

Manchester's Adverse Childhood Experiences and Trauma Responsive Programme

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Foreword

Adversity and trauma are everyone's business. The evidence around childhood adversity is conclusive and shines a light on what we intrinsically know; that growing up in adversity can be damaging for children and can have life-long impacts. Manchester's journey to being an ACE-aware and trauma responsive city started in 2018 with a pilot project in Harpurhey. The success of the pilot strengthened Manchester's commitment to ensuring that everyone in the city knows what ACEs and trauma is, how they can prevent them and how they can support residents who have experienced them to get the support that they need.

We know that Manchester's residents have some of the worst health outcomes in the country and that health inequalities are increasing. This programme supports the ambitions of the Our Manchester Strategy – Forward to 2025 to improve the city's physical and mental-health outcomes. The programme is also a critical component of Making Manchester Fairer and is integral to approach to tackling health inequalities in the city.

The ambitions and objectives of this programme have been developed in collaboration with approximately 70 partners and organisations across the city. It is our vision that it will be delivered with a range of partners across the city to ensure that it meets the needs of those living with ACEs and trauma. In addition to this collaboration across sectors, involving communities and those with lived experience, to progress our ambition to end adversity for people in Manchester is fundamental to our approach.

Our early life experiences are important for setting us on a path for the future, but this does not mean that our paths are set in stone. We want a Manchester where kindness and compassion in the city will be the norm - supported and promoted by all individuals, families', organisations, business and communities. Everyone will seek to guard against negative or damaging practices that separate people from their traumatic experiences.

The strengthened approach comes at a time when as a city we are more aware of the health inequalities across our population but also completely committed to reducing these inequalities and improving the health and wellbeing of residents.

Cllr Thomas Robinson, Executive Member for Healthy Manchester and Adult Social Care

Foreward

I passionately believe that being ACE aware and trauma informed is something that should be embedded within every element of public services- it should be "everybody's business".

My commitment to and passion for my role as Lead Member for Adverse Childhood Experiences and Trauma Informed Practice stems from both my own personal experiences growing up, and my professional interest.

I have an ACE score of seven, which means I have experienced seven different indicators of childhood trauma; experiences, which without a doubt have shaped my adult life.

I also see the daily impact ACEs and trauma has on the health and wellbeing of people that live in my ward; from school exclusions, to poverty, serious violence, domestic violence, imprisonment; these things have a ripple effect long into adult life.

This is why the work that the team in the Department of Public Health have been doing to spread awareness of ACEs and trauma and to support the city to become trauma responsive is invaluable. I am fully supportive of this approach and behind the continued commitment of the Council in ensuring that this really is, everyone's business.

In recent years Manchester has widened its approach to go beyond the 10 original ACEs and incorporate aspects of adverse community environments that can equally impact people's health. This means we also consider the impact of things such as poverty, discrimination, and systemic racism.

After 13 long years of politically motivated cuts to the public sector and the services that support both adults and children experiencing traumatic life events, the work Manchester are doing has never been more important.

Despite the brilliant efforts of the Public Health Team over the last five years, there is still so much more to do.

We need to expand our training, continue to improve the City's knowledge and understanding of ACE's and trauma informed practice, work harder to include those who are underrepresented by making better links into our communities, our schools, work with our teams around the neighbourhood, enable our voluntary sector to flourish, build on the good practice with education, health, housing and criminal justice and voluntary sector colleagues and ensure that training is mandatory for elected Members and new staff.

The refreshed approach supports these ambitions in a way that is achievable for the City Council; and the support of elected Members and our Senior Leadership Team is key to making Manchester a Trauma Informed City.

Cllr Jade Doswell, Lead Member for Trauma Informed

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1. What are Adverse Childhood Experiences and Trauma?

1.1 Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) describe a wide range of stressful or traumatic experiences that can occur from conception to at least the age of 18. ACEs refer to some of **the most intensive and frequently occurring sources of stress that children may suffer early in life**. When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their ability to think, interact with others and on their learning. Considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being, with negative behaviours often being used unconsciously as protective solutions to unrecognised problems dating back to childhood. The original ACEs study¹ in the late 1990's referred to ten specific categories of exposure including abuse, neglect and household dysfunction e.g., mental illness, absent parent.

