# Adverse Childhood Experiences (Ace) Pilot

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# Adverse Childhood Experiences Introduction

- Adverse childhood experiences (ACE) are those stressful or traumatic life events which occur prior to a person turning 18. They include multiple types of abuse: sexual, physical, and emotional, neglect, witnessing domestic violence, or growing up with substance abuse, mental illness, parental conflict, parental criminality/incarceration and experiencing community violence.
- The original questionnaire is intended to measure ACE and their relationship with risk behaviours and outcomes in later life.
- Not every person with a high ACE score (4+) will have succumbed to difficulties in their adult life due to their resilience, nor is it a predictive tool.

# ACE Project Scope

- Children's Services Directorate piloted the ACE Study/ matrix as part of the children's assessment process.
- All new referrals received into Stewartstown Road Gateway and SPOE Team from the start of October until the end of April 2016 that required an Initial Assessment  had an ACE assessment completed.
- From November 15, The Family Intervention Teams conducted an ACE assessment on all cases transferring from Gateway at the point of ICC or initial LAC Review.
- This pilot concentrated on the process of integrating ACE assessments into the Initial UNOCINI Assessment / Pathway Assessment undertaken by the Gateway, SPOE and FIT Teams
- The Senior Social Workers used the ACE Matrix to help them access the current impact on the children in the family.

# SET Modified Questionnaire - What's My ACE Score?

| **ACE Score Questionnaire:**<br>**Prior to your 18th birthday:** | **Parent** *(tick if yes)* | **Social worker** *(tick if yes)* |
|---|---|---|
| 1. Did a parent/other adult in your household OFTEN swear at you, insult you, put you down, humiliate or intimidate you? | | |
| 2. Did a parent/other adult in your household OFTEN push, grab, slap, throw something at you or EVER hit you hard enough to leave marks or injure you? | | |
| 3. Did an adult or a person at least 5 years older than you EVER sexually touch or fondle you, have sex with you or force you to engage in sexual acts? | | |
| 4. Did you OFTEN feel that no one in your family loved you or thought you were important OR that your family didn't look out for or support each other? | | |
| 5. Did you OFTEN feel that you didn't have enough to eat, had to wear dirty clothes or had no-one to protect you or that your parents were too drunk or high to take care of you or take you to the doctor if you needed it? | | |
| 6. Were your parents EVER separated or divorced? | | |
| 7. Was your mother or stepmother OFTEN pushed, grabbed, slapped or hit, or EVER seriously physically assaulted or threatened with a weapon? | | |
| 8. Was your father or stepfather OFTEN pushed, grabbed, slapped or hit, or EVER seriously physically assaulted or threatened with a weapon? | | |
| 9. Did you live with anyone who was depressed or mentally ill or who attempted suicide? | | |
| 10. Did you live with anyone who was a problem drinker, alcoholic or drug user? | | |
| 11. Did a household member go to prison? | | |
| 12. Did a member of your household have a serious health problem, illness or disability? | | |
| 13. Were your parents/carers always arguing? | | |
| 14. Did adults in your household OFTEN worry about money OR have difficulty in paying for things like food, heating, housing or transport? | | |
| 15. Were you or members of your household the victims of neighbourhood crime or "troubles" related violence? (e.g. vandalism, assault, theft, murder) | | |
| **Now add up the answers you have ticked: - This is your ACE score** | **Total:** | |

