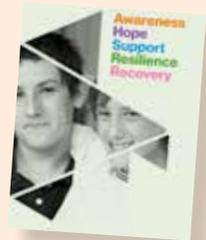




NI ACE Conference 2019

**A Trauma Informed Conversation:
Accelerating Progress
for the Programme for
Government Outcomes**



3 April 2019



**Adverse
Childhood
Experiences**

Be the Change



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Introduction

The Northern Ireland (NI) ACE Reference Group was established to support continued momentum and integration of the ACE agenda in Northern Ireland and support the Early Intervention Transformation Programme (EITP) Trauma Informed Practice Workforce Development Project. Details of member agencies are contained in *Appendix 1* of this report.

The NI ACE Group conference in April 2019 follows on from their inaugural ACEs conference held in November 2017.

Celine McStravick, Director of the National Children's Bureau (NCB) in Northern Ireland, facilitated the event on behalf of the NI ACE Reference Group. Kieran Downey, Chair of the NI ACE Reference Group and Deputy Chief Executive of the Western Health and Social Care Trust, welcomed all 145 delegates to the Tullyglass House Hotel, Ballymena for the conference and set out the conference aims.

The aims of the conference were:

- To celebrate and showcase the success of the ACE Agenda in Northern Ireland since the last conference in November 2017
- To embrace the work of those who have been the change and what agencies have done to become ACE aware and trauma informed
- To understand how we all can be the change and explore ways of doing this
- To review our roadmap and agree the next steps for us all individually, through the organisations we are representing and, as a whole system, how we can be the change.

The morning session of the conference focused on the strategic context within which ACE awareness and trauma informed practice (TIP) work is being developed in Northern Ireland before Deborah McMillan was invited, as Keynote Speaker, to outline her work as Children's Commissioner for Jersey and previously as Professional Advisor to the Welsh Government on Adverse Childhood Experiences (ACE), wellbeing and poverty.

Delegates also heard of sector specific TIP initiatives underway in Northern Ireland before hearing in the afternoon from Sean Holland, Chief Social Worker for Northern Ireland and Chair of the EITP Programme Board, who set out the vision for trauma informed leadership. The full conference programme is contained in *Appendix 2* and speakers' biographies have been outlined in *Appendix 3*.

The conference closed with a series of agency specific group discussions designed to encourage sectoral and agency commitments to 'be the change' in leading their agency to become more trauma informed. These commitments are included in body of the Northern Ireland conference report and a list of organisations represented at the conference is contained in *Appendix 4*.

Northern Ireland ACE Reference Group Members at NI ACE Conference 2019



Front Row: June Wilkinson, Dept. of Education, Helen McKenzie, SBNI; & Colleen Heaney, Youth Justice Agency

Back Row: Maurice Leeson, Health and Social Care Board, Maurice Meehan, Public Health Agency; Rodney Morton, Dept. of Health, Kieran Downey, Western Health & Social Care Trust, Paul McConville, Dept. of Health



The Northern Ireland Children and Young People's Strategy and the ACE Agenda

Margaret Rose McNaughton, Director of Children and Young People's Services, Department of Education, provided an overview of how the ACE agenda fits into the Programme for Government and the Children and Young People's Strategy.

The Draft Programme for Government (PfG) contains 12 strategic outcomes which are joined up and outcomes based. One of these is Outcome 12 "We give our children and young people the best start in life"

Legislation such as the **Children's Services Co-operation Act (NI) 2015** means that there is now a statutory duty to co-operate to improve children's well-being for bodies deemed to be 'Children's Authorities'. It also defines eight characteristics of well-being for children and young people and requires an Executive Children and Young People's Strategy.

The Children and Young People's Strategy for Northern Ireland (2017-2027) has eight high level outcomes as follows:

1. Physical and mental health
2. Enjoyment of play and leisure
3. Learning and achievement
4. Living in safety and with stability
5. Economic and environmental well-being
6. Making a positive contribution to society
7. Living in a society which respects their rights
8. Living in a society in which equality of opportunity and good relations are promoted.

The Department of Education has mapped these 8 high level outcomes against the 12 strategic outcomes of the draft Programme for Government to demonstrate their interdependence and show how the Children and Young People's Strategy will deliver support delivery of the PfG.

An illustration of this outcomes matrix is included in the Children and Young People's Strategy (2017-2027) Consultation Document. This, and all other documents relating to the strategy are available at: <https://www.education-ni.gov.uk/consultations/children-and-young-peoples-strategy-2017-2027>



The Children and Young People's Strategy applies to all children in Northern Ireland, which is just under 460,000 (24.6%). Childhood adversity has recently been embedded within the priority areas of the Children and Young People's Strategy for Northern Ireland and, in addition, includes the legacy of the Troubles.

The following Northern Ireland population statistics are illustrative of the need for this strategy to be trauma informed:

- Out of 25,273 births, there were 6,417 mothers with perinatal mental illness (2011)
- 1 in 3 of substance misusers are parents (2015/16)
- 900 people in prison are parents (mostly fathers) (2016)
- There were 29,166 recorded incidents of Domestic Violence (2016) which includes 14,073 children who sought refuge (2016/17)

Margaret Rose McNaughton informed delegates that the Children and Young People's Strategy would be published as a cross-departmental strategy in May 2019. The Strategy will contain a Delivery Plan, with actions to achieve outcomes and it will establish monitoring and reporting structures including ongoing participation with children/young people, parents, stakeholders and academia.



The ACE Agenda: One Year On

Bernie McNally, Independent Chair, Safeguarding Board for Northern Ireland (SBNI) addressed the conference and reflected on the NI ACE Agenda, one year on from the previous conference.

She acknowledged the significant number of leaders in attendance representing agencies from across health, social care, justice, education, housing, local government and the community and voluntary sectors in Northern Ireland.

Bernie noted that momentum was now building around ACEs which was coalescing around trauma informed practice (TIP). The SBNI is pleased to lead on the EITP Trauma Informed Practice Workforce Development Project on behalf of the Early Intervention Transformation Programme (EITP) for a number of reasons. Firstly, as it is about early intervention and secondly, it is evidence based, in order to make children and young people safer. It also fits with SBNI's three key priorities: neglect, domestic violence and mental health, both parental and that of children and young people.

Initial focus of the project has been on rolling out an ACE awareness and trauma informed practice programme of training across the five sectors of the project. While training everyone is important, it is recognised that much more will be required post project closure in March 2020. There is a much wider agenda and all elements will be required to create a strategic framework to drive the agenda forward in Northern Ireland.

This initiative also aligns well with current strategy and legislation. Northern Ireland is represented on the 6 nations Government Forum for ACEs alongside England, Scotland, Wales, Republic of Ireland and the Channel Islands to ensure joint working, common language and the sharing of best practice.

Bernie emphasised that -

"Having a Trauma Informed Nation is not just a good idea, it is now a movement for change."

Bernie recognised the contributions of Queen's University Belfast, Professor Mark Bellis from Bangor University Wales and academic experts for contributing to the research and evidence base that have informed the project and provided the overarching framework for implementation of the EITP Trauma Informed Practice Project.

Bernie drew her presentation to a close through the introduction of the Northern Ireland ACE Animation which has been developed through the SBNI with partner agencies to use as a tool to raise awareness of Adverse Childhood Experiences and the application of trauma informed practice.

The Northern Ireland ACE Animation can be downloaded at <https://vimeo.com/330114583>



Key Note Speaker – Deborah McMillan

Deborah McMillan, Children’s Commissioner for Jersey, provided the key note speech at the conference. Prior to becoming the Jersey Children’s Commissioner, Deborah worked on driving forward the ACE agenda in Wales. She commended the work being done in Northern Ireland on children’s rights, the ACE agenda and trauma informed practice and noted that Northern Ireland is not catching up with the rest of the UK – it is demonstrating real leadership which is crucial to making this work.

Deborah compared this to the situation in Jersey which has 16,000 children and appointed a children’s Commissioner to promote children’s rights and basic needs after decades of children and young people not reaching their full potential. This role now represents island-wide leadership for children and young people policy and services.

