



Adverse
Childhood
Experiences

Be the Change

EITP ACEs & Trauma Informed Practice Project

Headline Findings
from Training Needs
Analysis for the
Family Support Hubs

June 2019



Housing
Executive



National Children's
Bureau



Early Intervention
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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 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 and the community and voluntary sector. This baseline of information will be used to inform training design and delivery.

An initial action in this project was the facilitation of a range of stakeholder events. Some specific workshops were held for Family Support Hubs and Helen Dunn, Regional Family Support Hub Coordinator at the Health & Social Care Board contacted the Family Support Hubs to encourage attendance. A total of 34 people from the Family Support Hubs attended three stakeholder events in different locations in June 2019. The table below summarises attendance figures at each event.

Event Location	Numbers
Newtownabbey	16
Newry	7
Coleraine	11

Figure 1: Numbers attending each event by location

A list of the organisations represented at the events is contained in Appendix 1.

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

Section 1: Profile of Participants

A total of 33 people from organisations which are part of the Family Support Hubs completed TNA surveys at the events. The surveys explored a number of different aspects of ACES and TIP including levels of awareness, training needs and applicability to current role. This headline report provides the data relating to each question and concludes with a summary of the discussion held at the workshop.

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, areas in which their work is based and because the Family Support Hubs are comprised of those working in health, education, social care and the voluntary/community sectors,

a breakdown by those sectors is also provided (please note: figures may not total 100% due to rounding):

Role	%
Front line practitioner	57
Service Manager	37
Administration/support staff	3
Volunteer	3

Figure 2: Respondents by role

Years in current role	%
Less than 1 year	30
1-3 years	15
4-6 years	21
7-10 years	12
11+ years	21

Figure 3: Respondents by years in current role

Area	%
All of NI	6
BHSCT	3
SEHSCT	6
SHSCT	21
WHSCT	3
NHSCT	67

*some participants chose two or more areas.

One respondent indicated that they worked in both the BHSCT and NHSCT areas while another worked in both the NHSCT and WHSCT areas.

Figure 4: Respondents by area in which work is based

Sector of Work	%
Health	3
Social Care	6
Education	9
Voluntary & Community	82

Figure 5: Respondents by sector

Section 2: Awareness and Understanding of ACEs

Prior to coming to the stakeholder event, the majority (84%) indicated that they had heard of the term ACEs while 16% indicated that they had not heard of it.

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	13	69	19
b. The types of ACEs that a child may experience	0	67	33
c. Potential short-term and long-term effects of ACEs on children	3	67	30
d. How ACEs may affect brain development	15	64	21
e. How ACEs can affect a child's physical development	12	79	9
f. How ACEs may affect social and emotional skills development	0	76	24
g. Cultural differences in how children and families understand and potentially respond to ACEs	30	70	0
h. ACE triggers/reminders and their impact on a child's behaviour	9	70	21

Note: figures may not total 100% due to rounding

Figure 6: Levels of knowledge by aspect in relation to ACEs

As Figure 6 shows, there are high levels of knowledge and understanding of some aspects of ACEs, such as the types of ACEs that a child may experience, how ACEs may affect social and emotional skills development, potential short and long term effects of ACEs and triggers/reminders of ACEs and their impacts on a child's behaviour. There is slightly less knowledge about prevalence and how ACEs might affect brain and physical development. There is significantly less known about cultural differences in how children and families understand and potentially response to ACEs.

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

The following table summarises levels of awareness of parent/caregiver ACEs and their impact:

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	100	0
b. Knowledgeable about intergenerational cycles of abuse	75	25
c. Familiar with cultural issues that may impact disclosure of parents' ACEs and seeking treatment	58	42
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	88	12
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	84	16

Figure 7: Awareness of parent/caregiver ACEs and their impact

As Figure 7 shows, there are high levels of awareness that parents can have their own ACE history, which may impact on their ability to parent their children. In addition, there are high levels of knowledge of intergenerational cycles of abuse and the potential for service providers' activities to trigger parents' ACEs history which may influence engagement with service providers. There is a lot less knowledge about how cultural issues may impact disclosure of ACEs and how treatment is sought.

