Adverse Childhood Experiences, Trauma Informed Care & the Evidence

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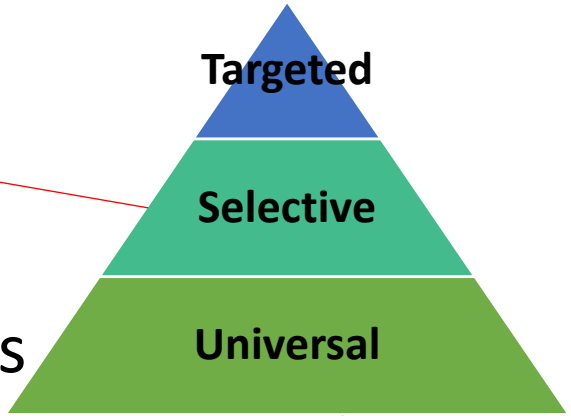
Building Resilience

Trauma Informed Care

Mental Health

Community sector

Physical Health



- Adverse Childhood Experiences (ACEs) research – benefits and challenges
- Trauma Informed Care – whole systems model of care
- Trauma Informed Care Evidence Review - Trauma Informed Practice Project (Safeguarding Board NI) – Implementation messages
- Zoom in on TI environments – creating physical & psychological safety

Education

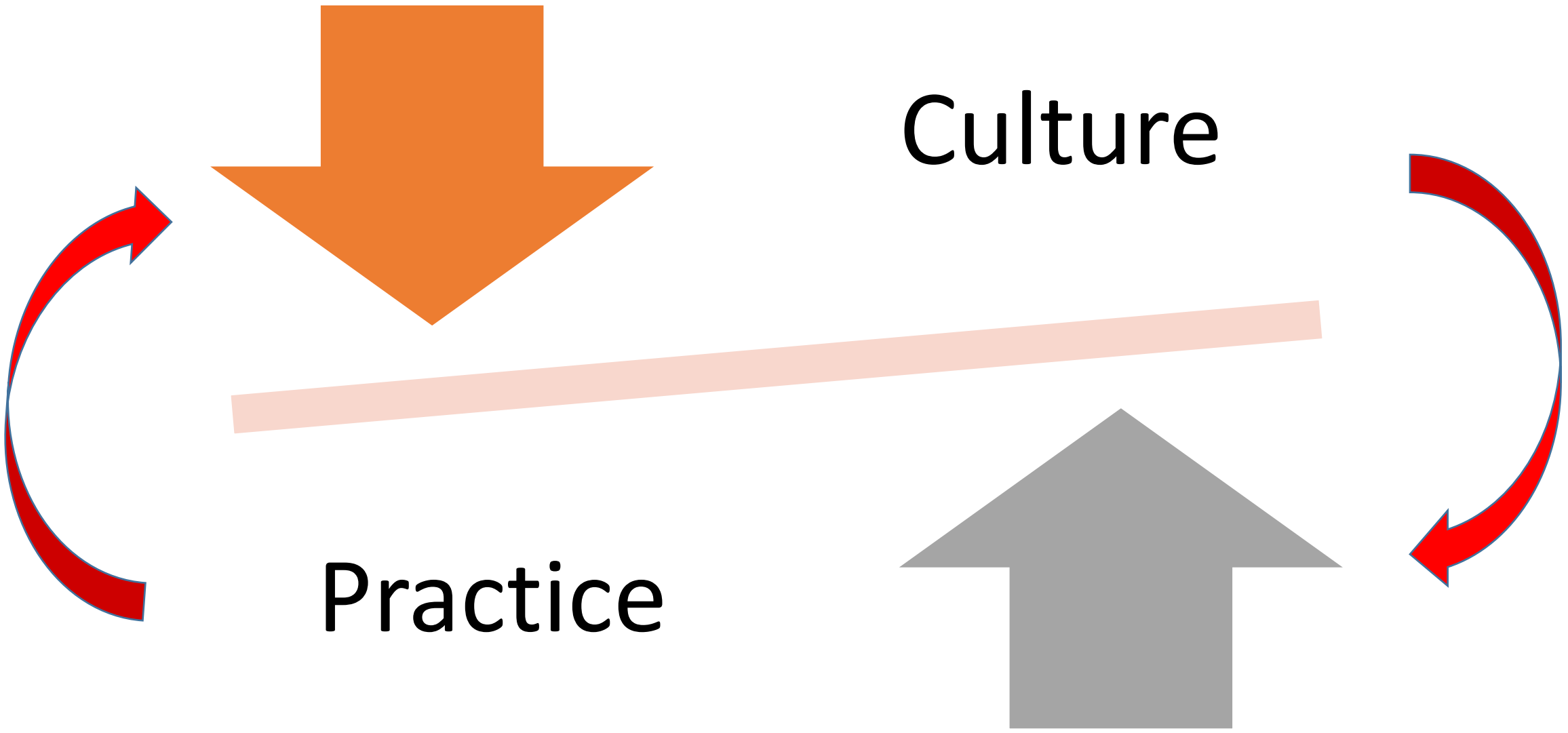
Voluntary sector

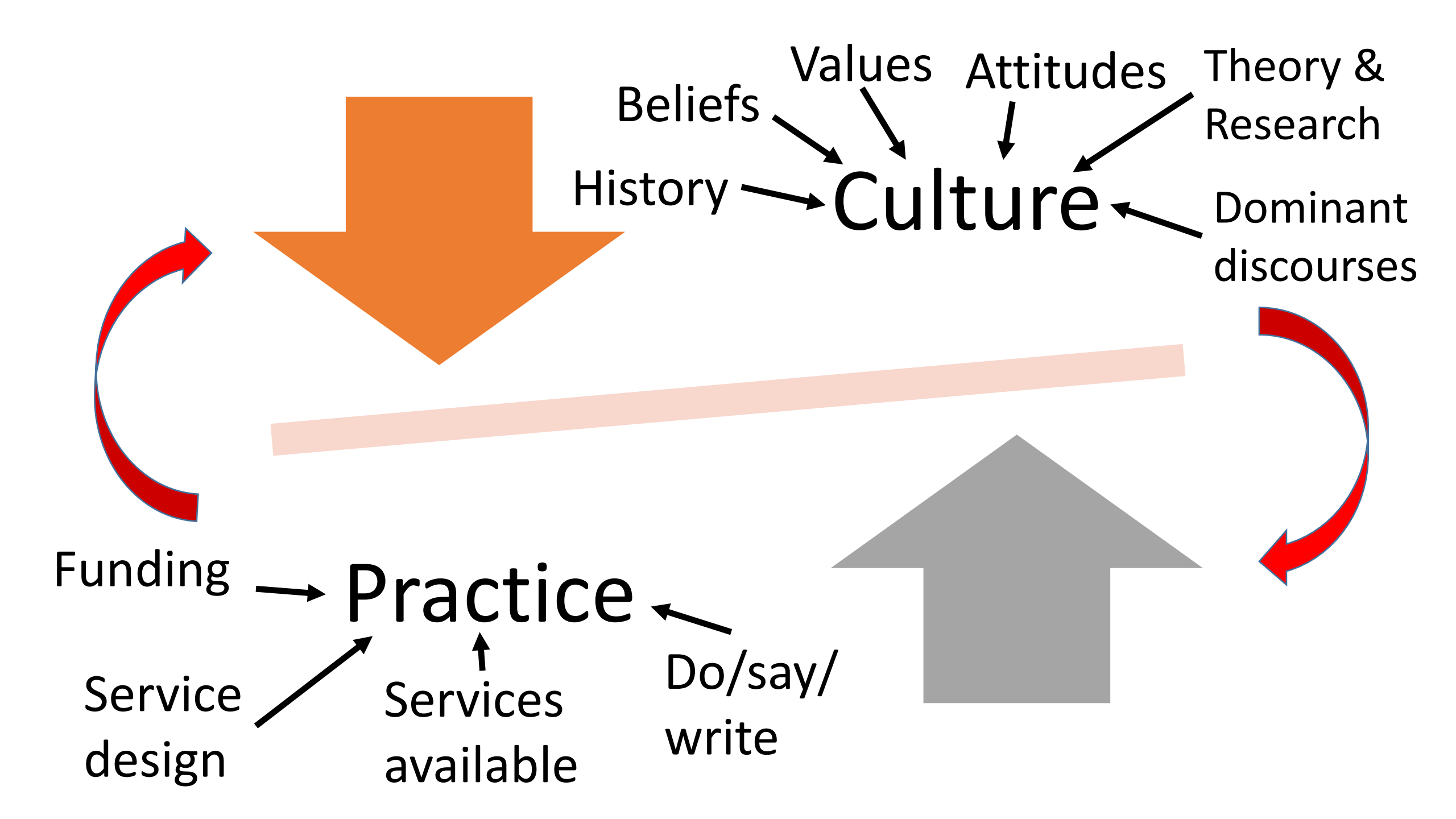
Child welfare

Primary Care

Justice

Organisational Change Process


Culture
Practice

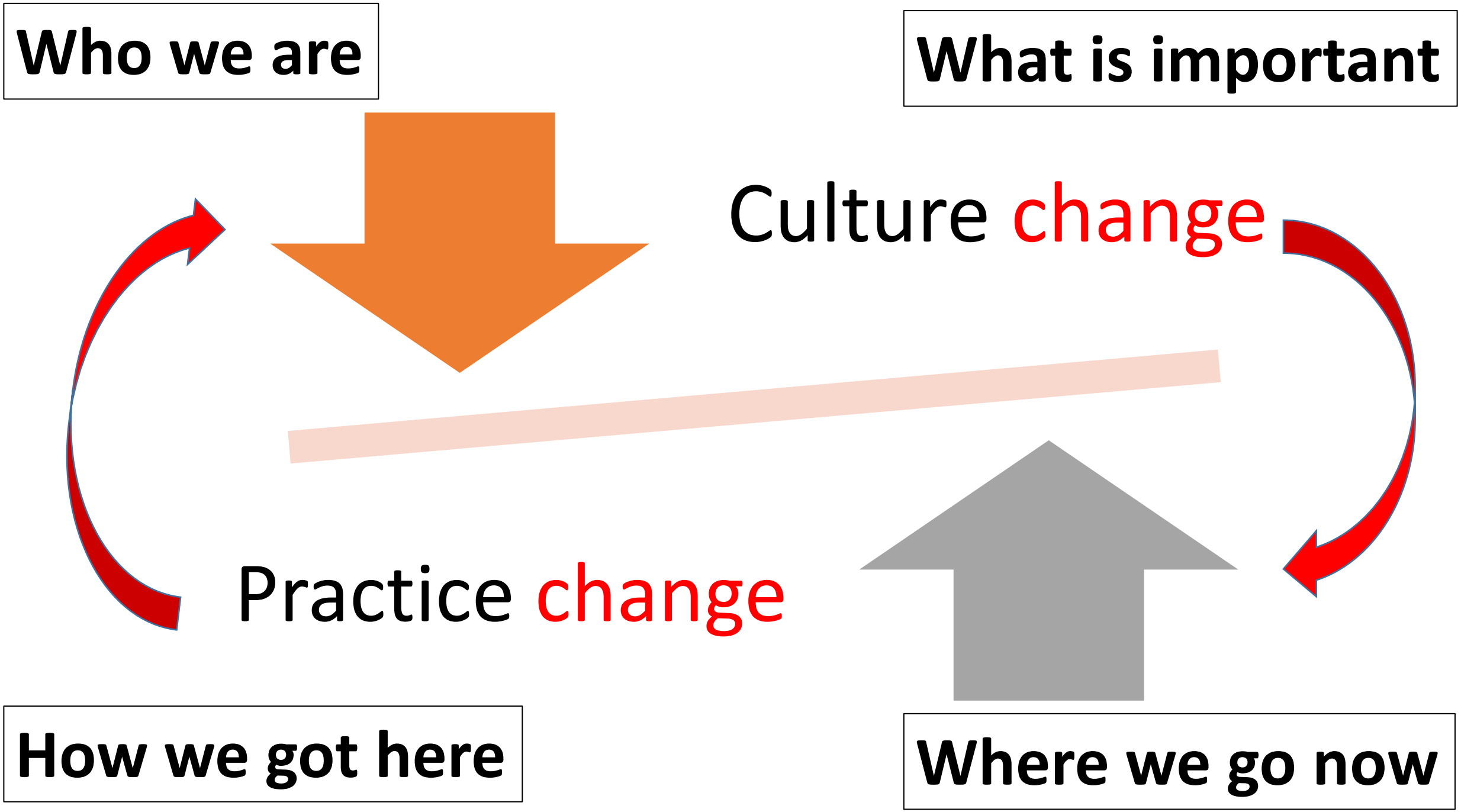

Beliefs
Values
Attitudes
Theory & Research
History
Culture
Dominant discourses
Funding
Practice
Service design
Services available
Do/say/ write

When Jacob Rees-Mogg lets slip what he really believes (Gary Younge, Guardian 8.11.19)

'… politics is, largely, about choices and narratives.

It's a choice not simply about different manifestos, policies and programmes,
but between competing stories about
who we are, what is important, how we got here, and where we go now…

