



Adverse
Childhood
Experiences

Be the Change

EITP ACEs & Trauma Informed Practice Project

Headline Findings
from the Training
Needs Analysis for
the Early Years
Sector

June 2019



National Children's
Bureau



**Northern Ireland
Executive**

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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 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 stakeholder events for a range of different sectors. A total of 51 people from Early Years attended two stakeholder events, one in Dungannon and the other in Belfast, in June 2019. A list of the 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 Early Years sector. Other headline reports covering the voluntary and community sector, health and social care, Family Support Hubs, education, housing and GPs are also being written.

Section 1: Profile of Participants

A total of 50 people from Early Years' organisations 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 Early Years sector is 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	50
Service Manager	41
Administrative/Support Staff	2
Volunteer	2
Other	4

Figure 1: Respondents by role

'Other' roles here included a family support worker and a part-time teacher who is also a day-care manger.

Years in current role	%
Less than 1 year	6
1-3 years	12
4-6 years	12
7-10 years	18
11+ years	44

Figure 2: Respondents by years in current role

Area	%
All of NI	0
BHSCT	52
SEHSCT	2
SHSCT	24
WHSCT	4
NHSCT	12

*some participants chose two or more areas. One person indicated that they worked in both the BHSCT and the NHSCT areas while one other worked in both the SHSCT and the WHSCT.

Figure 3: Respondents by area in which work is based

Sector of Work	%
Health	16
Social Care	7
Education	21
Voluntary & Community	56

Figure 4: Respondents by sector

Section 2: Awareness and Understanding of ACEs

Survey respondents were asked if they had heard of the term ACEs before the event. 83% indicated that they had heard of the term ACEs before the workshop while 17% 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	21	58	21
b. The types of ACEs that a child may experience	4	66	30
c. Potential short-term and long-term effects of ACEs on children	4	64	32
d. How ACEs may affect brain development	14	62	24
e. How ACEs can affect a child's physical development	12	66	22
f. How ACEs may affect social and emotional skills development	6	60	34
g. Cultural differences in how children and families understand and potentially respond to ACEs	33	61	6
h. ACE triggers/reminders and their impact on a child's behaviour	16	60	24

Note: figures may not total 100% due to rounding

Figure 5: Levels of knowledge by aspect in relation to ACEs

As Figure 5 shows, there is a significant level of knowledge and awareness of some aspects of ACEs (e.g. types of ACEs, prevalence, short and long-term effects). However, there is a lot less knowledge about cultural differences in how children and families understand and potentially respond to ACEs. There are also gaps in knowledge in relation to how ACEs may affect a child's physical, social and emotional development.

Understanding of Parent/Adult ACE History

The following table summarises the 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	92	8
b. Knowledgeable about intergenerational cycles of abuse	70	30
c. Familiar with cultural issues that may impact disclosure of parents' ACEs and seeking treatment	67	33
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	92	8
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	78	22

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

As Figure 6 shows, the vast majority of respondents indicate that they are aware that parents can have their own ACE history, perhaps over several generations, and this may impact and influence their ability to parent their children. Respondents are aware that service providers' activities may trigger memories of such history and service users' engagement with services may be affected by the triggering of such memories.

In the TNA, respondents were asked if they considered ACEs to be important in their current role. The majority (96%) consider ACEs to be important in their current role. 4% (2 people) were unsure. Reasons for regarding them as important included relevance to their current roles and practice with both children and adults (mainly parents) and so that they can better support staff members who may have experienced ACEs themselves.

One person who was 'unsure' stated that they had only recently heard of ACEs while the other person is currently in an administration role, but is planning to undertake training in counselling in the future.

Section 3: Awareness and Understanding of Trauma Informed Practice

Survey respondents were asked if they had heard of the term Trauma Informed Practice before the event. 63% indicated that they had heard of the term while 37% had not.

Knowledge and Understanding of Trauma Informed Practice

The following table summarises levels of knowledge by aspect in relation to 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	52	46	2
b. What is trauma informed practice	36	54	10
c. Impact of trauma on individual's physiological, neurological development and their social and emotional development	24	58	18
d. How to recognise trauma	30	58	12
e. How to respond in a trauma informed way	46	44	10
f. How to avoid re-traumatising service users	54	38	8
g. How to develop a trauma informed culture	48	48	4

Note: figures may not total 100% due to rounding

Figure 7: Knowledge and understanding of TIP and its impact

As Figure 7 shows, there are some aspects of trauma informed practice that are better known about and understood than others e.g. what trauma informed practice is, the impact of trauma and how to recognise trauma. Less is known about how to create trauma informed organisations and culture in those organisations, how to avoid re-traumatising service users and how to respond in a trauma informed way. However, in all areas there are significant gaps in knowledge and understanding with a minimum of almost a quarter (24%) indicating that they don't know anything about the various aspects of TIP.