Participants were asked if they considered ACEs to be important in their current role. All of the respondents stated that they considered ACEs to be important in their current role. Reasons for this included the following: relevance to current role in providing services to children and families, understanding the most appropriate services/support to signpost clients towards and supporting staff working directly with children and families who may have experienced ACEs.

Section 3: Awareness and Understanding of Trauma Informed Practice

Almost three-quarters (74%) of participants stated that they had heard of the term Trauma Informed Practice before coming to the event, while just over one-quarter (26%) had not.

Levels of knowledge of Trauma Informed Practice and its impact

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

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	36	58	6
b. What is trauma informed practice	24	73	3
c. Impact of trauma on individual's physiological, neurological development and their social and emotional development	12	64	24
d. How to recognise trauma	9	73	18
e. How to respond in a trauma informed way	33	52	15
f. How to avoid re-traumatising service users	39	45	15
g. How to develop a trauma informed culture	45	48	6

Note: figures may not total 100% due to rounding

Figure 8: Knowledge and understanding of TIP and its impact

As Figure 8 shows, the majority of respondents indicated that they have some knowledge of several aspects of TIP. However, significant gaps in knowledge also exist, particularly in relation to developing a trauma informed culture, how to avoid re-traumatising service users, knowing what constitutes a trauma informed organisation and responding in a trauma informed way.

Participants were asked if they considered knowledge of TIP to be important in their current role. The majority (94%) of respondents felt that knowledge of TIP was important in their current role, while 6% (2 respondents) indicated that they were unsure. Reasons for it being important included relevance to current work with children and families, a desire to more fully understand the impact of trauma on families, wanting to improve services so that they are more effective in addressing

trauma and wanting to create trauma informed services, which fully support frontline staff.

Those who stated that they were unsure did so because they currently have limited knowledge of TIP and all that entails, therefore making it difficult to make a judgement on its relevance.

Section 4: Training and Workforce Development: Embedding ACEs and TIP

Training Received

The majority (55%) of respondents indicated that they had not received training on ACEs and/or TIP in their current employing organisation, while 81% had not received such training from previous employers. Such training ranged from less than a half a day to two days unless it was part of a wider qualification such as a Diploma as was the case for one respondent. For some, the training focused on ACE awareness or trauma informed practice, whereas for others it tended to be more generic, e.g. safeguarding or be part of a wider programme such as the Solihull Approach, the Changing Lives initiative or counselling training. Sources specified by respondents included higher education providers, the SEHSCT and voluntary sector organisations such as ASCERT, Contact NI and the Hope Centre.

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 (%)	
Cultural differences in how children and families understand and respond to ACEs	85
How service providers' activities can trigger a parent's own ACEs history and affect a parent's response to staff and engagement with services	85
ACEs triggers/reminders and their impact on a child's behaviour	82
Cultural issues that may impact disclosure of parent ACEs and seeking treatment	79
How ACEs can affect a child's physical development	79
Potential short-term and long-term effects of ACEs on children	76
How ACEs may affect brain development	76
How ACEs may affect social and emotional skills development	76
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	76
The types of ACEs that a child may experience	70
Intergenerational cycles of abuse	70
The prevalence of childhood ACEs	67
Parents' ACEs history	64
Other – please state	15

Figure 9: Aspects of ACEs in which training would be welcomed

'Other' aspects identified by respondents included how to build and implement strategies to boost resilience in children, vicarious trauma, complex trauma, dealing with minimisation and creating a trauma-responsive work place culture.