… clearly showcased the value systems underpinning the choice… revealed in remarks made accidentally… in moments of candour… they illustrated bigger truths…'


Who we are
What is important
Culture change
Practice change
How we got here
Where we go now

Thinking about culture… & its influence on service design & delivery

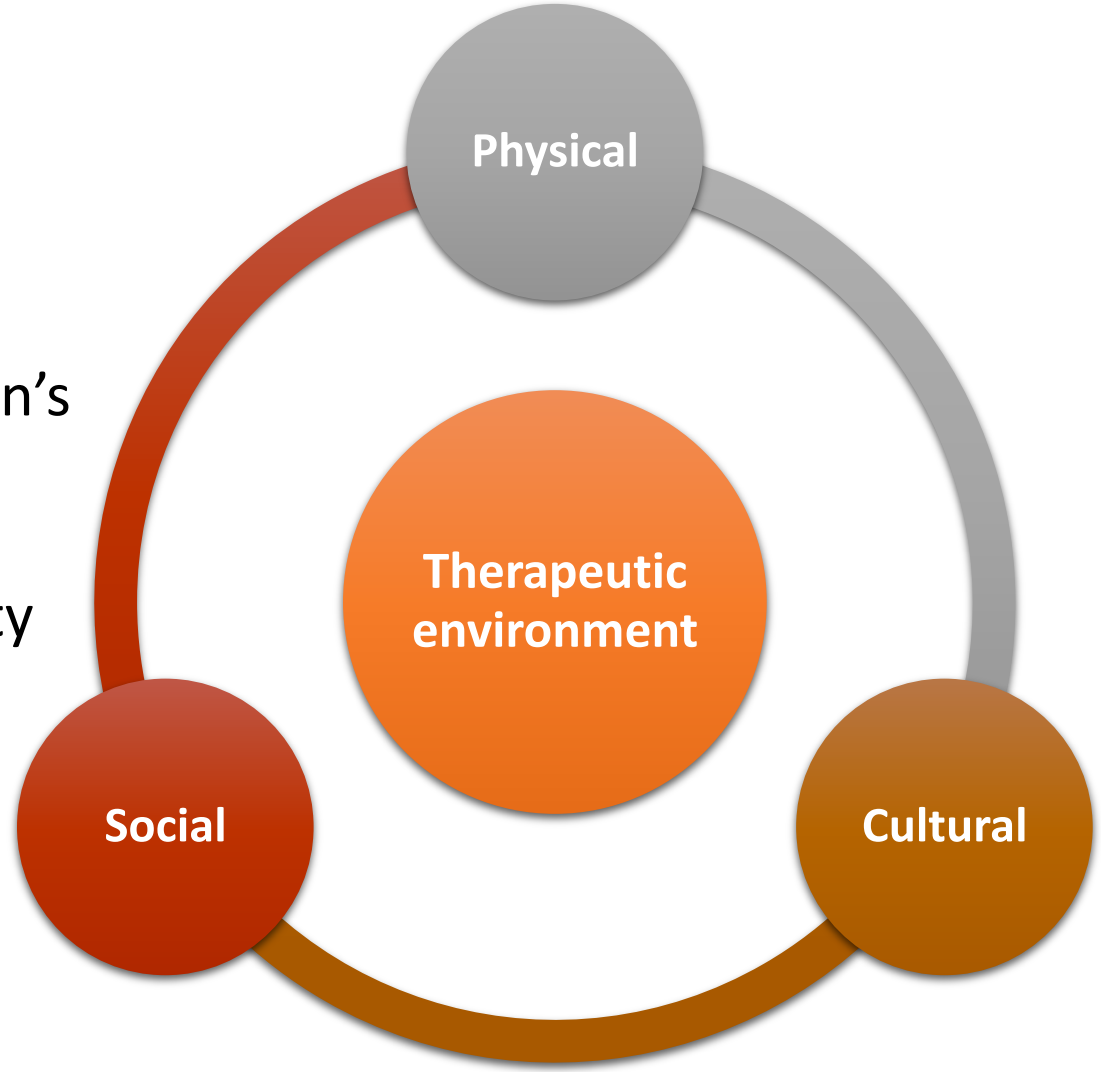
- Psychiatric facility design reflects social views
- Purpose from containment to recovery
- New ways of working:
  - E.g. patient involvement/partnership
- Create *safe* environments that:
  - allow people to try out positive social interactions (peers, staff, family/network/community)
  - reduce violence & aggression

New Acute Mental Health Unit Belfast

Therapeutic environments

- Physical/cultural/social interwoven

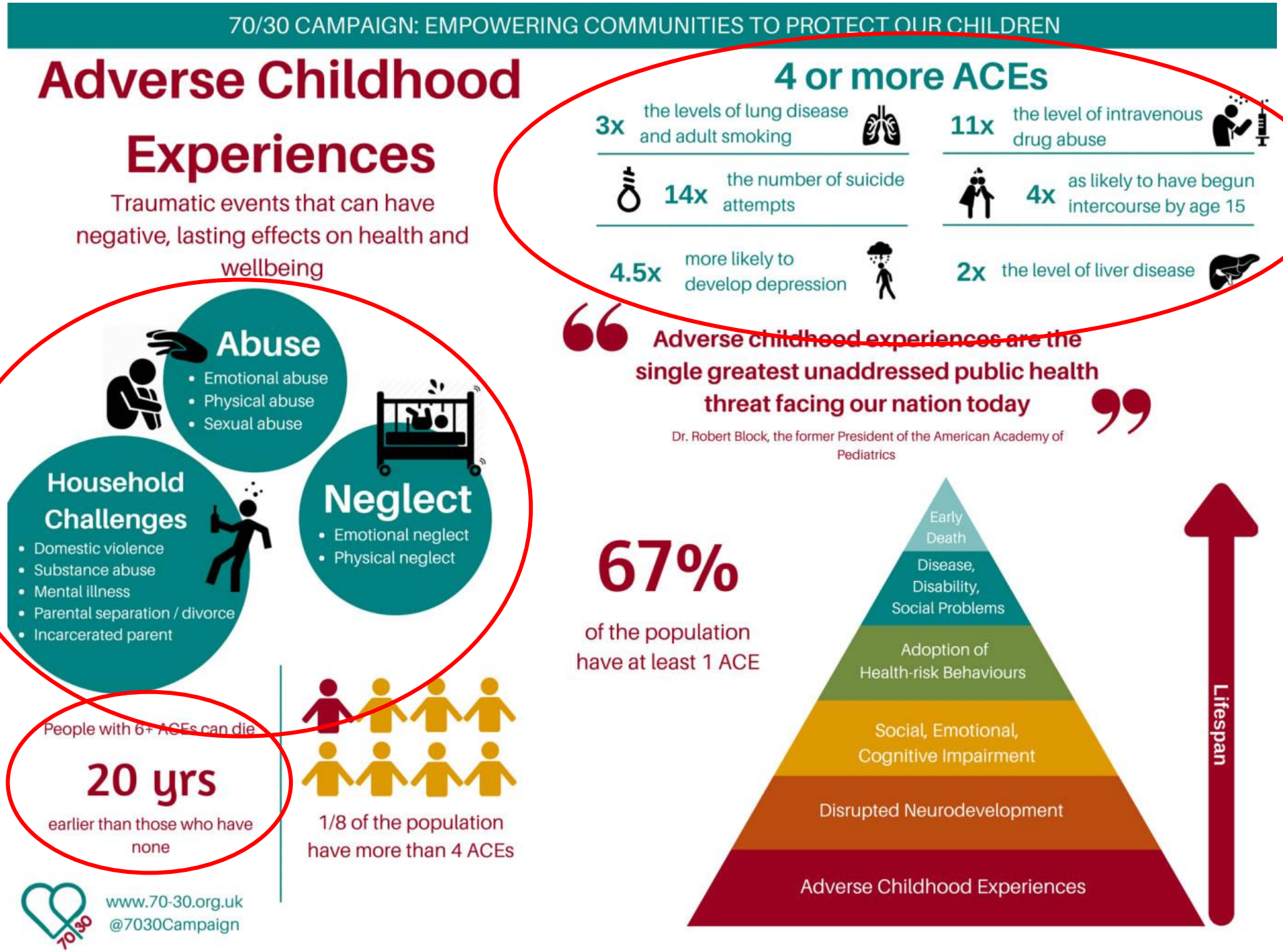
- Type of spaces (adult/child):
  - Residential facilities (psychiatric units; children's homes; prisons; hostels; hospitals; migrant detention centres; boarding schools)
  - Day facilities (schools; day centres; community centres; youth clubs; family centres)
  - Community services (GP surgeries; health & wellbeing centres; counselling)
  - Offices (Social work; social security…)
  - People's homes



