

Systemic Trauma to Systemic Resilience™

Briefing

Viewing trauma systemically and recognising how trauma can become woven through lives and societies, moves us collectively from individualising trauma and expecting individuals to be strong enough to cope, towards a systemic relational position that recognises that hope for a better future lies in addressing trauma through collective compassion and concerted joint action.

Alex Chard (2024)

In the jargon of public services reform, we often speak about getting 'upstream' to solve problems, but all this leads to public servants having to swim against the tide. The call to reinvest in our communities is a call to get to the source of the challenges we face. It is a call for resilient communities that make for resilient citizens. This is the mindset of the preventative state.

Curtis, Glover and O'Brien DEMOS (2023)

Introduction

Systemic Trauma to Systemic Resilience™ is a concept and framework which considers trauma and resilience as systemic relational phenomena and conceptualises how we can reduce trauma and create the conditions that enable an individual, a family, a community, a region or a society to become more resilient. The principles and outcomes within the model are applicable to strategic planning and operational delivery of all public, third sector and private sector services. These principles can be applied to services and individual responses for both children and adults.

Some of the outcomes the model is promoting include:

- Enhanced mental and physical wellbeing;
- Safer and more cohesive communities;
- Creative, productive communities;
- Increased social and economic inclusion;
- Reduced social and financial costs and increasing prosperity.

Importantly, applying the Framework shifts the focus away from an individualisation of trauma and resilience to a recognition of the contextual and structural factors that frequently underlie trauma. Moving from a position of expecting individuals, families or communities to manifest resilience to a position of addressing structural and contextual factors that engender resilience.

Systemic Trauma to Systemic Resilience™ was developed from the findings of a range of systemic action research studies that considered both qualitative and quantitative data regarding the lives of 130 older troubled children. The earliest of these studies led to the development of the ALTAR™ Framework (see below) as a methodology to study the lives of troubled children. Ongoing development of that thinking led to the conceptualisation of Systemic Trauma to Systemic Resilience™. The thinking was then applied to consider how public agencies across the West Midlands Combined Authority region could respond to trauma in their population.

The purpose of this briefing is to provide the background to the development of the thinking that led to the development of the Systemic Trauma to Systemic Resilience Framework™ and to then consider how it can be applied. The audiences for this paper are politicians and strategic leaders within public services in the United Kingdom.

A report for the West Midlands *Reducing Systemic Trauma - Developing Systemic Resilience: The Social and Economic Case for*

Transformational Change has recently been published, I am grateful to the West Midlands Combined Authority for permission to draw on that report in this briefing.

This briefing has been written by Dr Alex Chard, Director of YCTCS Ltd, an independent academic and consultant. His Professional Doctorate in systemic practice was focused on systemic organisational development. He has extensive experience working within public services. He developed the ALTAR Framework discussed below and further developed that model by creating the Systemic Trauma to Systemic Resilience Framework™. (See biography below).

In this briefing, reflecting the Children Act 1989 the term child/children refers to anyone aged under eighteen. The term older child/children is applied to those aged ten to the age of eighteen. The terms individual/individuals are applied to both adults and children.

The ALTAR Framework™

It is through systemic thinking that we know of the unknowable. It is with action research that we learn and may act meaningfully within the unknowable. Where these two arcs of reasoning converge, we witness the incredible genesis of a conceptual universe that opens up otherwise unimaginable ways in which people may live their lives in a more meaningful and fulfilling manner.

Robert Flood (2006)

The ALTAR Framework™ is grounded in a wide range of academic evidence of how abuse, loss and other significant adversity impacts on children's behaviours as well as the factors that support children's resilience. In summary **A**buse and **L**oss in childhood frequently **T**raumatise children and this also affects their patterns of **A**ttachment to parents and others. Abuse, loss and other adversity impacts on the child's physical and neurological development affecting their behaviours and often their life course outcomes. Development of **R**esilience provides a framework to mitigate the impact of abuse and loss and also provides a framework for strategic intervention and prevention. As it

developed the ALTAR Framework™ was significantly influenced by thinking systemically about what else happens during the life-course of children who have experienced poor outcomes. Recognising that in addition to abuse and loss, such children are also affected and possibly traumatised by contextual and structural factors such as poverty, discrimination (including racism), living in deprived environments, witnessing violence and experiencing exploitation.

The ALTAR Framework™ currently considers over 240 quantitative factors in the life of the child and their family and also includes completion of a qualitative storyline about the child. ALTAR™ provides a systemic, evidenced based approach to collect and consider information about the life history and professional involvements for a child. Whilst conceived for research, the ALTAR Framework™ could also be applied as a part of an assessment of children (or adults) and their families.

Key thinking underpinning ALTAR™ is that:

- Multiple childhood adversity, including abuse and neglect may lead to very poor outcomes, including in later life;
- Loss of loved ones through bereavement, and other causes is highly prevalent in the lives of children who go on to suffer very poor life outcomes;
- Risk of harmful behaviours is located and often cumulative within the context of the child's life experiences, family and environment;
- Both trauma and risk of harmful behaviours are frequently inter-generationally linked.