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 become a more trauma informed practitioner	91
How to respond in a trauma informed way	88
How systems can become more trauma sensitive	85
How to avoid re-traumatising service users	82
How to develop a trauma informed culture in my workplace	82
How to recognise trauma	79
The impact of trauma on individual's physiological, neurological development and their social and emotional development	76
How to create a trauma informed organisation	73
Other – please state	6

Figure 10: Aspects of TIP in which training would be welcomed

'Other' aspects specified by respondents included approaches and practices that are empowering and don't enhance victimisation-learned behaviours and attitudes.

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

At the event delegates discussed the challenges and opportunities that exist in terms of rolling out training and further work on this initiative. The following is a summary of those discussions.

What are the challenges?

Involving parents

It was felt that there is a need to get the messages about ACEs and TIP out to parents as well as practitioners. However, the question was raised as to how to do that in an appropriate and tailored way that will be helpful and not appear to blame parents. It was acknowledged that this SBNI programme is about workforce development only so the resources should not be used with parents, but it is useful to bear in mind that parents need to know about the evidence regarding ACEs too.

One of the most constructive ways to share the information with parents could be via existing parent groups, it was noted that parents accessing this information via other parents would help create a more supportive environment for discussion.

Some respondents felt that there is a need to share knowledge much earlier, even before people become parents. This knowledge should be shared with teenagers as part of an early intervention initiative.

Training

It was felt that more training in ACES should be available for all (including parents). However, the question was raised as to the scale of this – how do we train everyone? Some respondents felt that training may need to be tailored to fit some roles/professions. As well as exploring knowledge about, for example, building resilience and how to do that, there is a need to be clear about the “hope” that is necessary to move beyond coping with ACEs/trauma to being positive about the future.

Change in organisational culture

Some participants felt that while it would be a good idea to have all staff trained, there was also a need for the language of TIP to be developed and integrated into team meetings/supervision, in effect embedding the language into all parts of the organisation so as to develop a culture of change.

Other respondents stressed the need to get buy-in from the top level down and at all levels, even before starting to deliver training. It is possible that there will be a range of different professional perspectives on ACEs/TIP and there is a need to bring people along so that buy-in is achieved.

Developing more appropriate services

It was felt that there is a potential challenge in developing programmes appropriately once practitioners have become more aware or have more understanding of families' issues as a result of the ACE awareness/TIP training.

Some participants highlighted gaps for primary school age children. It was felt that often there was good practice in early years' settings but the question was raised, does this continue in schools?

The need for integrated systems of service delivery was also raised.

Resourcing

The issue of sustainability was raised several times in the discussions.

The fact that existing services are already stretched and that often there are no services to refer clients to was raised. What resources, including financial resources, will be made available to roll this out?

Linked to this is staff wellbeing. It was felt that the entire system is currently under stress (and therefore so too are staff teams) and that it is unrealistic to expect change without resources. The retention of staff and/or volunteers is an issue for several organisations already. The need to look after staff was stressed - staff need to be supported, encouraged and be made aware that they are making a difference through the relationships they build with service users. They also need to know that they are valued. However, a level of reassurance was provided by the ACE NI animation in that there is a need for staff to firstly 'see the person', not necessarily

feel they have to 'fix' them. This also impacts on recruitment – organisations don't need people who necessarily have all the answers in order to implement TIP.

Some delegates questioned if this was yet another new initiative. It was felt that the ACE agenda needs to be considered differently to other 'new initiatives' as it is too important to have a short term focus.

What are the opportunities?

There was a general discussion about how the awareness of ACEs and trauma informed practice is very relevant to current work and how it has the potential to support staff supervision models and approaches to the well-being of staff teams in terms of understanding the extent of their role and the fact that they are not there to fix everything for service providers.

It was felt that this initiative complements other initiatives and programmes that already exist, e.g. Solihull, Trauma IC, therapeutic crisis intervention and safeguarding training. It is also an opportunity to showcase models that have been already shown to work, e.g. resilience programmes.

