

Appendix 2: Adverse Childhood Experiences (ACEs) and Trauma Responsive

Programme Refresh: Engagement Analysis

1.0 Survey

1.1 Background

In order to engage a wide audience of partners and stakeholders in the refresh, an online survey was developed. The survey was promoted to partners and stakeholders via a direct email, hosted on the Manchester City Council (MCC) website, promoted on MCCs Facebook and twitter pages and circulated to the individuals who attended a workshop, also held as part of the consultation process (see section 2). It was hosted on the Councils website between June and August 2022. The survey was completed by 101 individuals from 69 organisations. A full list of the organisations represented can be found in appendix 1.

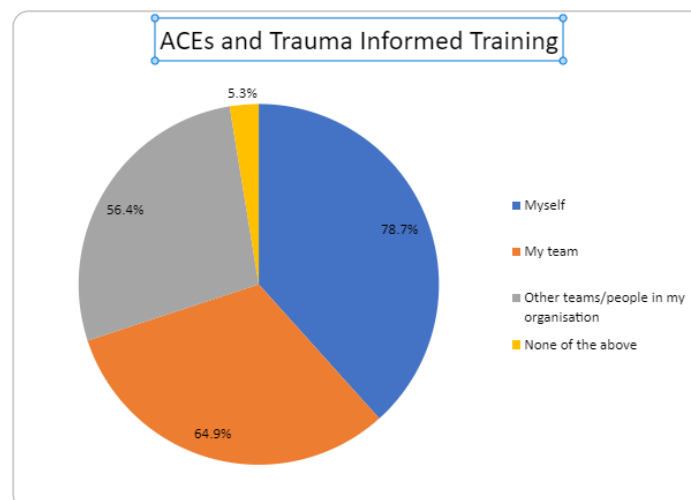
The survey asked a range of questions covering:

- Training
- Level of knowledge of ACEs in organisation and how this has been incorporated
- The impact of ACEs work on their organisation and clients
- Successes
- Future aims and objectives and resources require to achieve this
- Impact of COVID

1.2 Analysis of Survey

The vast majority (78.7%) of people responding to the survey stated that they had received training in ACEs and 64.9% of those completing the survey stated that their team had also received ACEs training (N.B respondents could tick multiple responses). Only a very small percentage (5.3%) had not received any training.

Chart 1: ACEs and Trauma Informed Training

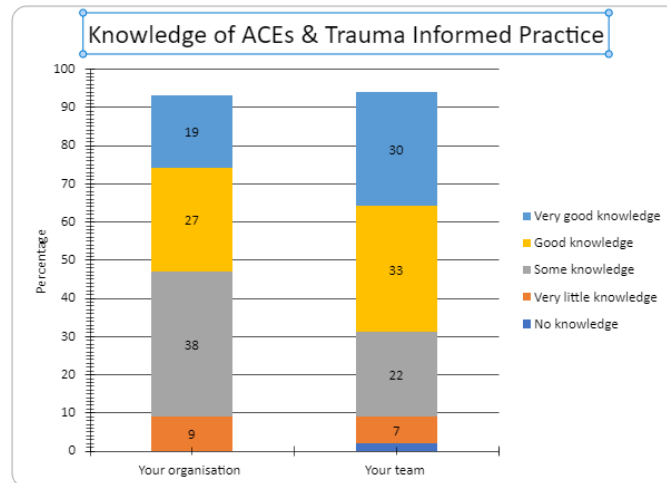


Nearly a third (32.6%) of responders completed their training with someone from Manchester City Council and 15.7% were trained by someone in their own

organisation. 42.7% were trained by someone else such as Thrive Manchester, the University of Manchester and 42nd Street.

When asked what the level of ACEs and TI knowledge or understanding was in both their team and their organisation it was found that their teams had the greater knowledge, as show in the chart below.

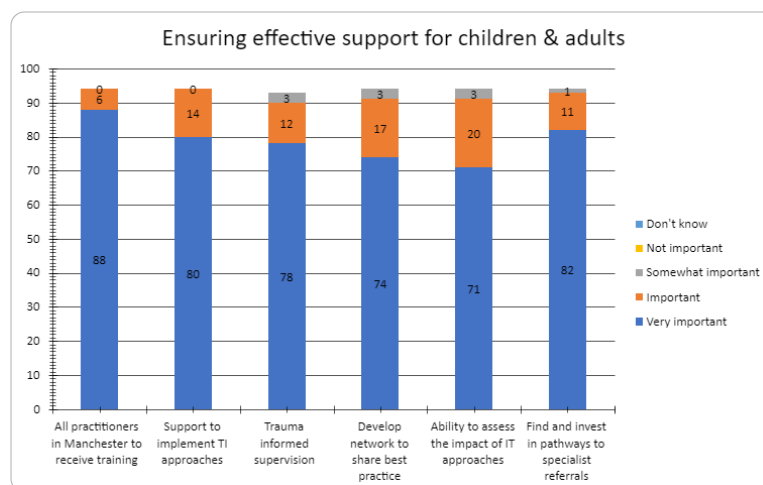
Chart 2: Knowledge of ACEs and Trauma Informed Practice