Three years ago the Welsh government also demonstrated leadership. It wanted to find out about ACEs and trauma informed practice. This involved a cross sector trip to the US to investigate multiagency work on trauma informed practice there. During this trip, there were several site visits to various settings. One of the site visits was to Lincoln High School, Washington State, to see what a trauma informed school looks like. One example of the work in this school was then recounted:

A police officer and a social worker, arrived to a domestic violence incident, where there was a child called Ethan (aged 8 years). The police officer and social worker were able to liaise with the school the next day who were ready to meet Ethan’s needs. The building has a Green Room, to which all of the children have access. Ethan was able to have a sleep, eat, wash, get clean clothes and then talk to a member of staff who knew him best. He then declared that he was ready to go back to class. He was able to articulate how he’d “flipped his lid” and how he can build resilience. He understood what was going on in his brain.

For further information on the Dan Siegel ‘Flipping Your Lid’ analogy visit <https://heartmindonline.org/resources/daniel-siegel-flipping-your-lid>

Lincoln High School is a hub in the community. It is a place where adults, children and young people are learning together, e.g. there was a 14 year old mother breast feeding her baby in the science room.

In this school, you can *feel* trauma informed practice in action, rather than see it. Teachers have a very strong relationship with the young people they work with, checking in with them, knowing names and with a team being formed around every child. Rather than referring onto an external service provider, services were brought into the school including beds, where necessary. This is the culture of that school.

Lincoln High School is located in an adverse community environment and has taken steps to address this, e.g. screening of children and young people to remove weapons. However, it also takes an asset-based community development approach, building on the strengths of children and young people and parents. The school could not do this alone.

Using another case study, Deborah reminded delegates of the potential failures or harms that can happen for families over time if a trauma informed approach is not adopted, as was the case for Family P from 1995 until 2010. Before the children in Family P were born there had been a history of domestic violence, alcohol and drug abuse by Dad. Mum was care experienced and Dad had been in prison. Yet assessment after assessment was completed with referral after referral being made but with no further action being taken. These ACEs were not noticed. What was noticed was that girls of 13 and 15 years were out of control. However, following a period of sustained, positive action they are now both thriving – but it took 15 years to get that far.



Deborah continued to outline the advantages and disadvantages of the ACE Agenda. In terms of advantages, it has done the following:

- Helped us to have a greater understanding of children with challenging behaviour
- Helped to reconfigure our public services around the recognised need and
- Helped to support strong relationships

However, Deborah also reflected on of the challenges that we need to be cognisant of, including:

- The fact that the social inequalities agenda is not always recognised or addressed
- The potential for counting ACEs and labelling children
- Gatekeeping access to services by counting ACEs
- The potential for privacy being breached and not upholding the Rights of the Child
- Lack of leadership in terms of holistically addressing need

"ACEs needs to be strengths based, not deficits based. It was never supposed to be deficits based."

Children's Rights are necessary to push this agenda forward. Taking a children's rights approach means that agencies are compelled to act and it means that governments are compelled to act, under their legal duties having ratified the United Nations Convention on the Rights of the Child (UNCRC).

The four guiding principles of the UNCRC:

1. Non-discrimination
2. Right to life, survival and development
3. Best interests of children and young people are paramount
4. Respect the views of children and young people

Deborah concluded her address by saying that increasing ACE awareness and being trauma informed across public services is a good thing, but it needs leadership. It has a momentum and there is the will to do this.

"ACEs provides a catalyst to improving services, to open up dialogue across the services and develop more informed policy and practice."

However, we must be mindful of the pitfalls and ensure we do not measure children and young people's ACEs. A Children's Rights approach is the way to advance this work. Basing our ACEs work on powerful children's rights principles is the way to develop a trauma informed nation.

Ultimately, there is a need to prevent the occurrence of ACEs in the first place and prevent reoccurrence. We also need to support one another in our journeys.

Key Components of embedding Trauma-Informed Practice across Systems

Dr Lisa Bunting, School of Social Sciences, Education & Social Work, Queen's University Belfast (QUB), provided a summary of the Evidence Review - Developing Trauma informed Practice in Northern Ireland completed by QUB for the Safeguarding Board NI (SBNI).

Trauma Informed Care (TIC) is a whole system organisational change process. It provides an overarching comprehensive and coherent framework across sectors and organisations and differentiates between trauma-informed and trauma-specific interventions/practices. Ultimately, it seeks to enhance service provision for all.

The Evidence Review - Developing Trauma informed Practice in Northern Ireland explored the following questions:

1. What are the key components of TIC approaches in child welfare, social care, justice, health and education?
2. What is the evidence for effectiveness, what are the outcomes for children and families?

Using a systematic search and screening methods, more than 70 papers evaluating organisation-wide TIC implementation were examined.

There were, however, some limitations in relation to the review. These included:

- The studies were mainly American
- More than half focused on child welfare
- Many did not specifically evaluate child or family outcomes
- The generalisability of study findings was often limited by the use of non-randomised designs, lack of a control or comparison group, small sample sizes and/or lack of standardised, validated measurement tools

Despite these limitations, the findings pointed to the positive impact TIC can have on service users across various settings:

- Improved child mental health outcomes
- Improved patient-provider rapport
- Reductions in the use of seclusion and restraint
- Fewer substantiated child maltreatment reports
- Reduced caregiver stress, decreases in school disciplinary offences and suspensions
- Reduced youth aggression



The following table summarises cross system (shared) TIC components based on Hanson & Lang (2016)

Implementation Domain	Elements within each domain			
Workforce Development	Training	Staff support	Wellbeing	
Trauma-Focused Services	Screening & Assessment	Access to trauma-specific services	Access to evidence based treatments	
Organisational Change	Leadership buy-in and strategic planning	Intra- and inter-agency collaboration	Physical environment	Service user involvement and peer support

Lisa finished with a final thought on the challenge in creating trauma informed systems: There is a need to think about the process and evaluation. Funders, commissioners and senior managers need to be aware that the kind of whole system change envisaged by TIC will not happen quickly...

"allocating process time for the slow and organic changes that must take place to accommodate the new way of practicing should be factored into TIC implementation plans"

(Bryson et al., 2017: p12)

The full Evidence Review - Developing Trauma Informed Practice in Northern Ireland can be accessed here <https://bit.ly/2HmVlnq>





A Sector Specific Perspective on Trauma Sensitive Practice

This section of the conference reflected on the range of service providers who had continued their journey of embedding ACE Awareness and trauma informed practice within their services since the first NI ACE Conference in 2017. The examples provided demonstrated how, through leadership and commitment, agencies can become trauma sensitive to the needs of their service users and staff.

Transforming Policing in Practice

The first presentation was from Temporary Chief Constable **Tim Mairs**, Police Service of Northern Ireland (PSNI), who spoke about Transforming Policing in Practice.

Tim referred to Judge Gillen's review of young people who are victims. Bringing young people into the justice system is traumatising and we need early intervention to keep them outside of it. He acknowledged the work of colleagues on SBNI and in the North West region of NI in driving this agenda forward within policing.

Tim noted that the Trauma Informed Practice Project was a particularly welcome initiative to an organisation which acknowledges the need for change. There are now less resources available but more demand, leaving staff feeling frustrated with their current situation. The EITP Trauma Informed Practice Project has supported the following changes to practice within policing:

- For staff, there is a move to be empowered
- For the organisation, it is now more proactive than reactive and is able to make a positive contribution. It is outward looking, working with communities, especially those controlled by criminal gangs
- For citizens, it has meant moving from a disjointed system and disparate services to having needs addressed more effectively

Evidence that trauma informed practice works on the ground was another reason given by Tim Mairs for PSNI involvement e.g. Lower Divis police operation after recent murder. Prior to this there was a revolving door of young people being arrested and released which cost £1m, damaged relationships with families within communities and young people continue to reoffend but more seriously.

The PSNI is now working with St Peter's Immaculata Youth Club and youth workers, understanding the support needs that young people have in order to help them change their lives. The cost of employing youth workers versus the cost of policing is significantly less and results in better outcomes for the young people.