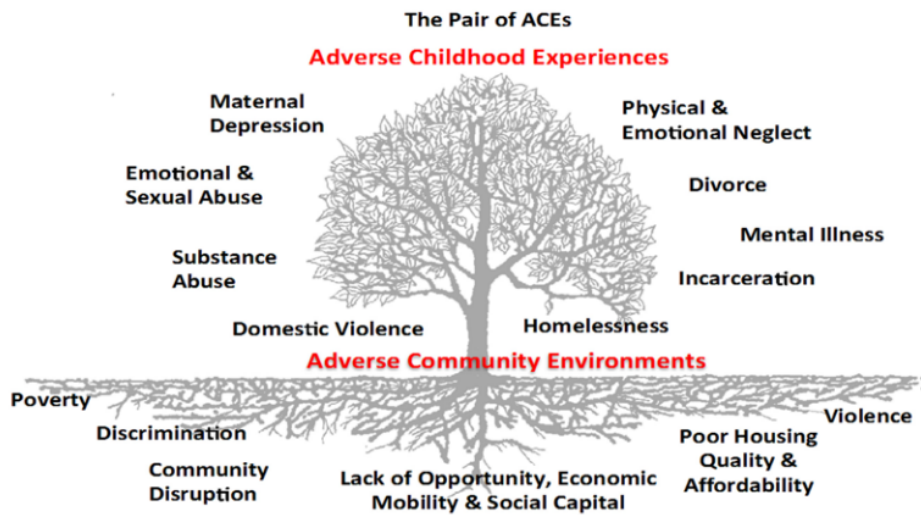
Everyone goes through stress as a child – failing at something we cared about, having to move house or change school, or losing a friend or pet. These experiences help us grow and become resilient. But ACEs and trauma are not something a child can just bounce back from. They are too overwhelming and scary, or they are situations that see a child lacking any real support.

ACEs do not occur in isolation. While ACEs occur across society, they are far more prevalent among those who are poor, isolated or living in deprived circumstances. These social inequalities not only increase the likelihood of ACEs, but also amplify their negative impact². As such it is important to sit adverse experiences alongside **Adverse Community Environments such as poverty, discrimination, poor housing, lack of economic opportunity and social connectedness**. This means that structural inequalities with a focus on the social determinants of health must be addressed for trauma related policies, services and interventions to have any meaningful effect. In addition to adversity in our communities, the impact of the COVID-19 pandemic and associated restrictions has been a trauma for all of us and has exacerbated existing inequalities, particularly in the city of Manchester. By addressing adversity in our society, communities are less likely to experience chronic stress and more likely to have their basic needs met, resulting in lowered adverse childhood experiences and better long-term outcomes.

Figure 1: The Pair of ACEs

¹ [Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults - American Journal of Preventive Medicine \(ajpmonline.org\)](#)

² Early Intervention Foundation. 'Adverse childhood experiences What we know, what we don't know, and what should happen next, Feb 2020.



Source: Ellis, W., Dietz, W. (2017) *A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model*. *Academic Paediatrics*. 17(2017) pp.S86-S93

Work across Manchester to date aims to both prevent ACEs occurring in the first place and to prevent the consequences of ACEs in those that have already experienced them.

1.2 Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of **trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being**³.

Trauma is an inner injury, a lasting rupture or split within the self, due to difficult or hurtful events. By this definition, trauma is primarily what happens within someone as a result of the difficult or hurtful events that befall them; it is not the event themselves. "Trauma is not what happens to but what happens inside of you"⁴. Trauma refers to the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact⁵.

1.3 Why do ACEs and trauma matter?

ACEs are common - **in the UK nearly 50% of people have experienced at least one ACE, with 9% to 12% experiencing 4 or more ACEs**⁶. In addition to this, there is a dose response relationship between ACEs and the development of poor physical, mental and behavioural health. Experiencing 4 or more ACEs is associated with

³ [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/working-definition-of-trauma-informed-practice)

⁴ Gabor Mate, *The Myth of Normal*, 2022.

⁵ UK Trauma Council

⁶ [Overview of ACEs - Adverse Childhood Experiences \(ACEs\) - Children - Population groups - Public Health Scotland](https://www.healthscotland.com/pages/overview-of-aces-adverse-childhood-experiences-aces-children-population-groups-public-health-scotland)

significantly increased risk for 7 out of 10 leading adult causes of death, including heart disease, stroke, cancer, chronic obstructive pulmonary disease (COPD), diabetes, Alzheimer's and suicide.

People who experience multiple ACEs as children often raise their own children in households where adverse childhood experiences are more common. This cycle of childhood adversity can lock generations of families into poor health, educational and behavioural outcomes.

1.4 What can we do?

ACEs and trauma can be both prevented, and the impacts rescued – research has found that a relationship with just one trusted adult during childhood can mitigate the impacts of ACEs on mental and physical well-being. ACEs do not define anyone, and it is never too late to break the cycle of adversity. Kindness and relationships are at the heart of trauma responsive practice and being trauma informed and trauma responsive is recognising that traumatic experiences are a possibility for anyone we meet in our personal and professional lives. This isn't about more referrals or counting ACEs. It's about taking the time to understand what's happened to people, rather than blaming or stereotyping. It's about creating a society and workforce that is compassionate to people. A joined-up community approach can have a significant impact on children facing adversity and trauma. Addressing ACEs and trauma requires a partnership and whole systems approach with multiple interventions across sectors throughout a person's life course.