Stakeholders were asked how they thought that the city could effectively support children and adults in Manchester and were provided with a range of possible options. Participants thought that all the options were important but the most important were:

- That all practitioners receive ACEs and TI training
- Find and invest in pathways to specialist referrals
- Support to implement TI approaches

Chart 3: How can we ensure effective support for children and adults in Manchester



Participant were asked if ACEs and TI practice had been incorporated into their team or organisations objectives and strategies. 21.3% stated that they were fully incorporated and 62.7% had incorporated some aspects. 13.% had not incorporated

ACEs and TI practices into their objectives or strategies but had planned to do so. The remaining 3.2% has no plans to do so.

Organisations highlighted the steps they have taken to incorporate ACEs and TI practice into their work. These are listed below:

- Develop bespoke training for a particular demographic e.g., serious youth violence
- Organisation TI & ACEs audit for self-assessment
- Produce action plans
- Trauma Awareness Lead appointed
- Developed comprehensive staff support offer / supervision
- Attending national and international events and conferences to learn from best practice
- Established an ACEs panel
- Develop / implement TI strategies / policies / procedure and embed clear approach across organisation

Over two thirds of respondents (77.9%) stated that implementing a TI approach has had a positive impact on the people they work with. The remaining 22.1% stated that they did not know what impact their work had had.

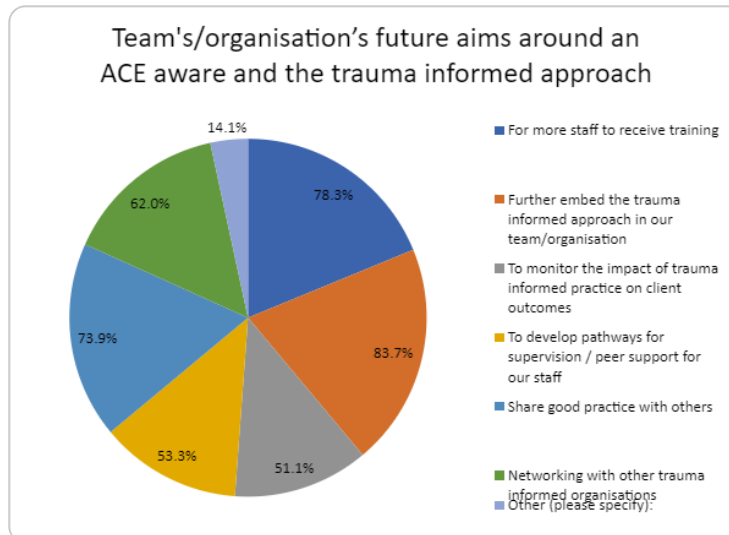
The comments received from participants regarding the impact this work has had on their clients is summarised below:

- Helps them to understand negative thoughts, behaviours and patterns and work through their trauma informally e.g., not via counselling
- Helps with them accessing services/programmes and engagement
- They have a voice
- Raise awareness and knowledge of the impact of trauma on their lives
- Provide safe spaces
- Better meet our clients' needs
- Build trust as we are working with clients
- Able to provide better services to clients
- A more person-centred approach
- Provide better support
- We try and prevent any further trauma to our clients by the way that we speak and interact with them
- Have a closer relationship
- We are able to look behind the behaviours
- Improvement in results (schools)
- More empathy and kindness

When asked what their team/organisations future approach was around this agenda, 83.7% of respondents stated that they wanted to further embed TI approaches within their organisation. This was followed by 78.3% stating that they wanted more staff to receive training and 73.9% of respondents stating sharing good practice with

