MERSEYSIDE Violence Reduction Partnership

LIVERPOOL JOHN MOORES UNIVERSITY
PUBLIC HEALTH
World Health Organization Collaborating Centre for Violence Prevention

March
2025

Merseyside Adverse Childhood Experiences and Trauma Responsive System Review

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March 2025

About the report

Merseyside was one of several areas allocated funding by the UK Government to establish a Violence Reduction Unit. To inform the continued development of the work carried out by the Merseyside Violence Reduction Partnership (MVRP), LJMU (via Professor Zara Quigg) has been commissioned to evaluate the work of the MVRP and selected interventions that have been funded by MVRP, and to carry out specific research projects to fill gaps in local knowledge.[1] One such research project was to undertake a Merseyside Adverse Childhood Experiences (ACEs) and Trauma Responsive System Review (presented in this report). In addition, the MVRP and LJMU have implemented a Merseyside population-level representative household survey of adults (aged 18+ years) to better understand community feelings of safety and cohesion and perceptions and experiences of violence, including adverse childhood experiences (and relationships of these with health and wellbeing). This review should be read alongside the 'ACEs in Merseyside' report [1], available on the MVRP website: www.merseysidevrp.com/what-we-do/.

Acknowledgements

The authors would like to thank the following individuals for their support and participation in the review:

- Geraldine O'Driscoll and Georgie Garvey at the MVRP.
- The wider research team at Liverpool John Moores University, including Evelyn Hearne and Beccy Harrison.
- With a special thank you to the stakeholders who participated in the research.

[1] Outputs are available on the MVRP website: www.merseysidevrp.com/what-we-do/

Executive Summary

Introduction

Adverse Childhood Experiences (ACEs) refer to exposure to negative or stressful experiences in childhood. Evidence shows that exposure to ACEs has significant impacts across the life course which impacts across communities at a local, regional, and international level. Across the United Kingdom (and beyond) areas of work are developing a response to prevent and mitigate against ACEs and trauma, including establishing trauma informed and trauma responsive city regions and workplaces, and trauma responsive systems. In Merseyside, there is a wealth of ACE and trauma work being carried out across different locations, settings, and organisations. The Merseyside Violence Reduction Partnership (MVRP) identified a need to map this work to inform and enhance the local response to trauma, to support Merseyside to work towards developing a trauma informed system and become a trauma responsive region. In 2024, the Public Health Institute, LJMU were commissioned to undertake a review and mapping of the Merseyside ACE and Trauma Response System. The study aims to:

- Map current ACE and trauma informed and trauma responsive provision to understand the current ACE and trauma response across Merseyside and identify gaps in the system.
- Explore what a future successful trauma responsive approach could look like across Merseyside.

For information on the prevalence of ACEs across adults in Merseyside and associations with health and wellbeing and wider outcomes across the life course, see Quigg et al 2025 [1].

Methodology

A desktop review and online mapping exercise was carried out to map current ACE and trauma responsive policies, guidance, interventions, or activities that have been or are being implemented across Merseyside

Interviews with key stakeholders (n=10) involved in the commissioning and delivery of ACE and trauma responsive work

Online survey with wider stakeholders (n=11) to understand current and future ACE and trauma responsive work

Two stakeholder workshops (n=18 and n=25) to discuss what trauma responsive work looks like/could look like across the system in Merseyside, and to shape recommendations.

Key findings[2]

Understanding ACEs and trauma

Stakeholders participating in the review agreed that ACEs covers a wide change of experiences and factors beyond the original 10 set out by Felitti [3], including poverty and inequalities. Trauma was recognised across the life course. Stakeholders had a good understanding of ACEs and trauma which

[2] Quote key: S: stakeholder interview; SS: stakeholder survey; W: workshop

was understandable given their key roles in supporting those who have experienced trauma or commissioning, managing, or training services and professionals in ACE and trauma responsive work. However, there was a perception that this knowledge was less common amongst wider professionals and across the wider public. Recommendations were made for continued upskilling of the workforce around preventing and responding to ACEs and trauma, to increase trauma responsive practice and improve accessibility into timely and effective support.

"Significant events that happen in your childhood or situations you're exposed to, and early childhood for me, which has an impact then on your development and your life going forward, who you are as a person. It's what shapes you, isn't it?" (S3)

"I tend to describe trauma as something that manifests from an adversity. So a consequence of adversity" (S5)

"I suppose there's a kind of technical definition in terms of those original 10 factors. I know that people have subsequently said actually they're quite limited, that there are other things that can happen in childhood like bereavement, like bullying, which aren't technically listed" (S10)

Language used when discussing ACEs and trauma

The findings highlighted that work was required to improve the language used when taking about ACEs and trauma, especially for translating complex definitions into practice in an accessible, unified, and consistent way. Examples were provided of inaccessible and inconsistent language used across professional networks that may have different meanings to different professionals causing confusion amongst communities. There were also concerns about trauma responsive practice becoming a 'buzzword' and tick box exercise for some organisations. There were calls to move away from the use of acronyms and to use more positive language. These concerns are consistent with challenges faced by another region working towards implementing a trauma responsive city region approach [89]. Whilst it was agreed that it was important to translate more technical and academic language for communities, it was also noted as important that this is done sensitively and not in a patronising or overbearing way and that the message is not diluted or lost. It was hoped that education, awareness raising, and consistent messaging with clear marketing and branding would reduce the use of victim blaming language and stigma.

"Part of me hates the terminology because it's so like a buzzword now" (S1)

"If we're talking about the same thing, then using the same language, I think it's good. But what that means for different groups of people we might need to kind of spell that out…we might need to help them understand the kind of, the implications of that... there might be some kind of core terms that we use with everybody" (S10)

"Shared understanding and language to be agreed by all" (SS3)

Risk factors and impacts of ACEs and trauma

This review evidenced the far reaching and long lasting impacts of ACEs and trauma which can have a detrimental impact on individuals, families, and communities. Stakeholders recognised that ACEs and trauma can affect people differently and may not always have a negative outcome, highlighting the importance of having positive experiences, a supportive environment, and access to support to build resilience and protective factors.

"I think that people talk about resilience and recovery, and recovery is returning to a previous state, but if you've never had the resilience in the first place, you're not recovering. You're actually growing, the version of you that never got the opportunity to grow" (S7)

"I think often when we think about ACEs, as we often think about abuse and neglect and so on. But what we don't consider is for individuals who've had the right support at the right time and those protective factors, the outcomes long-term, don't necessarily have to be negative" (S4)

Findings demonstrated the systemic issues associated with ACEs and trauma. These included risk factors that contribute to individuals and communities experiencing trauma, and the protective factors that can help prevent ACEs and trauma or minimise the negative impact of these experiences. For example, impacts on emotional regulation, behaviour, physical and psychological health and wellbeing, and engaging in risky and health harming behaviours including drugs and alcohol. There was also the recognition that individuals who have experienced ACEs and trauma are more likely to become involved in violence, both as victims and perpetrators.

"We know that it can affect, kind of make you more likely to choose to cope through health harming behaviours like obesity, smoking, drugs, alcohol, you know, you're more likely to commit violence or be a victim of violence if you've experienced ACEs" (S9)

"When you talk to our young people, a lot of them talk about feeling not wanted, feeling that they don't belong, feeling different from everybody else, wanting to be like everybody else, but constantly getting that message reinforced. Like 'go and sit over there', 'you need to be in isolation', 'you'll get an exclusion', 'your placement's broken down', 'you're not wanted', 'you don't belong'" (S3)

"We could talk about the emotive side of it, but actually you know traumatised people traumatise people often don't they, and so we end up in this sort of self-fulfilling system of you know criminalisation" (S1)

Poverty, deprivation, and inequality were highlighted as significant risk factors, especially for feeling unsafe in the community and lack of opportunities. Lack of access to timely quality support was also seen as a risk factor. Findings showed how ACEs and trauma can create multiple and complex needs, and hinder individual's future life experiences. Having an increased sense of community, feeling safe, and having support with wider determinants of health including food, housing, and welfare were seen as key in building protective factors, as was engaging communities in meaningful activities that build their skills, confidence, and future aspirations.

"I think individuals who may be living in significant poverty may not have the same access to services as other individuals. I think that the support systems are not necessarily as readily available…" (S4)

"It makes it more difficult for them to access that support, and I think that makes them even more isolated" (S7)

The review also evidenced the generational risk factors and impacts of ACEs for families including the systemic impacts of parent's trauma on their children. Loss of and inability to form connections and relationships was recognised as significant concern. Focus was placed on supporting parents with their own trauma to improve parental capacity, alongside investment to support 'hard-to-reach' families, to support the development of safe and trusted relationships, and break the cycle of intergenerational trauma.

"Loss of connection is one of the biggest things we're seeing, and they see that has such a big impact on everything else in people's lives" (S4)

"It's about understanding the journey and the things that your family's been exposed to" (S3)

"That particular trusted person of support who you know is there for you, is listening to you, is understanding, and is consistent as possible" (S6)

Disengagement from school was also evidenced as both a risk factor to, and impact from ACEs and trauma, showing that education plays a key role in safeguarding children and young people. Having increased support and trauma responsive practice within schools and support for teachers to provide a safe space, was seen as a way to identify at-risk children and reduce chances of children being wrongly labelled as 'naughty'. It also provides an opportunity to teach and support children to regulate their emotions. It was hoped that this would lead to increased feelings of safety, improve school attendance, increased productivity, and better outcomes at school. Stakeholders felt a trauma responsive Merseyside would support the prevention and reduction of risk factors and increase protective factors which in turn, would prevent ACEs and trauma and mitigate against the impact for individuals and communities who do experience trauma.

"We might see improved school attendance anyway, because families will be trying to get the kids into school" (S3)

Developing a trauma responsive system across Merseyside

Stakeholders were asked to make recommendations on how the current trauma response could be improved and how Merseyside could develop a system wide and coordinated trauma response. Key findings from the review demonstrate that a multiagency and consistent approach is critical moving forward, ensuring buy-in, stronger partnership working, and joint responsibility from all partners who have a shared vision and commitment to the ACE and trauma responsive agenda. Stakeholders participating in the review agreed that becoming trauma responsive across the system would improve partnership working and provide a better understanding of professional roles and remits, which in turn would improve awareness of support pathways and professional networks.

"Trauma informed and trauma responsive services, it would mean a huge shift" (S10)

"Ensuring visions and strategies are trauma informed across the partnership" (SS4)

"If we were to become trauma responsive, it would have to be everybody's responsibility, rather than one person driving it" (S10)

Senior buy-in and support from political leaders including the Metro Mayor and local Members of Parliament, alongside key partners with director, strategic, and senior roles was seen as critical in supporting this movement to develop a truly responsive system across Merseyside. This was identified as a way to communicate clear messaging that Merseyside is invested in its communities. It was agreed that this agenda needs strong multiagency leadership that encompasses a wide range of specialisms to drive this work forward, ensuring that it has a clear steer and platform for decision making and route to inform system change, and importantly is not a top down approach and becomes everybody's business. It was seen to be important to ensure partners from health, education, criminal justice, social care, and public health were all informing the approach, as well as being accountable for driving it forward. Suggestions were made for the MVRP/Merseyside Police and Crime Commissioner, Merseyside Police, Cheshire and Merseyside Integrated Care Board (ICB), Champs

Public Health Collaborative, safeguarding boards, and universities (supporting evidenced based practice) to have a key role.

"A true commitment to being trauma informed of every aspect of practice" (SS3)

The wider impacts of ACEs and trauma across the system were evidenced in terms of the increased demand on services and costs to society. Through this review, stakeholders called for more transparent commissioning calls and decision making, which were informed by trauma informed practice. Barriers were highlighted in terms of competition for funding and services working with less resources, which devalued their work. It was agreed that investment in services and communities, including additional resources for longer term funding for more sustainable practice, would aid early identification of ACEs and trauma and support individuals to engage in support and remain in support for as long as they needed. Becoming trauma responsive across the wider system was seen to improve support pathways, improve access to early intervention, and reduce barriers to delivering and engaging in support, leading to (in the longer term) improved health outcomes and reduced waiting times, and demand on crisis care. Stakeholders hoped to see more universal support, more whole family support, increased investment in the community including community spaces and resources, and increased options and choice for support for families. Findings show that co-production and opportunities for people with lived experience is key in helping to shape this agenda and support provision moving forward. An example of this was provided for the 'Think ACEs create PACEs' lived experience group that was developed from the Sefton ACE Recovery Toolkit Programme.

"Increased funding and a true commitment to being fully trauma informed" (SS3)

"I think we would need to look at the really significant stakeholders that we might call anchor institutions. So local authorities, NHS provider trusts, Merseyside police, Merseyside Fire and Rescue would be really important. I also think the universities will probably have a role to play, both from a research and monitoring point of view… there would need to be some high level commitment again from political leaders" (S5)

"That's how we'd know we were trauma responsive because people get what they need when they need it at the earliest point" (S3)

Review findings suggest that adopting a trauma aware, informed, and responsive approach would support a compassionate and empathetic approach to ACEs and trauma. Continued upskilling and use of reflective practice across the workforce and creating more general awareness across wider services and the general public was identified as critical. Support for workforces to have space and time to embed learning into practice and action priorities was identified as imperative, as was improved support, supervision, and recognition of workloads, vicarious trauma, and staff's own experiences of ACEs and trauma. This was seen to reduce burnout and improve staff attendance and retention whilst improving health outcomes across the workforce.

"We can't be trauma responsive until we're trauma aware. And I think that across the board, there needs to be some baseline training to enable individuals and also the public as well to have an understanding around ACEs and trauma informed practice" (S4)

"They [staff] absolutely need a space and a mechanism through which to reflect on what they will experience vicariously with the people they work with" (S5)

"You'd have less staff sickness. You'd have less staff turnaround because they'd want to stay in the jobs. You'd have more teachers staying in their jobs. So you'd have happier teachers" (S7)

Outcomes of current work were showcased and stakeholders further considered the anticipated outcomes of a trauma responsive system across Merseyside and what success would look like. This included improved knowledge and awareness, spaces and environments for families, communities, and staff to feel safe, open and honest conversations, development of trusted relationships, and improved mental health and wellbeing of communities and of workforces. Longer term anticipated impacts included empowered, happier, and healthier communities and a more mindful system. It was hoped individuals would be able to make better and more empowered decisions and have feelings of increased purpose in life and hopes for the future.

"People are worried about, is this going to traumatise people? We can't talk about it because it will, you know, make people remember all the bad stuff that's happened to them. And we can't let people know about this until we've got the services that people require" (S9)

"You need to be able to create the space to be able to talk about it and to be able to find ways to get help" (S2)

"People will be able to make decisions about their lives and their children's lives, access services, make use of services" (S7)

The review highlighted a number of challenges in collecting data around ACEs and trauma and evidencing system change. Barriers were also considered for services capturing this information with limited resources and without re-traumatising clients. Evaluation was recognised as important for supporting partners to evidence the impact of their work and for evidencing the collective and wider system impact across Merseyside.

"All the programmes on, most of them that are going on have really robust evaluations, because they're all based around funding" (S9)

Moving forward, findings from the review demonstrate that commitment and realistic expectations are required to continue to carry the momentum forward for longer term generational change. The longer term and wider reaching impact of this work will not be seen in the life time for many of the partners invested in this work, meaning that commitment is required to continue this legacy forward to make sustainable system change for future generations.

"By ensuring it is embedded into practice - not something they simply say they will do" (SS3)

"It doesn't come overnight; it really doesn't come overnight because you're trying to change a culture" (S8)

Conclusion

Across Merseyside, an array of strategies and interventions to prevent and respond to ACEs and trauma exist, all with the aim of enhancing the health and wellbeing of children, families, and the wider community, and reducing the impacts on wider society. Commitment to preventing and responding to ACEs and trauma is strong and comes from various parts and levels of the system, including statutory and non-statutory services at local authority level and across the Merseyside Region. The importance of this commitment is demonstrated by stakeholders in this review and through wider evidence of the nature, extent, and impacts of ACEs and trauma across Merseyside, including the accompanying report on ACEs amongst adults across Merseyside [1]. This review shows that developing a truly trauma responsive system across Merseyside requires a strong collaborative multiagency approach that includes communities. Strategic and political buy-in is required across

Merseyside and within Local Authorities and organisations to show commitment to and investment in this approach. This is critical in demonstrating clear messages of support amongst communities and ensuring that collectively partners and communities can effectively prevent and respond to ACEs and trauma and enhance positive outcomes for current and future generations.

Recommendations for developing a trauma responsive region

1. Establish clear leadership and buy-in for developing a trauma responsive Merseyside from political leaders alongside key partners (with director, strategic, and senior roles) and critically, the community. This includes statutory and non-statutory partners across health and social care, public health, safeguarding, education, youth and family services, criminal justice, and academia. Education plays an important role in keeping children safe and identifying risk factors and impacts of ACEs. it is essential that the education sector is stitched into and across ongoing and future work.
2. Develop local authority level ACE and trauma responsive task and finish group groups (using findings from this review and Quigg et al 2025 [1]), to develop place-based approaches that meet the needs of the local community, whilst contributing to Merseyside becoming a truly trauma responsive region. Clear roles and remits for stakeholders across the system should be identified for accountability for actions to drive the agenda forward.
3. A trauma responsive approach across the system should incorporate the involvement of individuals and communities with lived experience. This is imperative in ensuring that individuals and communities can have a voice in shaping the approach, resources, and support provision.
4. The review provided an opportunity to bring partners together to network and share learning. Where resource and capacity allow, partnership meetings and networking events should be held to strengthen partnership working and allow a space for collaboration and further mobilisation of the approach across Merseyside.
5. Ensure that language about ACEs and trauma is accessible and consistent across the region, and translates across policy, professional practice, and communities. This includes tailoring of language for accessibility for individuals and groups across different parts of the system.
6. Develop a process for embedding a consistent and transparent trauma informed and responsive approach to commissioning processes. This approach should ensure that commissioning processes consider the role of organisations in a trauma responsive Merseyside and the resources they may need to enable such an approach (e.g. a commissioning process that invests in long-term funding and supporting organisations to embed learning and reflective practice in a safe space with appropriate resources).
7. Use evidence from the MerVComs survey (Quigg et al 2025 [1]) and wider data sources to advocate for increased investment. Ensuring the children of Merseyside are given the best start in life, early intervention is prioritised, and families and communities are strengthened to build resiliency and capacity to prevent and mitigate the impacts of ACEs and trauma and break the intergenerational transmission of ACEs and protect future generations from harm.
8. There needs to be a realistic understanding of the long-term nature of this agenda. Partners need to have commitment and passion to maintain momentum during the journey of becoming truly trauma responsive to support working towards longer term generational outcomes and impacts.
9. Training offers across Merseyside help upskill the workforce and improve knowledge of ACEs and trauma, awareness of support pathways, confidence to have open and honest conversations, and adopt a trauma responsive approach. This training offer should continue, ensuring that it is equitable across a wider range of organisations and communities.

10. Investment is required to ensure that support provision and appropriate pathways are in place, alongside knowledge for services to signpost and refer into these pathways. This would increase workforce confidence to have conversations around trauma and support referrals and signposting into early intervention, reducing demand on crisis services.
11. Recognition of vicarious trauma and personal experiences of ACEs and trauma across the workforce should be a focus of further work, to ensure the workforce have access to supervision and support. Workload and complexity of workload should be considered in decisions around service provision to ensure staff are supported and feel valued in their roles.
12. Any development of a trauma responsive system should be supported by evaluation to understand and evidence implementation and delivery of the approach, changes to practice and impact for individuals, communities, the workforce and wider system. Service user and community voice needs to be included in any evaluation activity.

