



NI ACE Conference 2020

A Trauma Informed Conversation:

LEADING A TRAUMA INFORMED
SYSTEM INTO THE NEW DECADE

5 March 2020
#bethechangen



Adverse
Childhood
Experiences

Be the Change

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Introduction

The Northern Ireland (NI) Adverse Childhood Experiences (ACE) Reference Group was established to support continued momentum and integration of the ACE and Trauma Informed Practice agenda in Northern Ireland, and support the delivery of a number of work streams including Early Intervention Transformation Programme (EITP) Trauma Informed Practice Workforce Development Project and CAWT Multiple Adverse Communities Project. Details of Reference Group member agencies are contained in Appendix 1 of this report. This third ACE Conference, held on Thursday 5 March 2020, brought together 136 delegates in the Hilton Hotel, Templepatrick, to share learning from the journey so far, hear examples of best practice happening elsewhere, and explore the next steps to lead a Trauma Informed System into the New Decade.

The aims of the conference were to:

- ▶ Provide attendees with an understanding of the concept of collective leadership and a collaborative approach in response to trauma informed transformation of organisations in Northern Ireland
- ▶ Provide attendees with an understanding of the cost of late intervention responses within our services to address trauma
- ▶ Provide attendees with an understanding of the opportunity of working systemically to address trauma resulting from childhood adversity
- ▶ Provide attendees with an understanding of what trauma informed practice at an organisational level means, beyond training and awareness raising
- ▶ Explore with attendees the next steps to lead a trauma informed system into the New Decade



The conference was chaired by Will Young, HSC Leadership Centre, who also provided reflections throughout. Attendees also heard from a range of local, national and international speakers, including:

- ▶ Paul Morgan, Chair of the NI ACE group, who provided the welcome address as well as closing comments including next steps for the work of the ACE group.
- ▶ Peter Weir, Minister for Education, who reflected on ACEs in relation to 'giving our children the best start in life' as per the Programme for Government.
- ▶ Professor Mark Bellis, who joined via Skype due to travel difficulties and shared his knowledge and experience of putting a financial cost on the impact of ACEs.
- ▶ Professor Mandy Davis from Trauma Informed Oregon, who talked about her organisation and the spread of trauma informed practice in Oregon.
- ▶ Representatives from a range of organisations who took part in the Be the Change Leadership Programme, who shared their learning on how their organisations are taking forward the trauma informed approach.
- ▶ James Kerr, Author of 'Legacy', who shared lessons learned in working with the New Zealand All Blacks.
- ▶ Sean Holland, Chief Social Work Officer, who reflected on the way ahead for Northern Ireland in leading a trauma informed system into the new decade.

This report summarises the presentations from the conference as well as reflections, discussion and evaluation feedback.

PowerPoint presentations, plus a full video of the conference, are available here:

www.safeguardingni.org/roadmap-developing-trauma-informed-nation





Welcome Address: Paul Morgan, Director of Children and Young People's Services and Executive Director of Social Work, SHSCT

Paul welcomed everyone to the 3rd annual ACE Conference, aiming to explore how to lead a trauma informed system into the new decade. Paul took time to thank Kieran Downey, recently retired Director of Children and Young People's Services, WHSCT, for the vision and commitment he has shown over the years, and for leading the trauma informed work. Paul also thanked Helen McKenzie and her team at SBNI not only for organising the conference but for their ongoing work to support practice.

Paul reflected on changes since the first NI ACE Reference Group meeting was held in March 2018; since then, representative organisations within this group have grown significantly, as has the commitment to providing strategic leadership towards a trauma informed system. The CYPSP and SBNI have both adopted ACEs as a strategic priority and have collectively been able to inform strategic development and deliver on the objectives of the Early Intervention Transformation Programme. As a member of the leadership programme, Paul acknowledged his appreciation at the opportunity to work with partners to bring the ACE agenda into professional practice.

Introducing the conference presenters, Paul welcomed Prof. Mark Bellis and Prof. Mandy Davis to share their experiences of research and practice. He noted he was looking forward to hearing how to collectively move forward in leading a trauma informed system, using a strengths and evidence based approach to development and delivery of services.

Paul recognised that the Early Intervention Foundation [ACE report](#) (February 2020) poses challenges for consideration, not least the need to gather prevalence data of childhood adversity and the wider risk factors. The report asks '*what would a good public health approach look like?*' The focus should not only be on the original ten ACEs, as ACEs don't happen in isolation but within wider family life and communities. Northern Ireland is already on the journey and starting to make important connections. The report also highlights the need to support families and children who are most vulnerable, which requires a system wide approach with all partners committed to meeting the needs of those families. Significant investment in research is also required.



Paul closed by reminding delegates that we are heading in the right direction; we know it's the right thing to do; and are starting to see this across practice and projects. Paul recommended that attendees take time to look at the posters on display, and as the presenters share their knowledge and experiences throughout the day, explore what we can all do to...

"Be the Change"





Keynote address: Peter Weir, Minister for Education

Minister Weir thanked SBNI for the invitation to speak at the conference, which he was delighted to receive, and welcomed everyone. The Minister reminded attendees of the Programme for Government outcome 'we give our children and young people the best start in life' and reflected on the different experiences of children growing up in Northern Ireland, and the need to recognise and support the most vulnerable. He noted that in an absence of devolution, this is an area that departments and agencies have strongly collaborated and agreed on.

The Minister highlighted the speakers to come, and against the backdrop of austerity, noted the importance of networking and collaboration, and of taking opportunities to learn from others, here and elsewhere, and the work done to embed trauma informed practice. Minister Weir acknowledged the expertise in the room, reflecting on how much we already know about the importance of early intervention and the ways in which poverty and neglect can interact. However, he also reminded attendees that ACEs are not a child's destiny and we can work together to change things and make a difference.

The Minister noted that the conference is also about leadership, and a lot has already been demonstrated through the Northern Ireland ACE Reference Group. There is of course more work to be done, especially in terms of leaders embedding trauma informed practice within their own organisations, ensuring that trauma informed systems don't disappear under competing work pressures. There are promising approaches in place, such as Signs of Safety, and Roots of Empathy. Moving forward, frontline colleagues across all sectors must be supported to move to a trauma informed practice approach.

Minister Weir assured delegates that awareness of ACEs and the need for trauma informed services will have a place at the NI Executive table and remain on the agenda as Northern Ireland moves into a new period of service delivery. This will be led by the Programme for Government and the new Children and Young People's Strategy, working to ensure all children have the best start in life. Priorities will include a focus on early years development, as well as supporting all children to learn and take advantage of education, through a system that doesn't just focus on academic achievement, but one where children feel safe, and wellbeing is supported. The Minister reflected on the importance of proactive prevention and having people in public services who are trauma informed. The new Children's Strategy will be followed by a 3-year action plan, including an action on ACE and trauma awareness for all departments. It will call for all departments to play their individual role e.g. providing safe housing, parenting support, and education, while working together with one another as well as alongside voluntary and community organisations,



churches and other bodies. Resilient communities have an important role, therefore a wider understanding of the impact of trauma must be encouraged. The Minister also took time to acknowledge the contribution of youth justice and the police service within a trauma informed system.

The Minister then turned to the impact of trauma on educational attainment, noting that work has been ongoing within the education sector to develop trauma informed practice and to strengthen referral processes and pathways; the Education Authority has set up a trauma informed practice steering group to lead this work. SBNI has delivered workshops to help leaders across all schools maximise effective communications between all parts of the education sector, especially during transition periods which can be traumatic. Moving forward, the Education Authority will be exploring a training programme for schools including online resources to support both pupil and staff wellbeing.

The Minister updated attendees on work ongoing to develop an Emotional Health and Wellbeing Framework for Schools, which he hopes will be developed by the end of the year and which aligns to the ACE agenda. This is a key priority and when developed, will provide a strategic approach for all those working with children and families and will highlight the need to work in partnership to do this.

Looking ahead, the Minister advised there will be a strong focus on promotion, prevention and early intervention within schools. The department will be working alongside colleagues to empower children, build resilience to face challenges, and support a whole-school nurturing approach. Much work is already ongoing. There are 31 nurture units already in place and there are plans to further extend this, while the Flare programme, developed and delivered by the Education Authority, delivers support for 11-24 for young people affected by ACEs, using a youth work approach to address issues and support young people to build internal resilience and coping strategies.