There is an opportunity to use the initiative to inform other stakeholders, such as funders, court staff and judges as well as parents and volunteers. There is also an opportunity to ensure that training on ACEs/TIP is incorporated into the initial and ongoing professional development of all those who work with children, young people and families, including the police, social workers, youth workers, childcare workers, nurses, teaching staff etc.

Some delegates mentioned examples of opportunities to integrate the work of this initiative into their own work. They also shared what they now proposed to do as a result of attending the stakeholder event. For example:

Women's Aid: already apply lots of this knowledge but could review the 'You and Me Mum' programme plans and incorporate ACE knowledge into that using the animation and the resources provided at the level one training.

Will send staff on level 1 training and interested in the train-the-trainer model.

HomeStart: writing this into the preparation course for its volunteers. It could bring all volunteers together to see the animation together.

All volunteers will do level 1 training and then certain volunteers/staff will do level 2.

Surestart: The focus is on early intervention from antenatal care on. Its 8 week parenting programme 'Welcome to the World' could be reviewed to incorporate the ACEs resources, though Family Links provide the training for this programme so they need to be contacted. Other programmes such as Mellow Parenting could also be utilised.

This NI wide programme for ACEs could enable a common language across disciplines with midwives being trained with Surestart leaders.

At a strategic level – maybe use the ACE agenda to integrate more effectively with each other across Northern Ireland.

More generally, delegates felt that ACE awareness and TIP training could fit into a variety of areas of work within organisations, such as in induction training, at regional meetings, through e-learning programmes, via websites and social media, in communications that reflect the ethos of organisations and via local or regional networks, such as locality planning groups and CYPSP.

However, for such work to be fully integrated into current practice a number of issues need to be addressed, including the following:

- The need to recognise that many organisations are in state of flux
- There are multiple other issues to also deal with

Train-the-Trainer Model

There was considerable interest from delegates in the train-the-trainer model that is being planned by SBNI. It was felt that the Family Support Hubs would be effective in terms of disseminating information about all of the levels of training and that the coordinators should be contacted directly to do so.

Those from education also felt that the train-the-trainer model would work in that sector, through the existing infrastructure that exists within EA.

Next Steps

Delegates made some suggestions as to possible next steps for this initiative. These included the following:

- Show the ACE animation in every school
- Consider triggers for children (VPRS scheme in education)
- Need to work with parents e.g. separating parents, role of father, raising awareness for support of both parents (not just mother)
- Share information on initiative through own networks

Within their own organisations some delegates identified next steps for themselves such as looking at the issue of staff wellbeing and other needs, planning to ensure that staff in support roles have ACE awareness training, engaging in multi-disciplinary training and adding in the information from the training into organisations' own induction and in-house training.

Section 5: Conclusion

Levels of awareness of the term ACEs is slightly higher than it is for TIP among those who attend Family Support Hubs. However, the majority of respondents have not received training on either ACEs or TIP in their current or previous employment. Almost all feel that knowledge of both ACEs and TIP is important in their current role and there is considerable interest in knowing more about all aspects of ACEs and TIP.

It appears that there are several potential options for the roll out of training, potentially utilising the Family Support Hub coordinators as conduits for the dissemination of information on such training. Several delegates indicated that they would be interested in the Train-the-Trainer model which would enable them to embed the training within their own organisations and its work.

Appendix 1

Organisations represented at the Family Support Hubs Stakeholder Events

Action for Children

Arke Surestart

Barnardos

Causeway Women's Aid

Colin Surestart

CRUN

Early Years Children and Family Centre, Newry

Education Authority

Harpurs Hill Children and Family Centre, Coleraine (Coleraine Surestart Partner)

Home Start, Antrim

Home Start, Newry & Mourne

Home Start, Causeway

South Eastern Health and Social Care Trust

Include Youth

Network Personnel

Newry Surestart

Parenting NI

Safety Net

Women's Aid, ABCLN

Women's Aid, Armagh and Down