



Adverse
Childhood
Experiences

Be the Change

EITP ACEs & Trauma Informed Practice Project

Headline Findings
from Training Needs
Analysis & System
Change Instrument for
the Housing Sector

June 2019



Housing
Executive



National Children's
Bureau



Early Intervention
Transformation Programme



Northern Ireland
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DELIVERING SOCIAL CHANGE

The
A T L A N T I C
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Introduction

The Safeguarding Board for Northern Ireland (SBNI) has been funded through the Early Intervention Transformation Programme (EITP) to deliver ACE Awareness and Trauma Informed Practice Workforce Development Training across health, social care, education, justice, housing and the community/voluntary sector in Northern Ireland. The National Children's Bureau (NCB) is supporting this work with the SBNI. NCB has been commissioned to support the SBNI to determine the current levels of knowledge and expertise about ACE/Trauma Informed Practice among practitioners working across health, social care, education, justice, housing and the community/voluntary sector. This baseline of information will be used to inform training design and delivery.

NCB was tasked with facilitating a series of stakeholder engagement workshops across the range of sectors being supported through the EITP Trauma Informed Practice Project. The purpose of the workshops was to understand the level of knowledge in relation to ACEs and Trauma Informed Practice across the workforce. In turn, this would support the development and delivery of training to ensure that it is reflective for each sector's needs. A total of 14 people from the Northern Ireland Housing Executive (NIHE) attended the housing stakeholder event in Belfast on 22 May 2019. A list of the roles represented at this event is contained in Appendix 1.

The workshop provided a valuable opportunity to hear from staff within the housing sector on their current knowledge of ACEs and application of trauma informed practice within their roles. The workshop also provided clarity as to how workforce development can be taken forward strategically and regionally within the NIHE for the housing sector of Northern Ireland.

It is recognised that some current systems may need to change in order to become trauma informed. To ascertain the current situation within organisations, a Systems Change Survey was also administered at the event. The specific aims of this survey were to:

1. Gauge current understanding of the implications of learning from ACES
2. Explore current interest in knowing more about becoming a trauma informed organisation
3. Ascertain what (if any) changes are needed in organisations to ensure that all organisations become trauma informed
4. Help identify areas of strength in terms of trauma informed practice that can be shared and
5. Help identify priority areas for change in order to realise the ambition of creating a trauma informed system

The purpose of this report is to present headline findings from the training needs analysis (TNA) and the System Change Survey that relate to the housing sector. Other headline reports covering the voluntary and community sector, health and social care, early years, Family Hubs, education and GPs are also being produced.

Profile of Participants

A total of 14 people from the NIHE completed TNA surveys at the event. All percentages are given for those who answered each question. The following tables summarise the roles undertaken by respondents, number of years in those roles and areas in which their work is based (please note: figures may not total 100% due to rounding):

Role	%
Front-line practitioner	43
Service manager	50
Commissioner of services	7

Figure 1: Respondents by role

Years in current role	%
Less than 1 year	7
1-3 years	36
4-6 years	21
7-10 years	36
11+ years	24

Figure 2: Respondents by years in current role

Area	%
All of NI	43
BHSCT	21
SEHSCT	7
SHSCT	0
WHSCT	21
NHSCT	14

*some participants chose two or more areas.

Figure 3: Respondents by area in which work is based

Section 1: Awareness and Understanding of ACEs and TIP

- 57% indicated that they had heard of the term ACEs before the workshop
- 43% had not heard of it
- 36% indicated that they had heard of the term Trauma Informed Practice before the workshop
- 64% had not heard of this term

Levels of knowledge of ACEs and their impact

The following table summarises levels of knowledge by aspect in relation to ACEs:

Extent of knowledge and understanding of the following:	No, I don't know anything %	Yes, I know a little %	Yes, I know a lot %
a. The prevalence of ACEs	29	64	7
b. The types of ACEs that a child may experience	21	64	14
c. Potential short-term and long-term effects of ACEs on children	29	71	0
d. How ACEs may affect brain development	71	21	7
e. How ACEs can affect a child's physical development	57	36	7
f. How ACEs may affect social and emotional skills development	21	71	7
g. Cultural differences in how children and families understand and potentially respond to ACEs	21	71	7
h. ACE triggers/reminders and their impact on a child's behaviour	29	64	7