The Minister concluded by wishing all attendees an enjoyable and productive conference, and reminded everyone of the good work happening at present, and the role that everyone must play moving forward. He finished by reiterating his commitment to raising the importance of trauma informed practice at the highest level and will ensure it is reflected in NI Assembly work going forward.



Counting the cost of Adverse Childhood Experiences: Professor Mark Bellis, Director of Policy and International Health, Public Health Wales

Mark presented to the conference via Skype due to travel difficulties. He thanked SBNI for the opportunity to share his work, which focuses on measuring the impact of ACEs on long term health and the wider economy. Although impact can be measured in different ways, Mark's work focuses on costing ACEs in financial terms.

Mark began by sharing some statistics on the levels of ACEs across the globe. He highlighted that the pattern of ACEs is similar in different countries, and indeed affects all countries, as do the wider stressors e.g. alcohol abuse or mental ill health. He shared study findings from his work at the World Health Organisation (WHO) which shows that nearly 50% of young children grow up having been exposed to 1 ACE across Europe, and 62% across North America.

Approaches to capturing the wider costs of ACEs in the long term use global studies to estimate how health and social behaviour risks increase as a result of exposure to ACEs, for example the risk of heart disease, diabetes, or mental health problems. If data is available on the population level of ACE exposure, and how that increases risks across the life course, it should be possible to convert that into a cost to society in terms of services needed and the wider economy.

In summary, the model:

- ▶ **Calculates the estimated prevalence of ACEs**
- ▶ **Calculates the proportion of common health conditions caused by ACEs**
- ▶ **Converts this into Disability Adjusted Life Years (a measure of overall health burden, expressed as number of years lost due to ill-health)**
- ▶ **Converts this to financial costs, per person, per year**

This provides a national measure of how much the person would contribute to the economy per year of life. Mark and colleagues have worked with the WHO to pull the literature together on this. At a conservative estimate, there are 320M individuals in Europe living with 1 or more ACEs, so this relates to huge numbers of individuals. (Full findings not yet published).

In terms of increased health risks such as likelihood of smoking, there is consistency across countries, while there are some differences across countries in relation to causes of ill health, as shown in the table below.



Increased risk of ill health outcomes by ACE Count



Risk Factors	
• Harmful Alcohol Use	
• Illicit Drug Use	
• Smoking	
• Obesity	

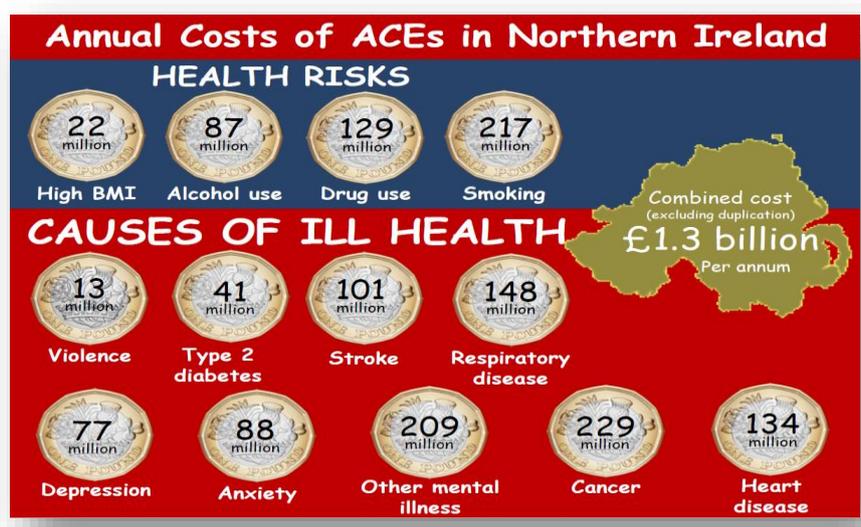
Causes of Ill health	
• Anxiety	
• Depression	
• Cancer	
• Cardiovascular Disease	
• Diabetes	
• Respiratory Disease	

Risks consistently higher as ACE counts increases		
• Smoking	Euro	NA
• 1 ACE	29%↑	23%↑
• 2+ ACEs	82%↑	74%↑

Some differences in risk		
• Cancer	Euro	NA
• 1 ACE	8%↑	10%↑
• 2+ ACEs	58%↑	25%↑

Using the Human Capital Model, costs can be calculated for reduced or lost economic productivity due to increased risk factors attributable to ACEs. Across Europe, the minimum cost per year is £581 Billion, and North America, \$1.3 Trillion. Calculations also show that 2 or more ACEs account for 75% of these costs.

Mark used the model to estimate the annual cost of ACEs for Northern Ireland as follows:



Overall, estimates show a total cost of £1.3 billion per year from ACEs across NI.



Mark closed by reminding delegates that these costs can be saved if services focus on prevention of childhood trauma, therefore mitigating the impact throughout life.

Reflections:

We must work together to create a trauma informed nation.

Always remember the context in which a child lives, and the wider issues facing vulnerable families e.g. poverty and housing, social inequalities, universal services, child benefit, welfare.

We need to understand the economic costs and longer term impact of ACEs, for the child and society.

Are there knowledge gaps between what works to address ACEs and what interventions are currently being invested in?

There is more discussion needed on the language of ACEs and trauma informed practice.





Lessons from Trauma Informed Oregon: Professor Mandy Davis, Director of Trauma Informed Oregon

Trauma Informed Oregon (TIO) is state-wide collaborative organisation, set up in 2014 in recognition of the impact that adverse experiences in childhood have on long-term health outcomes. It represents a commitment at the state level to promote prevention and to bring policies and practices into better alignment with the principles of trauma informed care. The organisation provides information and resources, and coordinates training for healthcare professionals and systems.

www.traumainformedoregon.org

Mandy began by expressing her thanks to SBNI for the invitation to present at the conference and took a moment to recognise the good work ongoing in NI. Given that a key part of trauma informed practice is acknowledging the role that everyone plays, she also thanked hotel staff for their efforts this morning in supporting the conference, modelling everyday behaviours that make up trauma informed practice.

Background to Trauma informed Oregon

Mandy gave an overview of the organisation and the context within which it works. Oregon has a population of 4.4M, spread across 250,000 square kilometres. Within that, there is a very wide spread of people and situations, for example tribal or rural land vs dense urban population. Needs are therefore widespread.

Key milestones in Oregon's trauma informed journey:

- ▶ 2006 - Oregon's first trauma strategy written by Dept. of Human Services.
- ▶ 2010-2012 - trauma awareness gathered momentum, aiming to build on what was happening, rather than develop something new.
- ▶ 2012 – The Children's System Advisory Committee identified the impact of trauma as a priority, and published a white paper
- ▶ 2014 – Trauma Informed Oregon collaborative formed

"The voice of the people in the system propelled Oregon into the next stage. The state then said, this is critical, we need to fund it, then got out of the way and handed over to an independent lead (Portland State University)"



Defining trauma and related concepts

Mandy shared some key definitions:

Trauma	Anything that overwhelms your ability to cope. This can be a single incident, however the trauma informed movement focuses on trauma as more than a one-off.
Toxic stress	Prolonged activation of the stress response system in the absence of protective relations. This is a physical response from your body, which may impact wider behaviour.
Scarcity	Having less than you think you need of something. When you're in this mode, your decisions will focus on and be determined by the thing that you are missing (e.g. time, money).
Trauma specific services vs trauma informed care	These are very different things. Trauma specific services intervene, aim to reduce symptoms, promote healing. Trauma informed services use an understanding of trauma to guide practice. Everyone should be trauma informed, however only some should be trauma specific (for example clinical intervention services).

Trauma Informed Oregon

TIO has a team of six people, informed by an advisory group including people with lived experience, as well as a youth advisory group. The organisation delivers and coordinates training, as well as information and resources, communications and strategy influencing. TIO aims to support existing work, and has adopted a train the trainer model adapted in a way that's authentic. The overarching model informing work is the NEAR model (neuro, epigenetics, ACE, resilience).

The ideal training aim is to embed trauma informed knowledge in primary education so that professionals (for example social workers or medics) come out with a knowledge before they start work. This must also shift to education professionals.

