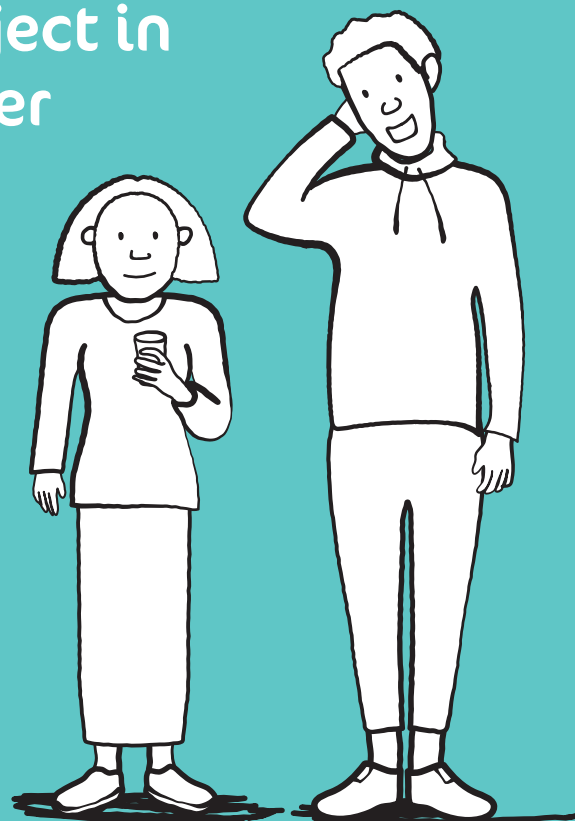
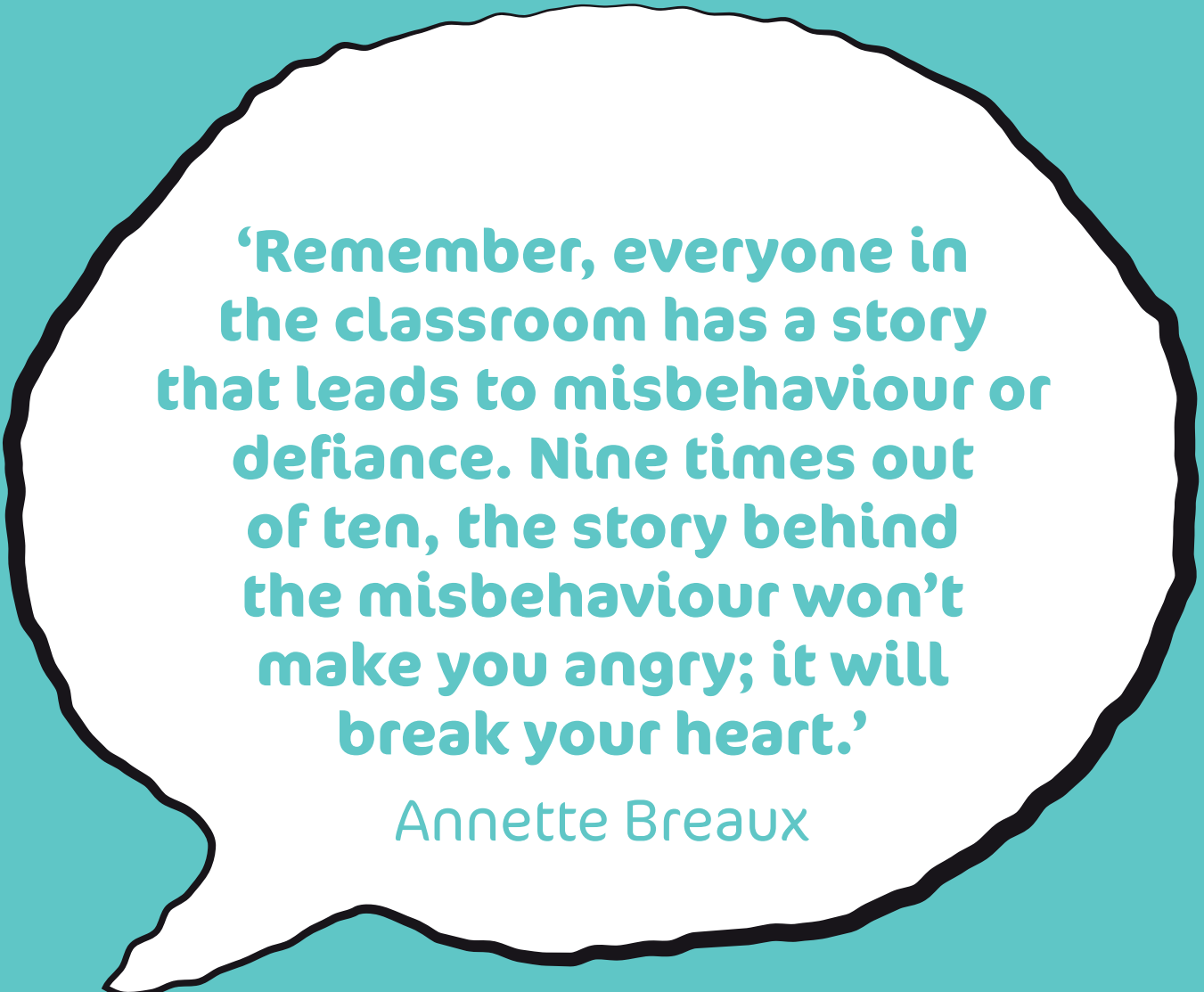


Evaluation Summary

Does having a trauma-informed workforce at place level improve outcomes for local residents?

