

Childhood Adversity, Trauma and Resilience

Workforce Development Update

December 2020

Background

- The Childhood Adversity, Trauma and Resilience (ChATR) programme
 - Prevention, early intervention and mitigation of trauma and its effects through building resilience in individuals, families and communities.
 - Aligned to Emotional Health & Wellbeing Strategy
- ChATR Approach:
 - Raising workforce awareness and expertise
 - Establishment of a multi-agency community of practitioners in Hackney and the City of London - *Trauma-informed, ACE-aware and resilience-focused.*
 - Specific interventions to achieve programme aims

The barriers we know still exist:



- Many staff who engage with children and families **will never have had training/support** on these issues beyond safeguarding
- Services often **work in isolation** from each other, or where there is frequent professional contact, that does not constitute a learning environment
- Working with people experiencing trauma and adversity is itself a very difficult experience for staff - **we can get “hardened” quickly**
- Lack of resources across the system means we often **wait for families to present in crisis**, rather than being able to intervene early
- Many of our **systems and processes are re-traumatising - even with the best intentions of staff**, we ask families to go through numerous processes which are often badly joined up

The barriers we know still exist:



1. Many staff who engage with children and families **will never have had training/support** on these issues beyond safeguarding - *Therefore, roll out training and support to services across the partnership*
2. Services often work in isolation from each other, or where there is frequent professional contact, that does not constitute a learning environment - *Therefore, focus on expanding the Community of Practice*
3. Working with people experiencing trauma and adversity is itself a very difficult experience for staff - **we can get “hardened” quickly** - *Therefore, focus on supporting reflection and self-care*
4. Lack of resources across the system means we often **wait for families to present in crisis**, rather than being able to intervene early - *Therefore, upskill staff across system to build capacity and increase early intervention approaches*
5. Many of our **systems and processes are re-traumatising** - **even with the best intentions of staff**, we ask families to go through numerous processes which are often badly joined up - *Therefore, pilot trauma-informed interventions, such as redesigning CPCs*

Workforce Development – Perinatal Pilot

Pilot Aims

- A **co-designed and evaluated training course** focused on reflective learning and shared experience that can be rolled out across the life stages;
- A **Community of Practice** for trauma-informed work across sectors in City and Hackney that promotes cross-sector learning and interventions;
- A **first cohort of practitioners** leading the way in this approach within their organisations and supporting parents and children to reduce the risk and impact of trauma;
- An **online resource portal** to support improved understanding of ACEs, trauma and resilience.

Life Stage Focus

- ChATR workforce development focus on five life stages (Perinatal, 0-5s, 5-11s, 11-19s and 19-25s).
- To enable the training modules to be as relevant as possible to participants' experience and day to day work, as well as to support the development of communities of practice.
- Pilot focused on the Perinatal life-stage. Modular course easily adapted to other life stages
- Not exclusionary - practitioners whose focus is more general (e.g. GPs) will be invited to take part in all life-stage cohorts.

Perinatal ChATR Training

- 4 training sessions (total 8 hours):
 - Introduction to ACEs
 - Perinatal Case Study (part 1)
 - Perinatal Case Study (part 2) and Child Protection Conference simulation
 - Taking your Learnings Forward

- Reflective / Interactive approach
 - Small Group (11 participants from 11 different teams)
 - 2 Facilitators + Team Support
- Non-didactic - focus on participants own practice and experience
- 'Homework' to encourage reflection on their practice and embed learning – using Resource Portal

Training Design

- Iterative development with facilitators
- 2 participant co-design sessions, at the beginning and the end of the process - help us shape the structure and materials
- Surveys of participants to establish baseline understanding and measure learning

Community of Practice

ChATR training lays the groundwork for a **community of practice** - foster ongoing dialogue and mutual support; support sharing of knowledge and encourage more joined-up ways of working:

- Use of Resource Portal
- Online forum (Slack channel)
- Continuing engagement after training – pilot group will continue to come together to share learning and reflect on practice

The screenshot shows a Slack channel named 'perinatalpractitionershomework'. The channel header includes a search bar, a star icon, and a user count of 19. A post by 'perinatalpractitionershomework' features a hand-drawn diagram titled 'Trauma Care' and 'Salutogenesis'. The diagram is a red scribble with labels: 'Self' (Energy, reflection, self-compassion), 'Others' (meaningful, stable long-term relationships), 'Body' (Exercise, yoga, dance, music, art, etc.), and 'Society' (housing, etc. security). The diagram also includes 'Grief Planning', 'Social Security', 'Relationships', 'Beliefs', and 'Mind'. The post has 3 likes and 2 replies. The replies are from 'ellie guedalla' (11:25 AM) saying 'thank you Matt' and 'Abbi Ayers' (2:34 PM) saying 'Thanks Matt. I'd like to develop my understanding of resilience so I'll take a look.' A thread on the right shows a reply from 'Jenny Zienau' (13 days ago) mentioning a blog post about the salutogenesis model and a video link. Below the thread is a quote from 'A Better NHS' (abetternhs) titled 'Hope and salutogenesis', which describes four patients who were suffering from chronic pain and had spent years being treated by pain specialists, spinal surgeons, psychologists, physiotherapists and complementary therapists. None of this specialist attention had alleviated their pain to any significant degree.