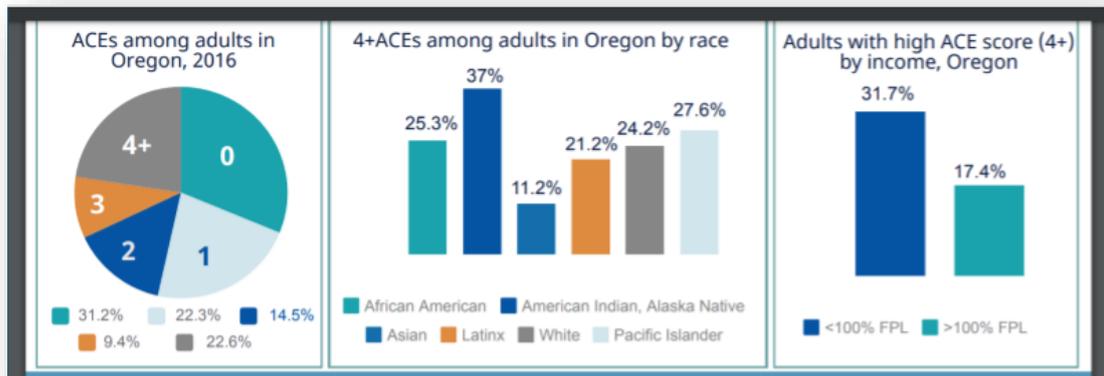
TIO uses [SAMHSA's definition](#) of trauma informed care: **realize, recognize, respond, and resist retraumatization.**



Why is trauma informed care important?

Mandy reminded delegates that trauma impacts the way that staff work and the service that they deliver. Of course, people have responsibility to keep themselves well outside of work, however within work, the organisation must take over this responsibility.

Mandy shared the following summary of ACE prevalence in Oregon:



She reported that statistics show a concerning picture in terms of workforce wellbeing:

- ▶ 23% annual turnover rate among Oregon child welfare workers due to burnout
- ▶ 30% of Oregon correctional staff show symptoms of PTSD
- ▶ 41% 5-year attrition rates of new teachers in Oregon

Mandy stressed that trauma happens, the workforce is populated by survivors, and therefore organisations need to do something to support them. If the workforce isn't well, they can't care for families. High turnover of staff will have negative impact on clients. And importantly, organisations have a responsibility to mitigate vicarious traumatization, (that is, trauma resulting from empathetic engagement with a traumatized client). This is a requirement rather than an afterthought.



Trauma Informed Oregon Screening Tool

Mandy shared the [TIO Screening Tool](#), developed to support organisations on the implementation journey, working through incremental phases from a trauma informed organisation, through to fully trauma informed.



The tool provides a number of suggested actions under each phase, and can be used in a number of ways, for example to guide practice, to assess where an organisation already is, to identify good practice, or to identify barriers.

What has worked for TIO?

Mandy highlighted some of the key areas that been successful including:

Building credibility

'Trauma informed' has become a buzzword so it has been vital to build a credible reputation in the sector. TIO has been able to do this as they are a public university, therefore state funded and not in competition for money.

- ▶ Collaboration at all levels has been critical. This includes partnering with the organisations doing the work, while also involving those with lived experience
- ▶ TIO listens to what people need, tries to be flexible and responsive, and isn't afraid to change direction

Acknowledging the complexity

- ▶ It's a messy and complex work, and there is no one 'right way to do things' Trauma informed care looks different in different settings, for example in a preschool versus a prison; therefore different approaches will be required.

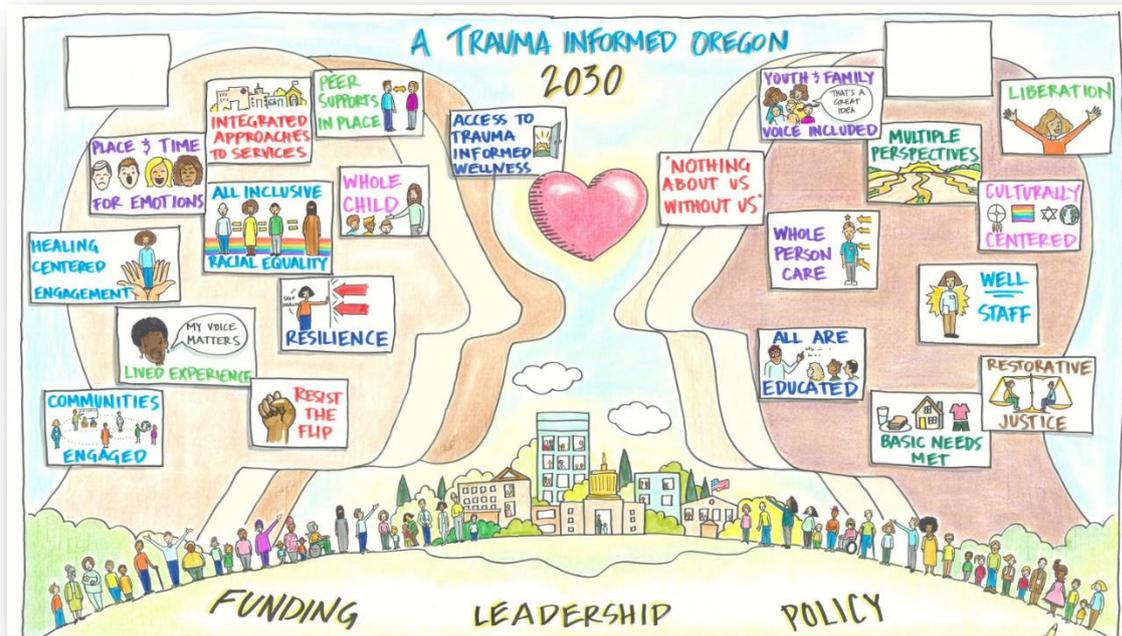


Leveraging, networking and connecting

- ▶ People are already doing this work, therefore it is important to take time to recognise and reflect on what has already been done and who is doing it. Start with what is really working and build on that.
- ▶ Next ask 'What is the role of early childhood? What is the role of public health? The business community? How do we bring them to the table?'

The journey ahead for TIO

TIO hopes to change cultures and help people to decide for themselves what trauma informed practice looks like within their organisation and collectively across the State of Oregon. Culturally responsive and linguistically appropriate services are critical, however before further investment is made, research is needed to help understand what parts of trauma informed interventions work best and for whom.





Mandy left delegates with some final thoughts:

- ▶ **Honour what you are already doing.** This includes making links to existing language. What does trauma informed care already look like in practice? Help staff to recognise what they are already doing, the existing language used, and how this relates to the new terminology. Keep knowledge of trauma informed care current, while still using the language that works for you.
- ▶ Trauma informed care shouldn't be a separate 'thing', rather integrated with wider practice. Therefore, **connect up the initiatives**, inside and outside of your organisations/departments/agencies.
- ▶ Build policies and practices that will withstand leadership changes. In general, **TIO has tied in current policies to trauma informed care**, rather than developing new ones.
- ▶ **A trauma informed care logic model will help to keep everyone on track and show what a successful outcome will look like.** Staff will feel safe, empowered, valued and cared for, which will therefore impact service user outcomes specific to your service.
- ▶ **Staff need to be supported in the workplace**, through supervision, peer support and other models and initiatives. Remember that trauma informed care is an adjective not a noun, it is how we do it.
- ▶ **Keep 'the people's voice' at the centre of everything that you do.**

"And finally, trauma informed care must be trauma informed. Model your own training."



Reflections:

Don't get hung up on the language used. As long as you know that you are trauma informed, stick to the language your team already understands.

Role model trauma informed care in day to day practice





The 'Be the Change' Leadership Programme: a journey through systems transformation

The 'Be the Change' Leadership Programme was launched in September 2019 by the Safeguarding Board for Northern Ireland (SBNI) in partnership with the HSC Leadership Centre, and aimed at leaders across health and social care, police, youth justice, prisons, probation, education, local government, housing and the community and voluntary sectors. The programme provided 60 leaders with an opportunity to build collaboration, common language and best practice across the system to demonstrate the effectiveness of trauma informed leadership and system change in Northern Ireland.



Progress has been implemented across all the sectors and several representatives from the 'Be the Change' Leadership Programme shared their leadership journey and experiences to date, and the ways in which this learning has begun to influence systems transformation within their organisation.



Jacqui Montgomery Devlin, Head of Safeguarding, Presbyterian Church in Ireland (PCI).