# ACE Questionnaire – Children (Completed by SW)

**Domains of Current Adversities (Individual Child or Generic Family ACE)**

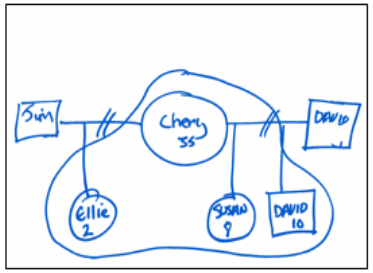
| | Child 1 | | Child 2 | | Child 3 | | Child 4 | | Child 5 | | Generic Family ACE (any child in family has been exposed/is being exposed ) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Past | Current | Past | Current | Past | Current | Past | Current | Past | Current | Past | Current |
| 1. Concerns/confirmed physical abuse | | | | | | | | | | | | |
| 2. Concerns/confirmed sexual abuse | | | | | | | | | | | | |
| 3. Concerns/confirmed emotional abuse | | | | | | | | | | | | |
| 4. Concerns/confirmed emotional neglect | | | | | | | | | | | | |
| 5. Concerns/confirmed physical neglect | | | | | | | | | | | | |
| 6. Separation from parents/carers | | | | | | | | | | | | |
| 7. Violence towards mother/stepmother | | | | | | | | | | | | |
| 8. Violence towards father/stepfather | | | | | | | | | | | | |
| 9. Problem drinking/drug use by parents/carers | | | | | | | | | | | | |
| 10. Parents/carers have mental health problems/illness | | | | | | | | | | | | |
| 11. Member of household in prison | | | | | | | | | | | | |
| 12. Member of household has serious illness/disability | | | | | | | | | | | | |
| 13. Parents/carers always arguing | | | | | | | | | | | | |
| 14. Financial problems/poverty | | | | | | | | | | | | |
| 15. Family victims of neighbourhood/troubles related crime | | | | | | | | | | | | |

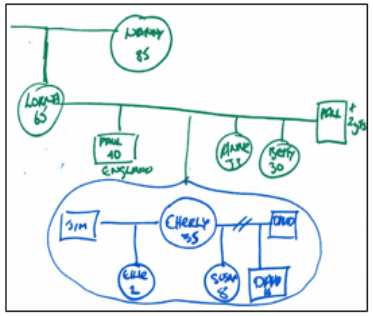
# ACE Lifestory Interviews :Relationships Map

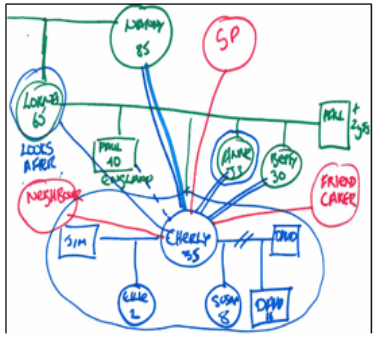
**Relationships Map**

- My family now → my family growing up
- Immediate family & extended family →friends & other significant people
- Who are you close to, who is important in your life → Who were you close to, who was important in your life?

**Example**





# Life maps (timeline)

My Life Road Map

Places I lived /went to school

Family life & relationships

Work/ Education

Health and emotional well-being

Key memories

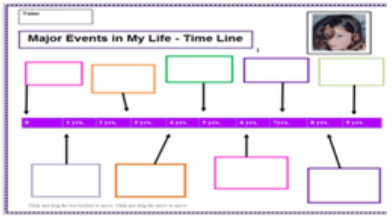
Involvement with agencies/services

Life over-time:

- Good times
- Hard times

0-10 | 11-20 | 20's | 30's | 40's | age

Example



# Pilot Evaluation Statistics re Adults

- Of the 137 cases, 15 refused to complete the ACE questionnaire (11 %). Of the 122 completed questionnaires, one in four reported no ACEs during childhood. The average number of ACEs per parent was 4.23 (range 0-13) which correlates with the findings of the original study.

- The most common ACEs experienced were: parental separation; serious health problems in the home; mental illness in the household; emotional abuse; parental acrimony, frequent money worries, household substance abuse and physical abuse.

- Each of these 8 ACEs was experienced by one in five, or more, of parents.

# Pilot Evaluation Statistics re Children

- Out of 165 children assessed, 28.5% were assessed to have experienced or were currently experiencing 4 or more ACEs and the average was 5.35%. This equates to 47 children out of the 165 assessed.

- The most Frequently occurring Past or Present ACEs were:
    1. Parental Mental Health
    2. Parental Separation
    3. Addiction Problems
    4. Domestic Violence towards mother
    5. Parental Acrimony
    6. Parental Physical Health / Disability

# Key Evaluation Findings:

- Operational Managers report an improvement in the quality of the analysis and reflection both in reports and in formal meetings.
- It is reported that the parents found it helpful in understanding their own decisions and choices and the way forward for their families. It is hoped that this will aid a reduction in stress in children and parents who have experienced ACEs and improve their functioning in normal life events.
- Staff and Managers reported that case plans were more individually tailored and therefore, more beneficial for service users in terms of meeting needs more effectively, having better access to the most appropriate service and in a more timely manner.