Conceptualisation and ongoing development of the ALTAR Framework™ was from in-depth studies of 130 children all of whom were known to criminal justice agencies. The great majority were also known to a range of other services. (One study considered five children known to a Counter Terrorism Unit). These studies were all undertaken as either case reviews or research. They all included considering the life histories and family circumstances of these children. The majority of the children studied were believed to be involved with street groups and gangs and many

were involved in violent offending. These studies were all undertaken by Dr Alex Chard.

The early studies on which ALTAR™ was based were of older children (all boys) involved in very serious violence including grave crimes. Across these early studies a now tragically familiar pattern regarding the life experiences of these children became apparent. Common across almost all of their lives was significant child abuse and loss of significant loved ones (often parents). Frequently there were a range of other tragic life events that seemed highly likely to have traumatised them. Another pattern, across almost all of their lives was troubling behaviour in education settings, frequently from a young age. Whilst usually held within the primary school system, their moves to secondary education typically led to exclusions, multiple school placements, often including alternative provision and lengthy periods receiving very limited or no education.

In addition the children and their families were almost always known to children's services and often to special educational needs services, child and adolescent mental health services (CAMHS) with all becoming known to youth justice services. Whilst undertaking these early reviews, I studied a wide range of related academic literature, including from, criminology, neuroscience, psychiatry and psychology. The findings from these early reviews and the academic evidence led to the development of the ALTAR Framework™. An early version of the ALTAR Framework™ was applied in a study of a group of children known to a county Youth Justice Service. Once again their life experiences, contexts and behaviours reflected the previous children I had studied. My first published work in this area was [Troubled Lives Tragic Consequences](#) a systemic review for a Safeguarding Children Board of six children involved in extreme violence.

Punishing Abuse (2021)

Following further development, the ALTAR Framework™ was then applied to a much larger study within the West Midlands. This considered eighty children (13 girls and 67

boys) and led to the report [Punishing Abuse](#). The West Midlands study considered a more diverse group of children in terms of both the nature and seriousness of their offending behaviour and their profile in the justice system. Not all of the children studied in the West Midlands were involved in serious violence, although the majority (over 60%) were known or suspected to be gang involved.

Nevertheless, despite the fact that these were a more diverse group children, once again there was a very similar pattern in virtually all their lives to the previous studies. Including significant levels of abuse and loss, poverty, domestic and community violence and significant educational instability. Very many had experienced physical and mental health issues and there were high levels of neurodiversity. Criminal and sexual exploitation was also experienced by many of these children. The intergenerational nature of issues in many of their lives was also highly apparent. Within the [Punishing Abuse](#) report I began to explore the evidence of the systemic nature of resilience, asserting that:

Whilst initiatives such as trauma informed practice and recognising the impact of ACEs in the criminal justice system are welcome developments, the evidence ... indicates a need for a much broader and more radical approach including both prevention, diversion and decriminalisation. It also requires fundamentally changed ways of working with children, families and communities.

Given that very many the children studied were well known to other services, suggests the research findings from studies undertaken through the ALTAR Framework™ are applicable for many children known to a range of specialist and acute services. Given that troubled children (hopefully) become adults and frequently become known to adult services, the profile of the children studied through the ALTAR Framework™ are also likely to be replicated across a range of specialist and acute adult services. [The Prison Reform Trust Bromley Briefing 2024 Prison Factfile](#) shows that adults known to the criminal justice system have similarities to children studied within the ALTAR Framework™.

In order to begin to address the above, the overarching approach being suggested from the ALTAR Framework™ is promoting systemic resilience. The reason resilience is suggested as an overarching framework is because systemically it has the potential to include work at a strategic policy and agency-level regionally and nationally as well as in direct work with communities, families and individual children.

Adopting the building of systemic resilience for children (and their families) also has the potential to reflect the position in the United Nations Convention of the Rights of the Child creating a paradigm shift in criminal justice agencies that recognises that abused and traumatised children and their families need to be helped to recover from their experiences and that this will in turn better protect communities.

The Duality of Systemic Resilience and Systemic Trauma

Following Punishing Abuse, I undertook further unpublished studies, once again specifically considering nearly 30 children involved in serious violence. When these studies were completed, I had considered in depth, the lives of 130 children known to criminal justice agencies including their family contexts.

These studies had all considered extensive qualitative and quantitative data with over 120 having been studied by applying the ALTAR Framework™. A range of factors were increasingly evident both from across case studies and my further academic research, making very apparent the intergenerational nature of adversity and probable trauma for the majority of these children and their families alongside the recurring structural factors that were evident across their lives. As the number of children studied increased and evidence from the studies accumulated it became increasingly apparent that what was being revealed, ran much, much deeper than the lives of individual families and children.