What have we done?

- Not just becoming ACE aware. This knowledge translates into police work via PCSP. In addition, trauma informed practice also needs to be embedded within frontline policing
- Through the EITP Trauma Informed Practice Workforce Development Project, the PSNI in collaboration with the Safeguarding Board for Northern Ireland piloted ACE awareness and trauma informed practice capacity building training with 350 frontline police officers in Derry and Strabane. The PSNI were the first SBNI member agency to deliver this and while it is challenging, there are champions in the organisation that support it and continue to roll this out regionally through the PSNI training colleges.
- The pilot training within the PSNI is currently being evaluated
- Reviewing Early Action Together, the Welsh Police model of trauma informed practice.
- Signposting materials including occupational health, emotional health and wellbeing and support and debriefing models for staff.

From March to April 2019, the EITP Trauma Informed Practice Project training pilot was rolled out in the North West region in Northern Ireland with organisations such as schools, health and social care. The PSNI were a member agency of the training pilot and an internal evaluation of the police training pilot will be reviewed with the intention of regional roll out across all districts through the PSNI Regional Training Colleges.

Pupil Wellbeing in the Education System

A presentation on Pupil Wellbeing was provided by Clare Mangan, Director for Children and Young People's Services, Education Authority (EA).

Clare referred to the EA Values and the EA Interim Strategic Plan (2017-2027), the aim of which is "to inspire, support and challenge all our young people to be the best that they can be."

Part of working on this aim is to promote emotional health and well-being. Before going on to explain how the EA does this, Clare outlined the delivery context:

"There are 335,000 school aged children, across 1130 schools in Northern Ireland. The focus of EA's work is on promoting outcomes for children and young people which includes personal development and building resilience. There is, therefore, a developmental approach to service delivery which means developing the professional and technical capacity of schools and the EA service workforce."

Examples of how such personal development and resilience-building work is delivered in schools were outlined. These include the following:

Primary Schools	Post-Primary Schools
<ul style="list-style-type: none"> • Nurturing Principles - Promoted across all primary schools • Promoting school attendance • Nurture Classes (N=31 schools) • Schools of Sanctuary (N=13, and increasing to 22 in the near future) • Access to Critical Incident Response Team • Primary Behaviour Support Provisions – Focus on nurture, recognition of Adverse Childhood Experiences 	<ul style="list-style-type: none"> • Access to Personal Development Programmes delivered across over 30 post-primary schools by EA Youth Service; Certificate in personal development • Stronger connect between youth based outdoor education and schools • Promotion of Duke of Edinburgh/ GosH Awards • Access to Critical Incident Response Team (CIRT) • Flare Programme - EA Youth Service/PHA • Independent Counselling Services for Schools (ICSS)

In addition there is Targeted Support, and Targeted Implementation via a range of specific services which includes:

Targeted Support	Targeted Implementation
<ul style="list-style-type: none"> • 30 Education Other than at School (EOTAS) Provisions, which are jointly delivered by teaching staff/youth service staff • Specific links in certain EOTAS provisions with CAMHS • Moving forward there will be more inclusive programmes for young people accessing Exceptional Teaching Arrangements 	<ul style="list-style-type: none"> • Educational Psychology • Education Welfare Service • Child Protection Service • Behaviour Support Teams in both Primary and Post-Primary • EOTAS • Intercultural Education Service which works with Syrian Refugees

Enabling the Best Start in Life

Charlotte McArdle, Chief Nursing Officer, Department of Health, provided input on the contribution of nursing and midwifery to Enabling the Best Start in Life.

A number of policy and strategy documents emphasise the need for prevention and early intervention, including the following:

- **Making Life Better** – A Whole System Strategic Framework for Public Health, from the Department of Health
- **Healthy Child, Healthy Future** – A Framework for the Universal Child Health Promotion Programme in Northern Ireland, from the Department of Health, Social Services and Public Safety
- **Health for All Children from the RCPCH**

Health is recognised as a fundamental human right in such documents. ACEs are major risk factors to health and wellbeing. Nurses and midwives are often the only health care professionals that families come into contact with. Parents very often are more open to new ideas and information when babies are born.

Northern Ireland is challenged in term of health inequalities and the differences are unacceptable e.g. teen pregnancies are 6 times higher in most versus least deprived areas. There is also a need to recognise the impact of toxic stress in addition to these inequalities.

The Marmot review emphasised the need for both universal and targeted services, e.g. health visiting. To work effectively, nurses and midwives need to build mutually respectful relationships with women and families. They have a unique place due to the levels of trust they build with people. Echoing Marmot, the Royal College of Physicians in its review emphasised the need for proportionate universalism to more effectively address need. Northern Ireland strategies will be reviewed in light of this.

However, there are a number of challenges that continue to face the health service, such as:

- Growing number of people with mental ill health and its impact
- Disability
- Obesity/being overweight
- Smoking
- Alcohol and drug use among young people
- Suicide
- Domestic violence
- The fact that Northern Ireland is a post conflict society

Nursing and midwifery has an opportunity to make a significant contribution to addressing these needs and challenges and can help create the conditions for living long, healthy active lives. Nurses and midwives have the opportunities to work across the health sector with a range of professionals and sub sectors on a range of programmes that can achieve better outcomes and are cost effective.

Programmes currently available include:

- Ask the Midwife
- Health Visiting – with you every step of the way
- The Paediatric Nurse – Making a Difference In Small People
- Healthy Children Learn Better, School Nurses Make it Happen
- Public Health, Every Nurse is a Public Health Nurse
- Nurse-Family Partnership – Helping First Time Parents Succeed
- The CAMHS Nurse – Brightening the Future
- Building Better Perinatal Mental Health Services



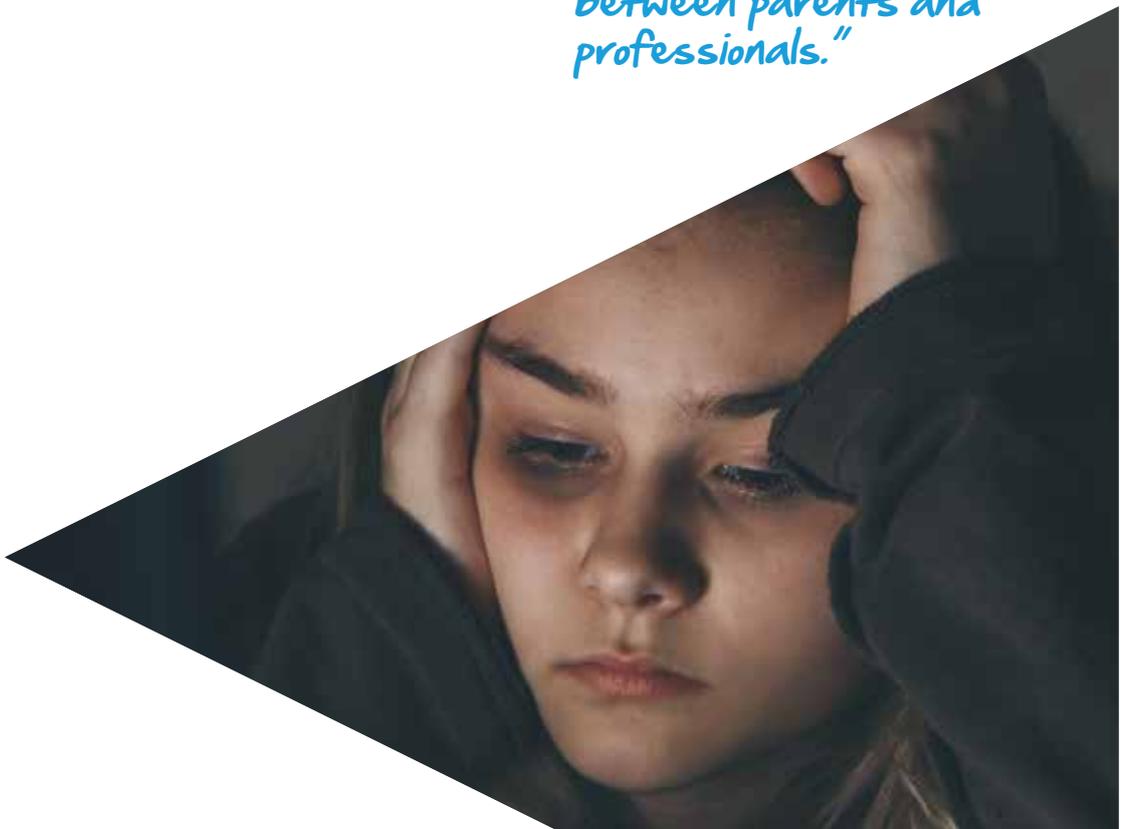
A review of nursing education in different sectors undertaken in 2018 (Future Nurse: Standards of Proficiency for Registered Nurses, NMC) highlights, among other issues, the need for reform of initial and post-registration education, a focus on family and communities' health and wellbeing and advanced practice. A commitment from the Chief Nursing Officer to include ACEs and their impacts in initial nursing training and CPD was shared during the conference.