A place-based research project in Harpurhey, north Manchester





‘Remember, everyone in the classroom has a story that leads to misbehaviour or defiance. Nine times out of ten, the story behind the misbehaviour won’t make you angry; it will break your heart.’

Annette Breaux

Preface

It is important to express our gratitude to those who have been involved in the Adverse Childhood Experiences (ACEs) and trauma-informed work in Harpurhey. It has been the dynamic partnership of organisational leaders, local services, practitioners, volunteers and residents that fostered brave new approaches to form the valuable substance in our ACEs and trauma-informed movement.

The incredible work done across the neighbourhood underpins this evaluation's findings and conclusions. Unfortunately, it would be impossible to highlight what has been done in its entirety, and only a small proportion of the overall work could be included in this

evaluation. Therefore, it is crucial to reiterate that these findings have been driven by the community partnership, without which, none of this would have been possible.

We often talk about an old African proverb that says it takes an entire village to raise a child. The unified effort in Harpurhey typifies this, and we hope it will demonstrate a new pathway for the rest of the city to follow in future service delivery.

Daniel Unsworth, Author

Senior Public Intelligence Researcher
Manchester City Council

“

In my 20-plus years as an elected member for Harpurhey, I have seen residents and communities facing many challenges. I have also seen many approaches come and go seeking to address those challenges. One thing has always been the same: we spend an incredible amount of our time focusing on the presenting behaviours of individuals. This makes it difficult to truly comprehend why people behave the way they do and ultimately break the endemic cycles of deprivation that plague areas of our city.



I'm very excited about the Adverse Childhood Experiences Model we have been working on in Harpurhey, which has been tackling the presenting behaviour of individuals through understanding the root cause at a fundamental level. We are already seeing a demonstrable impact and actual savings to the public purse through preventing those starting to struggle from reaching crisis point in the future. ”

Councillor Joanne Green,

Harpurhey Ward, Manchester City Council

Introduction

This document has been designed to outline the research and evaluation of the Pilot Adverse Childhood Experiences Project in Harpurhey. By doing so we will aim to illustrate the extent to which the investment and activities have logically led to improved outcomes for residents.

A realist evaluation

Pawson and Tilley introduced the idea of a 'realist' evaluation in 1997.¹ Basing their method in theory-driven evaluation, they aimed to introduce a new definition of 'programme theory'. This means understanding and focusing on the relationship of how inputs and activities can contribute towards outcomes and impacts.² Where a traditional theory-based evaluation might ask the questions 'what worked?' or 'does this work?',³ this evaluation will follow Pawson and Tilley's strategy by aiming to answer how and why this intervention might or might not work, as well as who it might work for, to what extent, in what circumstances, and over what duration of time.

These elements will be summarised in the evaluation conclusion at the end of the document. That section will aim to explicitly isolate where the ACEs project works and doesn't work, so that practitioners through to strategic leaders will be better equipped to adapt these findings into their working contexts. Before that, this evaluation will demonstrate the causation and attribution of what happened within this work.

1. Pawson, R. and Tilley, N. (1997). *'Realistic Evaluation'*. Sage Publications.

2. Westhorp, G. (2014). *'Realist Impact Evaluation: An Introduction'*. Methods Lab Publications. Overseas Development Institute.

3. Office of Development Effectiveness. (2012). *'Impact Evaluation: A Discussion Paper for AusAID Practitioners'*. Canberra: AusAID.

The evaluation question and project high-level goal

From the beginning, the ACEs project in Harpurhey had a clearly defined evaluation question and high-level aim. The funding and resources had been contributed specifically to understand:

'Does having a trauma-informed workforce at a place level make a difference to the capacity to engage on a deeper level, and generate superior outcomes for the service users they are working with?'

A logic model outlines how an investment in a project correlates to predefined activities that in turn realise change through specific outputs, outcomes and, eventually, impacts. This document will work through the Harpurhey ACEs logic model to evidence exactly what has been implemented, and then, as a result of what has been implemented, what changed.



*Did we successfully develop a **trauma-informed workforce**?*



*Does a focus on adversity and trauma **generate better outcomes for residents**?*

In other words, the goal of the project was, first, to develop a 'trauma-informed workforce' at a place level, and then to understand the impact this had on residents. To help illustrate how the programme aimed to answer this question, a logic model was employed. Essentially, this method formalises the realist nature of the evaluation by organising an illustration of how and why this desired goal was expected to be achieved.

ACEs logic model: project investment and inputs

The intended change in a project is catalysed by its investment and inputs.

In this case, there was a series of clearly defined resources starting with two tools: a) the training package that taught all practitioners in Harpurhey about the impact of ACEs, while illustrating how this could translate into trauma-informed practices in their own organisation and across the partnership; and b) the recovery toolkit, as well as wider ACEs-focused intervention programmes, that enabled an acute intervention for individuals and families directly experiencing the negative impact of trauma.

