

# ACEs and Trauma Informed Practice Update

Health Scrutiny Committee

21st July 2021

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Manchester Health & Care  
Commissioning

A partnership between  
Manchester City Council  
and NHS Manchester CCG



MANCHESTER  
CITY COUNCIL



**Manchester**  
Clinical Commissioning Group

# Purpose of the Presentation

To outline the journey that Manchester is on to become an ACE aware, trauma informed and trauma responsive City

- Overview of the topic
- What we have done
- Current work
- Future plans

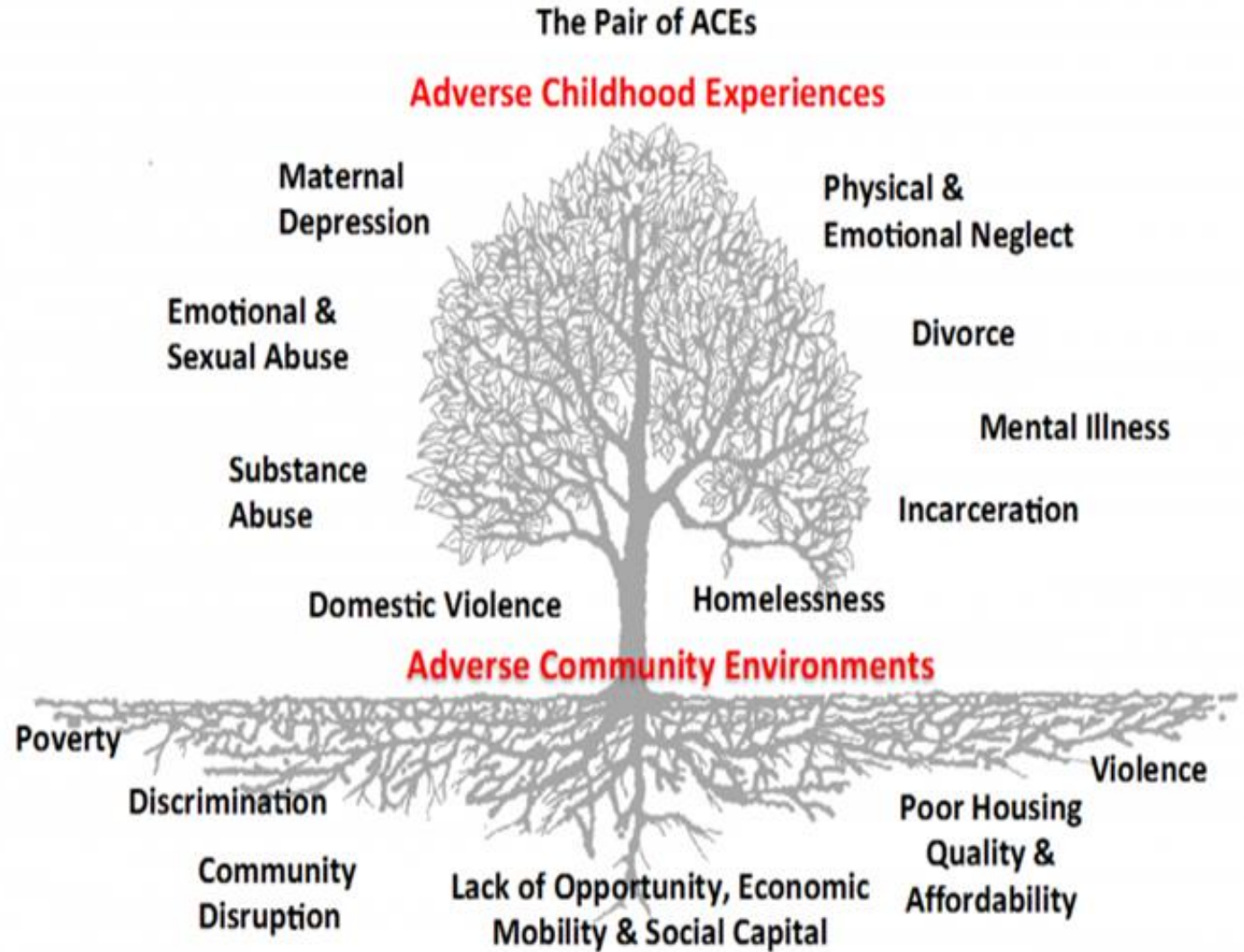
# What are ACEs?

Adverse Childhood Experiences (ACEs) describe a wide range of stressful or traumatic experiences that may occur up to the age of 18.