A trauma responsive approach aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It encourages those who develop and deliver services to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing. The approach recognises that many of those who access a service may have experienced trauma and understands people's experience and behaviour in the context of coping strategies designed to survive adversity and overwhelming circumstances. It looks beyond an individual's presenting behaviours and to ask 'What does this person need?' rather than 'What is wrong with this person?'. Adopting a trauma-responsive approach embeds an understanding of how experiences of trauma can become central to an individual's life course and life outcomes, having a profound negative effect on social outcomes, emotional wellbeing, mental and physical health, along with health-relevant behaviour⁷.

To tackle ACEs and trauma we can:

- Look 'behind the behaviours' and consider what the root cause of the presenting behaviour may be.
- Use protective factors to build resilience e.g., secure attachment, opportunities for positive activities and supportive networks.

⁷ [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

- Adopt a trauma-informed approach with a focus on ‘what happened to you?’ instead of ‘what’s wrong with you?’
- Consider how to apply the core principles of trauma-informed practice: **Safety – Choice – Collaboration – Empowerment – Trust – Cultural Consideration.**

Manchester’s ACE and Trauma Responsive Programme demonstrates the city's commitment to recognise and respond to the importance of ACEs and trauma in determining the future health and wellbeing of Manchester residents.

2. Manchester Context

2.1 Why is this important to people and communities in Manchester?

For many years the health of people in Manchester has generally been worse than the England average across a range of outcome measures, with noticeable differences between the more and the less underserved areas within the city. A worsening of health outcomes in Manchester was starting to become apparent in the years prior to the start of the COVID-19 pandemic in 2020. The pandemic accelerated and reinforced pre-existing inequalities and trends.

- Average life expectancy for a man in the most underserved area in Manchester is 71.9 years for men. This compares to 78.6 years for the least underserved area – a difference of nearly 7 years⁸.
- In Manchester deaths from causes considered preventable are approximately 65% greater than average in Manchester compared to the England average⁹.
- Emergency hospital admissions are 35% higher in Manchester than the average for England¹⁰
- 42% of Year 6 children are overweight or obese, compared to 35.2% in England as a whole¹¹.
- 18% of adults (aged 18+) are current smokers, compared to 13.9% in England as a whole¹².
- The rate of hospital admission episodes for alcohol-related conditions is 775 per 100,000 population in the city, compared to 664 per 100,000 in England¹³.
- In Manchester 26.5% of adults are physically inactive, compared with 22.9% in England¹⁴.

Figure 2: Manchester Index of Multiple Deprivation by Ward, 2019

⁸ Manchester Intelligence Hub

⁹ Public Health England (NHS Digital) and the Office for National Statistics (ONS)

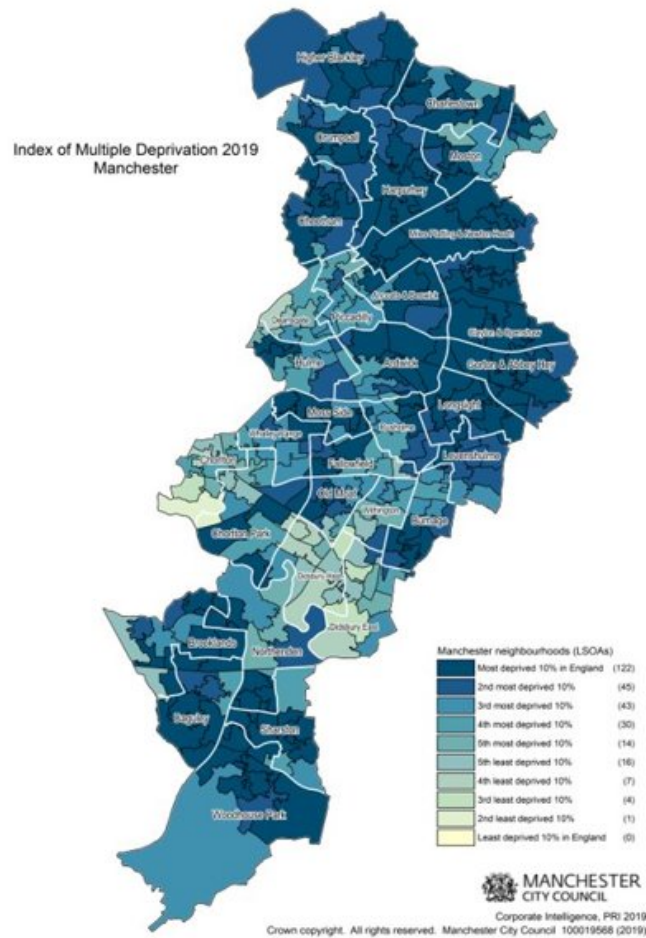
¹⁰ Public Health England (NHS Digital) and the Office for National Statistics (ONS)