Including ACEs in such training should contribute to both individual and collective agency. Individual agency is where people get more power and control in their own lives via patient activation, shared decision-making and self-care. Collective agency is where people act together, united by a common cause, harnessing the power and influence of the group and building mutual trust. Harnessing both the individual and collective power of people can lead to system change and to truly implementing a trauma informed approach. Doing so requires us to be clear about our purpose, have courage to take risks, support each other, co-producing with service users and seeing what is possible. Charlotte concluded her presentation by sharing Gemma's story with delegates as an example of where nursing and midwifery made a difference.

Gemma's Story

Gemma was adopted at age three after suffering chronic neglect. Her adoptive parents were teachers. She is now 19 years old, and had no issues until the age of 14. Since that age Gemma has been taken into care because of child sexual exploitation and has had contact with the police, social workers and other professionals due to a range of issues such as mental ill-health, including self-harm, and being diagnosed with ADHD. There were difficulties in engaging with the social work team and the relationship with her adoptive parents broke down. Gemma became pregnant at the age of 16. The Family Nurse Partnership (FNP) tried at that stage to engage the family but the family wouldn't engage and it was thought that it would be necessary to get a foster family for child protection reasons prior to Gemma giving birth. However, the FNP nurse was able to talk to Gemma's (adoptive) Dad, who had been the most reluctant to engage and, following conversations with family, they did engage with the FNP and Gemma was able to return home. This is just one example of how nursing can make a difference to young people's lives.

"Giving our children and young people the best start in life requires collective responsibility, collective ownership, collective leadership and a partnership between parents and professionals."



Knowledge of ACEs in the Prison Service

Paul Doran, Director of Rehabilitation, NI Prison Service (NIPS) provided an overview of how knowledge of ACEs is influencing work in the prisons in Northern Ireland. The Prison Service aims to make the community safer by challenging and supporting people to change.

Prisons 2020 – the Way Forward has set out how the NIPS will continue to improve and play its part in building a safer community. This programme of work is designed to contribute to the draft Programme for Government through 4 key strands and related outcomes:

People: A professional and skilled workforce who are motivated and engaged

Services: Rehabilitating and supporting people in the care of the Prison Service to achieve better outcomes

Infrastructure: A fit for purpose estate which supports new ways of working

Partnerships: Working in collaboration with partners to deliver high quality provision for people in the care of the Prison Service

Key areas of work committed to under each of the outcomes align well with the ACE/TIP agenda and include: employee wellbeing; communication & engagement; prisoner safety & wellbeing; family engagement; and collaboration.

All documents relating to Prisons 2020 - The Way Forward, including delivery plans, can be accessed at:
<https://www.justice-ni.gov.uk/articles/prisons-2020-way-forward>

Current statistics on the make up of the NI prison population and their assessed needs were shared with delegates.



The Northern Ireland Prison Population (2019)

Total: 1446 **Sentenced:** 1019 **Unsentenced:** 427

Adult Males (over 21)

Total: 1285 **Sentenced:** 935 **Unsentenced:** 350

Females in Custody

Total: 64 **Sentenced:** 40 **Unsentenced:** 24

Young Males (18-21)

Total: 97 **Sentenced:** 47 **Unsentenced:** 50



Prison Needs Assessment (2018)

Education:

- 71% of prisoners stated they had left school aged between 14 and 16.
- 50% replied that they had no qualifications.
- Prior to custody, 69% were not in employment.

Addictions:

- 89% responded that they had a history of addiction.
- Over half, 53%, have a history of drug and alcohol addiction.
- Of these, 73% felt their use caused them problems and/or contributed to their offending.

In order to meet the needs of the prison population, the NIPS works with a variety of agencies from across the statutory, voluntary and community sectors, such as those seen below:



Where are we now?

Paul explained how the EITP Trauma Informed Practice Workforce Development Project was influencing the work of the NIPS.

- Staff are ACE aware without full knowledge of research
- Learning from Youth Justice Agency and their 4 priority areas:
 1. Child first, offender second
 2. Adverse Childhood Experience
 3. Trauma Informed Practice
 4. Signs of Safety
- Development of a model of practice to reflect the research, values and positive outcomes that have been demonstrated by adopting this approach
- Member of the Regional ACE Referral Group

Paul reflected on how the NIPS has adopted Kotter's Model of Change. This 8-step process can be defined as follows:

1. Create urgency
2. Form a powerful coalition
3. Create a vision for change
4. Communicate the vision
5. Remove obstacles
6. Create short-term wins
7. Build on the change
8. Anchor the change in corporate culture

The Welsh research showed that, compared to people with no ACEs, those with ACEs were 20 times more likely to have been incarcerated in their lives.

- Parental imprisonment has been recognised as an ACE
- The Department of Justice scoping study of the Youth Justice System proposed a welfare approach providing early intervention and tailored support for children and families to prevent them entering or moving further into the justice system
- The draft strategy on Strengthening Family Relations echoes this as it wants to mainstream strengthening family relationships as a key desistance pathway, like employment or education.

The NIPS has been working with a number of external agencies on a range of programmes that are offered to offenders, such as the following:

- Family Links
- Barnardo's Family Matters
- Children of Imprisoned Parents (CHIP)
- Play Matters
- Building Better Relationships Programme
- Horizon Programme for Adults
- Safer Lives Programme for young men
- Partnerships with PBNI and SEHSCT

Where Do We Want To Go?

- NIPS will strive to become a Trauma Informed Organisation
- The following components were highlighted as important drivers of TIP implementation with the NIPS: training; policies; strategies; instructions; rules and procedures:
- **Some notes of caution were urged in acknowledging:**
 1. Importance of verification in assessment of need
 2. Elements of choice
 3. Not all people in applying practice to individual need and circumstance in our care will have experience of ACEs

Paul concluded with this thought:

"by understanding the reasons people commit crime, we can help them move away from offending. This will result in less crime, less victims and a safer Northern Ireland where we respect the law and each other."

Further information on the Northern Ireland Prison Service can be found at www.justice-ni.gov.uk/topics/prisons

Workshop session 1

Through joint working in multi-agency groups, delegates were asked to consider and discuss the essential elements of embedding trauma informed practice as highlighted through the Queens University Belfast Evidence Review of Trauma Informed Care and Practice.

A sample of the responses have been summarised in the following table.

