- Facilitators at table excellent at providing information/encourage thinking. Information on pathway/training.
- Liaison with other professionals and joint discussions about trauma informed approach.
- Inputs on the survivors story. Mindfulness and self care. All were very useful and informative. There was plenty of information that will help to deal with clients and help and encourage them to engage with our service and others.
- Open discussions were helpful too.
- 10:40 The Survivors Story. Why? Made most sense to 'non-clinical' staff and 'survivors'
- Presentations about trauma - in particular brain building, ALE, and the survivors story.
- Networking opportunities
- Presentations by Andy Summers and Margaret Hannah. Group at end discussing trauma training - requests and what services have to offer.
- Table top reflection and discussions. Understanding difficulties other services face, how they would like to be supported by other services client uses. How can this be facilitated? Who's responsible?
- Discussion about trauma.
- ACES, table top discussions and networking. Mindfulness - self care.
- Even though sometimes brief every element of the trauma presentations was explained making it easy for all to follow.
- Networking and mindfulness.
- Mindfulness. Trauma - brief overview.
- Self care- mindfulness. ACEs
- The open discussions were useful and offered us a chance to get to know each other. Enjoyed the mindfulness talk and practice - would have been nice to have a bit more time on this topic. Enjoyed videos too - brain building & ACE.
- Presentations about trauma, ACEs, etc. Zone of tolerance interesting. Type 1 and 2 trauma. Info re what FRASAC does.
- All was helpful. Networking. Mindfulness - I can use myself with clients. Greater understanding of physical and psychological effects of trauma.
- Morning ACE very informing and Dr Andy Summers section on trauma this is something I think should be Fife-wide. Dr Sue Blair - this opened my eyes to my own self care. I thought I was good but it's very clear I am missing aspects. Very informative.
- The ACEs presentation. Simplistic and effective.
- The morning was very useful especially the Summers perspective. The brain clip too. Also enjoyed the mindfulness input. Good networking opportunity.
- Survivors story - could relate this to practice. Helpful, succinct and well presented.
- All of it was useful and networking with other agencies is useful for practice. Being reminded to take care of ourselves. Being reminder to understand and appreciate the experiences others have had which may be influencing their current situation.

- Networking & Mindfulness.
- All practitioners were informative and helpful. They were informative, inspiring and clear - all presented very well.
- Table top discussion feedback. To learn about the difficulties faced in other disciplines and also to identify shared goals.
- All AM sessions and mindfulness session.
- The input from others around the table, hearing new ideas - can take this back to my colleagues.
- Presentations - very informative especially the brain development and understanding ACE. Discussion groups were helpful. Mhairi's presentation looking at the person.
- Interesting to see patient journey with FRASAC and that they follow same treatment plan as mental health services.
- Theory around trauma and brain development.
- All elements.
- Table top reflections & discussion. The Survivors story. Mindfulness. Looking after frontline workers.
- The morning was good - great presentations. Gave good examples.
- I found the full day informative and would find it hard to distinguish one area as better than another.
- Really good conversations with practitioners from a range of services. Very positive conversations. Presentations.
- Video presentations were very good. Group discussion /networking/awareness of services. Feedback from group work.

Least useful elements and why

- Tabletop discussions were good. Generated lots of different views and ideas for improvements and discussion about self and organisations responsibility for staff care.
- Some I was aware of but good to get a refresher.
- Sometime difficult due to heat when in group discussion (our group was really large in the afternoon).
- Screen not very visible from back. No biscuits.
- I understood the importance of self care as an element of trauma informed services but did not think it linked into today's conference as the main focus was on developing services for service users.
- Some elements of presentations I had seen before as part of previous training.
- Self-care - no practical tips maybe?
- Everything was interesting and useful
- All useful for different reasons.
- I think there could have been less time spent on the open discussion as the table top discussion covered all the relevant points.
- 13:40 - OHSAS. I think Dr Simpson could have covered this area in her part. Why? – facilitation
- Better than Well integrated pathway - not pertinent to my own area of work.
- Nothing - all very relevant.