¹¹ National Child Measurement Programme, 2019/20)

¹² PHE Local Tobacco Control Profiles, 2019

¹³ PHE Local Alcohol Profiles, 2018/19

¹⁴ PHE Physical Activity data, 2019/20



In addition to the statistics above, COVID-19 mortality rates were 25% higher in Greater Manchester (with Manchester having the highest number of deaths) than in England as a whole. Manchester has experienced particularly damaging longer-term economic, social and health effects from COVID-19 restrictions, which further damaged health and widen inequalities.

In Manchester an estimated 12% of people have 4 or more ACEs - that's roughly 66,000 people¹⁵.

- Mother Treated Violently – 12.1% English ACE prevalence rate, approximately 66,700 people in Manchester
- Parental Separation – 22.6% English ACE prevalence rate, approximately 124,700 people in Manchester
- Substance Abuse– 9.1% (alcohol), 3.9% (drug) English ACE prevalence rate, approximately 50,200 (alcohol), 21,500 (drugs) people in Manchester

¹⁵ 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England'. BMC Medicine 2014; 12: 72. These statistics are based on ACEs prevalence rates and are projections based in Manchester City's population as of the 2021 census. Categories are based on the original ACEs study.

- Relative imprisoned – 4.1% English ACE prevalence rate, approximately 22,600 people in Manchester.
- Mental Illness – 12.1% English ACE prevalence rate, approximately 66,800 people in Manchester
- Emotional Neglect – 23% Welsh ACE prevalence rate, approximately 127,000 people in Manchester
- Physical Neglect – 17% Welsh ACE prevalence rate, approximately 93,800 people in Manchester
- Emotional Abuse – 17.3% English ACE prevalence rate, approximately 95,500 people in Manchester
- Physical Abuse – 14.3% English ACE prevalence rate, approximately 78,400 people in Manchester
- Sexual Abuse – 6.2% English ACE prevalence rate, approximately 34,200 people in Manchester

As highlighted above, adverse community environments such as poverty, discrimination and lack of economic opportunity not only increase the likelihood of ACEs and trauma occurring but also amplify their negative impact. Communities in Manchester are faced with adversities like these every day, as demonstrated below:

- Manchester is ranked as the 6th most deprived local authority in the country in the 2019 index of multiple deprivation (March 2021).
- 44.7% of children aged under 16 in Manchester are living in poverty?, compared to 29% in England as a whole¹⁶
- In their 2021 Achieving Race Equality Report, Greater Manchester Police found that residents of Black and mixed-Black ethnicity in Manchester are 2.5 times more likely to be stopped and searched by police than White residents, while Asian and mixed-Asian ethnicity residents are 1.4 times more likely to be stopped and searched ¹⁷.
- There are 19,900 residents in Manchester who aren't in work due to long-term sickness. That is 21% (one in five) of all unemployed residents and 5% of the entire working age population ¹⁸.

As well as the negative impact that ACEs and trauma can have on health outcomes, they can also have a negative consequence more widely and impact the number of children in care, number of children excluded from school, crime levels and antisocial behaviour.

2.2 What have we done in Manchester to date?

In autumn 2018 a pilot project was co-designed with service leaders, frontline practitioners, and residents in the Harpurhey ward of North Manchester. The strength-based project developed and rolled out multi-agency ACEs and trauma training across

¹⁶ GM Poverty Action [Poverty Monitor 2022: Child Poverty - Greater Manchester Poverty Action \(gmpovertyaction.org\)](https://www.gmpovertyaction.org)

¹⁷ Making Manchester Fairer Plan, [104318 MMF MainDocument v18_Acc v3 \(1\).pdf \(mcc.local\)](#)

¹⁸ Making Manchester Fairer Plan

organisations in the locality. This helped to develop informal networks and improve relationships between individuals resulting in better outcomes for residents. Other outcomes of the pilot were reported as:

- Practitioners thinking differently
- Making a difference to the lives of residents and their communities
- Cost savings - the overall saving to the public purse of working in a trauma responsive way across Harpurhey was £634,000. For each £1 spent, there was a saving of £2.70.

Since the Harpurhey pilot concluded in October 2019, over 4,000 people who live and work in our city have attended a training session on ACEs and trauma informed practice.