Resource Portal

- We are continuing to develop our [ChATR Resource Portal](#)
- The portal is now live but will continue to be developed.
- The portal will include all training resources as well as other practical tools and resources that can be used by practitioners in their work with children, young people families and communities.
- The portal also provides links to external resources (articles, videos, case studies, etc.) to enable further learning, professional development and awareness raising activity.

The screenshot displays the ChATR Resource Portal interface. On the left is a dark navigation menu with the following items: 'ChATR resource portal', 'Home', 'About ChATR', 'ChATR resources' (expanded), 'Adversity', 'Trauma', 'Resilience', 'Life stage courses' (highlighted), 'Perinatal course', 'Tools for direct work with families', and 'Reports and research'. The main content area features a large header image of a child and an adult walking, with the text 'Life stage courses' overlaid. Below this is a grid of course cards:

- Perinatal**: Accompanied by an image of a woman holding a baby.
- 0-5 years**: Accompanied by an image of a young child.
- 5-11 years**: Accompanied by an image of children playing outdoors.
- 11-19 years**: Accompanied by an image of two young people.
- 19-25 years**: Accompanied by an image of a young woman.

A teal banner at the bottom of the page contains the text: 'Join our ChATR Community of Practice on Slack'.

Evaluation

ChATR Perinatal Pilot

Contents

- Key Learnings
- Baseline vs follow-up pilot survey
- Community of Practice on Slack
- Qualitative feedback from sessions
- Retrospective
- System baseline survey



Key Learnings



- **Increased awareness** and **self-efficacy** in ACEs, trauma-informed, and resilience approaches
- Programme enabled a **safe learning space** for participants to share experiences despite being online



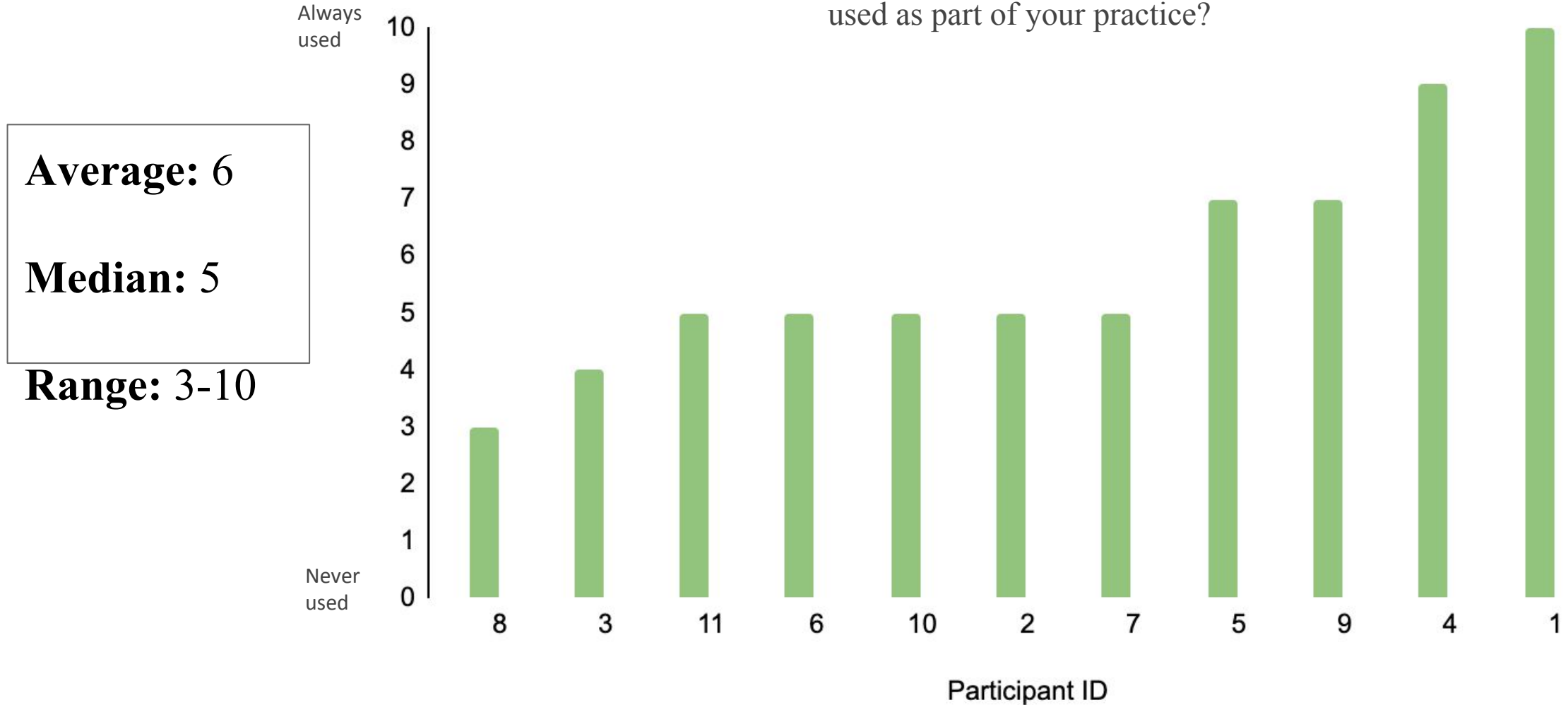
Baseline vs follow-up pilot survey

Find detailed results [here](#)

Wide range of baseline use of ChATR approach



To what extent is ACEs, trauma-informed care, or resilience used as part of your practice?