Contents

1. Introduction

1.1 Merseyside ACE and Trauma Response System

Adverse Childhood Experiences (ACEs) refer to exposure to negative or stressful experiences in childhood. Evidence shows that exposure to ACEs has significant impacts across the life course which impacts across communities at a local, regional, and international level [2]. Across the United Kingdom (and beyond) areas of work are developing a response to prevent and mitigate against ACEs and trauma, including establishing trauma informed and trauma responsive city regions and workplaces, and trauma responsive systems. In Merseyside, there is a wealth of ACE and trauma work being carried out across different locations, settings, and organisations. The Merseyside Violence Reduction Partnership (MVRP) have identified a need to map this work to inform and enhance the local response to trauma, to support Merseyside to work towards developing a trauma informed system and become a trauma responsive region. As part of the broader system wide evaluation of the VRP, the Public Health Institute, LJMU were commissioned to undertake a review and mapping of the Merseyside ACE and Trauma Response System.

The study aims to:

- Map current ACE and trauma informed and trauma responsive provision to understand the current ACE and trauma response across Merseyside and identify gaps in the system.
- Explore what a future successful trauma responsive approach could look like across Merseyside.

1.2 Background

ACEs and Trauma

The term ACEs refers to some of the most intensive sources of stress that children can suffer whilst growing up. There is no universally accepted definition of ACEs. Much of the existing research tends to focus on a specific range of ACEs, typically including child maltreatment (e.g. psychological, physical, or sexual abuse) and living in a household with adversities (e.g. parental mental illness, substance use, and domestic violence) [3, 4]. However, it has been acknowledged that children can be exposed to a wider array of adversities, both within and outside the home, including events such as parental death, gambling and other non-substance-related addictions, bullying, community violence, racism, discrimination, persecution, and forced migration, as well as exposure to war, terrorism, or natural disasters [5]. A 'State of the Art Report' exploring ACEs stated that the prevalence of ACEs is affected by sociodemographics such as gender, ethnicity, race, and socio-economic status or deprivation, and the risk of children suffering ACEs can be affected by a range of individual, family, community, and societal circumstances [2]. A child may experience a single incident or repeated traumatic events and may be exposed to multiple ACEs during childhood, particularly as adversities often cluster in affected families [5].

ACEs can affect children's physical and mental health and social well-being across the life course, with exposure to different ACEs showing to have strong cumulative relationships with negative health and social behaviour outcomes [4,6]. For example, a national household survey of ACEs in England found that ACE counts are associated with various health-harming behaviours including early sexual initiation, unintended teenage pregnancies, smoking, binge drinking, drug use, victimisation and perpetration of violence, incarceration, poor diet, and low levels of physical activity [7]. Moreover, those who have been exposed to ACEs are more likely to experience low life satisfaction, low mental wellbeing in adulthood, and negative employment and education outcomes. A study from England

and Wales found that such exposure more than doubles the risk of having no educational qualifications, and individuals with ACEs face a significantly higher risk of unemployment [8]. ACEs and other stressful experiences can also result in biological changes in the body that become embedded in behaviour [2]. It must be noted that ACEs often result in trauma, which is the psychological impact of experiencing or witnessing physically or emotionally harmful or life-threatening events that can happen at any time of life including those that occur in childhood such as ACEs [5]. Much like exposure to ACEs, trauma has been linked to adverse physical, psychological, biological, and cognitive impacts [9]. Impacts of ACEs and trauma can be intergenerational, with those affected by trauma at increased risk of exposing their own children to ACEs [5].

ACEs present a significant cost to society, with one study estimating the total annual cost attributable to ACEs in England and Wales at £42.8 billion [10]. The significant impacts of ACEs to individual's health as well as the substantial burden to society has meant that responding to and preventing ACEs has become a priority for services and communities [11]. Additionally, children exposed to one ACE are at increased risk of suffering other types of ACEs, highlighting the importance of a collective approach to addressing ACEs rather than focusing solely on individual experiences [2].

Approaches to respond to ACEs and trauma

There are several approaches that have shown to help prevent and respond to the impact of ACEs and trauma across the life course including programmes to prevent and/or respond to ACEs when they occur, interventions that build resilience and give individuals the resources to cope with adverse experiences, and the development of trauma informed organisations, sectors, and systems that recognise and support those affected [2, 5, 9, 12]. Literature also highlights the importance of developing and implementing legislation and strategies that promote the social determinants of health, address inequalities, and aim to alter norms, behaviours, and environments that promote ACEs. Additionally, strengthening families, providing high-quality education, and equipping individuals with life skills to effectively manage stress, negative emotions, and conflict is vital. Furthermore, ensuring the availability and accessibility of response and support services, as well as promoting multi-component programmes, are essential for fostering resilience and wellbeing [4].

Trauma aware, informed and responsive approaches

Responding to ACEs and trauma can be understood across several different levels – trauma aware, trauma informed, and trauma responsive, each reflect a different degree of understanding and action. Although there is no formal definition of trauma aware, it is generally understood as having a basic understanding of trauma and its impacts. Trauma informed refers to integrating knowledge of trauma into policies and practices. In 2022, the Office for Health Improvement and Disparities developed a working definition of trauma informed practice as:

> *"An approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development" [13].*

Trauma responsive involves actively applying trauma informed principles in all interactions and practices to meet the specific needs of those impacted by trauma. Trauma responsive systems are ones that embrace the six key principles of a trauma informed approach which includes: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical and gender issues [9].

Due to the psychological effects of trauma, including fear, distrust, and anger, people who have experienced ACEs and/or trauma often find it difficult to seek out and engage with services designed to support them [14]. In cases where survivors do access services, staff members' failure to recognise

or understand trauma can exacerbate feelings of vulnerability and disempowerment [9, 15]. As such, trauma responsive practice is increasingly cited in policy and adopted in practice to reduce the negative impact of traumatic experiences (including ACEs), encourage access to support and services, and support mental and physical health outcomes [13].

A trauma responsive service recognises that any individual may have experienced trauma [16]. Implementing a trauma responsive approach is essential to address the complex and far-reaching effects trauma can have on a person's worldview and relationships, while also prioritising the prevention of re-traumatisation [16, 17]. Trauma responsive approaches are applicable and appropriate across a range of fields including health and social care, social policy, police and criminal justice, school and education, and Voluntary Community and Social Enterprise (VCSE) [18, 19]. Across the United Kingdom, a variety of cohorts have implemented a trauma informed and/or trauma responsive approach. In recognition of the high prevalence of trauma exposure among people served by public systems, trauma informed approaches have been adopted and applied in education [20], healthcare [21, 22,23], the criminal justice system [24], child welfare [11], and maternity and perinatal settings [25]. Trauma responsive practice is a whole systems approach within which staff have the knowledge and skills to refer to trauma-specific support services if necessary [17].

Whole system models for trauma responsive systems

A system consists of various interconnected components that interact and influence one another [26]. Before a larger system can be fully explained, each of its components and their interactions must be understood [27]. Systems approaches encourage individuals to adopt a broader perspective by examining how different people, services, and organisations connect and impact each other. This wider system analyses provides a broader perspective to provide informed insights to develop valuable strategies going forward [28]. A systems approach should include all sectors of the economy, including public, private, and voluntary, and extends to the media and general public [5]. In recent years, the principles of systems science have been applied to a range of complex health, social, and environmental topics and advocated in national and international policy and guidance [29, 30] to support a coordinated and collaborative approach to bring about long-term change [31, 32].

Any strategy of change must simultaneously focus on changing individuals and the culture or system within which they work [33]. Developing trauma responsive systems calls for a culture shift towards applying a trauma informed approach, ensuring that all practice is underpinned by recognising and acknowledging trauma. This shift in ideology to create an atmosphere of collective values is crucial to the success of implementing and applying a trauma informed approach. Culture encompasses three levels: 1) things that can be seen, heard, and felt, such as language and rituals; 2) beliefs and values; and 3) the basic underlying assumptions of an organisation [34]. Transforming culture is directed at these basic underlying assumptions of the organisation, which are difficult to change as they are ingrained into the identity of the organisation [35]. Change theory (2001) recognises that effective culture change needs to challenge the existing assumptions within an organisation by critically examining the ideas and practices that drive the work of the organisation [36]. A study exploring culture shifts in schools following the implementation of a trauma informed approach indicates that school culture shifted to one perceived as more empathetic, with an increased focus on building relationships [35].

Alongside this culture change, literature suggests that successful trauma responsive systems are underpinned by several key enablers [37]. This includes **ongoing workforce development**, which ensures that professionals are equipped with the necessary skills and understanding to support individuals affected by trauma [37, 38, 29, 40]; **organisational readiness, pre-intervention strategies and policies/procedures** to prepare institutions to implement and applying trauma informed practices

effectively [37, 41]; and **trauma informed leadership** to encourage a supportive environment and promote a culture that prioritises understanding trauma's impact [37, 40, 42, 43]. Additionally, **training and education for parents, carers, and those with lived experience** of trauma can enhance community engagement and support [37], as well as co-production with these groups [40]. The use of **trauma screening or routine inquiry** is highlighted to identify individuals in need of support, while **adopting strengths-based approaches** focuses on empowering individuals and building resilience [37, 38, 41, 44, 45, 46]. Evidence shows that a **flexible approach** was felt to be important for adaptability in meeting diverse needs, and **promoting collaboration** and positive relationships between stakeholders was recognised [37, 40, 44, 45, 47, 48]. Lastly, **extended implementation periods** were recognised as providing the necessary time for these practices to take root and evolve within organisations, key for sustainable and meaningful change. International literature indicates that effective trauma informed approach application and implementation demands **multiple strategies used over longer time periods** in order to embed sustainable changes in the broader service system, across organisational culture and policy [42, 49]. Ongoing efforts and **involvement from all levels of the system** are necessary. This is particularly important in complex service systems where change is challenging, and the existing service model may conflict with the principles of trauma informed care [42]. The importance of **progress monitoring and evaluation** was also highlighted in literature, although gaps were identified for evaluations of trauma informed approaches and systems [40].

Several barriers to a conducive trauma responsive system were identified within the literature. This included a lack of clarity for staff on what a trauma informed approach involves, a lack of clarity for staff around what constitutes 'effective training', difficulties related to implementing trauma screening or routine enquiry (where appropriate), and the length of time required for implementation including unforeseen delays [37]. In Northern Ireland, implementing a trauma responsive system has faced significant challenges, particularly within large, complex, multi-site, and multi-disciplinary organisations such as Health and Social Care Trusts and extensive voluntary sector organisations that provide multiple services [50]. Although, multiple strategies have been adopted by organisations to overcome this, including developing pilot projects to illustrate what trauma informed change could look like, from which organisational learning could be cascaded; building strategic connections with aligned services or initiatives across the wider organisation; and creating implementation structures and processes that could help people 'join the dots' [50].

Within the literature, it is recognised that although individual-level measures are essential, systems-based measures offer opportunities not only to assess whether systems are equipped to support individual-level changes in outcomes, but also whether they can support broader systems-level changes to support the health of communities [51]. Systems approaches have been implemented across the UK to adopt and apply trauma informed practices. This includes the establishment of training programmes throughout various sectors [52, 53], active engagement with professionals and key stakeholders in trauma informed strategies, and initiatives in some cities to achieve the designation of 'trauma informed cities'. Some examples include:

Trauma informed and trauma responsive workforce, Scotland: Scotland has taken significant steps toward developing a trauma informed workforce and services, with a focus on recognising and responding to trauma and ACEs. This initiative is part of the Scottish Government's broader commitment to preventing and mitigating the effects of psychological trauma and supporting affected individuals including children, young people, and adults. The overarching goal is to create a workforce capable of reducing re-traumatisation, improving recovery outcomes, and addressing inequalities, thereby enhancing life chances for those impacted by trauma [54].

In 2017, NHS Education for Scotland (NES) introduced the Transforming Psychological Trauma: Knowledge and Skills Framework, alongside the Scottish Psychological Trauma Training Plan. The aim of these resources was to establish a shared language and understanding of what constitutes a trauma informed and trauma responsive workforce [54]. Through this, NES sought to clarify the essential knowledge and skills needed across sectors to minimise the likelihood of re-traumatisation and reduce barriers to accessing both universal and specialist services. These efforts form part of the National Trauma Transformation Programme (NTTP)**,** a national initiative led by NES in partnership with the Scottish Government, COSLA (Convention of Scottish Local Authorities), Resilience Learning Partnership, and the Improvement Service**.** The NTTP initiative is supported by a range of evidence-based tools and resources, including training programmes and implementation support, designed to embed trauma informed principles in practice [54].

NES issued a baseline survey in 2016 across sectors and organisations to assess awareness and understanding of psychological trauma and the extent to which trauma informed practice was embedded [54]. This survey was followed by a second, conducted by the Improvement Service in 2021, which revisited similar topics. The 2021 survey focused on workforce attitudes and confidence around trauma informed practices, as well as levels of engagement with NTTP resources. Results from the survey suggest that while there were relatively high levels of understanding around the concept and impact of psychological trauma within the workforce, there were lower levels of confidence in trauma informed practice. Although, improvements have been evidenced in both areas since the baseline survey was carried out [54].

Trauma Responsive GM, Greater Manchester: In 2021, the Trauma Responsive GM Programme was developed to ensure a coordinated population approach to reduce children and families' exposure to ACEs and to prevent or mitigate the consequences of trauma by becoming a Trauma and ACE responsive city-region. The programme is multi-agency and cross-cutting through the life course and aims to ensure GM have a trauma responsive approach across all sectors including VCSE, probation, health, education, police, homeless services, children and adult services, and in communities.

The programme aims to enable staff and the workforce to develop skills and understanding around trauma responsive approaches and to improve and change practice in a trauma responsive way. The work also aims to equip communities with an understanding of the impact of trauma. The programme also aims to promote transformational change across communities, workforces, and service delivery, through the implementation of Positive and Adverse Childhood Experiences (PACEs), and Trauma Responsive Framework. The programme links to other programmes and strategies across GM and also includes a range of measures to facilitate implementation. Recent evaluation demonstrated impact across stakeholders, service users, and the system. This included staff with better knowledge and understanding of ACEs, more confidence working in a trauma informed way, and applying new knowledge into their practice to improve service delivery. Additionally, a stronger service offer, better partnership working, and more opportunities for shared learning was identified across the system [55].

West Yorkshire, Trauma informed 2030, Yorkshire: The NHS West Yorkshire Integrated Care Board, West Yorkshire Health and Care Partnership, and the West Yorkshire Violence Reduction Unit are collaborating to improve wellbeing and prevent harm through the West Yorkshire Adversity, Trauma, and Resilience (ATR) Programme. Launched in June 2020, the programme aims to create a trauma informed and responsive system by 2030. It focuses on connecting organisations, communities, and individuals to address adversity and trauma throughout the life course, enhancing care, and reducing re-traumatisation [56].

Key goals of the ATR Programme include preventing adversity and trauma, responding to existing trauma, building resilience, and improving health outcomes. The programme is built on co-production, which involved 500 people and professionals across West Yorkshire as well as each local area, who lead their own ATR initiatives. Specific examples of how the programme is being implemented include trauma informed services in prisons and with police, trauma informed education settings, the development of ATR Navigators in A&E, and extensive training for professionals across sectors. The programme aims to build capacity, knowledge sharing, and collaboration across the region. This includes launching the West Yorkshire Adversity, Trauma, and Resilience, and providing trauma informed training to thousands of multi-agency professionals [56].

Surrey and Northeast Hampshire Trauma informed approaches: The Trauma Informed Surrey and Northeast (NE) Hampshire Team are a co-produced team comprising clinical and lived experience expertise. The programme was created in 2020 with a remit to improve services to people experiencing a mental health crisis [57]. At that time the team was led solely by a Clinical Psychologist, with the training being coproduced with staff in clinical and lived experience roles (either of having used services or caring for someone who had). The training identified a far wider need and want from services across Surrey and NE Hampshire for training on trauma informed approaches as well as the need for the programme to be truly coproduced, employing someone with lived experience in a lead role. Funding was sought and from 2022, the programme was co-led, and the remit of the programme was extended [57]. The team continues to work with staff with expertise in both clinical and lived experience roles. Lived experience must be relevant and appropriate to the context and therefore, additional people with lived experience who are outside of the core team are worked with, where appropriate for their expertise to coproduce training and for service evaluation [57]. The team also run a co-produced trauma informed training course for people living in Surrey and NE Hampshire via the local Recovery College [57].

Trauma informed Lancashire: Trauma informed Lancashire is a multi-agency initiative, facilitated by Lancashire Violence Reduction Network (LRVN) to support public and third sector services in becoming trauma informed [58]. To embed trauma informed practice, the LRVN has commissioned four programmes of work. Evaluation shows there is a good understanding of trauma informed approaches and evidence of implementation in all programmes of work [59].

1) Adult divert - A police custody intervention programme in partnership with local football community trusts, that helps to reduce reoffending in young adults aged 18-25 who have been detained for violence.
2) Emergency Department (ED) Navigators - A scheme which helps people to access support services. ED navigators look to talk to young people who attend hospital with violence related injuries and who feel they are living in difficult or dangerous situations and feel anxious for their own safety.
3) Trauma informed education - A scheme which seeks to increase resilience in children and young people, reduce exclusion rates, increase attendance, and raise attainment.
4) Trauma Informed Training and Workforce Development - A scheme which focuses on developing the trauma informed skills-base of professionals.

2. Methodology

This research received ethical approval from the LJMU Research Ethics Committee (reference number: 24/PHI/010).

2.1 Desk based review

A desktop review and online mapping exercise was carried out to map current policies, guidance, interventions, or activities that have been or are being implemented across Merseyside. This included any work related to ACEs or trauma informed and trauma responsive policy, practice, and approaches. The information was mapped at a Merseyside and local authority level, by level of implementation (e.g. service type/community/school etc.) and approach (e.g. policy, guidance, information page, intervention etc.), and included details of any research carried out to evaluate identified activities. The review found n=123 examples of activity related to preventing or responding to ACEs and/or trauma.

2.2 Stakeholder workshops

An initial workshop was held in May 2024 to bring key stakeholders together to introduce the review and share the early findings of the desktop review. This allowed the research team to further map/understand what work was being carried out across Merseyside. The workshop was attended by n=18 stakeholders, including local partners from across Merseyside who were involved in the commissioning and delivery of trauma responsive work. The workshop provided an opportunity for stakeholders to discuss their views on what trauma responsive work looks like/could look like across the system in Merseyside. A second workshop was delivered towards the end of the review in November 2024 (n=25 stakeholders), to share findings and recommendation, providing an opportunity to bring partners together to consider how the partnership can address actions moving forward.

2.3 Stakeholder interviews

Semi-structured interviews were conducted with n=10 stakeholders, including members of the MVRP (e.g. core team, steering group) and key stakeholders involved in ACE and trauma responsive work. The interviews explored what ACE/trauma responsive work is/has been implemented, barriers and facilitators to delivery, and impacts of trauma responsive practice (at an individual, wider, and system level). The interviews also explored stakeholder views and perceptions on what a trauma responsive system looks like and what success would look like across the system.

