



Strategic ACE Workshop

[Hosted by the Regional ACE
Reference Group]

Summary Report



Date:
6 August 2018

Adverse Childhood

Experiences Strategic Workshop

6 August 2018, 1.00pm - 4.00pm

Mossley Mill

Overview of the Workshop

1. Setting the Context

- What are ACES?
- 6 Nations Developments
- A Northern Ireland Context
- Role of the ACE Reference Group

2. Next Steps for a Northern Ireland Strategy Development

Group Discussion

- What ACES mean to each agency?
- What are your agencies contributions?

3. Agreed Actions

Adverse Childhood Experiences Strategic Workshop
Attendance

Name	Agency
Helen McKenzie	Safeguarding Board for Northern Ireland
Paul McConville	Department of Health
Maurice Leeson	Health and Social Care Board / CYPSP
Maurice Meehan	Public Health Agency
Stephanie Thompson	Health and Social Care Board / CYPSP
Pamela Woods	Education Authority
Dr Clare Mangan	Education Authority
June Wilkinson	Department of Education
Joanne McCafferty	Police Service for Northern Ireland
Gail McCormac	Police Service for Northern Ireland
Ryan Henderson	Police Service for Northern Ireland
Grainne Keane	Youth Justice Agency
Hugh Hamill	Probation Board for Northern Ireland
Liam Hannaway	Newry, Mourne and Down District Council / SOLACE
David Patterson	Newry, Mourne and Down District Council

Apologies noted from:

Kieran Downey, Western HSC Trust, Bernie McNally, Safeguarding Board NI, Coleen Heaney, YJA, Geraldine O'Hare, PBNI

Part 1: Setting the Context

Maurice Leeson welcomed members to the strategic ace workshop and noted the apologies as outlined on page 2. It was anticipated that the workshop would cover the following issues:

- What are Adverse Childhood Experiences (ACES)?
- 6 Nations Developments
- The Northern Ireland Context
- The Role of the Regional ACE Reference Group
- Informing the Developments of a Northern Ireland ACE Strategy

What are Adverse Childhood Experiences (ACEs)?

Maurice Leeson shared a definition of ACEs with delegates. This was supported by a screening of the Scottish Resilience Documentary (short version).

6 Nations Update

Maurice Leeson provided an update on the role of the Reference Group 6 Nations Special Interest Group. This group meets 2-3 times per year and provides a forum for sharing information on research, strategy and practice in relation to ACEs.. Maurice highlighted that the last 6 Nations meeting focused on ACEs in the justice system.

The next 6 nations meeting will be hosted in October 2018 and is scheduled for Dublin..

Northern Ireland Policy Context

Paul McConville, Department for Health, provided a legislative and policy context in relation to ACEs. He highlighted the importance of the role of the UNCRC to protect and promote the welfare of children and young people.

Paul noted during the workshop that research and through routine enquiries that the adversity in relation to neglect has its greatest impact on children aged 0-7 years and 11-14years.

Regional ACE Reference Group

Members were formally welcomed to the first meeting of the Regional ACE Reference Group following an expansion of the membership to include education, police, justice, local government and Departments.

Current Projects being led by the ACE Reference Group;

- 5 Briefing Sessions on ACEs with local councilors, MLAs and MPs in response to a number of information enquiries
- Development of a suite of population indicators for Northern Ireland in relation to ACEs
- SBNI are currently tendering for an agency to conduct a comparative study/ evidence review across NI

Helen McKenzie reminded members that the reference group has been set up to strategically align projects addressing ACEs in Northern Ireland and be clear about how this will transform the wider system.

EITP Trauma Informed Practice Project

Helen McKenzie, Safeguarding Board for Northern Ireland led members through the three stages of the EITP Trauma Informed Practice Project that will be delivered by March 2020. The three stages of the project include:

1. General ACE Training
2. Specialist ACE Training
3. The development of ACE Advisors within each sector

There was some discussion between members about how this project aligns to signs of safety within HSC Trusts, the CAWT MACE project and EITP Building Better Futures programme. Helen assured members that the reference group anticipates coordinating a common language and standard message across all projects to ensure communication and alignment. It was agreed during the workshop that there are opportunities to link the ACE agenda to community planning with local government to ensure healthy and safe communities.

CAWT MACE Project

Maurice Meehan, Public Health Agency shared the MACE implementation plan with members of the reference group. The MACE project will identify a set of tools that can be applied to current practice and family assessments. As part of the MACE project a tender will go out for research to be conducted to identify the menu of tools and programmes existing already that are supporting children aged between 0-5year and 11-14years and their families particularly who have been impacted by adversity. Maurice highlighted that five cross boarder cluster areas have been identified and conversations have already began in terms of development/communication pathways between CYPSP outcomes groups across these areas.

2. Group Discussions

Members were divided into three discussion groups to explore how their agency could contribute to the ACE agenda and how their agency would support the creation of resilient communities and an ACE aware and trauma informed workforce.

