EITP ACEs & Trauma Informed Practice Project

Adverse Childhood Experiences

Be the Change

Headline Findings from the Systems Change Survey for the Education Sector

June 2019

SBNI

**Safeguarding Board
for Northern Ireland**

ncb

**National Children's
Bureau**

Early Intervention
Transformation Programme

**Northern Ireland
Executive**

www.northernireland.gov.uk

DELIVERING SOCIAL CHANGE

The
A T L A N T I C
Philanthropies

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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 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 the facilitation of stakeholder events for a range of different sectors. One of these was the Education Sector which was held in Antrim on May 25, 2019 and which 25 delegates attended. A list of the organisations represented is shown in Appendix 1

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 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 Headline report is to summarise the collated findings from the Systems Change Survey which was administered at the event and the following discussion.

Profile of Participants

A total of 16 delegates completed the System Change Tool at the event. The following tables summarise the areas of Northern Ireland in which their work is based and the length of time delegates report being in their current role.

Area	%
All of NI	67
BHSCT	0
SEHSCT	0
SHSCT	25
WHSCT	17
NHSCT	25

*some participants chose two or more areas.

Fig 1: Respondents by area in which work is based

Years in current role	%
Less than 1 year	25
1-3 years	31
4-6 years	13
7-10 years	6
11+ years	25

Figure 2: Respondents by years in current role

Systems Change – Responses

The following table shows the proportion of answers for each question and each opinion option. 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	13%	38%	19%	25%	6%	0%	16
2	Staff within my organisation are aware of how to apply learning from the ACES research	31%	38%	19%	13%	0%	0%	16
The following statements are about leadership buy-in and strategic planning								
3	My organisation /department is interested in developing a trauma informed culture	0%	13%	19%	25%	38%	6%	16
4	My organisation/department has the skills and knowledge to become trauma informed	6%	13%	31%	25%	19%	6%	16
5	Written policy is established committing to trauma informed practices	44%	13%	6%	13%	0%	25%	16
6	Understanding the impact of trauma is incorporated into daily decision-making practice in my organisation	19%	25%	31%	6%	6%	13%	16
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)	13%	20%	27%	20%	13%	7%	16

The following statements are about workforce development in terms of a) training and b) staff safety and well-being								
8	Staff at all levels are provided with a variety of training on trauma informed practice to suit their role in the organisation	56%	25%	13%	0%	0%	6%	16
9	Supervision at my organisation includes ways to manage personal and professional stress	44%	13%	19%	19%	6%	0%	16
10	Staff receive supervision from trauma informed supervisor	67%	20%	7%	0%	0%	7%	15
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	25%	25%	17%	8%	8%	17%	12
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)	50%	0%	25%	8%	8%	8%	12
13	A continuum of trauma informed intervention is available for children served by my organisation	25%	25%	17%	8%	8%	17%	12
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	14%	7%	14%	36%	14%	14%	14

15	The organisation has a system in place to develop/sustain common trauma informed goals for children/families with other organisations	31%	8%	23%	15%	8%	15%	13
The following statements are about the physical environment								
16	The physical environment is welcoming for both service users and staff	25%	6%	19%	19%	31%	0%	16
17	There is a 'safe space' in our premises where service users can go to calm down or take a break	27%	13%	20%	20%	20%	0%	15
The following statements are about service user involvement								
18	Families and children are given systematic opportunities to voice needs, concerns and experiences	33%	25%	8%	8%	17%	8%	12
19	A child's definition of emotional safety is included in care/treatment plans at my organisation	54%	8%	8%	23%	0%	8%	13
The following statement is are about monitoring and Review								
20	The organisation has a formal system for reviewing whether staff are using trauma informed practice	60%	13%	0%	7%	0%	20%	15

The findings from these responses suggest the following:

- There is some awareness of ACEs research among the workforce in these organisations but there is slightly less awareness of how to apply the learning from that research.
- There is a high level of interest in developing a trauma informed culture but slightly less knowledge about how to do that.
- There appears to be an absence of written policy committing to trauma informed practices – or people are unaware if such policies exist.
- While 'understanding the impact of trauma' is incorporated into decision making on a daily basis in some organisations, this is not the case for the majority. However, there do seem to be more structures in place to support trauma informed responses to children and families within organisations.
- Workforce development in terms of training, staff safety and well-being appear to be areas in which substantially more work is needed.
- The timeliness of trauma informed assessments being available and accessible to children appears to be an issue for some organisations as do the writing of trauma informed safety plans and the availability of trauma informed interventions.
- There are high levels of communication with other organisations in terms of making trauma informed decisions about children and families. However, almost a third of organisations do not have a system in place to develop or sustain common trauma informed goals for children and families with other organisations.
- In terms of physical space, some organisations are welcoming to both staff and service users, but one-quarter feel that this is not the case. A safe space for service users to take a break is also not available in over a quarter of organisations.
- Service user involvement appears to need significant attention with one-third of organisations not providing systematic opportunities for families and children to voice needs, concerns and experiences and over half not having a child's definition of emotional safety included in care/treatment plans.
- There is no system for monitoring and reviewing whether or not staff are using trauma informed practice in the majority of organisations.

