

Strategy Document

# ACE-aware and trauma- informed city

Manchester 2019–25



MANCHESTER  
CITY COUNCIL

• Our Manchester •

# Objectives

## 1. All practitioners working in Manchester to be trauma-informed and able to apply an ACE lens to ensure their practice is informed by trauma

We will deliver four training packages mapped against the four levels of practice outlined in Transforming Psychological Trauma – a knowledge and skills framework for the Scottish workforce. The levels are:

- **Trauma-informed** – a requirement for all staff.
- **Trauma-skilled** – a requirement for staff who have direct and/or substantial contact with individuals (children and adults) who may be affected by traumatic events, whether or not trauma is known about.
- **Trauma-enhanced** – a requirement for staff who have more regular and intense contact with individuals (children and adults) known to be affected by traumatic events, and who provide specific supports or interventions.
- **Trauma-specialist** – a requirement for staff who play a specialist role in directly providing evidence-based psychological interventions, therapies or consultation for individuals affected by traumatic events; and/or in leading in the development of trauma-specific services.

## 2. Support the workforce to implement trauma informed approaches into daily practice

Unify the tools, interventions and processes that support the use of the ACE lens, and make them accessible to practitioners across Manchester. This could involve investment in a secondary training model and/or Trauma Informed Educator specialist role(s) that will enable practitioners who need additional support to apply the learning to practice, together with developing sector and case-specific solutions in their service.

## 3. Implement an approved model of trauma-informed supervision to support the health and wellbeing of the workforce working with people of all ages

Work with our partners to co-design and test a sustainable supervision model to support the health and wellbeing of the workforce, with a particular focus on vicarious trauma. This will be something that can be implemented by any trauma-informed practitioner and involve conversation tools, peer support group networks and referral pathways.



#### **4. Maintain and grow a robust network of connections to ensure that Manchester uses emerging research and practice to be at the cutting edge of trauma-informed approaches**

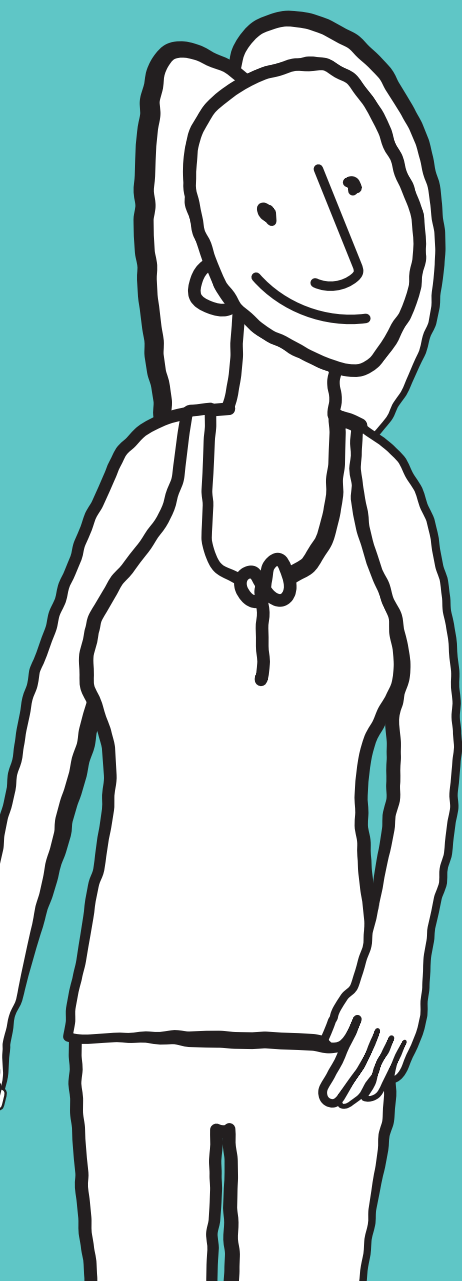
Continue to be part of the Manchester i-Thrive, Greater Manchester (GM) i-Thrive and i-Network communities to influence activity across Greater Manchester. Through links with the Wave Trust, Manchester to be part of a European network of trauma-informed cities.

#### **5. Retain the focus on producing intelligence and evidence-based practice, and assess the impact of activity**

Continue to monitor and share local data and case studies to demonstrate impact. We will generate an evidence base that will allow for informed decision-making on strategy and actions as we expand our activity across the city. It will also allow for the work to be innovative and evolve based on emerging need. This will move into two spaces: high-level performance analysis, and more in-depth bespoke research pieces.

#### **6. Explore and invest in pathways to specialist referral**

Ensure specialist mental health service provision and other relevant support is available for residents who need additional specialist support following ACE and trauma-informed conversations. This will include mapping existing provision and pathways, together with identification of where the gaps are and discussion with partners about funding options.



## Context

A 12-month place-based pilot was delivered in Harpurhey, north Manchester to test whether development of an ACE-aware, trauma-informed workforce allows for engagement with service users/people with lived ACEs on a deeper level. This led to more effective interventions and better outcomes for the individual, family and community.

As a result of the project being received positively and starting to evidence impact, this approach and way of working is being extended to other areas of the city. An agreed partnership funding model is in place, with contributions from Manchester Health and Care Commissioning (Population Health and Mental Health Commissioning), Manchester City Council (Adult Social Care and Children's

Services) and Manchester Local Care Organisation. This has been committed until April 2020 initially, with further funding to be secured depending on continued positive evaluation.

It is proposed that activity in year 1 focuses on the following neighbourhoods:

- Higher Blackley, Harpurhey and Charlestown
- Cheetham and Crumpsall
- Wythenshawe (Brooklands and Northenden)
- Wythenshawe (Baguley, Sharston and Woodhouse Park).

This is not to preclude other areas of the city. Where resources allow, activity will take place in other areas to build momentum for future work. Our long-term plan is to work with all the above neighbourhoods in Manchester over the coming years, funding permitting.

## For further information

**Gareth Nixon, Project Manager**

[gareth.nixon@manchester.gov.uk](mailto:gareth.nixon@manchester.gov.uk)

**Daniel Unsworth,  
Senior Researcher**

[daniel.unsworth@manchester.gov.uk](mailto:daniel.unsworth@manchester.gov.uk)