Summary of Group 1's discussion

- Systems transformation – if it is only professionals doing this work is there a risk of it becoming casework – where does the ACE agenda fit in the community sector
- Importance of Language – The reference group need to ensure there is a common understanding across agencies
- Linkages with other innovations (signs of safety, social prescribing) and how do we embed into existing programmes and practice – there was a discussion among members about whether this can work?
- Leads – It is important that there are key people leading the understanding of the concept and its application. Thought still needs to be given to how the ACE agenda fits within the wrap around support within the prison / justice system. Local government expressed an interest in spending some time working out the pathways within local government that required ACE awareness/support
- South Eastern ACE pilot – the pilot was discussed briefing by the members of this group and it was felt that the findings of this pilot would be helpful for forward thinking

Summary of Group 2's discussion

- Managing expectations – if we raise awareness of ACEs across sectors what is the next stage strategically and operationally
- How does the ACE agenda fit within youth services

- Infant Mental Health Agenda – where does nurturing, promoting attachment and positive emotional health and wellbeing fit into the ACE agenda – will this work assist to develop a more positive approach to implementation
- ACE Strategy – It was felt that an ACE Strategy for Northern Ireland was not required and that we should seek take a strategic approach in relation to using the Children and Young People’s Strategy for Northern Ireland as the vehicle to progress this works strategically. There was agreement across the reference group members of this approach.
- Coordinating Implementation – How to we embed the ACE concept within each agencies structures such as business and delivery plans to ensure accountability and responsibility across sector

Summary of Group 3’s discussion

- A new approach – there was some discussion about whether the ACE concept is a new approach or whether awareness will inform core practice. It was agreed that the ACE approach will enhance existing knowledge and mind-sets
- Changing Culture - It was agreed that agencies need to be culturally ready to begin incorporating aces
- Sports Related ACE Training –reference was given to a welsh example of sports related ACE training with a recognised qualification

3. Considerations as we move forward....

1. The public sector has a professional responsibility to be strategic and reflect carefully on the systemisation of any approach.
2. There needs to be strategic professional collaboration on interventions, otherwise raising the profile of the ACE agenda in one area will just raise expectations and put pressure on the system elsewhere.
3. Ensure there is a common language across professional staff and agencies.
4. There should be a strategic emphasis on promoting positive health and mental well-being and links to all other significant emotional health and well-being interventions.
5. How, where does this issue sit within current pathways?
6. Make it clear this is not new, the ACEs agenda has been known for some time, what is needed however are better ways (strategic and operational) of working with and supporting people who are traumatised. It is definitely not about completing ACEs questionnaires or ACEs scores.
7. There is no need for another strategy, the implementation of an ACE informed / trauma informed approach should align with the outcomes of the Executive's Children and Young People's Strategy for Northern Ireland.
8. What is needed is a holistic strategic approach to implementation of actions across a wide spectrum ranging from generally strengthening children and young people's resilience as early as possible and on an ongoing basis, awareness raising among organisations who work with children and young people, to early

intervention and support for children and young people who are already displaying emerging vulnerability and the effects ACEs.

9. Ensure there are linkages to the Emotional Health and Well-being Framework Project being brought forward by DE, DoH, PHA and EA.
10. Ensure that linkages are made to the range of work already taking place to build resilience and support mental well-being e.g. within the youth services, PHA support for local counselling services, counselling in schools etc. (ensuring these approaches are ACEs-aware and trauma-informed)
11. We must take into account the ‘ages and stages’ of children and young people i.e. family influence and peer influence.
12. We must work together to agree and develop a suite of the most effective interventions and manage the flow of the interventions.
13. There is an essential need for connections across strategies which cover ACEs e.g. Family Support / Domestic and Sexual Violence / Looked after Children Strategy. (suggest we may not want to ‘list’ all relevant strategies in ‘narratives’ as there will be a long list – we may wish to identify relevant strategies in Appendices or in footnotes to relevant text in documents)
14. The need for individual agencies to communicate internally and co-operate with each other to ensure a consistent and complementary approach.
15. Be clear about who is the ‘trusted adult’. (there may be more than one – and we should avoid giving a representation that one trusted adult is OK. The available research says “the presence of at least one trusted adult” – our focus should always be on promoting the optimum rather than the ‘good enough’)

16. A blanket awareness raising approach is not necessarily the best way forward. It is necessary to plan for and build in sustainability in the way forward at policy and delivery level, and with senior management buy-in.
17. It is essential to challenge the current thinking - this is an issue which goes beyond social care.
18. It is essential to have an understanding of what stakeholders say and enhance understanding and mind sets.
19. Careful consideration needs to be taken of increased expectations of ACE routine enquiry, ACE population screening and incorporation of ACE scores into Child Health system. There are both ethical and interpretation issues to be worked through given the relative absence of clarity on the relationship between ACES and optimal evidence based/informed interventions.
20. These issues should of course be subject to on-going developmental discussion in the Regional ACE Reference Group.