Jacqui was pleased to have been offered the opportunity to be part of the 'Be the Change' Leadership Programme and looked forward to working with partners from other churches. She reflected on her personal journey, which has at times been scary and overwhelming, however the support from SBNI has helped her to stick with it. In particular, Helen McKenzie came along to seek buy in from PCI management, and they quickly came on board.

On behalf of the PCI Jacqui has been accessing ACE awareness and Trauma Sensitive Approaches to Practice training as well as the EITP Train the Trainer programme. A big part of Jacqui's role has been to support the cascading of this training across the clergy, staff and volunteers within the Presbyterian Church in Northern Ireland. The Church already has a body of trainers in place who facilitate safeguarding training, so Jacqui has been able to raise their awareness of ACEs and trauma informed practice, build on their existing skills and knowledge, and embed trauma informed practice within existing training programmes (such as safeguarding training) across the Church. She reflected that trainers were pleased that the Church was talking about this issue. The Presbyterian Church has also had the opportunity to host the Invictus play (a short play hosted by the SBNI to raise awareness of toxic stress across post primary schools and organisations working with young people) to raise awareness more widely.

Jacqui shared the following **key lessons** from her experience:

- ▶ What has really helped has been taking things in bite sized pieces, not trying to achieve everything at once.
- ▶ It is important to get the message across that we could be in danger of retraumatising people.
- ▶ It is also important to build on and elevate the work already happening.



David Brown, Church of Ireland

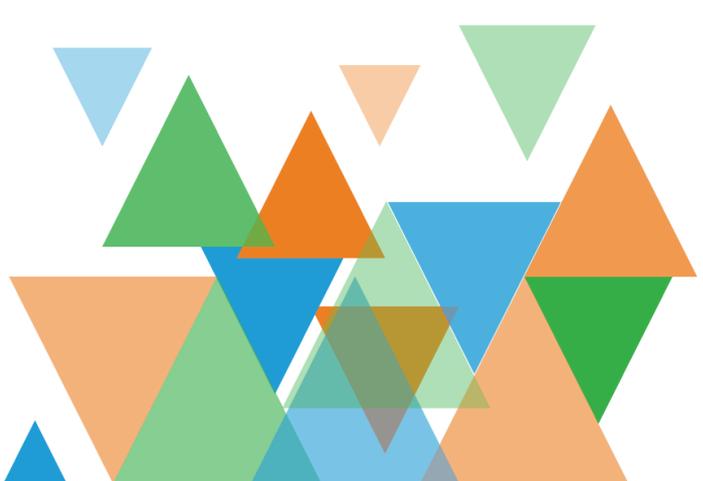
Like Jacqui, David has on occasions felt lost in terms of the messages of trauma informed practice and the path needed to take information back to the team. SBNI, and the 'Be the Change' Leadership Programme, have been great in supporting David to understand the impact of childhood adversity on child development and across the life course. The SBNI and leadership programme have also been invaluable in helping David to understand his role in representing the Church of Ireland to take forward the ACE agenda.

David has now delivered training for youth workers and Parish Clergy, which has prompted some strong conversations on trauma informed practice. This has been particularly important for the Clergy who often go home after supporting parishioners and are unsure of how to process and address the secondary effects of the trauma they may have experienced through supporting others.

David noted that his experience has reinforced the importance of recognising that individuals live within communities and systems and within a political framework. As a cross-border church, there is also a complication in terms of differing language, policy and practice. Being able to read across trauma informed practice in terms of how the Church sees itself and use of language in talking about itself remains something to learn from.

For David, two **important questions** have come to mind:

- ▶ What vision are we (the church) selling in terms of wellbeing?
- ▶ And... how are we dealers in hope and the message that trauma informed practice brings?





Julie Healy, Barnardo's NI

Julie reflected that although still in the very early days of this work, UK wide, Barnardo's has made a firm commitment to becoming a trauma informed organisation. A core component of this commitment is the provision of training for everyone across the organisation, not just for delivery or programme members. This training has also been extended to volunteers. In a bid to support sustainability, a train the trainer model has been adopted. Barnardo's has also reached out for external support from Dr. Karen Treisman, Clinical Psychologist and trauma informed practice specialist, to support the journey.

So far, 80% of staff have participated in trauma informed practice training. Julie reflected that while for many, three days of training was disruptive, this was an important commitment. Locally, two days training has also been provided for staff who don't necessarily work with children, and Julie reiterated the importance of staff at all levels understanding what frontline practitioners are facing and how it might impact the wider organisational processes.

A local implementation group has been established to decide 'what next'; they will meet regularly to discuss the way ahead and any challenges foreseen.

"The 'Be the Change' Leadership Programme was perfect timing for us, the opportunity to engage with others in the sector, identify commonalities etc., has been useful. We actually work with the same young people, therefore need to model the model".

Julie noted that it is important to take time to reflect on the journey, therefore Barnardo's NI is currently taking a pause to consider what trauma informed practice should look like in Northern Ireland, and to develop a NI-specific strategy that reflects what the population need to help them on their journey. This will be a long journey, 3-5 years in first instance, and Barnardo's wants this to become part of their DNA. It will be important to set some milestones along the way, and remain mindful that this mustn't be a tick-box exercise, rather must be a true culture change. Over the next 3-5 years, Barnardo's NI will be looking at several elements such as team meetings, policies and procedures, leadership and management, induction and recruitment, the physical environment and wellbeing and self-care.



Carol Diffin and Mary O'Brien, Belfast Health and Social Care Trust

Working in an organisation of 22,000 staff, it can be overwhelming to know where to start with trauma informed practice. Four senior staff attended the 'Be the Change' Leadership Programme. They collectively agreed to focus on the experiences of the Trust administration staff, reflecting on the lack of support they currently have given their roles, which might involve taking minutes at difficult child protection meetings, or meeting service users as the frontline first point of contact.

Mary presented a PechaKucha (a Japanese storytelling style of presentation). The presentation was titled '*Vicarious Trauma: when compassion overwhelms the helper*' and shared feedback from a workshop the team undertook on the thoughts and feelings of frontline administrative staff, the trauma they hear and absorb, and how they deal with it.

Carol and Mary highlighted the need for compassionate leadership.

"We need frontline administrative staff to know they are cared about, valued and understood, and know how to access support when required.

The challenge for leaders is to think about how to make this support accessible and 'normal'."

The next step for BHSCT in the trauma informed practice journey will be to share the project with the Senior Leadership and Executive teams to start a conversation on how to take the work forward for the Trust as a whole.

"Care for your staff, to enable them to care for the people you serve".





Mark Holmes, Northern Ireland Prison Service

Mark and colleagues began the 'Be the Change' Leadership Programme journey by first reflecting on where the Prison Service has come from, both in terms of care of staff and for prisoners themselves. They then asked what a trauma informed prison service could and should look like, aligned to the four themes of the *Prisons 2020: A Way Forward* strategic document:

- ▶ Our people
- ▶ Our services
- ▶ Our infrastructure
- ▶ Our partnerships.

The recently revised NI Prison Service '*Strengthening Family Relations Strategy*' has a dedicated trauma informed lens, and moving forward, everything will be viewed through that same lens. Mark outlined some examples of interventions already in place including:

- ▶ Prisons Well: this new employee wellbeing programme has now been in place for a year. (Our people)
- ▶ Peer support: one of the first people a new prisoner will see on coming into custody is now another prisoner to provide peer support. (Our people)
- ▶ Autism-friendly visits: some children who have never seen their fathers before due to the trauma of visiting are now able to visit following the implementation of autism-friendly visits. (Our services)
- ▶ Improved physical environment: the new Davis House accommodation block at Maghaberry was opened in February 2020. The trauma-informed design aims to improve staff wellbeing and support outcomes for those in prison care. The prison service is currently looking at a vehicle fleet upgrade, redefining how people are transported and the information that is given to them during the transport. Every vehicle now has an information system so prisoners are informed when they arrive at prison. (Our infrastructure)
- ▶ Partnership working: the prison service is looking for non-traditional partnerships, or non-traditional ways of working together. The people who live in the prison have ideas of what is best, and time is now spent listening to them and taking on board what will help them and their families. (Our governance)



Mark closed with some personal reflections of his experience on the Leadership Programme.