The children I had studied and their families almost always lived in marginalised communities. Their families had been

povertised and frequently racialised across generations and often over very long time-spans. I was also increasingly aware of the intersections for these children and families of a range other factors in their lives, including poor mental and physical health, alongside obvious health, education and social injustices and inequalities both for the children and their families. The cumulative findings of these studies, alongside academic evidence, led me to further consider the systemic nature of resilience but also the systemic nature of trauma and traumatisation. This included considering further the extent to which both trauma and resilience or lack of resilience can be viewed as a relational phenomena.

Based on my developing thinking, I authored for HMI Probation, the paper, [Systemic Resilience](#). In that paper the juxtaposition of both trauma and resilience as systemic phenomena was proposed:

It was against the overwhelming evidence of abuse, loss, adversity and probable trauma that Punishing Abuse argued for the need for applying systemic resilience both to develop work with individual children and to address the underlying systemic and societal issues that escalate vulnerable children into the youth justice system.

Understanding trauma systemically enables us to see how we need to respond to the systemic factors of trauma including in our own practice and institutions. Seeing resilience as a systemic response also enables a clear link to be created between practice with individual children and both strategic responses and frameworks to prevent crime and offending and to address structural factors such as poverty and social exclusion that create adversity and vulnerability to involvement in crime.

Systemic Trauma to Systemic Resilience™

Recognising the duality of trauma and resilience led to the realisation that we cannot reduce or alleviate the causes and incidence of trauma for individuals unless we reduce traumagenic environments for both families and communities. Conversely, building resilience for individuals cannot be achieved without

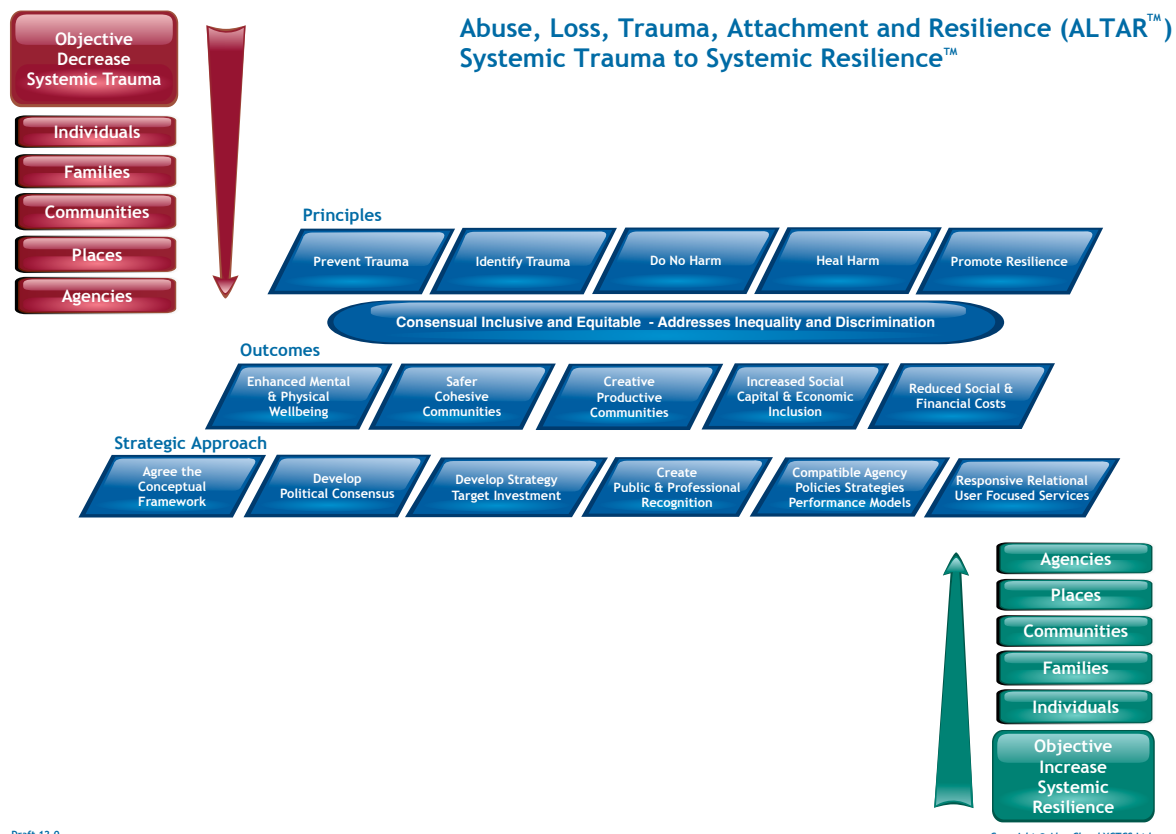
strengthening the resilience of families and communities. This reflects the evidence that suggests that resilience should not be perceived simply as the feature of an individual who is “tough enough” to survive, but that resilience in responding to life traumas is a relational phenomena dependent to a great extent on how well an individual is supported by others and is also affected by the political context and social circumstances in which they live.