2.4 Wider stakeholder survey

Stakeholders were invited to complete an online survey that asked questions about their current ACE and trauma responsive work, including any policies and strategies, and if work had been evaluated. The survey also asked stakeholders to agree/disagree with a series of statements associated with becoming a trauma responsive organisation/region. The survey was completed by n=11 respondents from a range of professional backgrounds[3] and geographical areas.[4]

[3] This included n=4 local authority, n=1 NHS, n=1 health, n=2 CJS, n=4 education, n=1 VCSE and n=1 multiagency partnership. The majority of survey respondents worked with both professionals and clients (n=7/11, 63.6%), and with adults, children and young people (n=9/11. 81.8%)

[4] n=5 worked in Knowsley, n=7 in Liverpool, n=8 in Sefton, n=4 in St Helens, and n=5 in Wirral.

3. Findings[5]

3.1 Mapping of ACE and trauma interventions across Merseyside

A desktop mapping exercise was conducted to map out any policies, guidance, interventions to prevent or respond trauma and/or ACEs that have been or are being implemented across Merseyside. The review found 123 examples of activity related to preventing or responding to ACEs and/or trauma across Merseyside, which are delivered across Knowsley, Liverpool, Sefton, St Helens and Wirral. Survey responses (n=11) and interviews with stakeholders provided additional information regarding the activity taking place across Merseyside.

Interventions

The desk-based review found n=47 interventions related to ACEs and/or trauma across Merseyside, with a range of activity found in each borough of Merseyside.[6] These interventions included:

- Domestic and sexual abuse services.
- Bereavement support.
- Social, emotional and mental health support.
- PTSD support.
- Support for vicarious trauma.
- Education/employment support.
- Therapeutic support.
- Multi-agency panels for individuals with complex needs
- Drug and alcohol services.
- Physical exercise (e.g. yoga).
- Support for people experiencing or at risk of homelessness.
- Support for children/young people impacted by parental imprisonment.
- Support for sex workers.

Stakeholders acknowledged that although there are interventions that are not directly targeting ACEs and trauma, these interventions are linked to associated ACEs and can therefore contribute to both preventing and responding to these experiences. For example, one stakeholder explained that their service had been commissioned by MVRP to deliver a bystander intervention. Specifically, this was a training programme designed to enable sports coaches and other staff in the sport sector to recognise inappropriate and harmful behaviour to reduce violence against women and girls. They acknowledged that *"whilst it's not explicitly targeting ACEs or trying to mitigate the harm of them. I guess it's tied intimately into gender inequality and an associated ACEs, so again, things like domestic violence and things like that" (S5).*

Additionally, the review found n=3 interventions specifically focussed on supporting people who have experienced or are at risk of experiencing trauma/ACEs (see Boxes 1-3).

[5] Quote key: S: stakeholder interview; SS: stakeholder survey; W: workshop

[6] n=10 in Liverpool, n=6 in St Helens, n=7 in Wirral, n=11 across Merseyside, n=3 in Sefton.

Box 1: ACEs Recovery Programme (Sefton)

Overview: Sefton deliver ACEs recovery programmes across youth justice, early help services, the primary care network (PCN), school mental health services, and domestic abuse services. They offer a free 10-week programme to provide support to those impacted by ACEs and trauma. They provide support to build resilience, develop a healthy lifestyle within a safe and calming environment, and develop strategies to support people in their recovery by looking at protective factors that they have in place and building on these. It also aims to provide a better understanding of how ACEs impact the individual and their family, whilst encouraging positive changes and choices. Over the last eight years, they have delivered the programme 52 times.

Facilitating factors: 1) Embedding of trauma informed principles into delivery and seeing individuals through an ACEs lens, 2) Providing the course, transport, food, and a crèche for free.

"It's those trauma informed principles and how that programme is delivered to those individuals because the ACE recovery programme possibly wouldn't have the success that it has had… it's all down to how it's delivered and how it's facilitated"

Impact: It was recognised that they are seeing *"really good, positive, sustainable outcomes from it and for some of those individuals, its life changing".* This includes individuals understanding what it means to have ACEs, the impact it can potentially have on them, and their protective factors. For some people, it was seen to allow them to move on from their previous trauma and allowed them to increase resilience. The think ACEs create PACEs' lived experience group that was developed from this work.

Box 2: Flourishing families (Liverpool)

Flourishing Families is an early intervention and prevention service aimed at families whose family system consists of children and/or young people aged 5-25 years and are identified as having been exposed to trauma and/or adversity impacted by violence. The service commenced as a 21-month pilot funded by the MVRP, concluding as of the 30/09/2024. The targeted service was designed to provide a "Whole Family Evidence Based Therapeutic Service," with the aim of working with 209 Liverpool families. The service aims to:

- Improve behaviour management/regulation; social and emotional wellbeing; educational engagement (reduce risk of school exclusion); and access to opportunities for employment and training.
- Reduce vulnerability and victimisation (bullying, criminality, violence).
- Prevent perpetration/offending (bullying, criminality, violence, aggression – including siblings and/or parents).
- Enable recovery from trauma and adversity.

Box 3: The Beacon Project (Merseyside)

Overview: The Beacon Project is a six week (one day a week) group-based programme run by Merseyside Fire and Rescue service. It has been designed to engage with young people aged 8-18 who may be transitioning to secondary school, have experienced ACEs, struggle with attendance, show trauma-related behaviours, or are involved in risky or anti-social activities.

Once a young person has been referred to the project, staff will go to their school to meet them, introduce the project, and answer any questions. The project is delivered in local fire stations, where young people engage in Fire Service activities, team-building tasks, safety awareness, first aid, and healthy relationship education. The course aims to provide safe, fun experiences that promote self-development through fire service principles (e.g. discipline, leadership, and teamwork), as well as improving school attendance, preventing exclusions, and fostering responsible behaviour. At the end of the six weeks, they do a "pass out" presentation where young people demonstrate the skills learned in front of their parents and teachers.

Partnerships: MVRP fund the project and there is a strong partnership between the organisations

"We have a great partnership with them, really do… they give us data around national data and local data that they study. And then they then ask us to work with specific schools depending on that data. So we're making sure that we target the right young people, so they use data like where there's domestic violence, they use data around free school meals, absenteeism at school, so that they've got access to the right data."

Facilitating factors: 1) A welcoming service and uses inclusive language (the Fire Service have developed their own children and young person's policy to make the service more child friendly) 2) Free for the schools; food and transport provided for the young people.

Impacts: They collect feedback from the children and young people, which has shown increases in school attendance and confidence. Evaluation shows that they have also developed positive peer relationships [60].

"Children who are struggling to get into school for one reason or another, school attendance has improved. Children are putting up their hands in class that wouldn't normally put their hands up in class because they're feeling more confident and it's just about taking them away from the school and taking them away from their peer group environment to try and develop the confidence more in a small group."

Interviews with stakeholders highlighted that there is a range of support available across Merseyside and that support for preventing and responding to trauma is accessible now more than ever, due to more people being aware of trauma and ACEs and there being more open conversations about these topics:

> *"People are starting to actually be less fearful of broaching the subject of ACEs or trauma... more people who literally, you know, for the first time, even quite later on in life, have been able to actually get the support they need and speak about what's happened for them" (S6).*

Survey respondents reported that they provide activities and interventions to prevent and/or respond to ACEs and/or trauma. This included making contact and signposting to the young person's school learning mentors, Special Educational Needs Coordinator (SENCO), and family support workers to discuss the young person's needs, triggers, and the support provided. One survey respondent

highlighted that during training programmes, they invite guest speakers to attend in relation to drugs awareness, mental health awareness and domestic abuse awareness to ensure that students are aware of different backgrounds and provide them an opportunity to get advice from someone in a similar situation to themselves. Less than half (n=4/11, 36.4%) of survey respondents were confident that the intervention was evident based, and over half had evaluations in place for their work (n=6/11, 54.5%)

Policies and guidance

The desk-based review activity found 16 examples of policy and guidance related to ACEs or trauma informed practice/approaches (see Box 4 for examples). These mostly included community strategies, but also one school-based strategy in St Silas Church of England Primary School (Liverpool). St Silas is a trauma informed and trauma responsive organisation, where an attachment and trauma-sensitive approach is becoming increasingly interwoven into strategy, policy, and practice. Survey responses suggested that professionals utilise a range of policies and guidance including, local authority policies, the trauma recovery model, and MVRP resources including MVRP TICC Toolkit and trauma informed training documentation, local authority policies and bitesize online training. Despite this, during interviews many stakeholders expressed a lack of awareness regarding policies and guidance for preventing and responding to ACEs and trauma in Merseyside. Others recognised that whilst there are examples of policy and guidance, it is not often reflected in practice *"I think there is some guidance there, but I don't think it's often put into, you know, translated into services contracts or action" (S10)* and although there are many examples of pledges of support for trauma responsive approaches, they were noted as too high level and not practical. Over half of survey respondents (n=6/11, 54.5%) were unsure if their organisation had policies and/or guidance around preventing and/or responding to trauma and/or ACEs.

"There's plenty of pledges and things like that out there, but they're very high level, they're less practical" (S5)

One stakeholder suggested that there is a lack of sufficient policies and guidance to help organisations understand trauma and how to operate in a trauma responsive way *"I think there's not enough to help organisations understand trauma, so even from a HR perspective, you know organisations are they trauma informed?" (S2).* Many others emphasised that it would be beneficial to have more policies in

Box 4: Examples of ACEs or trauma informed practice/approaches policies and guidance in Merseyside

Knowsley Start well Strategy 2030 highlights ACEs, what they are, and prevalence.

Wirral Youth Justice Strategic Plan. The Youth Justice System take a trauma informed approach and young people have helped to make the YJS environment and interventions trauma informed**.**

Liverpool's child friendly strategy is about having a standardised approach across organisations *"It's all about having a standardised approach across organisations to make sure that our policy is child friendly, to make sure that our environment is child friendly"*

Liverpool ACEs strategy has been developed by Growing Stronger to implement ACE and trauma responsiveness within local organisation's policies.

St Helen's Public Health annual report for 2022-2023 discussed local needs, complex lives and ACEs within the borough [85].

Merseyside to hold services and organisations to account, ensuring that they are working to a set of principles for trauma responsive practices:

"Every organisation in our city must have their own policies and procedures around how they respond to this for their staff and for the people that they work with" (S9)

Despite this, efforts have been made to address this issue, with stakeholders reporting a directive across Local Authorities to develop strategies and declarations to promote working trauma responsively. For instance, Sefton is working towards establishing a declaration designed to ensure staff members work in a trauma responsive way by holding them accountable to a defined set of principles. Similarly, Liverpool City Council was reported to be in the process of formulating its own strategy.

"There's never been like a clear message or a clear vision or a clear strategy from the council" (S3)

"There's a directive for all organisations to have policies and guidelines that support staff and the people they work with. That is part of any kind of commissioning to make sure that every organisation who bids, needs to have those policies in place" (S9)

It was highlighted that while behavioural policies are in place within schools, questions were raised about whether these policies are trauma responsive, as they often focus on addressing the presenting behaviour, without considering that the behaviour may be a result of underlying trauma:

"Behavioural policies within school, are they looked at with a trauma informed lens? The fact that they have a behavioural policy, many schools do, but it kind of makes me question if the emphasis then is on behaviour which we know often is a product of trauma and something else" (S3)

Reports

A number of reports were identified (n=32), which were primarily evaluation of services [60-79], but also included reports which outline perception and impact of ACEs [80, 81], a peer challenge report [82], a social return on investment [83], and mapping of current services [84]. Additionally, a Wirral-based report titled 'A prospectus of preventative programmes for people facing multiple disadvantage' highlighted that many of the people experiencing multiple disadvantages in England have experienced entrenched disadvantage, trauma, and ill-health [86].

Web pages

The desk-based review found several (n=12) online information pages, aimed at sharing knowledge and developing an understanding of ACEs and trauma across Merseyside. These webpages were primarily aimed at the community, however, there were also several aimed at professionals and schools. A range of organisations had an information page on their website including Liverpool Child and Adolescent Mental Health Services (CAMHS), School Improvement Liverpool and the Liverpool City Council, Wirral Safeguarding Children Partnership, The Beacon Church of England Primary, Impact North West, St Helens Safeguarding children partnership, and Crea8ing Community.

Training courses

The desk-based review found 22 examples of training courses and content, with the aim of building resilience, providing a better understanding of trauma/ACEs, and informing service delivery (see Box 5-6 for examples of Merseyside wide training offers). Courses were primarily delivered in Liverpool

(n=7), however, a number of courses were also delivered across Merseyside (n=7) including Wirral (n=3), St Helens (n=2), Knowsley (n=1) and Sefton (n=1). Training was delivered across a range of levels, including to professionals, community members, schools, early years, and sports organisations. Stakeholder interviews highlighted the training delivered by Person Shaped Support (PSS) perinatal service and the PSS child parent and infant relationship service, who are actively involved in raising awareness and organising conferences focused on early childhood. It was highlighted that this work around early years is crucial to preventing ACEs and trauma. Additionally, the NSPCC run domestic violence work, which includes their dot programme for female survivors of domestic violence and their families. They also run a programme called letting in the future, which is for survivors of sexual abuse.

Stakeholders felt that the training available across Merseyside is good, offering a wide range of *"invaluable"* training and awareness-raising opportunities throughout the region. Training opportunities were described as *"very accessible and it's very frequent" (S8),* with a mix of in-depth training offers and bite-size training opportunities (although the content taught on these courses were felt to be relatively similar and standard in what they teach). Stakeholders discussed how they have adjusted their practices and service delivery due to the knowledge gained from ACEs and trauma training:

> *"I've done a lot of training now on ACEs and trauma informed and it's really dictated my practices and how we deliver to our young people, and our mind-set, how we decorate our youth rooms, everything really. I love it" (S8)*

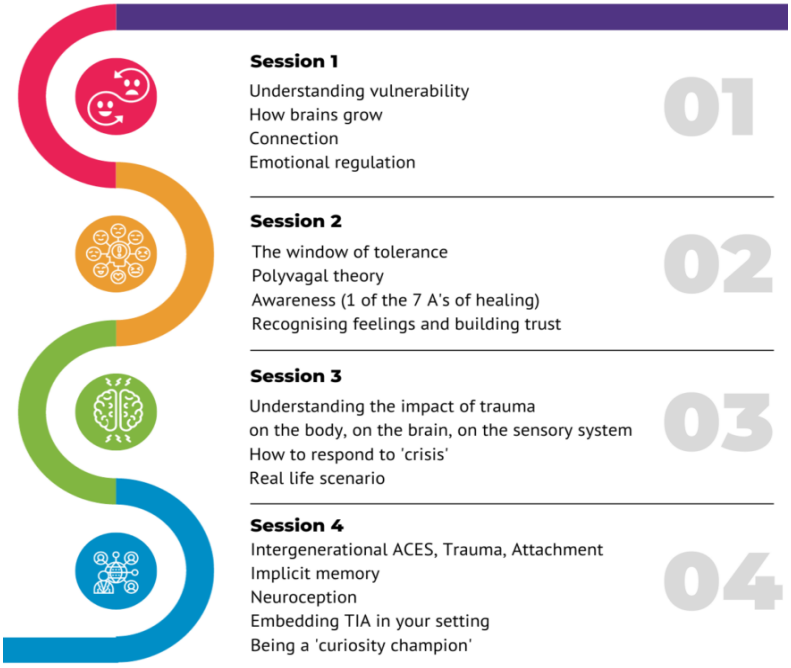
Attendance at training was considered good, which was seen to reflect the need for and willingness of services to work in a trauma responsive way. One stakeholder explained that they had accessed the training numerous times to remind themselves of the learning. It was felt that training on ACEs and trauma is important for new members of staff who may have limited knowledge on the issues.

> *"I've done it a couple of times just to refresh myself, to see if there's anything new that's been being added. And I think for the staff, it's about ensuring that, you know, especially when you're getting new staff, that I've never heard of ACEs or a trauma informed, it's very much about getting them onto that training as soon as possible" (S8)*

> *"It's very well attended by lots of professionals, so it shows you that they are obviously doing it in their organisations as well, which is good to see it, you know, domineering out into the community, to be honest" (S8)*

Box 5: MVRP training

The MVRP runs free trauma informed training focused on supporting public sector organisations to understand how psychological trauma can impact individuals and ensure they consider the implications for their service. The training is accessible to **all Merseyside public services and consists of** four sessions over four weeks. As of February 2024, the training had been accessed by 500 professionals (MVRP, 2024).



Box 6: Merseyside Youth Association (MYA) trauma informed training (Merseyside)

Overview: MYA is a charity dedicated to providing innovative support and opportunities for young people across Merseyside. They deliver a range of targeted programmes for young people, particularly those facing vulnerabilities such as not being in employment, education, or training (NEET), having disabilities, or requiring mental health support. The organisation provides opportunities for engagement in detached youth work, sports, and creative arts. Additionally, MYA offer trauma informed training to any professional involved in supporting children and young people and have trained over 780 people.

"We have our own ACEs training for those who work with children, young people, and that assesses how trauma informed the person is, what trauma informed is, but also is the organisation trauma informed. You know, because a lot of organisations, particularly if they're risk adverse, they might not be the most trauma informed organisation"

MYA have recently invested in training NHS therapists in eye movement desensitization and reprocessing (EMDR) in Merseyside, which is an evidence-based psychological intervention for treating trauma-related conditions and adverse life experiences. They bring in a private provider to do the training and will train 60 people at a time. There is a high demand for the training, and they have large numbers of people wanting to access the course.

Outcomes/impacts: MYA's work is reported as having had significant positive impacts, particularly in raising awareness of ACEs and mental health among young people and professionals. Over 780 people have accessed their trauma informed training and the EMDR training provided to NHS therapists has been accessed by 240 professionals.

Box 7: Merseyside Police trauma informed training (Merseyside)

In 2023, Merseyside Police and the Merseyside Violence Reduction Partnership implemented ten 3.5 hour trauma informed training sessions with police staff and partners from wider organisations. Training content included an overview of trauma and ACEs, their impacts on offending behaviours and health, how trauma and ACEs may present, and the principles and benefits of trauma informed policing. 170 police staff and 24 individuals from partner organisations attended the training sessions.

Post-training assessments showed significant improvements in knowledge and attitudes, particularly regarding brain development, the impact of trauma, and awareness of trauma informed practices [87]. However, disparities in attitudes based on rank, experience, and ethnicity indicated that additional support and training are needed to address staff wellbeing and ensure an inclusive, trauma informed culture.

Community events

The desk-based review found three examples of events and conferences related to ACEs and trauma in Merseyside. In 2021, Liverpool CAMHS ran a week of free events to celebrate Children's Mental Health Week. As part of this, there was a free conference titled 'Talking Adverse Childhood Experiences (ACEs) with CAMHS: Trauma Informed Thinking for Practice'. Liverpool John Moores University also host an annual ACEs conference attracting 200 attendees each year. Additionally, the NOW festival is an annual youth festival in Merseyside ran by MYA. The 2024 event focussed on raising awareness of ACEs, challenging stigma, and exploring ways of building resilience and improving mental health. A survey respondent highlighted that the MVRP is holding its first trauma informed conference 'Curiosity Champions' in October 2024.

Trauma informed schools

Across Merseyside, the desk-based review found n=39 trauma informed schools, although these were all based in either Liverpool or Wirral. The Liverpool HEARTS project has been a driving force in schools becoming more trauma informed across Liverpool. This project started with Hope School, a special school in Liverpool, which *"raises awareness of attachment theory and the psychological impact of trauma".* Since 2014, Hope School has been a leader in supporting children with complex trauma histories and attachment disruptions. Since 2021, the school (in partnership with the local authority) has been sharing its expertise with other Liverpool schools via the HEARTS project, which has been designed and led by Virtual School Liverpool (See Box 8). The project started as a pilot with ten schools and has now expanded to 32. In addition to this, several schools across Merseyside have been praised for their efforts and have received awards to acknowledge their efforts in becoming trauma informed.

