Multiple Adverse Childhood Experiences (MACE) – Breaking the Cycle Project
# Overview

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CAWT Partners

- Western Health and Social Care Trust (NI)
- Public Health Agency (NI)
- Southern Health and Social Care Trust (NI)
- Health Service Executive (RoI)
- Health and Social Care Board (NI)
CAWT – What We Do

**Vision**
To realise opportunities and develop new ways to improve health and social care services for the well-being of people through collaboration across borders and boundaries

**Enable**
health services to be more accessible within border areas

**Attract**
*EU funding* to support the development of ‘additional’ services, based on local need

**Innovate**
Pioneer new ways of delivering services
Recent Work Programmes

In 1996 CAWT secured its first EU funding award from the PEACE programme and has delivered a number of significant EU funded programmes since then.

- **EU INTERREG IVA (€30 million)**
  2009 – 2015: 12 cross border health and social care projects ‘Putting Patients, Clients and Families First’
  53,000 service users / 43,628 staff benefitted

- **NPP and Erasmus projects**

- **Commissioned and other cross border / all-island work programmes linked to** radiotherapy, alcohol abuse, prevention, hidden harm, emergency planning, nursing, mental health protocols, and professional and client/patient mobility initiatives.
Cross border health: impact & reach of services (INTERREG IVA)

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New Work Programme - EU INTERREG VA

6 project applications to Health and Social care theme

€53 million total fund for Health Theme

- Acute Hospital Services ‘Connecting Services, Citizens and Communities’
- Mental Health Innovation Recovery ‘i-Recover’
- Children’s Services Multiple Adverse Childhood Experiences ‘MACE’
- Primary Care and Older People (Scotland leading) ‘mPower’
- Population Health Community Health Sync ‘CoH-Sync’
- Disability Services – application made / awaiting outcome
CAWT Structure

Management Board
Reps. from each CAWT partner organisation

Secretariat
Reps. from each CAWT partner organisation

6 Strategy Groups
Acute, Children’s Services, Disability, Mental Health, Pop Health, Primary care / older people

CAWT Development Centre
11 person team
CAWT Children’s Services Strategy Group

Maurice Meehan, PHA
Kieran Downey, WHSCT
Paul Morgan, SHSCT
Brid Brady, HSE
Martin Quinn, HSCB
Aisling Gillen, TUSLA
Linda Creamer, TUSLA
Edel McAweeney, HSE
Evidence, Recent Research & Context

- EU, NI & RoI related Policy documents all recognise the importance of early intervention

**EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT**

The earlier the investment, the greater the return

- Heckmans Model of Return on Investment - earlier the investment, greater the return
Evidence, Recent Research & Context

• Evidence that adolescent brain goes through a new phase of plasticity.

• Anda & Felitti ACE Study
The Idea

To transform the lives and opportunities of vulnerable children/families within the border area who are most at risk from multiple adversities in their lives, by identifying, intervening early and providing nurturing and support within their own homes and communities and build strong self sustaining resilient communities.
Timeline of Project Application

November 2015
- Submitted Stage 1 Application

February 2016
- Submitted final Business Plan Application

September 2016
- Project Approval Received

June 2017
- Final Letter of Offer received
The Plan

AIM: To transform the lives of vulnerable children and their families who are at risk from multiple adversities in their lives, by identifying, intervening early and provide nurturing support within their own homes and communities.

TARGET POPULATION: Children within the age groups 0-3 and 11-13 and their families.

OBJECTIVES:
1. To establish an adversity matrix/questionnaire and risk stratification tool which will allow for early identification of vulnerable families
2. Develop a range of interventions to those assessed using the adversity matrix and/or risk stratification tool

DURATION: 48 months

START DATE: 1st July 2017 – 30th June 2021

BUDGET: €5,010,240

PARTNERS: WHSCT, SHSCT, HSCB, PHA, TUSLA & HSE (Lead Partner)
1. Deliver and implement 2 new border area frameworks for early intervention to benefit vulnerable families (4.116)

- Development of an *Adversity Matrix (AM)* for the identification and assessment of families most at risk of MACE.

- Development of *Risk Stratification Tool (RST)* to identify the appropriate targeted intervention for families that have been identified via the Adversity Matrix

- **5 cross border community networks of excellence** will be created. The networks will use existing family hubs to deliver the interventions to those assessed using the two frameworks developed

- *Ehealth technologies* will be used to support the networks to identify risk, target support and monitor outcomes
2. **3,125 vulnerable families in receipt of an intervention (4.117)**

- The interventions will encompass those classified as *universal, targeted and specialist* and may be delivered on an *individual and/or group basis*

- The types of intervention and approximation of the families in receipt of them is dependent on the results of the applied frameworks/tools

- Interventions are anticipated to range from ante/post natal classes to stress management and nurturing programmes

3. **500 staff trained (4.122)**

- The project will train and develop the capacity of the *statutory/community and voluntary workforce* to *enable them to apply the AM and RST and to deliver the associated identified interventions*

- It is anticipated that 500 staff across a range of stakeholders best positioned to identify vulnerable families will be trained
Indicative cross border community network areas

1. Derry/Letterkenny/Coleraine
2. Strabane/West Donegal
3. Fermanagh/Sligo & Leitrim
4. Armagh/Monaghan & Cavan
5. Newry/Dundalk
Cross Border Co-Operation

- Strong cross border development and implementation. *Funders emphasise the need for the project to evidence staff and clients crossing the border to deliver/access service*
- Build on infrastructure that already exists within each community network area

- Jointly owned by both jurisdictions through management and oversight of project
- Fully organised on a cross border basis – establishment of five cross border sites and five dedicated Project Workers who will have caseload from both jurisdictions

- Establishment of virtual cross border community networks will facilitate local communities to build local capacity by learning from each other and by delivering services via different structures
- Development of on line portal/website which will facilitate on line staff training and also deliver certain elements of some interventions where appropriate
What Next?

Recruitment of Project Manager – Interviews November 2017

Award of Contract for Scoping Exercise, QA Role & Development of ACE Aware Community – December 2017

Recruitment of 5 Project Workers – January 2018

Finalise tools and roll out of training – March 2018

Commence delivery of interventions – April 2018
Potential Outcomes

- Major reduction in child maltreatment for 0 – 2 years olds
- Reduce number of A&E Attendances
- Widespread community improvement in child outcomes, health, wellbeing, school readiness
- Fewer children in care or needing special support
- Retaining children in their communities of origin
- Cost benefit advantages of having peripatetic team to move across border

These are not ‘one-off’ benefits.
They break the intergenerational cycle of violence and abuse
What makes a resilient community?

‘It takes a village to raise a child’

A proverb which means that it takes an entire community to raise a child: A child has the best ability to become a healthy adult if the entire community takes an active role in contributing to the rearing of the child.
Group Discussion

What does client pathway look like? Engage with other professional groups outside social work directorate? Agree process on how families should be identified?

How should technology support the client pathway and overall process?

Consider the introduction of screening tool to those with already existing burdensome jobs eg midwives, Health Visitors, GP’s?

Building community support to help deliver interventions – how do we go about this?

Child Health Information Systems – do we need a system of identifying information which will trigger the use of the questionnaire/screening tools?

What does an ACE aware community look like?

Most appropriate interventions for the families identified? Do they exist?
“It is easier to build strong children than to repair broken men.”

Frederick Douglass
Thank You
Any Questions?