"A year ago, I was one of the people who didn't get this. I'm privileged to have been sent on this programme, but I admit my first reaction wasn't a positive one! I now recognise the impact of this work and potential for the people in and visiting our prison."

Richard Tanswell, Northern Ireland Housing Executive

As Homeless Strategy Manager, Richard's focus for learning from the 'Be the Change' Leadership Programme was on the delivery of homelessness services in Northern Ireland, and how these can be more trauma informed. He confirmed that the NI Housing Executive has made a five-year commitment to raising awareness of ACEs across the housing sector and implementing trauma informed care through the Homelessness Strategy for NI 2017-2022, and associated Inter-departmental Homelessness Action Plan and Chronic Homelessness Action Plan.

To highlight the scale of homelessness in NI, Richard shared the following statistics:

In 2018/2019, there were:

- ▶ 18,202 households presenting as homeless
- ▶ 12,512 accepted as statutorily homeless
- ▶ 3,354 placements in temporary accommodation

Richard shared a video by the Northern Ireland Youth Forum, which told the story of a young girl (Sophie) who had been moved around through 54 foster care homes in the space of 8 months after she was removed from the care of her mother who had a drug problem. Sophie tells the story of the trauma that this experience caused her. (You can watch the video [here](#))

Through the Leadership Programme, Richard has reviewed the relevant strategic context and ways in which a commitment to trauma informed practice can be embedded within homelessness strategies. He has also led on setting up a personal resilience working group, and using a train the trainer model, will be ensuring that



1000 staff are trained in trauma informed practice as the Housing Executive continues to implement trauma informed care across its services.

What is happening so far?

Richard provided some examples of the work currently ongoing to avoid re-traumatising those who require support from the homelessness service. This includes the development of discharge protocols, young people's peer support, and a common assessment framework, to avoid them having to repeat their story multiple times.

Staff safety and wellbeing is also a priority, with an aim to address empathy and compassion fatigue. An HR manager workshop is planned, and Richard aims to get this on the agenda for the wider organisation.

What are the next steps?

In terms of next steps, Richard would like to develop trauma informed practice across the homelessness sector, and raise the profile of trauma informed practice across the wider Housing Executive.

"The goal of this is to develop empathetic, personalised services which prevent homelessness."





Nicola Topping, Education Authority, and Joanna Brown, SBNI

Nicola and Joanna presented on collaborative efforts to transform the education sector to become trauma informed. They reminded delegates that there are 335,000 school-aged children in Northern Ireland, and 1130 schools; this is a very significant reach in terms of pupils and staff, and opportunities to make a difference in the lives of both children and of employees.

To begin the process, groundwork was undertaken including stakeholder engagement using a systems change tool to identify what was already known about trauma informed practice and what was already happening. This was important as the education sector is large and quite disparate, especially with the inclusion of further education colleges. There was also a specific need to mitigate against secondary and vicarious trauma in approaches taken. The ongoing work in the education sector is led by the assumptions underpinning trauma informed practice: Realise, Recognise, Respond, and Resist the retraumatisation.

A key learning point was the need to actively listen to staff to hear what they are saying and what the individual needs of schools are.

"For children and young people themselves, the aim is for all children to be able to say "I am, I can, I have; I have a system around me that will pick me up when I fall, develop and nurture me."

A range of education services are already doing work to support trauma informed practice. In addition, EA and SBNI have worked together to co-design training materials which will be delivered to 450 staff. Trauma Champions have been identified across the sector, who have become train the trainers to support training roll out. Throughout the work, the team has listened to the voices of children and young people, with thousands sharing their experiences. An innovation lab is planned towards the end of March for children and young people.

"We are aiming for a strengths-based approach, hoping now and over time we will have children ready to learn, involved in their community, with life skills and able to achieve, and have the language to help them explain how they are feeling. We ultimately want them to have hope."



Ryan Henderson, Jonathan Hunter, Julie Howell and Catherine Magee, Police Service of Northern Ireland

PSNI representatives gave an overview of current work ongoing to develop trauma informed practice, including supporting a culture change through training, improving the physical environment, and focusing on care for colleagues. This work is critical given the experiences of staff on duty; by way of example, there is a high mental health footprint within a large proportion of the calls received, while the majority of domestic violence incidents have a child in the room.

"We were getting to a tipping point in terms of impact on our own staff and getting to a point when we couldn't deal with it. This led to a vision of what we wanted to see from staff. Someone who is professionally curious with no judgement attached."

Key actions: Training and awareness raising

Inspired by the work of the Western Outcomes Group, the MACE conference in 2018, and discussions with SBNI, the leadership team of the PSNI pulled together an ACE and trauma informed practice pilot scheme in the North West Area of Northern Ireland. The first key action was the development of a bespoke online signposting and training package for staff. An evaluation of the support package showed positive results for increased empathy and knowledge of ACE and trauma informed practice.

Training is now being rolled out more widely across the PSNI, using a train the trainer model, an e-learning package, and will include existing staff and student officers. The aim is that by the end of March 2020, all new Police officers and frontline officers across the 11 Districts will be trained, with specialist departments incorporating ACE and trauma informed practice into their training programmes.

Recently, PSNI held a youth conference to challenge the service in how it can move towards being more trauma informed, and will be starting an independent youth advisory group to give young people a voice. Work has also started to liaise with education colleagues to create links, so that schools can be made aware if a child is coming to school the next day after suffering a traumatic incident the night before.

The 4 March 2020 was the first day of delivering the ACE training package to student officers, which will complement other training delivered. Training has given staff the tools to have the conversations when they are out and about.



Key actions: improving the physical environment

The design of the new custody suite at Waterside has been informed by a trauma lens. Previously there was no difference between adult and youth custody cells, however these have been changed as a direct result of the 'Be the Change' Leadership Programme. Waterside custody suite will now have four bespoke vulnerability cells, with a discreet separate booking-in facility. Further consideration is being given to internal finishing to support a trauma informed and autism friendly design. Consideration is currently being given to the next new custody suite, with a focus on the design and potential for a separate bespoke children and young person's cell block.

Key actions: supporting the wellbeing of the workforce

PSNI has implemented several initiatives to take care of the workforce and support positive wellbeing. These include:

- ▶ A redesign of the wellbeing and resilience module included in the training package for student officers, as well as resilience training for existing officers and staff.
- ▶ Development of wellbeing resources, including a self-support trauma booklet, a line manager toolkit, and a 12 month poster and video campaign titled 'It's ok'
- ▶ Access to peer support following a traumatic incident, as well as recruiting people with lived experience as a listening ear.
- ▶ A wide range of other initiatives, including therapy dogs, mindfulness, a pilot of wellbeing volunteers, and the establishment of the first 'contemplation room' for staff.

Future plans

Plans to further build a trauma informed culture will focus on further development of the training offer to include more specialist training; continued review and redesign of the custody suites including consideration of other options for interview and detention of young people; and importantly, continuing to recognise and celebrate success.



Karen Hunter, HSC Leadership Centre

Karen closed the presentations from the 'Be the Change' Leadership Programme representatives by reflecting on what collective leadership means. She highlighted the difference between 'systems leadership' and a 'systems leader':

- ▶ Systems leadership is a set of skills and capacities;
- ▶ A systems leader is an individual using those skills and capacities to mobilise people to make a change.

Karen reminded delegates that this isn't about individuals, but about everyone working collectively in the interests of the whole system.

"This isn't going to happen overnight, it's about working together, and listening to service users, to create a system that supports the people we need to support. It's not about hitting quick targets, this might take years, but we all need to be committed to that."

Karen left delegates to reflect on **Myron's Maxims:**

- ▶ People own what they create
- ▶ Real change takes place in real work
- ▶ The people that do the work do the change
- ▶ Start anywhere but follow it everywhere
- ▶ Keep connecting the system to itself





Legacy: James Kerr

James Kerr, Author of Legacy: What the All Blacks can tell us about the business of life, is a motivational speaker, business and leadership coach, consultant and author, who has worked with numerous high profile organisations and teams including US and UK Special Forces, Formula 1 teams, Boeing, Shell, and Premier League Football Managers.

James thanked SBNI for the opportunity to share his experiences on leadership, and acknowledged the collective time that has been given up by delegates to attend the conference (potentially 1 working year!).

