Adverse Childhood Experiences

Be the Change

EITP ACEs & Trauma Informed Practice Project

Headline Findings from the Training Needs Analysis for the GP Profession

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National Children's Bureau

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DELIVERING SOCIAL CHANGE

The ATLANTIC Philanthropies

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 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/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 6 GPs attended one such event in April 2019.

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

Profile of Participants

A total of 6 GPs completed TNA surveys at the event. As this number is small, actual numbers (as opposed to percentages) are given for those who answered each question. All GPs are front-line practitioners, meeting clients on a daily basis and obviously work in the health sector. Five out of the six have more than 11 years' experience in their current role. The following table summarises the areas in which their work is based:

Area	Number
All of NI	0
BHSCT	4
SEHSCT	3
SHSCT	0
WHSCT	0
NHSCT	2

**some participants chose two or more areas*

Figure 1: Respondents by area in which work is based

Section 1: Awareness and Understanding of ACES and TIP

All six indicated that they had heard of the term ACEs before the workshop.

Four indicated that they had heard of the term Trauma Informed Practice before the workshop while 2 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	1	3	2
b. The types of ACEs that a child may experience	1	2	3
c. Potential short-term and long-term effects of ACEs on children	0	3	3
d. How ACEs may affect brain development	1	5	0
e. How ACEs can affect a child's physical development	0	6	0
f. How ACEs may affect social and emotional skills development	0	5	1
g. Cultural differences in how children and families understand and potentially respond to ACEs	3	3	0
h. ACE triggers/reminders and their impact on a child's behaviour	3	3	0

Figure 2: 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	6	0
b. Knowledgeable about intergenerational cycles of abuse	6	0
c. Familiar with cultural issues that may impact disclosure of parents' ACEs and seeking treatment	4	2
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	6	0
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	5	1

Figure 3: Awareness of parent/caregiver ACEs and their impact

All of the respondents considered ACEs to be important to their current role. Reasons given focused on the relevance to their current role, i.e. seeing the effects of ACEs on adults and children in their surgeries, the need to understand these in order to empower people to be healthy, the need to be cognisant of ACEs for both patients and staff wellbeing and to contribute effectively to multi-disciplinary work in addressing ACEs, as the following quotes demonstrate:

I am a GP working in inner city practice. [I have] frequent consultations with parents who have had multiple ACEs. High disease burden in demographic.

[ACEs] affect people's behaviour, impacts mental health, implications for safeguarding.

[They are important] in identifying triggers for ill health presentation and impact on management and treatment/compliance/personalising care/resilience for my patients but also my staff.

[They are] significant in daily practice - management consultations rate health issues and drug/alcohol issues and their subsequent fall onto families.

Every day in GP I see the effects of ACEs both directly with adults and children, and indirectly in the illnesses people suffer - mental health, IBS, fibromyalgia, inflammatory diseases.

We increasingly work in an arena of multidisciplinary teams and need to be fully aware of ACE development across teams. We need to be confident in our understanding and ability in ACEs and TIC.

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	4	2	0
b. What is trauma informed practice	4	1	1
c. Impact of trauma on individual's physiological, neurological development and their social and emotional development	3	1	2
d. How to recognise trauma	1	4	1
e. How to respond in a trauma informed way	4	1	1
f. How to avoid re-traumatising service users	3	2	1
g. How to develop a trauma informed culture	4	1	1

Figure 4: Knowledge and understanding of TIP and its impact

All of the respondents considered knowledge of TIP to be important to their current role. Reasons for this were the relevance for their current work, i.e. meeting patients affected by trauma (such as domestic abuse and the legacy of the Troubles) on a daily basis, in order to more effectively meet need, service improvement and to promote TIP within the practice, as the following quotes demonstrate:

Patient Demographic, legacy of troubles, domestic violence

Could improve my interactions with patients. Could facilitate recognition and management of families in difficulty.

I meet trauma affected patients daily.

[It is] probably (relevant) but I am not aware of how to implement in practice.

For both adults and parents of children, there are so few appropriate services to help lasting change

[I] have a leadership role that can help promote TIP. Better understanding and management of my children and adult parents.

