



Sandra's Story

Aged 18 | Female | White British

Lives in the Rochdale Area but from Middleton
Sandra has no recorded additional needs

These stories are based on real life experiences. Names and photos have been changed.

Sandra is 18 years of age and lives in the Rochdale area. She's been on the CST since she was 15 years of age and has built a really positive and trusted relationship with practitioners over a long period of time.

Sandra has experienced many ACEs in her life from a very young age. She never met her birth father until the age of 15/16. Additionally to this she has witnessed domestic abuse for a long period of time and also been a victim of domestic abuse from her brother. Her mum lives a very chaotic lifestyle including alcohol and substance misuse and also a significant gambling addiction. Sandra and mum's relationship has been dysfunctional and at times abusive (both physical and verbal on both sides).

Her earlier experiences with social workers were not so great. She said they didn't listen to her - they pretended to "nod their heads" but then just took her mum's side of the story.

Professionals just took mum's word that she was not taking drugs and only drank "when stressed" and that she had stopped gambling when none of this was true.

She was told she didn't want to engage when really it was some key workers that didn't engage with her. She felt that if things she told them had come from her younger sister they would have done something but because Sandra was 16 they just ignored it. Also the counselling sessions never happened because the waiting list was too long.

What Sandra says about the support she's received later on

The support Sandra has received in her words "saved her from going mad". Key workers built a strong bond with her. They listened to her and 'believed her side of the story.' Sandra described the relationship as "a laugh but also always listening. They tell me when I'm going crazy (for example when starting a new relationship)". Sandra described that she liked that keyworkers never talk to her like a child and give great hugs when she is upset or angry.

At the end of work they were there to pick her up and offered something to eat. Sandra was able to talk about her week/day and any challenges she might have experienced.

The help Sandra received when she became homeless - she said "she appreciated more than anyone will ever know" and for the "first time she is somewhere she is safe and can just go home and chill without thinking she is going to get thrown out". She knows key workers worked really hard to get her into a refuge and that loads of other people are "worse off than her". She feels the best she has done for ages.

Support continued even when Sandra was in a toxic relationship and even though she did not want to listen to the worries of her key worker. When she realised what was happening and that it was not good for her, her key worker already knew about it. She didn't have to tell anyone from the start.

When social services always listened to Sandra's mum's side of the story, her key worker stuck up for her and told her version of what had happened even if nothing changed.

Sandra also liked that her key worker worked closely with key workers from other services so when one was off work the other one stepped in with extra contact even if this is by Whatsapp.

She even received birthday and Christmas presents - always good ones! When Sandra brought a friend along to meetings, her key workers did not mind. They spoke to her like "normal people" not workers.

They also "made her" get sexual health checks and took her to the appointments and held her hand when she had to have her injection (pet hate!).



What can we learn about effective trauma-informed practice?

- A strong and consistent relationship that's built on genuine care and connection
- Demonstrating affection, this could be signs of appreciation, birthday cards, a hug if appropriate
- Truly listening and taking an active interest in the person's everyday life
- Working closely with other services, getting to know other practitioners and finding new ways of supporting a person and stepping in
- Authenticity - being a real person in the young person's life and not just an assigned worker
- Believing what the young person is telling us
- Asking ourselves provoking questions: Would this be good enough for my child?



What are some of the outcomes we can celebrate here?

- Develop healthier relationships, opening up to people and building strong connections
- Able to find stability, taking up opportunities (such as housing)
- More positive outlook on life and future
- Looking after her health and wellbeing - she says she feels the best she has in a long time



What further outcomes might we like to see for Sandra?



Bilal's Story

Aged 14 | Male | Pakistani

Lives in the Rochdale Area
Bilal is diabetic

These stories are based on real life experiences. Names and photos have been changed.

Bilal's older brother had trouble with the police, and Bilal was told that his brother had been arrested. His mother was rang in the morning and given more information but not Bilal. He wished he could have stayed at home to avoid people asking him about it and becoming stressed. He also felt that other people knew more than he did.

He didn't like that he wasn't given any processing time and that he was asked to make a decision just after being told the news about his brother.

Soon after no one spoke about the incident anymore. Bilal didn't reach out for help himself so no support was given to him.

He was left out of conversations by police and family so doesn't know what happened.

"He wished he could have stayed at home to avoid people asking him about it and becoming stressed."

What Bilal says about the support he's received later on

School has felt like a safe environment, but not so much when the topic of 'criminals' gets covered. 'This can make you feel uncomfortable. When it's talked about negatively. Police involvement isn't good but it doesn't mean you are a bad person. It's hard when you have family arrested.'

Bilal felt positive about the tutoring he received. **He was given space** and the options to decide what would be best.



What can we learn about effective trauma-informed practice?

