Adverse Childhood Experiences

Be the Change

EITP ACEs & Trauma Informed Practice Project

Headline Findings from Training Needs Analysis for the Community & Voluntary Sector

June 2019

National Children's Bureau

Northern Ireland Executive
www.northernireland.gov.uk
DELIVERING SOCIAL CHANGE

The ATLANTIC Philanthropies

Table of Contents

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 have 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 and to inform training delivery.

An initial action in this project was facilitation of three stakeholder events for the community and voluntary sector held in Derry/Londonderry, Belfast and Dungannon.

Attendance at each event was as follows:

Location	Numbers attended
Derry/Londonderry	45
Belfast	47
Dungannon	37
Total	**129**

Figure 1: Attendance at stakeholder events by location

A list of organisations represented at these 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 community and voluntary sector (CVS). This is the first in a series of Headline reports. Other Headline reports covering Health and Social Care, Early Years, Family Hubs, NIHE, Education and GPs will follow.

Profile of Participants

A total of 117 people from the CVS completed TNA surveys at the three events (some of those attending these events were not from the CVS). 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	54
Service manager	27
Admin / support staff	6
Volunteer	4
Other	8

Figure 2: Respondents by role

'Other' roles specified included the following: Service Promotion; Partnership Development; Training/Education Officer; Business Development; CEO and Community Development.

Profile of Participants continued:

Years in current role	%
Less than 1 year	14
1-3 years	32
4-6 years	19
7-10 years	12
11+ years	24

Figure 3: Respondents by years in current role

Area	%
All of NI	26
BHSCT	21
SEHSCT	5
SHSCT	14
WHSCT	37
NHSCT	9

some participants chose two or more areas.

Figure 4: Respondents by area in which work is based

Section 1: Awareness and Understanding of ACES and TIP

- 91% indicated that they had heard of the term ACEs before the workshop.
- 9% had not heard of it.
- 81% indicated that they had heard of the term Trauma Informed Practice before the workshop.
- 19% 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	12	71	17
b. The types of ACEs that a child may experience	6	63	31
c. Potential short-term and long-term effects of ACEs on children	7	65	28
d. How ACEs may affect brain development	27	57	15
e. How ACEs can affect a child's physical development	26	58	15
f. How ACEs may affect social and emotional skills development	10	61	29
g. Cultural differences in how children and families understand and potentially respond to ACEs	48	44	9
h. ACE triggers/reminders and their impact on a child's behaviour	21	66	14

Note: figures may not total 100% due to rounding

Figure 5: 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 am		
a. Aware that many birth parents can have an ACE history	92	8
b. Knowledgeable about intergenerational cycles of abuse	80	20
c. Familiar with cultural issues that may impact disclosure of parents' ACEs and seeking treatment	48	52
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	68	32

Note: figures may not total 100% due to rounding

Figure 6: Awareness of parent/caregiver ACEs and their impact

The majority (96%) of respondents considered ACEs to be important to their current role. 4% were unsure. Reasons given for those who did see ACEs to be important tended to focus on the relevance to their current role and the issues their client groups presented with. Those who answered not sure indicated that they needed to know more about ACEs as that was not currently the focus of their work.

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	42	51	6
b. What is trauma informed practice	21	66	12
c. Impact of trauma on individual's physiological, neurological development and their social and emotional development	17	63	19
d. How to recognise trauma	17	59	23
e. How to respond in a trauma informed way	32	49	19
f. How to avoid re-traumatising service users	36	49	15
g. How to develop a trauma informed culture	44	49	7

Note: figures may not total 100% due to rounding

Figure 7: Knowledge and understanding of TIP and its impact

The majority (96%) of respondents considered knowledge of TIP to be important to their current role. Reasons for this were the relevance for their current work and also an aspiration to change their organisation so that it becomes more trauma informed. 4% were unsure. Reasons for this focused on needing to know more about trauma and TIP.

Training Received

The majority of respondents (62%) indicated that they had not received training in relation to ACEs and/or TIP in their current organisation. 38% had received such training.

The majority of respondents (86%) 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. 14% had received such training.

Most of this training tended to be on ACE awareness, trauma informed practice, resilience, transgenerational trauma, impact of grief, domestic abuse and the Solihull approach. Some respondents indicated that this 'training' was in the form of workshops, while others stated that it was received as part of a conference.

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	91
Cultural differences in how children and families understand and respond to ACEs	91
How ACEs may affect social and emotional skills development	89
Cultural issues that may impact disclosure of parent ACEs and seeking treatment	89
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	89
Potential short-term and long-term effects of ACEs on children	88
How ACEs can affect a child's physical development	87
Intergenerational cycles of abuse	86
How ACEs may affect brain development	86
ACEs triggers/reminders and their impact on a child's behaviour	85
The types of ACEs that a child may experience	82
Parents' ACEs history	82
The prevalence of childhood ACEs	77
Other – please state	13

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

'Other' aspects include the following:

Supervision and support of staff; effective therapeutic approaches to address multigenerational ACEs; ACEs and learning disability; more on the impact on brain development; developing policies and procedure; support and signposting for specialised help; tools and resources to help individuals; building resilience, hope and recovery.

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	90
How to avoid re-traumatising service users	90
How systems can become more trauma sensitive	90
How to develop a trauma informed culture in my workplace	88
How to recognise trauma	87
How to become a more trauma informed practitioner	85
The impact of trauma on individual's physiological, neurological development and their social and emotional development	84
How to create a trauma informed organisation	81
Other – please state	5

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

'Other' aspects include the following:

Policy development on TIP; support for in-house training; self-care for staff; more on the impact of trauma on brain development; how to manage in the supervision of staff; addressing multi-generational trauma and developing policies and procedures.