Furthermore, a project management role was isolated in order to spearhead co-ordination and an intelligence/evaluation role worked to understand the impact. The theory of the project relies on work being delivered in organisations by their staff beyond the training days. In order to catalyse this, these roles were key. They were designed to move beyond organisation and evaluation formalities, and to work alongside services in understanding what ACEs mean across different contexts. The team then assumed the crucial role of enabling these changes to be realised through delivering key evidence for decision-making, and a resource to support the introduction of the new way of working, as well as trauma-informed organisational policies.

Finally, a newly formed steering group was able to offer guidance and opportunities for the work to be absorbed across the locality. This included representation from a wide range of services across key sectors, such as Children's Services, Health, Housing, and the Voluntary and Community Sector. The group meets every six to eight weeks to provide governance, perform a check-and-challenge role, and be a forum to share good practice and exchange knowledge.

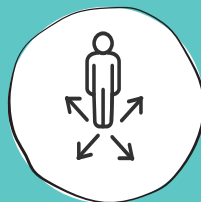
'Does having a trauma-informed workforce at a place level make a difference to the capacity to engage on a deeper level, and generate superior outcomes for the service users they are working with?'



ACEs Awareness and Impact Commissioned Training Package



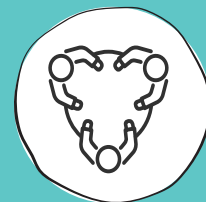
ACEs Recovery Toolkit Intervention Package



Project Management Resource



Evaluation and Intelligence Resource



ACEs Steering and Enabling Group

ACEs logic model: activities

With the inputs established, the logic model continues by highlighting how these resources are utilised.

These specific activities are the actual changes that are made to achieve the goal of the project. In this case, the activities were split into two distinct core categories. The first of these was *knowledge dissemination*. The ACEs training was used to improve local service's knowledge of ACEs, and started to introduce the practices required to generate a trauma-informed workforce. This has the additional element of a Train the Trainer cohort to ensure that the training can continue to impact on practitioners and teach new staff. Other activities fell under this bracket, such as neighbourhood engagement events and screenings of the Resilience film. All served to improve the local knowledge of ACEs and stimulate the introduction of trauma-informed practices.

The second category is *organisational change*. This area of activity comes after the knowledge dissemination work and aims to both sustain and amplify the impact of the project. As well as the Train the Trainer cohort, following the training, there was a development of ACEs champions. These individuals aimed to not only exhibit a good knowledge of trauma and resilience practices, but also to act as another element of supervision and support for practitioners, while simultaneously helping to embed trauma-informed approaches into their service. The product of this looks different from organisation to organisation, and it would be extremely difficult to simply create a trauma-informed workforce through stand-alone workshops.

This group is therefore crucial in ensuring that the learning lands in an organisation and the theoretical knowledge gets translated into practice. There are other activities that fall into the organisational change category. For example, the trauma intervention toolkit resource aimed to support services to offer a different kind of intervention, compared with what is traditionally offered. This is an example of the final activity bracket: 'trauma-informed intervention programmes', which aimed to support the introduction of universal support offers for those who may be experiencing the impact of trauma.

Knowledge dissemination



ACEs Awareness and Impact Training

- An increase in knowledge of ACEs and trauma for practitioners
- Improvement in the place network.



Train the Trainer Cohort

- Ensuring the project's sustainability
- Improvement in the Practitioner Place Network.



Ongoing Engagement Events

- Increase in the awareness and knowledge of ACEs and trauma
- Improvement in the place network
- Better engagement with services.

Organisational change



ACEs Champions

- Better relationship with residents
- Increase in trauma-informed practices
- Increase in staff supervision models
- Quality referrals and interventions
- Improved staff health and wellbeing.



Trauma-Informed Intervention Programmes

- Increase in resident knowledge of ACEs and trauma
- Better relationship with residents
- Increase in trauma-informed practices.

ACEs logic model: outputs

The third stage of a logic model is its comprehension of outputs. These are the quantifiable and specific end product(s) from the inputs and activities. In terms of timeliness, this subsection will discuss the tangible differences in the Harpurhey workforce and community since the introduction of the ACEs work in autumn 2018. Each of the defined activities in the previous section has aimed to produce a specific output. This evaluation will clarify the extent to which these have all been achieved.

Activity 1: ACEs Awareness and Impact Training (knowledge dissemination)

The primary goal of this activity was to achieve an **increase in knowledge of ACEs and trauma** within the local workforce. Simply, the evaluation is content that the training product, delivered by Rock Pool Life, is a sufficient tool to achieve this goal. First, coverage of the training was excellent. There was representation from the public and voluntary sectors and from organisations at every point of the life course. This included, but wasn't limited to, education, police, local authority Children's and Adult's Services, housing associations, youth work, voluntary and community sector organisations, school nurses, CAMHS and health visiting.

Each participant was given the opportunity to feed back on the training, and over two hundred responses were completed from all service areas. This gave us an adequate level of confidence that the data was an accurate representation of how successful the training was at fulfilling this goal.