James began with a personal reflection on how intergenerational trauma can have a huge impact on the family, before sharing his experiences and lessons learned from his time working the New Zealand All Blacks. James has spent time asking the team what they do differently and what's behind their success, as well as studying the meaning behind the Haka and the driving force of the Maori culture which leaves such a mark on the world.

Performance = capacity x behaviour

James reminded delegates that our focus shouldn't be on results, but on our performance; if we take care of our performance, then the result should take care of itself.

Lessons from the All Blacks

Live your values! The All Black values are humility, respect and excellence. If you have organisational values, these must be 'taken off the wall' and turned into behaviours.

Humility is important. Never be too big to do the small things. An egoless environment is fundamental to the operation of a great organisation. Within the All Blacks team, everyone plays their part. At the end of each match, the players don't leave the grounds until they have tidied and swept their own changing rooms; they don't let anyone else do this for them. The All Blacks 'kit guy' lays out the jerseys on chairs before matches. Putting the jersey on before a match is a sacred ritual for players, who see each game as putting it on for the first time. James reminded delegates that private rituals like this are part of creating the right environment for teamwork and getting into the team headspace.

"Respect begins with self-respect, and respect for colleagues."



Begin with the end: have a vision of where you want to get to and what your purpose is.

The All Blacks wanted to create an environment where people could express themselves, as “better people make better All Blacks”; this is their ‘common cause’.

A collective leadership model is critical; when birds fly in formation, the leader can drop back when it gets tired and another bird will ‘step up to the front’. Leadership should happen at every level, all the time. And importantly, people will rise to a challenge if it’s their challenge, and they’ve been involved in making the decisions. James highlighted how self-determination theory shows that motivation is increased when tasks give a sense of mastery, autonomy, and connection. Leaders need to work to create that type of dynamic in the team, with everyone moving in the same direction, creating common cause.

Define your organisational ‘ethos’ or character. Remember that what we put in is what we get out. What do we want to be? And what do we need to do?

Finally, investing in **emotional care**, love and connection is critical in any team.

James left delegates with a reflection on the real advantage of the Haka, which is about connection and cohesion, and getting everyone on the same page. This is an extremely powerful part of any leadership approach.

“Leave behind a legacy, the ripples will go out from this room in various directions, with an extraordinary chance to make changes. What do you bring to the team, and what are you prepared to sacrifice?”





The way forward: Sean Holland, Chief Social Work Officer, Department of Health

Sean reflected on the early days when ACE and trauma informed practice began to gain traction, and the reactions of people when they heard about it. Some were entranced by the science and research, and there was concern that this would overshadow the fact that it is really about a better way of working. Sean highlighted the following points:

- ▶ The values of collaboration and partnership working must be central, as preventing and addressing trauma isn't within the gift of an individual, organisation or department.

"It requires us to reach across, and have a confidence and generosity of working to do things differently".

The collaborative nature of the Early Intervention Transformation Programme, and its recognition of the need for joint working to support children, meant it was the logical place to fund the work.

- ▶ There were early concerns from some on how collaborative working would interfere with the line of accountability, and the decision making process. In reality, this just required people to come on board and to identify a common purpose and aims for coming together.
- ▶ Values are central to NI strategies, but they are strange ones, such as organisational integrity; these need to be rethought. Scotland has just launched a review on their care system, and the word **love** is central throughout as a policy value. Leadership must also be characterised by **kindness**, which should be the natural response to trauma.

Sean left attendees with a challenge:

"We need to put kindness into policy. That is about being trauma informed. Leaders, be kind."

Before closing, Sean announced that further funding has now been secured to extend the EITP Trauma Informed Practice Workforce Development Project led by the SBNI for a further year.



Closing remarks: Paul Morgan

Paul thanked everyone for their patience and summarised his reflections of the conference. He noted the following key points:

- ▶ Early intervention is critical, as evidenced by Prof. Mark Bellis's excellent overview of the cost of ACEs in financial terms, and the subsequent impact on child development.
- ▶ The distinction made by Prof. Mandy Davis on the difference between trauma-specific services and trauma informed care is an important one and must be clear in work going forward.
- ▶ All must be mindful of the impact of trauma, which can fall as much on service staff as on service users themselves.
- ▶ Looking ahead, there is a challenge for everyone to become an agent for change, and start to influence departments, organisations, policy and legislation.
- ▶ The voice of those with lived experience must be listened to, however the way in which we do this that is critical, ensuring that we don't abuse their experiences or risk retraumatisation.
- ▶ Through all the presentations, there were recurring themes around the need to provide emotional support, make environments safer, avoid re-traumatising staff and service users, and support **all** staff.
- ▶ Self-care is a priority, not a luxury; we can't look after the people who access our services if we don't first look after ourselves.
- ▶ Through collaborative working and strong leadership, fundamentally we need to give people hope that things can be different. This is about changing the culture, however takes time and it won't happen overnight.

Paul thanked everyone for coming and for the contributions of all, and finished the conference by reflecting that in all we do, we should strive for excellence, with dignity, respect and kindness.



"Together, we can do so much more than individually. We have an opportunity as a group to create a legacy, let's go out there and make the changes."





Conference Reflections

Overall, the conference presentations provided attendees with much food for thought. Some key reflections from throughout the day are highlighted below.

The importance of creating a trauma informed nation, rather than individual pockets of work, and the need for leadership and importance of the role of leaders in creating this.

The need to work together to protect children and young people, which is after all the collective aim.

It is important to consider the wider context in which a child lives. We mustn't continue to talk about interventions without also talking about and addressing poverty and housing, universal services, child benefit, welfare, and the issues that make vulnerable families more vulnerable.

Future work must reflect the economic realities, acknowledging that there will be a cost from ACEs and therefore on the programmes and initiatives delivered. There will be work needed to calculate these costs and use the math to inform practice. It will also be critical to put effort into measuring outcomes, both in terms of cost savings and in direct impact on children and families.

A challenge for the way ahead will be filling the knowledge gaps between what works to address ACEs and what interventions are currently being invested in.

There is still a concern about the language used, particularly around ACE scores and the potential for labelling which this brings. The issue is adversity and need, rather than the crude representation of ACE scores, and this debate must inform future discussions.



It is important not to get hung up on the language used. As long as an organisation knows that it is trauma informed, stick to a language that the team already understand.

Leaders in this system must always look for ways to role model trauma informed care in day to day practice.

"What you leave behind is not what is engraved on stone monuments, but what is woven into the lives of others."

Pericles.





Glossary

ACEs	Adverse Childhood Experiences
BHSCT	Belfast Health & Social Care Trust
CAWT	Co-operation & Working Together
CYPSP	Children & Young People’s Strategic Partnership
EITP	Early Intervention Transformation Programme
EA	Education Authority
NHSCT	Northern Health & Social Care Trust
NIPS	Northern Ireland Prison Service
PSNI	Police Service of Northern Ireland
PTSD	Post Traumatic Stress Disorder
SBNI	Safeguarding Board for Northern Ireland
SEHSCT	South Eastern Health & Social Care Trust
SHSCT	Southern Health & Social Care Trust
TIC	Trauma Informed Care
TIO	Trauma Informed Oregon
TIP	Trauma Informed Practice
WHSC	Western Health & Social Care Trust
WHO	World Health Organisation



Appendices:

Appendix 1: Membership of the NI ACE Reference Group

Name	Agency
Paul Morgan (Chair)	Southern Health and Social Care Trust (on behalf of all HSC Trusts)
Helen McKenzie	Safeguarding Board for Northern Ireland
Paul McConville	Department of Health
Ian McMaster	Department of Health
Maxine Gibson	Children & Young People's Strategic Partnership (CYPSP)
Maurice Leeson	Health and Social Care Board
Rodney Morton	Public Health Agency
Maurice Meehan	Public Health Agency
Una Turbitt	Education Authority
June Wilkinson	Department of Education
Ryan Henderson	Police Service for Northern Ireland
Colleen Heaney	Youth Justice Agency/Department of Justice
Geraldine O'Hare	Probation Board for Northern Ireland
Catherine Taggart Barry O'Hagan	Local Government (SOLACE)
Ciaran Mulholland	Chair, Regional Trauma Network
Geraldine Hamilton	Manager, Regional Trauma Network