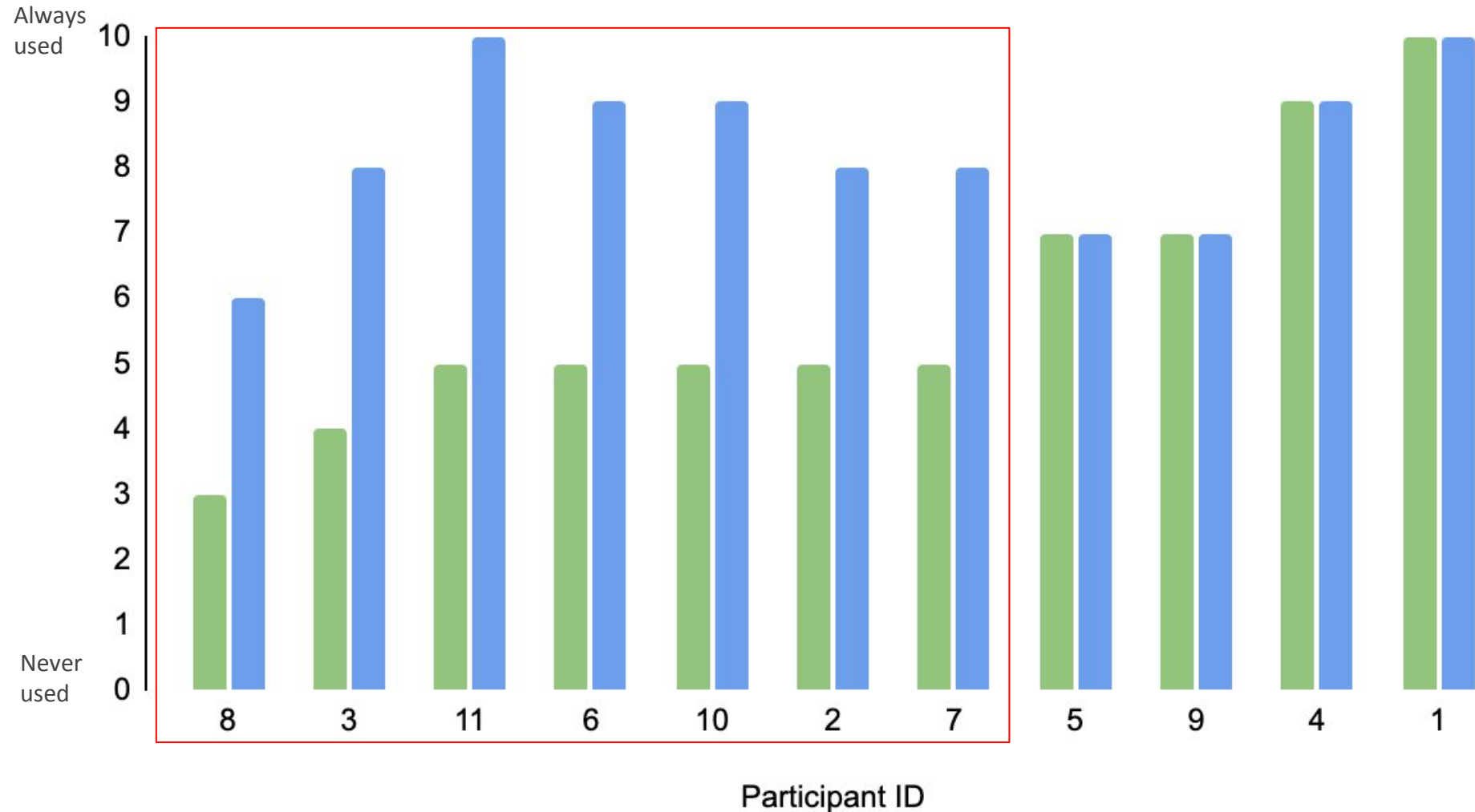


Largest positive change among low-level users



To what extent is ACEs, trauma-informed care, or resilience used as part of your practice?