- Statistics - individualising self care. It's an organisational responsibility too!
- Identification of stress but not enough about what we can do.
- Pathway integration less relevant to my role, did not factor in a SW role.
- Better than Well presentations - not particularly interesting and quite difficult to see how this fits in -
- Disappointed re self-care element - thought I would have been given ideas etc. I feel a missed opportunity, although this needs a day to itself.
- Better than well - far too much focus on NHS & as a non-NHS participant I didn't know anything about this but found it difficult to engage with. Self-care/compassion - thought a focus on us as practitioners would have been more helpful.
- All useful.
- All useful and appropriate.
- OHSAS talk - nothing new information.
- None x 3
- All topics were useful
- Time for networking and meeting individuals from other services was useful in broadening

Take Away & Action

- Increased knowledge of mindfulness and a reminder of the impact of ACEs for our clients and self.
- Plan to invite more training of ACEs for our new and newly qualified staff to ensure they are equipped to work with vulnerable families.
- Will try to find more information on psych education for my workers to help them support people if appropriate, at an early stage while waiting for other services.
- The work on developing a 'trauma focussed training' cascade plan and steering group. A 'train the trainer' approach.
- Consider trauma more in my own practise and how I might share this information with others.
- Interested in embedding Trauma Informed Principles in all aspects of current delivery and in future development.
- Culture of compassion - raise it in my organisation.
- Funders - ask for this in your applications and we would then have to provide it. How about a compassion HEAT target.
- Using more psycho-education tools with clients. Picking up the phone to speak to other agencies to find out if appropriate to refer on.
- I will be looking to introduce trauma informed practice into a new structured deferred sentence for women offenders who have a drug addiction problem.
- Networking more - communication with other agencies on certain cases.
- Awareness of services that clients who have experienced different types of trauma can access/how to find out about these resources.
- Take care of myself. Encourage a culture of kindness in my organisation. Look out for further training. Remember the first stage when supporting children and young people - stabilise.

- I will be asking for additional training on psycho-evaluation as the focus is primarily on prevention and early intervention, I believe as a HV I am very well placed in service provision to provide families with proactive support.
- I would like more training to provide families with support they deserve.
- Networking/ideas/potential/Hope for change.
- Be more aware of partners.
- Very optimistic about developments. Important to maintain and strengthen links between trauma services.
- A dream that the 'Hub' becomes a reality.
- Knowledge about local services/training. Increased knowledge about trauma. Knowledge of ongoing trauma progression. Thinking about impact of trauma on self.
- Trauma informed - delivering training. Trauma project /evaluation of group intervention.
- I have learnt a lot both for myself and from a work perspective which i can use to help people when I deal with them.
- I am pleased to hear a lot of movement and progress.
- A greater determination to do further trauma training/to understand it better and to consider how I can integrate it into my own practice. A greater understanding of how my own brain was 'built' - very illuminating!
- More awareness of ACE and impact on adult mental health - thinking about how to apply this more to health visiting practice and working with children/families
- More awareness of other services input/funding/support they are given is poor from there management. New integrated pathway, Better than Well model. Link living sessions. Social prescribed model.
- Mindfulness. Learning re. Brain trauma.
- A reminder of the importance of self compassion and mindfulness. ACES.
- More training and knowledge are required and an 'integration' of all services make for more effective practice.
- Being more aware of keeping myself well at work.
- Trauma as common language. All have a part to play.
- Importance of taking care of self.
- To think more about looking after myself and my emotional needs so I can offer more of myself to clients. To consider how I can continue to making my dept/team more efficient in working with trauma cases/population & to help improve services.
- Consider asking about ACE. Consider referral to FRASAC and informing patients this does not necessarily mean actually discussing previous events.
- Mindfulness for me & clients. Awareness of services available in Fife.
- The importance of self care. Share information. How mindfulness can have a positive impact with staff and clients.
- Reinforced that my knowledge base is better than I realised.
- Hope this open communication regarding working with complex trauma will continue....
- Keeping trauma in mind training - follow up.
- Use of ACE in assessment process and how to refer to appropriate services and supports.
- Self care.
- Culture of kindness. Try to encourage/nurture an organisation of care/kindness.

- As a manager the need to be more compassionate within the workplace. Also encourage staff to do the same.
- Mindfulness sessions for staff.
- Be more aware of my own feelings. Hopefully to how it affects my practice.
- More aware of self care. Better awareness.
- Networking opportunity.
- More knowledge of ACEs and importance of analysis of childhood trauma when preparing court reports analysis and background reports.
- Able to use it in workplace and personal life.
- Facilitating core discussions within areas around trauma awareness.
- Interested in more training.
- Overall/for reaching impact of trauma and awareness of how this can be displayed in the behaviours of my clients. Remember self-care!
- Feedback from conference to FDASAP & work with partners to progress.
- More reading on topic to be done. Overview of trauma related causes. Statistics for Fife. Self-awareness/compassion.