Participants on the training were asked to self-assess their knowledge across 11 central ACEs knowledge themes before they began the course compared with after they had completed it. Scores were ranked across a five-point scale from 'very poor' to 'excellent'. Averaging the scores illustrated a 1.5 point improvement from 2.8 to 4.3 – a 30% increase. Further elements drawn from the feedback reinforce this conclusion that the training directly increased workforce knowledge:

- 89% found the training to be very relevant to their job role, and 79% felt they would be very confident putting their learning into practice. This adds superior context to the ACEs knowledge from the training, in that it has real meaning to an operational workforce.
- Over half (51.7%) of staff felt they would be able to implement some form of trauma-informed work into their roles 'within one week', whereas just six (3.4%) trainees stated they would not be able to operationalise the training at all. This not only reinforces that the learning from the training has real application, but also illustrates the increase in knowledge to complement existing practice.

Overall, it feels as though this evidence supports the claim that the training package was able to increase practitioner knowledge. However, it also occupied a new and unique goal in being one of the first Manchester City Council-led multi-agency learning environments. This addresses the second output of contributing **improvement to the practitioner place network**. 91% of respondents suggested that it was very useful to have heard perspectives from other agencies in the training environment.

During the training, discussion arose around system blockages that exist in the space between organisations. Simply, staff are not aware of their equivalents in the locality. Therefore, in addition to the ACEs focus of the training, it also provides a bespoke environment for staff to connect to individuals who may also be involved in their 'caseload' lives. This, therefore, offers an opportunity for practitioners and strategic staff to give synergy to their work through neighbourhood network pathways.

After the first round of training had been concluded, **the project team** ran a series of focus groups to supplement the learning from the feedback survey. These groups helped emphasise the importance in the multi-agency element of the training and its impact on the network in the place. Nearly every organisation involved in this piece of work reported that it had been difficult to build operational relationships with external services.

However, this project created a forum that provided that opportunity. Practitioners stressed the need for further multi-agency training and networking sessions in the place, particularly for frontline staff. It was also argued this could assist in tackling the issue of having a consistent approach to trauma and diagnosis among all sectors and organisations. This would mean more efficient and standardised interventions in the local community.

Clearly, the evidence illustrates the positive impact the training has had on developing the place network. However, it is also clear that these communication issues are endemic and will require much more work to fully resolve. The multi-agency ACEs training has simply provided a bold and positive first step in that journey.

Activity 2: Train the Trainer cohort

While the ACEs pilot was still in its design stage, the project implementation group was focused on its future and sustainability. Being derived from the Our Manchester funding stream, which aims to invest in long-term and sustained improvement to resident outcomes, this element was crucial. Clearly, one round of commissioned training could not provide enough of an impact radius to ensure that ACEs are accounted for and prevented through all service-delivery mediums.

There was recognition that this will be a journey, and the cultural change in ways of working will require time to take root in organisations. Therefore, the specification clearly outlined the need for a Train the Trainer support system. This approach harnessed the power of a large cohort of different professionals, or trainers, who could increase the awareness and knowledge of trauma across the city through growing the training package.

After being given the skills to deliver the original training, through a course provided by the commissioned training provider Rock Pool Life, these individuals have been expected to deliver the package across the locality as well as contribute to the improvement of the content. From an evaluation perspective the associated outcomes are not difficult to evidence. A further 35 training sessions have been delivered by 14 active Train the Trainers. This has ensured that the successful training model continues to be delivered and addresses this activity's first output of **ensuring project sustainability**.

The second output in this subsection aims to continue the emphasis on **improving the practitioner place network**. This furthers the impact made through the multi-agency training session environment. Whereas relatively brief introductions to other practitioners in Harpurhey were the hallmark of the training package, the Train the Trainer cohort were able to develop far better relationships. As part of the trainer agreement, practitioners expected to deliver a number of training sessions in the first year.

Critically, this included the delivery of sessions for external organisations, always delivered by a minimum of two practitioners. Therefore, the cohort of 14 trainers were able to organically build strong relationships with each other through their co-delivery of the training. This not only introduced a new dual-agency perspective to the course, but also meant that outside of these sessions the practitioners are now connected with the other trauma-informed equivalents in their locality.

Again, this addresses the communication blockage in the system, albeit initially at a low level. Having a small but strong network of practitioners in locality-based services, who are also ACEs experts, is helping to improve service communication. Members of this group keep in touch with each other to support the delivery of ACEs training across organisations. These relationships also naturally support operational work, as described in the previous activity subsection. Further to this, these individuals are acting as connectors between agencies by using each other as a point of contact.

The trainers work across a wide variety of services, including Youth Justice, Children's Social Care, Health Visiting, the Children and Parents Service, primary schools, and more. This has prompted further service connectivity as individuals increase cross-organisational communication and activity. As this group continues to grow, the evidence suggests that so too will the network. Ultimately, a citywide group of trainers should help improve service connectivity and local place networks across Manchester.

Activity 3: Ongoing engagement events

The final activity bracket within the Knowledge Dissemination headline is a collection of events across the city that primarily aimed to **improve the service engagement with ACEs**. This included five major event 'screenings' of the award-winning Resilience documentary at the Co-op Academy North Manchester and the Manchester Youth Zone. These sessions were attended by over 250 individuals and included speakers from a primary school, a secondary school, health visiting and school nurse teams, a housing association, and people with lived experience of ACEs. All spoke about the impact that being ACE-aware and trauma-informed has had on them and their organisation.