Hope school's HEARTS Project – Gold Attachment and Trauma Friendly School Award

West Kirkby School - Bronze Attachment and Trauma Sensitive Schools Award

Whitefield Primary school – ARC Attachment Award

Additionally, in 2012, Liverpool started its City of Sanctuary movement, and the City of Liverpool college joined this movement by becoming a College of Sanctuary. It recognised that displacement due to war and conflict can be an extremely traumatic experience for individuals, families, and communities, and they therefore, they work to engage with trauma informed practices and inclusive pedagogies, and their student services ensure that sanctuary seekers have the tools they need to thrive.

Whole-system approaches

The desk based review found two examples of a whole-system approach to preventing and responding to ACEs and/or trauma, applying systems thinking methods and practice to better understand ACEs and trauma and identify collective actions. This includes the MVRP, which is made up of a team of experts and leads, who work together and collaborate with communities to address the root causes of violence and work toward its prevention. They are fostering collaboration across multiple sectors, including health, education, criminal justice, and community organisations. This integrated strategy ensures that interventions are holistic, addressing not only the immediate impacts of ACEs but also the underlying social and environmental factors contributing to trauma. The MVRP works with local authorities, schools, healthcare providers, and community groups to deliver trauma informed support and services, aiming to build resilience in individuals and communities. By focusing on early intervention, education, and coordinated care, the MVRP strives to break the cycle of violence and trauma, promoting long-term wellbeing and reducing the risk of future harm. Another example is the Growing Stronger Framework (see box 9).

Box 8: HEARTS project (Liverpool)

Overview: The HEARTS project was developed in 2020/2021 due a recognition that there was a lack of a cohesive strategy within the local council to address trauma and behavioural issues in schools. The framework aims to support schools in better understanding and managing students facing complex challenges. The project is consequence based, rather than punishment based, so *"you haven't done your homework. Why?... when are you going to do it? And how are we going to support you to do it rather than punishing it out of them".* HEARTS works with a school for a period of two years. They will create an audit and development plan with every school, which identifies needs within the school and outlines actions to take forward *"It's a proper partnership piece of work... they're all as equal as us. They wrote the framework with us. It wasn't us saying this is how you do it. And we're telling you how to do it".* The project offers comprehensive training for all staff, from teachers to support staff, ensuring a unified understanding of trauma informed approaches. The schools are provided regular support in the form of clinical psychology, which provides space to talk about whatever they want. The first-year focuses on working with the senior leadership team and at the end of this year, they run a conference with all members of staff *"the feedback that we get from that event is amazing and a lot of it actually is about how you've got the cleaner and the head teacher. That's the same event learning the same thing at the same time and how powerful that is."*

"In every single school we went in they all realised that actually the teachers seem to know quite a bit but all support staff and the people on the doors didn't get access to any training at all because we didn't include them. That's changed instantly and they've seen the value of that"

Facilitators: The HEARTS framework emphasises partnership and adaptability *We've got a framework we work from, but it's translates different in every school".* Schools actively contribute to the model, and its flexibility allows for regular adaptations based on feedback. They also encourage engagement in network sessions, which includes all the schools involved in the project. It was felt that this fosters a strong community of practice where shared learning is encouraged to drive improvement - *"because there's a group of them doing it, they feel safe in numbers"*. HEARTS project focusses on *"peer led organic growth"*, with no designated leader. This ensures that all involved schools have a voice in the project's development *''The sharing of practice is quite fluid because there's a real sense of community and no competition and no leader".*

Challenges: Challenges with attendance at training were recognised. To overcome this, HEARTS are now asking the schools to part fund the project themselves, rather than having it funded by the virtual school.

Outcomes: Stakeholders recognised that the HEARTS project is *"a marathon, not a sprint",* in that it will take time to see meaningful change. However, positive impacts have been recognised, for example, *"suspensions and exclusions have dropped massively or gone altogether. You see an improved attendance".* The project has also enabled school leaders and staff to approach behaviour management with greater confidence and has seen improved well-being for both students and staff.

"It underpins every part of our practice for the benefits of all children and adults, all adults now have a greater understanding that every child has a back story. And this understanding has been vital in helping our children to thrive" (Quote from a school that has taken part in the HEARTS project)

Box 9: Growing Stronger Framework (Liverpool)

Overview: Growing Stronger is a multi-sector project developed to address the long-term impacts of ACEs in Liverpool. The project was designed to work cross-sector across three strategic aims: preventing ACEs, supporting young people who are affected by ACEs, and supporting adults affected by ACEs. The project set out to understand what is happening cross-sector and tie some of that together with a small budget over an 18 month period. It included a three-phase public campaign about ACEs and three levels of training. A train-the-trainer model was implemented, which is a four-session model that teaches the trainers how to deliver Growing Stronger within their own community with adults.

Training

ACE aware: 45 min online session for anyone over 18 interested in knowing more about ACEs.

ACE skilled: Half-day training face to face training for professionals supporting a deeper understanding of ACEs.

ACE leadership: Full day of face-to-face training for managers and leaders within organisations. It considers ACEs and the response to ACEs from a systems perspective.

To support young people, Growing Stronger have run community-focused events. So far, there have been 15 events, reaching 1,580 people, at schools, children's centres, and libraries to raise awareness of ACEs with families. They have developed a children and young people's social model of health to enable young people to access the support available and actively participate in positive activities already in existence in their local community. Additionally, they have commissioned a social prescribing model and have sponsored and supported the MYA NOW festival 2024, focussed on 'overcoming ACEs' - this included 36 schools and over 350 young people. For schools, they have developed an ACEs scheme of work focused on the Growing Stronger Framework from primary and secondary settings, which was shared with schools at Student Initiated Learning (SIL) Personal, Social, Health and Economic (PSHE) briefings. Growing Stronger are also working to establish a pledge to encourage organisations to think about what becoming ACE and trauma informed would look like for them and sign up to the pledge and action plan. This has cabinet member endorsement, and it is being taken to cabinet in Liverpool.

Challenges: They experienced initial concern that raising awareness of ACEs could re-traumatise individuals. Additionally, professionals questioned whether they had the skills and resources to support people dealing with trauma.

Outcomes: It was acknowledged that they are not at a point where they have evidence or data on outcomes, however initial feedback suggested that the public campaign had a strong positive impact, with individuals reporting increased understanding and empowerment.

"We went and did consultations… with our community, what they said was hearing about it [ACEs] makes me feel empowered, makes me understand where I come from… it makes me feel sad, but it also makes me feel strong. Everybody needs to know about this, this is something that we all know, makes me understand my wife better makes me think differently about me"

Public campaign

Phase 1: recognition of what ACEs are, what are the causes, what is the evidence, what is the impact? (e.g. posters on the back of buses).

Phase 2: stories and realisation: demonstrating the human impact of ACEs and fostering empathy - using real life voice recorded stories from people in Liverpool and how they've overcome ACEs.

Phase 3: Support and empowerment: ways to grow stronger, recover, and respond e.g. promoting reading to children and encouraging a healthier lifestyle.

3.2 Key themes from the stakeholder engagement

Understanding of ACEs and trauma

Stakeholders had a good understanding of ACEs and agreed that they are significant events or experiences that happen to you as a child which can impact development, shape you as a person, and impact on your life going forward into adulthood. They focused examples mainly around growing up in a household with domestic abuse. Stakeholders also discussed generational links, noting that parents who have experienced ACEs may go on to have children who also experience ACEs. Despite the term *ACEs* first being coined in 1990s, one stakeholder reported that outside of specialist services, ACEs are a relatively new concept amongst wider society.

> *"ACEs can form a number of different things which can have a detrimental effect on a young person's development, outlook on life and choices. These can stem from a moment or incident in the young person's life which may have been traumatic, upsetting or distressing" (SS1)*

> *"Adverse childhood experiences are traumatic experiences which some children go through in childhood which impact on a child's emotional and physical development, such as parental substance use, parental mental health, physical abuse, neglect. The impact of such traumas can be long lasting and significant. They will impact brain development, emotional responses, relationships as the child grows and navigates puberty, adolescence into adulthood" (SS4)*

They believed that ACEs go beyond the original 10 what? [3] and felt that there were other experiences that could be considered an ACE. They thought it should also incorporate factors such as poverty and socioeconomic status, experiences of bereavement and grief, disempowerment through government, racism, and bullying.

> *"There are things that add into that so…the impacts of poverty, impacts of grief and loss upon children, which would impact upon toxic stress of a child. I think being completely disempowered through political processes and democracy that will have an impact if people feel they've got no choice. There's a wealth of things, racism, children talk about the impact of bullying within their lives. So, outside of the original scope of the 10" (S2)*

Stakeholders agreed that trauma is any event and negative experience that impacts the individual and that it can be very personal and relative to the individual. They felt that trauma is similar to ACEs in many ways and that it can be a consequence of adversity, although it can happen across the life course, rather than just in childhood. One stakeholder described trauma as *"anything psychological"*, but also acknowledged that the body holds on to trauma. Another stakeholder stated that trauma can stay with a person throughout their life. During discussions at the workshop, stakeholders highlighted the importance of understanding the difference between the concepts of reducing and eradicating trauma, noting that trauma could not be totally eradicated but could be reduced and impact minimised.

> *"[Trauma] can be big, significant events, or they can be little things that happen over a longer period of time that cause your body, brain, to go into a toxic stress that can then have impacts on how you plan live, grow, develop, think, and your physical health" (S9)*

> *"My understanding of trauma is it's anything that threatens somebody's identity, either their psychological or physical integrity" (S10)*

"Acknowledging that reducing and eradicating trauma are entirely different concepts – one will never be able to entirely eradicate trauma, but one can work to drastically reduce it. It's important to acknowledge the difference between eradication and decreasing" (W9)

Stakeholders agreed that despite an increased awareness, there was still a lack of understanding and insight into ACEs and trauma. They did, however, think there had been a positive shift with more people less afraid to talk about ACEs and trauma. The stakeholders reported that different professionals and services can have different understandings of ACEs and trauma, especially for services not working within the field. This was also linked to the varied definitions of what it means to be trauma aware, trauma informed, and trauma responsive. It was felt that schools need a greater understanding of trauma and ACEs. Stakeholders agreed that for some, there remained a fear of having conversations and 'lifting the lid' on trauma because they did not feel there was much they could do to change that person's situation. One stakeholder still had concerns that some people think being trauma responsive means services are 'soft' on people. Stakeholders were keen to further educate and have open and honest conversations with partners to overcome these beliefs and apprehensions.

"We're a big organisation, so there are pockets of good practice and awareness but not across all front-line services so a more embedded and mainstreamed approach [is needed]" (SS7)

"I think the awareness levels are changing all the time. We are nowhere near where you'd want it to be, and there's pockets rather than it being across the board, but I think it is making a difference because it is also supporting people being asked for the first time" (S6)

"There's still evidence to suggest that a lot of people don't understand what ACEs are. We've got an insight into it, and we've done it for several years, but I don't think it goes far enough" (S2)

"Children often spend a significant proportion of their week in an educational setting, yet teacher training doesn't even look or make reference to ACEs, and adopting a trauma informed approach" (S4)

"Awareness of ACEs and lived trauma is the golden thread in everything that we do supporting victims. When talking to other professionals, I never assume that trauma informed practice is embedded into the processes of other organisations" (SS8)

Survey respondents all thought that language used across professional networks and across the community was somewhat appropriate and very appropriate when talking about ACEs and trauma. Although numbers were limited for the survey, responses showed that stakeholders were more confident in themselves and their own organisations practice but had doubts as to whether partners were trauma aware, trauma informed and trauma responsive, especially when communicating with members of the public compared to across professional networks.

"People have gone, well I've learned about what it is, so I am trauma informed, but we're not trauma responsive" (S1)

"There's still a little bit of a silo whereby there are some people that know about ACEs and some people who don't know about ACEs, but that doesn't mean to say that those who don't know about them aren't operating in a trauma informed manner or aren't aware of, the kind of same issues" (S5)

There were mixed opinions on the definitions and the language used around ACEs and trauma. One stakeholder cited a quote by Dr Lisa Cherry[7] about not using the acronym ACEs and ensuring that we always refer to it as Adverse Childhood Experiences in full, to remind ourselves the significance of them. Another stakeholder felt that word trauma is used flippantly, with some individuals stating that they are traumatised when they are not. Some stakeholders felt that trauma has become a buzzword, and one commented that some professionals may see becoming trauma informed as tick box exercise.

"My biggest worry is it's quite a buzzword now. And when I go to places and they say their trauma informed and they've got somebody sat in the corridor on their own in a work station who's not autistic just because their behaviour is not acceptable or, you know, they've got them on a part timetable because they can't cope with lunchtime. So, they can't ever have any free time with their children, with their peers. Is it trauma informed or is it trendy to be trauma informed" (S1)

One stakeholder thought it was more useful to refer to adversity, as this acknowledges trauma throughout the life course, recognising that adults can also experience adversity. They felt that there is a fine balance required in terms of language. From a political perspective, they acknowledged that when we talk about children, we will achieve more buy-in, but how this overlooks the adversities that adults can face. Arguing that a more holistic view of adversities across the life course is needed alongside the use of more inclusive language.

"Politically speaking, when we talk about children, we're naturally going to achieve more buy-in. But I think we do that at the risk of excluding adversities that can happen to adults. I would vote for a more holistic view of adversities across the life course" (S5)

A second stakeholder reported they would not use language such as 'risk factors' and 'protective factors' for ACEs and trauma, and instead would refer to it as factors that make someone more or less at risk of experiencing ACEs. Another reported using the phrase 'stress factors'. The term 'protective factors' was seen as a closed question that can place blame and shame on individuals. It was felt that it was more important to ask what make might make their situation 'better or different' or "what helps when you are feeling low". This was seen as a more effective way to have a more open and empowering conversation. There also appeared to be incorrect use of the definition PACEs with some stakeholders referring to positive ACEs.

Stakeholders appreciated that amongst professionals it can be useful to describe a person as having a specific number of ACEs, but how this can be 'tricky' and damaging for the individual themselves. Another stakeholder felt the word resilience is not always appropriate, especially when trying to encourage individuals to speak out and ask for help.

"There's a time to be resilient, you know, we're in an apocalyptic event. I need to be resilient. Like, that's absolutely the right place for it. But, you know, if my world's crumbling, I can't afford food, I can't put the heating on and I'm starving already, and my children are bedraggled, should I be resilient, or should I be asking for help?" (S1)

Across the review, the stakeholders recognised the challenges of translating theory into understandable language and recognised that professionals often use a differing language. Some felt that language is appropriate, however there are a lot of bad habits when talking about individuals who

[7] Director of Trauma Informed Consultancy Services

have experienced ACEs and trauma. One stakeholder felt that the language used 'becomes the person' and it is important that language does not define a person.

"So, you know, you've got an ACE score of, you know,seven7 out of ten. And I think that thickens the story of you are damaged. You are, you know, and thickens the shame" (S7)

"I suppose it's about the stigma within the language. Maybe that needs to be changed because the language describes what it is, you know. And I don't think it's particularly tricky language for people, but maybe a bit more understanding around what we really mean by the language" (S1)

There was agreement that language, terminology, and approach needs to be accessible, understandable, and inclusive to support individuals to understand their experiences and navigate their ACEs and trauma. Consistency was seen as key across communities and among policymakers to ensure a consistent approach and message is delivered and to prevent stigma. Examples were provided where organisations had changed the language used in their programmes and documents to make them more child friendly following training on ACEs and trauma. It was also agreed that it was important to speak to young people in a language they can understand and relate to.

"I would say to help people understand, we need to make sure the language is clear, but I'd be really uncomfortable with the thought of language we use with our communities and families, professionals, using it differently in policy because it creates a division or a stigma" (S3)

"I think we need to be careful about use of language and not assuming that people understand what we mean when we use terms" (S10)

"We practice cultural sensitivity, we utilise translation services and ensure that we advocate for the client when required to reduce further trauma through any issues with communication" (SS11)

It was considered important that language is inclusive to ensure that professionals do not separate themselves from their service users. This was seen as especially important in recognising that anyone can experience ACEs and trauma, professionals included. Stakeholders believed it was important for professionals to feel comfortable in talking about their own experiences, instead of relying on service users as experts by experience. This shared experience was seen to promote a shared language.

"We need to ensure that we try and develop a real inclusive language about it and help people understand" (S2)

"It begins with professionals understanding that they're part of this as well, that we are not looking from the outside in, that we are part of that…I think so it's really tricky, isn't it, to do it in quite a capitalist culture" (S7)

Stakeholders felt it was important to not use too many acronyms or jargon as this may be confusing for families. They felt that there is often a 'professional' language used internally between services and professionals, but how this is adapted when working with families and service users to explain terms in more detail. It was seen as important to have a consistent language amongst professionals, policy makers and community groups, whilst acknowledging that more effort may be required to ensure that language is more accessible when working with communities. One stakeholder did not feel that language needed to differ when speaking with different communities, because it was important this remained consistent, highlighting that ACEs and trauma need to be relatable no matter

what socioeconomic background a person may have. Whilst accessibility was identified as important, stakeholders were also cautious of not changing or 'dumbing' down language for communities as this may wrongly assume that communities have poor understanding and literacy skills, which could be poorly received.

"I think consistent language would be better, but it's about the right language. I think acronyms can be dangerous though, because they can mean all kinds of different people. I think we need to get away from the habit of having them. I know we say ACEs, but you know it's there's loads of acronyms and , I think acronyms can make professionals use them a lot and that confuses families" (S3)

"An assumption that just because you're in that community, so for example, myself and my family, when I was growing up, if we'd have been, you know, exposed to more simplified language, it kind of assumes that none of us are literate" (S3)

"I think that's really, really important for the young people to know that we're speaking their language, you know, because the last thing young people want, need is to think, 'oh, it's all adults, you know, it's all adult language and I don't understand that'" (S8)

One stakeholder provided an example of a consultation that their organisation carried out where they asked service users to write a definition of ACEs, from this they developed a website based on preferred language. They found that individuals wanted to talk about ACEs and trauma, but they did not want the information to focus just on facts and figures. They wanted language to be more accessible and less focused on 'high end professional' language which was described as scary.

"Sometimes we can really overcomplicate ACEs and trauma informed practice or trauma informed approaches. And for me, I think in order for us to get a Merseyside wide responsive system then our language and terminology needs to be the same… that's the only pathway and that's the only way in which we're going to be responsive, certainly as a local authority" (S4)

"People generally want to have these conversations, but they don't want to be bombarded with facts and figures like they find out that it can be risky, or it can be bad, but don't frighten us with a whole series of why that might be… they're very kind of high end language that makes sense to people who work in the field. But for the public, things that make it better and things that make it worse" (S9)

Impacts of trauma

Stakeholders discussed the impact of ACEs and trauma for individuals and communities. They explained that there can be a detrimental and long-lasting impact that can significantly affect individual's quality of lives, affect their life choices and hinder their potential and future life experiences. Stakeholders agreed that trauma can impact on every aspect of a person's life but for many it can often go unnoticed. One stakeholder noted that it can be difficult to estimate and fully understand the impact because ACEs and trauma can be complex and interconnected. Stakeholders agreed that impact of ACEs and trauma can increase barriers to accessing and engaging with services.