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

At each of the three events delegates discussed how the training might be rolled out and considered barriers/challenges that might inhibit the uptake of training, whether or not the training needs to be generic or specific to particular themes and who should be trained.

Barriers and challenges identified included the following:

- Time: taking time to do training means that some services can't be delivered
- Capacity: related to time in the sense of trying to keep running a service but with reduced capacity/no backfill, especially in very small organisations
- Practical considerations such as location, transport (especially in rural areas) and childcare need to be considered
- Support for trainers

Maximising uptake of training

As well as addressing the potential barriers mentioned above, there were also some suggestions as to how uptake of training might be maximised. These included:

- Ensuring that it is practical so that participants can do something with it at the end; that it provides practical tools and signposting options
- It should be a rights based approach
- Being clear about language
- It needs to be top down with buy-in from leaders in organisations and a whole organisation approach
- Utilising webinars and e-learning
- Having multi agency training
- Having clear outcomes for the training

Some delegates felt that there was a strength in bringing together different organisations for training as there was great potential for sharing learning across themes and sectors. Others, however, stated that they worked with specific groups of people (e.g. asylum seekers and refugees) and felt they would like training with others in thematic groups. There was also then the potential that such thematic groups could form networks (if these did not already exist). Utilising already existing networks (e.g. family hubs, CYPSP, locality groups etc.) could also be an efficient way of ensuring maximum 'reach' with the training provided as could the use of the FE colleges throughout Northern Ireland.

Who should be trained?

There was a general feeling that all of the workforce (i.e. paid staff and volunteers) should receive Level 1 (Awareness) training.

Beyond this it was felt that there was a need to differentiate between front line staff and people with specific roles in order to ensure that the level/type of training was most relevant to their role(s). There was a suggestion that organisations might do their own screening to identify who needs to undertake training and how the training might impact their work.

There was a suggestion that this training is incorporated into existing training calendars and be made mandatory in much the same way as child protection/safeguarding training is.

Some delegates felt that the CVS needed to 'recognise' itself in this agenda and take ownership of what needs to be done, i.e. organisations shouldn't think this is being imposed upon them.

There was also a call to collaborate *within* communities as sometimes silos exist within (as well as between) communities.

Conclusion

There is a high level of awareness of ACEs in the CVS and a slightly less high level of awareness of trauma informed practice (TIP). However, in-depth knowledge of all of the various aspects of each of these areas of work varies across the sector, e.g. there is less knowledge about cultural differences in responding to ACEs, impact of ACEs on the brain and body than the types of ACEs. There is less knowledge about becoming a trauma informed organisation and developing a trauma informed culture than there is about recognising trauma.

There is a high level of interest in learning more about all of the aspects of both ACEs and TIP across the sector. The discussions at the events suggest that a mixture of different levels of training as well as both generic and more specific training would be welcomed when the training is delivered.

Appendix 1 - Organisations represented at the CVS Stakeholder Events

Action for Children

Action Mental Health

Active Communities Network

Addiction NI

ASCERT

Ashton Centre

Aurora Counselling

Autism NI

Barnardos NI

Belfast Central Mission

Bogside & Brandywell Health Forum

Bridge of Hope

Bryson Children's Services

Business in the Community

Cancer Focus NI

CAUSE NI

Cedar Foundation

Chinese Welfare Association

CHNI

Christian Fellowship Church

Cithrah Foundation

Clanrye Family Foundations

Clooney Family Centre

Glen Development Initiative

Colin Neighbourhood Partnership

Cookstown & Western Shores Network

Creggan Preschool & Training Trust

Customized Training Services

CYPSP

DePaul

Derg Valley HLC

Dry Arch Children's Centre

ETHOS Family Support Hub

Extern

Family Care Adoption Services

Family Support Hub

Foyle Women's Aid

Greater Shankill Partnership

Holy Trinity Counselling

Home Start Newry & Mourne

Include Youth

La Dolce Vita Project

Little Orchids Children's Centre

LORAG

Loughshore Education Centre

MACE

Mencap

Mid-Ulster Child Contact Centre

Mid-Ulster Women's Aid

Mindwise

National Autistic Society NI

NIACRO

NIHE

North Down Community Network

Northern Area Community Network

NSPCC

NYCI/YouthPact

Peace Bytes

Positive Futures

Prince's Trust

Relatives for Justice

Resilio

Scouting Ireland

Search Youth Group

Shankill Women's Centre

SoSad

South West College

St John's Ambulance

Start 360

Strathfoyle Women's Centre

The Appleby Trust Ltd

The Changing Lives Initiative

The Holistic Health & Wellbeing Company CIC

The Men's Advisory Project

The Old Library Trust

The Salvation Army

Trinity Community Counselling

Ulster GAA

Ulster University

Victims & Survivors Service

VOYPIC

Waterside Neighbourhood Partnership

Wave Trauma

WHSCT

Women's Aid Armagh & Down

Contact Us

For further information about the Trauma Informed Practice Project please contact Stephanie Thompson, Project Manager by email at stephanie.thompson@hscni.net or telephone (028) 9536 0249.

For further information about ACE and Trauma Informed Practice Training within the Community and Voluntary Sector please visit the ASCERT website at https://www.ascert.biz/training-consultancy/community-training

---