Trauma Informed Practice:

An Insight Report into the Training Needs of the Workforce in Northern Ireland

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Section 1: Introduction

Origins of the EITP Trauma Informed Practice Project

In 2017, the Department for Health in Northern Ireland announced that £1.5 million would be invested through the cross departmental Early Intervention Transformation Programme (EITP) to build professional workforce capacity to understand how adverse childhood experiences (ACEs) can affect child development and to build on the skills of staff working with individuals who have been affected by childhood adversity through a trauma informed approach.

On 2 April 2018, the Safeguarding Board for Northern Ireland (SBNI) formally launched the EITP Trauma Informed Practice Project, NI ACE Animation and training resources with over 180 representatives from across health, social care, justice, education, housing, the community and voluntary sector and with government officials. The Safeguarding Board for Northern Ireland is now working with its twenty seven member agencies and more to build a trauma informed workforce across Northern Ireland.

In 2018, the SBNI contracted the National Children's Bureau (NCB) to provide project enablement services for the EITP TIP initiative. This involved a series of activities, including conducting a Training Needs Analysis (TNA) which would help determine the current levels of knowledge and expertise about Adverse Childhood Experiences (ACEs) and trauma informed practice in Northern Ireland.

Aims of the EITP Trauma Informed Practice Project

The EITP Trauma Informed Practice Project has been working primarily across five sectors to build capacity across the workforce in:

- Justice
- Education
- Health
- Social Care and
- The Community and Voluntary Sector

The intended outcomes for beneficiaries in these sectors are that they:

- Have an awareness of the adverse childhood experiences which cause trauma in a child's life
- Are aware of the impact of these adversities on the development of a child
- Are able to identify what creates resilience to cope with adversity
- Are able to develop policies and practice, to embed trauma informed practice in their work.

This investment in workforce development is an intentional focus on increasing capacity and openness to system change. The EITP TIP Project seeks to contribute to creating a system in which:

- The workforce recognises and responds to the impact of childhood adversity on children, caregivers and service providers
- Trauma awareness, knowledge and skills are an integral part of organisational cultures, practices and policies
- Effective practice is used to maximise the physical and psychological safety of the child, facilitate recovery of the child and family and support their ability to thrive
- Children and families impacted by and vulnerable to trauma are more resilient and better able to cope.

Purpose of this Report

The purpose of this report is:

- To present data collected from the Training Needs Analysis surveys
- To provide an analysis which gives insight into individuals' level of knowledge of ACEs and Trauma Informed Practice and
- To suggest ways to further develop the expertise of the workforce and to deliver on the aims of the EITP TIP Project.

The remainder of this report details the following:

- The methodology used

- The findings emanating from the survey which have been separated into different sections on
    - Profile of the respondents
    - Awareness and knowledge of ACEs
    - Awareness and knowledge of TIP
    - Training and Workforce Development: Embedding ACEs and TIP

- The key findings from the TNA survey, conclusions that can be drawn from the findings and potential ways forward for work in this area

Section 2: Methodology

This section outlines the design of the Training Needs Analysis survey and how it was administered at face to face stakeholder events and online.

Survey Design

The TNA survey was informed by a literature search which included the Evidence Review of Trauma Informed Practice in Northern Ireland that was completed by Queen's University Belfast in 2018 through the EITP Trauma Informed Practice Project and by discussions with SBNI.

The most recent evidence review of Trauma Informed Care internationally from Queen's University, Belfast[1], commissioned by the SBNI on behalf of the EITP Trauma Informed Practice Project, identifies the following key components for consideration of cross system trauma informed practice implementation:

Workforce Development which includes

- ✓ training and
- ✓ staff safety and well-being

Trauma Focused Services which includes

- ✓ screening and assessment and
- ✓ evidence based treatment

Organisational Change which includes

- ✓ leadership buy-in and strategic planning;
- ✓ collaboration;
- ✓ the physical environment;

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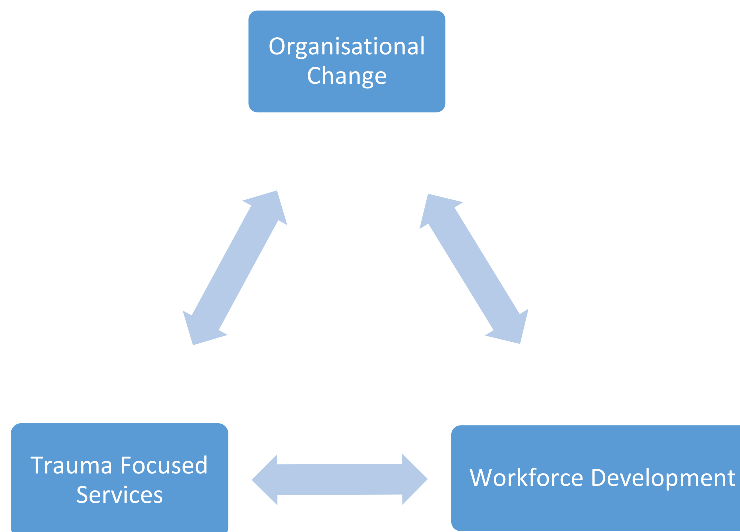
[1] Bunting et al, 2018, Evidence Review - Developing Trauma Informed Practice in Northern Ireland, SBNI, Belfast.

✓ service user involvement and
✓ monitoring and review.

These three components are integrated and compensatory as the diagram below shows.



This element of the EITP TIP project was focused on workforce development.

The survey attempted to ascertain the following:

- Levels of existing knowledge of ACEs and TIP
- Existing knowledge of parental/caregiver experience of ACEs, the impact of those on their ability to parent and engage with services
- Training already received regarding ACEs and TIP and the nature of that training
- Interest in future training in various aspects of ACEs and TIP

Administration of the survey

Between April and the end of June 2019, National Children's Bureau (NCB) conducted a Training Needs Analysis (TNA) with delegates at EITP TIP Project stakeholder events across Northern Ireland and via online survey.

A total of 15 stakeholder events were completed with 416 delegates from organisations across Northern Ireland, including the following:

- Health and social care practitioners
- Health and social care learning and development organisations
- Early Years organisations
- Family Support Hubs
- NIHE
- Community and voluntary sector organisations

The following table summarises the numbers which attended each stakeholder event by sector:

Sector	**Numbers attended**
Health & Social Care Sector	159
Learning & Development Leads from organisations	29
NIHE	14
Early Years Sector	51
Community & Voluntary Sector	129
Family Support Hubs	34
Total	**416**

Figure 1: Number of delegates at stakeholder events

These stakeholder events were targeted at key disciplines and job roles across the sectors and they generated a total of 392[2] completed surveys. The online survey, which was open for approximately one month and open to anyone to complete, generated a total of 220 by

[2] Not all of those who attended stakeholder events completed a survey

the closing date at the end of June 2019. This resulted in 612[3] questionnaires being completed. The survey and reported findings therefore provide an insight into the training needs of these individuals and is, therefore, illustrative rather than representational in nature. It provides a baseline from which further training and development activity can be planned for those within similar roles, disciplines and organisations.

The data from the survey was analysed using Excel. Top line data tables were produced for each question showing the overall findings with tables/charts produced for each question and this report, therefore, presents a top line analysis of the data.

Appendix 1 contains a copy of the survey.

[3] While the total number of surveys completed was 612, some respondents did not answer all the questions on the survey. All percentages are therefore based on the number of answers to individual questions.

Section 3: Profile of the Respondents

This section presents the findings from the survey by sector, geographical location (i.e. Health and Social Care Trust Area), role and years in current role. The Health and Social Care sectors have been merged together as representatives primarily work within HSC Trusts, the Public Health Agency or the Health and Social Care Board. While some participants may naturally fall into either health care or social care in their daily roles, others may find that their work spans both types of care.

All percentages are given for those who answered each question.

The following tables summarise the profile of the participants by sector, geographical location (i.e. Health and Social Care Trust Area), role and years in current role.