# Key Evaluation Findings Continued:

- The staff received wider training than the ACE study which has most definitely improved their knowledge in this field. This is helping to inform decision making and interventions with children and their families.
- The staff developed an improved understanding of the impact of ACE on functioning and life outcomes as well as the specific needs of the parent and child.
- The ACE matrix has not recommended for inclusion in any roll-out and the ACE tool is not always relevant for SPOE

# Key Evaluation Findings Continued:

- The implementation was hampered by the turnover of frontline staff and vacancies; this can be offset by training up staff in each office who can provide rolling, in-house training.
- The anticipated costs to the funding streams has not materialised as an issue during the pilot, identified needs were able to be met within existing resources to date.
- The application of ACE did increase the time required for visits but not significantly and this was balanced by the increased information it provided.

# ACE Project Findings

- As a result of understanding the impact of the ACEs on a child and care giver, hopefully we can reduce the negative outcomes experienced by the child throughout their life time and reduce the need for statutory intervention.
- Its application is equally valid to adults who do not have dependants as the impact of ACEs they have experiencing may be continuing to impact on their functioning and negative outcomes eg. Mental Health; Employment; Offending and recidivism
- It has now been agreed that this project will be rolled out across the Trust and Region later this year.

# Adverse Childhood Experiences findings

- The most important findings are that adverse childhood experiences:
  - are much more common than recognized or acknowledged
  - they have a powerful relation to adult outcomes and, if transferred into parenting, the intergenerational cycle of adversity and abuse can continue
  - the cumulative experience of such adversities increases the probability of poor outcomes **(Multiples Matter)**

‘Traumatic events of the earliest years of infancy and childhood are not lost but, like a child’s footprints in wet cement, are often preserved lifelong.’ (Felitti, 2010)

# Factors influencing practice teachers' pass/fail assessment of student social workers

Judith Mullineux – Ulster University

Campbell Killick – South Eastern Trust

# Literature review

- Variation in practice teaching (Killick 2005)
- Failure to fail (Finch 2009)
- Emotional impact on PT(Basnett & Sheffield 2010)
- Moral and professional responsibility (Malihi-Shoja et al 2013)

# Reasons why placements end early

Dove & Skinner (2010:61)