Appendix 2: Conference Agenda

9.40	Welcome and housekeeping	Will Young HSC Leadership Centre
9.45	Welcome address	Paul Morgan Chair of the NI ACE group
10.00	Keynote address	Peter Weir Minister for Education
10.15	Counting the cost of ACES	Prof. Mark Bellis (via SKYPE)
10.45	Reflections	Will Young HSC Leadership Centre
11.00	Comfort break	
11.20	Trauma Informed Oregon- government alignment	Prof. Mandy Davis Trauma Informed Oregon
12.20	A leadership journey through systems change	Be the Change Leadership Programme representatives (Part 1)
13.00	Lunch	
13.45	A leadership journey through systems change	Be the Change Leadership Programme representatives (Part 2)
14.20	System Transformation	Will Young HSC Leadership Centre
14.30	Legacy- lessons from the All Blacks	James Kerr Author
15.30	Panel discussion and Questions	Paul Morgan Mandy Davis James Kerr Helen McKenzie
15.45	The way forward	Sean Holland Chief Social Work Officer / Deputy Secretary Social Services Policy Group, Department of Health
15.55	Closing remarks	Paul Morgan Chair of the NI ACE Reference Group



Appendix 3: Speaker Biographies



Peter Weir
Minister for Education, Department for Education

Peter Weir MLA was appointed Minister for the Department of Education and took up his role on 11 January 2020. Minister Weir is a Northern Ireland Assembly Member for Strangford and was previously appointed as Education Minister in 2016.

The Minister has been a member of the NI Assembly since 1998.



Paul Morgan, Director of Children and Young People's Services and Executive Director of Social Work, Southern HSC Trust

Paul Morgan was appointed as Director of Children and Young People's Services in May 2011. Paul has over 30 years' experience in a range of Child Care Services and over 12 years senior management experience. He qualified in 1979 with a BA Hons Degree in Social Work. He was Acting Director in the Craigavon & Banbridge Community Trust from 2004-2007 and was the Southern Trust's Assistant Director for Safeguarding and Family Support from April 2007 – May 2011.

Paul is a member of the Regional SBNI Safeguarding Board for NI and chairs the Southern Outcomes Group, established to take forward integrated planning and service delivery for children and families. He represented the Association of Directors on the Children Order Advisory Committee, established to progress work linked to Family Law, Private Law and Court Services. Paul now sits on the Regional Public Protection Arrangements Northern Ireland (PPANI) Strategic Forum. He has significant experience of service reform and represents the Trust on a number of regional forums including the Regional Children's Services Improvement Board.



	<p>Paul also chairs the Trust Community Information System Project Board and previously sat on the Regional Encompass Project Board, both aimed at introducing new IT technology and software, to support more effective and efficient service delivery.</p> <p>Paul is also the Southern Trust representative on the Armagh, Banbridge and Craigavon Councils Strategic Partnership, for taking forward Community Planning. Paul is the current Chair of AEDSW and Chair of the Regional ACE (Adverse Childhood Experience) Group.</p>
	<p>Professor Mark A. Bellis OBE Public Health Wales</p> <p>Professor Mark Bellis is the Director of Policy and International Health for Public Health Wales and Professor of Public Health at Bangor University. Mark is the Head of the World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being (based in Public Health Wales) and the UK Focal Point to the WHO on Violence and Injury Prevention. Mark has undertaken substantive work in the fields of violence prevention, alcohol, drugs and sexual health. As well as international work with WHO, Professor Bellis has also worked as an advisor to organisations including; United Nations Development Programme, United Nations Office on Drugs and Crime and United Nations International Children's Emergency Fund. He has published over 190 academic papers and more than 250 applied public health reports. He continues to head an on-going research programme examining Adverse Childhood Experiences (ACEs) and their impact on health and behaviour across the life course.</p>



Professor Mandy Davis
Trauma Informed Oregon

Dr. Davis is an Associate Professor of Practice at Portland State University's School of Social Work and a licensed clinical social worker. She is Director of Trauma Informed Oregon, a program primarily funded by the Oregon Health Authority, to advance trauma informed care throughout organizations and systems through training, consultation, and implementation resources. Dr. Davis teaches and lectures on implementing trauma informed care and trauma specific services. Her current interests include measuring change when organizations and systems implement the principles of trauma informed care, the impact of toxic stress on the workforce, intersectionality between equity work, and the impact of systemic oppression.



James Kerr
Author and Presenter

James Kerr is a superb presenter and a natural storyteller who speaks on a mixture of topics including sports psychology, leadership practice and organisational science, with a compelling narrative. Kerr is the author behind the global best-seller *Legacy*, revealing the simple secrets of success behind some of the world's elite business, sports and military organisations. In *Legacy*, Kerr unpicks the secrets of the world's most successful sporting team, the All Blacks. The book has been described as 'seminal' by the Independent newspaper and 'unputdownable' by Bloomberg. The Daily Telegraph newspaper called it the 'modern version of Vince Lombardi's guides to coaching' and says 'for those searching for genuine keys to team culture, it is manna from heaven.'

Kerr explores the driving forces behind best teams to extraordinary results including a focus on excellence, a collective commitment, a high degree of autonomy, trust and individual initiative, compelling communication, individual accountability, integrity and humility, all underpinned by a climate in which 'leaders create leaders'.



	<p>There is an impressive list of teams and corporations that have sought Kerr's expertise including, US and UK Special Forces, Formula 1 teams, America's Cup crews, Premier League football managers, Olympic Performance Directors, Google, PayPal, Dyson, Red Bull, Shell and Boeing.</p> <p>As well as small, elite teams, Kerr addresses the specific challenges faced by larger, more diverse organisations today: including the impact that female leaders can have in previously male dominated environments, the challenges of engaging millennials, the shift from a transactional towards a transformative leadership style, personal leadership, ethics and integrity, marginal gains and incremental improvement, values and vision-setting, and resilience in adversity As well as keynotes and inspiring team talks, Kerr also runs highly interactive LegacyLabs - masterclasses in which participants design their own high performance culture and personal leadership story. In these sessions, Kerr challenges participants to first design, and then take responsibility for delivering, the marginal gains that deliver breakthrough results. Acting as a creative catalyst, Kerr unlocks the latent potential within the team, helping develop agility, resilience, connection, cohesion and common purpose.</p>
	<p>Seán Holland Chief Social Work Officer/Deputy Secretary Social Services Policy Group, Department of Health</p> <p>Seán qualified as a Social Worker from Ulster University in 1986 and is a qualified Social Work practice teacher and has a LLM 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 <i>A Healthier Future</i>, which set out the vision for health and wellbeing in Northern Ireland.</p>



	<p>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.</p>
	<p>Will Young Assistant Head of Centre and Organisation Design Consultant, HSC Leadership Centre (Facilitator of the Conference)</p> <p>Will is an experienced Organisational Development Consultant and is currently the Assistant Head of the HSC Leadership Centre which is responsible for providing organisational and leadership development support to Northern Ireland Health and Social Care and the Northern Ireland Fire and Rescue Services in Northern Ireland. He joined the Centre in 2001, having accumulated 10 years' experience as an accountant prior to this and in a variety of posts within health and social care including Finance, Human Resources and Information Technology.</p> <p>Will has extensive experience working at a senior and executive level. He is the lead for number of regional agendas including executive development, team based working, quality improvement, succession planning and talent management, aimed at delivering high quality compassionate care for our patients and service users. Due to his experience, he is involved in a number of significant and complex workforce reviews and modernisation initiatives across the system. Will is also involved with local charities in a Director/Trustee capacity, including Children's Heartbeat Trust and Antrim Youth Information and Counselling Centre.</p>



Karen Hunter
Principal Consultant, HSC Leadership Centre
(Facilitator of the Conference)

Karen joined the HSC Leadership Centre in February 2018. She is an experienced leadership development consultant, having worked in both the public and private sectors for the past 30 years. She was Head of the Management Development School for the Metropolitan Police Service, Director of Studies in the Leadership Academy of the National Policing Improvement Agency, and ran her own Management Consultancy, Muika Leadership, for 13 years. She was Managing Partner with The Living Leader LLP, and worked with PwC as a Senior Leadership and Change consultant immediately before joining HSC.