Acknowledging the duality of both trauma and resilience as systemic relational phenomena is also inherently an ethically informed position. It recognises that as a society we must take responsibility for children and others who are vulnerable. It moves us from individualising trauma or resilience, blaming or othering those who are traumatised or who have limited resilience to a position that recognises that the roots of trauma and lack of resilience, for very many, arise from the intersection of a range of societal structural factors. These factors include (but are not limited to) discrimination, racialisation, povertisation, misogyny and the resultant violence against women and girls. Traumagenic environments for families and communities are correlated with structural factors such as deprivation and racism, whilst

greater resilience is correlated with greater wealth and equity. If we want to increase resilience for individuals families and communities we must recognise and address these broader systemic structural factors.

My shorthand phrase for the thinking detailed above is Systemic Trauma to Systemic Resilience™. This develops how the ALTAR Framework™ (Abuse, Loss, Trauma, Attachment and Resilience) conceptualises the duality of trauma and resilience by reframing and juxtaposing both as systemic phenomena. This extends the ALTAR Framework™ to consider how we can create the conditions that enable an individual, a family, a community, a region or even a society to suffer less trauma and to also become more resilient. The principles and outcomes within the model are applicable to strategic planning and operational delivery of all public, third sector and private sector services, and can be applied to services and individual responses to both children and adults.

Drawing on the research and thinking detailed above, the diagram below illustrates how the thinking of Systemic Trauma to Systemic Resilience™ can be extended and applied more broadly at a population or community level.



Supporting Evidence

The following considers academic thinking from different theoretical perspectives that supports the Systemic Trauma to Systemic Resilience Framework™.

It became apparent within the West Midlands study considered below, that there is an exceptionally high economic and social cost associated with trauma. The annual economic cost of lost GDP alone running into billions of pounds annually, the social cost is reflected in the West Midlands region having areas with the highest rates of child deaths in England.

Whilst developed from different theoretical perspectives the model Systemic Trauma to Systemic Resilience™ is synergistic with a series of economic and social policy papers published by DEMOS. In the first of these, an essay published in 2023, [The Preventative State](#), DEMOS argued of the need to build social capital, rebuilding our social and civic foundations including that:

*... to truly reduce demand for public services in the long run, we need to not only prevent problems from arising, but **create the conditions for flourishing and resilience within communities**. Achieving this means investing in those foundational goods which create the social capital that enables us to lead better lives, without state intervention. Only then can a truly preventative state emerge.*

In this vision, the state leans in to enable stronger neighbourhoods, by creating the conditions for connections, building social infrastructure, mobilising people and long term community development - rather than turning a blind eye until the consequences become too impossible to ignore.

In [Counting What Matters](#) (2024) DEMOS and The Health Foundation propose that government change their accounting practices with a foundational shift from accounting for expenditure as either capital or revenue expenditure to also identifying expenditure on prevention. The paper suggested a deliberately broad ... *working definition of prevention as being **related to activities or investments that***

increase the resilience of individuals and communities and lead to avoidance (or reduced risk) of negative outcomes.

Andy Haldane then CEO of the Royal Society of Arts (RSA) and formerly Chief Economist at the Bank of England co-authored a further DEMOS policy paper Social Capital 2025 [The Hidden Wealth of Nations](#). In a recent [lecture](#) Haldane addressed topics that included ... *how weakened social bonds harm communities*. A question from the audience was, *Why do rich people when they fail, never lose their social capital?* The response by Haldane, after questioning the assumption, included:

... it's probably the case for rich confident people that failure isn't failure it's learning. Whereas for poorer maybe less confident people failing means failure ... So I don't know whether it's true ... but there's something about if you are a poor person and fail there is no safety net ... if you are a rich person and fail you know you will bounce rather than splat. That is a really important thing when it comes to social capital and it's of lasting importance among those who are advantaged.

In their paper for DEMOS, Haldane and his co-author Professor David Halpern state that:

The economic benefits of social capital can be seen at individual, community and national levels. For nations, research shows a 10% increase in social trust is associated with a 1.3%–1.5% increase in relative economic productivity. That means if the UK increased social trust from its historic rate of around 35% to Nordic levels (or around 65%), UK growth would get a boost of more than £100bn a year (Bennet Institute, 2020).

Viewing resilience as relational aligns it with the concept of social capital. Using the analogy above, at its simplest moving from Systemic Trauma to Systemic Resilience™ includes making sure that as far as is possible more people in our communities have the resilience to bounce and as few as possible go splat.

There is good evidence of the disproportionate impact on impoverished and racialised communities of trauma, increasing their

likelihood of exploitation. A further research lens on the potential benefits of building resilience in communities to prevent radicalisation is a recent study [Local Deprivation Predicts Right-Wing Hate Crime in England](#), by Belgioioso, Dworschak and Gleditsch, (2023) that compared local levels of deprivation in Lower Layer Super Output Areas with levels of right-wing hate crime in England. Their results were:

... consistent with the expectation that local deprivation is an important driver of right-wing radicalization and risk of far-right attacks. We also show that measures of local deprivation help improve forecasts of where right-wing hate crime can be expected. ... our results also suggest a potential scope for policies to prevent future radicalization through reducing deprivation.