■ Before ■ After



Average: 8

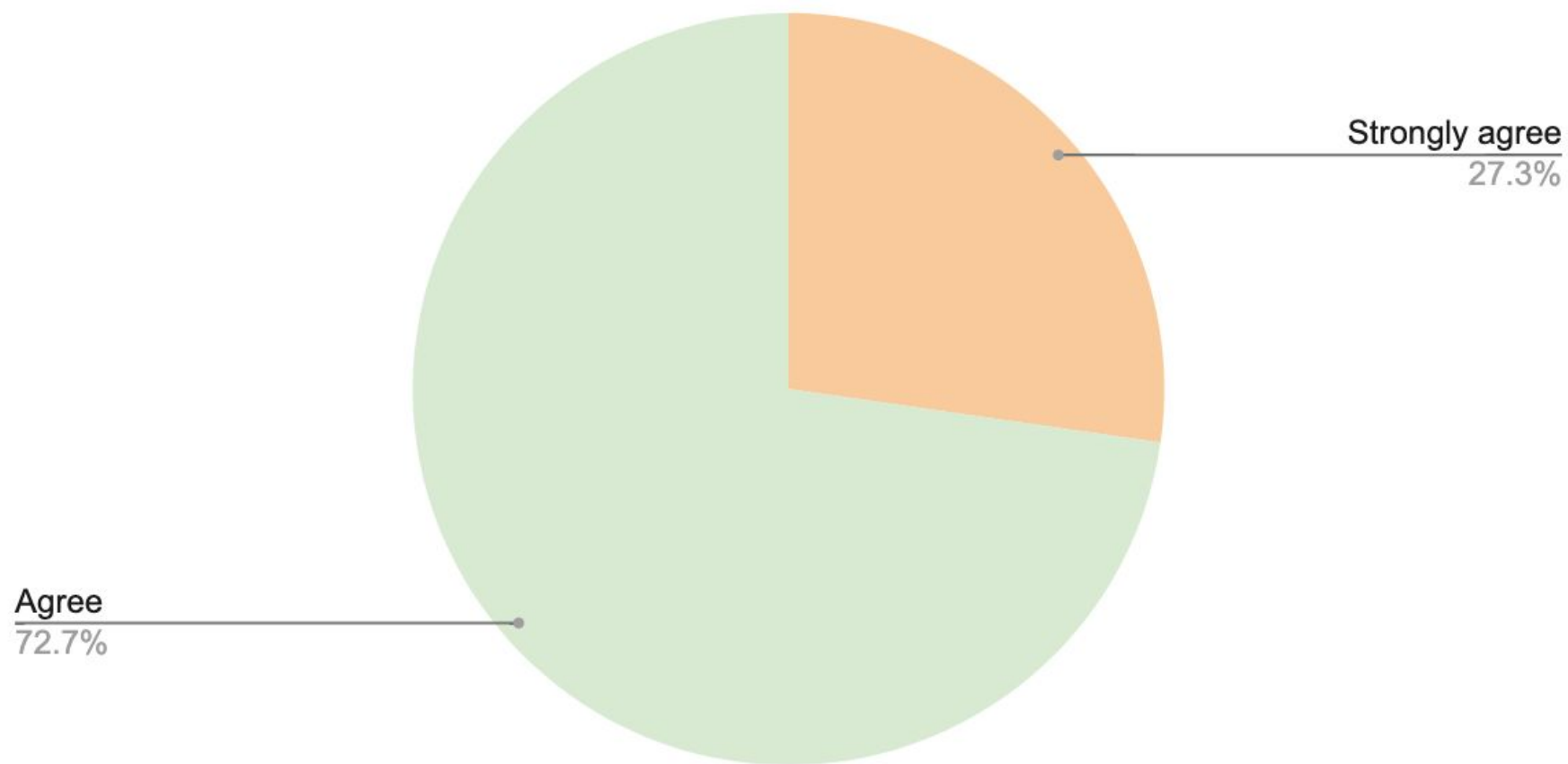
Median: 8

Range: 6-10



Everyone felt more confident in using ACEs approaches

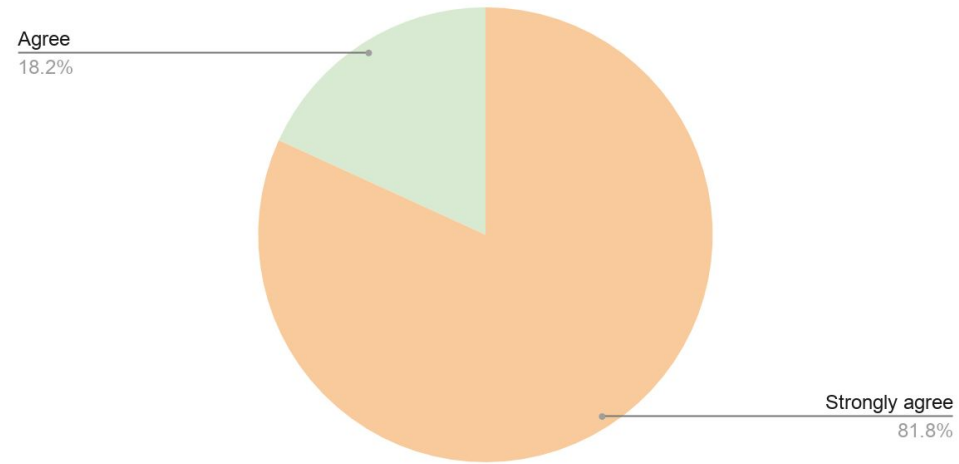
After this programme, I feel more confident knowing what resources and approaches to use and share with parents whose baby is at risk of experiencing ACEs.