There has been a range of sector-based activity covering:

- Education
- Housing
- Children's Services
- Voluntary and community
- Early years
- Arts and culture
- Criminal justice
- Primary Care
- Adult Social Care

Examples of activity include: -

Blackley Community Hub - E-ACT Blackley Academy partnered with North Manchester Mission Community and St Paul's Church in Blackley to provide invaluable support to the community via a trauma responsive community hub. Alongside a range of incredible organisations and agencies, the hub delivers much-needed support and contributes positively to the people of Blackley. The hub offers two days of support and activities to local residents. On Wellbeing Wednesday there are sessions to help local people to find their confidence, power and voice and a gentle health and wellbeing fitness session. On a Thursday a range of organisations set up at the hub including the food pantry, The Bread and Butter Thing the Department for Work and Pension, Citizens Advice, M40 and more. The hub is run by volunteers from the Blackley community, E-ACT Blackley Academy and St Paul's Church, most of whom have faced adversity themselves, and now want to facilitate a space to lift others out of tough situations.

Manchester Art Gallery is delivering 'The Art of Resilience' project which supports small groups of children from 12 Manchester primary schools to work with artists in residence to explore art as a protective factor, along with other factors that mitigate

against trauma and build resilience such as balance, nature, sleep hygiene and relationships.

West Gorton Medical Centre has been on a journey to develop a trauma informed and trauma responsive practice. Initially training on ACEs and trauma informed approaches delivered to the whole practice team, which led to the development of a project to screen the patient population for ACEs. Following this a range of referrals and interventions were developed to support patients such as:

- Referrals to mental health services for talking therapies/ psychology support.
- Information and reading books given out at childhood immunisation appointments to try to improve bonding and attachment with parent/carer
- Employment of a trauma informed yoga therapist
- Proposal to have group consultations on site for patients with persistent pain/ fibromyalgia who have previous adverse experiences.

North Manchester TICTAC (Trauma Informed Care for Trauma Aware Communities) This funded project started in April 2022 and aims to raise awareness of ACEs with the voluntary and community sector and local communities in North Manchester. The project also supports people and communities who have been affected by ACEs and supports them to be trauma aware. In the summer of 2022, the project toured community events with the TICTAC tent offering family and play based activities. Key achievements include:

- Training delivered to VCSE groups including the Jewish Museum, Afro-Caribbean Alliance and Moston based VCSE groups
- Development of a 'trauma informed practice' self-assessment tool for VCSE groups
- Providing TICTAC 'play therapy at home' packs for families affected by ACEs
- Attending school and community events to share information, advice and signposting and to engage residents through activities and an inflatable brain.

2.3 Manchester Strategic Context

The Manchester ACEs and Trauma Responsive Programme both builds on, and supports, the delivery of several existing strategies and areas of work across the city. The breadth of the areas of work that ACEs and trauma both influence and is influenced by is vast, further emphasising the need for a long term, whole system approach across a variety of cross cutting agendas. Some of the key strategies are:

- **Our Manchester – Forward to 2025** - Our Manchester aims to build a safe, happy, healthy and successful future for children and young people by improving physical and mental-health outcomes and ensure good access to integrated health and care services across the city.
- **Making Manchester Fairer – Tackling Health Inequalities in Manchester 2022-27** - Health is a measure of society's success. Improving the lives of all, by

reducing health inequalities, is not only the right and moral thing to do, but it's also key to the long-term future and prosperity of the whole city and its people. Interventions that support individuals can only mitigate to a certain extent – action to address the root causes of health inequalities within society and communities will have a greater effect overall. Making Manchester Fairer is the city's plan and approach to tackling these structural health inequalities with a focus on the social determinants of health.

- **Children and Young People's Plan – Our Manchester, Our Children 2020–2024** - Children and young people matter in Manchester, and it is vital that we invest in the next generation to build a successful, world class city that is full of opportunities.
- **Start Well Strategy** - We are determined that all our children should get the best start in life and to grow up to be safe, happy, healthy, and successful.
- **Early Help Strategy** - The importance of delivering an effective and timely early help offer is vital as it can provide children and young people with the support needed to reach their full potential and improve the quality of their home and family life, enabling them to perform better at school and improve their health.
- **Manchester Inclusion Strategy** – Works across a wide range of multi-agency partners to towards a situation where fixed term and permanent exclusions are only ever used as the very last resort by working in a more coherent way, developing approaches, intervention and support and ensuring that every child and young person is known, understood, supported and thrives.
- **Anti – Poverty Strategy** – Recognises that tackling and ending poverty requires a coordinated and whole system approach, where individuals and organisations act as allies and advocates for people who are the most in need. It is the ambition that the whole of Manchester will work together to reduce poverty and lessen the impact of poverty on our residents.
- **Community Cohesion Strategy** – focuses on bringing people together to get to know and understand each other better, celebrate our rich cultures and diversity and what we have in common. This will lead to increased social interaction, trust, mutual respect and a city that feels more like home for everyone.