- Trauma might not always be obvious - understanding that it can affect those around the one immediately affected
- Sharing information openly and taking the time to explain a situation is crucial to avoid a young person feeling left out
- Giving space to process instead of pressing for decisions
- Pro-actively providing support - a (young) person might not always be ready to seek out help



What are some of the outcomes we can celebrate here?

- Built a good relationship with his tutor and appreciated the space he was given to explore different options
- School is described as a safe environment



What further outcomes might we like to see for Bilal?



Blake's Story

Aged 15 | Male | White British

Lives in the Rochdale Area
Blake has mental health issues

These stories are based on real life experiences. Names and photos have been changed.

Blake lives in Rochdale and attends school. He likes fitness and health and goes to the gym regularly. He was bullied a lot in primary school and struggles with his self esteem.

When that happened he described he wasn't supported very well and it also impacted his high school achievements. He doesn't feel in the right place emotionally to access learning and struggles to focus. School has been there to support him but his mental state has meant he wasn't always able to access it. He initially enjoyed being at school but now he feels he's wasting his time as he's not going to pass his GCSEs.

Some support that's been offered has not been great. He had three different duty workers in a short period of time, which meant that he had to tell his story over and over again.

What Blake says about some of the effective support he's received

Overall, he feels positive about some of the counselling he's received. It's been supportive and offered strategic advice and he feels it's worth attending. He also liked that he was seen quite quickly by practitioners, faster than he thought.



What can we learn about effective trauma-informed practice?

- Moving at pace and offering support at the moment when needed the most can make a big difference
- Consistency to develop trust and really get to know a person
- Re-telling their own story can be re-traumatising and contribute to feelings of hopelessness
- Sticking with a person even when their engagement/commitment weakens
- Truly understanding a person's needs - e.g. openly talking about emotions but also providing guidance/structure/strategic advice

He engages with the support being offered to him, although some relationships are breaking down at times due to his feelings of hopelessness and failure. Blake feels safe at home and in school. He's as open as he can be regarding his feelings but does not like talking about them all the time which can make him feel worse.



What are some of the outcomes we can celebrate here?

- Generally engages positively with the support offered to him
- Home and school are safe places for Blake



What further outcomes might we like to see for Blake?



Mary's Story

Aged 14 | Female | White British

Lives in Milnrow

Mary is involved with social care and has mental health issues

These stories are based on real life experiences. Names and photos have been changed.

Mary has previously attended full-time education. However, since experiences of bullying, a traumatic incident and poor mental health in the aftermath, she has felt unable to access mainstream education. She was partly educated in a smaller unit, however felt the school premises to be overwhelming and triggering to her.

Mary has self-harmed and taken an overdose with intent. She is a victim of child sexual exploitation, however the details of what happened are not known. She also witnessed domestic abuse at home. For Mary, school is not a safe place. She feels that 'all they care about is attendance. It doesn't matter what's going on as long as you turn up and your attendance makes them look good.'

She shared: 'People have closed my case before because even when things are bad, if I say that something has gone well, then they think - oh everything is good - and they can't wait to close your case. Just because one thing is good doesn't mean that everything is ok.'

Mary is sick of people asking her the same questions over and over again. She appreciates knowing that a professional is available and when they are consistent in their response. She shared: 'Don't tell me - see me anytime - then send me away when I come to see you because I need help.' She also likes humour - 'someone that I can have a laugh and be on the same level with. It makes horrible conversations easier.'

'Show that you actually care, it's not just because it's your job. And don't push me. I'll only do something if I want to.'

What Mary says about the support she's received later on

Mary feels that now - her support is "sound". 'I love the people I have working with me.'

'Some relationships are better because I don't only see them when they have to come. Like once a month. I don't like when people working with me just come and talk to my mum and not me. Then if they do, I think they only want to because they have to and don't really want to.'



What can we learn about effective trauma-informed practice?

- Working with someone who really cares, who allows them to be the focus of the visit, who really listens
- Laughing 'as a medicine' - can help to deal with very difficult situations/topics
- Knowing that support will be available, even when good things happen in their lives as there's a worry that support will be withdrawn without warning
- Someone who is available, consistent and sets boundaries upfront so the young person knows when support is/isn't available - and what to do if it is not.
- Not helpful when agenda/responsibility (e.g. school) takes over the focus of support and the individual need isn't met
- Sessions are on their terms and in an environment that feels comfortable



What are some of the outcomes we can celebrate here?

- She loves the support she's being offered and has a close relationship with her practitioner
- Support she receives provides a safe environment for her



What further outcomes might we like to see for Mary?



Charlie's Story

Aged 15 | Male | White and Asian

Lives in Middleton

Charlie has been involved with youth justice, social care and has mental health issues

These stories are based on real life experiences. Names and photos have been changed.