Body of Knowledge

ACE research USA (Felitti & Anda, 1998) - replicated internationally, including England & Wales

Strong graded relationship between childhood adversities & health and wellbeing outcomes over the life course – significance of multiple adversities



ACE Prevalence in NI (estimated)

- Based on 3 selected ACE studies (Felitti et al., 1998; Dube et al., 2003; Bellis et al., 2015)
- 36-53% of the Northern Ireland population will have 0 ACEs
- 6-14% will have 4 or more ACEs
- NI has higher levels of deprivation combined with impact of the 'Troubles' - so prevalence is likely to be higher
- Suggests a significant minority of children in NI will experience multiple adversities which increase their risk of poor physical and mental health outcomes
- Current Child & Youth Wellbeing NI study (NI HSCB funded - QUB)– prevalence of mental health disorders of children (2-19 years) and childhood adversity (16-19 years) and their parents

Over-representation

People who have experienced multiple adversities are over-represented in mental health, child welfare & justice settings

[…

At least 1 in 3 mental health conditions in adulthood directly related to ACEs (Kessler, 2010)

[…

Justice-involved women - experienced emotional, physical & sexual abuse (MoJ, 2012)

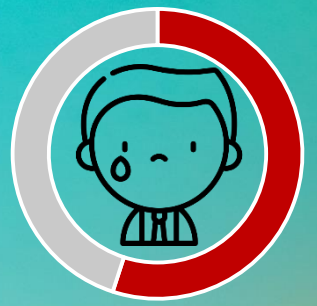
Parents engaging with child welfare services often have traumatic histories themselves

Justice-involved young people…

Had substance use issues […

Had Social Services involvement […

Children with care experience
X **5 times**
more likely
(Prison Reform Trust, 2017)



Had been abused or neglected […

Were without qualifications […

Had witnessed family violence […

A profile of young people in the youth justice system in Wales with a history of reoffending
(Youth Justice Board Cymru, 2012)

The Big Shift: potential practice/service benefits

- Paradigm shift for services to consider **understanding of presenting (child & parent/adult) difficulties or behaviours** ⟶ **an over-time perspective**

- Has led to a greater recognition of **the significance of early social/relational experiences** ⟶ **early intervention**

- **‘What is wrong with you?’** ⟶ **‘What happened to you?’**

Some words of caution

There are no quick fixes to prevent adversity (Isobel Trowler)

Linking individuals to pre-determined destinies – 'off to hell in a handcart' (Isobel Trowler)

While ACEs occur across society, they are far more prevalent among those who are poor, isolated or living in deprived communities (EIF)

EARLY INTERVENTION FOUNDATION

ADVERSE CHILDHOOD EXPERIENCES: WHAT WE KNOW, WHAT WE DON'T KNOW, AND WHAT SHOULD HAPPEN NEXT

Adverse childhood experiences

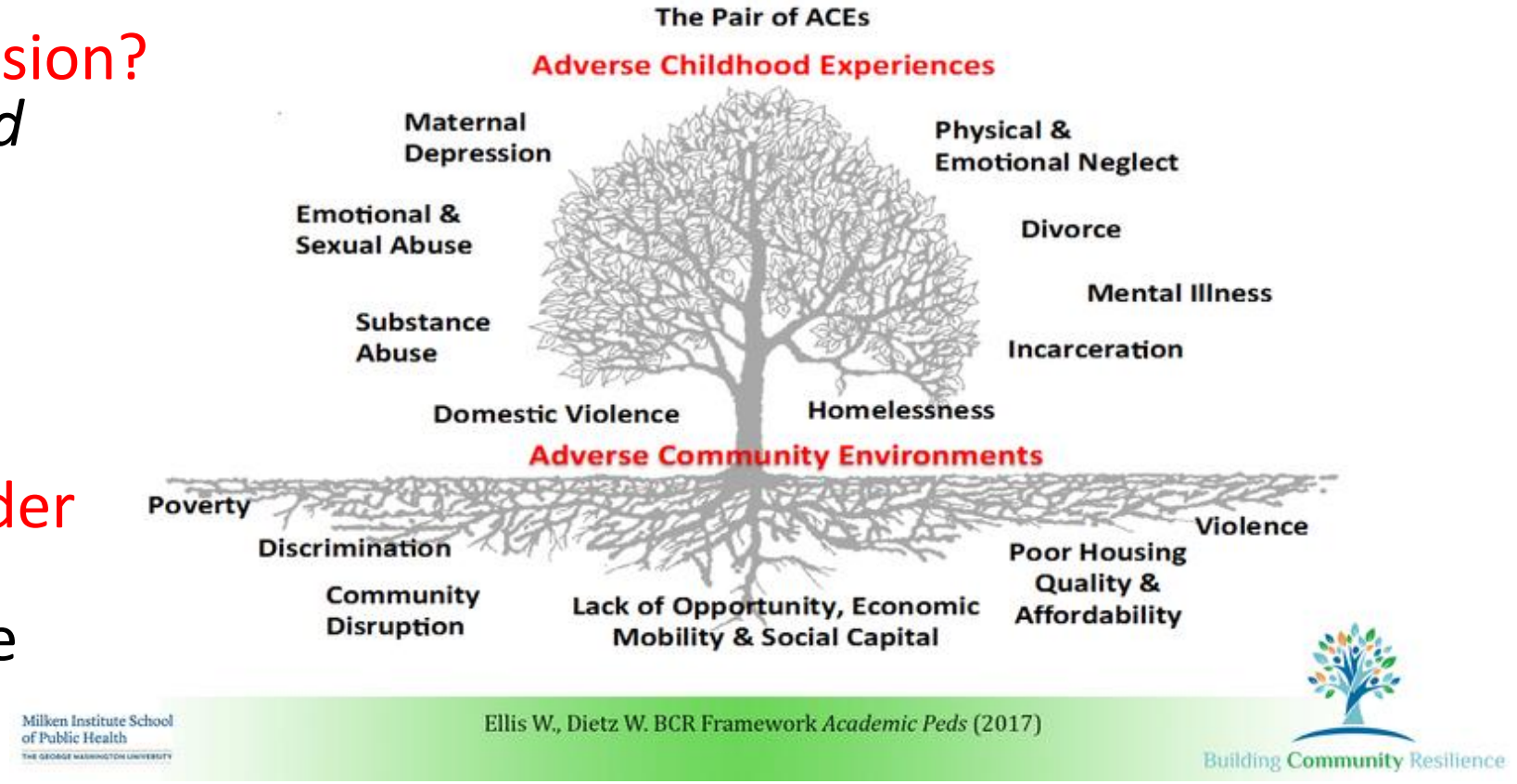
What we know, what we don't know, and what should happen next

February 2020

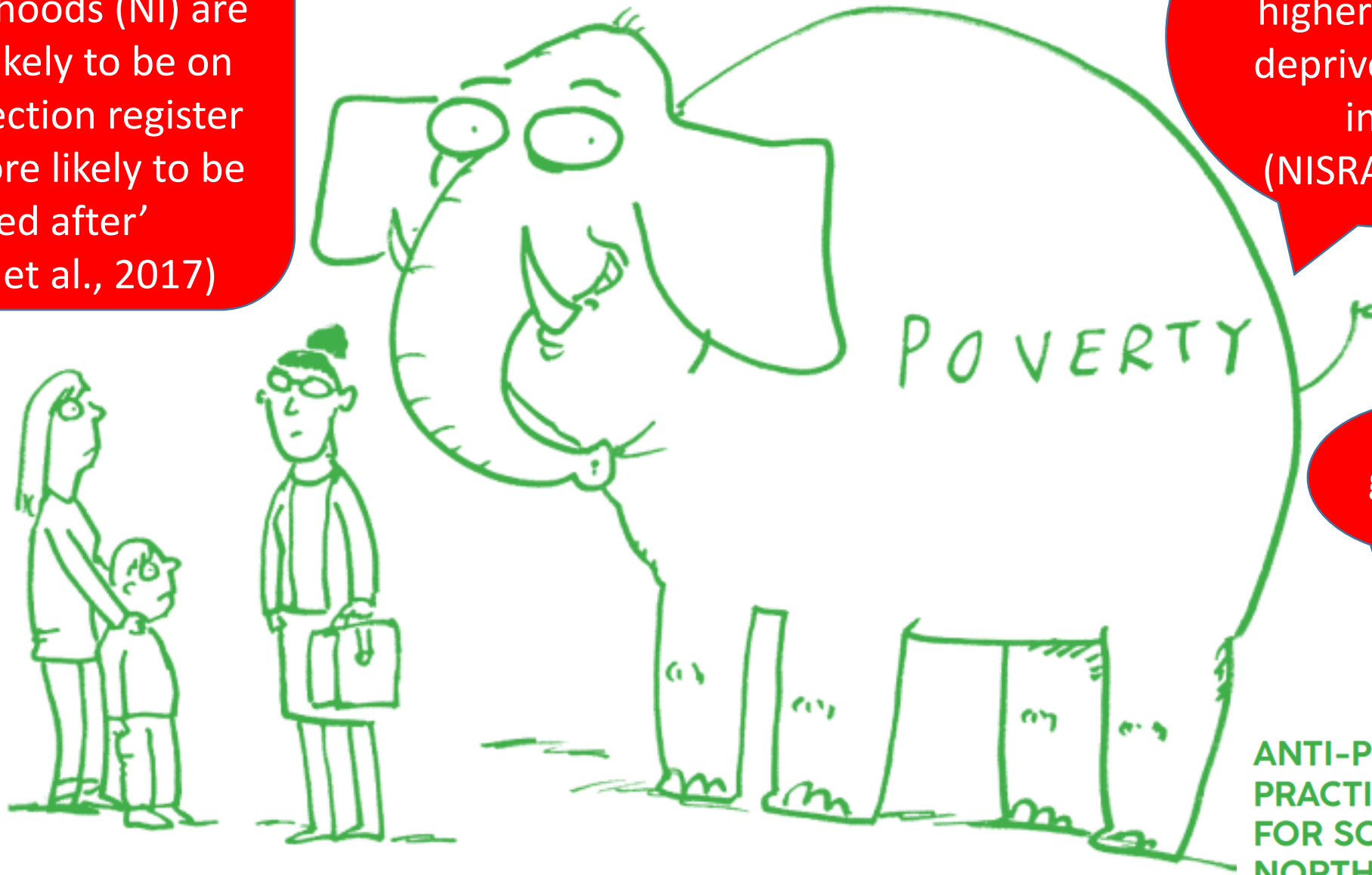
Dr Kirsten Asmussen, Dr Freyja Fischer, Elaine Drayton & Tom McBride