Their study concludes:

Our findings suggest that efforts to reduce local deprivation, beyond leading to other socially desired positive outcomes, may have important additional consequences for reducing hate crime. For example, policies focused on “levelling up”, or improving the most deprived communities, could in addition to improving local living standards and decreasing inequalities, also help decrease the risk of far-right violence.

In the literature on strengthening resilience two factors that consistently arise are access to good education and an adult who provides support to the child. A sophisticated social and economic [study](#) by Carmen Villa *The effects of youth clubs on education and crime* analysed a range of data sources to consider the impact of youth club closures in London, occurring during the period of economic austerity under the last government. She concluded that:

- *After closures, residents are much less likely to attend organised after-school activities, by 44%. The closures lead to worse educational performance in exams at ages 15–16, by 4% of a standard deviation. The effects are larger for lower-income pupils as proxied by their free school meals status. In affected areas, minors became 14% more likely to commit*

crimes and committed 15% more crimes. The results were driven by the most common youth crime categories: acquisitive, violent and drug offences. I find crime rises across all hours of the day, suggesting that the effects of youth clubs on crime are not limited to pure incapacitation.

- *These effects might be explained by youth clubs supporting young people in ways that are not easily substitutable, combining mentorship, a safe space to study and multiple activities. After closures, youths spend more time on screens. Proximity to parks, sports centres or libraries does not mitigate the effects.*
- *Under reasonable assumptions, the savings from not funding youth clubs are outweighed by the costs of increased crime and forgone educational returns. For every £1 saved by closing youth clubs, there are societal costs of £2.85.*

For those lower income students the study found that pupils, test scores fell by 12%. Educational achievement is one of the foundations of resilience for individuals. This study shows that reducing community based support for children, (in particular lower income children) significantly impacts on their educational attainment, a key factor to future social and economic achievement. The study also shows that reducing community based support for children increases overall rates of crime including violence.

These finding would strongly suggest that providing community based support to older children through provision of youth clubs is likely to increase educational attainment and reduce the likelihood of their involvement in criminality. It also suggest that investing in community based resources to build children's resilience and improve their life chances is likely to be highly cost effective in both the short and long term.

In [The Roots of Danger](#) an academic text book that considers international evidence on serious violent crime within societies Elliott Currie, Professor of Criminology at the University of California concludes by considering what is known about violent crime in different societies:

Understanding why some societies are more violent than others is complicated, and, as I've said, there is much more we need to learn. But we can sum up some basic lessons very simply. Where people are well cared for, where they have something meaningful to do in their lives that brings them respect and a sense of contribution as well as a measure of economic security and well-being, where they are treated well and fairly by authorities, including those in the criminal justice system, and where they have the support of stable communities and nurturing families and can envision a future of the same kind for themselves and their progeny, they are unlikely to commit violence against one another.

The societies that are routinely torn by violent crime, in contrast, are harsh societies—and they are harsh in many ways at once. They foster economic policies that create insecurity and deprivation at the bottom and that concentrate wealth, resources, and opportunity at the top. They offer few social protections for vulnerable people, and they allow the struggling or the unlucky to “fall through the cracks.” They are typically punitive in their approach to the treatment of offenders, and often in their approach to child rearing as well. They are likely to enforce, or at least tolerate, the social and economic subordination of women. They are neglectful societies that tend to ignore social problems until or unless they explode into conflict and violence. They are societies characterized by what we might call a “culture of disregard,” in which people feel little sense of responsibility or solidarity toward others, and a “me first” ethic of personal gain often dominates public and private life.

The first of the societies that Currie describes where people are *well cared for* resonates with the concept of a resilient society. Whilst the *harsh societies* he describes seem to resonate strongly with traumatised societies. There are many factors described in the harsh society that were present in the lives of the 130 children I have studied particularly those involved in very violent offending.

In a recent Reith Lecture for the BBC [Does Trauma Cause Violence?](#) Dr Gwen Adshead, Consultant Forensic Psychiatrist concluded that:

In this talk, I have explored the question of whether trauma causes violence. I think there is compelling evidence that suffering childhood trauma can be one risk factor for violence in some people. But questions remain about who is especially vulnerable and what protective factors might be operating in those abused and traumatised people who do not go on to become violent. For example, we might be especially interested in how promoting social cohesion and a sense of community acts as a protective factor for some young people, especially in the years of emerging adulthood and access to work and employment opportunities.

Applying Systemic Trauma to Systemic Resilience™

The ALTAR™ thinking and in particular the conceptualisation Systemic Trauma to Systemic Resilience™ was subsequently applied in a further contract for the West Midlands. This was commissioned to consider the social and economic benefits of the West Midlands becoming a Trauma Informed Region. The contract for the West Midlands led to the report *Reducing Systemic Trauma Developing Systemic Resilience: The Social and Economic Case for Transformational Change*. As the work developed, applying the thinking represented in the diagram above (p5) significantly informed the findings and outcome of that commission.