At a lower level, further sessions have been delivered in a multitude of contexts across Manchester. For example, small presentations that have illustrated trauma-informed practice techniques, as well as showing project impact, have been delivered to whole staff teams in primary schools that were not able to attend the initial round of training, but had since become interested in learning more about the project. Sessions like this have helped to ignite the ACEs discussion across the city, developing a pathway for future knowledge dissemination and operational work.

Furthermore, this has been supported with further high-level engagement of strategic leaders. Examples include delivering presentations at the Greater Manchester (GM) Public Service Reform Conference and Manchester City Full Council. At the former, delegates were asked to vote for the priority areas they want Greater Manchester to focus on in the coming years. A focus on Adverse Childhood Experiences and trauma was highlighted as one of these critical areas.

Mayor of Greater Manchester, Andy Burnham, has since requested further discussion at his Reform Board, which began the conversation on how the work in Harpurhey could be replicated across the region. Following a presentation at Manchester City Full Council, members hailed the project as **'the most impactful in a locality in the past 20 years'**. A strategy for neighbourhood delivery is being supported by councillors, who also want their own training to enable them to better serve their local community.

This activity has become one of the project's staple successes. Engagement across the city and region is exceptional, but this engagement has also supported the improvement of other outputs. **Awareness of ACEs and trauma** has never been more prevalent in Manchester and Greater Manchester. This work is steering conversations at the regional level, and other local authorities are using the learning to inform their own ACEs strategies.

At the operational level, in Harpurhey and other local neighbourhoods, the demand for training is increasing every day. Essentially, this engagement activity is acting as the catalyst for services to use the training to experience the outcomes of **improving the practitioner place network and increase their knowledge of ACEs and trauma**.

Activity 4: ACEs Champions

Chronologically, the Knowledge Dissemination activities were the first to take place and be learnt from. The thinking was simple: practitioners required knowledge about ACEs and trauma-informed practices to mitigate against the effects of them before they could implement anything in their own daily work. However, as the post-training focus groups illustrated, implementation of and an **increase in trauma-informed practices** require different resources and procedures in each organisation.

The ACEs training alone couldn't support the implementation of a trauma-informed community; therefore, bespoke organisational change practices had to take place too. The result of this, similar to the Train the Trainer cohort, is that an ACEs Champion role was developed. These individuals, in partnership with the ACEs project team, were tasked with understanding those requirements before working to incorporate new trauma-informed approaches in their organisation.

This resulted in a variety of examples of trauma-informed practices being implemented across the neighbourhood. Working with Northwards Housing Association, bespoke interventions began to be introduced to those who were living with the presenting behaviour of hoarding. This particular issue has recently become more prevalent in the locality, and almost always leads to a complex eviction for the tenant. The ACEs training highlighted to the housing association that a focus on resident trauma could support a new and more successful intervention. Therefore, Northwards highlighted a small number of cases within their remit and began to work in this new way, supported by their ACEs Champion and the project team. In one in-depth case study, this trauma focus was successful in preventing a complex eviction, saving over £50,000, and removing the resident's need for two-to-one mental health and housing practitioner support on an ongoing basis.

Such was the success of this work, the housing association is now looking at its broader policies for all its staff and business. This individual's story was also highlighted in *Anxious Times* – the quarterly magazine of Anxiety UK.

In another context, the ACEs Champion in Children's Social Care worked with the project team to produce similarly dramatic results. The ACEs training illustrated that the way in which the service conducts its assessments and referrals is not always conducive to a family trauma history. Therefore, a new assessment technique was produced that enabled practitioners to engage with their cases in a superior way.

Using existing intelligence from the network in the place alongside system data, practitioners were shown how they could build an assessment that gives a full family trauma perspective, before going out for their first visit. This directly informed their strategy in **building a positive relationship with the resident** through understanding the whole family context. It also demonstrated how peer support and case consultation could act as a **superior model of supervision** and help protect **staff health and wellbeing**.

Of the 24 cases in this initial piece of work, despite having a bigger time investment at the beginning, all closed or were referred on in a shorter timeframe than comparator cases. To date, none of these cases have re-entered the system. Such was the success of this model, it has been fused into the training package that is currently being delivered to all Social Care teams across the city, as well as Youth Justice and Probation.

ACEs Champions like this illustrate exactly how, in their context, the learning from the training can be translated into real practical solutions or improvements to current service delivery. Other Champions are working in primary schools, school nursing, health visiting, youth work, youth justice and other areas, which are beginning to demonstrate how **increases in trauma-informed practice**, such as **quality assessment and more effective interventions**, generate superior outcomes for residents.

Again, these findings are indicative of the type of result this way of working can generate. This process will take time to embed across the various organisational contexts in Harpurhey and eventually the city. To initiate that change, mechanisms such as the ACEs Champions are proving that a change in culture, to be more receptive to trauma in policy and delivery, can have a major impact on resident outcomes.

Activity 5: Trauma-informed Intervention Programmes

The final element of Organisational Change – and the project as a whole – was the introduction of Trauma-informed Intervention Programmes. These aimed to occupy a unique space of alternative support provision for families or individuals who may be suffering from the impact of trauma. These can be broken down into two categories, both of which occurred in this pilot year.

The first category involved a general package of support this project offered: the ACEs Adult and Children and Young People's Recovery Toolkit produced by Rock Pool Life. Operationalised in the same vein as the Train the Trainer legacy training, this recovery toolkit used multi-agency delivery over a ten-week period to illustrate to residents how traumatic events and toxic stress can correlate to poor physical and mental health, essentially **improving resident knowledge of ACEs and trauma**.