Sector	%	N=
Education	7	38
Community & Voluntary	34	184
Health & Social Care	54	286
Housing	3	14
Other	2	12
Total	**100**	**534**

'Other' refers to civil servants, local council employees

Figure 2: Respondents by sector

Area	%	N=
All of NI	10	65
BHSCT	17	110
SEHSCT	11	73
SHSCT	17	107
WHSCT	16	103
NHSCT	16	103
No option selected	12	78
Total	**100**	**639**

some participants chose two or more areas. Percentages are based on number of responses rather than number of respondents and do not add up to 100% due to rounding.

Figure 3: Respondents by area in which work is based

Role	%	N=
Front-line practitioner	59	313
Service manager	27	146
Administration/support staff	2	12
Volunteer	1	7
Other	10	53
Total	**100**	**531**

Those in the 'Other' category included those involved in training/educating health and social care staff; CEOs, commissioners of services, those involved in strategic roles, such as influencing and governance. Totals may not add up to 100% due to rounding.

Figure 4: Respondents by role

Length of time	%	N=
Less than 1 year	14	75
1-3 years	21	112
4-6 years	14	73
7-10 years	14	74
11+ years	37	199
Total	**100**	**533**

Totals may not add up to 100% due to rounding.

Figure 5: Respondents by years in current post

As can be seen from these tables, the majority of respondents were front-line practitioners, though service managers, support staff and volunteers are also represented. The respondents have a wide variety of experience, ranging from those recently into post to those with over a decade's experience in their current posts. Aside from those who have more than 11 years' experience and the almost one-fifth with 1-3 years' experience, respondents are equally distributed throughout each of the other categories.

Allowing that some respondents did not answer the question about geographical location of their work and that there are fewer respondents based in the South Eastern Health and Social Care Trust area, there is a relatively equal distribution of respondents from all the other Trust areas.

Section 4: Awareness and Understanding of Adverse Childhood Experiences (ACES)

This section outlines the findings of the TNA in relation to awareness levels and understanding of ACEs and their impacts. It explores levels of awareness of parent/adult ACE history, its impact on parenting and engagement with services. It also examines whether respondents considered awareness and understanding of ACEs to be important in their current role and the reasons for this.

Levels of Awareness and Understanding of ACES

Survey respondents were asked if they had heard of the term ACEs before completing the survey. The majority (86%) indicated that they had previously heard of the term ACEs, while 14% had not heard of the term, as the following chart illustrates.

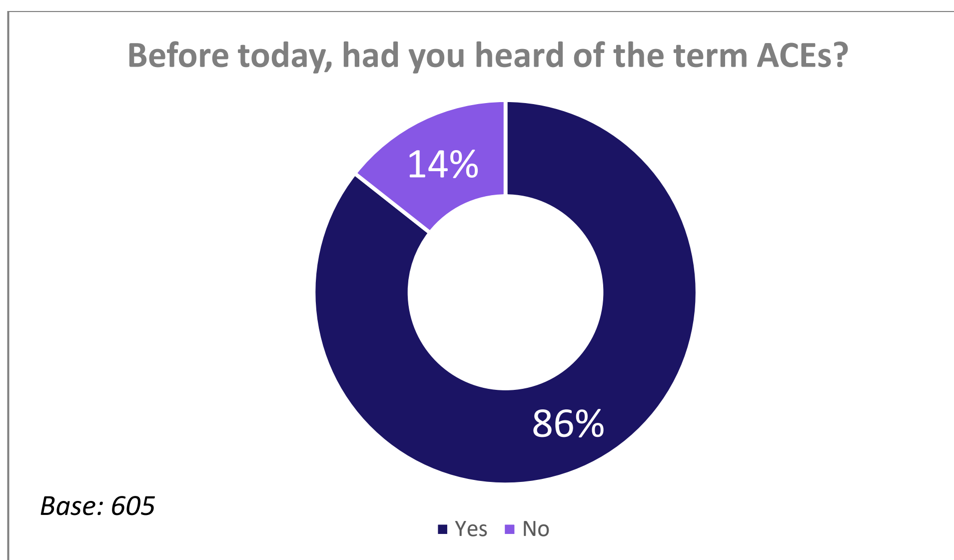


Figure 6: Responses indicating awareness of the term ACEs prior to the start of the SBNI initiative.

Respondents were asked about different aspects of ACEs and their levels of knowledge of each. The following table summarises levels of knowledge by aspect in relation to ACEs:

Extent of knowledge and understanding of the following:	Nothing	A little	A lot	Total
a. The prevalence of ACEs	18%	60%	22%	100%
b. The types of ACEs that a child may experience	7%	57%	36%	100%
c. Short-term and long-term effects of ACEs on children	9%	59%	31%	100%
d. How ACEs affect brain development	22%	52%	26%	100%
e. How ACEs affects a child's physical development	23%	54%	23%	100%
f. How ACEs affects social and emotional skills development	9%	59%	32%	100%
g. Cultural differences in how children and families understand ACEs	37%	51%	12%	100%
h. ACE triggers/reminders and their impact on a child's behaviour	22%	57%	22%	100%

Totals may not add up to 100% due to rounding.

Figure 7: Levels of knowledge by aspect in relation to ACEs

As the table above shows there are varying levels of awareness about some aspects of ACEs. For example, over one-third indicated that they knew ‘a lot’ about the types of ACEs that a child might experience, but well over a half (57%) indicated that they only knew ‘a little’ about this. Less than a third indicated that they knew ‘a lot’ about the effects of ACEs on social and emotional skills (32%) and the short and long-term effects of ACEs on children (31%), while less than three-fifths (59%) indicated that they knew ‘a little’ about each of these aspects.

Further examination of the table shows that significant proportions of respondents indicated that their knowledge could be improved in that less than a quarter indicated that they knew ‘a lot’. These aspects include the following: cultural differences in how ACEs are understood (12%); prevalence of ACEs (22%); how ACEs affect physical development (23%). The figures also reveal over one-fifth did not know anything about several aspects including: cultural differences in how ACEs are understood (37%); how ACEs affect physical development (23%); how ACEs affects brain development (22%) and ACE triggers/reminders and their impact on a child's behaviour (22%).

Understanding of parent/adult ACE history and its impact on parenting and response to services

Survey respondents were asked about being aware of parent/adult ACE history and its potential impact on the ability to parent and interaction with services/service providers.

The following table summarises levels of awareness of parent/caregiver ACEs and their impact:

Awareness of parent/caregiver ACEs and their impact	**Yes %**	**Number of Respondents to the question**
I am		
a. Aware that many birth parents can have an ACE history	92	589
b. Knowledgeable about intergenerational cycles of abuse	78	588
c. Familiar with cultural issues that may impact disclosure of parents' ACEs and seeking treatment	58	590
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	86	594
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	69	588

Figure 9: Awareness of parent/caregiver ACEs and their impact

The following chart illustrates these findings:

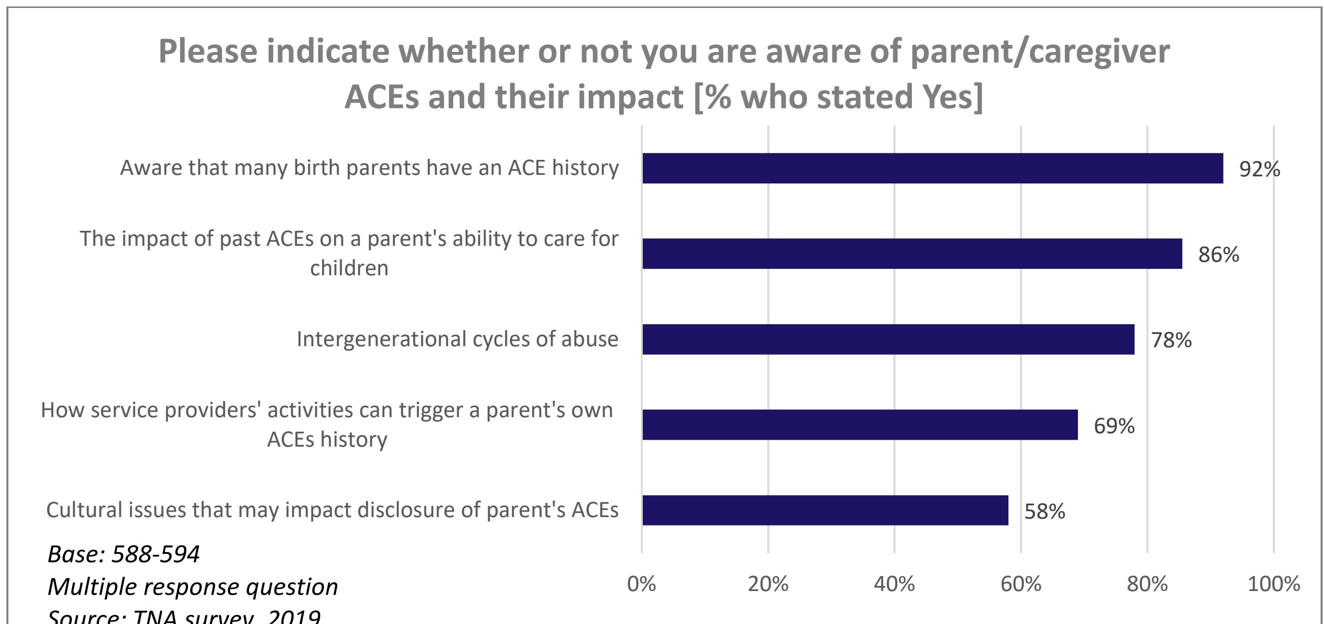


Figure 10: Awareness of parent/caregiver ACEs history and its impact

As the table and chart above indicate there were very high levels of awareness among respondents about some aspects of parent/caregiver ACEs history and the impact of those experiences. Almost all (92%) of the respondents indicated that they were aware that many birth parents have an ACE history. A high proportion (86%) also indicated that they were aware that this history may impact on a parent's ability to care for their children. Over three quarters (78%) were aware of the impact of intergenerational cycles of abuse on children and young people and over two-thirds (69%) were aware that service providers' activities may trigger a parent's own ACE history. There was less awareness among respondents about the cultural issues that may impact disclosure of a parent's ACE history with over two-fifths (42%) indicating that they were not aware of this.

Participants were asked if they considered ACEs to be important in their current role. The vast majority (91%) stated that they considered

ACEs to be important in their current role while 1% felt they were not and 8% were unsure, as the following chart shows:

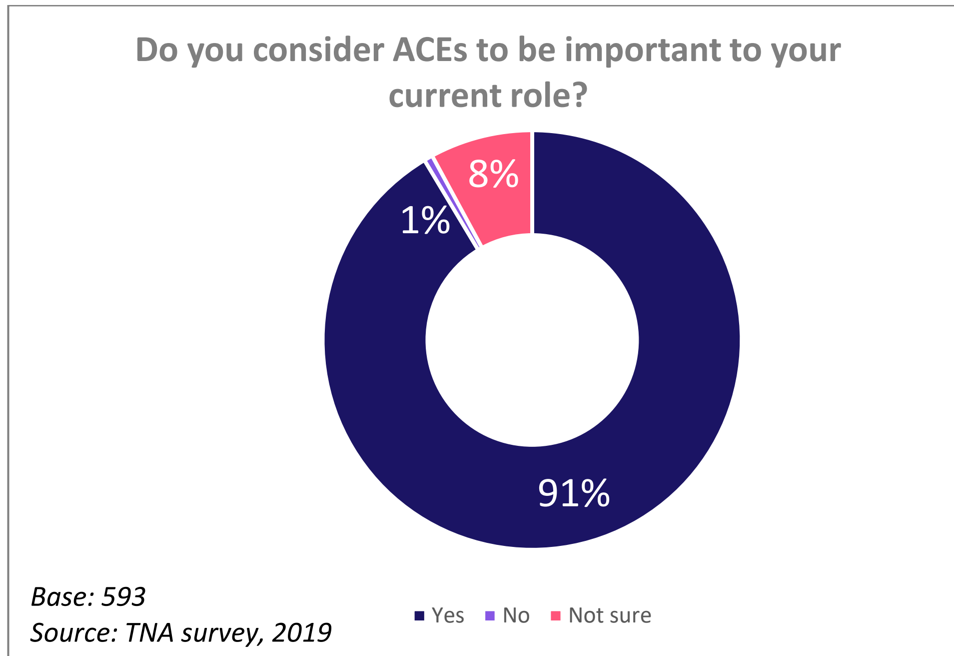


Figure 11: The importance of ACEs in respondents' current role

Those who indicated that ACEs were important in their current role tended to do so for a variety of reasons, including the following:

- ***Relevance to the respondents' current post:***

"As a midwife, the impact of ACES can influence a woman's birth experience as she is in an extremely vulnerable and intimate position, trust can be a huge issue. PTSD can impact pre- and postnatally. Additionally, parenting, bonding and ability to provide care can be a concern".

"I work with adults who have mental health difficulties which often stem from adverse childhood traumas".

“I have been a health visitor for over 30 years and have seen the impact on families if interventions are not instigated to stop the cycles of abuse”.

“Because I care for young children and babies”.

“ACEs impact our pupils’ and families’ lives on a daily basis and this can negatively affect mental health, wellbeing and access to learning. “

- ***To enhance the skills of staff teams/practitioners:***

“I am currently responsible for the delivery of functional training for frontline staff in (this housing organisation). Staff need to be knowledgeable and aware of ACEs as they deal with extremely vulnerable customers on a daily basis.”

“…it is fundamental that ACEs forms a part of training for all professional groupings. My role is to ensure that ACEs and TIP is disseminated to staff in order to upskill them in this area.”

“As a social work training provider, it is crucial that I have ACE knowledge. Also important when…providing supervision to…students.”

- ***To support staff and/or volunteer teams:***

“In my role as a manager…, it is vital I am aware of ACES and the impact it has… on staff supporting the families.”

“Supporting practitioners in childcare settings who have direct lines with children and families. Support with policies and procedures linked with feelings, emotions and behaviours.”

“As a manager I am aware that my team of staff may themselves be affected by ACEs and this can impact their practice.”

“I have only recently learned about ACEs…I am very keen to learn more and pass this knowledge on to staff and volunteers.”

- ***To provide more effective services:***

“… improved delivery of frontline…services, improved outcomes, shared outcomes.”

“If we can recognise [ACEs] and [provide] support we will be able to help our pupils and families to live happier lives.”

“[I] feel that there is a lack of understanding and sometimes forgiveness in the education and health systems for struggling families and children. At times, we are too rigid and inaccessible…I believe services should fit around the child and the family in order to better achieve health and education outcomes.”

Many of those who felt that ACEs were not important in their current role did not provide a reason for their response. However, some did feel that it was not relevant to their current role, due mainly that they did not work with children and/or families:

“I think ACEs may be more appropriate to a child and family programme of care than Primary Care and Older People. “

Those who indicated that they were not sure about the importance of ACEs in their current role reported the following reasons:

- ***Lack of knowledge about ACEs and trauma***:

“I require more information to understand the impact.”

“[I have] only recently heard about ACEs”.

- ***The respondent did not work with children or families***:

“I do not directly work with children or families.”

“[I am] working in the discharge hub with elderly patients….”

“I work as a physio in a rehab ward with older people and have no direct involvement in working with people in these situations….”

- ***Lack of certainty about the root cause(s) of their clients' issues:***

“I work with clients who can present with a range of complex needs including mental health/drug/alcohol issues. These may be a result of their own early childhood experiences or a result of [something else]”...

- ***Being new into post or a profession and therefore, still uncertain about how their current role relates to ACEs:***

“I am quite new to mental health nursing and I don't know what my future holds in terms of child mental health…”

“[I am] new into role in (my organisation).”