Challenges… invisible health & social inequalities

- Counting ACEs? Increases stigma & power differentials? New thresholds?
- Inter-generational transmission? Holding tension of child *and* parent life histories?
- Organisational & systemic constraints? Context of austerity
- Insufficient attention to wider social circumstances? Childhood poverty, 'adverse community environments'



Children in most deprived neighbourhoods (NI) are 6x more likely to be on child protection register and 4X more likely to be 'looked after' (Bunting et al., 2017)



Adolescent suicide rates 5X higher in most deprived areas in NI (NISRA, 2017)

ethnicity

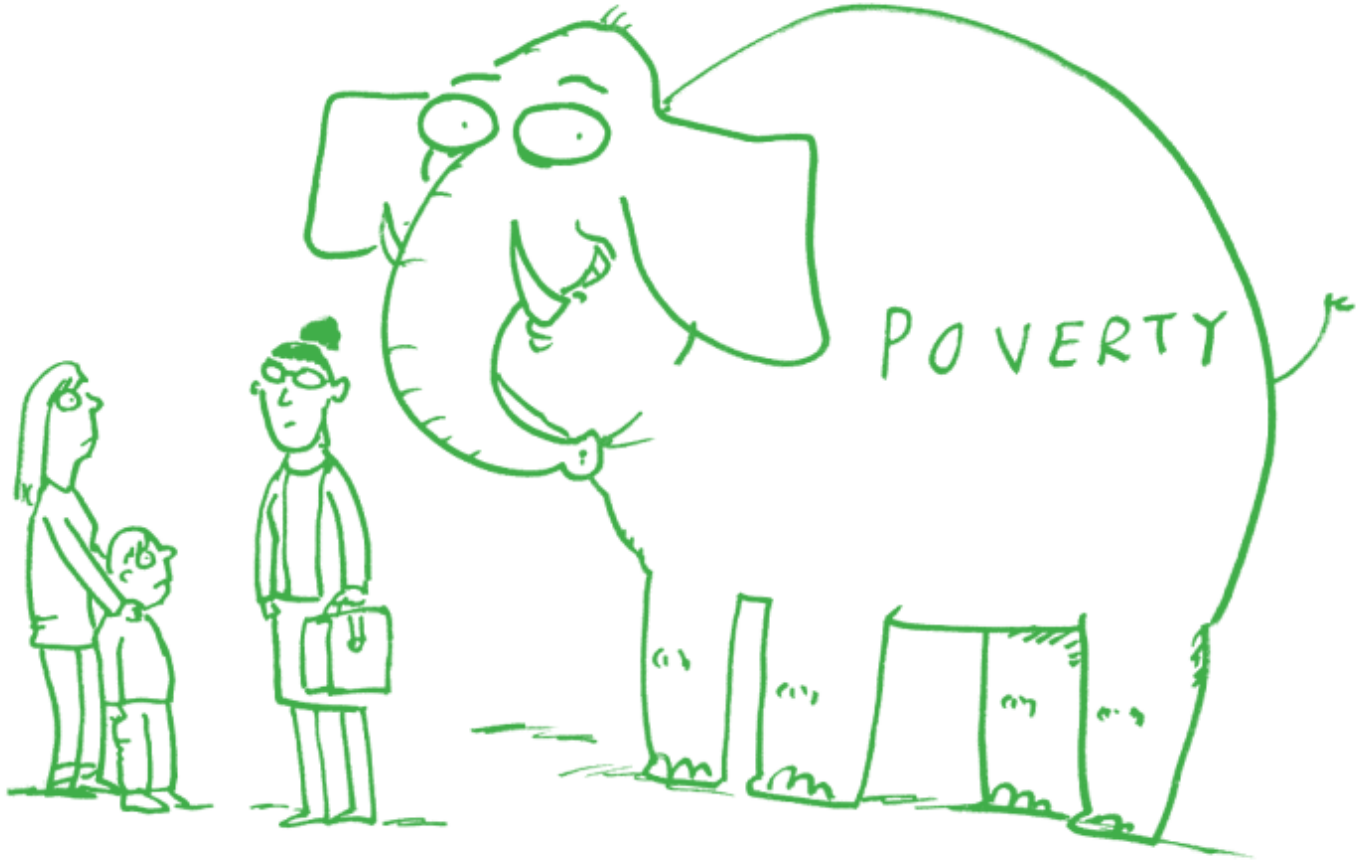
gender

disability

ANTI-POVERTY PRACTICE FRAMEWORK FOR SOCIAL WORK IN NORTHERN IRELAND

‘Poverty has become the wallpaper of social work practice, “too big to tackle, too familiar to notice”’

(McCartan et al., 2018; Morris et al., 2018)



Child Welfare Inequalities Project
Nuffield Foundation

ANTI-POVERTY PRACTICE FRAMEWORK FOR SOCIAL WORK IN NORTHERN IRELAND

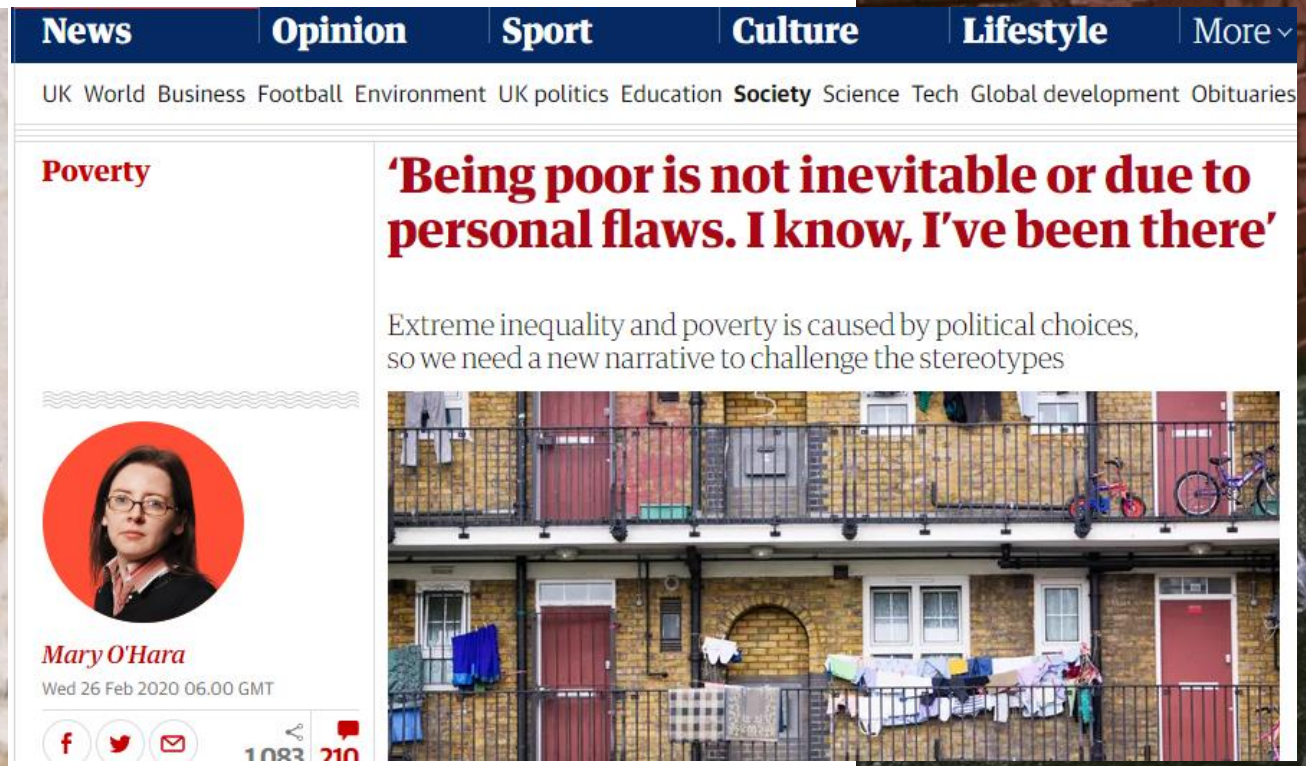
ESSAY

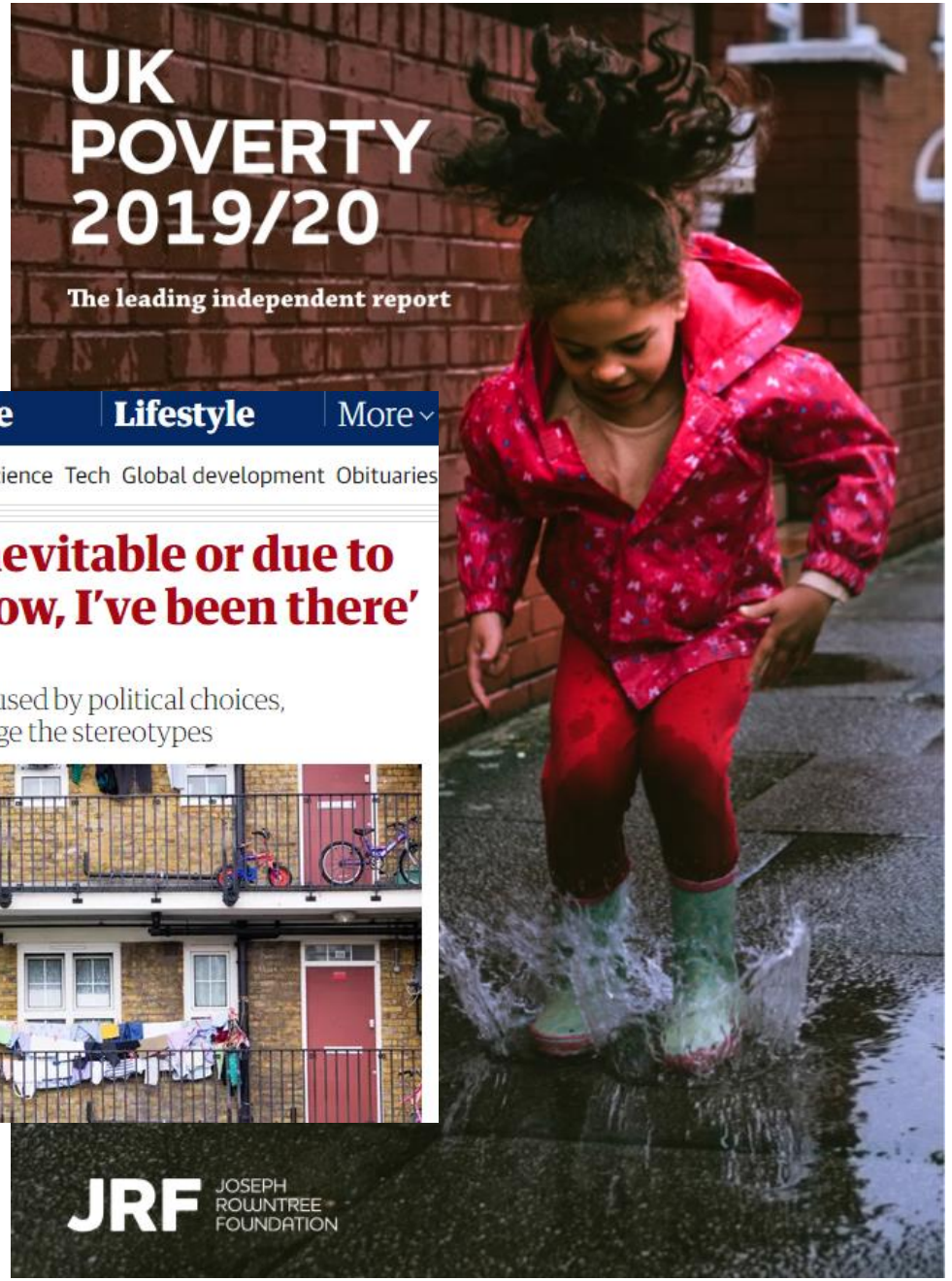
Health equity in England: the Marmot review 10 years on