"It affects children's psychological, emotional development, which effects then how they relate to their peers, it affects to how they get on at school. It affects, you know, kind of qualifications and therefore job prospect. It affects your choice of partner, affects the way that you relate to your partner. It can affect how you feel about yourself and how you feel about

services. Services that may be able to help you, but you may either want to kind of stay away from because you're worried that they're going to kind of tell you what to do or because you don't feel worthy of receiving those services. So, I mean potentially it affects everything" (S10)

Stakeholders did recognise that trauma affects people differently, and what can be traumatic for one person, might not be traumatic for another. However, they reported that just because someone experiences adversity, does not mean that they will have negative outcomes.

"Trauma for individuals is very, very different. And the experiences that we feel, both physically, emotionally and psychologically are very different for individuals. All of those significant traumas will have a significant impact on individuals based on their experiences of a child" (S6)

"Just because you have experienced an adversity doesn't mean that you will necessarily have negative outcomes associated with that" (S5)

They agreed that ACEs and trauma can significantly impact on behaviour, reactions, and responses. Stakeholders explained that people may struggle with emotional regulation, which impacts how people deal with and overcome traumatic events. This highlighted the importance of educating everyone about ACEs and trauma so they understand why a person may behave or react in a certain way. Stakeholders discussed the stigma with people being judged by others and not wanting others to know they've experienced ACEs, and how this may impact uptake of support.

"I think sometimes when you're talking about ACEs and trauma, people don't like people to know that they've had an adverse childhood experience. Sometimes they are, but it's like how you're going to use it against me or use it to blame me. It's the, it's the interactions in society, isn't it?" (S3)

"Everybody's life can be impacted by something which it could be incredibly traumatising to an individual, which has a profound effect on them. I think there's large amount of adults who can't really regulate their emotions so well" (S2)

They highlighted the links between experiencing ACEs and trauma and engaging in risky behaviour and health harming behaviours, noting how many people may engage in excessive alcohol use, gambling, or drug use as a coping mechanism. Stakeholders described how individuals affected by ACEs and trauma have an increased risk of becoming involved in violence and are more likely to perpetrate or be a victim of violence.

"Whether that's somebody hitting a bottle, you know, taking additional drinks or comfort eating. It could be substance use. It could be violence towards themselves or to another. I think things like gambling or a multitude of addictions, will probably be going on and so I think that probably happens. I also think a lot of people will have a lot of physical health conditions, as well as a result of a lot of trauma, but we won't necessarily join up the dots of those health conditions to trauma" (S2)

Stakeholders discussed the health and wellbeing impacts of ACEs and trauma, including isolation, low self-esteem, and low confidence. They also reported how children can grow up with a loss of connection and loss of self, without the ability to 'develop oneself'. Examples were also provided for the physical health impacts and how trauma can affect the body.

"We often see you know your low self-esteem, your low confidence, unemployment, really struggling with connection, whether that be, you know, just within your family or your community. And then also those other sorts of negative outcomes and sometimes it can have such an impact on an individual that it impacts on their ability to parent their own children" (S4)

"They don't want to let people in too deep and they push them away with the behaviour and reactions because of what they've experienced that they've known since day one of rejection, you're not worthy. You're you don't belong here" (S3)

~~*"I think it impacts every cell in your body, all the stress of that. I think it impacts on your digestive system. It impacts on the way you breathe. Impacts on the way you take in air. It impacts on the way your heart beats. So, it impacts on every bit of you" (S7)*~~

Stakeholders discussed the negative impact on educational outcomes for children and young people who have experienced ACEs. They explained that it can affect children's ability to attend, engage, and learn in school. Stakeholders also gave examples of children struggling with social communication, struggling with concentration, and acting out in class as a consequence of ACEs which can be mistaken for challenging and 'naughty' behaviour. They explained that being punished or labelled as a 'naughty child' can become a self-fulfilling prophecy for young people who grow up feeling 'bad' and not good enough, which can significantly impact on the wellbeing and future aspirations.

"Trauma completely affects social communication. I see it a lot for young people in care who are having a tough time in school and outside of school. The behaviours might not be regulated in school and they're quite distressed and they're still being required to do everything everyone else does, because that's what they go to school for. But the adults get worn down by it and then they become really snappy and then start to put them in isolation and reject them. Then they're increasing the impact of the trauma" (S3)

ACEs and trauma were seen to have a significant impact on people's ability to build and maintain relationships with others including friendships, family relationships, and intimate relationships. Discussions also focused on the intergenerational impacts of ACEs, with parents who have experienced ACEs and trauma more likely to go on to have children who also experiences ACEs.

"You can see the trauma on people's faces as they're walking around, and you know you're thinking about that. You know those baby days and reflecting the adult's face back to them and what faces are our children seeing because of, you know, the level of trauma around them" (S1)

The impact of the system was also discussed in terms of service demand and costs. Examples were provided for resources for delivering specialist services to support people who experience trauma, and also for criminal justice costs for those who go onto perpetrate crimes due to the impacts of their experiences. Stakeholders agreed that both short term and the longer-term impacts of ACEs and trauma placed increased pressure and demand on health services and the wider system.

"I think we need to get better at talking about the impact on the health service. Prevalence of ACEs and being better at mitigating the harms of them will reduce the burden on the NHS through lower mental health admissions, lower admissions associated with excessive alcohol or drug consumption, gambling as well as increasingly recognised as a as a kind of coping mechanism, and even and again, the literature is still quite nascent in this space, but around people using food as coping mechanism such as to cope with stress" (S5)

Risk and protective factors

The risk factors for ACEs and trauma were considered, with many stakeholders noting how these were multiple and complex, and often interlinked with the impacts of trauma, which further increased risk. Stakeholders considered the protective factors which reduce the risk and mitigate against the impact of ACEs and trauma. They discussed how positive childhood experiences were more commonly considered than previously, noting that children can experience significant adversity within their lives but also have protective factors and positive experiences. Stakeholders stressed the importance of building these protective factors and positive experiences.

> *"I think that the families, in this area, very difficult circumstances to live in, the lack of money, poverty, lack of services, lack of resources, housing is a massive issue at the moment that, we've got mums who are 36 weeks pregnant, who are basically homeless" (S10)*

> *"I think more of the recent research is looking at the impacts of PACEs as well. So, just because an individual is highlighted on a checklist or a routine inquiry that they've got significant adversity within their life, equally, if that individual has had significant protective factors and PACEs within their childhood that that's not necessarily a pathway to doom and gloom" (S4)*

> *"Insight from Liverpool communities indicates communities feel adversity arising from a broader range of factors in the household (e.g. poverty, conflict) and at community level (e.g. inequalities, isolation) - should we be looking to further validate these critical factors across a wider footprint?" (W6)*

One stakeholder commented that it is not only that individuals are more or less at risk and suggested that the heightened risk is more associated with whether they can access services or not. Lack of support including limited service provision for early intervention and increased barriers for engaging with timely support was flagged as a significant risk factor. This included long waiting lists, financial costs of travel and a mistrust in services. Stakeholders discussed how individuals can be re-traumatised by feeing 'passed around' services and having to re-tell their story, and 'closing the door' on them which created further distrust in services and professionals.

> *"I don't think it's that they'd be more vulnerable to ACEs, but it's probably more worrying that they're some of the harder to reach communities. So, you know people from different, you touched it with the people from all zones or ethnic different ethnicities or that some of those communities are then not so much more vulnerable to risks to ACEs, but more of a worry because they're harder to reach. It is more about the inequalities, in either health or community access, or you know, whatever and opportunity" (S6)*

> *"Often what we see with a range of different interventions is the cost can be that initial barrier to engagement" (S4)*

Stakeholders recognised the intrinsic link between ACEs, trauma, poverty, and health inequalities. Several stakeholders suggested poverty should be identified formally as an ACE. Stakeholders reported that the high social and financial deprivation in Merseyside was connected to a high prevalence of ACEs (see Quigg et al [2025] for the prevalence of ACEs across adults in Merseyside [1]). Marginalised communities and living in environments with high deprivation and crime rates was seen as a significant risk factor. Stakeholders also thought that young people growing up in communities where they do not feel safe was high risk for them becoming involved in violence and experiencing trauma. One stakeholder noted the normalisation of gangs across Merseyside. Postcode lottery was flagged by one stakeholder who suggested that there is no socioeconomic distinction between ACEs,

but access to support does differ by area. Stakeholders went on to discuss the need for policies and dedicated funding and resources to tackle health inequalities. They stressed the importance of providing safer communities and a sense of community, including a sense of belonging for young people.

"In certain areas within Liverpool that's so prevalent, the normalisation of gangs and guns and I think a lot of people are blind to that and those cultural norms within that you know, it's normal to have a gun, it's normal for someone to be stabbed" (S1)

"When I look broader, across sort of pan Merseyside, you know, the social deprivation and the financial deprivation is absolutely huge. You know, I think from getting rid of the Sure Start centres I can see where some of my children wouldn't have ended up here and families wouldn't have any absolute crisis because that early intervention hasn't been available for them" (S1)

"The acknowledgement from different services about wanting to tackle the likes of health inequalities, wanting to have much earlier intervention, wanting to make sure that things are accessible more across the board in the broader sense of protective things" (S6)

Protected characteristics were also flagged as risk factors. The link between neurodiversity and trauma was recognised, as well as other disabilities, being a risk for ACEs and trauma (see Wilson et al [2025] for links between ACEs, neurodiversity and health and wellbeing [88]). One stakeholder mentioned that whilst research shows that females are more at risk of some traumas, they identified a growing concern for males. Individuals from ethnic minorities were also seen as high risk, especially those experiencing racism and discrimination, and individuals fleeing war who will have been subject to traumas in their home countries.

"The link between neurodiversity and trauma and the overlap because you can be neurodiverse and obviously traumatic events can really impact you the way you regulate, you know, neurodiversity. And some people go, oh, it's not neuro diversity, its trauma" (S3)

"Individuals that are more vulnerable of ACEs are individuals that you know may be experiencing, you know, or being in a war as we speak, and you know sort of fleeing their countries and so on. So, they would be more susceptible of ACEs as a younger child" (S4)

Lack of parental capacity due to numerous factors including parental ill health, domestic abuse, imprisonment, and the death of a parent were flagged as risk factors. This included children brought up in households and communities where violence is 'the norm'. They also noted that children who are young carers or care experienced are more at risk of experiencing trauma. Stakeholders also recognised that some children and young people may also have absent parents due to being from single parent families, and from two parent families where the parents have to work long hours to support the family (they linked this to deprivation and financial struggles). They explained that not having a protective person or someone interested in a child during those formative years was detrimental and described the loss of and ability to form connections and relationships. Stakeholders recognised the intergenerational trauma from parents who had themselves experienced their own ACEs and trauma. Stakeholders participating in the review stressed the importance of children and young people having a consistent trusted person in their lives who is invested in them and spends quality time with them. They thought that would strengthen their ability to form other positive and long-term friendships which built on a trusted and supportive network. They explained that this was

important moving into adulthood, for adults to engage in healthy relationships and having someone to talk to.

"A lot of people are in environments that they have no control of, so whether that be a parent that's in prison or a parent that's sick. So, the young carers or the looked after children, a lot of those young people can't -- they've got ACEs by virtue of their upbringing" (S8)

"If you've been abused in your childhood that will almost invariably affect your mental health, and that might lead you to have poorer mental health in yourself. Which obviously isn't good for if when they're a parent for their baby, sometimes they may also find themselves repeating things that were done to them, even if they don't want to" (S10)

"I just think the one of the biggest protective factors without question is that trust in adults in a child's early life and their recognition of building attachments with that individual right from the earliest possible opportunity" (S4)

Stakeholders reported that children and young people who are disengaged from school are more at risk of experiencing trauma, and how this can also be a sign that they are already experiencing ACEs and trauma. This included absenteeism, being disruptive in class and struggling with, or failing to complete schoolwork. Stakeholders described the detrimental impact for children who are punished in school and those who are temporarily or permanently excluded from school, suggesting this reinforces messages that they are no good, which can further isolate them and increase vulnerabilities. This was seen to have longer term impacts for their mental health and wellbeing and future aspirations including limiting their opportunities for employment.

"From an education perspective, I think there will be a challenge there because schools and particularly because the academies, they may not all be on the same page and some will have different understandings of behaviour and what's tolerated within a school, and so, they're not looking at like a kind of relationship level or relational level. They're looking more at behaviour, and you need to move away from that" (S2)

The stakeholders highlighted the key role of education in keeping children in a school environment to build protective factors. They thought schools could be a therapeutic environment, however, they did note that this is inconsistent, and different schools have different understanding and different levels of tolerance related to behaviour. They explained the importance of building resilience from an early age to help people better regulate their emotions and helping them make sense of situations. Support for teachers was seen as important to allow space to address behaviours in a more holistic way to try to understand the root cause. Feedback also suggested that the OFSTED process is not trauma informed and schools need to be more child centred rather than OFSTED centred, to understand the barriers in an education setting and not enforce behaviour policies which may make things worse for the child.

"I'd say school as well because it is a therapeutic environment. So, I think you know, not just school, be a sense of belonging to a community and things that you can access and do and feel value" (S3)

"I think resilience really needs to be built and taught at an early stage, whereby people can understand that you know a lot of these are events of life and mental health is never gonna be far away from anyone, even though there's huge stigma around it, you know? So, when you experience mental distress, there are things that you can do for yourself and the services

around you and society around you can help you rather than it becoming really entrenched and becoming a real chronic, enduring mental health diagnosis or problem" (S2)

Barriers to becoming trauma responsive

Stakeholders provided numerous examples of trauma informed and trauma responsive practice and expressed a commitment to supporting Merseyside to become more trauma responsive across the region. They did highlight several barriers they currently experience and made suggestions for further challenges they may face across the wider system. This included barriers such as resource and capacity, understanding definitions, leadership buy-in, partnership working, and funding.

Funding and capacity

Funding and resource was highlighted as a significant challenge. This included working with reduced funding, with services expected to provide 'more for less'. This was seen to devalue their work. There were also challenges reported for short term funding and the impacts on staff retention and relationship building with service users. Several stakeholders also discussed the challenges with competition for funding. They explained that services are all working towards the same goal, meaning that they often must compete for the same pots of funding which prevented collaborative working and sharing of ideas and practice. Two stakeholders also stressed concern about the same organisations receiving repeated funding, which they believed created feelings of inequality between services and increased competition. They also requested further information and evidence on the quality and effectiveness of interventions that are funded. They suggested that commissioning decisions need to be more equitable and transparent. One stakeholder suggested having external and independent bodies such as universities, involved in the commissioning structure.

"I don't know if there's competition as well. I don't know if that's historic with like certain services getting commissioned and others not because the third sector brings so much value. But there's so much competition between them and it's e, you know, all we need to procure this, we need to get this and everyone's fighting for funding. All that needs to go away and it needs to be like this is what we've all got. And this is what we're sharing together" (S3)

"You can be set up to compete almost as well because if people all have the same agenda, people want to move this forward but are all looking for their little pot of money and you know, without wanting to be too crude about it, then that can impact how people do work together because then potentially you're thinking about, you know, protecting your bottom[line], I think reinforces that" (S4)

Stakeholders explained that because many organisations are working with reduced funding and increased demand on services there is reduced capacity across the system. This impacted on waiting lists for support. Examples were provided for staff working with increased workloads and working with individuals and communities with complex and multiple needs. There were also examples provided for the high turnover of staff and the challenges of retaining social workers. Examples were also provided for staff in schools who are being 'pulled in different directions' which can make it hard to be trauma informed. Stakeholders expressed concerns that staff do not have sufficient capacity to attend meetings and have space to help drive this agenda forward.

"It's got to come from above. You know that you get senior, senior leadership buy-in, but that's particularly tricky because we're trying to get through waiting lists. So how do you look after staff who were working with trauma all day long, but get through the waiting list as well and provide a good enough service" (S7)

"We're all being pulled in different directions…what we're not all doing is saying this is a child, this is a family. If we get it right, it's going to cost the system less overall" (S1)

"I think people underplay that impact of secondary trauma, particularly when you think about schools with safeguarding. Schools are our social workers now as well as health practitioners and...maybe someone checks in, how qualified is that person to check in on them and what do they do with it if they're not OK? And school budgets, budgets are so tight that even schools who want to offer supervision and know there is a need can't afford it" (S1)

"I very rarely get time to go to meetings, to go to partner meetings because I'm so focused on my project and I think everyone's working to their capacity" (S8)

During the review, stakeholders flagged their concerns about vicarious trauma experienced by professionals who work with and support others who have experienced ACEs and trauma. They also acknowledged that this can be in addition to professionals own personal experiences, highlighting that anyone can experience ACEs and trauma. They felt that staff are traumatised and unsupported due to lack of resources including budget for supervision. Barriers to supporting staff included heavy workloads and long waiting lists, both in terms of giving staff space to recognise their own trauma and the ability to access support for this, which were also seen to increase impacts of trauma and vicarious trauma. Schools were specifically highlighted for high expectations, extension of roles beyond what staff feel training covers and they feel comfortable with, and heavy workloads for staff. One stakeholder noted how there is often pressure for staff to be resilient, which can 'set them up to fail' because it prevents them from speaking out and allowing them to speak out and access support, which can in turn impact on the service users they are trying to support. It was agreed that staff need their own safe space and pathways for their own support.

"We probably need a culture change, I guess. And again that's difficult when service provision is so tight and budgets are being cut. The idea of giving people a few hours rest or whatever to kind of come down out of that, that their own state of vigilance when they've been listening to what's happened to people, we need to be more considerate of staff" (S5)

Partnerships and pathways

Through participating in the review, stakeholders provided many positive examples of partnership working across Merseyside. They also discussed the challenges across the system which create barriers to becoming trauma responsive. Discussions around competition for funding was also highlighted, as well as lack of capacity to facilitate partnership working.

They believed that a true trauma responsive approach needs to be built on positive working relationships. Stakeholders explained that there is a 'want' to work together, but there remain many examples of silo working. They agreed that a more joined up and collaborative approach is required, with some suggesting a more formalised system is needed to work together. There was also an agreement that across the partnership there needed to be a better understanding the role and responsibilities of the partners. Backing from national and local government was seen as key for supporting all partners to get on board.

"I think there's a will there [to work together], but the reality is, I think everything's still too siloed" (S3)

"Everyone's got their own agenda and everyone's covering their own backs as well, that collaborative thinking and that thinking outside the box I think is rare" (S1)

"I agree that senior buy-in is a challenge across most organisations and there are challenges with this. This is supported in theory but have senior leaders been on the training? Do they push on meetings etc.?" (W9)

Stakeholders felt that there had not previously been a leadership function to bring together all the pockets of work happening across the borough and bring the partnership together for ACE and trauma responsive working. Examples were provided for the same professionals and organisations driving the vision, meaning it often end up 'preaching to the choir'. They felt that they did not have authority to influence decision making to have that wider impact. Some stakeholders thought adherence to polices and 'red tape' created barriers in the system, with too much focus on planning and less on embedding practice and working towards longer term change.

"We do lots of data collection. We do talk lots about what we're going to do and then we might even get a plan. But I never see a fruition of any of those plans" (S1)

"I guess the problem is that we end up sort of preaching to the choir, you know, sort of just sort of talking to each other about things that we already agree about and not having that wider impact" (S10)

What would a trauma responsive Merseyside look like?

Through engaging with the review, stakeholders considered what is already in place and what would be needed to develop a trauma responsive system across Merseyside. They considered the gaps and barriers and the potential impact of a trauma responsive approach. Whilst recognising the value of the work already taking place across Merseyside, they did recognise that a shift in culture and practice was needed. They felt that work was required to overcome gaps in the current system. Over two thirds (n=8/11, 73%) of survey respondents thought their organisation could do more. Survey respondents were asked whether they agreed and disagreed with statements about what is required to become trauma responsive (this aligns with the Scotland Trauma Informed Practice Toolkit[8]). Results (Figure 1) show that they agreed about the importance of a strong leadership and governance, shared language, training, collaboration, prevention of re-traumatisation, building a safe and trusted environment to empower for clients and staff. With evaluation and opportunities for ongoing reflection and change.