The contract required a focussed literature review of the best available evidence on the social and financial benefits of the region becoming trauma-informed. The review was to include an analysis of the evidence of the structural and possible organisational barriers. A further purpose of the literature review was to contribute to systems modelling and analysis of financial costs and social benefits of the region becoming trauma informed. The systems modelling was undertaken by Marc Radley, Strategic Director, CACI who also co-authored the chapters on systems modelling.

At an early stage in the project it became apparent that whilst evidence of the harm caused by significant childhood adversity is extensive, evidence of the social and financial benefits of developing trauma-informed

approaches in the UK and internationally are very limited. Consequently it was agreed that the focus of the systems modelling would be to evidence the economic costs of adversity and trauma. This also reflected initial findings that the best evidence of the costs of adversity and trauma are from studies of the economic impact of adverse childhood experiences (ACEs) on lost economic productivity.

The literature review was comprehensive. Key findings from the literature review, further informed through the system modelling were:

- Compelling evidence of high social and financial cost continually accruing as a result of adversity and trauma;
- Authoritative studies finding limited evidence of trauma-informed practice improving outcomes for those using the majority of public services;
- The limited evidence of effectiveness meant it was not possible to state that social and economic benefits will accrue as a result of the region becoming trauma-informed;
- Adversity and trauma can occur throughout all lives but are more evident in vulnerable groups e.g. those affected by deprivation and racialisation;
- Adversity needs to be considered much more broadly than adverse child experiences (ACEs);
- High levels of poverty and racialised communities strongly indicate that the West Midlands region will have greater levels of trauma than in the overall UK population;
- High levels of childhood adversity correlate for many people with ill health and poor outcomes;
- How individuals are affected by and respond to childhood adversity varies and many individuals recover and lead fulfilling lives;
- The likely cumulative harm and cost of adversity and trauma informs the view that the underlying structural factors that may cause or sustain adversity and trauma need to be addressed given that cumulative harm disproportionately affects many local communities;
- There is strong evidence from America and England of the social and economic effectiveness of building resilient communities;

- Strong evidence both internationally and in the UK shows the effectiveness of parenting interventions in reducing harm to children and potentially creating resilience in families and communities.

The systems modelling further indicated that:

- Failing to prevent and address trauma will cause the cumulative social and financial costs of trauma to escalate;
- Whether services ameliorate or increase adversity and trauma, affects how individuals move through systems, significantly affecting costs, particularly through escalation into more specialist or acute services.

The social and financial costs identifiable from adversity and trauma are very high and impact in many areas affecting individuals, families, communities and organisations, including:

- Harm to individuals and avoidable costs and intrusions of social care and health services;
- Educational costs of meeting behavioural and special educational needs caused or exacerbated by adversity and trauma;
- The impact on individuals and communities of anti-social behaviour, violence and other crime;
- Harm to individuals and costs to the justice system of the involvement of individuals in crime;
- Loss of educational opportunity and lower attainment impact individuals and the economy;
- Lost cost from providing services not aligned on reducing adversity or ameliorating harm;
- Lost productivity through lower skills, unemployment, ill health and early death;
- Lost taxes through reduced economic activity; and,
- Increased costs of state benefits from ill health and reduced economic activity.

As is outlined above, the findings from the literature review and the system modelling led to the conclusion that while the social and economic impact of adversity and trauma require urgently addressing, trauma-informed approaches have limited evidence of success and are in themselves insufficient to stem the cumulative impact of harm. Trauma-informed approaches are frequently focussed on

individuals and respond to trauma that has already occurred whilst there is a need to recognise the systemic nature of trauma and the need to build systemic resilience. It was also concluded that for many individuals that the social and financial cost of childhood adversity begins in childhood and then potentially accrue across the life course.

Given the limited evidence of trauma informed approaches, I sought evidence from academic and other literature of effectiveness of other approaches to address trauma and build resilience. I found strong evidence of social and financial effectiveness of building resilience from strengthening communities as well as effectiveness of parenting interventions in strengthening families and consequently communities.

Some of the more detailed findings from the report, *Reducing Systemic Trauma Developing Systemic Resilience*, were that:

There is strong evidence regarding the high social and financial harm caused by early adversity and possible trauma. Illustrating the levels of trauma, areas in the region have the highest rates of child mortality anywhere in England. We estimated that the regional annual cost of loss of GDP, from poor health, linked with adverse childhood experiences (ACEs) is £2,597 million (£2.6b). In addition there are very significant social and financial costs to individuals, communities and the range of public services.

The evidence we have presented through the cost models suggests that if those who suffer adversity and trauma are not effectively helped, then the ongoing costs of carrying the societal burden of trauma will be amplified significantly over time. Uncertainty lies in just how high those costs are and will become.