Once that understanding was developed, the intervention aimed to instil resilience in these families using **trauma-informed practice**. The first iteration of this course was led by a partnership between a local primary school, Oasis Academy Harpur Mount, and the VCSE organisation, Big Manchester. Every participant of the course not only completed it, but also improved their self-esteem (87.1% improvement), resilience (24.7% improvement), and lifestyle choices (15.9% improvement). All these figures correlate to a long-term improvement in health outcomes. The findings of this research indicated a much better **relationship between services and residents** through this approach.

The second category describes the project team's support of existing intervention programmes in becoming trauma-informed.

One such example is the Junior Choices Programme at Manchester Youth Zone. The programme had worked with children at risk of child criminal exploitation through 'county lines'. The ACEs project helped the Youth Zone tailor this offer to become more receptive to childhood and family trauma. This included environmental changes, a reduction in intake size, and more focus on individual complexity within the flexibility of the programme delivery.

Junior Choices already had a robust evaluation framework illustrating positive impacts across five measurable categories. Since the reshaping of the programme to make it ACE-aware, there have been further significant increases of 24% in health and safety outcomes, 36% in aspirations and achievements, 38% in confidence levels, 42% in social and relationship skills, and 44% in emotional management skills.

Programmes such as these continue to support the rhetoric of how **increasing trauma-informed practices** with residents generates superior outcomes through **improving resident knowledge of ACEs and trauma**, and developing a better **relationship between services and residents**. Put simply, by motivated and knowledgeable individuals reframing their practice through a trauma-informed paradigm, a successful pre-existing intervention can be improved and produce even more positive outcomes.

Evaluating outputs: pilot year conclusions

The outputs the pilot year in Harpurhey have produced demonstrate a fantastic amount of success and food for future thought.

However, it is important to comprehend these successes within the framework of the Realist evaluation approach. In other words, what does this mean for the wider workforce aiming to embed ACEs learning and trauma-informed service delivery? Is it possible to deliver these outputs reliably and in a variety of contexts? To start to answer these questions it is important to recall the focus of this pilot study. As the introduction of the document lays out, the research during this year aimed to answer a core evaluation question: *'Did this work develop a trauma-informed workforce in Harpurhey?'* If it did: *'Did this change in the workforce produce better outcomes for residents?'* The answer to this question, based upon the research in this pilot, is both yes and no, depending on the context.

Across Harpurhey there has been a major realignment of services that are now more receptive to the impact of trauma. Yet it would be unfair to describe this as a universal shift in practice across all organisations in the neighbourhood. First, practical issues make it incredibly difficult for this work to be fully absorbed into the entire workforce. Over 600 people were trained and a great amount of work is going on through the network of ACE-aware leaders and practitioners.

It will take more than one year for this learning to truly be digested, for new practices to emerge, and to reach all of the intended audience. Findings from the focus groups illustrated that for a truly trauma-led response to exist, all services have to be on the same page. Simply, intervention success can be easily blunted if the next service to work with a family or intervention is working to a set of procedures that fail to understand the prevalence and impact of ACEs and trauma.

Other infrastructural problems support this concern. We know that a wide variety of stimuli can trigger a stress response from an individual. This can include things that organisations may struggle to change. For example, particular buildings could be responsible for this. Overfilled waiting rooms, clinical and unwelcoming surroundings, poor accessibility, even unclear signage, could all contribute towards triggering someone's stress response. Unfortunately, in the public and third sector, the stretched workforce does not have the luxury to simply move buildings should they not be conducive to buffering trauma.

Another example could be the internal data software. Children's Social Care recently migrated their information onto a new data platform. Prior to this, it was incredibly difficult for staff to perform accurate and in-depth assessments of their cases due to restricted access to important data. Despite this, excellent work is going on across Manchester. This includes, Youth Justice's internal rebrand of 'safety postering' and display of trauma-informed multimedia content on their television screens to create more soothing surroundings in the waiting areas, together with a planned redesign of interview rooms.

Furthermore, a number of GP practices are introducing trauma-informed surroundings that allow, for example, mindfulness interventions to be carried out. However, as has already been suggested, sometimes it is difficult to escape the environmental restrictions that are predetermined in our services, and all we can do is work at buffering their impact.

These infrastructural concerns support the core blocker in achieving the goals of this work, cultural issues, and the need for organisational development. The research has illustrated that disseminating knowledge about ACEs and trauma, and ways in which we could buffer their impact, is a critical start, but cannot be the only step in moving this knowledge into daily protocol.

Organisations themselves have to embrace this learning and make it bespoke to their practice. Where this fails to happen, the training will still act as an informative course that may impact a few small-scale interactions, but it will not produce the grand impact this research has been outlining in its outputs. However, where organisational leaders adopt this learning into their primary strategy and drive their services through the ACEs 'lens', trauma-informed workforces and approaches can thrive and better outcomes can be experienced.