Element	Question 1: What would it look like to be trauma informed from this perspective?	Question 2: What would the challenges be to embed ACE Awareness/TIP within this component of an organisation?
Leadership buy-in	<ul style="list-style-type: none"> Investing in staff to equip them to have meaningful, purposeful, valued relationships with the people they work with Support workforce to deliver compassionate care Whole organisational approach 	<ul style="list-style-type: none"> Current system needs to be reviewed Staff embedded in old approach Capacity Clear direction Honesty
Evidence-based treatments	<ul style="list-style-type: none"> Pre-school practice (not treatment). Staff aware of potential impact of childhood trauma on child development and learning. Pre-school setting having a nurturing approach. Staff can recognise children who have had potential adversity and provide supportive learning environment to help meet their needs. Trauma informed training Fast responses needed, speed up referral services 	<ul style="list-style-type: none"> Communication within/outside organisation Articulating the difference and benefits Demonstrating impact- what is a good outcome?
Service-user involvement	<ul style="list-style-type: none"> Ensuring not to re-traumatise service users when involving them in service development Co-production multi agency working Age specific messages for children and young people 	<ul style="list-style-type: none"> Expectation of privacy - don't want to share story Manage the public's expectations Need to communicate clearly - no 'jargon'
Screening and assessment	<ul style="list-style-type: none"> Assessment should not be purely a deficit model Not using questionnaires or tick boxes to assess number of ACEs Relationship building, relationship-led services 	<ul style="list-style-type: none"> Personal safety The way we are all set up Ad hoc disjointed approach



Element	Question 1: What would it look like to be trauma informed from this perspective?	Question 2: What would the challenges be to embed ACE Awareness/TIP within this component of an organisation?
Workforce development: Staff safety and support	<ul style="list-style-type: none"> • Creating space for staff care • Address workplace stress, creating safe place for staff to express themselves, understand need for staff support & compassion, asking staff what they need • Top down culture change - empowered incremental change to ACE practice 	<ul style="list-style-type: none"> • Reflective supervision programme needed • How will we measure outcomes for CYP and practitioners? • Need collective professional and policy leadership • Overcoming personal guilt as a parent
Workforce development: Training	<ul style="list-style-type: none"> • Integrated into all services, at all levels in organisation • Training to be blended between single agency and collaborative/interagency training • Raise public awareness - breaking down stigma, trauma informed nation, shift in culture 	<ul style="list-style-type: none"> • Cascading – dilution • Identifying appropriate staff to train, job descriptions, ensuring it has reach, relationships, staff turnover • Training sustainability - finance; staff turn-over
Organisational change	<ul style="list-style-type: none"> • Joined up services • One point of contact for service user and family • Whole government approach • Regional consistency of implementation 	<ul style="list-style-type: none"> • Common language if working collaboratively • Awareness raising across the whole organisation • Positive terminology- changing from “what’s the problem?” to “what has happened?”



Building Leadership Capacity in Complex Systems

In the afternoon session, delegates were addressed by **Sean Holland**, Chief Social Work Officer, Department of Health.

Sean shared an overview of his role as Chair of the Early Intervention Transformation Programme (EITP), which has received an investment of £30m over the lifetime of the programme. EITP involves five government departments and Atlantic Philanthropies.

Nineteen different projects including the Trauma Informed Practice Workforce Development Project, have been funded by EITP, 12 of which have been sustained and are now being mainstreamed within Public Services.

Sean suggested that systems are complex for a variety of reasons. There can be a dislocation between policy lead, funding source and spend location without a mechanism to connect these or allow joint-decision making. e.g. reducing crime, work in schools etc.

Early intervention actions are social by nature. Sean referred to the Allen report, Early Intervention: The Next Steps (2011), and the way in which it 'sold' early intervention as being scientific in nature, i.e. proof of what works. Sean reflected that this approach may have resulted in a lot of good work being alienated or excluded from practice or funding.

Social interventions are not necessarily transferable, especially between the US and Northern Ireland. We are not dealing with drug trials but social environments. Relationships are not as measurable or predictable as medical science is. Rather, social interventions can be messy. Things may not go to plan entirely or it may take longer than expected.

We have a choice: to fund initiatives that transform our services or to invest in piecemeal efforts that come to an end when the funding runs out. In the context of childhood adversity, we are trying to transform services across the system as opposed to simply funding project activity in the way that other funding bodies continue to do.

However, it is not simply about funding. Leadership is crucial to transform and embed the change.

Leadership is very interesting. Unfortunately, traditionally there has been a lot of tribal leadership in organisations which doesn't help in promoting trauma informed practice. It is not confined to politics, sector, particular professions, particular organisations, or parts of organisations. Tribal leaders are successful when they lead their tribal teams and those 'in the tribe' are seen as clever, there is a bias about its own team, merits, resources etc. This can be seen with nurses versus doctors, rural versus urban etc. Tribal leadership is needed to do certain tasks, such as winning.

However, such an approach won't work in trauma informed practice. It is not a win/lose prize and getting it right is win/win.

"We, therefore, need leaders who believe in common objectives ahead of sectoral interests and who are not concerned with who 'owns' the policy etc..."

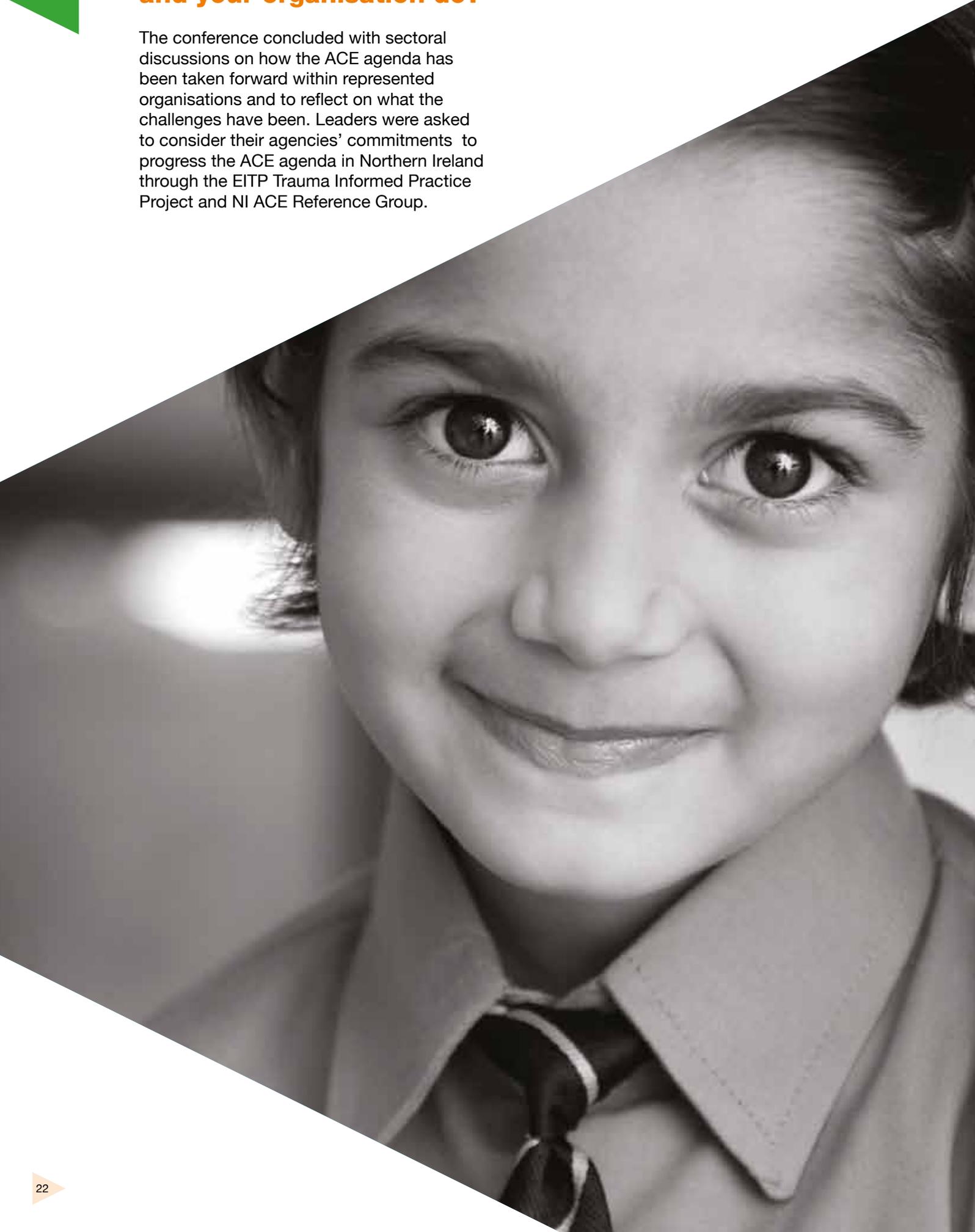
We need to think about what comes next. The Early Intervention Transformation Programme comes to an end in 2020. Tribal leaders won't lead to transformation. However,

"we do have a great opportunity to do some transformative work through this Trauma informed practice initiative."