Ten years after the landmark review on health inequalities in England, coauthor **Michael Marmot** says the situation has become worse

Michael Marmot *director*

Institute of Health Equity, Department of Epidemiology and Public Health, UCL, London





Why is childhood adversity hard to talk about?

Why is childhood adversity hard to talk about?

YOUNGMiNDS

NHS
Health Education England

Powerlessness

Shame **Blame** **Responsibility**

"It is the experiences we find hardest to talk about in our society that have a lasting impact on the mental health and wellbeing of children and young people. Be it bereavement, domestic violence, caring for a parent, or sexual abuse, we must ensure that all services are better able to identify childhood adversity and help to resolve the trauma related to it."

Sarah Brennan OBE Chief Executive of YoungMinds

Stigma

Your context & role…

- From service user perspective – what are the greatest worries they might have coming to your service? Or you going to them?

- From carer/family member perspective – worries?

- From staff perspectives – worries?

Organisational practice frameworks

ACEs

Adverse Childhood Experiences

Be the Change

Trauma-informed practice

safeguardingni.org/aces

Safeguarding Board for Northern Ireland
The Beeches,
12 Hampton Manor Drive,
Belfast,
BT7 3EN

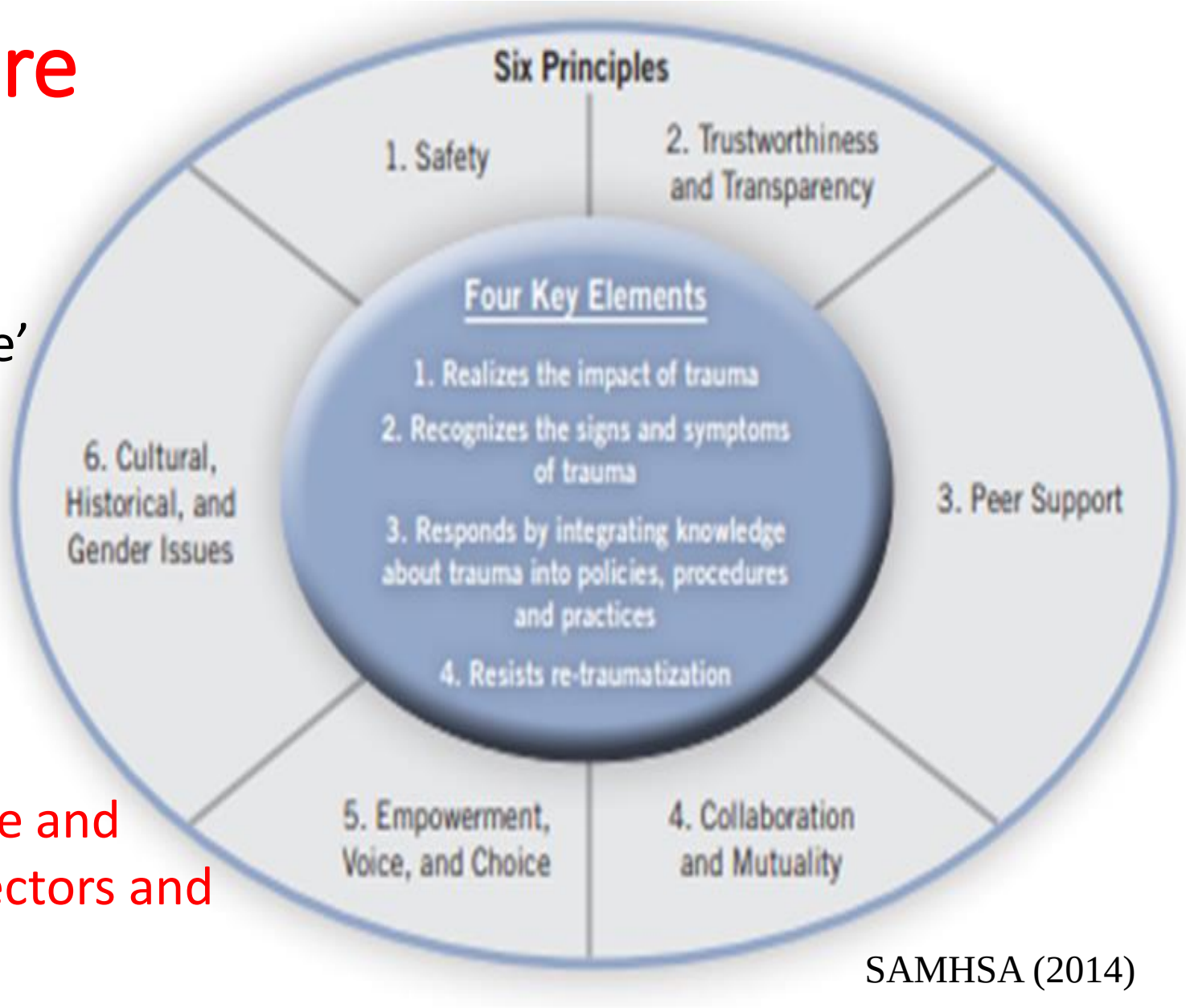
028 9536 1810
info@safeguardingni.org
safeguardingni.org/aces

SBNI
Safeguarding Board for Northern Ireland

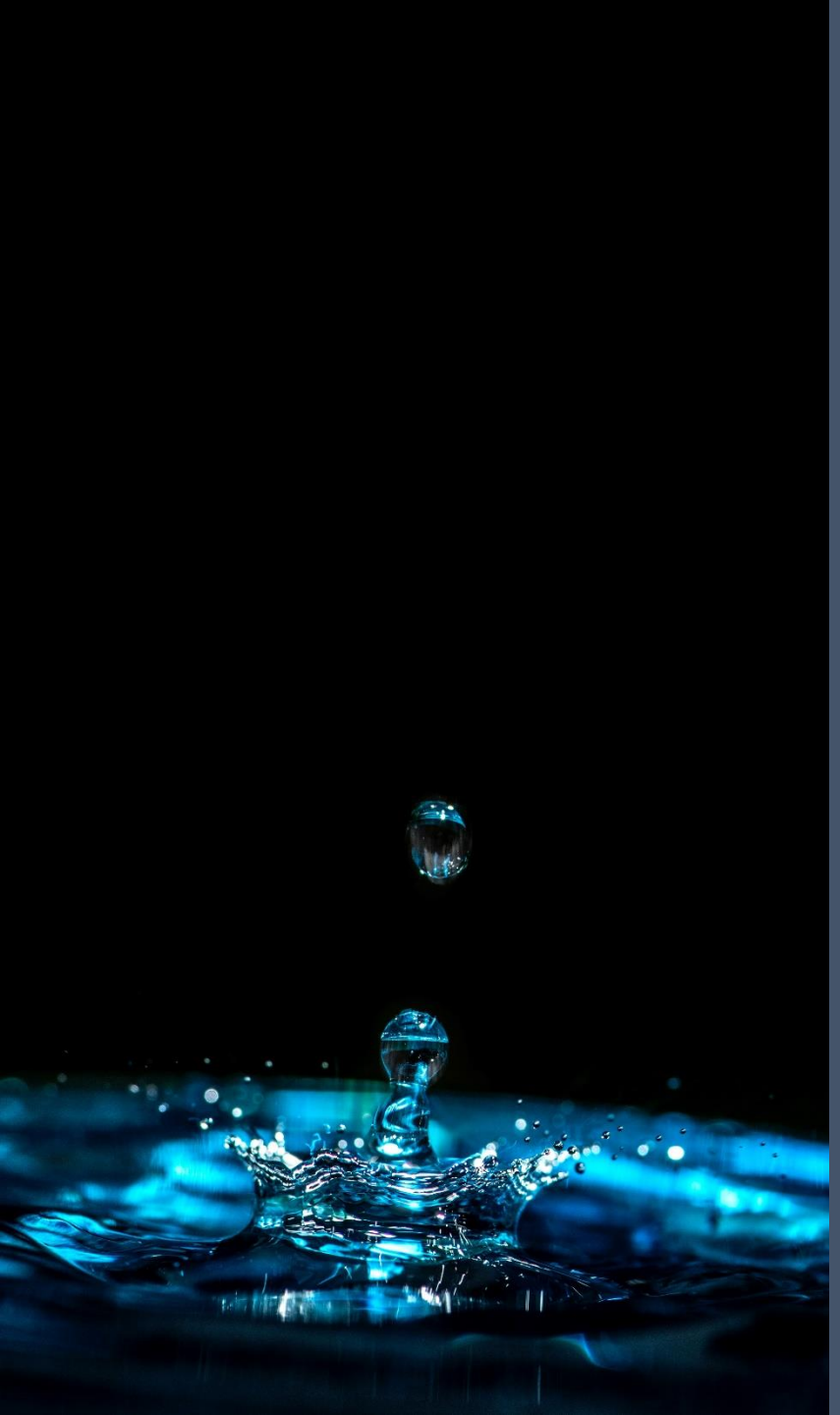
Early Intervention Transformation Programme

Trauma Informed Care

- A whole system organisational change process
- Use term ‘trauma informed care’ but important to remember adversity is broader concept
- Differentiates between trauma-informed and trauma-specific interventions/practices
- An overarching comprehensive and coherent framework across sectors and organisations
- Seeks to enhance service provision for all



SAMHSA (2014)



Adverse Childhood Experiences

are highly stressful, and ***potentially traumatic***, events or situations that occur during childhood and/or adolescence. It can be ***a single event, or prolonged threats*** to, and breaches of, the young person's ***safety, security, trust and bodily integrity***. These experiences directly ***affect the young person and their environment***, and require significant ***social, emotional, neurobiological, psychological or behavioural*** adaptation.