This is evidenced widely across the Harpurhey pilot year research, but perhaps nowhere more so than Oasis Academy Harpur Mount Primary School. Through training its entire staff population and being led by the school senior management structure and its ACEs Champion, the school's results have been transformational. Adverse Childhood Experiences and trauma have become the cornerstone of the school's interaction with its pupils and parents alike. To illustrate this, staff have been explaining that:

'...people are naturally too quick to judge and we need to change that culture. When a child arrives late to school they are usually greeted with a sarcastic "Nice of you to show up", or something similar. The same happens if a pupil forgets their PE kit. If staff understood the child's home circumstances, they likely wouldn't have said that. Think of children who are young carers; they have much more important things to be concerned with than arriving at school on time.'

Year One teacher

'...we have no idea what other people are going through and are therefore too quick to judge poor behaviour in class. ACEs have made me think: "Hang on a minute, this child might not have slept or eaten last night! They might not even have a bed to sleep in!" So proper use of frontal adverbials are going to be the last thing on their mind!'

Reception teacher

'The knowledge of ACEs has helped us work flexibly with our children and stay with them when they're in crisis, so we can focus on the repair and how we can make things better.'

Amy Wakefield, Deputy Principal

The introduction of trauma-informed approaches in the school, improvements to the nurturing behaviour procedures and, most importantly, a complete focus on the relationship to local families, have led to fantastic outcomes. Compared with the previous year, fixed-term exclusions are down 89%, severe behavioural incidents reduced by 33%, and school attendance reached an all-time high of 98.5%. In their own words, the staff and community are now looking at the school as 'a safe place to be'.

This example demonstrates a gold standard in how to become trauma-informed. ACEs have been absorbed throughout the school from top to bottom, and staff and parents have effected change together. This shows that when infrastructural issues are mitigated and organisations adapt their culture to work through an ACEs and trauma-informed 'lens', positive outcomes are experienced. Research in this pilot year points to a directly proportional relationship between a trauma focus and better outcomes. In other words, the more organisations have been able to commit to this approach, the better their results have been.

Successful implementation

- The evidence suggests that this approach can be **successful in achieving the goals of the project** and revitalising organisational culture.
- As a result of first improving knowledge and then looking at organisational development to account for individual ACEs, **a trauma-informed workforce can be implemented**.
- If a truly trauma-informed service is delivered, **vastly superior outcomes** can be achieved for the whole community.
- A fantastic amount of **cost savings** is already being demonstrated.
- Clear development of a **sustainable model** that can drive Manchester towards becoming a trauma-informed city by 2025.

Further support required

- In many places, the existence of **infrastructural issues** makes the practicalities of delivering this work difficult.
- The **cultural or organisational blockages** in both leadership and daily practice restrict the potency of ACE-awareness.
- The more organisations are able to **commit to a trauma approach**, the better the outcomes have been.

The future: current savings, outcomes, impacts, and goals

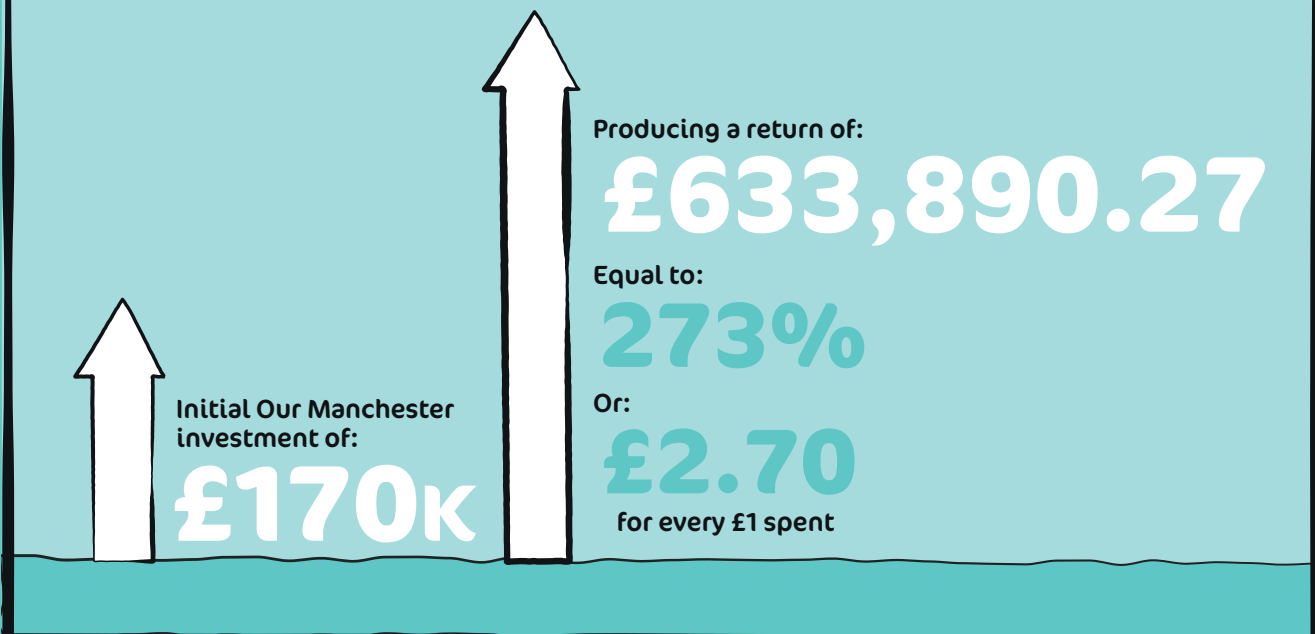
It is important to reiterate the successes among the mass of work in this project. This has been comprehended through the Greater Manchester Combined Authority (GMCA) cost-benefit analysis evaluation tool.