In addition to these, trauma is a cross cutting theme which is important in a wide range of policy areas including:

- Child poverty
- Safeguarding
- Early education and care
- Maternal and child health
- Crime and community safety
- Mental health
- Education and attainment
- Adult Social Care

- Homelessness
- Age Friendly Manchester

3. How we developed the revised programme

The development was driven by a small project group with representatives from Manchester Public Health, Reform and Innovation at Manchester City Council and the Manchester Local Care Organisation.

Four main activities were carried out to engage and seek the views of stakeholders and people in the city with lived experience of ACEs and trauma. These were:

1. Stakeholder online survey
2. Stakeholder online workshop
3. One to one stakeholder conversations
4. Focus groups carried out by partners in the community with people with lived experience.

In total over 170 individuals have been engaged in the developing the revised approach.

Key findings included:

- A fifth of respondents had fully incorporated trauma informed approaches into their team or organisations objectives and strategies and just under two thirds had incorporated some aspects for example developed bespoke training for a particular demographic, audits for self-assessment and producing action plans
- Nearly 80% of those who responded stated that implementing a trauma informed approach has had a positive impact on the people they work with including helping them to understand negative thoughts, behaviours and patterns and work through their trauma informally, helping accessing services/programmes and engagement, they have a voice and provide safe spaces
- Organisations wanted us to focus on building community resilience and co-producing projects with residents. They wanted to have more opportunities to learn from others and share best practice
- Respondents wanted us to continue to roll out training across the city and to provide specialist /sector specific training where possible
- Organisations stated that they were committed to further embedding trauma informed approaches within their organisation

A summary of the engagement outcomes can be found on the Manchester Safeguarding Partnership website:

<https://www.manchestersafeguardingpartnership.co.uk/>

4. Vision and Objectives

4.1 Our Vision

Our vision is for Manchester to be on the way to becoming an ACE-aware, trauma informed and trauma responsive city by 2027. A city with a co-ordinated approach to reducing exposure to ACEs, where all practitioners work with residents to prevent or mitigate the consequences of trauma; helping children, families, and communities to build resilience; and improve outcomes for residents by working in a trauma responsive way.

In order to achieve our vision, a long-term transformational approach is needed by all businesses, services and organisations to impact outcomes for residents and communities. This will require change at individual level and in organisational culture. The city is committed to developing a whole systems approach achieved by organisations working in a coordinated and collaborative way to change the culture of the city.

The aim of this whole-systems approach will be to:

- Prevent children from experiencing and being impacted by ACEs and trauma
- Support and build resilience for communities, families, individuals and children against the potential impact of adversity and trauma and to break the cycle of generational trauma
- Recognise the impact that ACEs and trauma has on children and adults and help them to receive support to reduce their negative impacts and to improve their well being

4.2 What will an ACE-aware, trauma informed, and trauma responsive Manchester look like?

Kindness and compassion in the city will be the norm - supported and promoted by all individuals, families, organisations, businesses and communities. Everyone will seek to guard against negative or damaging practices.

Manchester will be a place where everyone understands how childhood can shape a life course and how what we experience impacts our future health and wellbeing and our ability to thrive, as both individuals and communities.

There will be an understanding that trauma and adversity can affect anyone regardless of where they live, their race or religion, background or age and that adversity experienced during childhood can manifest at any time in life. But we will also know that people who are raised and live in underserved communities will face greatest

challenges, both in terms of the adversities that they experience and in accessing those services that can help them the most. Consequently, these people will be impacted by the worst health outcomes.

All organisations, businesses and residents in the city will be ACE and trauma aware but those organisations and individuals who have a responsibility for supporting our residents and communities will have a much deeper level of knowledge and understanding which will be demonstrated every day in their values and beliefs.

There will be a recognition that people may experience a complex journey in their response to, or when, overcoming trauma and adversity and that this may not be linear. By working through a trauma lens, services will help people to feel connected, valued and safe. People will feel supported and listened to on their journey to healing from their trauma no matter how simple, complex, short or long that may be instead of being blamed. There will be a focus on building person focused, strength based and inclusive relationships, moving away from the expert / service user approach

4.3 Objectives

These objectives will be the focus of our work over the next five years;

1. Create ACE-aware, trauma informed, trauma responsive and resilient communities

We will work with partners to support and enable the development of trauma responsive community hubs in every neighbourhood.

Work with existing models, opportunities and activities happening in the city to build resilient communities.

2. Make sure people with lived experience of adversity and trauma have a voice

We will work innovatively and flexibly with individuals, families and communities who have experienced adversity and trauma to co-produce approaches, services and projects that are ACE aware, and trauma informed.

We will work with 'Expert by Experience' groups across the city to co-design and co-produce training content, resources, projects and feed into the governance structures.

3. Support organisations across the city to embed ACEs and trauma informed approaches into their everyday practice

We will increase city-wide knowledge and understanding of ACEs and trauma by rolling out sector specific training.