Note: figures may not total 100% due to rounding

Figure 4: Levels of knowledge by aspect in relation to ACEs

Understanding of parent/adult ACE history and its impact on parenting and response to services

Awareness of parent/caregiver ACEs and their impact	Yes %	No %
<i>I am</i>		
a. Aware that many birth parents can have an ACE history	77	23
b. Knowledgeable about intergenerational cycles of abuse	71	29
c. Familiar with cultural issues that may impact disclosure of parents' ACEs and seeking treatment	71	29
d. Knowledgeable about the potential impact of past ACEs on a parent's ability to care for his/her children, potentially manifesting itself in mental health or substance abuse problems	57	43
e. Aware of how service providers' activities can trigger a parent's own ACEs history and affect a parent's response to staff and engagement with services	79	21

Figure 5: Awareness of parent/caregiver ACEs and their impact

The majority (93%) of respondents considered ACEs to be important to their current role. 7% (one person) was unsure. Reasons given for those who did see ACEs to be important tended to focus on the relevance to their current role, the issues their client groups presented with and the need to support staff at the frontline. The person who answered not sure indicated that they would need to know more about ACEs and their impact before they could say.

Section 2: Awareness and Understanding of Trauma Informed Practice

Knowledge and understanding of Trauma Informed Practice and its impact

Extent of knowledge and understanding of the following:	No, I don't know anything %	Yes, I know a little %	Yes, I know a lot %
a. What constitutes a trauma informed organisation	57	43	0
b. What is trauma informed practice	43	57	0
c. Impact of trauma on individual's physiological, neurological development and their social and emotional development	29	71	0
d. How to recognise trauma	21	71	7
e. How to respond in a trauma informed way	36	64	0
f. How to avoid re-traumatising service users	43	57	0
g. How to develop a trauma informed culture	57	43	0

Note: figures may not total 100% due to rounding

Figure 6: Knowledge and understanding of TIP and its impact

The majority (86%) of respondents considered knowledge of TIP to be important to their current role. Reasons for this were the relevance for their current work, to provide a more responsive service and also an aspiration to provide a safer environment for both clients and staff. 14% were unsure. Reasons for this focused on needing to know more about rising levels of mental ill-health and its impact.

Training Received

The majority of respondents (86%) indicated that they had not received training in relation to ACEs and/or TIP in their current organisation. 14% (2 people) had received such training.

The majority of respondents (93%) also indicated that they had not received training in relation to ACEs and/or TIP while in a previous post or with an organisation different to their current employer. 7% (one person) had received such training. Most of this training tended to be on MAPS, DAIT, KUF (Knowledge and Understanding Framework re: personality disorders), Domestic Violence and Alcohol Abuse. It was in the form of an intense 8 day course involving workbooks/workshop. Although the survey did not ask about sources of training, some respondents did mention the CEC (Clinical Education Centre) and the Western Health and Social Care Trust. Another person indicated they had received training in a previous role via the DoJ Victims and Survivors Trust on the impact of conflict.

Future Training Needs

The following table summarises interest in receiving training on different aspects of ACEs:

Aspects of ACEs in which training would be welcomed (%)	
How service providers' activities can trigger a parent's own ACEs history and affect a parent's response to staff and engagement with services	100
Intergenerational cycles of abuse	100
Cultural differences in how children and families understand and respond to ACEs	100
How ACEs may affect social and emotional skills development	93
The potential impact of past ACEs on a parent's ability to care for his/her children, potentially manifesting itself in mental health or substance abuse problems	93
Potential short-term and long-term effects of ACEs on children	93
Parents' ACEs history	93
Cultural issues that may impact disclosure of parent ACEs and seeking treatment	86
How ACEs can affect a child's physical development	86
How ACEs may affect brain development	86
ACEs triggers/reminders and their impact on a child's behaviour	86
The types of ACEs that a child may experience	86
The prevalence of childhood ACEs	86
Other – please state	7

Figure 7: Aspects of ACEs in which training would be welcomed

The 'Other' aspect identified here was an interest in Train the Trainer training.