Leadership commitments feedback: what will you and your organisation do?

The conference concluded with sectoral discussions on how the ACE agenda has been taken forward within represented organisations and to reflect on what the challenges have been. Leaders were asked to consider their agencies' commitments to progress the ACE agenda in Northern Ireland through the EITP Trauma Informed Practice Project and NI ACE Reference Group.



The image below provides visual representations of the commitments made by individual delegates. These reflect the key implementation components relevant to their organisation or sector, as identified in the QUB Evidence Review of Trauma Informed Practice. Organisational commitments are summarised by sector in the table on page 27.

Individual commitments by theme





To make the change happen I am going to...

Staff Safety and Well-being



To make the change happen I am going to...

Evidence based treatment/ Trauma Focussed services

Implement practice through Prison Officer engagement. Implement ACE/trauma policy.



Stay fully engaged with the work being undertaken to promote trauma-informed practice and to offer the support of the department if and when required- for example help to unblock barriers along the way.

Embed the concept of ACEs into all the work we do in the criminal justice system.



Form a building resilient ACE aware and trauma-informed communities. National working group.

Consider how we move from ACEs aware services to a trauma informed organisation.



Consider how we move from ACEs aware services to a trauma informed organisation.

Ensure that the assessments are trauma framed getting alongside the family. Ensure the question first and foremost is "what happened to you?".



Ensure that the assessments are trauma framed getting alongside the family. Embed trauma informed supervision within the team. Ensure the question first and foremost is "what happened to you".

Be the reminder that every child/mum/dad has their story for how they are now.



Work to ensure we engage with other agencies in respect of ACE. Issues relevant to ACE can have a major impact on homelessness in particular as a potential consequence of ACEs.

Continue to raise awareness. Tap into existing expertise to help carry out an audit of TIP.



Embed the concept of ACEs into all the work we do in the criminal justice system. Acknowledge our own ACEs and how they can impact on aspects of our work.

Raise Awareness and sell the benefits of this approach. Grow the commitment of programmes of care.



Continue to demonstrate a collaborative approach to achieving outcomes and adopting a trauma informed approach to my work.



To make the change happen I am going to...

Leadership buy-in & Strategic Planning

Continue to spread word about ACE agenda and promote TTP across the sectors. 

To not be a tribal leader. 

Stay fully engaged with the work being undertaken to promote trauma-informed practice and to offer the support of the department if and when required- for example help to unblock barriers along the way. 

Support NI ACE Reference Group. Support implementation of projects. 

Promote ACEs for child health partnership, Ireland Committee RCPCH & All Ireland Paediatric Committee. 

Get more involved with the TIP project. 

Continue to provide input to the regional ACEs steering group to assure that a contribution is provided from social care directorate Department of Health into future meetings/activities of regional group. 

Form building resilient ACE aware and trauma-informed communities. National working group. 

Collaboration

 Collaborate with others to ensure that staff understand care services and staff are trauma informed.

 Share with my team the outputs from this conference so that they understand the relevance to their work.

 Continue to demonstrate a collaborative approach to achieving outcomes and adopting a trauma informed approach to my work.

 Work to ensure we engage with other agencies in respect of ACE. Issues relevant to ACE can have a major impact on homelessness in particular as a potential consequence of ACEs.

 Encourage others through engagement and link with other directorates.



Organisational commitments by sector

Sector	Name	To make the change happen, my organisation is going to...
Community & Voluntary	ASCERT	Internal review of strategy and service model against trauma informed practice principles.
	British Psychological Society	Implement training with specific attention being paid to clinical supervision for staff.
	Royal College of Paediatric and Child Health	Collaborate and become open. Shared purpose. Promote information sharing for integration of services and promotion and protection of ICYP.
	Include Youth	Carry out audit. Ensure trauma informed practice is included in strategic plan.
Health & Social Care	Belfast Health and Social Care Trust	<ul style="list-style-type: none"> • Continue to talk and understand trauma. To be the one who will hold hope that people can survive trauma experiences • Leadership- buy in. Culture of change and mind set. Measureable outcomes. Interagency working. Stable workforce. • Embed change at all levels and look after staff as well as service users.
	Northern Health and Social Care Trust	<ul style="list-style-type: none"> • Raise awareness of trauma. Change the culture-language used. Training. • Training, collaboration, culture- change language used, embed training.
	Southern Health and Social Care Trust	<ul style="list-style-type: none"> • Offer training at all levels. Trust values and demonstrate importance of staff care/wellbeing. • Embed training and awareness. Time for staff reflection. How technology supports the journey.



Sector	Name	To make the change happen, my organisation is going to...
Health & Social Care	Department of Health	<ul style="list-style-type: none"> • Develop policies and strategies that incorporate trauma informed practice and messaging. Work on key projects and programmes on a collaboration basis across organisations and sectors. • Continue to participate in and contribute to the 6 nations ACEs 'Think Tank' sharing research, practice exemplars and learning from the experience of others • Showcase achievement and learning from the EITP Trauma Informed Practice Project. Directorate, policy group, department, across EITP stakeholders (Cross agency). Share with tackling paramilitarism team. • We will continue to provide strong leadership in this area within health and social care and continue to work with other departments to further this agenda. We will continue the conversation we have started with other departments about the potential to invest further in early intervention • Take forward on trauma informed therapeutic model for residential childcare. • Pilot a therapeutic reflective model for residential staff. Ensure key messages are included in strategy and policy development.
	Public Health Agency	Have wider conversation of ACE research and approaches and relevant to public health and PHA delivery.
	Safeguarding	<ul style="list-style-type: none"> • Continue to deliver the EITP Trauma Informed Practice Project project and look for Board for opportunities to share practice and resources across Northern Ireland all SBN interagency subgroups. • Make ACE/TIP custom and practice within SBNI operation. • Model collaboration to enable sustainability of the work to safeguard the children, whilst supporting staff self-care. • Support others around longer term implementation plans. • Encourage collaborative working in a compassionate T.I. approach. Communication structures- ensure there is good communication re ACES across sectors and in a hierarchical way. • SBNI will model collaboration and self-care by embedding ACE awareness in all of its committees, subgroups and across the partnership to ensure sustainability of the ACE agenda and 'Be The Change'.
	Tusla /MACE CAWT project	Need to show collaborative leadership from top to frontline on preventing ACEs by helping to build resilient, trauma informed communities.



Sector	Name	To make the change happen, my organisation is going to...
Education	Education Authority	<ul style="list-style-type: none"> • More cross-over between the youth services and schools. ETI should seek to identify well-being in schools before academic achievement. Create a more nurturing environment for pupils, staff, EA employees and DE staff. Wider wellbeing agenda. • ACEs trauma informed integrated into excellent pastoral care. Recognise good work practitioners. • Consider the good practice currently in place and identify ways to disseminate and share.
Justice	Probation Board for Northern Ireland	Recruit passionate/informed colleagues to sit on a group to drive this agenda with a view. Holistic and inclusive internally and externally, also promote staff self-care.
	Police Service of Northern Ireland	<ul style="list-style-type: none"> • Include in corporate/business plan. Organisational training on trauma informed practice (TIP) and ACEs. Include Northern Ireland in Appraisal/supervision of staff. Explore service user feedback to inform future practice. Work collaboratively with other agencies and community/voluntary sector agencies to incorporate TIP. Self-Care actions as we are working with more complex issues with trauma impact on all staff. • Evaluate the pilot in Derry City and Strabane for roll out across PSNI. Introduce ACE awareness training in the police college. Ensure relevant strategies updated to include ACE. Really understand what this means to a trauma informed police service at 3am.
	Youth Justice Agency	<ul style="list-style-type: none"> • Embed TIP into our MOP. Stay informed of best practice in NI youth justice field, learning from TIP models. • Ensure all staff are ACE aware and best practice staff are trained in TIP. • Use our influence to ensure other organisations that interface with YJA are ACE aware. • Work streams; staff supervision, staff care (HR processes), processes and practice.