Within the Leadership Centre Karen is responsible for the regional leadership programme Proteus, aimed at Assistant Directors, and co-designed Acumen, aimed at Director level leaders. She is involved in a number of large transformation projects, including the design of a regional framework for Domiciliary Care, as well as team development for executive leadership teams within HSC and other public sector authorities. Previously, she has worked with large NHS Trusts in England, working with Executive leadership teams, designing and developing leadership programmes, and coaching the Board of one Trust through its transition to Virgin Care. She has also worked extensively with Chief Officer teams within the UK Police Service, as well as with larger private sector organisations.

She has contributed chapters to two Leadership books – 'Tapping into your Inner CEO', & 'Creating a Blueprint for Inner Change'.

On a personal level, Karen volunteers as a mentor for Young Enterprise NI, and also gives time to her local animal rescue shelter.



Appendix 4: Organisations attending the conference (by sector)

Voluntary and community sector

Action for Children

Action Trauma

ASCERT

Barnardo's NI

Connected for Life

Dry Arches Children's Centre

Include Youth

Inspire

MACS NI

National Children's Bureau

Parenting NI

Health and Social Care

Belfast Health & Social Care Trust

Belfast Healthy Cities

Northern Health & Social Care Trust

Department of Health

Health & Social Care Board

Health & Social Care Leadership Centre

Northern Ireland Social Care Council

Public Health Agency

Safeguarding Board Northern Ireland

South Eastern Health & Social Care Trust

Southern Health & Social Care Trust

Housing

Northern Ireland Housing Executive

Local Councils

Armagh, Banbridge & Craigavon Borough Council

Newry, Mourne & Down District Council

Education

Department of Education

Council for Catholic Maintained Schools

Controlled Schools Support Council

Education Authority

Education and Training Inspectorate

St John the Baptist College

Justice

Department of Justice

NIACRO

Northern Ireland Prison Service

Prisoner Ombudsman for NI

Probation Board for Northern Ireland

Police Service of Northern Ireland

Youth Justice Agency



Church representatives

Church of Ireland

Presbyterian Church in Ireland

Salvation Army

Other

Department for the Economy

Department of Agriculture,
Environment and Rural Affairs

Trauma Informed Oregon

NI Guardian Ad Litem Agency

Northern Ireland Statistics & Research
Agency





Appendix 5: Conference Evaluation

Evaluations were received from 48 attendees; feedback is summarised below. Please note, % figures throughout are % of evaluation respondents, rather than % attendees. Overall, there was a 35% response rate.

1. Please indicate below which sector you represent:

Health and social care	11
Justice	18
Education	7
Community & voluntary	8
Other	4
Total responses	48

2a. Did this conference meet your expectations? Yes 48 (100%)

2b) Why do you say that?

Common themes:

- The majority felt it was an excellent conference, inspiring and informative with a great range of speakers and examples of practice.
- Attendees reported a strong focus on the need for collaborative working across organisational boundaries and at leadership level.
- The range of presentations demonstrated how far reaching TIP already is and how much further it can go.
- It was useful to hear examples of local practice especially through the Be the Change Leadership Programme, and national/international perspective.

Really useful day to showcase the amazing work that has been done. Speakers were fantastic - so encouraging to see that we are on right track.

I leave feeling physically exhausted but weirdly energised after being reminded that my work makes a difference. Leaving with the mind-set that I can 'deliver in hope'.

It was informative, inspiring, and embedded the collective leadership principles. Please build on the momentum.



A demonstration of agencies and professions taking ownership of the ACEs and TIP agendas and beginning to consolidate what it means for agencies individually, collectively and cross-sector.

3. Please rate how satisfied you were with the following aspects of the conference:

	Very satisfied #(%)	Satisfied #(%)	Neither/ nor #(%)	Dissatisfied #(%)	Very dissatisfied #(%)
Pre-conference administration	14 (29)	34 (71)			
The conference agenda	38 (79)	10 (21)			
Delivery of conference presentations	38 (79)	10 (21)			
Conference materials provided	37 (77)	9 (19)	2 (4)		
The venue	44 (92)	3 (6)	1 (2)		



4. The learning objectives for today's conference are listed below. Please indicate the extent to which you agree that these objectives were met:

This conference aimed to:	Strongly agree #(%)	Agree #(%)	Neither/ nor #(%)	Disagree #(%)	Strongly disagree #(%)	No response #(%)
a. Provide attendees with an understanding of the concept of collective leadership and a collaborative approach in response to trauma informed transformation of organisations in Northern Ireland	31 (65)	16 (33)	1 (2)			
b. Provide attendees with an understanding of the cost of late intervention responses within our services to address trauma (based on Prof Mark Bellis presentation)	27 (56)	18 (39)	1 (2)			2 (4)
c. Provide attendees with an understanding of the opportunity of working systemically to address trauma resulting from childhood adversity (based on Prof Mandy Davis presentation)	35 (73)	11 (23)				2 (4)
d. Provide attendees with an understanding of what trauma informed practice at an organisational level	33 (69)	13 (27)	1 (2)			1 (2)



means, beyond training and awareness raising (based on the 'Be the change leadership programme' contributions)						
e. Explore with attendees the next steps to lead a Trauma Informed System into the New Decade	17 (35)	19 (40)	5 (10)			7 (15)

5. Do you have any suggestions for how the conference could have been improved?

Common themes:

- Nothing- overall an excellent day.
- Timing- there was a lot to take in, people began to leave before it was finished, agenda ran over & room was warm so hard to focus on last session.
- Fewer presentations and more time for delegates to discuss and reflect on what they have heard, and how this can be used, would have been useful.
- Focus on next steps for NI and getting agreement/committing to actions.
- Further specific examples of cross-agency collaboration and TIP practice from agencies.
- Ensure a follow up and keep the momentum going!

The content was really helpful. However some reflection time would have been helpful to allow and enable us to consider the impact on us and or organisations.

Examples of leadership on a cross-agency/professional basis - i.e. a joint cross-agency leadership presentation of achievement to date and/or leadership for the future.

I think there needs to be more work done in the next steps piece to maintain momentum.



6. Looking ahead, what are your organisational priorities regarding trauma informed practice?

Common themes:

- Data collection to aid understanding and demonstrate impact
- Reflecting and building on what has already been done, and keep on doing it!
- Embedding and further rolling out existing work more widely across the organisation until it becomes fully trauma informed
- Further focus on training and capacity building for staff
- Commitment to working in partnership with various other organisations/bodies/sectors
- Review and rework resources, strategies and policies from a trauma informed perspective
- Look after the staff team and support their wellbeing
- Awareness raising and widening of the discussion on TIP
- Getting buy-in from senior management team and other key leaders
- Review organisational values, particularly focused on love, kindness and compassion
- Recognise and celebrate existing good practice

Implementation is an integrated model of health and social care delivery (we all own it and have a contribution to make).

Keep the discussion about why it matters alive - lead loudly on this - otherwise the task may appear complete.

Promote discussion; challenge where necessary; lead by example.

Alongside rollout of training, we also need much deeper consideration of agency position and readiness and careful consideration of how traumatised we are and traumatising.



7. Is there any other support your organisation would welcome in order to fully embed trauma informed practice within your culture and practice? Please specify.

Common themes:

- Support from SBNI to date has been great and much appreciated
- Follow up discussions with SBNI and others, with a facilitated space to continue the conversation, would be useful.
- Further training for staff, in particular frontline staff and senior leaders.
- Recognition needed of the role of the NI Executive, departments, communities and individuals, rather than just services. Overarching issues such as poverty and deprivation must be addressed if things are to fully change.
- Opportunities to become more involved in collective leadership and interagency working.
- Facilitated opportunities for the Leadership Programme attendees to meet regularly to share their learning and practice, and maintain the relationships built.
- A means by which sharing of good practice can take place regularly e.g. a website or other resource, regular events, creation of a Network of Leaders, or a Trauma Board.

Trauma informed services operating within trauma informed organisations will only go so far. We need to have trauma informed communities, and opportunities to heal from our conflict related trauma past.

We need a focus too on reducing exposure to ACEs as well as a focus on responding to those who have been impacted by their ACEs and the people who care for them.

Suggestions upwards from positive practice to inform and influence policy formulation and cross-party/whole executive commitment to what works.

Helpful to continue inter-agency engagement, providing space for the conversation to take place.



For further information, please contact the EITP Trauma Informed Practice Project Team at the Safeguarding Board for Northern Ireland by telephone on (028) 9536 1810 or visit www.safeguardingni.org



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