Section 5: Awareness and Understanding of Trauma Informed Practice

This section outlines the findings of the TNA in relation to awareness levels and understanding of Trauma Informed Practice (TIP) and its various aspects. It also explores whether respondents considered awareness and understanding of TIP to be important in their current role and the reasons for this.

Levels of knowledge of Trauma Informed Practice and its impact

Survey respondents were asked about their levels of knowledge of trauma informed practice and its impact.

Prior to completing the survey two-thirds (66%) of participants stated that they had heard of the term Trauma Informed Practice (TIP), while one-third (33%) had not, which the following chart illustrates.

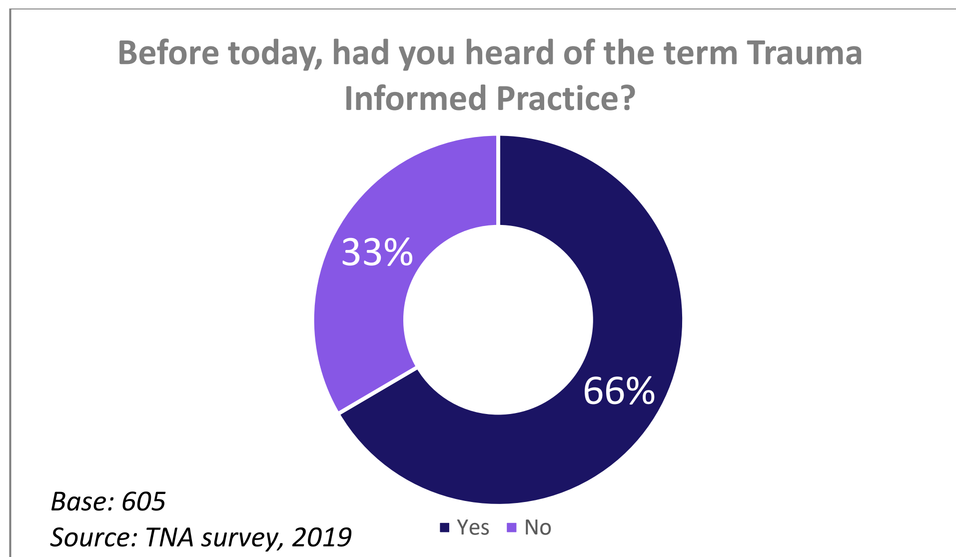


Figure 12: Responses indicating awareness of the term Trauma Informed Practice prior to the start of the SBNI initiative.

Respondents were asked about different aspects of TIP and their levels of knowledge of each. The following table summarises levels of knowledge by aspect in relation to TIP:

Extent of knowledge and understanding of the following:	Nothing	A little	A lot	Total
a. What constitutes a trauma informed organisation	48%	44%	8%	100%
b. Trauma informed practice	35%	52%	13%	100%
c. Impact of trauma on individual's development	16%	61%	23%	100%
d. Recognising trauma	23%	57%	19%	100%
e. Responding in a trauma informed way	41%	44%	15%	100%
f. How to avoid re-traumatising service users	46%	41%	13%	100%
g. Developing a trauma informed culture	53%	39%	8%	100%

Totals may not add up to 100% due to rounding.

Figure 13: Knowledge and understanding of TIP and its impact

As the table above shows there are varying levels of awareness about some aspects of TIP and its impact. For example while almost a quarter (23%) indicated that they knew ‘a lot’ about the impact of trauma on an individual’s development, 61% indicated that they only knew ‘a little’; less than one-fifth (19%) knew ‘a lot’ about recognising trauma, though 57% felt they knew ‘a little’ and while over half (52%)

indicated that they knew ‘a little’ about trauma informed practice, only 13% stated that they knew ‘a lot’ about it.

Overall, less than a quarter of respondents indicated that they knew ‘a lot’ about any of the aspects of TIP and its impact. For two aspects the proportion of those who knew ‘a lot’ was less than 10%: developing a trauma informed culture (8%) and what constitutes a trauma informed organisation (8%). Over half of respondents (53%) indicated that they ‘did not know anything’ about developing a trauma informed culture and more than two-fifths indicated that they ‘did not know anything’ about aspects such as what constitutes a trauma informed organisation (48%); how to avoid re-traumatising service users (46%) and responding in a trauma informed way (41%) while over a third reported ‘not knowing anything’ about trauma informed practice itself (35%).

Participants were asked if they considered knowledge of TIP to be important in their current role. The majority (88%) of respondents felt that knowledge of TIP was important in their current role, while 1% stated that it was not and 11% were unsure, which the following chart illustrates:

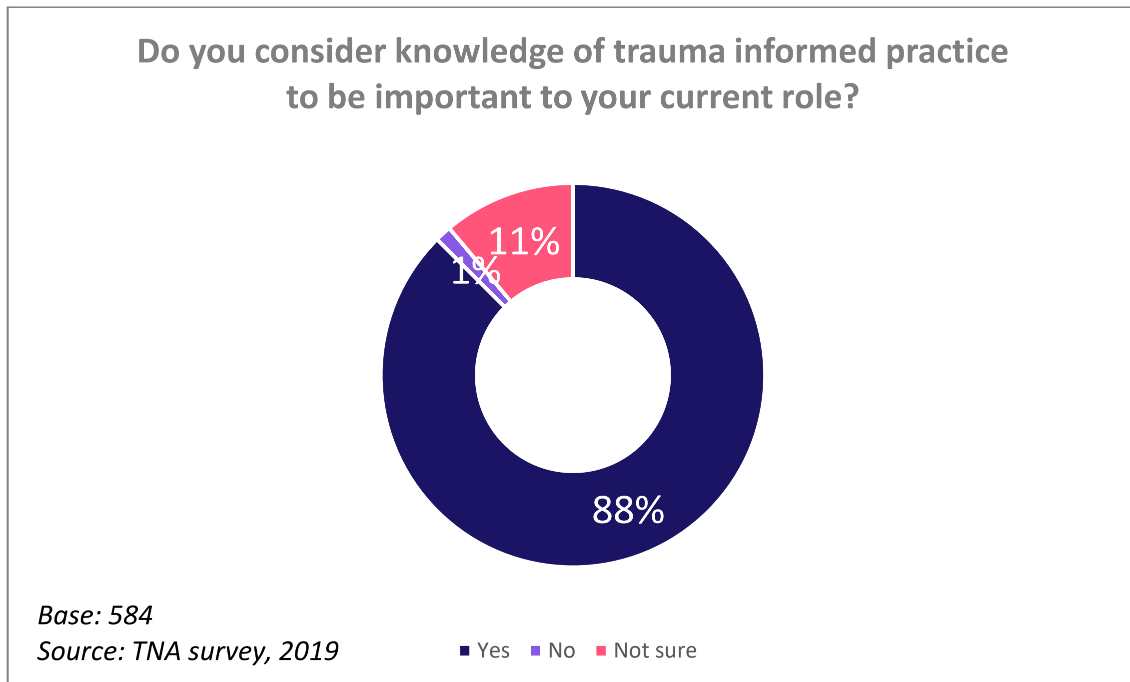


Figure 15: The importance of knowledge of TIP in respondents' current role

Those who indicated that knowledge of TIP was important in their current role tended to do so for a variety of reasons which included the following:

- ***Relevance to respondents' current role:***

"I work with many issues of intergenerational trauma and neglect and struggle with lack of support services for families."

"We work with children and young people and parents who have been impacted by trauma".

"[I am] delivering services to a range of paediatric settings."

- ***To enhance existing service delivery so that services better meet people's needs***:

"I want to help the service users as best as I can."

"Having an understanding of trauma, and (the) impact it can have on one's life ensures a more empathic and compassionate approach when working with all individuals."

"Understanding the trauma enables us to help the service users get the correct interventions and talking therapies that may be needed."

"…if service users have been impacted by trauma then this impacts on their ability to respond to support offered. This in important in my work as I am part of a multiagency team and support is offered based on viewing the family holistically. It also helps me to understand why families may respond in different ways and then plan support accordingly…"

"Formalising, developing and enhancing our current practices to make trauma informed and responsive practices systemic in [this organisation] is essential to ensuring we move our service forward."