This includes:

- Abuse
- Neglect
- Household Dysfunction

# The Pair of ACEs



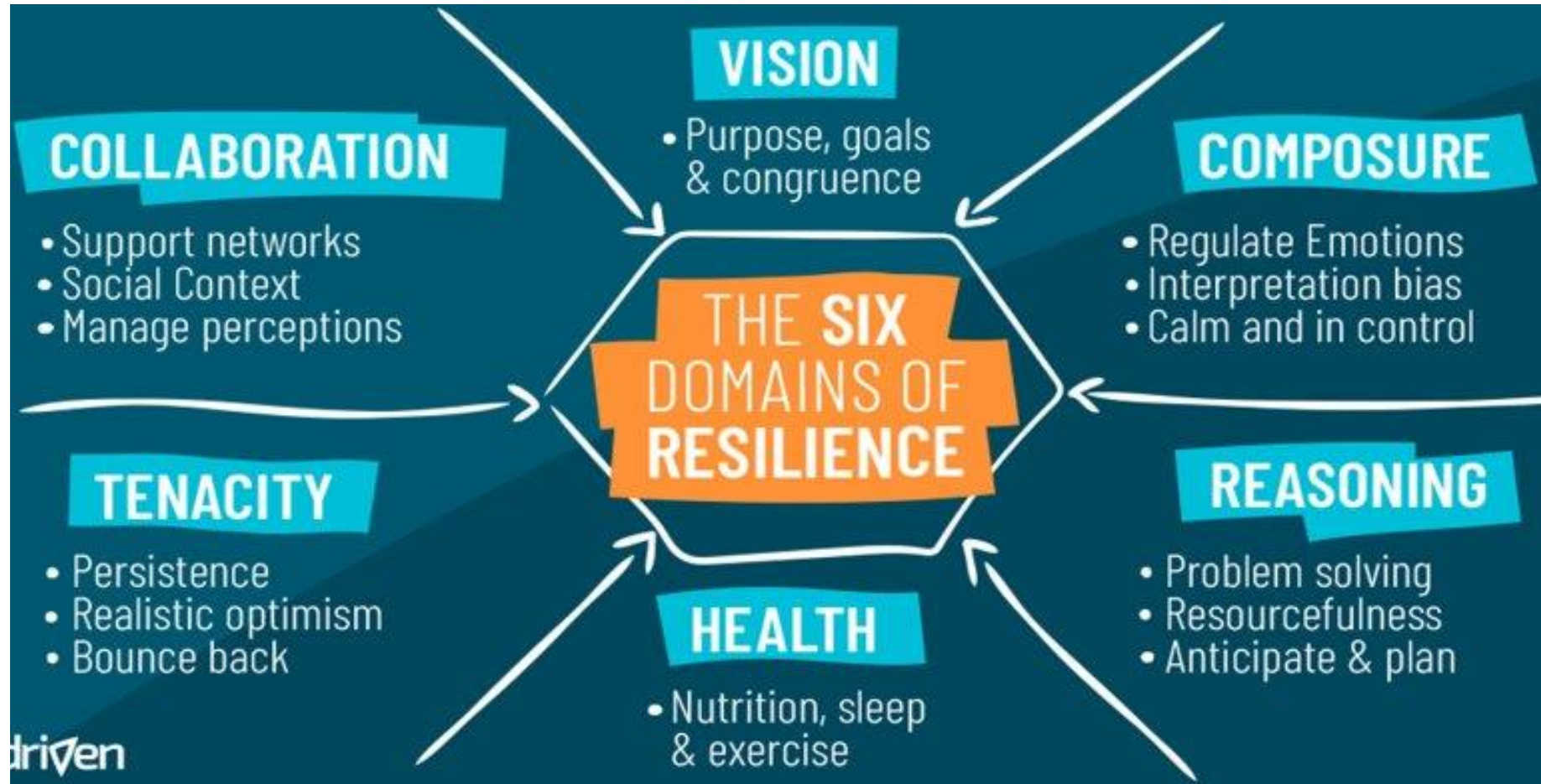
Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

# Why do they matter?

- Research shows that the adversity we experience as a child can affect how our stress response functions, leading to long-term changes in our brains and bodies and leading to health problems as an adult.
- There is a dose response relationship between ACEs and the development of poor physical, mental and behavioural health.
- In the UK nearly 50% of people have experienced at least one ACE, with 9%-12% experiencing 4 or more ACEs.
- Experiencing 4 or more ACEs is associated with significantly increased risk for: heart disease, stroke, cancer, COPD, diabetes, Alzheimer's and suicide.