Respondents were also asked if they considered TIP to be important in their current role. The majority (88%) consider knowledge of TIP to be important in their current role. 6% (3 people) stated that it was not important and a further 6% were unsure. Those who considered it important in their current role did so for the following reasons: because it is relevant to their role in direct work with children and families; they are tasked with supporting staff in their own or other settings who work directly with children and/or families; due to the Troubles and the impact of trauma on successive generations and so that services can be more responsive to needs and avoid re-traumatising service users.

Those who indicated that they were unsure did so because they do not know enough about TIP. Some of those who stated that it was not important in their current role did so for the same reasons (i.e. not knowing enough about it) but one other stated that, as they had not had any training in TIP, they would not be able to help parents or children presenting with symptoms of trauma and another said that it was not something that was currently assigned to their role.

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

Training Received

Almost two-thirds of respondents (64%) indicated that they had not had training in ACEs and/or TIP in their current posts and only two people had received training in these topics when in a previous post. For some, such training was specifically about ACEs and/or trauma but these were in the minority. The majority of respondents had received training on other topics which had incorporated elements of ACE awareness and/or TIP into them, e.g. resilience, mental health training, Solihull Training, Five to Thrive, safeguarding and counselling. Most of this training was received over a very short period of time, e.g. one day or less.

Although sources of training were not asked for on the survey, some respondents volunteered this information. Some mentioned organisations such as the Health & Social Care Board, SBNI and ASCERT, Zest (Banbridge), PIPs and Evelina Children's Hospital, London. They also mentioned individuals such as Dr Suzanne Zeedyk and Dan Siegel or events such as the Childcare Partnership Conference, the Trauma Summit and the screening of the Resilience Documentary.

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	94
Intergenerational cycles of abuse	94
ACEs triggers/reminders and their impact on a child's behaviour	94
How service providers' activities can trigger a parent's own ACEs history and affect a parent's response to staff and engagement with services	90
Cultural issues that may impact disclosure of parent ACEs and seeking treatment	90
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
Potential short-term and long-term effects of ACEs on children	88
How ACEs can affect a child's physical development	88
How ACEs may affect brain development	88
How ACEs may affect social and emotional skills development	86
The types of ACEs that a child may experience	86
The prevalence of childhood ACEs	82
Parents' ACEs history	82
Other – please state	14

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

The 'Other' aspects identified include the Northern Ireland context (i.e. the Troubles), adverse community experiences and 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 recognise trauma	94
How to create a trauma informed organisation	92
How to develop a trauma informed culture in my workplace	92
How to avoid re-traumatising service users	92
How systems can become more trauma sensitive	92
How to respond in a trauma informed way	90
How to become a more trauma informed practitioner	90
The impact of trauma on individual's physiological, neurological development and their social and emotional development	86
Other – please state	8

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

The 'other' aspects of TIP training that would be welcome include the Northern Ireland context (i.e. the Troubles), intergenerational trauma and training staff members.

Summary of the discussion with delegates

At the event, delegates discussed the relatively recent focus on ACEs and TIP as well as the challenges and opportunities to embed ACE awareness and trauma informed practice into the work of their organisations.

General reactions to the focus on ACEs/TIP

There was a general feeling that ACEs should be integral to practice both with children and staff. Some felt that while the term 'ACEs' is relatively new, ACEs themselves are not new and that it was not 'rocket science' to understand how they might impact children. There are already some examples of good practice e.g. Nurture Units in some primary schools.

It was also felt that a new focus on ACEs does not need to cost but that there is a need for a more joined up approach. Some delegates mentioned that they did see some evidence of joined up working beginning to happen in the early years' sector. It was felt that there is a need for shared language and a recognition that ACEs can give an insight into transgenerational trauma.

Delegates also gave their reaction to the animation shown at the event. It was felt that the situation portrayed felt familiar and that it highlighted the importance of adults having effective listening skills and of taking the time to understand what children and young people are going through. Some felt that the animation makes sense for older children but different approaches would be needed for younger children and those working in early years' settings.

Challenges to implementing ACE/TIP in Early Years' work

There was recognition that to really embed ACEs and TIP into early years' work everyone concerned would need to be informed to improve their practice and that gaps in knowledge (e.g. understanding of child development) exist among all levels of staff, including classroom assistants. However, some delegates stated that they felt the skills and training of early years' staff and the services they provide are undervalued and that there was already considerable expertise among this workforce that is not always recognised.

Several delegates have seen the documentary 'Resilience - the biology of stress and the science of hope'.

How this training might be rolled out was also discussed. Some felt that the training should be made mandatory. The manner in which such training might be delivered needs to be very sensitive and take cognisance of the fact that, in a staff team, there may be a lack of awareness regarding ACEs that staff have experienced.

Training, it was noted, can result in changing attitudes as well as improving awareness. Some felt that in the day-care sector such training could be incorporated into safeguarding training. It was also mentioned that the development of an emotional health and wellbeing strategy could provide a framework that may support cohesion with this training. It also needs to be part of initial teacher training. Some people had experience of training for staff which is called 'Why You Matter.'