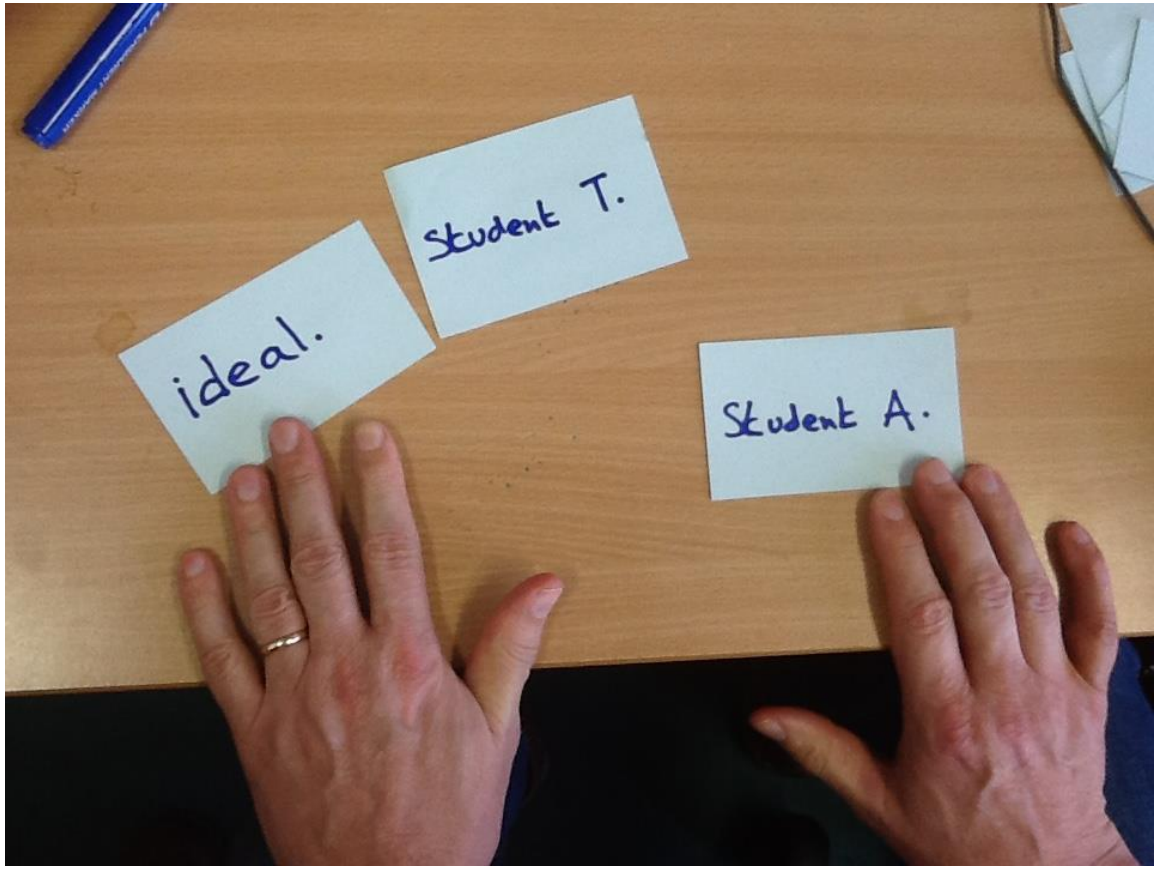
- Health issues
- Personal issues
- Supervisory and support issues
- Relationships
- Immaturity, inexperience, lack of commitment
- Ability to learn

# Repertory Grid Method

Participants were asked to identify real students based on the following criteria

- A student you assessed as competent:
- A student who failed
- A student who was borderline:
- A student you found difficult to assess:
- A social work colleague you admire:
- The ‘worst student’
- The ‘ideal student’

“Can you tell me in which way two of these people are the same and thereby different from the third?”



# Practice Teacher 1

| | | |
|---|---|---|
| Open/honest | 1 5 6 3 1 7 1 | Closed |
| Easy to engage | 1 3 6 1 1 7 1 | Very difficult to engage |
| Independent learner | 1 3 7 2 1 7 1 | Needs to be pushed |
| Energetic | 1 2 5 1 1 7 1 | Lazy |
| Positively challenging | 1 3 7 2 1 7 1 | Negatively challenging |
| Aware/enjoy the SW role | 2 6 7 3 1 7 1 | Reluctant to engage with SW role |
| Easy to engage | 1 3 5 1 1 7 1 | Obstructive |
| Know where their deficits lie | 2 6 6 2 1 7 1 | Unaware of their lack of skill |
| A 'learner' | 1 2 6 1 1 7 1 | Difficult to engage in learning process |
| A role model | 1 7 7 2 1 7 1 | Not a role model |
| Confident | 2 7 5 5 2 7 1 | Not confident |
| Very committed | 1 4 5 1 1 7 1 | Not very committed |
| Fair/non-judgemental | 1 1 5 1 1 7 1 | Stuck/not flexible |

'The ideal student'

'The worst student'