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

Nicola Topping, Education Authority (EA), provided a presentation to delegates setting out EA's role and ongoing work in relation to TIP. The presentation touched on specific interventions and approaches, such as Nurturing Classrooms and Whole School Approaches, work with looked after and refugee children, as well as visioning around attachment-friendly schools and tiered to workforce development at practice. Full presentation is included in Appendix 2.

Delegates then discussed how TIP training and practice might be rolled out and considered implementation drivers as well as barriers/challenges that might inhibit this. Issues such as leadership, competency and administration were highlighted. The following is a summary of that discussion.

Leadership

In terms of leadership, it was acknowledged that there was a need for those at the top level of an organisation to a create culture and ethos of trauma informed practice which filters to all levels and directorates. However, some felt that there is also a need for both top down and bottom up approaches and that staff need to model the behaviour. It was acknowledged that effective champions exist and can be identified at different levels in organisations. However, at an organisational level there is a need to inform those in authority, in order to prepare organisations to support staff in receipt of level 1 and 2 training.

It was felt that there needs to be a shared language in relation to TIP which has a strengths based approach. Delegates were keen to avoid any deficit models and shared some concerns that the language of 'ACEs' might unintentionally be the focus of negative attention rather than positive. In addition there should be a universal approach which would be of benefit for all and result in societal change. To do this it is vital to link with community and voluntary sector.

Competency

In terms of competence and capacity building, it was felt that all staff would benefit from the training. For schools there is a need to embed TIP within the ethos and culture of school. However, to do that there needs to be an understanding of trauma across the school staff. Staff development programmes on TIP could be developed 'in house' by relevant agencies and build on the existing safeguarding or other training. TIP should be part of a new recruit's induction programme as well as the PGCE Programme. Careful selection of practitioners for advanced training is important as there are particular skills associated with this work. Equally, being trauma informed and understanding what those skills are should inform recruitment processes for certain disciplines.

There is a need to look at how staff are treated, at support and supervision and how their wellbeing is protected. Support mechanisms need to be created if they don't exist and there needs to be space to build in reflective time during supervision. It may be that new or different models for supervision need to be explored particularly in those professions such as teaching where supervision is not currently the norm.

Services need to reflect the end user regarding what is needed. Service users' voices must be heard and they must be involved in identifying need.   It was also felt that there is a need for more sharing of practice on a multi-agency basis.

Administration

This discussion focused mainly on issues of data sharing and the need for information to be shared in an appropriate way across the life span of the child or learner. Particular transition points from primary to secondary and form secondary to further education were identified as requiring careful attention if children/young people are not to fall through the gaps or be required to go through disclosures again unnecessarily. Further, education needs to 'speak to' health and justice etc. to ensure that there is a whole child approach to TIP.

Shared language is important in facilitative administrations too so that ways can be found to capture the right data and share learning. There is positive example of this in other EITP projects.

Perceived tensions around child protection training (constraints) and legislation (potential) need to be explored and resolved.

Take Away Points

Competency

1. Consider adoption of social work model for supervision in FE and HE
2. Level 1 for all staff and train the trainer for core teams e.g. CP and Safeguarding
3. Include learning and teaching content on ACE awareness and trauma informed practice as core in induction and through CPD
4. Consider ongoing supervision/support for capacity building after the training
5. Look at curricula to see how this can be embedded
6. Adopt a wider approach with other organisations and agencies outside of 'sector'

Leadership

1. Multi-layered approach is needed, i.e. buy in from highest levels of an organisation but informed throughout by end user, their needs and voices
2. Make TIP a standard item on team agendas
3. Think carefully about who is delivering the message, their approach and impact
4. Use strengths based language
5. Seek buy in from communities and use leadership to build collaboration

Administration

1. Look at what data we do and don't helpfully capture and how this is used
2. Agree uniformity of language and approach
3. Include HR staff in trainings
4. Explore constraints/potential in child protection and other relevant legislation to supporting TIP

Conclusion

There is great interest from organisations within the education sector to implement trauma informed practice and to look at how that can positively influence working culture for staff as well as students. However, there is an acknowledgement that to do this there needs to be investment in training and supervision for staff across all of the tiers of education.

The wellbeing staff is a high priority, so that they can best meet the needs of children and young people in their education settings.

Learning from and working across other sectors is seen as essential – this includes the voluntary and community sectors as well as health, social care, justice etc. – as well as looking at those transition points in the education journey where there might currently be gaps or room for development of improved practice.

It is recognised that a strengths-based TIP approach that is applied universally has the potential to generate societal change.