- ***To prevent re-traumatising service users:***

"To try to recognise trauma and avoid re-traumatising service users."

"The prevention of re-traumatization through lack of awareness is a discredit to our services and our motivation to support/ assist/ help people… It is essential to be trauma aware."

- ***For practitioners to feel more skilled in their work:***

"It would be useful to know what to do."

"I have had clients whose parent had trauma as a child herself.... [I was] informed through Social Services but not given any training regarding my role with her as a parent."

"I would like to have more skills in working with my client group and their families who may have or are still experiencing trauma."

"…I would appreciate more training on how to avoid exacerbating /triggering service users".

- ***To change organisational culture:***

"It is crucial that we as practitioners develop a trauma informed culture and work collaboratively towards a unified trauma informed way."

"…my role involves supporting my organization to be trauma informed."

"I want this to be embedded in my organisation so that all staff are informed and supported…"

"…my support is directed to the social work teams and carers: knowledge of trauma is key to ensuring trauma informed practice in schools can be advocated for."

- ***To build the expertise of the workforce across a range of sectors:***

"My childcare students may potentially be working with children who have experienced trauma…"

"Creating an informed and competent workforce."

“For incorporating into training for MDMA group and in my role as a practice teacher.”

- ***To support students, staff and/or volunteers who may have experienced trauma themselves:***

“…my students may also have experienced trauma and need support.”

“Staff in residential (settings) in particular absorb and carry vicarious trauma.”

“It is also important for staff themselves to be supported if they have been impacted by trauma too.”

“…so that (staff) can recognise the impact of their own ACEs on practice and get support for these.”

- ***So that senior members of staff can effectively support their teams and the direction of their work:***

“(As a) senior manager (I) influence strategy and policy/practice direction in children's services.”

“I would like my team to know more so they could use this knowledge when engaging with…families.”

“(I) manage teams delivering face to face work with families on challenging emotional issues.”

Those who felt that knowledge of TIP was not important in their current role cited their lack of knowledge about the term Trauma Informed Practice and/or trauma itself and its impact. They felt that, therefore, they could not give an opinion about its importance:

"[I] know little about trauma."

"I am not familiar with this (term)."

Those who were unsure about the importance of TIP in their current role tended to cite the following reasons:

- ***Needing to know more about it before a judgement as to its importance can be made:***

"I am assuming that it will be important but I need to learn more about it first."

"(I am) not sure of the different between ACEs and TIP."

"Not enough information or understanding of what it is."

"(This is a) new term to my profession."

- ***The need for knowledge to be backed up with adequate resources:***

"Knowledge without tools and resources limits what can be done and how people can be helped."

"…with little funding, women don't have access to services in NI for mental health. Particularly in maternity, for women to disclose ACEs can result in more scrutiny of the issues raised and this can result in fear of what people will think, what social services will think."

- ***The respondent was new into their role or their current role was due to change in the near future:***

"(I am) new into role …[I am] building a knowledge base for myself to understand the work I will be doing in my new role".

"Currently no, however my role may change soon as I'm applying to study CBT and Trauma specialised Masters".

- ***The current role is casual, part-time or has a limited level of responsibility***:

"…if families are already known to social services, as bank staff I'm less likely to be involved."

"Not directly or of high importance and it's not 'assigned' to my roles and responsibilities…"

- ***The service does not routinely meet children, young people or families***:

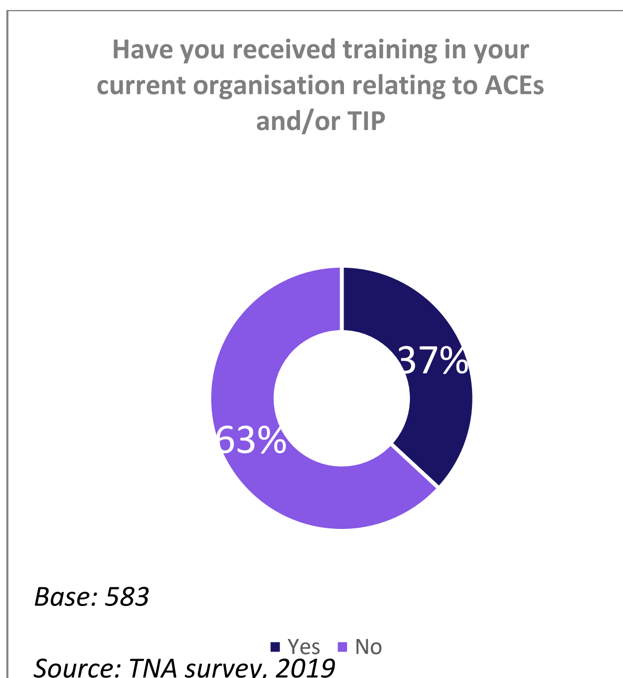
"(This is) not a front-line service."

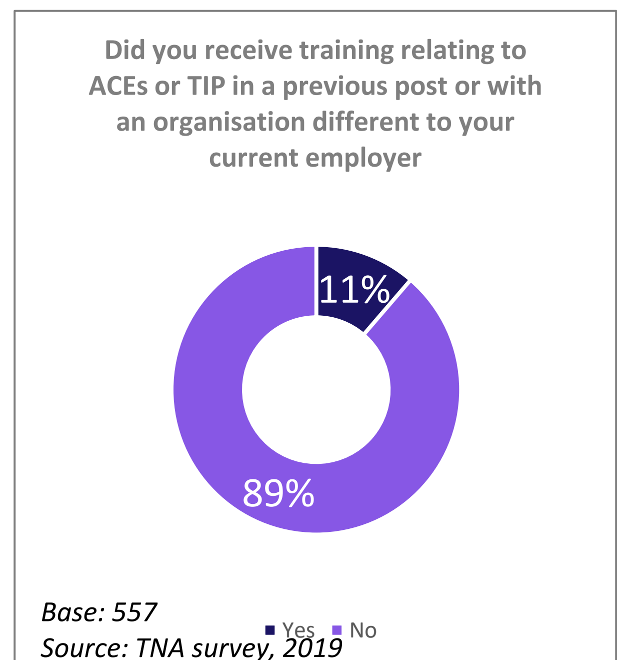
Section 6: Training and Workforce Development: Embedding ACES and TIP

Respondents were asked if they had received training on ACEs and/or TIP in their current or previous roles, what the nature of this training was in terms of duration and whether or not it was accredited. Although not asked about the source of the training, some respondents volunteered this information.

Training received

The majority of respondents indicated that they had not received training on ACEs and/or TIP in either their current role (63%) or in previous roles (89%), as the charts below illustrate:





Figures 16 and 17: Training relating to ACEs and TIP received in current and previous roles

Those who had received training indicated that such training varied in terms of its nature, the duration of it and whether it was accredited or not. For example, some respondents stated that they had attended awareness-raising sessions on ACEs, Trauma, Safeguarding or Signs of Safety or had seen a video on resilience. Others had participated in workshops or had attended conferences on either ACEs or Trauma (or both). A minority had completed formal qualifications in areas such as psychology or counselling or had participated in training in evidence-based programmes such as the Solihull Approach, Five to Thrive or the Family Nurse Partnership, part of which covered ACEs/trauma and which were much more in-depth.

In terms of duration, much of the training lasted a matter of hours (less than half a day) but for those who completed formal qualifications, the duration was a year or more.

The vast majority of the training received was not accredited. For those who did receive accredited training, the accreditation ranged from basic or Level 1 through to Masters, Degree or Diploma level (as part of a qualification in psychology for example).

While the survey did not ask for the source of such training, some respondents volunteered this information. Sources varied from individuals such as Dr Karen Treisman, Christiane Anderson or Dr Suzanne Zeedyk, statutory bodies such as the Health and Social Care Trusts or SBNI, voluntary sector organisations such as Cruse Bereavement Care, The Wave Centre, Zest for Life, PIPS, ASCERT or CiNI and higher education institutions such as QUB and Ulster University.