# Building Resilience



# Embedding Protective Factors

## Risk and protective factors for CYP's mental health

### RISK FACTORS

- ✗ Genetic influences
- ✗ Low IQ and learning disabilities
- ✗ Specific development delay
- ✗ Communication difficulties
- ✗ Difficult temperament
- ✗ Physical illness
- ✗ Academic failure
- ✗ Low self-esteem



Child

- ✗ Family disharmony, or break up
- ✗ Inconsistent discipline style
- ✗ Parent/s with mental illness or substance abuse
- ✗ Physical, sexual, neglect or emotional abuse
- ✗ Parental criminality or alcoholism
- ✗ Death and loss



Family

- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Deviant peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships



School

- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services



Community

- ✓ Secure attachment experience
- ✓ Good communication skills
- ✓ Having a belief in control
- ✓ A positive attitude
- ✓ Experiences of success and achievement
- ✓ Capacity to reflect

- ✓ Family harmony and stability
- ✓ Supportive parenting
- ✓ Strong family values
- ✓ Affection
- ✓ Clear, consistent discipline
- ✓ Support for education

- ✓ Positive school climate that enhances belonging and connectedness
- ✓ Clear policies on behaviour and bullying
- ✓ 'Open door' policy for children to raise problems
- ✓ A whole-school approach to promoting good mental health

- ✓ Wider supportive network
- ✓ Good housing
- ✓ High standard of living
- ✓ Opportunities for valued social roles
- ✓ Range of sport/leisure activities

### PROTECTIVE FACTORS

# What is Trauma Informed and Trauma Responsive Practice?

## **Trauma Informed:**

Work at the client, staff, agency, and systems levels from the core principles of trauma awareness, safety, trustworthiness, choice and collaboration and building of strength and skills

## **Trauma Responsive:**

Look behind the behaviour.

What happened to you? not “What is wrong with you” or “Why are you doing/behaving like that?”



# What Did We Do?

- In September 2018, a 12 month pilot in Harpurhey began, testing whether having a workforce who are ACE aware and trauma informed at place level, engages service users/people with lived experience in a different way.

*Does a deeper level of engagement and understanding of the root causes of behaviour, rather than treating 'presenting' behaviours make the current intervention offer work more effectively and lead to better outcomes?*

- The pilot was funded by Our Manchester

# Benefits of a trauma informed approach in Harpurhey

- Changing lives.
- Thinking differently.
- Multi agency engagement.
- Increase in staff wellbeing.
- Tangible impact in sectors including cost savings.

# Where Are We Now?

## **Where Are We Now?**

Building on existing good practice

-Place based approach

-Targeted work with sectors

Be Trauma Responsive

Included in the Manchester Population Health Plan and part of the Covid Recovery Plan

# Health

## **Primary Care**

- GP standards
- Strategy – medical students, prevention, build capacity
- Testing approaches – West Gorton Medical Practice

## **Health Visitors**

- Strength based conversations

## **Midwifery**

- Foundational training facilitated by community matrons

# GM Mental Health

## **GM Mental Health**

- Recovery Academy

## **i-Thrive**

- Arts, culture and mental health

## **Pennine Care**

- GM Resilience Hub



# Art of Resilience

The Art Gallery was a new place where pupils could experience something new and express themselves. Children's feedback showed high levels of enjoyment and many positive emotions. The pupils increased levels of control, confidence, empowerment, identity expression, communication skills, connections, and positive attitudes.



# Education

## **EDUCATION**

- Trauma Informed Schools UK Mental Health Diploma

## **Healthy Schools**

- Training - Behind the Behaviour programme
- Included in mental health training

# Neighbourhoods

## **Multi Agency training in localities**

- Delivering Foundation level ACEs & Trauma Informed Practice Training.

## **Community Responsive Hubs**

- Cheetham & Crumpsall / Wythenshawe / Blackley
- Safe places to be, social connectedness/mindfulness and positive activities. Led by the voluntary sector.

## **Link with M Thrive Hubs**

- North / Central / South
- Driven by CAMHS – drop in offer and referrals from Schools and GPs key partners.

# Manchester City Council

## **HR & OD Development**

- Included in staff induction

## **Internal Team Training**

- All MCC staff to have ACEs & Trauma Informed Training

## **Health Scrutiny – Trauma Informed Lead**

- Cllr & Senior Lead endorsement

## **Manchester Community of Practice Event**

- Networking and sharing Trauma Informed Best Practice event

# Manchester City Council

## **Online Engagement**

### **Social Media Strategy**

- Online comms and engagement about Trauma Informed Services across the City

### **ACEs Best Practice Hub**

- Intranet resources to support staff be Trauma Informed

### **ACEs Newsletter**

- Monthly newsletter to engage stakeholders in the latest information and services on offer