Two of the most significant findings of this study are the compelling evidence of the very high and potentially increasing social and economic costs of adversity and trauma, juxtaposed with the limited evidence of trauma-informed practice improving outcomes. Reconciling these findings is probably the

biggest challenge ... in successfully reducing and addressing adversity and trauma.

Given the strong evidence of very high harm and high social and financial cost of adversity and trauma, doing nothing, is indefensible, socially, financially and morally. Consequently, there is a need to respond to adversity and trauma guided by the best available evidence. [Whilst] Continuing to consider and create the developing evidence base of effective service responses that provide social and economic benefits at both strategic and individual levels.

Increasing evidence shows that harm from early adversity should be considered much more broadly than adverse childhood experiences (ACEs). We suggest the need to consider childhood adversity and traumas (CATs), a model which considers a wider range of factors. ACE based models are inherently based within childhood, additionally adult adversity and traumas (AATs) also needs to be considered and effectively addressed.

The relationship between families and communities is symbiotic. To strengthen resilience in communities we need to strengthen resilience in families and to strengthen resilience in families we need to strengthen resilience in communities. The development of approaches that strengthen resilience in communities to reduce adversity and potentially trauma is the ... area where we found significant evidence of effectiveness including social and financial benefits.

Policy ... should explicitly recognise that to develop systemic resilience for children, we have to build resilience in families. Enhancing the quality of the child's parenting is critical in this regard. The evidence shows that childhood adversity and trauma are frequently inter-generationally linked.

The evidence suggests investment in a wide range of parenting interventions, (universal and targeted), could, perhaps in a generation, significantly fracture the links that cause families and communities to be impacted by adversity and trauma across many generations.

We were subsequently asked by the West Midlands to provide our thinking on how to create *Transformational Change*. In summary we suggested that a multi-layered strategic approach to prevent and reduce trauma was needed, the highest levels of the approach being to:

- Address the systemic and structural factors that correlate with traumagenic environments;
- Reduce the likelihood of adversity and trauma in families and communities to increase resilience;
- Maintain and develop services to support those affected by adversity and trauma;
- Ensure that services do no harm, responding effectively to promote the wellbeing of those individuals who have been affected by adversity in order to prevent or heal trauma.

The report made detailed proposals for *Transformational Change*. These were focussed at a regional strategic level and included:

- *At both a political and strategic level across all ... public bodies, it should be explicitly recognised that trauma is a systemic phenomena that is structural and historic as well as inter-generational and occurs across the life course. That responding to trauma and reducing the harmful social and economic impact requires that the historic and structural factors which underlie trauma are identified and removed or reduced, that inter-generational transmission of trauma is disrupted and the systemic resilience of families and communities is increased.*
- *A concordat should be developed across all of the main political parties acknowledging that trauma is a systemic phenomena that is causing immense social and economic harm. The concordat should agree that from the outset, all strategic, financial and economic decision-making, including devolution of powers from central government, will alleviate or increase systemic trauma and build community resilience.*
- *All public agencies should commit to developing and publishing a strategic ten-year plan to reduce the levels and impact of trauma and promote the wellbeing and systemic resilience of service users, employees and communities. An annual*

report on progressing the plan should be published.

- *A strategic multi-disciplinary Trauma to Resilience Unit (TRU) should be created. The overarching objectives of the TRU should be to reduce the levels and impact of trauma and increase the wellbeing and resilience of communities. This should be undertaken in line with the evidence in this report and the continually developing practice and academic evidence.*

The work of the unit should include:

- *Raising awareness of the very harmful impact of adversity and trauma and the social and economic gains from addressing these issues;*
- *Developing a ten-year regional Trauma to Resilience Plan (TRP) following findings in this report;*
- *To selectively scrutinise strategic, financial and economic decision-making by public bodies and provide advice on whether proposed actions will alleviate or increase systemic trauma and increase resilience;*
- *To provide strategic advice to all public bodies on effective strategies that can reduce adversity and trauma and increase resilience.*

As the above summary and extracts show, reducing systemic trauma and increasing systemic resilience was seen to be a social and financial imperative for the West Midlands. Inherently, these proposals require significant investment in communities to reduce trauma and increase resilience and as DEMOS has recently suggested to address the foundational issues and increase social capital. The West Midlands report including the systems modelling, shows the potential over time, for such investment to significantly reduce the social and economic costs of trauma.

The concept of Systemic Trauma to Systemic Resilience™ was born from the realisation of the structural and systemic nature of both trauma and resilience within society and the evidence that trauma for individuals families and communities is frequently maintained, exacerbated or created by structural factors. This realisation supports the social justice perspective that far less people need to be deeply harmed by trauma and far more people need to have the support and social context

that creates the resilience to recover from trauma.

The findings from the literature review for the West Midlands of very limited evidence of social and financial benefits of the region becoming trauma-informed, further reinforces the belief of the need to move from an individualised view of trauma and resilience and consider and strategically address both trauma and resiliences as systemic phenomena.