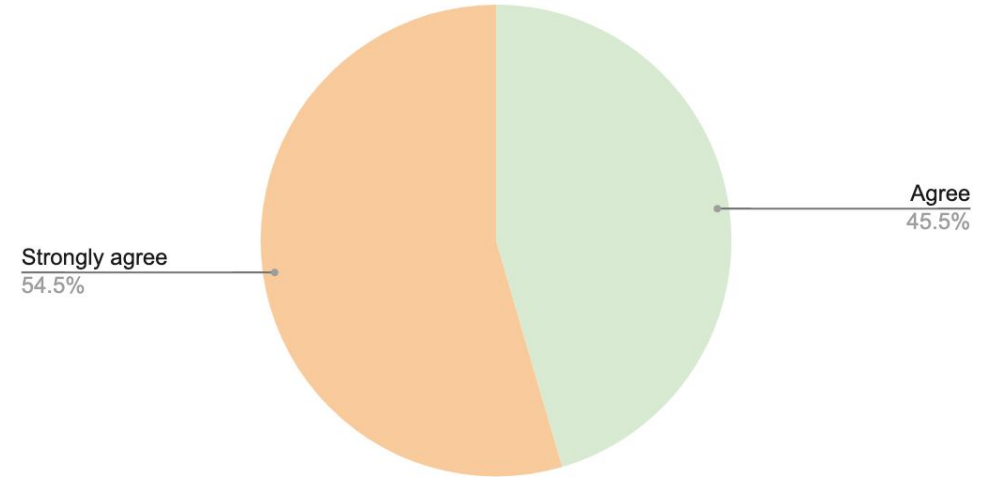
Everyone felt part of a safe learning space



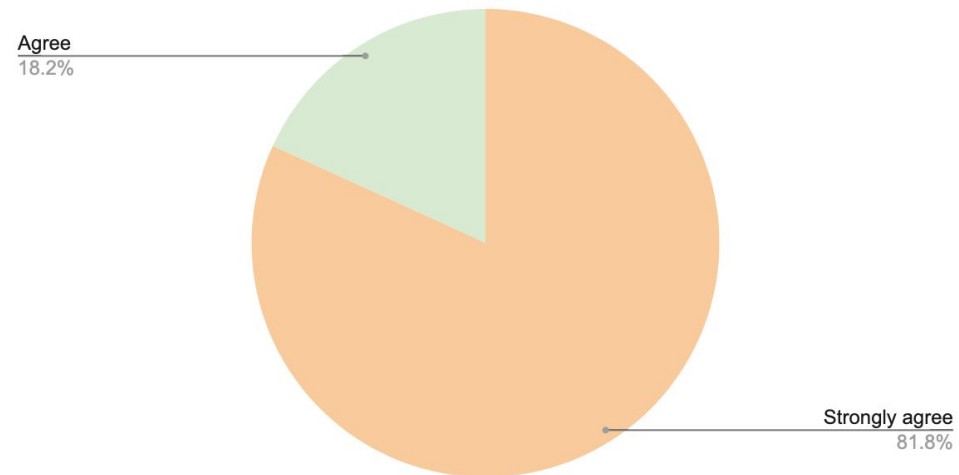
When I spoke up during the programme, my experiences and opinions were heard.



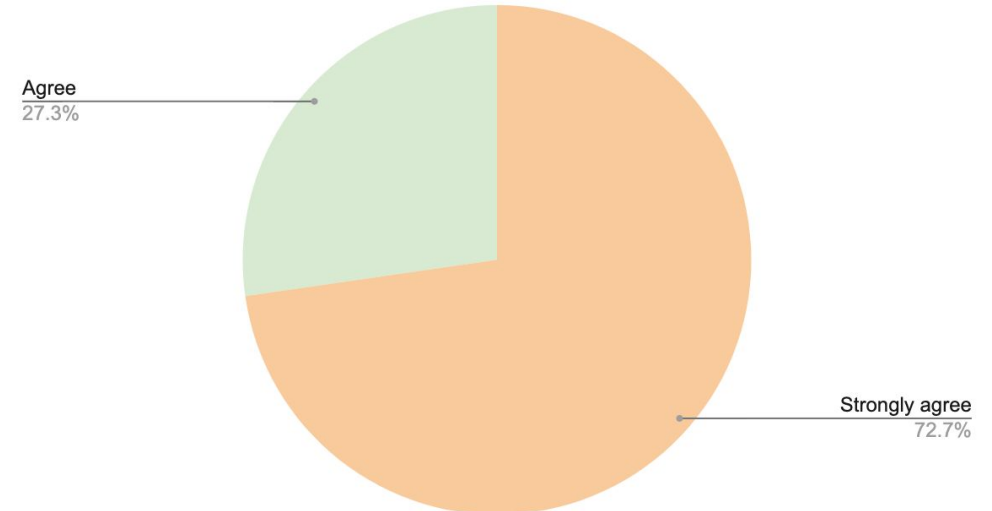
I could voice a contrary opinion without fear of negative consequences during group discussions.