Training Received

Half (3) of the respondents indicated that they had not received training in relation to ACEs and/or TIP in their current organisation, while the other half had received such training.

This training tended to be on safeguarding, ACEs and/or training from the Federation or at a conference on the topic for very short periods of time (e.g. 30-60 minutes) or as a one-off event.

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 (Number)	
How service providers' activities can trigger a parent's own ACEs history and affect a parent's response to staff and engagement with services	6
Intergenerational cycles of abuse	6
The 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	6
Cultural issues that may impact disclosure of parent ACEs and seeking treatment	6
How ACEs affect the brain and body	6
The prevalence of childhood ACEs	5
Cultural differences in how children and families understand and respond to ACEs	5
The externalising symptoms of ACEs (e.g. aggression, rule-breaking etc.) and the internalising symptoms (e.g. depression, anxiety etc.) of trauma	5
Short-term and long-term effects of ACEs on children	5
Birth parents' ACEs history	5
How ACEs affect a child's development and impact a child differently depending on his/her development stage (e.g. infants, pre-schoolers, latency-aged children [i.e. from 5 years to puberty] and adolescents)	5
ACEs triggers/reminders and their impact on a child's behaviour	5
The types of ACEs that a child may experience	4

Figure 5: Aspects of ACEs in which training would be welcome

The following table summarises interest in receiving training on different aspects of TIP:

Aspects of trauma informed practice in which training would be welcomed (number)	
How to respond in a trauma informed way	5
How systems can become more trauma sensitive	5
How to avoid re-traumatising service users	5
How to develop a trauma informed culture in my workplace	5
How to become a more trauma informed practitioner	5
How to create a trauma informed organisation	5
How to recognise trauma	4
The impact of trauma on individual's physiological, neurological development and their social and emotional development	4

Figure 6: Aspects of TIP in which training would be welcomed

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

At the event, delegates also noted other challenges that need to be addressed in order to truly embed trauma informed practice within the primary care sector. These issues include the lack of training and the need to ensure that all staff within a practice (not just the GPs themselves) need training in these areas, as the following quotes demonstrate:

[There is] no current structured training

No-one is taking responsibility for safeguarding training

GPs need training for GPs – partners, sessional and locum [staff] and also ancillary staff – administration staff, nurses and pharmacists.

It was suggested that connections should be made with the following representatives:

- Practice Based Learning lead
- NIMDTA
- Integrated Care Partnerships chairs
- NIMDTA GP Safeguarding trainer
- Health and Social Care Board
- British Medical Association Chair

Suggested awareness raising opportunities

- Via the Practice Based Learning (PBL) organised by the GP Federation
- Training for practice staff
- e-Learning – GP appraisers might promote this at annual appraisals
- ECHO sessions
- TIP/ACEs practical implications and brief interventions for the surgery, suggested that this might be received better if delivered by a fellow GP
- Try a couple of training sessions to include ACEs/TIP but likely to increase interest if these include safeguarding information as there is a big gap in the system in relation to accessing safeguarding at present
- Incorporating into current safeguarding already delivered by NIMDTA
- GPs would need a certificate of attendance for their CPD

Challenges to implementation

- There is currently no structure to deliver training for GPs
- Safeguarding is not currently compulsory
- It is difficult to get locum cover to attend training
- PBL sessions are difficult to access and many competing practice/clinical related issues. Often demand for PHA/HSC trusts is not facilitated
- Many staff are unable to attend PBL owing to pressure from workload
- Many GPs feel they already practice in a TIP way, may feel they don't need this awareness – 'It's their bread and butter' – 'It's their business'
- May be challenges accessing HSC e-learning platform although all GPs now have HSCNI email addresses. This is not the case for practice staff.

Conclusion

Levels of awareness of ACEs is slightly higher than those of TIP among GPs. However, there is great interest in learning more about both of these areas as the GPs see how ACEs impact on their adult and child patients and their health. The GPs are interested in providing more effective and responsive services and can see the potential of using ACE awareness and TIP to benefit their staff as well as their patients.