The following table summarises interest in receiving training on different aspects of TIP:

Aspects of trauma informed practice in which training would be welcomed (%)	
How to respond in a trauma informed way	100
How systems can become more trauma sensitive	100
How to avoid re-traumatising service users	93
How to develop a trauma informed culture in my workplace	93
How to recognise trauma	93
How to become a more trauma informed practitioner	93
The impact of trauma on individual's physiological, neurological development and their social and emotional development	86
How to create a trauma informed organisation	79
Other – please state	0

Figure 8: Aspects of TIP in which training would be welcomed

System Change Survey Findings

The following table shows the proportion of answers for each question and each opinion. Those options with the highest percentage are highlighted in green.

Item No.		Not at all true	A little true	Somewhat true	Mostly true	Completely true	Don't Know	N =
The following statements are about knowledge of ACEs								
1	Staff within my organisation are aware of ACEs research	23	62	0	8	0	8	13
2	Staff within my organisation are aware of how to apply learning from the ACEs research	62	23	8	0	0	8	13
The following statements are about leadership buy-in and strategic planning								
3	My organisation/department is interested in developing a trauma informed culture	0	23	54	23	0	0	13
4	My organisation/department has the skills and knowledge to become trauma informed	0	8	38	46	8	8	13
5	Written policy is established committing to trauma informed practices	38	15	8	0	0	38	13
6	Understanding the impact of trauma is incorporated into daily decision-making practice in my organisation	31	31	23	8	0	8	13
7	There are structures in place to support consistent trauma informed responses to children and families across roles within the organisation (e.g. protocols, procedural guidelines)	23	23	38	0	0	15	13

8	Staff at all levels are provided with a variety of training on trauma informed practice to suit their role in the organisation	54	38	0	0	0	8	13
9	Supervision at my organisation includes ways to manage personal and professional stress	15	23	54	8	0	0	13
10	Staff receive supervision from trauma informed supervisor	69	31	0	0	0	0	13
The following statements are about trauma focused services in terms of a) screening and assessment and b) evidence based treatment								
11	Timely trauma informed assessment is available and accessible to children served by my organisation	38	23	0	0	0	38	13
12	Trauma informed safety plans are written/available for each child (i.e. triggers, behaviours when over-stressed, strategies to lower stress, support people for child)	54	15	0	0	0	31	13
13	A continuum of trauma informed intervention is available for children served by my organisation	62	0	8	0	0	31	13
The following statements are about collaboration								
14	There is a system of communication in place with other organisations working with the child for making trauma informed decisions about the child and/or family	23	46	15	0	8	8	13
15	The organisation has a system in place to develop/sustain common trauma informed goals for children/families with other organisations	38	46	0	8	0	8	13

The following statements are about the physical environment								
16	The physical environment is welcoming for both service users and staff	23	15	31	31	0	0	13
17	There is a 'safe space' in our premises where service users can go to calm down or take a break	46	23	0	15	8	8	13
The following statements are about service user involvement								
18	Families and children are given systematic opportunities to voice needs, concerns and experiences	8	38	23	8	8	15	13
19	A child's definition of emotional safety is included in care/treatment plans at my organisation	50	8	0	8	0	33	12
The following statements are about monitoring and review								
20	The organisation has a formal system for reviewing whether staff are using trauma informed practice	62	8	0	0	0	31	13

The findings from these responses to the Systems Change survey suggest the following

The majority of staff within NIHE is aware of ACEs research but they do not know how to apply the learning from that research.

There is some ambivalence about the NIHE developing a trauma informed culture with just over a half (54%) indicating that it is 'somewhat true' that the organisation is interested in doing so whereas less than a quarter indicate that it is 'mostly true'.

There are some conflicting opinions as to the ability of the NIHE to becoming a trauma informed organisation. On the one hand almost half (46%) indicate that it is 'mostly true' that the organisation has the skills and knowledge to do so. However, other statistics do not support this, for example:

- 38% indicate that there is no written policy committing to trauma informed practices (and another 38% do not know if there is such a policy)
- Almost a third (31%) indicate that the impact of trauma is not incorporated into decision making in the organisation
- Over half of the staff (54%) have not been provided with training on TIP
- Over two-thirds (69%) do not receive supervision from a trauma informed supervisor
- Over one-third (38%) do not have a trauma informed assessment that is available and accessible to children
- Over half (54%) do not have trauma informed safety plans for children
- Almost two-thirds (62%) indicate that there is not a continuum of trauma informed intervention available served by the organisation
- Half indicated that there is no definition of emotional safety included in care/treatment plans
- Over a third (38%) indicated that there was only some opportunity for families and children to voice their concerns and
- Almost two-thirds (62%) indicated that the organisation did not have a formal system of reviewing whether staff were using trauma informed practice.