[8] https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/

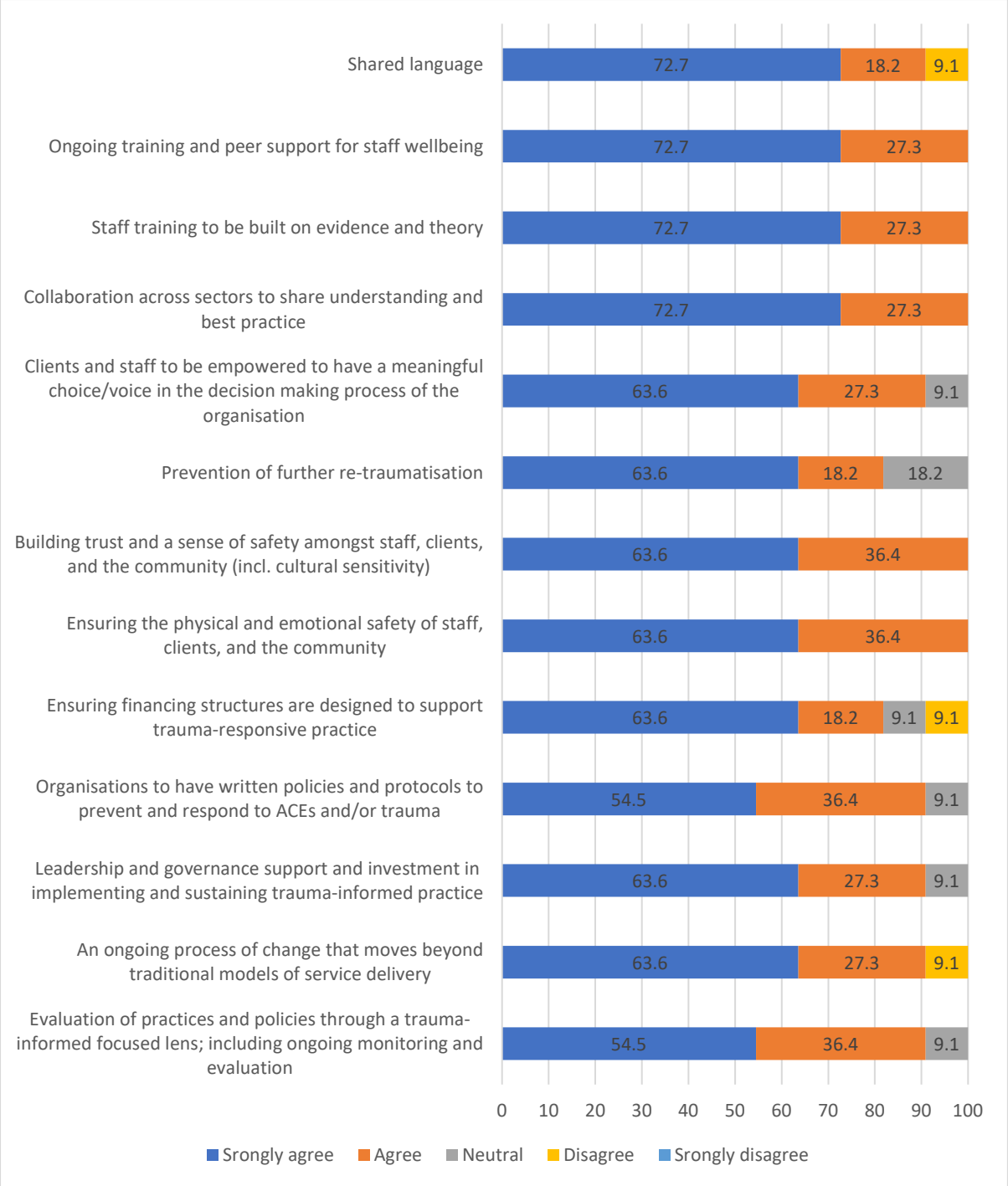


Figure 1. Survey responses for key priorities for trauma informed and trauma responsive approaches

Agreed consistent approach

Stakeholders felt that an agreed consistent approach was required with a shared vision, agenda, and set of values. They agreed that this needed to be a multiagency approach with stronger partnership working. Stakeholders agreed that becoming trauma responsive across the system would improve partnership working and provide a better understanding of professional roles and remits, which in turn would improve pathways. As highlighted previously, the stakeholders felt that the commitment and passion is there across Merseyside, but it needs to be owned by everyone.

"All sectors and professionals need to put equal amount of efforts in initiatives in order to enable progress to be made" (W5)

"We work in partnership with a wide and varied range of organisations to encourage a holistic package of support is offered and to increase knowledge across the network" (SS11)

"Collective approaches with implementation from the five boroughs and LCR [Liverpool City Region] working collaboratively to embed change and ensure all services have a statutory level of training" (SS6)

"I suppose the biggest thing is about having people from all of those areas, you know, police, social care, health schools all agreeing to a common agenda because I think until we're all pulling in the same direction, we can't make fundamental changes" (S1)

"Needs to support and complement existing approaches/strategies at place level, avoid duplicating or superseding, help fill the gaps! (W8)

Stakeholders wanted to see improvements in language used when talking about ACEs and trauma, with more consistent and unified definitions used to ensure that everyone, including professionals and the public have a good understanding. They believed that marketing and branding is needed to ensure consistent and sensitive messaging. This included moving away from victim blaming language and punishing people for missing appointments and removing the 'did not attend (DNA)' label.

"We would have the language and understanding and certainly a notion that the past, our childhood, influences who we are today" (S7)

"It depends on the setting but an example is in talking about 'they did not engage' shifting emphasis away from this sort of victim/service user blaming" (SS7)

"Whole system approach needed for children and young people to create spaces for learning and self-growth through peer support - the acronym 'ACEs' is not meaningful for children, young people and families. Education is needed about adversity and its affect upon the lifespan and what they can do for self-development to reduce the impact of trauma" (W10)

"I absolutely agree with starting local politically and I think to help this, some support, training for comms teams too who can sometimes drive the language and statements for politicians or strategic leaders where community members are the target audience. This could help to drive some change and buy-in" (W14)

All the stakeholders involved in the review discussed that senior buy-in was needed at all levels. They argued that buy-in was needed from political leaders including the Metro Mayor and local Members of Parliament. Stakeholders at the second workshop highlighted that there needed to be support from local government first. Political support was seen as imperative in supporting change and showing the community that Merseyside is invested in them.

"The city mayor... it will be good if they could coordinate something" (S2)

"Meaningful commitment and budget to implement a TI [trauma informed] approach from senior leaders" (W7)

"Training continuing across the region in all the five boroughs, buy-in form all leadership, organisations not working in silos, a level of understanding across all services and hierarchies, buy-in from government" (SS6)

"Central government need to acknowledge that this is high on our region's agenda and understand the potential societal impact of both international and locally recognised ACES and trauma" (W12)

"We are looking at this approach hoping to take a motion and pledge to Council - I think a regional call to action that is well sculpted around activity at place level would help strengthen such approaches" (W13)

Stakeholders believed that a dedicated coordinator and team is needed to lead the ACEs and trauma work and bring all the partners and existing work together. Although one stakeholder did warn about the risk of it becoming a top-down approach with a single leadership, and that it needs to come from more than one organisation, and services need to be held accountable.

"I think it's got to be done by a coordinator really. I think somebody needs to, the way that we have the child friendly city staff that work solely on the child friendly board, whatever it's called, I think you need a separate one for ACEs and trauma informed. I think it's crying out for that to be honest. I really, really do and it makes sense for the child friendly city to be involved in that, but I think it makes sense to have an independent ACEs and trauma informed team and that's all coordinated around the city. I really do" (S8)

"There's lots of people in the work doing it, but I think really referred to a responsive region, it needs to come from the kind of heads of service across the regions to coordinate it... it needs a lot of support to do it, but to then, like, kind of filter that down" (S9)

"It may be needs to be more than one on organization. Really, I think that CAMHS and NHS would be what, would be ideal, but they won't have the time" (S7)

Stakeholders reported that they were happy to help and support in any way they could. They provided examples of how they were already invested due to their current service provision, social media campaigns, and training offers. Stakeholders made pledges to share learning from their projects and advocate for change. Suggestions were made for the MVRP, Integrated Care Board (ICB), Champs and safeguarding board to have a key role ensuring partners from health, education, criminal justice, social care, and public health were all round the table.

"Sharing the learning and the practice that we have and just kind of supporting in whatever way we could really, I think it's about sharing the learning, but also kind of really advocating for some of these changes and making sure that we're sharing the perspective of multiple people in that kind of learning we've got from the lived experience, as well as the learning that we can find from academic pay" (S9)

"I think the evidence is that actually having a more therapeutic approach, understanding why they feel and behave the way they do helps them to change more in the future than simply telling them that they're wrong for doing what they've done" (S10)

Funding and investment

Stakeholders wanted more transparent commissioning calls and decision making, embedding, and utilising a trauma informed commissioning framework. They also suggested longer term funding and

investment would support sustainability of outcomes and consistency of care. Stakeholders wanted additional resource for early intervention to aid early identification of ACEs and trauma and to support individuals to engage in support in a timelier manner and for a longer period. This required investment in services (ensuring that services are in place) and having the right pathways and structures to provide support. Stakeholders envisaged that this would reduce demand on specialist services, and crisis care including mental health services and social care. They hoped this would also reduce waiting times for services and 'revolving doors'.

"Empower leaders to challenge policy or agendas that don't support being trauma informed" (W8)

"The importance of starting early, the earlier you start an initiative, within the life course, the better the progress" (W6)

"In theory, it should again bring down the burden on the NHS, on housing on all manner of different things" (S5)

"We're never going to eradicate trauma, but what we can do is we can ensure that there is a support system for individuals who may have experienced ACEs" (S6)

They agreed that this investment would reduce barriers to seeking help and engaging in support. This included reducing stigma associated with trauma and with accessing services. Better quality of support would in turn lead to more positive experiences, better outcomes and stronger communities. Stakeholders argued that more investment was needed in the community, including children's centres, family hubs, youth clubs, community spaces and community resources.

"I would like to think that, you know, people who are having a really tough time are then able to access support and feel supported and you know can then get themselves back on their feet and manage their what, what's happened to them in a helpful, in a healthy way" (S5)

"I think maybe a lot of people feel more comfortable in seeking support at the right time instead of trying to mask for so long and struggle for so long because of the stigma around different things" (S3)

"People getting access to, like early health things and so on. So, like being able to access your GP, you know, to talk about things that might be instead of having to be half dead before you get seen" (S3)

"More fundraising and volunteering support to keep community centre's up to date" (SS2)

Changes to practice

Stakeholders agreed that the activities taking place across Merseyside complement wider approaches to supporting families, individuals, and communities as they all play a role in raising awareness. For example, becoming and working towards becoming a child friendly city (Liverpool). It was felt that a more compassionate, empathetic, and person-centred approach was needed moving forward. It was hoped that all practitioners and services would see individuals through an ACEs lens and adopt a trauma informed approach. Stakeholders recommended having space and time to build relationships and trust. They agreed that for learning to be embedded into practice, there needs to be space, time and support to action it. They anticipated that coordinated and consistent training offers, and use of reflective practice would continue to upskill the workforce. Stakeholders hoped to see more universal support, more whole family support, and increased options and choice for support for families.

Suggestions were made for awareness raising campaigns and more appropriate utilisation of media and social media to create awareness and understanding of ACEs and trauma and where to seek information, advice, and help.

"A successful trauma responsive approach needs to work with families as a whole, and needs to specifically seek the voice of and incorporate males, which are often the least likely to seek help but still more likely to have experienced ACEs" (W1)

"More options and support for anyone who has suffered and is still suffering with ACEs such as support groups and opportunities to get them in the right direction" (SS2)

"A better understanding [of ACEs and trauma and pathways for support] across wider significant services such as the CPS [Crown Prosecution Service]?, Merseyside Police, Magistrates" (SS4)

"More school sessions and presentations as well as working in the community and providing advice and guidance to vulnerable people" (SS2)

"We practice an asset based approach when working with clients and empower them to have choice and control over their support and give them autonomy to make decisions, if there are serious safeguarding risks then we ensure that the client is as involved as possible through this process to avoid disempowerment" (SS11)

Stakeholders wanted to see safer spaces and environments for families, communities and staff to feel safe. This was seen as particularly important for enabling young people to feel comfortable. This would enable open and honest conversations for individuals to open up about trauma and seek the right support for them. In turn, they hoped this would reduce feelings of shame and stigma.

"I think that trauma informed is very much where a young person can be themselves in a relaxed atmosphere" (S8)

"It's about you changing your approach as a practitioner, to ensure that that individual feels safe in that place, whether that be in the dentist, whether that be in the police station, whether that be in a health service, whether that be an early help services, social care and so on" (S6)

"There's better support for people to be able to live trauma free lives. So, like more support offered to like it could be you know, courses for parents or for adults to be able to explore what issues are going on or looking at ACEs and being able to know how they can overcome it" (S2)

"It would make services become more accessible, because services would then be more responsive to what's going on, what are the needs of the people rather than being frightened by, you know, raising the ability to have conversations" (S2)

"I think to be fully trauma responsive, it needs to be normalised, that everyone's talking about this and that. It belongs to everyone. It's not just stigmatised groups of people" (S3)

"Safety is always considered in terms of a physically and emotionally safe environment for support to be conducted. We have privacy and confidentiality policies to promote security for the client. Appointments can be arrange flexibly through a variety of mediums to meet varying needs to clients and their families" (SS11)

The stakeholders engaged in the review believed there needed to be a change in practice to involve people with lived experience in the process of developing a trauma responsive system across Merseyside. This included more opportunity for service user voice and feedback to give individuals a voice and to help shape the service they engage with. It also included providing staff a safe space to talk about their own lived experience. Stakeholders also wanted to see more co-production by involving individuals with lived experience in the design and decision process of service provision and pathways.

"Capturing voices of those who are hard to reach" (W8)

"For progress to be enabled, we need to use the voices of those who have lived experiences of trauma/ACEs. Perhaps even sharing experiences of those with lived experiences with others (in an Anthology sort of way) in order to instil hope in others" (W4)

"Naturally, lived experience groups would be valuable in terms of engaging and the general community" (S5)

"Acknowledge the gap regarding working with those with lived experience and the value of co-production, but we have to balance this with protective factors which is challenging" (W11)

Better outcomes for everyone

Stakeholders anticipated that a trauma responsive system and workforce would make every contact count (MECC) and reduce risk factors for ACEs and trauma and support opportunity for positive experiences and the development of protective factors. With better quality and timelier access to early and effective support, they hoped this would reduce barriers to engaging with support and mitigate the longer term impacts of ACEs and trauma. They expected to see improved mental health and wellbeing outcomes of communities, and workforces. They also thought there would be a reduction in health harming behaviours and a reduction in violence.

"People would be feeling better and more empowered, be less anxiety and depression, less health problems" (S7)

"You'd have happier young people. You'd have communities that can make use of their resources and help themselves" (S7)

"Actually, understanding and having real change in the way that you're able to relate to what's happened to you and how it's impacted what you know, what it means and might say, and that it wasn't your fault and you know all of that kind of taken away. So that I think it's a massive protective factor when people have access to that" (S6)

"The outcomes are going to be better support for young people at the end of the day" (S8)

Stakeholders also hoped that it would improve attendance in school. They agreed that supporting children in a trauma informed and responsive environment would have a positive impact on children. There would be access to support to better help regulate emotions which they felt would lead to increased feelings of safety and increased productivity at school. Stakeholders participating in the interviews explained that a longer term significant impact of this work would help break the cycle of intergenerational trauma for families and communities. In the longer term, they anticipated that individuals would be able to make better and more empowered decisions and have feelings of increased purpose in life and hopes for the future.

"I'm thinking about school, children in school will have somebody to talk to about that to help them with their emotional regulation. They'll have access to physical activity. We do not give kids enough opportunity for physical activity. They will have a purpose in life. Really, they'll have some ideas about what they might want to do" (S7)

"If we can build that sense of belonging for ourselves and for our communities, and for the people that we work with, and for, then that has like an all or number of positive kind of outcomes" (S9)

"They'll have hope for the future, because we've got a lot of young people who are struggling to even live. So they'll have hope for the future" (S7)

Stakeholders wanted to see improved working conditions for colleagues including reduced workload and better access to supervision and support for staff. They hoped this would enable staff to be more open about their own experiences. It was anticipated that this would lead to reduced staff sickness, burnout, and staff turnover.

"We'll have less stressed parents, less stressed professionals. We'll have social workers who are more able to think about the service user's history and think about how to empower service users will have less children in care" (S7)

"If you're trauma responsive in your team, then that team is getting a better sense of belonging and a better sense of wellbeing then they're going to get increased productivity, reduced absenteeism, you know and health" (S9)

"We are open about ACEs and trauma; it is integral to how we work. This is from how we work together as a multi-disciplinary team but also our focus in supporting other projects" (SS3)

"Using a trauma informed lens within settings is vital and I encourage my teams to develop structures and systems to make changes which will support implementing a trauma informed lens" (SS5)

Longer term vision and impact

Longer term anticipated impacts included empowered, happier, and healthier communities, and a more mindful system. Stakeholders noted that it is important to use learning from failures and progress. Stakeholders also agreed that commitment and realistic expectations was needed to continue to carry the momentum forward for longer term change.

"A place to admit that we haven't got it right I think sometimes a new acknowledgement of the failures can allow you to make change" (S1)

During discussions, stakeholders considered how they effectively capture and evidence impact around system change. They agreed it was difficult to prove success especially because this is a journey and many impacts could be seen in the longer term. They noted the challenges in measuring data around trauma including baseline data. Challenges were also discussed in terms of measuring system change and capturing information around policy change. Stakeholders explained that there can be pressure to collect data with tight timescales meaning that it is not always possible to capture data on the 'softer' outcomes that 'truly' make a difference. There were also challenges raised when individuals often have to see multiple healthcare workers, which may create additional barriers for them in seeking advice, sharing their story, and ultimately, may lower their health outcomes and the opportunity to capture any changes. Some stakeholders also called for more support in translating

wider academic literature. They agreed that it was useful to share learning and best practice, and that case studies were a beneficial way to demonstrate evidence of distance travelled. When asked about what data they would like to see collected to evidence impact, suggestions were made for:

- The results and longer term legacy of attending training.
- Increased accessibility to services.
- Participation and retention in services and interventions.
- Changes in people's feelings following engagement with services and interventions.
- Happier and safer communities.
- Less re-traumatisation.
- Reduced re-offending.
- Improvements in school attendance.
- Education Health and Care Plans (EHCP) relating to young people with ACEs.
- Number of community centres supported to work with families at who have experienced (or at risk) of ACEs and trauma.
- Self-assessment of ACEs and trauma informed practices for organisations.

"All everyone's obsessed with is timescales and you know, what data can we collect, but actually you can't collect data for the human feeling and you know that progress over time of, are parents more resilient now... or more able to ask for help in a in a timely way, even that, you know, we're empowering people, but also saying it's OK to be vulnerable" (S1)

"For progress to be enabled, we need to have a baseline ACE/trauma informed approach, trauma embedded amongst multiple sectors, including the education sector and social work" (W2)

"I think it's all that kind of people always remember how you not what you said, but how you made them feel that? You know, it's all around that, isn't it? It's a bit woolly in order to evidence" (S9)

The stakeholders recognised the importance of evaluation and suggested this would need building into any further work to support Merseyside to evidence impact across the system. This was seen as important in bringing together evaluation across several different approaches and interventions to show the whole system impact.