The programme provided participants with the opportunity to interact with one another and learn from one another.



I felt respected and valued by my fellow participants.



Programme enabled better working practices

100% of participants agreed or strongly agreed that the programme enabled better working practices across different sectors

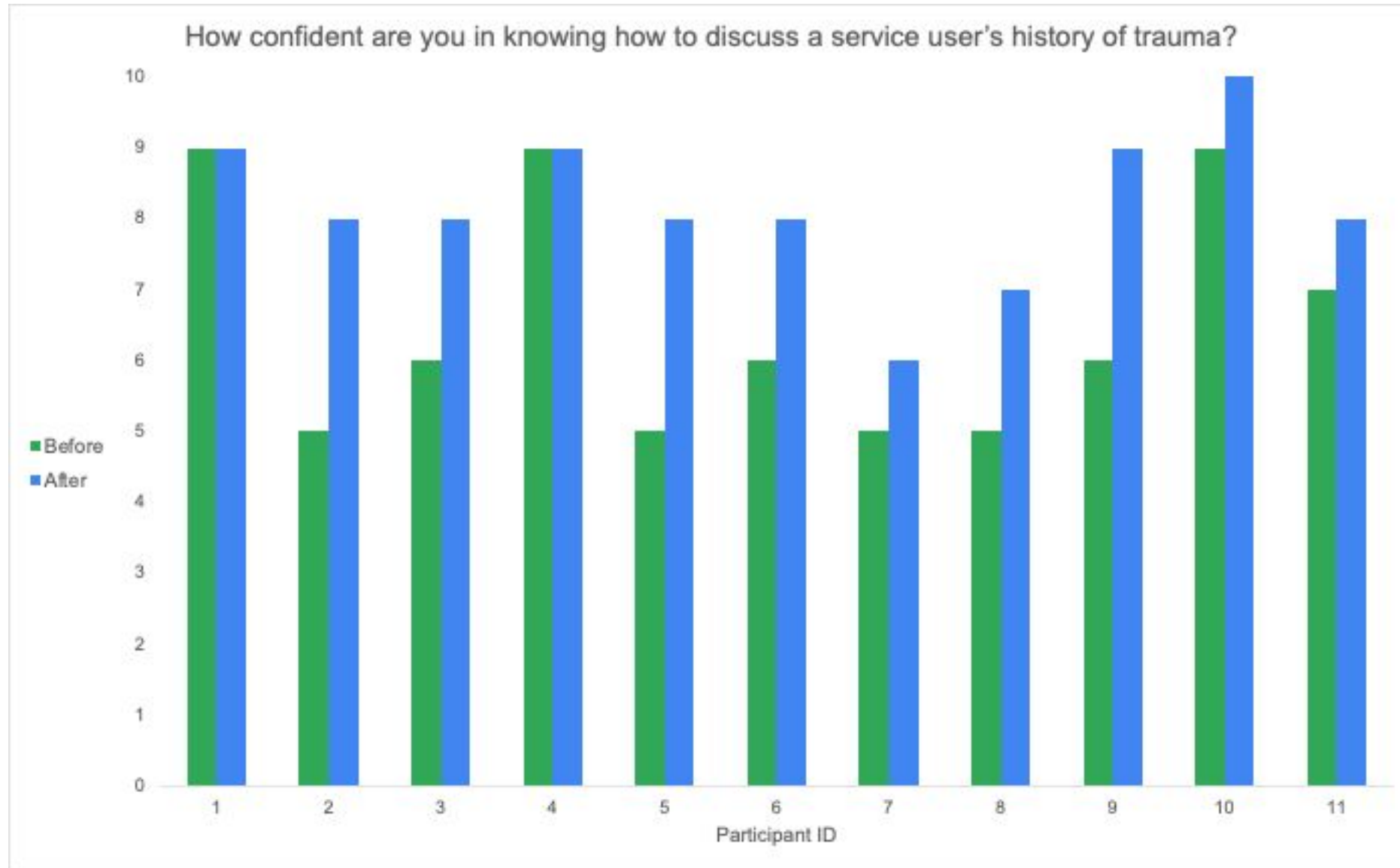
I felt it **not only enabled, but also actively supported collaboration**, the sharing of ideas and approaches and reflective practice amongst practitioners through each of the training sessions.

Practitioners were able to advise of many **different services, some of which I had not heard of before**. This was very useful in terms of sharing ideas and being able to offer further support to families.

Despite being online this worked very well. **It felt like a safe place** where practitioners could learn from each other.

This group felt so comfortable to be a part of, **if all MDT's were like this I believe the families would have a more positive outlook on their situation** and professional involvement and realise everyone in the team wants the best and most successful outcome.