While some of these responses may not be surprising, given that the NIHE service users are mainly adults, it also appears that there is room for improvement in inter-agency work to address the needs of children and families. For example, almost half (46%) indicated that it was only 'a little true' that there was a system of communication in place with other organisations for making trauma informed decisions about children and/or families. The same proportion indicated that there was a system in place to develop or sustain common trauma informed goals for children/families with other organisations. In both of these areas, significant proportions (almost a quarter and over a third respectively) also indicated that there were no such systems in place.

However, it does seem that generally staff feel supported in their roles with over half (54%) indicating that supervision includes ways to manage stress and almost two thirds (62%) feeling that the physical environment is welcoming to both service users and staff.

Summary of the discussion on the roll out of training with delegates

At the event, delegates discussed how the training might be rolled out and considered barriers/challenges that might inhibit the uptake of training.

Delegates at the event felt that ACE/TIP awareness fits well with existing work in the NIHE and could be rolled out via the functional training team programmes, potentially led through the personal resilience steering group and the existing strategy team which deals with homelessness. In addition the NIHE Board can champion the model and they too could benefit from ACE awareness training.

It was stated that in some areas (e.g. Causeway), multi-disciplinary discussions between service providers has been helpful in terms of better meeting the needs of clients, but it is uncertain whether or not this is a regional approach. Some delegates indicated that there was a certain amount of information exchange between Health and Social Care Trusts and the NIHE regarding clients.

Those from the Supporting People Team stated that their work is thematic (e.g. elderly, children, young people and families) and based in neighbourhoods. The partnership approach is regarded as very important in terms of sharing client information between services so as to meet their needs. NIHE staff include patch managers and floating support workers who have an in-depth knowledge of neighbourhoods and geographical areas.

Barriers and challenges that may inhibit the roll out of training included the following:

- The scale of client base
- The waiting list for services
- Training fatigue

Next Steps identified at the event included the following:

- Pilot the training potentially through the Personal Resilience Group within the NIHE
- Establish a small working group to drive the ACE agenda through the NIHE and wider housing executive
- Review the existing e-learning packages and training programmes within the functional programme team of the NIHE to seek opportunities to embed components of the EITP TIP project training
- Review on how to roll out across the sector and plan next steps
- The Supporting People Team is interested in Train the Trainer training
- Provide a brief information session to the NIHE senior management team to ensure strategic buy in within the sector
- Explore possibility of meeting with the NIHE chair to promote the importance of ACEs and TIP within the sector
- Scope opportunities to embed trauma informed practice within business strategies and action plans for the NIHE moving forward, to ensure commitment and implementation

Conclusion

Levels of awareness of ACEs are slightly higher than those of TIP among NIHE staff. However, there appears to be a significant gap in the workforce's knowledge of ACEs and ability to work in a trauma informed way.

The practitioner training needs analysis and the system change survey provided a sound evidence base for moving forward within the NIHE to provide workforce development and capacity building training/ resources. Participants acknowledged the benefit of learning about both ACEs and Trauma Informed Practice as staff can see how their clients' needs may be impacted by both ACEs and adult-experienced trauma. Understanding these, and their impacts on people, can help NIHE staff work more effectively with other agencies to deliver more effective services for their clients as well as create safer environments for both staff and service users.

The organisation appears to have several options for the roll out of training among its staff and an already existing internal 'infrastructure' to support the sustainability of such training delivery in the longer-term.

Appendix 1

Roles represented at the NIHE Stakeholder Event

Assistant Director
Business Review and Improvement
Functional Training Manager - Support Me Training Unit
Homeless Team
Hostels Warden/Assistant
Housing Advisor
Housing Policy/Personal Resilience Steering Group
Supporting People Team
Team Leader