We will support organisations to become trauma responsive by adopting trauma responsive approaches and policies and develop appropriate referral pathways.

We will work with organisations to establish ways to support the wellbeing of their staff and service users.

We will develop and test models of supervision.

We will build strong ACE and trauma partnerships and networks by establishing knowledge sharing and network opportunities and supporting organisations to work collaboratively.

4. Develop a range of approaches to measure the impact of the programme and ACEs and trauma activity in the city and ensure that practice is evidence based.

We will work with partners to measure the impact of our work with communities including developing a meaningful measure of community resilience.

We will work with partners and stakeholders to develop a range of different approaches to measure the impact of their ACEs and trauma work

We will co-develop sector specific guidance and resources to measuring impact.

We will work with Greater Manchester to develop a system level approach to measuring impact.

5. Ensure that equality, diversity and inclusion are central to our approach

We will work with partners to actively engage those from underrepresented groups who may have experienced adversity or trauma based on their specific characteristics such as race, disability, sexual orientation or due to their culture, religion or community environment.

5. How will we measure success?

Quantifying and measuring what affects people's health and life outcomes is not easy due to the complexity of people's lives and the environments that they live in. As such it is not easy to measure the impact of being ACE aware and trauma informed on the whole of the city. Approaches will be different in each sector and community of the city. Despite this we are committed to gaining a better understanding of how this work is impacting people's lives in Manchester and supporting the organisations in the city to better understand the effect of the services on residents. As such we will work to develop a range of tools and approaches to measuring the impact of this work including:

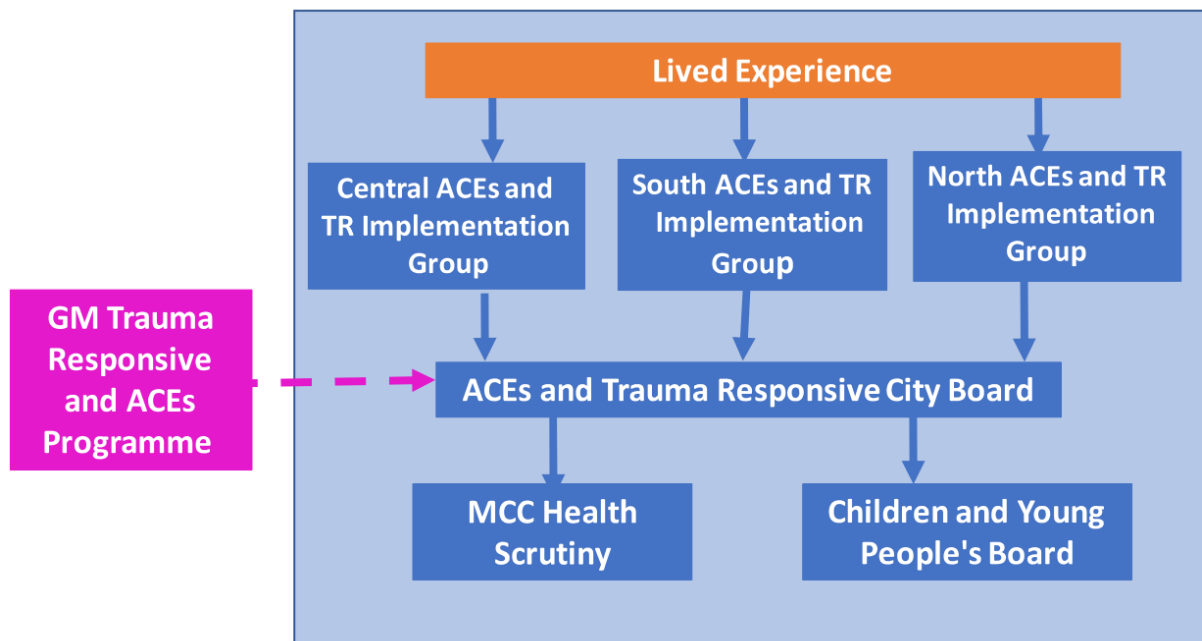
1. Working with partners to develop an outcome's framework which includes a measure of community resilience
2. Carrying out cost benefit analysis – both individual case studies and system wide

3. Developing sector specific guidance on measuring impact covering both organisational culture change and benefits for service users. This will also include tools to support organisations.
4. Measuring the impacts of our trauma responsive community hubs.
5. Developing a range of trauma specific measures such as impact of training, impact of trauma responsive services
6. Producing case studies to share good practice.