(Bush, 2018, p.28)

Jenny Molloy

scared

hurt

Am I bad?

Is it my fault?

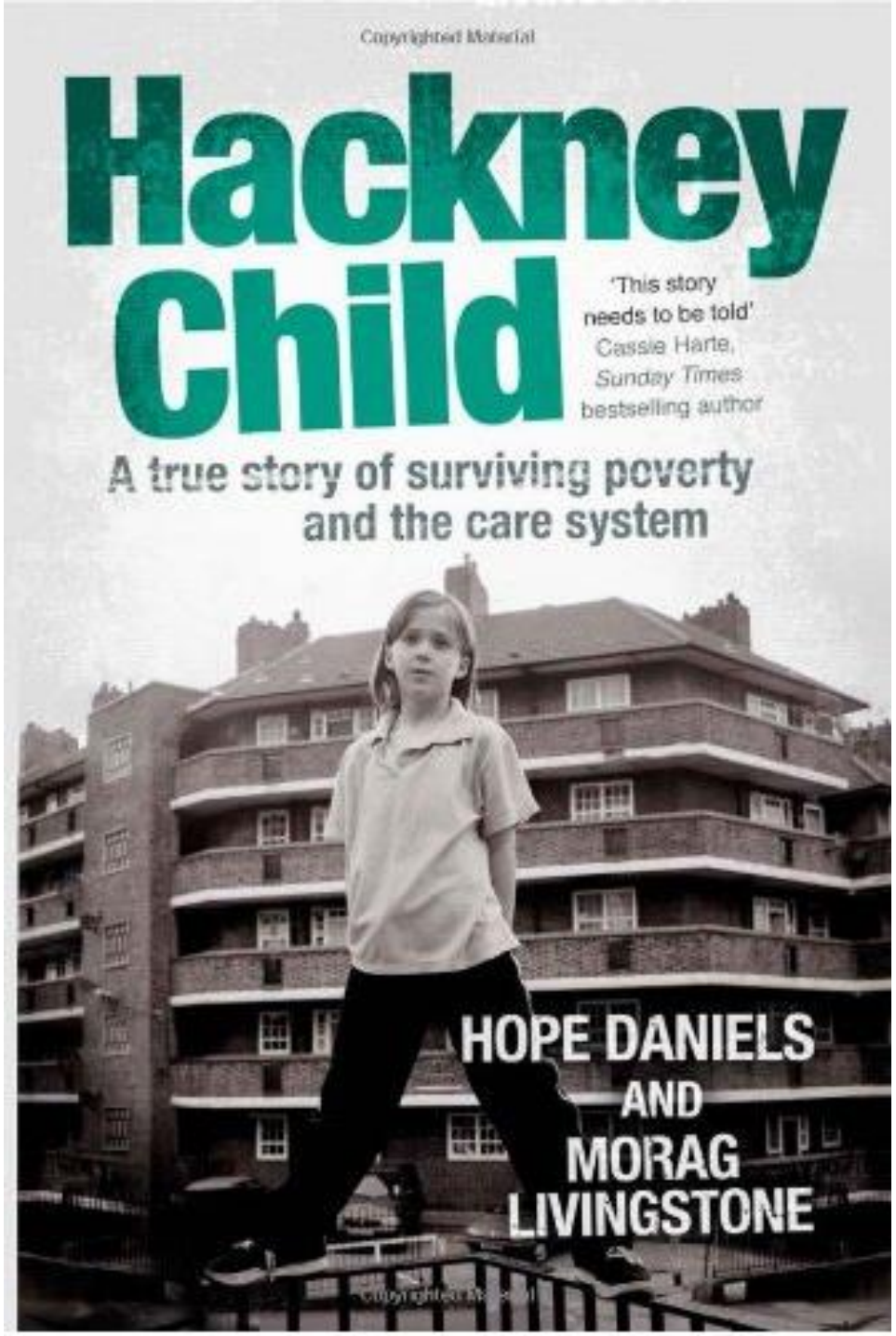
Need to look after/protect self

On alert

uncertainty

Out of control

Not sleeping



Am I worthy of love?

Who are my people?

Will you stay?

Can I trust you?

Who loves me?

Am I safe with you?

Safety

Choice

Collaboration

Trustworthiness

Empowerment

Definitions

Ensuring physical and emotional safety

Individual has choice and control

Making decisions with the individual and sharing power

Task clarity, consistency, and Interpersonal Boundaries

Prioritizing empowerment and skill building

Principles in Practice

Common areas are welcoming and privacy is respected

Individuals are provided a clear and appropriate message about their rights and responsibilities

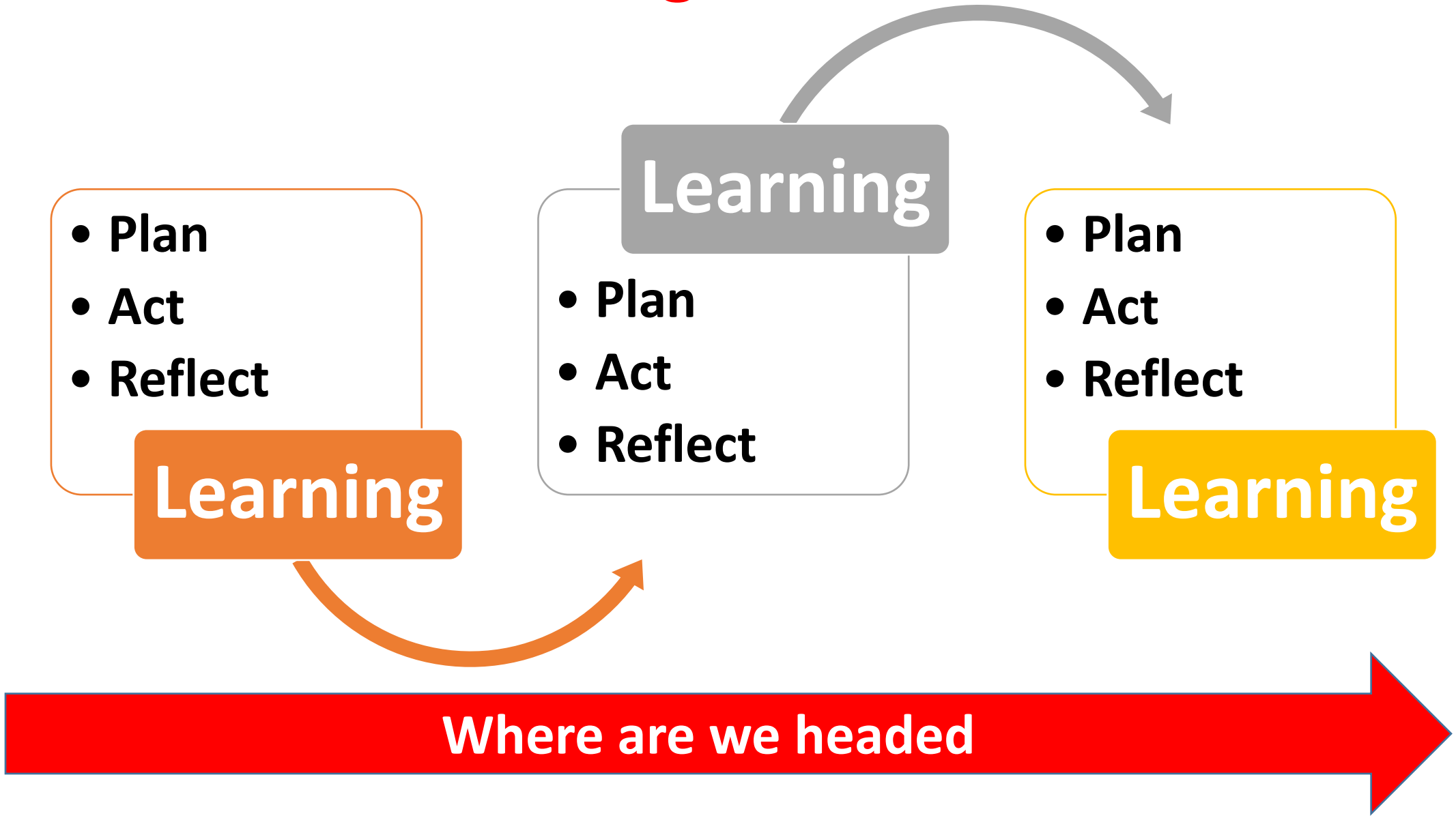
Individuals are provided a significant role in planning and evaluating services

Respectful and professional boundaries are maintained

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Everything we do in a relationship either strengthens it or weakens it.