Sector	Name	To make the change happen, my organisation is going to...
Justice	Northern Ireland Prison Service	<ul style="list-style-type: none"> • Develop a training plan and deliver this training to staff. Set objectives. Discuss with departments to gain an overall viewpoint. • View prisoners as damaged people who need support, and it is everyone's job to make this happen. • Set objective- year 2 of Prisms 2020 to become trauma informed. Set 2 new assignments for recruit cert. of competence. Re-design and deliver ACE/TIC modules to training. Re-design funding agreements with partner organisations, inclusion of ACE in intervention etc. • Introduce training focussed on trauma informed practice and embed TIP into each member of staff's personal performance agreement. • Set an objective to become a Trauma Informed Organisation. Engage with other Justice organisations on shared resources/support. Promote Prisons Well-can access counselling for staff.
Housing	Northern Ireland Housing Executive	<ul style="list-style-type: none"> • Ensure the issues around ACE are reflected in how we operate alone with the future development of policies and strategies. • Sign post providers to trainers

Closing Remarks

Kieran Downey, Chair of the NI ACE Reference Group and Deputy Chief Executive, Western HSC Trust thanked all of the speakers who provided thought-provoking inputs into the day's conference. He also thanked delegates for sharing their experiences and of how their agency has been working in a trauma informed way to date, where they need to go to and steps being taken to further implement trauma informed practice. He also thanked the NI ACE Reference Group and SBNI for organising the event.

Kieran noted that Northern Ireland is still on a journey to becoming a trauma informed nation.

"We have not reached that destination just yet, so the journey will continue. Perhaps at the next conference we will be able to see the distance that has been travelled. In the meantime, it is up to us all to

be the change"



Appendix 1: Northern Ireland Regional ACE Reference Group Membership

NAME	ORGANISATION
Kieran Downey	Western HSC Trust (Chair)
June Wilkinson	Department for Education NI
Paul McConville	Department for Health NI
Rodney Morton	Department for Health NI
Una Turbitt	Education Authority
Maurice Leeson	Health and Social Care Board
Ryan Henderson	Police Service for NI
Geraldine O'Hare	Probation Board for NI
Maurice Meehan	Public Health Agency
Ciaran Mulholland	Regional Trauma Network
Geraldine Hamilton	Regional Trauma Network
Helen McKenzie	Safeguarding Board for NI
Cate Taggart Barry O'Hagan	SOLACE representatives
Paul Morgan	Southern HSC Trust (On behalf of Executive HSC Trust Directors)
Colleen Heaney	Youth Justice Agency

Appendix 2: Full Conference Programme



Adverse
Childhood
Experiences
Be the Change

NORTHERN IRELAND ACE CONFERENCE 2019

A TRAUMA INFORMED CONVERSATION

ACCELERATING PROGRESS FOR THE PROGRAMME FOR GOVERNMENT OUTCOMES

Date: Wednesday 3 April 2019

Time: 9.00-3.00pm

Venue: Tullyglass Hotel, Ballymena

9.00	Registration & Refreshments	
9.45	Welcome Address	Kieran Downey, Chair of the Northern Ireland ACE Reference Group
9.55	The Northern Ireland Children and Young People's Strategy and the ACE agenda	Margaret Rose McNaughton, Director for the Children and Young People's Strategy Team, Department for Education
10.05	The ACE agenda: One Year On	Bernie McNally, Independent Chair, Safeguarding Board for Northern Ireland
10.15	Key Note Speaker	Deborah McMillan, Children's Commissioner for Jersey
10.45	COMFORT BREAK	
11.00	Key Components for implementation of Trauma Informed Practice across sectors	Dr Lisa Bunting, Lecturer in Social Work, Queens University Belfast

11.30	A Sector Specific Perspective on Trauma Sensitive Practice	Transforming policing in practice T/ACC Tim Mairs, Police Service for Northern Ireland
11.45		Pupil Wellbeing Clare Mangan, Director for Children and Young People's Services, Education Authority
12.00		Enabling the Best Start in Life Charlotte McArdle, Chief Nursing Officer, Department of Health
12.15		Paul Doran, Director of Rehabilitation, NI Prison Service
12.30	Understanding trauma informed practice across the workforce	Facilitated Group Discussions & Feedback
13.00	LUNCH	
13.30	Recap and Summary of the day so far	Celine McStravick, National Children's Bureau
13.40	Building leadership capacity in complex systems	Sean Holland, Chief Social Work Officer / Deputy Secretary Social Services Policy Group, Department of Health
13.55	Leadership Commitments to Be the Change	Facilitated Group Discussions (30minutes) & Feedback (20minutes)
14.45	Closing Remarks	Kieran Downey, Chair of the Northern Ireland ACE Reference Group

Appendix 3: Speaker Biographies

Speakers at NI ACE Conference 2019



Front row: Deborah McMillan, Children’s Commissioner for Jersey. Clare Mangan, Director for Children and Young People’s Services, Education Authority. Margaret Rose McNaughton, Director for the Children and Young People’s Strategy Team, Department for Education.
Back Row: Paul Doran, Director for Rehabilitation, Northern Ireland Prison Service, Kieran Downey, Deputy Chief Executive, Western Health & Social Care Trust.

The conference heard from a range of speakers who outlined the strategic context, messages from research and provided practical examples of service delivery being influenced by awareness of ACEs and trauma informed practice.

Kieran Downey **Deputy Chief Executive of the Western HSC Trust and Chair of the Northern Ireland ACE Reference Group.**

Kieran lives in Killyclogher and has worked in the Health Service for over 30 years. He initially trained as a teacher and subsequently qualified as a Social Worker. Kieran has worked in a variety of senior management posts before being appointed as Assistant Director of Children’s Mental Health and Disability in April 2007. He was appointed Director of Women and Children’s Services and Executive Director of Social Work in September 2012 and Deputy Chief Executive in September 2018.

As Director of Women and Children’s Services he was responsible for a comprehensive range of acute and community services with an annual budget of £80million.

As well as all of the statutory Family and Child Care Children’s Services, Kieran also had responsibility for Public Health, Maternity, Paediatrics, and Physical, Sensory and ASD Services [adults] across the Trust.

Earlier in his career, Kieran was instrumental in securing the first Charter Mark Award for Day Care Services in Northern Ireland and was on the Expert Working Committee for the Bamford Review Group. He has most recently led in the development of the Western Trust Infant Mental Health Strategy [2011] which was the first strategic plan for infant mental health in Northern Ireland. He continues to represent Social Work on the Celtic Nations think tank on childhood adversity.

Kieran chairs the Children’s Services Cross Border Sub Group under the Co-Operation and Working Together Partnership and will lead on the implementation of an adversity programme for the border corridor funded by Interreg V. He also chairs the NI ACE Reference Group and remains committed to the development of a Northern Ireland Strategic approach to becoming a trauma informed region.

Margaret Rose McNaughton, Director for Children & Young People’s Services, Department of Education NI.

Margaret Rose joined the Department of Education in May 2016, with the reorganisation of Government Departments. As Director for Children and Young People in the Department, she has responsibility for the implementation of the Children’s Services Co-operation Act which includes the development of the Executive’s Children & Young People’s Strategy.

Prior to joining DE, Margaret Rose was the Director of Equality, Human Rights and Social Change in the Office of the First Minister and Deputy First Minister for NI. In this role Margaret Rose had responsibility for a range of equality & social change strategies including those for children & young people, older people, gender and sexual orientation.



Bernie McNally, Independent Chair of the Safeguarding Board for Northern Ireland.

Bernie McNally is the Independent Chair of the Safeguarding Board for Northern Ireland. Bernie McNally graduated from Queen's University Belfast in 1985 as a professional social worker having previously completed a BSc in Psychology at University of Ulster. Since then Bernie has worked in the Northern Ireland Health & Social Services in a variety of practice and management positions, spanning both adult and children's social services.