6. Governance

The delivery of the ACEs and Trauma Responsive Programme will be steered by lived experience – both residents and staff from a range of organisations across the city. Three ACE and Trauma Responsive Implementation groups covering the North, South and Central localities of the city will provide support and influence the ACEs and Trauma Responsive City Board. This will consist of the programme lead, project manager, lead member, and representatives from the Lived Experience and Implementation groups. The board will report directly to both Manchester City Council Health Scrutiny and the Children and Young People’s Board. There will be strategic and delivery links established with the GM Trauma Responsive and ACEs Programme as well as a range of different strategies and work programmes across the city.

Figure 3: Manchester ACEs and Trauma Governance Structure



With thanks to all our partners for their help and support in developing this approach, and supporting the ACEs and trauma work across the city.

4CT Limited
84YOUTH
Abraham Moss Community School
Adoption counts
Adoption support team
Afghan Resettlement and Ukraine Response Team
Afrocats
All Saints Primary
Armitage Primary School
Barnardos
Big Life group
Big Manchester
Breakthrough UK
Bridgelea
Briscoe Lane Primary
Bridging the Gap (Manchester)
Brighter Sound
Burnage Boys Academy
Caribbean and African Health Network (CAHN)
Catalyst Psychology CIC
CCG Safeguarding
CGL Eclipse
Charlestown Primary
Change, Grow, Live (CGL)
Children and Young People Services (CYPS)
Chorlton C of E primary
City of Sanctuary
Community safeguarding children team
Community Safeguarding Team: Named Nurses and Senior Specialist Nurses for Children
Community Safety
Community Support
Complex Safeguarding Hub / COM / Police
Coop Academy North Manchester
Coop New Islington
Corporate Safeguarding Team
Corpus Christi Academy Trust
Dad Matters
De Paul
Dignifi
District Homes Housing Association
DST
E-ACT Academy

Early Break
Endeavour Federation
EYFS
Gaddum
Greater Manchester Immigration Aid Unit
Greater Manchester Mental Health Trust
Greater Manchester Police
Greater Manchester Rape Crisis
Greater Manchester Resilience Hub
Greater Manchester Violence Reduction Unit
Greater Manchester Universities Student Mental Health Service
Healthy Schools
Healthy Weight Team
Holy Trinity School
Homelessness Services - Accommodation & Support
Housing operations
Inclusion team/safeguarding
Integrated Care
Kazzum Arts
Levenshulme High for Girls
Lily Lane primary
Manchester Adult Social Care
Manchester Art Gallery
Manchester City Council elected members
Manchester Foundation Trust
Manchester Health and Care Commissioning (MHCC)
Manchester Homeless service
Manchester Housing Operations
Manchester Integrated Care (formerly CCG)
Manchester Local Care Organisation
Manchester Mind
Manchester North and South PDUs
Manchester Refugee Support Network
Manchester South Central Food Bank
Manchester University NHS Foundation Trust
Manchester Vineyard
Manchester Women's Aid
Manchester Youth Zone
Martenscroft Centre Nursery Schools and Sure Start Children's Centre
MASH
MEA CENTRAL
M-Thrive
Neighbourhood Teams
Newall Green Primary School
NHS CAMHS
No 93 Wellbeing Centre

Oasis Academy Aspinal Primary School
Oasis Academy Harpur Mount Primary School
Odd Arts
Old Hall Drive Primary
One Manchester
Oswald Road Primary School
Our Ladys Secondary
Our Manchester Food Partnership
Out There
Outreach Team
Pakistani Sounding Board
Pankhurst Trust (incorporating Manchester Women's Aid)
Parent and infant service
People First Housing Association
Plymouth Grove primary
Probation Service
Proud 2b Parents
Rent & money advice team
Rushbrook Academy Primary
Saviour CofE Primary
SeNCO
St Matthew's RC High School
Seymour Road Primary
SimplyInnerWorks CIC
Street Games
Student Support
Southway Housing
Supported Housing
The Big Life Group
The church of the Apostles with St Cuthbert Miles Platting
The Hive (SEND team)
The Manchester College
The Melissus Project
The Resonance Centre
The social Super Market @ Apostles
Tiddlywinks Nursery
TMC School
Trafford Care for Children Health Team
Training Academy
UCEN Manchester
Unity Community Primary School
Virtual School Team
Wai Yin Society
West Gorton Medical Centre
Wilbraham Primary School
Wise Owl Trust

YPAC
Youth Justice
Z-Arts

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For further detail on activity in Manchester please visit

Manchester Safeguarding

<https://www.manchestersafeguardingpartnership.co.uk/resource/adverse-childhood-experiences-aces-resources-for-practitioners/>

Greater Manchester Violence Reduction Unit [Homepage - Greater Manchester Violence Reduction Unit \(gmvrु.co.uk\)](http://gmvrु.co.uk)

Trauma Responsive Greater Manchester [Trauma Responsive Greater Manchester \(trgm.co.uk\)](http://trgm.co.uk)

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