Reflections and Future Possibilities

The above charts the development of the ALTAR Framework™ and the thinking that has led to the evolution of the Framework to encapsulate Systemic Trauma to Systemic Resilience™. As can be seen above, this thinking has been developed over nearly a decade, including through detailed studies of children who suffered very poor outcomes. However, in the spirit of systemic thinking, (where knowledge is fluid and not fixed), I see this is a living Framework. The thinking that informs the Framework will continue to evolve as it is more widely applied and the systemic nature of trauma and resilience is better understood.

This briefing was written due to the interest in Systemic Trauma to Systemic Resilience™ as a model. This interest was generated through drafts of the West Midlands report being made available for critical for comment to key strategic leaders and others including academics. Reasons given for the interest in Systemic Trauma to Systemic Resilience™ include, the report making apparent the limited evidence of effectiveness of trauma informed practice, alongside a recognition that offering to build resilience is a potentially collaborative and strength based approach.

I hope that opportunities will arise to apply and further develop the findings and Framework outlined in this paper. The following provides initial thinking to develop such conversations:

- The *Transformational Change* proposals made for the West Midlands assume consensus to apply the Systemic Trauma to Systemic Resilience Framework™ at a regional level, whilst this is an ideal position, it is not a pre-requisite to use the approach;
- The scalability of the Framework allows adoption at a regional or local authority level, at service level, and within departments or teams;
- The Framework can be applied to inform how services are provided to individuals including the use of the ALTAR Framework™ to assess individual or family needs, past trauma and opportunities to build resilience;
- Consequently, if adopted at a strategic macro level the Framework can then be cascaded throughout an organisation.

As can be seen from the above one of the strengths of the approach is that it conceptually unifies both strategy and practice, the Framework being able to be applied at a macro level through place based approaches whilst also being applied at a micro level to work with individuals.

Systemic Trauma to Systemic Resilience™ also has the potential to be applied as a collaborative framework or driving principle shared between agencies working within specific sectors. These, include criminal justice, adult or children's social care, education, health and public housing.

Another strategic area where the Framework could be applied to unify services is development of regional and local responses to strategic programmes such as the governments Young Futures programme or inform further devolution of criminal justice powers to regional government.

YCTCS Ltd

Systemic Development for Public Services

YCTCS Ltd provides specialist consultancy and service development to public services. Our focus is on strategic service development including safeguarding. We have extensive experience in working within highly complex environments helping organisations to develop and achieve high quality outcomes for service users. Dr Alex Chard, Director YCTCS Ltd, manages all company contracts.

The company has traded for twenty-four years and was a development from a partnership, which had previously traded for 10 years. The company has professional indemnity insurance of £2m and public liability insurance of £10m.

Biography Dr Alex Chard

Alex is an organisational consultant, independent academic and author. He has a Professional Doctorate in Systemic Practice that was focussed on creating systemic change in public sector services.

He has 34 years consultancy experience across a range of public services, including significant experience in organisational review and change processes and creating pan-organisational learning. Projects have included, writing practice guidance for national government and the Local Government Association. Developing regional protocols for London on responses to Truancy, Exclusion and Anti-social Behaviour. Chairing of the Learning and Workforce Development Group for a Safeguarding Children Board. Attending an All-Party Parliamentary Group for Equality, Diversity and Inclusivity (EDI) Professionals. He provided advice on Organisational Leadership and Culture in developing a Universal EDI Standard.

Punishing Abuse was a detailed study of 80 children in the West Midlands justice system. Anne Longfield (former Children's Commissioner for England) described the report as *comprehensive and harrowing ... a powerful reinforcement of the need to support all children who have suffered ...* Punishing

Abuse has been highly influential regionally and nationally in developing understandings of the depth and impact of adversity on children.

Alex presented key findings of Punishing Abuse at the opening plenary of the Royal College of Paediatrics and Child Health Conference in 2023. Punishing Abuse has influenced the delivery of national, regional and local health programmes and projects.

Following the publication of Punishing Abuse, the West Midlands Combined Authority (WMCA) commissioned Dr Alex Chard (through YCTCS Ltd) to undertake a literature review to advise the region on the social and financial benefits of the region becoming trauma-informed. The literature review also provided the evidence base for financial analysis and benefits modelling. The final report of this project Reducing Systemic Trauma Developing Systemic Resilience has recently been published by the WMCA. The report provides proposals on Transformational Approaches to reduce adversity and trauma across the West Midlands region.

His published work also includes:

- Systemic Resilience, HMI Probation, (extended thinking in Punishing Abuse);
- Troubled Lives Tragic Consequences (a review of six children involved in very serious violence);
- Systemic Inquiry, co-editor and author, (text-book on systemic research);
- Defending Young People, co-author of three editions (a legal reference book).

Alex has significant experience and knowledge of safeguarding older children. He was a member of the Academic Oversight Group for the NHS Violence Reduction Academy for London.

He was previously a visiting Senior Lecturer at the University of Bedfordshire teaching systemic practice to doctoral students and to social work masters students. He contributed to the revalidation of the Professional Doctorate in Systemic Practice.

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