Future Training Needs

Respondents were asked about future training needs in relation to both ACEs and TIP and were required to identify specific aspects of each that they would welcome.

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
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
Cultural issues that may impact disclosure of parent ACEs and seeking treatment	86
Intergenerational cycles of abuse	85
Parents' ACEs history	84
ACEs triggers/reminders and their impact on a child's behaviour	82
Cultural differences in how children and families understand and respond to ACEs	81
How ACEs may affect brain development	81
How ACEs may affect social and emotional skills development	81
How ACEs can affect a child's physical development	80
Potential short-term and long-term effects of ACEs on children	77
The types of ACEs that a child may experience	76
The prevalence of childhood ACEs	73

Figure 18: Aspects of ACEs in which training would be welcomed

These findings are illustrated by the chart below:

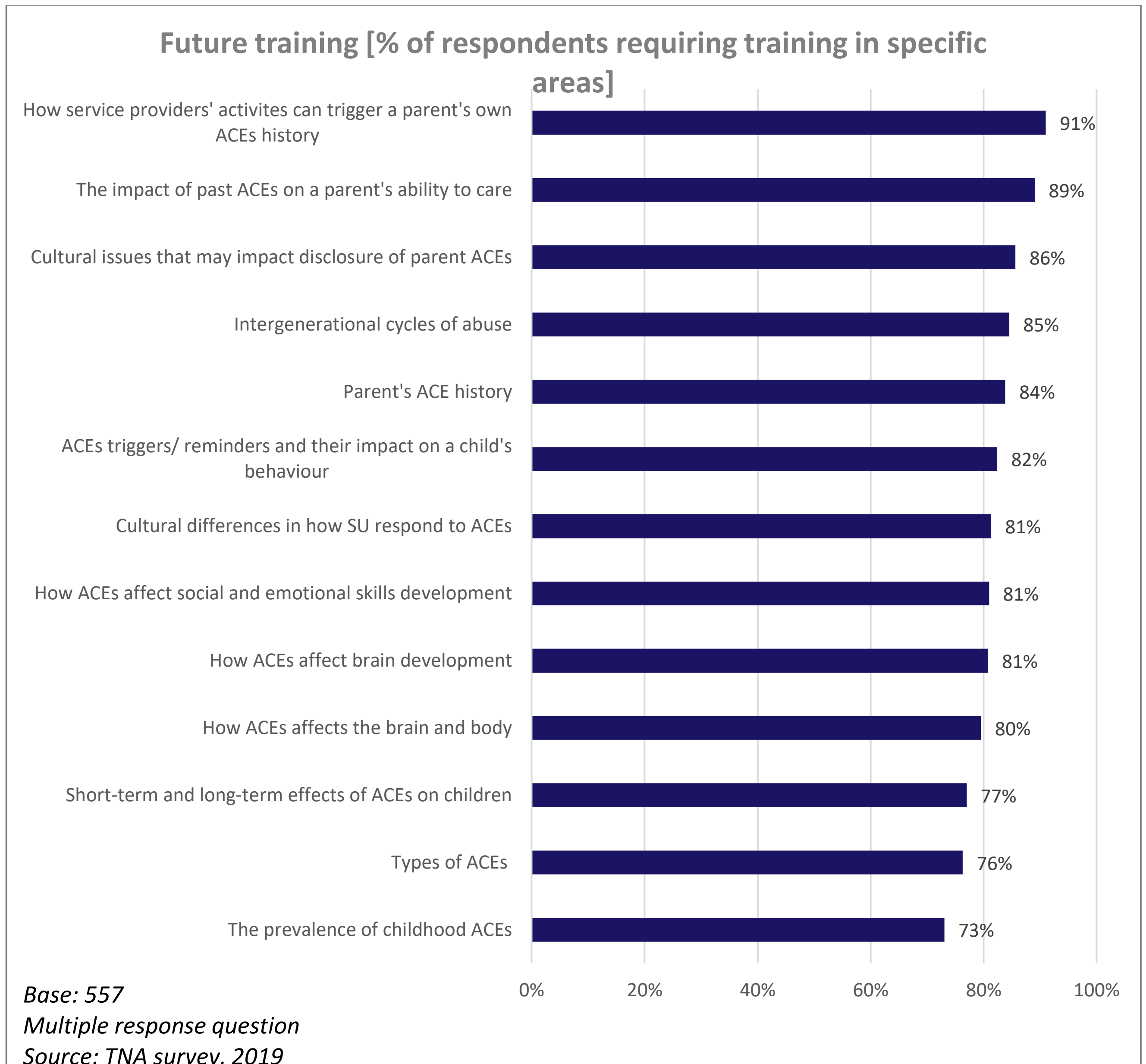


Figure 19: Aspects of ACEs in which training would be welcomed

Despite the relatively high levels of awareness already indicated by respondents as discussed earlier, there remains a good appetite among participants for more training on all of the aspects of ACEs. No

aspect ‘scored’ less than 73% - so people would welcome training even in areas that they are already familiar with, such as prevalence of childhood ACEs, types of ACEs and the short- and long-term effects of ACEs on children (73%, 76% and 77% respectively).

The aspects which were identified as being of greatest interest in terms of future training on ACEs were how service providers’ activities can trigger a parent’s own ACEs history, which almost all (91%) specified; the impact of past ACEs on a parent’s ability to care for their child(ren) (which 89% indicated) and cultural issues that may impact disclosure of parent ACEs (86%).

Respondents to the survey also indicated their interest in receiving training in terms of aspects of trauma informed practice, which the following table summarises and chart illustrates:

Aspects of trauma informed practice in which training would be welcomed (%)	
How to avoid re-traumatising service users	90
How to respond in a trauma informed way	89
How systems can become more trauma sensitive	88
How to develop a trauma informed culture in my workplace	88
How to become a more trauma informed practitioner	87
How to recognise trauma	84
The impact of trauma on individual’s physiological, neurological development and their social and emotional development	82
How to create a trauma informed organisation	81

Figure 20: Aspects of TIP in which training would be welcomed

The following chart illustrates these findings:

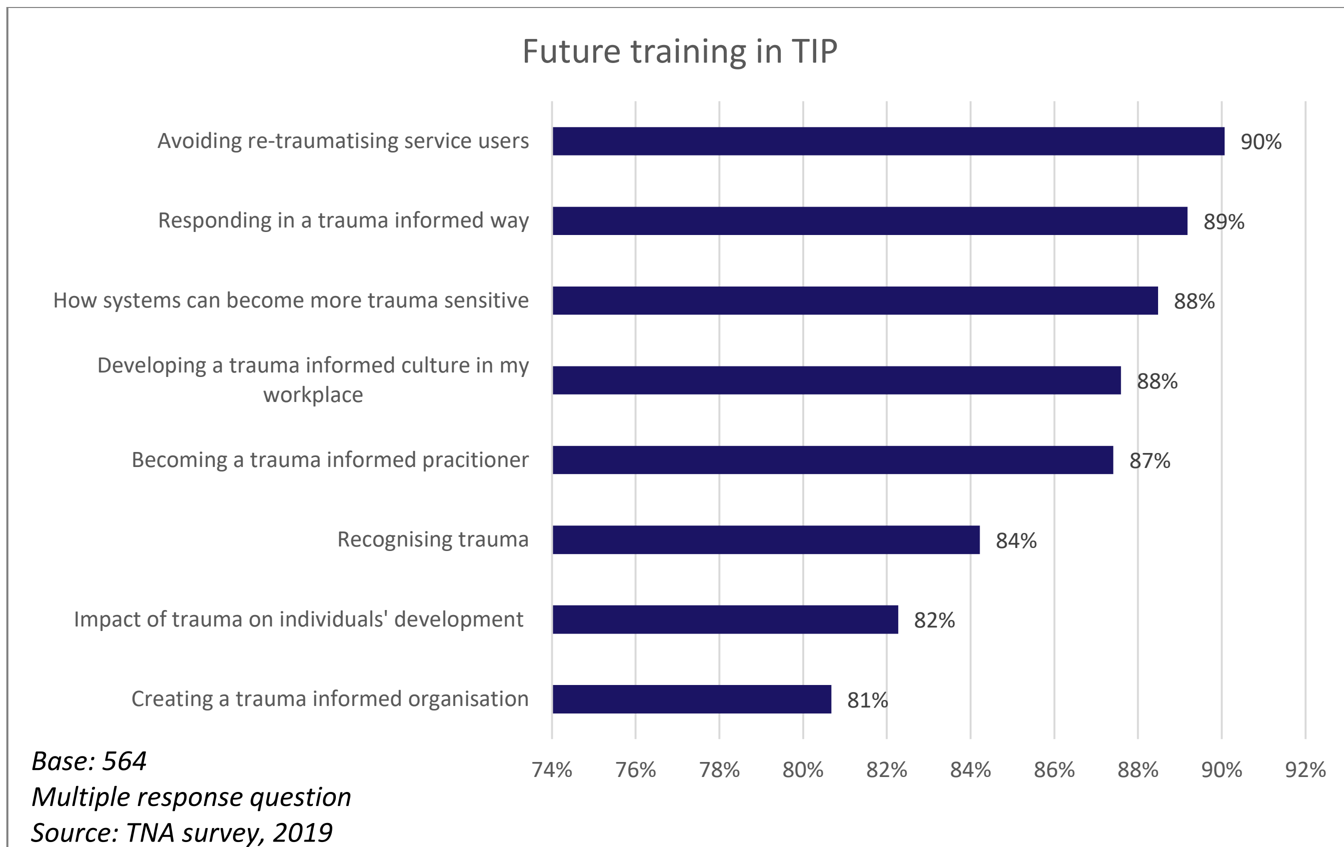


Figure 21: Aspects of TIP in which training would be welcomed

Again, very high levels of interest across all aspects of TIP were indicated by respondents with no area scoring less than 81% (creating a trauma informed organisation). The aspects where the greatest interest was indicated tended to centre on direct work with service users. For example almost all (90%) cited their interest in avoiding re-traumatising service users while 89% indicated their interest in responding in a trauma informed way. In addition, changing systems and developing trauma informed cultures in workplaces were also specified by over four out of five respondents.

Section 7: Key findings, conclusions and potential ways forward

This section of the report presents the key findings and conclusions that can be drawn from the TNA survey data. These are grouped under a number the following headings: awareness of ACEs and TIP, the importance of these for the respondents, training received and future training needs. Potential ways forward are then suggested for future phases of this initiative, taking into consideration the intended outcomes[4] for beneficiaries of the training that is being designed so that they:

- Have an awareness of the adverse childhood experiences which cause trauma in a child's life
- Are aware of the impact of these adversities on the development of a child
- Are able to develop policies and practice, to embed trauma informed practice in their work.

Awareness of ACEs and TIP

Levels of awareness of the term ACEs was higher among the respondents than levels for TIP (86% for ACEs versus 66% for TIP).

However, levels of knowledge about aspects of ACEs varied. For example, the majority (57% in the case of the types of ACEs and 59% in the case of social and emotional development) indicating that they only knew 'a little' about these aspects. In each of these cases approximately a third indicated that they knew 'a lot' (36% for types of

[4]Another intended outcome was that beneficiaries 'are able to identify what creates resilience to cope with adversity' but the TNA did not ask about this

ACEs and 32% for social and emotional development). In addition, there were aspects of ACEs where the level of knowledge was much lower and where significant proportions of respondents indicated that they 'did not know anything', e.g. cultural differences in how ACEs are understood (37%); how ACEs affect physical development (23%); how ACEs affects brain development (22%) and ACE triggers/reminders and their impact on a child's behaviour (22%).

Similarly, most respondents (92%) were aware that birth parents may have an ACE history, but there was less awareness of how cultural issues may impact the disclosure of that history (58%) or how service providers' activities may trigger a parent's ACE history (69%).

The **lack of awareness of how culture might influence ACEs highlights an important gap in terms of existing knowledge** in a society that is becoming more and more diverse. Any future training programme should take this into consideration and work to address it. Similarly, for those charged with service design such knowledge is vital for services to respond in effective and culturally appropriate ways.

It is perhaps, not surprising in a society that is still emerging from the Troubles/conflict, that most respondents indicated that they were aware of the impact of trauma on an individual's development and many could recognise trauma. However, several areas relating to TIP emerged as being less well understood. These include, for example, how to avoid re-traumatising service users (46% indicated they did not know how to do this) they and how to respond in a trauma informed way (41% did not know how to do this), while over a third reported 'not knowing anything' about trauma informed practice itself (35%).

At an organisational level, respondents did not know how to develop a trauma informed culture (53%) or what constituted a trauma informed organisation (48%). Such findings have implications for leaders in organisations who often set the tone/culture for the rest of the staff.

The EITP TIP Project Team will take cognisance of this finding as they begin to shape and delivery the strategic development programmes of the project.

The importance of ACEs and TIP

Respondents were almost unanimous about the importance of being ACE aware (91%) and having knowledge about trauma informed practice (88%) which is very encouraging for the future development of this initiative. Most of those whose opinions differed felt they could not judge as they did not know enough about either term or what each one meant. This means that most respondents were open to hearing more about both ACEs and TIP.

Training Received

Most respondents have not received training on ACEs and/or TIP either in their current (63%) or previous posts (89%). Those who have received training indicated a wide variety of training in terms of level and duration. It appeared that most of this training was at a basic or awareness-raising level and very little of it was accredited.

Interest in further training

Despite the relatively high levels of awareness among respondents regarding ACEs and their impact, there was also **a high level of interest among respondents in receiving more training across all aspects of ACEs** (no aspect scored less than 73%). Similarly high levels of interest were recorded for more training on all aspects of TIP (no aspect scored less than 81%).

There appeared to be **two distinct areas for training development: one which is service user focused, and the other which has a focus on organisations, workplaces and systems**. There is, therefore, likely to be a need to develop different training packages designed around these two areas, especially given the Project's stated desire to ensure that beneficiaries:

a) Have an awareness of the adverse childhood experiences which cause trauma in a child's life
b) Be aware of the impact of these adversities on the development of a child
c) Be able to develop policies and practice, to embed trauma informed practice in their work.

Potential ways forward

SBNI has stated that the EITP TIP Project seeks to contribute to creating a system in which:

- The workforce recognises and responds to the impact of childhood adversity on children, caregivers and service providers
- Trauma awareness, knowledge and skills are an integral part of organisational cultures, practices and policies
- Effective practice is used to maximise the physical and psychological safety of the child, facilitate recovery of the child and family and support their ability to thrive

Incorporating training on ACEs and TIP into initial training and continuous professional development could be explored with both higher education providers and professional bodies, so that all practitioners from across all sectors are offered modules on courses across education, housing, justice, health, social care and youth work.

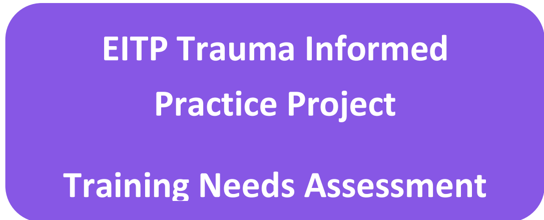
It may be possible to **work with organisations to utilise their existing training and development departments and infrastructure to build in training on ACEs and TIP into workforce**

development plans which would help to support the sustainability of such training delivery in the longer-term.

The **content of training will need to be tailored for specific roles**: for example, front-line practitioners will need to know how to avoid re-traumatising service users, whereas leaders of organisations need to know how to develop and promote a trauma informed culture.

There is a **huge appetite across the sectors and across Northern Ireland to engage with and further develop the ACE agenda and develop Trauma Informed Practice as a way of working**. This is very encouraging for subsequent developments of this initiative by SBNI.