Just culture – learning culture



Implementation, evidence & learning

Trauma Informed Care (TIC) Evidence Review Report

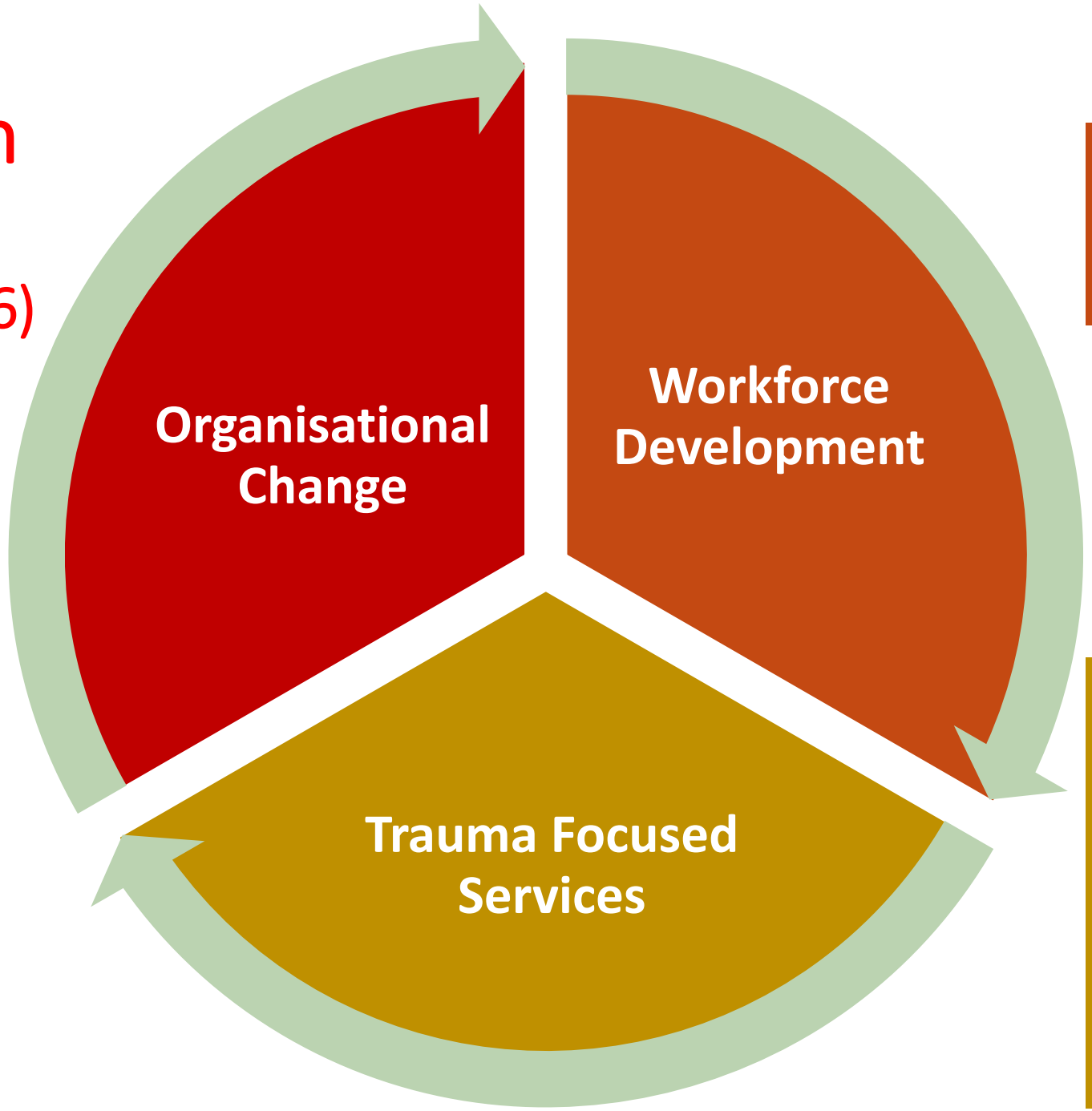
Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D., Davidson, G. & Forbes, T. (2018)

Evidence Review: Developing Trauma-Informed Practice in Northern Ireland. Report prepared for the Safeguarding Board NI.

Queen's University Belfast

- What are the key components of effective TIC approaches which lead to better outcomes for children and families?
- Child welfare/social care, justice, health & education
- Systematic search & screening methods
- More than 70 papers evaluating *organisation-wide* TIC implementation
- Evidence limitations: location, practice setting, child & family outcomes, study design, sample size, measurement tools
- Benefits: improved child mental health; improved client-provider rapport; reduction in use of restraint/seclusion; reduced caregiver stress; decreases in school suspensions…

Cross-system Implementation Domains
(Hanson & Lang, 2016)



1. Leadership buy-in & strategic planning
2. Intra and inter-agency collaboration
3. Service user involvement & peer support
4. Physical environment

1. Training
2. Staff support & wellbeing

1. Screening & assessment
2. Access to trauma-specific services & treatments

Workforce Development: Training

- Basic and/or advanced training dependent upon staff role: issue of **increased staff awareness versus practice change**
- Access to ***on-going*** trauma-informed training, consultation & supervision – **critical to maximising initial training impact**
- Use of group forums to embed models of reflective practice, and **consolidate learning and practice change** (e.g. learning collaboratives, coaching, mentoring, booster sessions)
- **Evaluation processes** need embedded within TIC training initiatives (issues of over-time change & practice change)

Workforce Development: Staff support & wellbeing

- Specific evaluations of the impact of TIC initiatives on staff stress were more limited and findings somewhat mixed
- Tendency to increase levels of vicarious traumatisation (raising awareness link?)

Staff support needed to include:

- Access to staff wellbeing support services
- Understanding of vicarious traumatisation - **routine staff/team debriefing in particular after significant incidents**
- Availability of **regular staff learning & support forums** (?link with training & ongoing practice development?)
- Establishing specific teams to provide peer support to staff (e.g. 'Worker wellness' teams)

Trauma-focused services: Screening & Assessment

- Number of child welfare and health initiatives involved screening/routine enquiry
- Target groups, processes & tools varied

Challenges:

- Fit-for-purpose IT & data-sharing systems
- Buy-in of staff through dissemination of a sound rationale and training 'Learning how to ask' & respond
- Availability of trauma-specific services and supports
- Staff turnover, competing demands etc.

- *Where appropriate,* develop appropriate/tailored methods of *routine inquiry* about ACEs and trauma and *assessment models* - include consideration of *protective factors*
- Consideration of existing data systems
- Training and *ongoing* support in utilising trauma-informed routine inquiry or assessment models - practitioners are clear why and how information will be used and how to discuss ongoing need

Trauma-focused services: Access to trauma-specific services & evidence-based treatments (EBTs)

- **Increasing access to and availability of trauma-specific services/interventions** (e.g. sexual abuse, DV services) and EBTs (e.g. therapeutic interventions) emphasised as core component of a number of state-wide child welfare and school initiatives *(in-house & referral out)*
- Mixed picture of **evaluation** of services/interventions offered
- **Therapeutic models initiated in group care settings** (residential childcare, mental health, juvenile justice) generally indicated significant benefits for the target groups (e.g. ARC, Sanctuary)
- **Range of trauma-focused services** e.g. various initiatives targeting caregivers, targeted community supports by paraprofessionals, structured group activities, whole class psychoeducation
- Developing **tailored trauma-focused individual/family/group interventions** e.g. TI intake and family assessments; **knowledge of available services and referral pathways**

Organisational change:
Leadership buy-in & strategic planning

- Many initiatives were part of broader strategy to change **organisational culture and practices**
- **Leadership buy-in** through initial training to agency directors and senior management
- Developing strategic implementations plans and structures - establishing **implementation teams**
- Assessing organisation readiness 'Trauma System Readiness Tool'

- Identification of *specific goals/targets depending on agency context/priorities*
- *Monitor & review:* identify and monitor outcome measures re. desired changes
- *Review TIC fit with current policies* and procedures and revise accordingly
- *Review and revise data systems* to facilitate the storage, retrieval and sharing of pertinent information
- *Ensure resources are available* to facilitate new initiatives e.g. workforce development

Organisational change: Collaboration

- Identify clear **intra and inter-agency/sector** referral pathways and data sharing where appropriate
- Establish shared understanding of adversity and TIC **across systems, staff levels and professional disciplines**
- Establish collaborative multi-disciplinary case conferences/care team meetings, **including and prioritising service user engagement (both child and parent/family/caregiver)**
- Some projects emphasised more ‘grassroots’ approaches centred on developing community partnerships with **community and voluntary sector organisations**

Organisational change: Service user & care-giver involvement, and peer support

- Inclusion in training
- Caregiver involvement and debriefing of young person following seclusion/ restraint
- Young people invited to share their experiences of restraint with staff, highlighting loss of self-respect and dignity and in feeling less safe when watching peers be restrained (Caldwell et al. 2014)
- Employing a peer specialist to act as a patient advocate with team and administration
- Engaging psychiatric patients and families in treatment planning

- Establish a *commitment* to *decreasing* agency-service user and caregiver *power differentials* and *maximising* service user/caregiver involvement in all agency policies and procedures, service development initiatives and evaluation processes
- Establish *routine* service user (service user and family/caregiver) feedback mechanisms
- Create opportunities for service users & their families to meet with others experiencing similar circumstances

Organisational change: Physical Environment

- Publicly posted mission statements which highlight commitment to trauma informed care
- Repainting walls with warm colours, decorative rugs and plants, and rearrangement of furniture to facilitate increased peer and patient-staff interaction, replacing worn-out furniture
- Environmental changes were uniquely associated with a significant reduction in the rates of seclusion and restraint - suggesting that fairly minor and inexpensive changes can make a significant difference (Borckardt et al., 2011)

- Establish a *shared staff/service user/caregiver team* to undertake a review of the physical space and relevant policies/procedures
- Create a *welcoming* physical environment where *interaction* is encouraged
- Create *'safe spaces'* were service users/care-givers/staff can go to calm down and allow tensions to be de-escalated
- Environment changes easiest to implement
- ?Consistent reminders? helped *'set the tone'* for patient & staff behaviour?

Your environment….

- From service user perspective – what would you see? Smell? Hear? Sense? Experience? What different spaces would you go?

- From carer/family member perspective?

- From staff perspectives?

Successful design features (psychiatric units)

- Community location
- Density – crowding – smaller units
- Noise reduction
- Balance between private & shared spaces
- Range of communal social spaces: lounges; dining rooms; lobbies - homelike
- Single rooms & bathrooms – fostering control

- Comfortable moveable furniture – group together in different ways
- Open nursing stations
- Corridors – social isolation; aggressive incidents
- Windows; fresh air; unlocked gardens
- Smoking rooms – peer support – 'escape' from observation
- Relevance for other types of spaces e.g. emergency rooms, schools etc.

The nature & culture of SW with children & families in long-term casework (Ferguson et al., 2020)

- Ethnographic study (15 months) – 2 SW departments in England
- Significant amount of relationship-based practice achieved (to some extent)
- Families at one site received more substantial, reliable overall service – 'small team office'
- Staff turnover & job satisfaction differed

- Family support workers in same building – 'at the heart' of SW practice (Social Model – Featherstone et al., 2018)
- Stable workforce who had own desk - not large open plan 'hot-desking'
- Co-located with managers in small team offices
- **Much more supportive, reflective culture for SWs and service users**
- '**how SW is done is not reducible to single influences**… the nature of what SWs do & **culture of practice** are shaped by the **available services, office designs & practitioners', managers' & service users' experiences of relating together'**