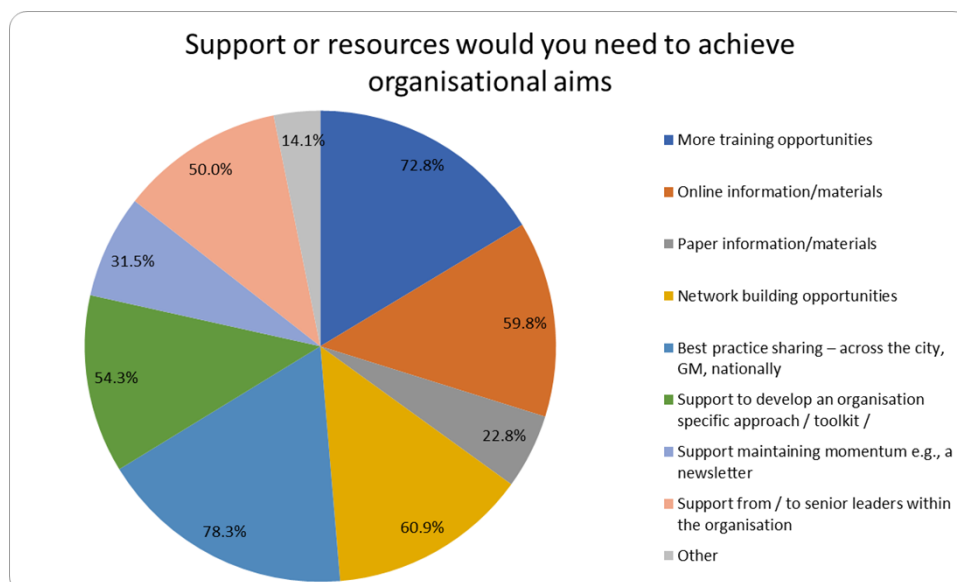
others. A lower percentage of respondents planned to develop pathways for staff supervision (53.3%) or monitor the impact on clients (51.1%).

Chart 4: Team / organisation future aims around and ACE aware and trauma informed approach



When asked what support or resources organisations would need to achieve their aims the largest response was best practice sharing (78.3%) followed by 72.8% of people stating more training opportunities. Other options that received a high response were network building opportunities (60.9%), online information and materials (59.8%) and support to develop an organisaiton specific approach (54.3%).

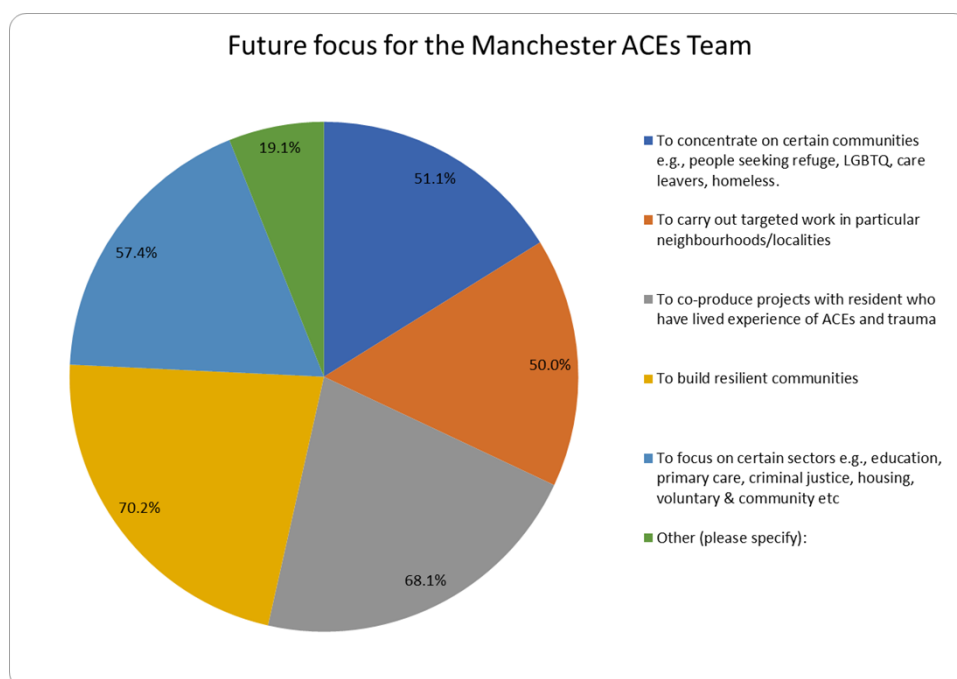
Chart 5: Support or resources needed to achieve organisational aims



Respondents were asked what support or resources they would need to achieve their organisational goals (chart 5). Best practice sharing (78.3%) and more training opportunities (72.8%) received the highest number of responses. This was followed

by networking opportunities (60.9%), online information / materials (59.8%) and support to develop an organisation specific approach (54.3%).

Chart 6: Future Focus of the Manchester ACEs Team



The chart above shows what respondents thought the future focus of the Manchester ACEs team should be. Participants thought that building resilient communities (70.2%) and co-producing projects with residents (68.1%).