Appendix 1: Training Needs Analysis Survey



Introduction

The Safeguarding Board for Northern Ireland (SBNI) is rolling out an ACE Aware and Trauma Informed Practice Project as part of the Early Intervention Transformation Project (EITP).

NCB has been commissioned to support SBNI to determine the current levels of knowledge and expertise about ACE /trauma informed practice and to inform training delivery.

As this training needs analysis will be followed up in 6 months' time, we do need to collect your contact details at the end of the survey. Only NCB staff will have access to these details and they will not be shared with any other party, as detailed below.

Data protection and confidentiality

Please note that this survey is being undertaken in line with the Social Research Association (SRA) guidelines. We will ensure that:

- Only the study team will have access to the survey data - the findings from the survey and associated reports will not identify any individual or organisation. Any qualitative findings contained in the survey and referenced in a report will be changed where there is a risk of identifying the respondent or their setting;
- Survey responses will be held on a secure e-survey software package. Survey responses will be held for a period of 5 years from when the survey has been administered. After that time, survey responses will be deleted;
- Your participation in this study is entirely voluntary and you have a right to withdraw from the research at any time; and
- By clicking on the e-survey link and by completing the survey (either partially or fully, online or in hard copy), you consent to taking part in the survey and for your survey data to be used in the ways identified above.
- Information provided will be treated in confidence by the investigator. The identity of all participants will be protected in the publication of any findings, and data will be collected and processed in accordance with the GDPR 2018 and with NCB's privacy policy.

Survey helpline

If you have any questions at any time, please feel free to contact the survey manager, Teresa Geraghty either by phone on (028 90) 875006 or by email at tgeraghty@ncb.org.uk

For information

What are ACES (Adverse Childhood Experiences)?

The ACE theory refers to the range of traumatic events which a child may experience through their childhood, either one off or longer term,

and critically, the potential impact these experiences may have on the child's long term health, wellbeing and wider life outcomes.

What is Trauma Informed Practice?

A trauma-informed system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery. (Chadwick Trauma Informed Systems Project - CTISP National Advisory Committee, 2010, California)

Training needs analysis

Section 1: Awareness and Understanding of ACES

1. Awareness of the terms ACES and Trauma Informed Practice:
   Before today had you heard of the terms
   a) ACEs (Adverse Childhood Experiences) ☐Yes ☐No
   b) Trauma Informed Practice ☐Yes ☐No

2. Knowledge and understanding of childhood ACEs and their impact:

Please indicate (by circling the appropriate number) the extent of your 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	2	3
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	1	2	3
d. How ACEs may affect brain development	1	2	3
e. How ACEs can affect a child's physical development	1	2	3
f. How ACEs may affect social and emotional skills development	1	2	3
g. Cultural differences in how children and families understand and potentially respond to ACEs	1	2	3
h. ACE triggers/reminders and their impact on a child's behaviour	1	2	3

3. Understanding of parent/adult ACE history and its impact on parenting and response to services

Please indicate (by ticking the appropriate box) whether or not you are aware of parent/caregiver ACEs and their impact	**Yes**	**No**
I am		
f. Aware that many birth parents can have an ACE history		
g. Knowledgeable about intergenerational cycles of abuse		
h. Familiar with cultural issues that may impact disclosure of parents' ACEs and seeking treatment		
i. 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		
j. 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		

4. Do you consider ACEs to be important to your current role? ☐Yes ☐No ☐Not Sure

Why do you say that?

Section 2: Awareness and Understanding of Trauma Informed Practice

5. Knowledge and understanding of Trauma Informed Practice and its impact

Please indicate (by circling the appropriate number) the extent of your 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	1	2	3
b. What is trauma informed practice	1	2	3
c. Impact of trauma on individual's physiological, neurological development and their social and emotional development	1	2	3
d. How to recognise trauma	1	2	3
e. How to respond in a trauma informed way	1	2	3
f. How to avoid re-traumatising service users	1	2	3
g. How to develop a trauma informed culture	1	2	3

6. Do you consider knowledge of trauma informed practice to be important to your current role? ☐Yes ☐No ☐Not Sure

Why do you say that?

Section 3: Training in relation to ACEs and Trauma Informed Practice

A) Training Received:

7. Have you received training in your current organisation relating to ACEs and/or Trauma Informed Practice (from internal or external sources)?

☐Yes (Please go to **Question 8**) ☐No (Please go to **Question 9**)

8. What kind of training did you receive? (Please complete as much detail as possible below)

Name of training	Topics covered	Level	Length & Duration	Accreditation (if any)	Other details

9. Did you receive training relating to ACEs and/or Trauma Informed Practice in a ***previous post or with an organisation different to your current employer?***

☐Yes (Please go to **Question 10**) ☐No (Please go to **Question 11)**

10. What kind of training did you receive? (Please complete as much detail as possible below)

Name of previous employer	Name of training	Topics covered	Level	Length & Duration	Accreditation (if any)	Other details

B) Future Training Needs

11. Please indicate, by ticking the appropriate box, which (if any) aspects of ACEs you would welcome training in. Tick all that apply.	
a. The prevalence of childhood ACEs	
b. The types of ACEs that a child may experience	
c. Potential short-term and long-term effects of ACEs on children	
d. How ACEs may affect brain development	
e. How ACEs can affect a child's physical development	
f. How ACEs may affect social and emotional skills development	
g. Cultural differences in how children and families understand and respond to ACEs	

h. ACEs triggers/reminders and their impact on a child's behaviour	
i. Parents' ACEs history	
j. Intergenerational cycles of abuse	
k. Cultural issues that may impact disclosure of parent ACEs and seeking treatment	
l. 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	
m. How service providers' activities can trigger a parent's own ACEs history and affect a parent's response to staff and engagement with services	
n. Other – please state	

12. Please indicate, by ticking the appropriate box, which (if any) aspects of trauma informed practice you would welcome training in. Tick all that apply.	
How to create a trauma informed organisation	
The impact of trauma on individual's physiological, neurological development and their social and emotional development	
How to recognise trauma	
How to respond in a trauma informed way	
How to avoid re-traumatising service users	
How systems can become more trauma sensitive	
How to develop a trauma informed culture in my workplace	
How to become a more trauma informed practitioner	
Other – please state	

C) Training Provided

13. Does your organisation provide training **to external bodies** relating to ACEs or trauma informed practice?

☐Yes (Go to **Question 14**) ☐No (Go to **Section 4**) ☐Don't Know **(Go to Section 4)**

14. What kind of training does it provide? (Please complete as much detail as possible below)

Name of training	Topics covered	Level	Length & Duration	Accreditation (if any)	Other details

15. To whom does your organisation provide training? Tick all that apply

☐Front-line practitioners (i.e. that have direct contact with service users)
☐Service Managers (i.e. supporting staff, little or no direct contact with service users)
☐Senior leaders
☐Auxiliary/support staff
☐Other (please specify)

____

Section 4: About You:

Your name:

____

Job Title:

____

Organisation:

____

Your email address (Please print):____

Please indicate (by ticking the box) that you are happy for us to share your contact details with the training providers for this initiative ☐

In which of the following sectors do you work? (P0ease tick one only)

☐Voluntary/community sector
☐Health sector
☐Social Care sector
☐Education sector
☐Justice sector
☐Housing Sector
☐Local Council Sector
☐Sports Sector
☐Other (*please specify)*

____

What is your role (please tick one option which best describes your current role)?

☐Front-line practitioner (i.e. that has direct contact with service users)
☐Service Manager (i.e. supporting staff, little or no direct contact with service users)

☐Administrative/Support Staff
☐Commissioner of services
☐Volunteer
☐Other (*please specify)*

____

How many years have you been working in this role (tick one option only?)

☐Less than 1 year
☐1-3 years
☐4-6 years
☐7-10 years
☐11 years +

In which HSCT area is your work based (please tick all that apply):

☐All of Northern Ireland
☐BHSCT
☐SEHSCT
☐SHSCT
☐WHSCT
☐NHSCT

Thank you for taking the time to complete this survey