82% felt more confident after the programme





Community of Practice (CoP) on Slack

Group discussions on ACEs resources



8:54 AM

This video is such a clear and a very moving explanation of the impact of ACEs on a child's brain development. It really helped me to understand the concept of latent vulnerability and how the reward, threat and memory systems of the brain are directly affected by ACEs. For example, I'd heard of hypervigilance before but I hadn't considered how children may display hypervigilance through their behaviours and social responses. I was also reminded of how the brain is better at storing detailed negative memories, and side-lining positive ones. Lots of powerful and important stuff to consider here!



9:16 AM

This video made me understand clearly the impact that ACEs can have on brain development, which in turn impacts functions such as decision-making, self-regulation, fear-processing, memory and stress management. This understanding will help me grasp the complexity of the effects of trauma on children in childhood. I also learnt that whilst ACEs can impact the development of the brain, the effect is not irreversible, that there are parts of the brain can grow and navigate new pathways of development as the child is shown love, support and rewarded. I have observed a child with hypervigilance behaviour which is as a result of her early life experience that no child should experience, the good news is that she has been adopted by a loving family and she is beginning to navigate new behaviour pathways.



9:34 AM

Thanks, both for your comments - it's really helpful to get this kind of feedback on resources, and it's great to hear that this has been such a helpful video!



Retrospective



What went

well

Facilitators created a safe space to engage

Good reflective practice, not a tick-box exercise

Structure of the sessions - four over two weeks

Portal and Slack were useful and accessible



What went well

Facilitators created a safe space to engage

Good reflective practice, not a tick-box exercise

Structure of the sessions - four over two weeks

Portal and Slack were useful and accessible

What could be improved

Focus on how to respond to parents with ACEs/trauma responses

Start sessions at the beginning of the day

Interactive post-it boards sometimes difficult to use

More time

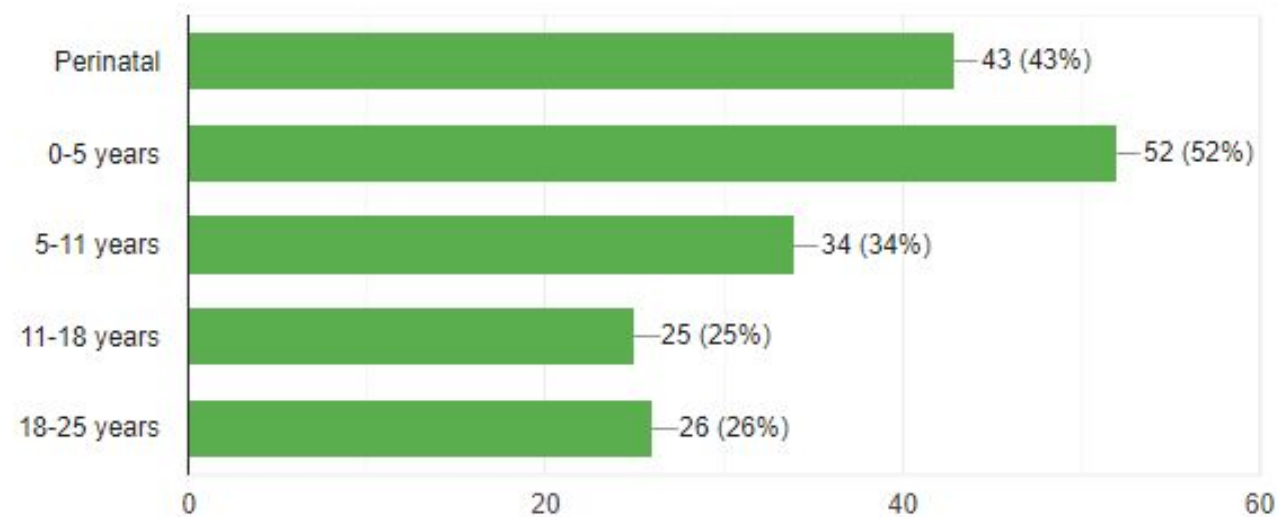


System baseline survey



What life stage(s) do you work in?

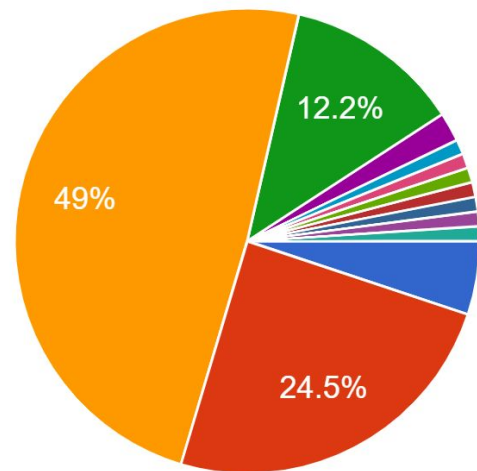
100 responses





What type organisation do you work for?

