Adverse Childhood Experiences – Harpurhey Pilot Project

Logic Model (Processes)

**Contextual Information**

Kaiser Permanente Primary Research – An original concept grew out of observations during a major US obesity programme.

Subsequent ACE Study – UK studies estimate that 9%-12% of the population (equivalent of 47-65,000 people living in Manchester) will have experienced four or more of the ten ACE criteria measured.

Our Manchester Strategic Alignment – 1) Moving from a fragmented to a holistic system. 2) Establishing more preventative approaches as the current system can be reactive. 3) Increasing low level mental health and wellbeing support. 4) Embedding a person, rather than service, centred approach.

Health and Social Care Integration – Bodies such as the Making Every Adult Matter (MEAM) or Local Care Organisation (LCO) highlight these key, successful approaches to tackling such complex and endemic issues, with the subsidiary impact resonating in improved health and social outcomes for Manchester’s residents.

**Policy Conditions**

A Person-centred, Strength-based Approach – A wide range of research and strategy agrees upon a clear pathway for addressing this paradigm. Literature such as the; Public Health England Complex Adults Policy etc. recommend a new way of working which can proactively reduce the future demand on services in the long term, rather than react to individuals reaching crises before intervention.

**Programme Rationale and Objectives**

Understanding ACEs - And how they can have a major impact on individual’s lives. These can have lasting, negative effects on health and well-being into adulthood. By refocusing conversations, referrals and interventions around ACEs, can we achieve better outcomes for the resident?

Preventative Approach - Waiting for a disclosure has been proven not to work; on average waiting between 9-16 years before any form of admission. Using ACE awareness and selective/routine referral to support people and testing whether having a trauma informed workforce at place level makes a difference to the capacity to engage on a deeper level with service users/people.

**Inputs**

Commissioned, Bespoke Training - External training in trauma informed practice including a first round for 600 staff and 6 months post implementation.

Staffing - Internal Full-time Public Health England and Intelligence evaluation. Internal Full-time Project Management. Steering group of key partners to provide strategic direction to project implementation.

Multi Agency Working Group (MAWG) - To facilitate the ‘different conversations’ and encourage a holistic service integration experience for the resident. Development of a resident feedback/accountability group.

**Activities**

Commissioned, Bespoke Training - 8 half-day ACE awareness and impact courses. 16 full-day ACE awareness and routine enquiry courses. Implementation of a Train the Trainer’ group to ensure lasting legacy of awareness and impact training. 10 Week ACE Recovery Toolkit.

Staff Supervision and Wellbeing - Focusing on vicarious trauma that keyworkers dealing with ACEs could experience, and developing a structure of support and supervision to ensure staff are cared for and in the best possible state to work.

**Outputs**

Targeted Services – Increase in quality of referrals/assessments. Reduction of multiple referrals, NFAs due to ACE enquiries understanding and targeting the root cause of problems. Increase in step-down to community pathway.

Staff Discourse – Reduction in turnover and staff sickness, increases in health and wellbeing, and satisfaction rates amongst staff. Additional element of increases in multi agency working, training and networking.

Residents and the Community – Increased number of residents engaged. Increased use/attendance of community services, through both formal (referral) and informal (encouraged self-referral) pathways.

Evaluation - Quality assurance framework ensuring study validity whilst simultaneously mapping and targeting the root cause of problems. Increase in step-down to community pathway.

Community Pathway - A Person-centred, Strength-based Approach – A wide range of research and strategy agrees upon a clear pathway for addressing this paradigm. Literature such as the; Public Health England Complex Adults Policy etc. recommend a new way of working which can proactively reduce the future demand on services in the long term, rather than react to individuals reaching crises before intervention.

Better Conversations - A more joined up system facilitates a better understanding of trends. Superior communication and shared working can foster cross-agency learning to improve practice, and ultimately inform future, more effective ways of collaborative working.

**Policy Integration**

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Logic Model (Outcomes and Impacts)

By developing a trauma informed workforce to engage with service users/people with lived ACEs on a deeper level we plan to make current intervention work more effective. The delivery of a training programme and subsequent activity will lead to long term, tangible improvements across a number of issues and contribute to better lives for Harpurhey residents.

Medium Term – Outcomes

- Staff able to work more collaboratively across agencies
- Increased number of residents engaged and in employment
- Improved care quality, bespoke and specific to the person.
- More people developing community assets
- Reorientation to more preventative service delivery
- More independent and empowered communities
- Stronger sense of resource aligned to the place
- Better, and more equal, outcomes for all residents

Long Term – Wider Impacts

Housing -
- Reduction in LHA Take-up
- Reduction in Homelessness
- Reduction in Transience Rate

VCS -
- Increased Referrals to the Community
- Increase in Individuals/Families Engaged in VCS
- Increased Capacity/Variety of Community Organisations
- Increase in Youth Activities

Health -
- Improved Healthy Life Expectancy
- Reduction in Hospital Admissions
- Improved Quality of Life/Mental Health Indicators
- Reduction in Preventable Diseases

Police –
- Reduction in ASB
- Reduction in VBCs – Criminal Damage/Violent Crime
- Reduction in DV

Education System -
- Improved Levels of School Readiness/GLD
- Reduction in NEET
- Reduction in Childhood Obesity
- Increase in Employment and Skills

Statutory Services (Children’s) -
- Increased Step-down to the Community
- Reduction in Looked After Children
- Reduction in Referrals into SC and EH
- Increased Quality of Inward Referrals

Statutory Services (Adults) –
- Reduction in Family Poverty
- Reduction in Unemployment Rate
- Reduction in Complex Dependency Rate
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Logic Model (Multi-Agency Focus)

“Frontline practice will be able to practically demonstrate that they work together and trust each other by co-designing the implementation plan for training, respecting one another’s ideas and innovation, training together, being supervised together and share learning and development in a place”

Multi-Agency Change

4. Understanding – better understanding between professionals in relationships, terminology, and approach.

5. Staff Health and Wellbeing – improving the offer of support for employees across the public sector.

3. Case Management – more thorough and driven management of cases.

6. Identification - discovery of gaps in service provision.

2. Efficiency – greater efficiencies in professionals and resources.

Harpurhey ACE Project Multi-Agency Outcome Goals

1. Assessment – more accurate assessments of risk and need.