Appendix 1

Organisations represented at the Education Stakeholder Event

Comhairle na Gaelscolaíochta

Controlled Schools Support Council

Council for Catholic Maintained Schools

Department for the Economy

Department of Education

Division of Educational and Child Psychology

Education Authority

NEU

Northern Regional College

PlayBoard NI

RISE NI - NHSCT

SERC

South West College

Southern Regional College

Stranmillis University College

Education & Training Inspectorate

Tusla/MACE

Ulster Teachers' Union

Ulster University

Appendix 2
Education Authority Presentation on Trauma Informed Practice

Please see next page

Trauma Informed Practice

The Education Authority

Total Population of NI = 1.8m

Number of school age children is 345,000

Number of schools – 1056

EA Employees – 40,000

Largest local education authority in UK

'Our potential reach is wide'

Our Vision: To inspire, support and challenge all our Children and Young People to be the best that they can be

LEARN

Meeting the LEARNING needs of our children and young people

Providing EXCELLENT education support services

Developing ALL OUR PEOPLE to carry out their jobs successfully

Managing our RESOURCES effectively and efficiently

NURTURING LEADERSHIP across the EA to give clear direction in a dynamic and complex environment To provide a high quality education for every child

Impact

- *'Trauma in childhood can lead to reduced educational attainment, mental and physical health problems and difficulties in adult relationships, which in turn are highlighted as key factors in producing negative financial outcomes. Children who have experienced abuse and trauma will perform more poorly at school than their peers. A child living with fear and helplessness from experiences outside school cannot focus or learn to the same standard as other children. Issues at home which may affect a child's learning in school include alcohol or substance misuse, poverty, mental or physical ill-health, and children's caring responsibilities. These additional challenges can make arriving at school well rested, fed, dressed and able to concentrate particularly difficult.'*

Scottish Alliance for Children's Rights, State of Children's Rights in Scotland, November 2016

Four Rs – assumptions underpinning trauma informed practice

- **Realisation – all people at all levels have a basic knowledge about trauma**

- **Recognise – practitioners can recognise the symptoms**

- **Respond – the whole system is aware and responds with that knowledge, its policies, procedure reflect trauma awareness and care**

- **Resist – the re-traumatisation of service users and providers**

Ref: The Substance Abuse and Mental Health Services Administration www.samhsa.gov.uk 2014

What are we doing to support the 4 Rs?

- **Children Looked After Project**
- **VPRS Scheme – Trauma and Refugees**
- **Nurture Classrooms**
- **Whole School Approach to Nurturing**
- **Behaviour Support**
- **ICSS**
- **CIRT**
- **CPSS**
- **Partnership Working (e.g. Family Support Hubs)**

What would make a genuinely supportive attachment friendly school?

- Schools are in a fantastic position to help support children and mitigate some of the effects that ACEs may have by recognising the factors which might affect children, building trusting relationships with them in order to support their learning and development and responding in a psychologically informed manner.

  - Rossen E and Cowan K C. The role of schools in supporting traumatized students. *Principal's Research Review* 2013: 8(6), 1–7.

- Building resilience in children aged 6–17 years has been shown to mitigate the negative impact of adverse childhood experiences.

  - (Bethell C, Newacheck P, Hawes E and Halfon N. Adverse Childhood Experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. Health Affairs 2014, 33, no.12 :2106–2115.

- Nurturing approaches in schools which focus on building strong relationships with children and families has been found to improve social, emotional and educational attainment.

  - (McLean J, Mitchell C and McNeice V. *Striking a balance: asset-based approaches in service settings*. Glasgow; GCPH, 2017).

"I have come to the frightening conclusion that I am the decisive element. It is my personal approach that creates the climate. It is my daily mood that makes the weather. I possess tremendous power to make life miserable or joyous. I can be a tool of torture or an instrument of inspiration, I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis is escalated or de-escalated, and a person is humanized or de-humanized. If we treat people as they are, we make them worse. If we treat people as they ought to be, we help them become what they are capable of becoming."

Haim Ginott

Relationship is critical...

We need to create safe environments and key relationships, one key adult can make all the difference

We now know that significant adults in a child's life can provide important attachments for children and this is not confined to parents or carers.[5] Teachers are key figures in a child's life and can provide very important relationships for children and young people. Positive relationships, such as those between teacher–pupil, can help repair some of the impaired ways of working (such as the expectations and beliefs that a person develops about themselves, others and the relationships that they have[6]).

Schore A. *Affect regulation and the repair of the self*. New York: WW Norton and Co; 2003

Successful programmes that address the impact of trauma are multi-faceted..

- Tier 1   Universal
- Tier 2   Selective
- Tier 3   Targeted

Ref: The Substance Abuse and Mental Health Services Administration www.samhsa.gov.uk *2014*

What are our aspirations?

- Workforce Development (universal and targeted)

- Staff Wellbeing (recognising vicarious trauma, adults own life experience and Blocked care)

- Services that understand and promote trauma informed practice

- Policies & Procedures for the organisation, services and   schools