98 responses



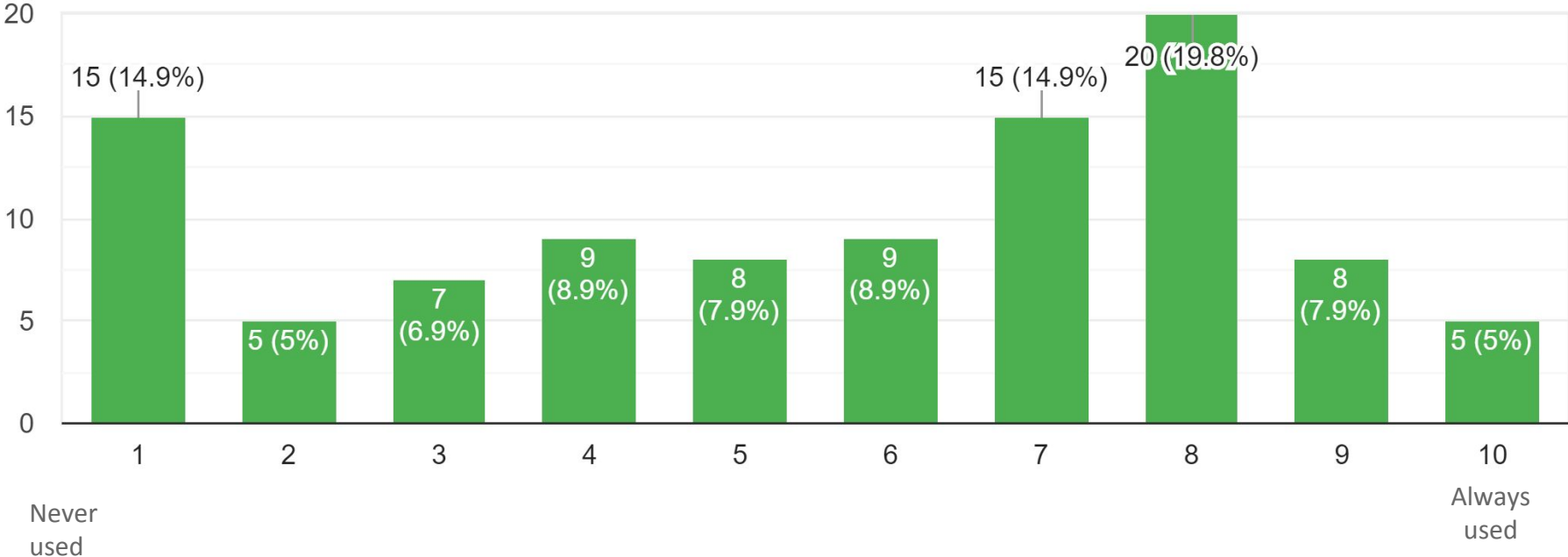
- City of London Corporation
- Hackney Council
- Healthcare
- School
- Voluntary and Community Sector
- Homerton NHS foundation Trust
- ELFT
- Hackney Education Team
- Children's Centre
- East london NHS
- Children's Centre attached to a school
- Hospital

Stakeholder baseline use of ChATR approach (n=98)



To what extent is ACEs, trauma-informed care, or resilience used as part of your practice?

101 responses

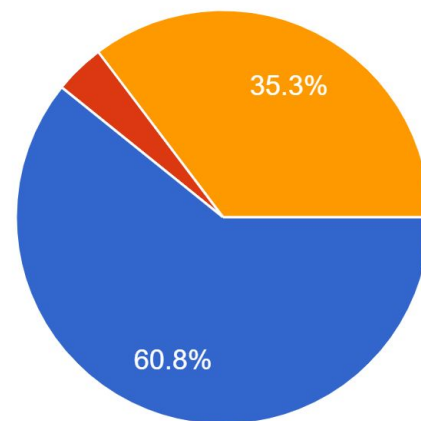


Average:
5.7



Would you be interested in joining a development programme on Childhood Adversity, Trauma and Resilience in the future?

102 responses



- Yes
- No
- Maybe. Please add me to the mailing list so I can learn more.

Light Touch Options

- In addition to the further roll out of in-depth training, we are looking at a number of light touch training options to achieve our workforce development aims. These include:
 - **Quarterly webinars** – Opportunity to learn from practitioners who have completed the course on how that have applied approaches in their roles.
 - **Resource Portal** – Includes reports, research, tools and suggested resources for subject areas and life-stages.
 - **Single Development Session** – Interactive training sessions to discuss trauma-informed approaches with a facilitator

Next Steps

- December 2020 – February 2021 – Roll-out of first 0-5s training cohort
- February-March 2021 – Roll-out of first 5-10s training cohort
- April 2021 – Second Perinatal training cohort
- Periodical communications and stakeholder engagement to ensure continued interest (comms & engagement plan in development)

	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Perinatal	Cohort #1					Cohort #2								
0-5			Cohort #1					Cohort #2						
5-10					Cohort #1					Cohort #2				
11-18							Cohort #1					Cohort #2		
18-25									Cohort #1					Cohort #2
Wider comms		Speak with individual service leads	Show & Tell			Show & Tell			Show & Tell			Show & Tell		
			Newsletter			Newsletter			Newsletter			Newsletter		