Charlie is a confident 15 year old male, who has just celebrated his birthday. He resides at a children's home with 4 other young people, however does not speak to other young people within the home.

He has been a looked after child since February 2020, and has lived in 2 foster placements and his current residence. Charlie does not currently attend school due to a number of incidents. He wishes to go to school and gain his GCSEs, however school is wanting him to engage in alternative provision prior to returning to school.

Charlie is experiencing the grief of his siblings. When Charlie and his 3 younger siblings became looked after children, Charlie was placed into foster care and his sisters were adopted. Charlie feels that he has been unfairly treated because he doesn't get to see his sisters due to being adopted. He feels this is not his fault and that he has been the one to suffer.

Charlie reports that he doesn't feel that he has had much help when this happened and that he really struggles with not seeing his siblings. He feels that mental health support would have helped him. He wishes someone could have helped him keep in contact with his sisters.

Charlie feels that school has not given him a chance.

He feels that what happened to him when he was younger was because of the way his mum was and that nothing would have changed that. He feels that he would have been removed either way and doesn't think that anyone could have helped his mum. Charlie reports that he had some difficult times when living with his mum. She used to take drugs, although she has now stopped, but Charlie feels it's too late.

He feels let down by professionals in the past and by his family. He feels his previous foster carer did not care about him. He reports that he felt singled out and did not understand him. He felt his foster carer viewed him as bad.

What Charlie says about the support he's received later on

Charlie reports to be enjoying living at the children's home following a period of instability at his previous foster carers. He feels that staff have been welcoming and easy to talk to.

Charlie has felt listened to in the past few months and shared that some professionals made a difference. He is happy that they advocated for him to move.

Charlie feels that the support he's currently receiving is the best he has ever had. 'Considering the last few years, I feel the professionals working with me now understand me better than previously.'



What can we learn about effective trauma-informed practice?

- Importance of genuinely taking the time to understand a person's story and advocating for them during difficulties
- 'Being heard and being given a chance' as Charlie describes it can change a person's outlook on life
- Person-centred and individual solutions are key - what's right for one person might not be right for someone else



What are some of the outcomes we can celebrate here?

- Found a new home and safe environment in the children's home
- Feels understood and listened to and that there is someone there who advocates for him



What further outcomes might we like to see for Charlie?



Donny's Story

Aged 35 | Male | White British

Lives in Rochdale

These stories are based on real life experiences. Names and photos have been changed.

Donny is 35 years old and has lived in Rochdale all of his life. Donny grew up in a highly chaotic and dysfunctional home with very little consideration given to his feelings

Donny witnessed physical and emotional abuse as a child. He was neglected by both of his parents and experienced high levels of trauma at the hands of his parents. His parents fought incessantly which meant that he moved from home to home, he can't remember ever having a stable house or in full time education. Eventually around the age of 10, Donny was removed from his parents' care due to being physically assaulted and was placed in foster care.

Donny didn't understand what a healthy relationship looked or felt like. He embarked upon a domestic abuse relationship with his girlfriend at the age of 18 and soon after had 3 children.

Due to the domestic abuse and significant issues around emotional and physical neglect, all 3 children were removed from Donny and his girlfriend's care, they were removed around 10 years ago. They have one child placed with family whom they have unsupervised contact with. Donny didn't trust the social workers because of his childhood experience of being removed from his family and was afraid when they came to his home. He did not talk to them about his own experience of trauma and felt judged from the start.

Donny and his girlfriend remained together despite their children being removed from their care. They later married and supported each other through poor mental health, Donny eventually started working and they built a stable home together. Donny and his wife became pregnant again in 2022.

What Donnie says about the support he's received later on

The Nest team have been involved working with the parents to support them to keep their 4th child in their care. They have worked incredibly hard and made lots of changes over the years to their lifestyle to create a safe home for their baby. Donny identified the support he needed around his mental health and has worked very hard to overcome and work through his difficulties.

The Nest team worked with the family to complete a pre birth assessment and offered intensive support around parenting and healthy relationship work.

The Nest worker read Donny's childhood files and talked to him about his experience and recognised the pain it caused him. He feels that the Nest team have listened to him and his partner and removed obstacles around his mental health, understanding what a healthy relationship looks like and preparing them for the arrival of their baby.

Their baby was born last year and remains with Donny and his wife. The Nest team offer of support is up to the baby is 5 years old.



What can we learn about effective trauma-informed practice?

- Missed opportunities to prevent and reduce trauma in childhood has intergenerational impacts
- Socially unacceptable or criminal behaviour can sometimes stem from unrecognised trauma in childhood, and unmet mental health needs. Identifying past trauma and meeting these needs can help people make positive changes.
- Key life events or milestones like becoming a parent can be an opportunity to make positive changes, and this can form the foundation for a strengths-based approach
- Understanding and experiencing healthy relationships with professionals helps people to overcome some of the impact of trauma, and to make positive changes



What are some of the outcomes we can celebrate here?