Whole system change requires multi-level effort

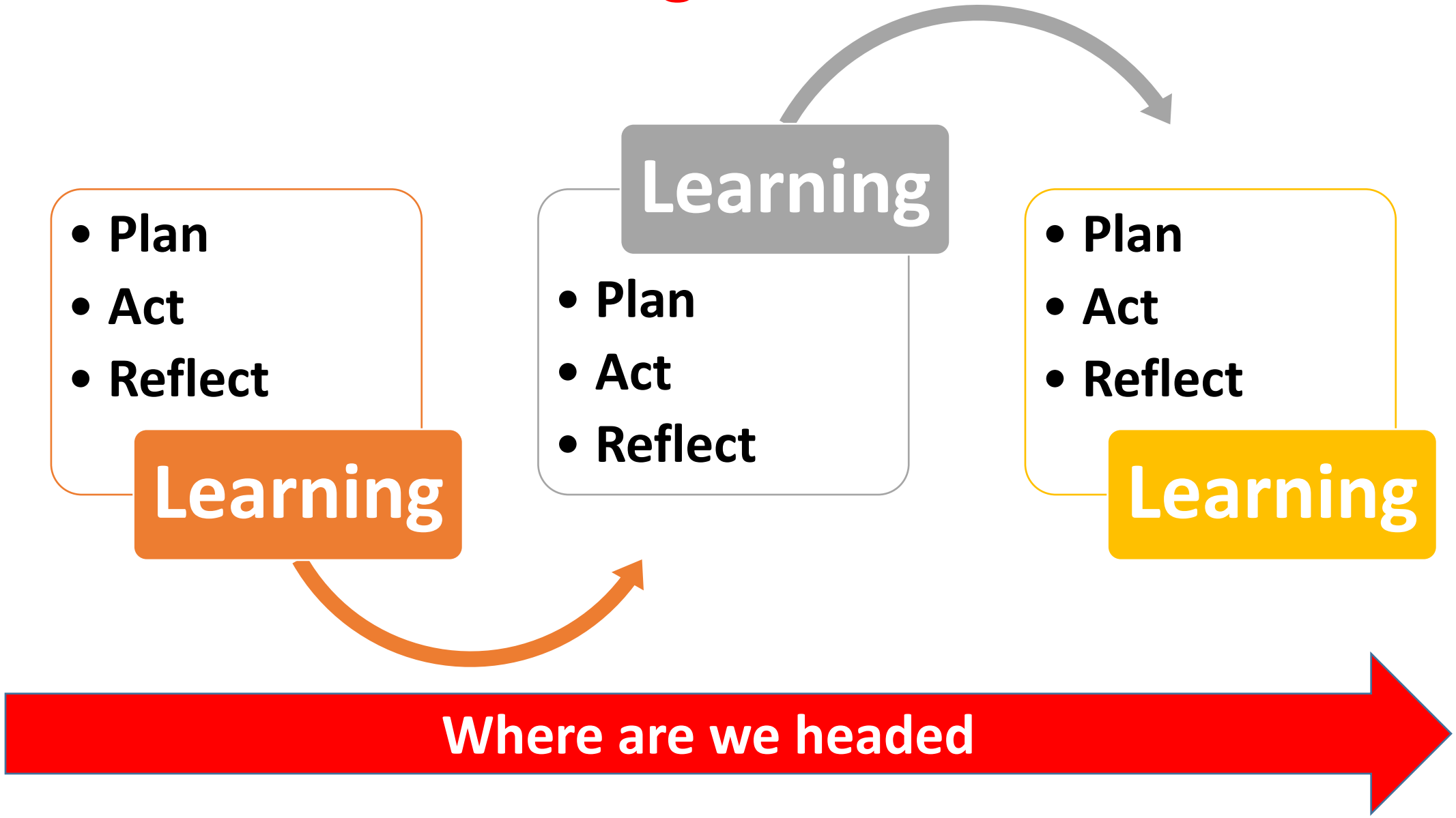
Final thoughts: think process & evaluation

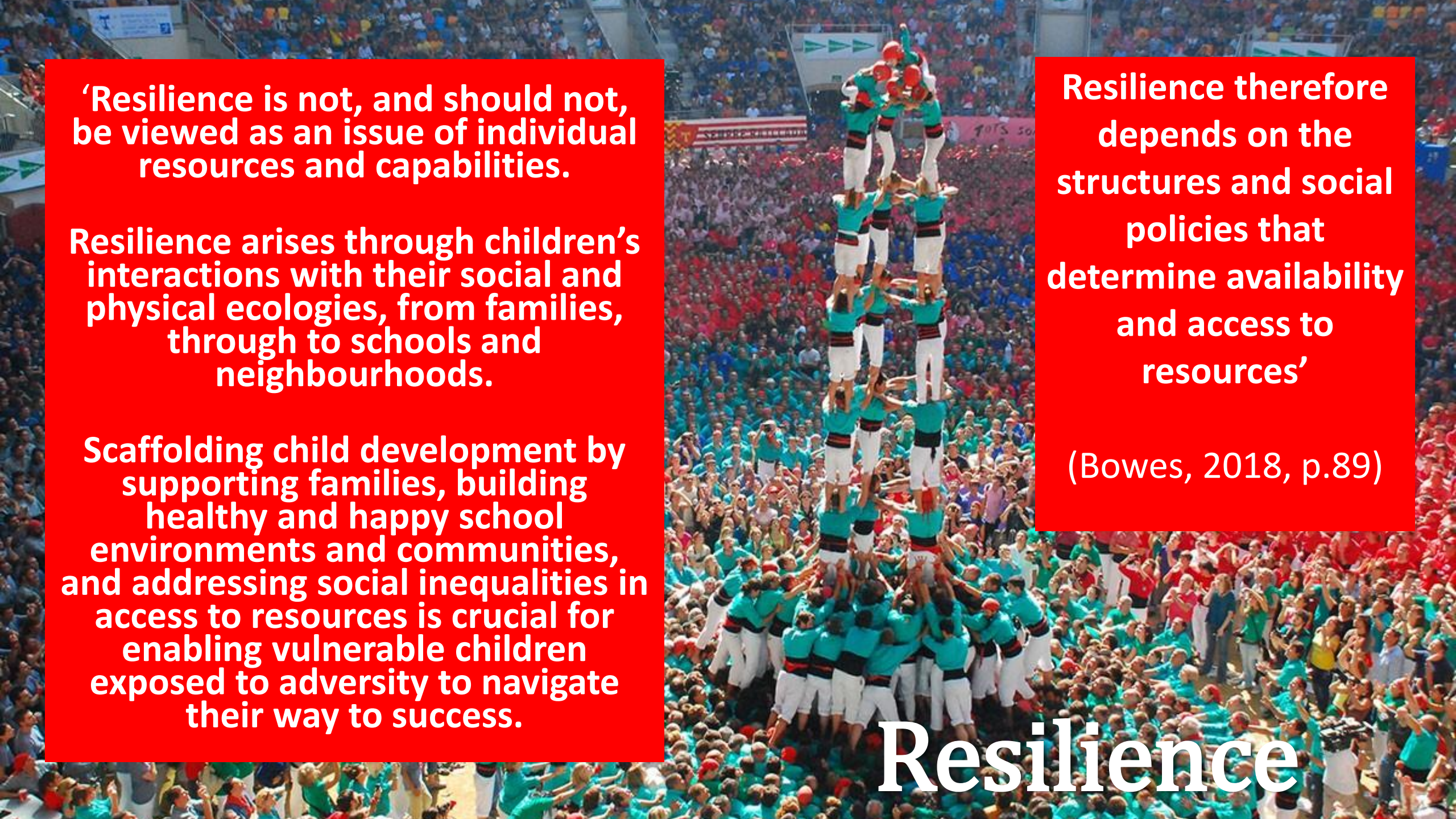
Funders, commissioners and senior managers need to be aware that the kind of *whole system change* envisaged by Trauma Informed Care will not happen quickly…

"*allocating process time for the slow and organic changes* that must take place to accommodate the new way of practicing should be factored into Trauma Informed Care implementation plans"

(Bryson et al., 2017: p12)

Just culture – learning culture





‘Resilience is not, and should not, be viewed as an issue of individual resources and capabilities.

Resilience arises through children’s interactions with their social and physical ecologies, from families, through to schools and neighbourhoods.

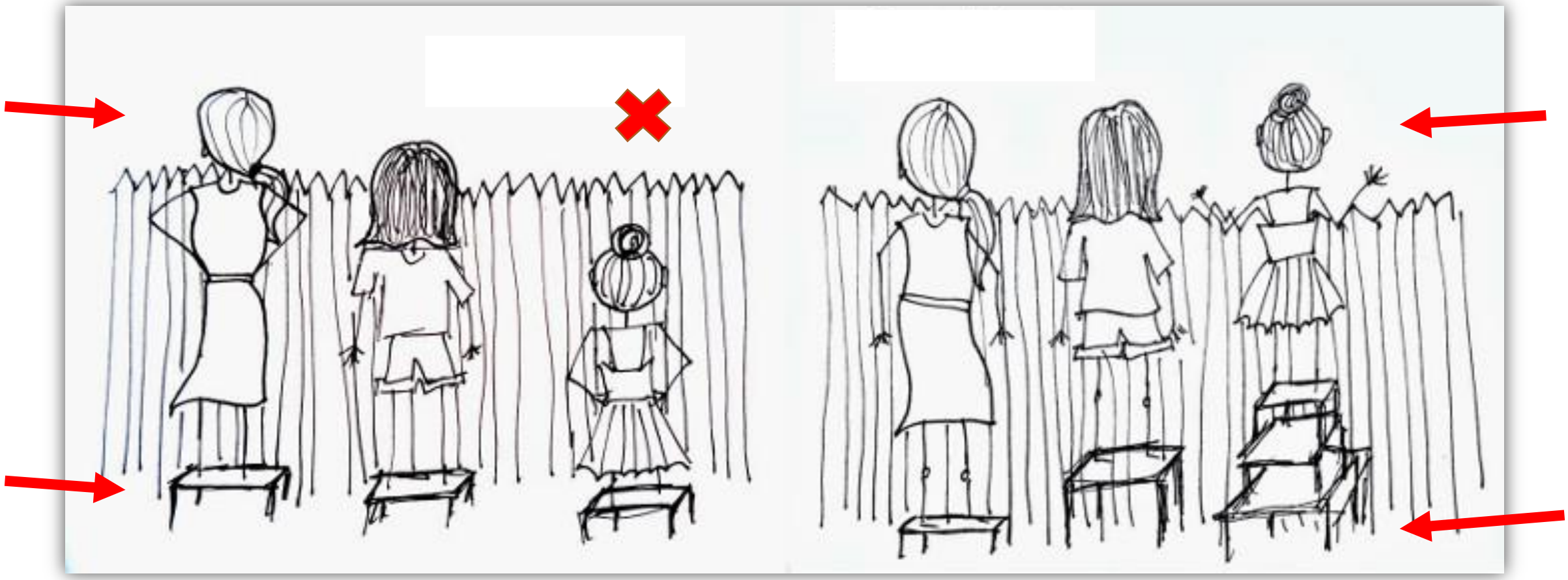
Scaffolding child development by supporting families, building healthy and happy school environments and communities, and addressing social inequalities in access to resources is crucial for enabling vulnerable children exposed to adversity to navigate their way to success.

Resilience therefore depends on the structures and social policies that determine availability and access to resources’

(Bowes, 2018, p.89)

Resilience

Equality of outcome requires inequality of effort



Trauma Informed Practice

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Anti-Poverty Agenda