"We've always said that you're never fully there. So you're constantly seeking the developments and like responses change all the time to the different groups of community and so on" (S3)

"Important to evaluate on different levels, what's happening as a result of people attending training in terms of the delivery and the conversations that people are having? Need to be able to hear the experiences of people from within the community. Understanding the difference that interventions and programmes are having on the service users/clients" (S2)

"I guess that's the issue here that that there needs to be a very long-term look at what we do here rather than short term sticking plasters" (S5)

4. Learning from the review

Stakeholders participating in the review agreed that ACEs covers a wide change of experiences and factors beyond the original 10 set out by Felitti [3], such as poverty and inequalities. Trauma was recognised across the life course. Stakeholders had a good understanding of ACEs and trauma which was understandable given their key roles in supporting those who have experienced trauma, or in commissioning, managing, or training services and professionals in ACE and trauma responsive work. However, there was a perception that this knowledge was less common amongst wider professionals and across the wider public. Recommendations were made for continued upskilling of the workforce around preventing and responding to ACEs and trauma, to increase trauma responsive practice and improve accessibility into timely and effective support.

Findings show that work is required to improve the language used when taking about ACEs and trauma, especially for translating complex definitions into practice in an accessible, unified, and consistent way. Examples were provided for inaccessible and inconsistent language used across professional networks that may mean different things to professionals and cause confusion amongst communities. There were also concerns about trauma responsive practice becoming a buzzword and tick box exercise for some organisations. There were calls to move away from the use of acronyms and to use more positive language. These concerns are consistent with challenges faced by another region working towards implementing a trauma responsive city region approach [89]. Whilst it was agreed that it was important to translate more technical and academic language for communities, it was also noted as important that this is done sensitively and not done in a patronising or overbearing way, and that the message is not diluted or lost. It was hoped that education, awareness raising, and consistent messaging with clear marketing and branding would reduce the use of victim blaming language and stigma.

The review evidenced the far reaching and long lasting impacts of ACEs and trauma which can have a detrimental impact on individuals, families, and communities. Stakeholders participating in the review recognised that ACEs and trauma can affect people differently and may not always have a negative outcome, highlighting the importance of having positive experiences, a supportive environment, and access to support to build resilience and protective factors.

Findings demonstrated the systemic issues associated with ACEs and trauma. This included risk factors that contribute to individuals and communities experiencing trauma, and the protective factors that can help prevent ACEs and trauma or minimise the negative impact of these experiences. This included impacts on emotional regulation, behaviour, physical and psychological health and wellbeing, and engaging in risky and health harming behaviours including drugs and alcohol. There was also the recognition that individuals who have experienced ACEs and trauma are more likely to become involved in violence, both as victims and perpetrators.

Poverty, deprivation and inequality was highlighted as significant risk factors, especially for feelings of unsafety in the community and lack of opportunities. Lack of access to timely quality support was also seen as a risk factor. Findings showed how ACEs and trauma can create multiple and complex needs and hinder an individual's future life experiences. Having an increased sense of community, feeling safe, and having support with wider determinants of health, including food, housing, and welfare were seen as key in building protective factors. As was engaging communities in meaningful activities that build their skills, confidence, and future aspirations.

The review also evidenced the generational risk factors and impacts of ACEs for families including the systemic impacts of parent's trauma on their children. Loss of and inability to form connections and

relationships was recognised as significant concern. Focus was placed on supporting parents with their own trauma to improve parental capacity, alongside investment to support hard-to-reach families, to support the development of safe and trusted relationships, and break the cycle of intergenerational trauma.

Disengagement from school was also evidenced as both a risk factor to, and impact of ACEs and trauma, showing that education plays a key role in safeguarding children and young people. Having increased support and trauma responsive practice within schools and support for teachers to provide this safe space, was seen as a way to identify at-risk children and reduce chances of children being wrongly labelled as naughty. It also provides an opportunity to teach and support children to regulate their emotions. It was hoped that this would lead to increased feelings of safety, improve school attendance, increased productivity and better outcomes at school. Becoming trauma responsive across Merseyside would support the prevention and reduction of risk factors and increase protective factors, which in turn would prevent ACEs and trauma, and mitigate against the impact for individuals and communities who do experience trauma.

Stakeholders were asked to make recommendations on how the current trauma response could be improved and how Merseyside could develop a system wide and coordinated trauma response. Key findings from the review demonstrate that a multiagency and consistent approach is critical moving forward, ensuring buy-in, stronger partnership working, and joint responsibility from all partners who have a shared vision and commitment to the ACE and trauma responsive agenda. Stakeholders participating in the review agreed that becoming trauma responsive across the system would improve partnership working and provide a better understanding of professional roles and remits, which in turn would improve awareness of support pathways and professional networks.

Senior buy-in and support from political leaders including the Metro Mayor and local Members of Parliament alongside key partners with director, strategic, and senior roles was seen as critical in supporting this movement to develop a truly responsive system across Merseyside. This was identified as a way to communicate clear messaging that Merseyside is invested in its communities. Moving onward it was agreed that this agenda needs a strong multiagency leadership that encompasses a wide range of specialisms to drive this work forward, ensuring that it has a clear steer and platform for decision making, and route to inform system change. But importantly, that it is not a top down approach and becomes everybody's business. Suggestions were made for the MVRP/Merseyside Police and Crime Commissioner, Merseyside Police, Cheshire and Merseyside Integrated Care Board (ICB), Champs Public Health Collaborative, safeguarding boards, and universities (supporting evidenced based practice) to have a key role, ensuring partners from health, education, criminal justice, social care, and public health were all informing this approach, but also accountable for driving it forward.

The wider impacts of ACEs and trauma across the system were evidenced in terms of the increased demand on services and costs to society. Through this review, stakeholders called for more transparent commissioning calls and decision making, which were informed by trauma informed practice. Barriers were highlighted in terms of completion for funding, and services working with less resources, which devalued their work. It was agreed that investment in services and communities, including additional resources for longer term funding for more sustainable practice would aid early identification of ACEs and trauma, and support individuals to engage in support and remain in support for as long as they needed. Becoming trauma responsive across the wider system was seen to improve support pathways, improve access to early intervention, and reduce barriers to delivering and engaging in support, which in the longer term would improve health outcomes, reduce waiting times, and demand on crisis care. Stakeholders participating in the review hoped to see more universal

support, more whole family support, increased investment in the community, including community spaces and resources, and increased options and choice for support for families. Findings show that co-production and opportunities for people with lived experience is key in helping to shape this agenda and support provision moving forward.

Review findings suggest that adopting a trauma aware, informed and responsive approach would support a compassionate and empathetic approach to ACEs and trauma. Continued upskilling and use of reflective practice across the workforce and creating more general awareness across wider services and the general public was identified as critical. Support for workforces to have space and time to embed learning into practice and action priorities was identified as imperative, as was improved support, supervision, and recognition of workloads, vicarious trauma, and staff's own experiences of ACEs and trauma. This was seen to reduce burnout and improve staff attendance and retention, whilst improving health outcomes across the workforce.

Outcomes of current work were showcased, and stakeholders further considered the anticipated outcomes of a trauma responsive system across Merseyside and what success would look like. This included improved knowledge and awareness, safer spaces and environments for families, communities and staff to feel safe, open and honest conversations, development of trusted relationships, and improved mental health and wellbeing of communities and workforces. Longer term anticipated impacts included empowered, happier, and healthier communities, and a more mindful system. It was hoped individuals would be able to make better and more empowered decisions and have feelings of increased propose in life and hopes for the future.

The review highlighted a number of challenges in collecting data around ACEs and trauma and evidencing system change. Barriers were also considered for services capturing this information with limited resources and without re-traumatising clients. Evaluation was recognised as important for supporting partners to evidence the impact of their work, and for evidencing the collective and wider system impact across Merseyside. Moving forward, findings from the review demonstrate that commitment and realistic expectations are required to continue to carry the momentum forward for longer term generational change. The longer term and wider reaching impact of this work will not be seen in the life time for many of the partners invested in this work, meaning that commitment is required to continue this legacy forward to make sustainable system change for future generations.

Conclusion

Across Merseyside, an array of strategies and interventions to prevent and response to ACEs and trauma exist, all with the aim of enhancing the health and wellbeing of children, families, and the wider community, and reducing the impacts on wider society. Commitment to preventing and responding to ACEs and trauma is strong and comes from various parts and levels of the system, including statutory and non-statutory services at local authority level and across the Merseyside Region. The importance of this commitment is demonstrated by stakeholders in this review and through wider evidence of the nature, extent, and impacts of ACEs and trauma across Merseyside, including the accompanying report on ACEs amongst adults across Merseyside [1]. This review shows that developing a truly trauma responsive system across Merseyside requires a strong collaborative multiagency approach that includes communities. Strategic and political buy-in is required across Merseyside and within Local Authorities and organisations to show commitment to, and investment in this approach. This is critical in demonstrating clear messages of support amongst communities and ensuring that collectively partners and communities can effectively prevent and respond to ACEs and trauma and enhance positive outcomes for current and future generations.

Recommendations for developing a trauma responsive region

1. Establish clear leadership and buy-in for developing a trauma responsive Merseyside from political leaders alongside key partners (with director, strategic and senior roles) and critically, the community. This includes statutory and non-statutory partners across health and social care, public health, safeguarding, education, youth and family services, criminal justice, and academia. Education plays an important role in keeping children safe and identifying risk factors and impacts of ACEs. it is essential that the education sector is stitched into and across ongoing and future work.
2. Develop local authority level ACE and trauma responsive task and finish group groups (using findings from this review and Quigg et al 2025 [1]), to develop place-based approaches that meet the needs of the local community, whilst contributing to Merseyside becoming a truly trauma responsive region. Clear roles and remits for stakeholders across the system should be identified for accountability for actions to drive the agenda forward.
3. A trauma responsive approach across the system should incorporate the involvement of individuals and communities with lived experience. This is imperative in ensuring that individuals and communities can have a voice in shaping the approach, resources, and support provision.
4. The review provided an opportunity to bring partners together to network and share learning. Where resource and capacity allow, partnership meetings and networking events should be held to strengthen partnership working and allow a space for collaboration and further mobilisation of the approach across Merseyside.
5. Ensure that language about ACEs and trauma is accessible and consistent across the region, and translates across policy, professional practice, and communities. This includes tailoring of language for accessibility for individuals and groups across different parts of the system.
6. Develop a process for embedding a consistent and transparent trauma informed and responsive approach to commissioning processes. This approach should ensure that commissioning processes consider the role of organisations in a trauma responsive Merseyside and the resources they may need to enable such an approach (e.g. a commissioning process that invests in long-term funding and supporting organisations to embed learning and reflective practice in a safe space, with appropriate resources).
7. Use evidence from the MerVComs survey (Quigg et al 2025 [1]) and wider data sources to advocate for increased investment. Ensuring the children of Merseyside are given the best start in life, early intervention is prioritised, and families and communities are strengthened to build resiliency and capacity to prevent and mitigate the impacts of ACEs and trauma and break the intergenerational transmission of ACEs and protect future generations from harm.
8. There needs to be a realistic understanding of the long-term nature of this agenda. Partners will need to have commitment and passion to maintain momentum during the journey of becoming truly trauma responsive to support working towards longer term generational outcomes and impacts.
9. Training offers across Merseyside help upskill the workforce and improve knowledge of ACEs and trauma, awareness of support pathways, confidence to have open and honest conversations, and adopt a trauma responsive approach. This training offer should continue, ensuring that it is equitable across a wider range of organisations and communities.
10. Investment is required to ensure that support provision and appropriate pathways are in place, alongside knowledge for services to signpost and refer into these pathways. This would increase workforce confidence to have conversations around trauma and support referrals and signposting into early intervention, reducing demand on crisis services.

11. Recognition of vicarious trauma and personal experiences of ACEs and trauma across the workforce should be a focus of further work, to ensure the workforce have access to supervision and support. Workload and complexity of workload should be considered in decisions around service provision to ensure staff are supported and feel valued in their roles.
12. Any development of a trauma responsive system should be supported by evaluation to understand and evidence implementation and delivery of the approach, changes to practice and impact for individuals, communities, the workforce and wider system. Service user and community voice needs to be included in any evaluation activity.

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6. Appendices

6.1 Desk based review activity

Desk-based review: Merseyside activity

Organisation	Approach	Intervention type	Intervention name	Brief overview
Merseyside Youth Association	Training course	NA	ROAR ACEs	Trauma informed practice course for professionals working with children and young people in all settings
Merseyside PCC/MYA/CAMHS/MVRP/School Improvement Liverpool	Community event	NA	NOW festival	ACEs explored as part of the 2024 NOW festival
MVRP	Training course	NA	NA	Free trauma informed training focused
LJMU	Report	NA	NA	'Supporting services to prevent, identify and respond to Adverse Childhood Experiences among the population of Cheshire & Merseyside'
Interface enterprises	Training course	NA	NA	A large training programme and associated support across the Social Work Teaching Partnership to support participants to be trauma aware and enable core staff to go on to deliver trauma awareness training.
Victim Care Merseyside	Intervention	Domestic and sexual abuse intervention	Restitute	Supports third party victims of crime using a trauma informed approach
Merseyside Police	Policy	NA	NA	Commitment to keeping women and girls safe in Merseyside by building public trust and confidence, pursuing perpetrators, adopting a trauma informed approach, and creating safer spaces.
MVRP	Training course	NA	StreetDoctors	A fully interactive, non-judgemental, and trauma informed bitesize course offering crucial advice for 11-25-year-olds if they see someone bleeding or unconscious
Merseyside Fire and Rescue	Intervention; report	ACEs/trauma intervention	The Beacon Project	A six week or 12 week (one day a week) programme designed to engage with young people aged 8-18 who are in their transition to secondary school, have experienced ACEs, have poor attendance, are displaying symptoms of someone exposed to trauma, or are involved in risk-taking behaviour, fire setting or becoming involved in ASB.
LJMU	Report	NA	NA	Merseyside Violence Reduction Partnership Whole System Evaluation Report: 2022-23
LJMU	Report	NA	NA	Child and Adolescent to Parent/Caregiver Violence and Abuse (CAPVA) research study

Time Matters	Intervention; report	Support for children/young people impacted by parental imprisonment	Time Matters	Support children and young people who have a parent in prison by providing a safe, non-judgemental space for young people and parents/carers with these common experiences
MYA	Intervention; report	Support service for children/young people who experienced violence/trauma	Navigators	A hospital-based intervention service for young people at risk of, or experiencing violence
LJMU	Report	NA	NA	A review and mapping of the provision of services for victims and survivors of sexual violence across Merseyside
MYA	Intervention; report	Violence prevention	Mentors in violence prevention	A peer-to-peer leadership and bystander schools programme, which allows young people to discuss a range of social issues and gives them the tools to challenge the behaviour, language and mindsets that can act as a trigger for crime.
MVRP	Intervention; report	Violence prevention	The Nurturing Programme for Fathers at HMP Altcourse	The Nurturing Programme for Fathers at HMP Altcourse is a 10-session parenting programme created by Family Links which aims to help parents and children live emotionally healthy lives, focusing on four main constructs: self-awareness, appropriate expectations, empathy, and positive discipline.
Ariel Trust	Intervention; report	Violence Reduction Education Programmes	'Send me a Selfie', 'Grassing or Grooming', and 'Skills to Resist Radicalisation'	Three programmes called 'Send me a Selfie', 'Grassing or Grooming', and 'Skills to Resist Radicalisation' and trained teachers to deliver them to primary school children across Merseyside. These programmes used action-based learning theatre and role-play methods to teach primary school aged children about problematic situations, giving them the skills in how to respond appropriately, and ask for help if they are involved, including as a bystander.
Merseyside Police	Training; report	NA	NA	Merseyside Violence Prevention Partnership implemented ten 3.5 hour trauma informed training sessions with police staff and partners from wider organisations. Training content included an overview of trauma and ACEs, their impacts on offending behaviours and health, how trauma and ACEs may present, and the principles and benefits of trauma informed policing.
Merseyside Police	Intervention; report	Violence prevention	Operation Empower	A proactive policing response to prevent incidents of sexual violence by targeting people behaving in a predatory way.
LJMU	Report	NA	NA	Evaluation to examine the whole system family approach to supporting those who have been imprisoned / people on probation and reduce reoffending.
Health Inequalities Group	Training	NA	NA	Health inequalities group deliver ACE/trauma informed training to VCSE organisations across Merseyside. Training designed to help practitioners

				understand a broad range of adversities, from ACEs, peer victimisation, gambling and bereavement, to systematic discrimination, such as racial discrimination and weight stigma.
Merseyside Police	Training	NA	NA	All policing teams have been on trauma informed training.
Merseyside Police and St Helens Church of England School	Intervention	Domestic abuse intervention	Operation Encompass	Operation Encompass is a national Police Force and Education early intervention safeguarding partnership that supports children and young people exposed to domestic violence. The support from the Police is in the form of a phone call to the school the child or children attend giving information about an incident of domestic abuse. Acknowledges that this is important due to the negative health and social harms associated with ACEs.

Desk based review: Knowsley activity

Organisation	**Approach**	**Intervention type**	**Intervention name**	**Brief overview**
Knowsley council ASC procedures	Information page	NA	NA	Page explaining the working Definition of Trauma Informed Practice
Knowsley inf ? Is there something missing here	Training	NA	NA	A presentation titled 'Keeping trauma and adversity in mind at times of transition', which is used for training
Knowsley building bonds and attachments (BABs)	Report	NA	NA	The impact of a Specialist PIMHS on ACEs, Attachment and Child Development
Knowsley Safeguarding Children Board	Information page	NA	NA	7 minute briefing ACEs document
Knowsley Better Together	Policy	NA	NA	Start well 2030 strategy, outlines ACEs, what they are and prevalence in Knowsley
Vantage Academy Trust	Policy	NA	NA	Child Protection, Procedures and? Safeguarding Policy - The aim of this policy is to promote a safe environment where safeguarding concerns in relation to a child can be managed in an appropriate way. Specific references given to ACEs and the role that staff play in recognising how trauma and ACEs may impact a child or young person
Knowsley Council's Safer Communities Service	Intervention	Domestic abuse perpetrator programme	The Choices Pathway	Knowsley Council's Safer Communities Service Choices Pathway work with residents who have been identified as perpetrators of domestic abuse. Based on voluntary engagement, those referred are supported to change their behaviours to prevent re-offending.