# How are we measuring impact?

## How will we know we've succeeded?

- All MCC staff trained
- Part of induction processes
- Establish Community Hubs
- Implement primary care strategy
- Increase team of champions
- Cost benefit analysis

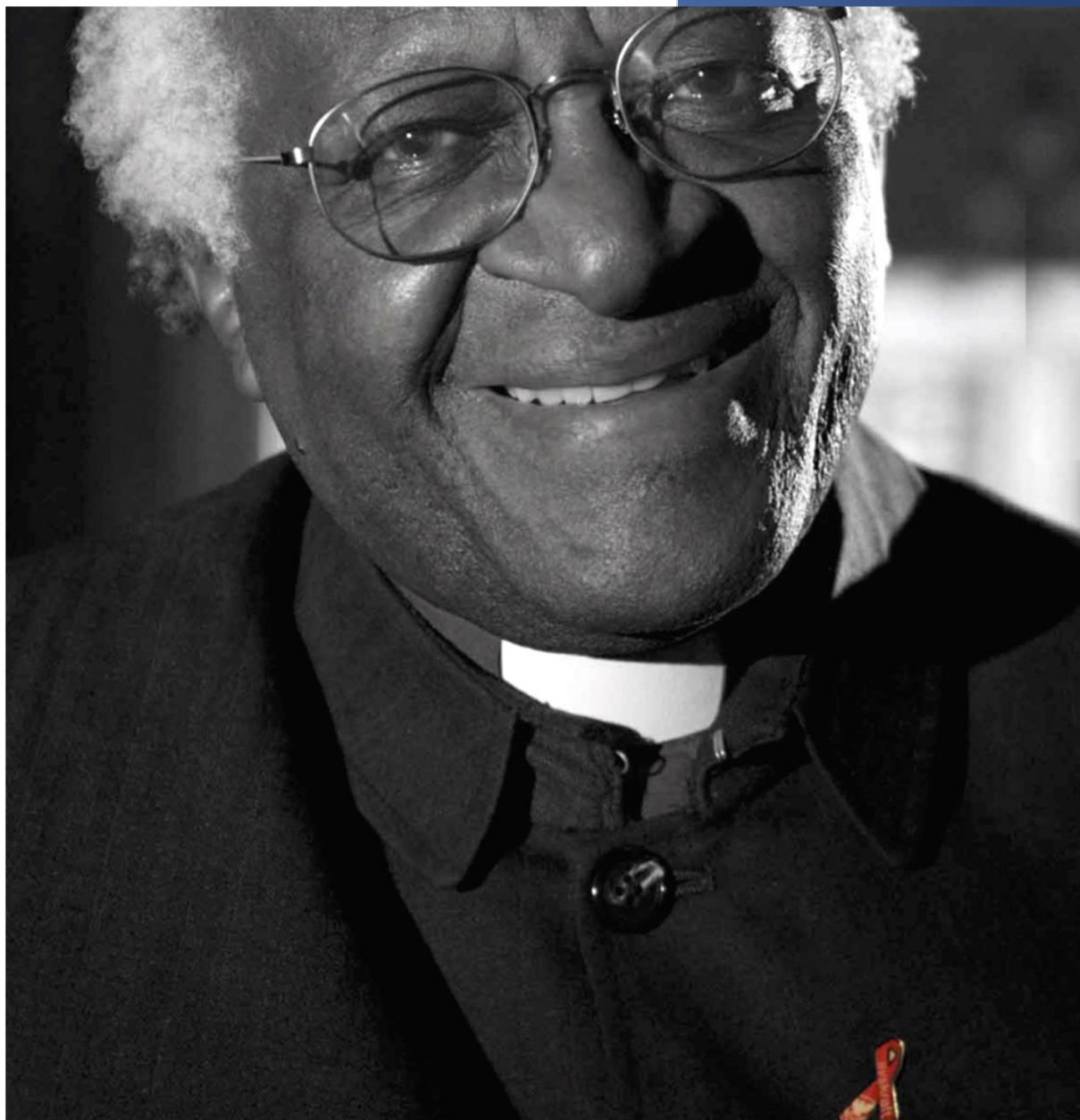
# Summary

- Build capacity across sectors in order to take a multiagency, trauma-informed and responsive approach
- Awareness raising so that all services are better informed to identify those at-risk from adversity
- Early intervention – child and family centred
- Building resilient communities
- Services to be kind and compassionate

Bring our human to work every day.

# Ambition

- Prevention
- Mitigate against what's happening to people
- Improved outcomes for individuals, families and communities
- Manchester to be a Trauma Informed and Trauma Responsive City



“ There comes a point where we need to stop just pulling people out of the river.

We need to go upstream and find out why they're falling in.

– Desmond Tutu