The model operates by using nationally agreed, HM Treasury cost databases to derive a financial benefit from a particular programme of work. These figures will not be exact, but rather an estimate that gives a relatively accurate idea of what savings have been

generated, as well as in which organisations these savings should be realised. Based upon the impact to the Harpurhey community since the beginning of the project, the estimated cost saving is £633,891.48. A full organisational breakdown appears in the table below:

| Organisation | Benefit breakdown (%) | Costs avoided (£) |
|------------------------|-----------------------|--------------------|
| Local authority | 47% | £295,793.59 |
| Housing provider | 26% | £163,625.48 |
| NHS | 11% | £69,422.78 |
| DWP | 9% | £57,965.57 |
| Police | 3% | £18,813.28 |
| Other criminal justice | 2% | £12,677.81 |
| Courts/Legal Aid | 1% | £6,237.19 |
| Prisons | 1% | £6,237.19 |
| HMRC | <1% | £3,118.59 |
| | Total | £633,891.48 |

The future – current savings



This reinforces the project's successes through the potential savings to the public purse. Against the initial Our Manchester investment, this represents an overall 273% return, or £2.70 for every £1 invested.

The project was initially implemented as a concentrated effort in a specific locality for a time-limited period. Furthermore, the funding from Our Manchester was explicitly made to support a one-year experimental change to practice. For that reason, the project has only begun experiencing the change it is creating. As the work progresses, outputs described here, such as increased trauma-informed knowledge and practice, will have further knock-on effects on the lives of the Harpurhey community and beyond. Understanding what these outcomes and impacts are will form the future research as part of the ACEs project.

Clearly, with such positive figures emerging, there is an appetite for this work to continue outside the restrictions of its original neighbourhood-based pilot approach. Owing to the success of the work in Harpurhey, the project is being expanded across the whole Manchester city remit, with additional focuses. In order to replicate these achievements citywide, the ACEs team have harnessed this research and developed a strategy that will act as a framework in scaling up the reach and impact of the project. The ultimate goal of this is to ensure that Manchester becomes a trauma-informed city by 2025, in conjunction with the conclusion of the 2015–2025 Our Manchester Strategy.

Acknowledgements

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Gareth Nixon –

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Daniel Unsworth –

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Sarah Doran –

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Appendix

As was referenced in the Preface, without the incredible work across Harpurhey from the numerous services that have been involved, none of the success would have been achieved. It is with thanks that they are referenced here, together with other agencies across the city that attended the training.

| | |
|---|---|
| 4CT | Entrenched Rough Sleepers Service |
| Abbott Community Primary School | Fit-tastic |
| Adactus Housing Association | GM Community Chaplaincy |
| Adult Social Care | GM Fire and Rescue |
| Age UK | GM Police |
| Back On Track | Great Places Housing Group |
| Be Well | Harpurhey Alternative Provision School |
| Big Manchester | Harpurhey Health Centre |
| Breakthrough UK | Health Visiting Service |
| Bridgelea Primary School | Healthy Schools |
| Cheetham Primary Care | High Impact Primary Care |
| Children and Parents Service | Holy Trinity C of E Primary School |
| Children's Services | Home-Start |
| Chorlton Health Centre | Humankind |
| Co-op Academy Broadhurst | Independent Domestic Violence Advice Service |
| Co-op Academy North Manchester | Inspiring Change Manchester |
| Collyhurst Nursery School and Children's Centre | Irk Valley Primary School |
| Community Neuro Rehabilitation Service | Junction Church |
| Community Nursing Team | Making Space |
| Crumpsall Vale Intermediate Care Unit | Manchester Communication Academy |
| Department for Work and Pensions | Manchester Communication Academy Primary School |
| Discharge to Assess Team | Manchester Community Response |
| E-ACT Blackley Academy | Manchester Community Safety |
| Early Help Service | Manchester Health and Care Commissioning |
| Eclipse | Manchester Learning Disability Partnership |
| Emerging Futures | Manchester Local Care Organisation |

Manchester Secondary Pupil Referral Unit
Manchester Women's Aid
Manchester Youth Zone
Martenscroft Nursery
Moston Fields Primary School
Moston Lane Community Primary School
Motiv8
Neighbourhood Services
New Islington Free School
North Manchester Stroke Recovery Service
Northern Contraception, Sexual Health
and HIV Service
Northern Healthcare
Northwards Housing
Oasis Academy Harpur Mount
Oasis Academy Temple
Park View Community School
Pennine Acute Hospitals NHS Trust
Policy, Reform and Innovation
(Manchester City Council)
Restorative Justice and Mediation Initiatives
Rolls Crescent Primary School
Saviour C of E Primary School
School Health Service
Shelter
St Augustine's C of E Primary School
St Edmund's RC Primary School
St Mary's C of E Primary School
Stockport Without Abuse
Sure Start Harpurhey
Targeted Youth Support Service (North)
The Manchester College
Work and Skills (Manchester City Council)
Youth Justice
YPAC

For further information

For more information about the work
and research done with these services,
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