In 2003, Bernie was appointed to the position of Director of Social Services/ Children's Services/Mental Health Services in North and West Belfast Health & Social Services Community Trust. Following the amalgamation of a number of hospital and community trusts in Northern Ireland in 2007, Bernie was appointed Executive Director of Social Work/Children's Services in the newly formed Belfast Health & Social Care Trust.

In 2012, Bernie was seconded to Northern Ireland Cooperation overseas (an agency of the Department for Communities) to work in Eastern Europe with national government administrations on a number of child care projects. This work involved assisting in the development of modern child care policies, procedures and practice in several European Union accession countries. In 2017, Bernie was appointed as Independent Chair of the SBNI.

Deborah McMillan, Children's Commissioner for Jersey

Deborah's role is to promote and protect children's rights, and is underpinned by the UNCRC.

Formerly the Director for Children's Services at Bridgend County Borough Council she held the statutory roles of Director of Education and Lead Director for Children and Young People. Deborah was the Lead Director for the Central South Regional Education Consortia, and Chair of Association of Directors of Education Wales (ADEW).

As Corporate Director Deborah led on the transformation of the Children's Directorate and appointed a new leadership structure and new systems and processes designed to drive improved outcomes for children, young people and their families by removing structural barriers that were affecting integrated working.

Before joining Bridgend Council, Deborah was Head of Children's Commissioning in Herefordshire County Council where she was responsible for early intervention and prevention, delivering integrated services.

Throughout her career, Deborah has been involved in developing early intervention and prevention and shaping the way services are delivered for children, young people and their families. This has included developing new integrated systems based on integrated and co-located children's services and focusing on meeting the needs of families through identifying need early and meeting that need at an early age and at an early stage.

For the past year, seconded to the Welsh Government as a Professional Advisor, Deborah has been working closely with Public Health Wales, South Wales Police, NSPCC and Barnardo's to develop expertise around the Adverse Childhood Experiences (ACE) agenda and supporting a cross government policy agenda around wellbeing and poverty.

**Dr Lisa Bunting, Lecturer in Social Work,
Queens University Belfast**

Lisa is a Lecturer in Social Work at QUB. Her research interests lie broadly in the area of child welfare and maltreatment with specific interests in the impact of childhood adversity across the life-course, the experiences of child victims/witnesses within the criminal justice system and UK child protection and criminal justice policy.

To date, her research has involved both qualitative and quantitative approaches, as well as systematic review methods. Recent projects have included: the outcomes and components of trauma informed practice across social care, health, education and criminal justice sectors; the links between deprivation and involvement with child and family social work in the UK/Ni; trends in child protection and looked after policy, processes and statistics across the four UK nations; and family experiences of adversity and involvement with child protection processes in Ni.

**Dr Clare Mangan, Director for Children
and Young People's Services, Education
Authority**

Dr Clare Mangan is the Director of Children and Young People's Services, Education Authority. Clare previously worked as Chief Executive of the Belfast Education and Library Board and was Head of Children and Young People's Services in the Southern and Western Education and Library Boards since 2006, where she had direct involvement in relation to the development of a range of services and provisions for children and young people. This included special education services, special schools' provision and other support services, including the education welfare service, to meet the needs of children and young people.

**Professor Charlotte McArdle, MSc BSc
PG Cert RGN Chief Nursing Officer,
Department of Health**

Charlotte McArdle, Chief Nursing officer (CNO) for Northern Ireland, is responsible for professional leadership, performance and development of the professions in Northern Ireland, including Allied Health Professionals. In her role, Charlotte ensures that standards of practice are developed in pursuit of high quality care and experience that is supported by high quality professional training and development. Charlotte is the department's policy lead for patient experience, real time user feedback, co-production and nutrition.

Charlotte has undergone a Florence Nightingale Leadership Development Scholarship focusing on embedding a culture of Safety, Quality and Experience. This includes the development of KPI's for all service teams. She has a strong commitment to person-centred practice and evidencing improved outcomes for people who use health and social care services, particularly regarding safety, quality and experience. Charlotte completed the International Council for Nurses Global Nurse Policy Leadership Programme in Geneva in 2017. She is an Honorary Professor at Ulster University faculty of health science.



**Paul Doran, Director of Rehabilitation,
Northern Ireland Prison Service**

Paul Doran is Director of Rehabilitation for the Northern Ireland Prison Service (NIPS), an agency of the Department of Justice. He has responsibility for developing and implementing policy aimed at reducing reoffending and supporting the rehabilitation of people in the care of NIPS. He also has responsibility for leading strategic partnerships with statutory, voluntary and community agencies and private sector providers for the provision of integrated services focused on rehabilitation.

Paul previously worked as a Probation Officer in London and Northern Ireland and his previous position was Director of Rehabilitation for the Probation Board for Northern Ireland. He is a Registered Social Worker and holds graduate and postgraduate qualifications from Queens University and Ulster University.

**Seán Holland,
Chief Social Work Officer/Deputy Secretary
Social Services Policy Group,
Department of Health**

Seán qualified as a Social Worker from Ulster University in 1986. He is a qualified Social Work practice teacher and has a LL.M in medical law. He worked in a variety of residential and childcare posts post qualification, before becoming a Senior Social Worker in the Down & Lisburn Trust. In 2001, Seán was seconded to the Department of Health, Social Services and Public Safety to work on the development of a 20 year public health strategy A Healthier Future which set out the vision for health and wellbeing in Northern Ireland.

In 2008 Seán moved to the Department of Health's Social Services Inspectorate as the Assistant Chief Social Services Officer, before being promoted to Chief Social Services Officer in 2010. Seán is currently the Chief Social Work Officer/Deputy Secretary over Social Services Policy Group in the Department of Health, a post he has held since 2012. Since 2014, Seán has been the Senior Reporting Officer for the Early Intervention Transformation Programme.

In addition to his work in Northern Ireland, Seán has also undertaken work on child care social work in the Russian Federation, Bulgaria, Croatia, Ukraine, Azerbaijan, Jordan and Iceland.



Appendix 4: List of organisations attending the conference by sector

Voluntary and Community Sector

- Action for Children NI
- ASCERT (x2)
- Barnardos NI
- Children in Northern Ireland
- Footprints Women's Centre
- Include Youth
- National Children's Bureau (x4)
- Parenting NI
- Start 360

Health and Social Care

- BHSCT (Belfast Health and Social Care Trust) (x6)
- Clinical Education Centre
- Department of Health (x16)
- Health and Social Care Board (x7)
- NHSCT (Northern Health and Social Care Trust) (x3)
- NI Regional Trauma Network (x3)
- Public Health Agency (x4)
- Royal College of Paediatrics and Child Health
- Royal College of Psychiatrists
- SBNI (Safeguarding Board for Northern Ireland) (x11)
- SEHSCT (South Eastern Health and Social Care Trust) (X4)
- SHSCT (Southern Health and Social Care Trust) (x5)
- TUSLA
- University Health Centre, QUB
- WHSCT (Western Health and Social Care Trust) (x5)

Housing

- NIHE (Northern Ireland Housing Executive) (x4)

Local Councils

- Ards and North Down Borough Council
- Armagh City, Banbridge and Craigavon Borough Council (x3)
- Belfast City Council
- Fermanagh and Omagh District Council (Solace)
- Newry, Mourne and Down District Council

Education

- Department of Education (x4)
- Education Authority (X12)
- Queen's University, Belfast

Justice

- Department of Justice
- Division of Forensic Psychology NI & Parole Board England and Wales
- Hydebank Wood College
- NIPS (Northern Ireland Prison Service) (x3)
- Office of the Lord Chief Justice
- Probation Board for Northern Ireland (x7)
- PSNI (Police Service Northern Ireland) (x7)
- Youth Justice Agency (x7)

Other

- Office of the Children's Commissioner, Jersey



For further information please contact the Safeguarding Board for Northern Ireland by telephone on **028 9536 1810** or visit **www.safeguardingni.org**



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