CGL	Intervention	Drug and alcohol support	CGL	CGL offer group work programmes, education training and employment, signposting to other agencies, family support, alcohol detox in the community, and opiate substitute prescribing.
Knowsley Council	Multi-agency team	N/A	STEP	The multi-agency team – STEP (Support, Together, Empower, Prevent) – includes representatives from Knowsley Council, Merseyside Police and also includes four Youth Engagement Officers and a Crime and Communities Officer. STEP supports children and families who may be at risk of criminal exploitation, becoming involved in anti-social behaviour or getting into trouble with the police.
Knowsley Children and Family Board	Intervention	Early help	Cradle to Career	The Cradle to Career programme brings together residents, local services, professionals and community leaders to support children and young people. It puts people at the heart of education, services and local-decision making, aiming to improve literacy standards among children, give families easy access to the support they need, improve the quality of life for all and create new to improve the life chances of children and young people.
Knowsley Council	Policy	NA	NA	Knowsley Domestic Abuse Strategy 2022 to 2025 outlines the vision and priorities concerning the multi-agency provision and responses for victims, children impacted by domestic abuse and those perpetrators who are causing the abuse.
Knowsley Council	Policy	NA	NA	Homelessness and homelessness prevention guidance
Knowsley Family Information Service	Early Help and prevention	NA	NA	Early Help and Prevention Service works across Knowsley as the first point of contact for families requiring support.
Knowsley Council	Policy	NA	NA	Knowsley Children's Social Care Operational Procedures Manual.
Knowsley Council	Policy	NA	NA	Knowsley Safeguarding Children Partnership manual of procedures.
Knowsley Council	Policy	NA	NA	Knowsley's Context Wellbeing Framework and this guidance document is to be utilised across partner agencies and Children Social care and Adult social care.

				The Framework provides a guide as to the most appropriate response to the needs of a child, family, or context and assists partner agencies in gaining insight into what Contextual safeguarding is.
Involve North West	Intervention	Domestic abuse support	The Lighthouse Centre	The Lighthouse Centre Wirral is a safe, warm and friendly space for women and children who have previously or are currently experiencing domestic abuse. They provide a drop-in service where they offer independent advocacy, risk assessment and safety planning, as well as specialist workshops and programmes running throughout the week to support women and children to help them navigate towards a safe and positive future.
Involve North West	Intervention	Social, emotional, and mental health (SEMH) support	Brighter Times	Brighter Times is a community based mental health project that works alongside the CWP Crisis Lines by supporting people with their overall wellbeing.
Involve North West	Intervention	SEMH support	Clear Minds	Clear Minds is a community based mental health project that focuses on helping and enabling individuals to empower themselves to male positive changes and take control of how they feel.

Desk-based review: Liverpool activity

Organisation	**Approach**	**Intervention type**	**Intervention name**	**Brief overview**
Liverpool CAMHS	Policy	NA	NA	Liverpool's ACE Strategic Statement - sets out the collective commitment of all key partners across Liverpool to recognise and respond to Adverse Childhood Experiences in determining the current and future health and wellbeing of the population.
Liverpool CAMHS	Report	NA	NA	2019 ACE perception survey findings
Liverpool CAMHS	Information page	NA	NA	A resource page provided by Liverpool CAMHS to provide information on ACEs
School Improvement Liverpool and the Liverpool City Council	Training course	NA	Growing stronger	Growing Stronger's training is a 3-tier training offer to help people of all backgrounds and ages in the local area build resilience to and protect themselves from Adverse Childhood Experiences.
School Improvement Liverpool and the Liverpool City Council	Information page	NA	Growing Stronger	Information page outlining ACEs, what Growing Stronger aims to achieve, how people can help, and links to training.

The Beacon Church of England Primary	Information page	NA	NA	Information page detailing ACEs, why they matter and links to more information/video
Liverpool CAMHS	Conference	NA	Talking ACEs conference	2021 conference - 'Talking Adverse Childhood Experiences (ACEs) with CAMHS: Trauma Informed Thinking for Practice'
Liverpool County Football Association/MVRP/healthy stadia	Training course	NA	NA	A two-hour online training course that provide sports organisations with new insights into the profound effects of trauma, the prevalence of adverse childhood experiences (ACEs) and how participation in sport and physical activity can foster resilience and help people heal, recover and improve their social outcomes and long-term physical and mental health.
School Improvement Liverpool and the Liverpool City Council	Training course	NA	NA	A fully funded tiered level ACE Awareness training for ALL Early Years PVI settings across Liverpool.
RASA	Intervention; training course	Domestic and sexual abuse intervention	RASA	RASA Merseyside is a professional counselling and support service that exists solely to improve the mental and physical well-being of individuals impacted by sexual violence at some point in their lives. They also provide a training course for professionals
Sole Survivor	Intervention	PTSD support	Sole Survivor	Sole Survivor provide PTSD Support Created by Survivors of Trauma
Liverpool Women's Hospital	Intervention	Vicarious trauma support	NA	Trauma informed support for staff struggling with vicarious trauma.
NHS	Intervention	SEMH support	NA	Mental Health Triage Response Team work in a trauma informed way "If a Section 136 is initiated, we identify the most appropriate PoS and provide bespoke, patient centred, trauma informed care."
Hope School	Trauma informed school; award; Intervention	ACE/trauma intervention	HEARTs Project	Hope School is a special school which "raises awareness of attachment theory and the psychological impact of trauma." Through its HEARTs project, and in partnership with the local authority, they are "sharing their skills and expertise to have a positive impact on other institutions, enabling them to have the best outcomes possible". They have been awarded the Attachment and Trauma Friendly School Award Gold.
New Heights School	Trauma informed school	NA	NA	New Heights endeavour to raise the aspirations of our young people through a trauma informed, emotionally friendly approach implemented to remove the barriers some young people have to learning.
Liverpool City Council	Conference	NA	NA	ADCS annual conference 2022 - Promoting the wellbeing of Unaccompanied Asylum Seeking Children and Young People in Liverpool.
Liverpool safeguarding children partnership	Training course	NA	NA	Virtual - Reflective Learning Event - sharing the learning from Child Exploitation cases in Liverpool

St Silas CE Primary School	Trauma informed school; award	NA	NA	"St Silas Church of England Primary School is a trauma informed and trauma responsive organisation. An attachment and trauma-sensitive approach is becoming increasingly interwoven into strategy, policy and practice. It is no longer a 'tick-box' of things to do, but a rich tapestry which is organic and dynamic, responding to the needs of the whole school population." ATTACHMENT AND TRAUMA SENSITIVE SCHOOLS GOLD AWARD, FEBRUARY 2024
Elysium Healthcare - Victoria Gardens	Intervention	SEMH support	NA	Victoria Gardens is a specialist rehabilitation service for men and women with complex mental health needs. The aim of the service is to equip the service users with the functional and psychological skills needed for increased independence and community living. Victoria Gardens is a trauma informed service offering a strengths-based approach to patient care and treatment.
The City of Liverpool College	Trauma informed school	NA	NA	In 2012, Liverpool started its City of Sanctuary movement and the City of Liverpool College joined this movement by becoming a College of Sanctuary. It recognised that displacement due to war and conflict can be an extremely traumatic experience for individuals, families, and communities, and they, therefore, engage with trauma informed practices and inclusive pedagogies, and their student services ensure that sanctuary seekers have the tools they need to thrive.
YPAS and MVRP	Intervention	ACEs/trauma intervention	Flourishing Families Service	Flourishing Families is an early intervention and prevention service aimed at families whose family system consists of children and/or young people aged 5-25 years and are identified as having been exposed to trauma and/or adversity impacted by violence. The targeted service is underpinned by trauma informed evidence based therapeutic approaches.
Chaya Yoga	Intervention	Physical exercise	Chaya Yoga	Chaya Yoga offer group, 1:1, and corporate yoga that is trauma informed, injury sensitive and accessible for all.
Liverpool YMCA	Intervention	SEMH support	Stepping stones	A project in partnership with Mersey Care NHS Foundation Trust - a 10 bed mixed unit of males and females that receive clients directly from hospital who are dealing with complex mental health issues. A holistic and flexible approach is taken in line with Liverpool YMCA practice around CAT and Trauma Informed Care.
The Salvation Army	Intervention	Homelessness support	The Salvation Army	Provides short term supported accommodation for single people experiencing homelessness. The support team are trained in trauma informed practice, and the accommodation provided is for up to 6 months.
Home office	Policy	NA	NA	In 2021, the Home Secretary announced a £150,000 package to support the communities of Liverpool and Knowsley in the wake of the tragic shootings in the city to provide specialist trauma informed support in nearby schools, as well as mental health provisions for those closely affected.
LJMU	Report	NA	NA	Report "Supporting services to prevent, identify and respond to Adverse Childhood Experiences among the population of Cheshire & Merseyside"

Liverpool City Council	Training course	NA	To the Edge	To the Edge is a candid, hard-hitting 24-minute film and education pack addressing issues such as ACEs, county lines and knife crime. The film is used in secondary schools to prompt discussion and interactive sessions. It aims to raise awareness; challenge entrenched cultural norms and change behaviours. It is delivered in conjunction with Police Safer Schools Officers.
Red Umbrella	Intervention; report	Support for sex workers	Red Umbrella	Red Umbrella supports people aged 18 and over across Merseyside who are involved in sex work, selling sex or sexual exploitation. They offer one-to-one trauma informed support, outreach and drop-ins across Merseyside, Specialist ISVA support, referrals and support to sexual health, drug and alcohol services, housing providers, safeguarding etc. The service was evaluated by LJMU.
Whitefield Primary school	Trauma informed school; award	NA	NA	The Alex Timpson ARC Attachment Award recognises and celebrates best practice in attachment and trauma aware schools and settings. This is a national award to recognise those that have made a profound and lasting contribution to attachment and trauma aware practices. In 2021, Whitefield Primary were nominated for this award by Liverpool Virtual School and were the winners in the Primary School category.
Jame's Place	Intervention; report	Suicide prevention	Jame's Place	James' Place is a service that aims to stop men dying by suicide by providing support for men facing a suicidal crisis.
Good Night Out	Intervention; report	Violence prevention	Good Night Out	The Good Night Out Campaign: evaluation of a nightlife worker training programme to prevent sexual violence in Liverpool.
Everton in the Community	Intervention	SEMH support; physical exercise; prevention	Everton in the community	The charity offers more than 50 programmes covering a range of social issues including health, employability, anti-social behaviour, crime, education, dementia, poverty, youth engagement, youth justice and disability.
We Are With You	Intervention	Drug support service	We are with you	The service provides support for those worried about their drug or alcohol use or someone else's that they know.
Liverpool City Region ACE Alliance	Multi-agency group	NA	NA	The ACEs alliance is a collaboration between LJMU and voluntary sector. It is research led and focussed on mental health.
Liverpool County Football Association	Training	NA	NA	Liverpool County FA are delivering safeguarding training across Merseyside to grassroots sports coaches.

Desk-based review: Sefton activity

Organisation	**Approach**	**Intervention type**	**Intervention name**	**Brief overview**
LJMU	Report	NA	NA	2021 report 'Evaluation of the Sefton Adverse Childhood Experiences (ACEs) Recovery Programmes'

South Sefton Primary Care Network	Intervention	ACE/trauma intervention	ACE recovery programme	A free 10 week programme to provide those impacted by ACEs and trauma support to build resilience and develop a healthy lifestyle within a safe and calming environment. It also aims to provide a better understanding of how ACE's impact the individual and their family, whilst encouraging positive changes and choices. They are also looking to develop and implement a young people's ACE recovery programme.
Sefton Council	Policy	NA	NA	Sefton Children and Young People's Emotional Wellbeing Strategy 2021-26 includes a trauma informed toolkit and trauma informed training
Sefton Council	Intervention; report	ACE/trauma intervention	NA	Adverse Childhood Experiences Pilot Programme Sefton Rockpool recovery toolkit. LJMU evaluated the pilot project.
Sefton Supported housing group	Information page	NA	NA	Information on developing trauma informed are in homeless services and examples given on how this has been implemented in Bournemouth.
Sefton Council	Policy	NA	NA	Sefton Domestic and Sexual Abuse Strategy 2023-2028 - "Domestic abuse is considered as a routine enquiry by a wide range of agencies and practitioners across Sefton, using a trauma informed approach."
Career Connect	Intervention	Education/employment support	NA	Charity works with Sefton Council and local schools to identify pupils at risk of not achieving their potential and tailoring learning support so they have a post-16 plan - "Using a trauma informed approach is key in how we address the support needs of these young people," explains Vaughan, adding that mental health issues are also increasing "so our staff are all trained as mental health first aiders too."
Sefton Council	Report	NA	NA	Adult Social Care Preparation for Assurance Peer Challenge at the council and with partners report - trauma informed training taking place with staff who deal with customers.
Sefton CLC	Training course	NA	NA	A one-day course introducing brain development, attachment and trauma informed responses or all those working with children and Young People 0-19. This training is informed by the research around Adverse Childhood Experiences (ACEs) and is part of a whole Sefton approach to embed trauma informed practice within all areas of working with children and families.
Sefton MHST	Intervention	ACEs/trauma intervention	NA	Mental health in schools' team have been piloting an ACE programme with a Sefton school.
Sefton ACEs network	Multi-agency group	NA	NA	ACE network is a partners and ACEs participation group (including experts by experience) to try and drive forward a strategic approach to trauma informed practice.

Sefton Council	Lived experience group	Think ACEs, create PACEs	NA	Sefton PACE forum lived experience group who have engaged with the ACE Recovery Toolkit programmes.

Desk-based review: St Helens activity

Organisation	Approach	Intervention type	Intervention name	Brief overview
TESSA	Intervention	Education/employment support	TESSA	Educational psychology service to promote access to and participation in education for children and young people aged 0 – 25 by applying psychology to understand their strengths, needs and what might work to enhance their inclusion and progress. "We have a trauma informed approach. We recognise the impact of ACEs and trauma on child development for some children and young people and how to increase their resilience."
St Helens Safeguarding Adults	Training course	NA	NA	Presentation titled "Trauma informed Care & Professional Curiosity" used to raise awareness among professionals.
Black Brook House	Intervention	residential/care home	Black Brook House	Black brook House is a residential care home which supports children and young people through therapeutic parenting. They offer Trauma Informed Care through application of PACE model.
St Helens Borough Council	Intervention	Multi-agency panel	Complex cares	Complex cares is a multiagency panel who work with people in a trauma informed way, regular informal 'huddles' between agencies to further improve collaboration and respond quickly, and this is overseen by a steering group. LJMU are currently evaluating.
Listening Ear	Intervention	Therapeutic support	Listening ear	Charity that offers therapy, training, support, advice and guidance to Children we Look After (CLA) and edge of care children, and their family units, with a history of domestic abuse and/or violence. The aims include addressing previous trauma and adverse childhood experiences, whilst also providing support for their foster carers and families.
PAUSE St Helens and St Helens Integrated Sexual Health Team	Training course	NA	Pause - Breaking the Cycle	Course objectives: Learn about the Pause model, consider the impact of language on the ability to engage with families who are affected by domestic abuse, raise awareness of adopting trauma informed approaches, hear women's voices and listen to their stories and reflect on how this can influence and improve practice with vulnerable families.
Career Connect	Intervention	Employment/education support	Career Connect	Career Connect, St Helens Borough Council, and voluntary sector organisations worked in partnership after identifying a gap in provision for academic age 18-year-olds. Identified that a factor critical to their success is taking a trauma informed approach.

St Helens Borough Council	Report	NA	NA	An introduction to complex need in St Helens - importance of taking a trauma informed approach is recognised and encouraged within the report.
Ashurst primary school	Intervention	SEMH support	NA	SEMH provision at a primary school in St Helens is based on the PACE principles which is a trauma informed approach to supporting children and young people based on building trusting relationships, emotional connections, containment and a sense of security to enable children to thrive.
St Helens Safeguarding Children Partnership	Guidance	NA	NA	Domestic abuse manual, with dedicated paragraph to trauma informed practice.
St Helens Safeguarding Children Partnership	Information page	NA	NA	E-learning page with links to free resources and a training course.
St Helens Borough Council	Report	NA	NA	St Helens Public Health Annual Report 2022-23. Discusses complex lives and ACEs.

Desk-based review: Wirral activity

Organisation	**Approach**	**Intervention type**	**Intervention name**	**Brief overview**
Wirral Safeguarding Children Partnership	Information page	NA	NA	Explaining what ACEs are, the impact of ACEs and how we can respond to ACEs
Wellbeing empowering brighter futures (WEB)	Intervention	Bereavement support	WEB	Course focuses on the 'healing of the trauma' as opposed to 'replaying the trauma'. WEB's Bereavement and Trauma workshops is accessible to all who have suffered bereavement and loss by violence, crime, and suicide related deaths and losses. Also, individuals who may have been through the 'trauma of being removed from their families and communities and who have been through the care system'.
Sole Survivors	Intervention	PTSD support	Sole Survivors	Provide PTSD support.
Wirral Mind	Intervention	PTSD support	Sole Survivor PTSD group	Peer-led trauma informed PTSD support group facilitated by Sole Survivor.
Impact North West	Information page	NA	NA	Information page on trauma informed practice.
Wirral Council	Report	NA	NA	A prospectus of preventative programmes for people facing multiple disadvantage.
It's Never Ok	Information page	NA	NA	Information on trauma informed practice.

Crea8ing Community	Intervention	SEMH support	Crea8ing Community	To build the resilience, mental health and wellbeing of children, young people and families to enable them to live happy healthy lives through bringing people together and providing non-judgemental support, learning, and volunteering opportunities. They specialise in taking a trauma informed approach and provide ACEs and trauma informed practice awareness training for parents/carers and professionals
West Kirkby School	Trauma informed School; Award	NA	NA	Achieved a Bronze Attachment and Trauma Sensitive Schools Award.
Rock Ferry Primary School	Report	NA	NA	The school advocates trauma informed practice and all classrooms have a range of systems to support children who have experienced attachment and trauma.
Wirral Youth Justice Service	Policy	Wirral Youth Justice Strategic Plan	NA	The Youth Justice System (YJS) take a trauma informed approach and young people have helped to make the YJS environment and interventions trauma informed.
Phoenix Futures	Intervention	Drug and alcohol residential service	Phoenix Futures	Residential Service offers drug and alcohol-free residential rehabilitation to those with substance use problems. All staff at Phoenix Futures are trained in trauma informed care to understand the widespread impact of these experiences, to recognise the signs of trauma and provide treatment which addresses the multifaceted needs of people working towards recovery.
Wirral Met and Spider Project	Training course	NA	NA	Wirral Met college and Spider Project (a creative arts and wellbeing recovery project who offer a wide range of creative arts courses, holistic therapies and physical exercise sessions) are providing a free 2 week course which will explore ACEs.
Wirral Women and Children's Aid	Intervention	Domestic abuse intervention	NA	Offers safe accommodation, advice, support to those who have experienced domestic abuse. They recognise that they can also support with ACEs. Family Link Workers are trained in Adverse Childhood Experiences or ACEs. They run an ACEs group and provide Outreach Support to children in the community.
Wirral Safeguarding Children Partnership	Policy	NA	NA	Wirral Safer Adolescence Strategy 2021-2023 highlights the impact of ACEs.
Wirral Development Trust	Training course	NA	NA	ACEs awareness training for professionals working with adults, young people, children and families
Wirral intelligence service	Report	NA	NA	Additional Content document which includes an overview of two articles that explore ACEs
Wirral Mind	Training course; report	NA	NA	The NO MORE Suicide Community Training comprises a Train the Trainer (TtT) course developed and delivered by Wirral Mind. The TtT course prepares participants to go on and deliver half-day sessions on basic suicide prevention.

Wirral	Digital resource	NA	NA	An app being developed, which takes a trauma informed, whole family approach and helps to signpost people to appropriate services
Fender Primary School	Trauma informed school	NA	NA	Fender attend schools in the area and assesses whether the teacher who has received trauma informed training is implementing a trauma informed approach and sends them for re-training if needed.
Change. Grow. Live.	Intervention	Drug and alcohol service	Wirral Ways	Wirral Ways provide free and confidential drug and alcohol services across the Wirral.
Koala North West	Intervention	Early years	Koala North West	Koala North West offer essential support for families and children in the North West area. Spanning across Cheshire and Merseyside, covering everything from Family Support, SEND and Early Years.

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