The majority (87.9%) of respondents stated that COVID-19 pandemic had at least some impact in their work to incorporate ACEs and TI practice into their work. This was both positive and negative and examples are provided below:

Table 1: Impact of COVID-29 Pandemic

Positive	Negative
Able to access more training opportunities via increased online provision	Isolation re-traumatized people and made people less resilient
Support methods adapted and strengthened	Increased the safeguarding risk to children and families
It has never been more important to have a trauma responsive approach	We couldn't access ACEs training
It was the catalyst for some work/projects or the signal to carry some work on	Slowed progress of work in this area
ACEs training provided us with good knowledge and understanding so we could better support people when COVID hit	The lasting impact of COVID-19 on communities

COVID changed the ethos of schools – more caring	Increased trauma felt by society
Practitioners became more aware of the wider context of people's lives during the pandemic	Increasing demand for services has been ongoing
Some essential initiatives e.g., Neighbourhood and Food response, demonstrated potential for people working together	Lost momentum, opportunities and resources focused elsewhere
	Impact on staff suffering trauma and overload

2.0 Engagement Workshop

2.1 Background

An engagement workshop was held on 15th July 2022 and was attended by approximately 60 individuals from across the city. The workshop provided participants with an introduction to ACEs and the purpose of the session, some case studies provided by organisation in the city that had implemented an ACE aware and TI approach. Participants were then asked in breakout sessions to provide their thoughts on four topics listed below:

1. What does Community Resilience mean to you in the context of ACEs & Trauma?
2. Should we deliver the ACEs & Trauma Informed Practice strategy with a per locality focus or per sector focus?
3. How can we co-produce projects with residents?
4. How can we evaluate, and evidence impact of ACE awareness and Trauma Informed Practice across localities and sectors?

2.2. Outcomes

A summary of the outcomes of these discussions can be found in the table below:

Table 2: Summary of Workshop Outcomes

Community Resilience	Locality vs Sector Focus	Co-producing projects with partners	Evaluate & evidence ACEs & TI practice in Mcr
Empowerment and self-empowerment - communities have the ability to support themselves	Focus on both	Be involved from the start	Create a common template & create evaluation principles

Connection, coming together, bring people together	Communities mean different things to different people e.g., a school is a community	Be involved in everything e.g., bids/tenders/service design/training development	Use existing data e.g., schools have attendance, attainment, behaviour etc
Community assets	Different organisations might need different approaches	Organisations to be transparent with clients / residents	Capture case studies
Diversity/identity - holistic approach to individual / recognise everyone is unique. Build on people's strengths and value differences	Dual approach which is both bottom up and top down - City wide framework with themes underneath that link together e.g., sectors/organisations/place/type of trauma and start with key/essential individual orgs/communities to refine approach before expanding	Provide ACEs/TI training to residents	Self-evaluation of staff who have received training and deliver practice e.g., confidence levels. Follow up on impact of training months/year later
Raise awareness of/recognise ACEs	Share approaches to encourage consistency and learning. Improve networking across Manchester	Build trust, raise awareness, use shared language	Strength based
Cyclical investment - individuals who receive support go on to support others			

Appendix 1: Organisation Completing the Survey

84YOUTH
4CT Limited
Abraham Moss Community School
Adoption counts
Back on Track
Barnardos
Big Life group
Bridging the Gap (Manchester)
Catalyst Psychology CIC
CGL Eclipse
Change Grow Live
Chorlton C of E primary
Coop
Coop Academy North Manchester
Coop New Islington
Martenscroft Centre Nursery Schools and Sure Start Children's Centre
Dignifi
District Homes Housing Association
E-act
Early Break
Endeavour Federation
Gaddum
GMMH
GMP
Greater Manchester Immigration Aid Unit
Greater Manchester Mental Health Trust
Greater Manchester Police
Greater Manchester Rape Crisis
Holy Trinity
Housing operations
Jinnett Lunt
LCO
Lily lane primary
Manchester City Council
Manchester Foundation Trust
Manchester Homeless service
Manchester Integrated Care (formerly CCG)
Manchester Mind
Manchester University NHS Foundation Trust
Manchester Vineyard
Manchester Women's Aid
MASH
MEA CENTRAL
Manchester Health and Care Commissioning (MHCC)
Manchester Local Care Organisation
Newall Green Primary School
NHS
NHS CAMHS

Oasis Academy Harpur Mount
One Manchester
Oswald Road Primary School
Pankhurst Trust (incorporating Manchester Women's Aid)
Parent
People First Housing Association
Primary school
Primary school based in Manchester
Probation Service
Rushbrook Primary
SMBC
St Matthew's RC High School
Street Games
The Big Life Group
The church of the Apostles with St Cuthbert Miles Platting
The Manchester College
The Melissus Project
Thrive Manchester
Tiddlywinks Nursery
UCEN Manchester
West Gorton Medical Practice
Youth Justice