What further information would you find helpful

- A resource to support multi-agency staff and with signposting info.
- Information on training courses available.
- Opportunity to meet up again with like minded services to develop trauma aware organisations/individuals.
- Further info on future training.
- PP slides emailed out for reference. Trauma packs - services and materials.
- Update on 'Better than Well'.
- Further training. Possible tools to use in assessment of families providing collaborative working safeguarding families and communities.
- Self diagnosis tools.
- Perhaps information on groups and training running in different services e.g. mailing list/newsletter
- Participant contact list/powerpoint presentations by email.
- More information on adverse effects would assist in dealing with service users and allow a better understanding of the link between the past and present.
- Any info about trauma/trauma training would be most useful. Websites etc where I can access (aforementioned) info.
- Contact details for others who attended today.
- Information on where to get further training e.g. on psycho education.
- Different disciplines should have at least one trainer in their field on TRAUMA to disseminate it to their colleagues - who are these, if no-one CAN IT (frontline staff).
- A copy of the slide please.
- Would be interested in doing mindfulness training.
- More educational info. Handouts etc.
- Trauma training.

- ACE & slides to prompt the conversation when accessing. Access to basic training relevant to my own service.
- Appreciate time is limited. But would have liked to hear more!
- List of delegates and agencies involved.
- When the next course is running.
- Conference write up?
- Mindfulness course. Training on trauma in Fife.

Comments

- There was a lot of information/lot of time listening which was interesting but unfortunately led to me fidgeting and moving due to stiff joints - hope I didn't distract the speakers!
- Thank you.
- Thanks for an excellent day.
- An interesting/stimulating day.
- Very interesting day. Enjoyed all aspects.
- Enjoyable conference. Hopefully will be repeated/move on from this/potential for change feels real.
- Excellent day - enjoyed it very much
- Very informative and educating.
- Really good day and stimulating talks and group discussion
- A great day with lots of lovely speakers. I felt I learned a lot.
- Inspired
- Would be useful for psychology to train other disciplines e.g. HV/school nurses on early intervention approaches to working with adults/children/YP affected by trauma/ACEs. A resource pack would be useful and training in specific techniques/approaches HVs are focussed on prevention and early intervention as opposed to reaction like many services and therefore are in an ideal position to work with families affected by some traumas.
- Thank you for enabling me to be part of an informative day.
- Really good day.
- Really positive experience.
- A good beginning - what's next?
- Opportunity to talk with staff from different sectors was invaluable as it quickly became obvious.
- Less people around the tables.
- Good place. Time to think, reflect and discuss.
- Would love to find out about more training and any opportunities to get on board.
- Really enjoyed the day - very interesting.
- Thanks for an informative day.
- IT support may be helpful.
- Very informative, excellent speakers. Thank you all.



Trauma Informed Services in Fife Conference

June 16th 2016

9.30-4 pm

Hall B, Rothes Halls, Glenrothes



9:30	Registration and refreshments	
10:00	Welcome and Scene Setting	Dr Seonaid McCallum , Associate Medical Director Clinical Director
10:10	Transforming Health and Social care; addressing childhood and adult adverse affects	Dr. Margaret Hannah Director of Public Health NHS Fife
10:40	The survivors story; experiences across the lifespan	Dr Andy Summers Clinical Psychologist Health and social care partnership Ms Mhairi McAllister Counselling support worker Fife Rape and Sexual Assault centre
11.00	Break	
11:30	Table top reflection and discussion <i>'What would you like services to look like and what are the challenges?'</i>	Introduction; Dr Margaret Hannah
12.30	Open Discussion	Facilitator; Dr Margaret Hannah Scribe; Dr. Wendy Simpson
12:50	Lunch	
13.30	Mindfulness	Dr Wendy Simpson Health Psychologist Playfield Institute, NHS Fife
13:45	Self care and self compassion; The importance of caring for ourselves.	Dr Sue Blair Consultant in Occupational Health OHSAS
14.15	Better than well –a new integrated pathway	Mrs Dianne Williamson Senior Health Improvement Officer Health and Social Care partnership
14:30	Break	
14.45	Table top discussion <i>'How can we make services more trauma informed in Fife?'</i>	Introduction; Dr Andy Summers Clinical Psychologist Health and Social Care Partnership
15:45	Key points from table top discussions and next steps	Dr Margaret Hannah Scribe; Mrs Fiona Duncan Gender based Violence Nurse Advisor Health and social care partnership
16:00	Close	