- Ending involvement in domestic abuse
- Accessing support for mental health and improved mental health outcomes
- Child living in a safe supportive (and supported home)



What further outcomes might we like to see for Donny?



Cora's Story

30 | Female | White British

Lives in Middleton
Cora suffers with Bipolar disorder

These stories are based on real life experiences. Names and photos have been changed.

Cora lives in Middleton in the house where she was brought up, with her partner, and own 9 month old son, her parents and extended family.

Cora suffers with Bi-Polar Disorder. She has 2 older children who went to live with their father, after she suffered a mental health breakdown a couple of years ago. Cora's partner went to Court to gain custody of the children and she is now only able to have supervised contact during the school holidays.

Cora's previous social workers were quite cold and formal, almost like a tick box exercise. Cora felt that the social worker would judge her or penalise her and so felt she couldn't tell her things or ask for advice. Cora felt that the previous social worker didn't really smile at her, and that maybe she wasn't comfortable herself.

Cora has been on maternity leave since her involvement with NEST, during which time she suffered another serious mental health breakdown for which she was admitted to a mother and baby psychiatric unit when her son was only a few weeks old.

What Cora says about the support she's received later on

Nest has been involved with Cora since towards the end of her pregnancy and have seen and spoken to her regularly, including during her time in hospital. Cora is now stable in her mental health although still receiving support, and is due to return to work in the next few weeks. Nest workers have supported Cora with attending medical appointments and advocated for her with her doctors, "being her voice when she didn't have one". NEST meets Cora at home where she feels safe, and where her sister can support her, and remind her of things she might forget.

Cora really liked how NEST workers have engaged with her, she felt they were supportive and understanding and attentive to what she needed. She feels cared for, because the Nest workers show empathy and compassion for her experience, rather than judging her, and are there when she needs them. They talk to her about her feelings and needs, not just the baby's and this makes her feel seen, and safe.. She trusts them to tell her when she is going in the wrong direction, and gently guide her to the right one.



What can we learn about effective trauma-informed practice?

- A trusted relationship with a professional is developed through the practitioner showing compassion, listening to people's stories and helping them overcome barriers in their lives
- Working in a safe environment, and building on supportive relationships in the family network, helps people to feel safe and supported to engage with practitioners
- Trauma-informed practice works alongside clinical mental health treatment and support - it is not a replacement for specialist help, but can improve engagement and effectiveness of that support by providing advocacy and ongoing care and support.



What are some of the outcomes we can celebrate here?

- Accessing support for serious mental health difficulties
- Ongoing relationship with children, even when in care



What further outcomes might we like to see for Cora?



Rachel's Story

Aged 11 | Female | White British

Lives in Rochdale

These stories are based on real life experiences. Names and photos have been changed.

Rachel is 11 years old and is a cared for child. She came into care because she experienced domestic abuse at home. Rachel remembers the time when she entered care as traumatic, and in the first few years she moved placements, which further unsettled her.

She liked that **she was able to stay at the same school** when she became cared for because this meant she could continue to see friends and teachers who supported her. Now she is settled with a foster carer in a long-term placement and has her own room, where she feels safe.

Both her parents now have new partners and children, and she doesn't get to see them very often. Sometimes she doesn't get to see her parents when she is meant to because her carer or social worker can't take her to see them. **Rachel finds it upsetting when this happens**, or when her social worker changes often.

Rachel likes talking to people, and tells her story openly. She thrives when she has a supportive adult who listens and believes her, and helps her to understand friendships with her peers.

What Rachel says about the support she's received later on

Rachel likes creative activities and has been supported to attend Rainbows, and the Place2Be, where the therapeutic activities have helped her express herself and understand her life story. Her school has recognised that she needs extra learning support, and she receives additional tutoring to help her make progress.

Her pastoral care worker, who has supported her over a number of years, says that she has grown in confidence and is a happy, healthy child who likes to help her peers.



What can we learn about **effective trauma-informed practice**?

- Sometimes the system that keeps children safe also causes trauma. Entering care, or changing placements, can be a traumatic experience that children need support to process and express.
- A sustained relationship with someone who knows the child well helps to identify strengths and see small steps of progress. That longer term relationship can provide stability when the child is unsafe at home, or experiencing unstable care in other parts of their lives
- Trauma can affect a child or young person's ability to make or sustain friendships with their peers. They may need extra help to benefit from these relationships.



What are some of the **outcomes we can celebrate here**?

- Increased confidence
- Increased understanding of and ability to express their life story
- Improved friendships and social networks



What **further outcomes** might we like to see for Rachel?