It was also felt that the inspection and evaluation processes from social services and ETI could be used to monitor the application of such training. However, the need for practical support in terms of implementation was also raised, i.e. how to embed the training into practice.

Work with parents was considered vital too. This could start with antenatal engagement with mothers and fathers through Sure Starts and by asking the question "How were you parented?" to open the conversation. It was acknowledged that there may be fear from parents who may not have had the opportunity to work through their own ACEs (if they have experienced any). However, it can be helpful for parents to understand how their own experiences as children have affected them, though many parents may not accept it or see the relevance of doing so. Some felt that ACEs and their impact should also be explained to children so that they could understand the actions/behaviour of their parents. It was felt though, that there is a need to change the judgement to consider why a family may be behaving as they are. Knowledge about possibility of re-traumatising at any stage/age was also considered important and victim blaming is common. In addition, the message of hope is vital for recovery.

It was noted that key to the successful implementation of TIP were relationships – relationships between staff, children and parents and relationships between managers/principals and other staff. These need to be nurtured as it is people that make the difference.

Some delegates urged caution in relation to screening tools and felt that the ACE score should not matter in terms of practice and approach and that labelling is damaging.

It was noted that the community may also need resilience training and that the environment needs to be safe – this refers to the physical building as well as the internal and external environment. Some delegates felt that early years' settings were more trauma informed but that the primary and post primary school settings were less so. Some felt that there was a need to build the resilience of young children in early years so as to prepare them for coping with the education system.

It was felt that, to really embed this ACEs/TIP work in the early years' sector, there is a need for strategic change from government. In addition, the leadership and management of organisations needs to buy in to this process and ensure that this training is integrated into existing training. The need for a societal change in attitude was also raised.

The need for greater connection and collaboration was noted. It was felt that there is a need for more continuity through transitions e.g. from early years to preschool to education, as well as ensuring multi-agency working with the right agencies. In addition, there is a need for improved communication between schools and after schools (however, there is a question in relation to the status of their role). Other organisations, such as churches or faith groups and their leaders also have a role to play here.

It was noted that schools and early years settings are also working with children from communities that are impacted by significant social issues – suicide, mental health, trauma and drug use – but that they are issues staff are not equipped to deal with. In addition, it is felt that recovery from decades of trauma will take generations to heal and that it will take time to shift both practice and policy. There is therefore a need to look at the long-term and the need to sustain this work.

Opportunities for implementing ACE/TIP in Early Years' work

Despite all of the challenges mentioned above, delegates at the events felt that there were lots of opportunities for change and the potential for growth is huge. The key point of interventions is to be compassionate in response to ACEs and trauma. This means changing the approach that is taken to children and noticing change.

The need for information to be transmitted in a way that is supportive was noted. This means not being a “know it all” or “fixer” but to empower parents to help themselves and their children. There is therefore a need to be aware of the language that is used and its impact e.g. parents with Post Natal Depression may be hyper sensitive/on high alert. There is a need to find the right way to word concerns e.g. asking “how do you feel?” and avoid listing concerns.

It was felt that the training on ACEs and TIP could be incorporated into existing training and staff training, e.g. Train the Trainer, Solihull Approach, and that there could be ongoing support with quarterly updates for the Training for Trainers. Ultimately, staff in early years' settings can promote the TIP approach by being role models.

Section 5: Conclusion

Levels of knowledge about ACEs are higher than those for TIP among the early years' workforce. The majority of respondents have not had training on ACEs or TIP, however, there is great interest in receiving such training. It was felt by delegates at the events that workforce development via training was just one element of implementing TIP but that there is the potential for existing processes, such as those provided by inspection bodies (Social Services and ETI), to be used to progress this. The need for greater partnership working with parents and collaboration between early years, primary schools and community organisations was also highlighted as children and families are affected by factors external to the early years' settings.

Appendix 1

Organisations represented at the Early Years Stakeholder Events

Abbey Sure Start	Little Buds Playgroup and Big Bud Out of Schools
Arke Sure Start	Naiscoil Na Caille/ Desart Lodge Nursery
Beechmount Sure Start	Outerwest Sure Start
BHSCT	Peatlands Playgroup
BHSCT/ Sure Start	Puddleducks Day Nursery - BCM
Busy Kids Day Care	Self-Employed Childminder
Carryduff Playgroup	Small World Day Nursery
Clan Mor Sure Start	Smile Sure Start
DPS Out of School Club	Teach Mhamo Day Care
Early Years - The Organisation for Young Children	The Ark Day Nursery
East Belfast Sure Start	The Climbing Tree
Edenderry N.S.	The Gael Afterschool's Project
Glenbrook Sure Start	Tiny Tots Preschool, Stewartstown
Holy Trinity Centre	Toddle In
Hollywood Family Trust	Tus Gael Mornington Community Project
Kids @ BT9 - Clear Day Nurseries	Whiterock Children's Centre
Kids and Bibs Day Care	YMCA Nursery
Killyman Community Playgroup	
Laugh n Learn Afterschool	
Lavey Early Years Group	