Student T

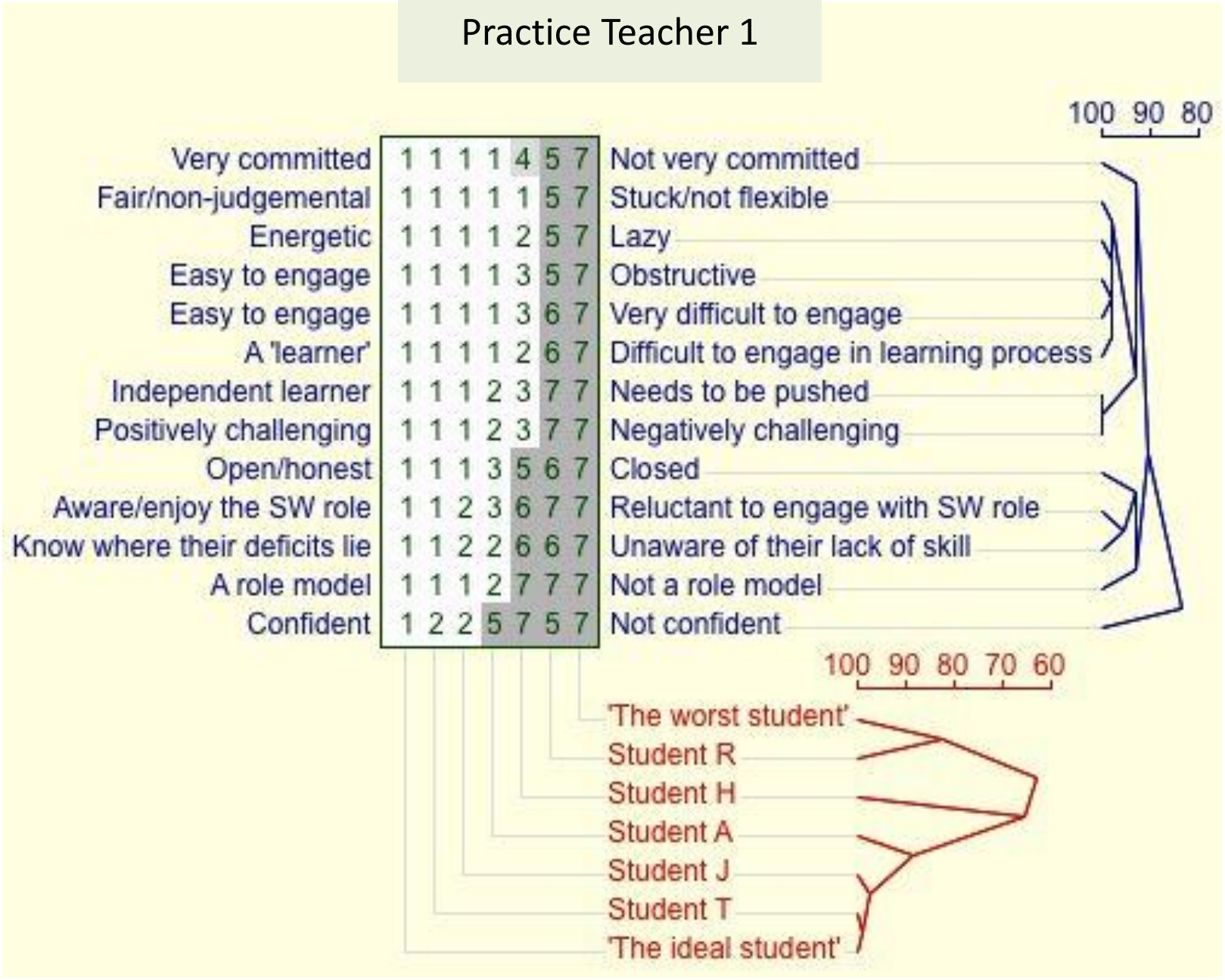
Student A

Student R

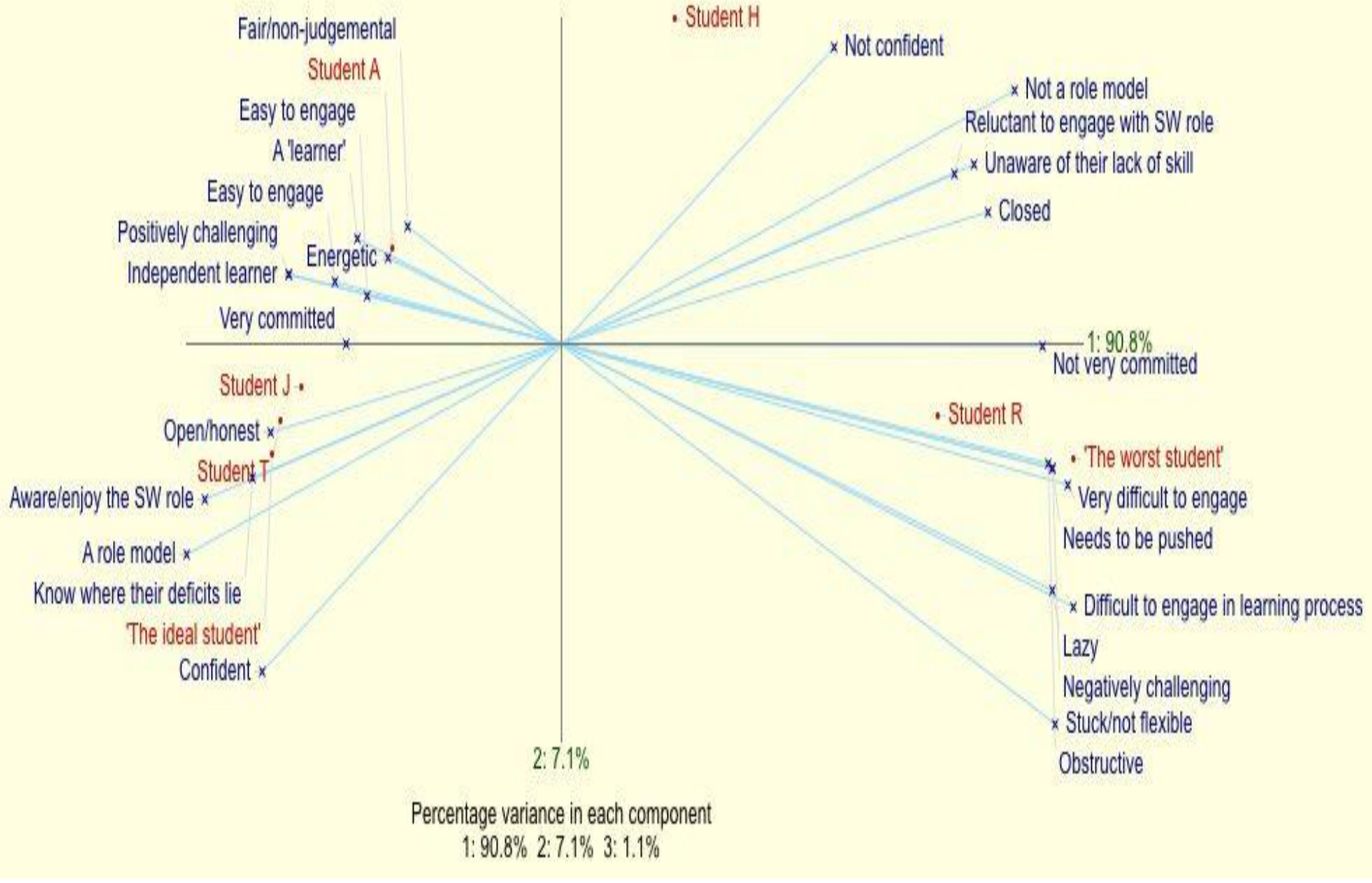
Student H

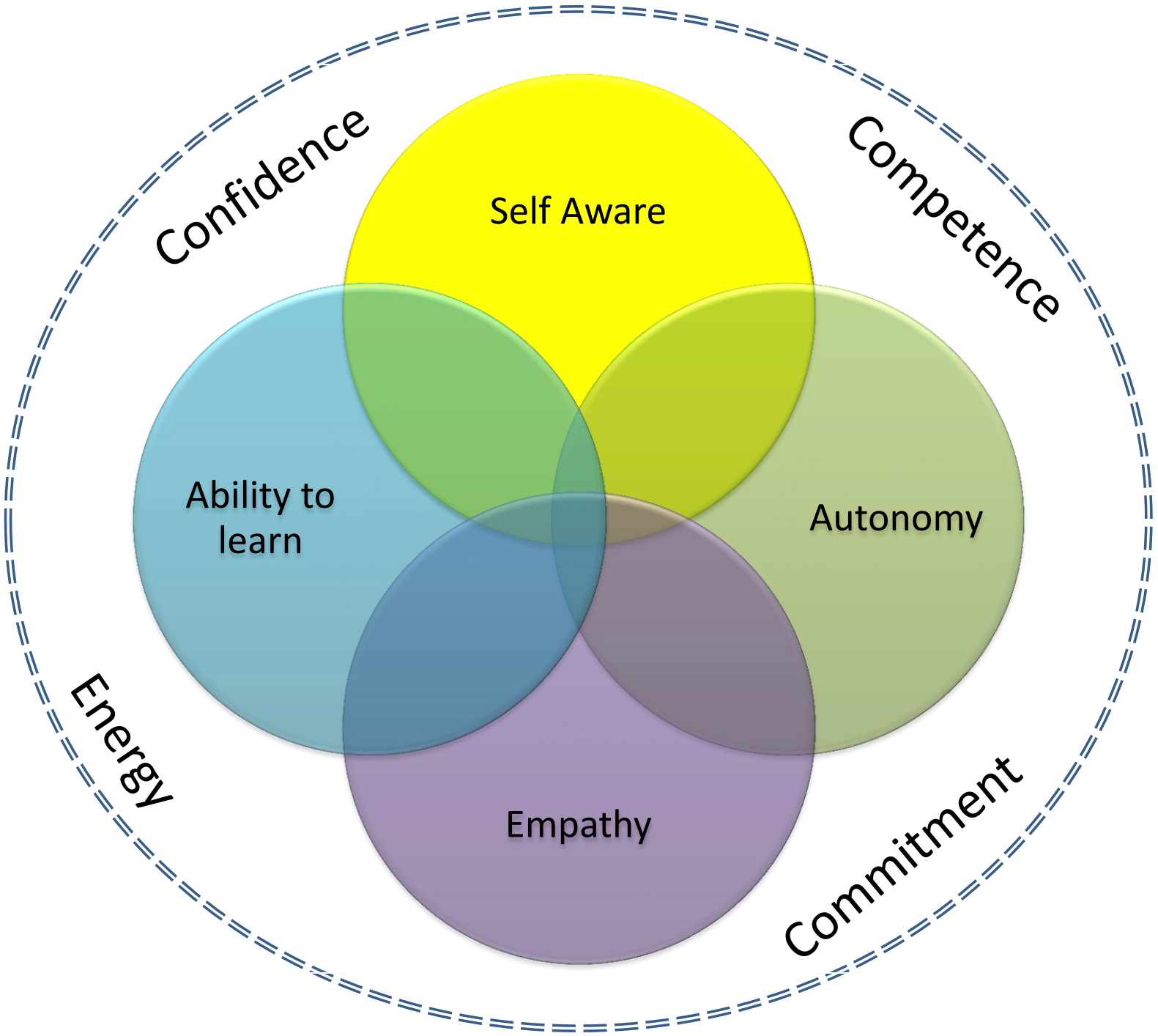
Student J

# Practice Teacher 1



# Practice Teacher 1




Confidence
Competence
Self Aware
Ability to learn
Autonomy
Empathy
Energy
Commitment

# Results

| Self awareness / selflessness | Autonomy/ understanding role | Values / warmth/ empathy/ engagement | Openness/ willing to learn |
|---|---|---|---|
| Self aware<br>Can look outside self<br>Know their deficits<br>Insight<br>Mature | Aware of the SW role<br>Clear of Boundaries<br>Aware of impact<br>Natural SW qualities<br>Proactive | Nurturing<br>Embraces SW ethos<br>Empathy<br>Emotional Intelligence<br>Compassion | Easy to engage<br>Open & Honest<br>Takes direction<br>Aptitude for growth<br>Curious<br>Teachable spirit<br>Reflective<br>Applies learning |

# Self awareness / selflessness

- Self aware
- Can look outside self
- Know their deficits
- Insight
- Mature

# Autonomy/understanding role

- Aware of the SW role
- Clear of Boundaries
- Aware of impact
- Natural SW qualities
- Proactive

# Values / warmth/ empathy/engagement

- Nurturing
- Embraces SW ethos
- Empathy
- Emotional Intelligence
- Compassion

# Openness/ willing to learn

- Easy to engage
- Open & Honest
- Takes direction
- Aptitude for growth
- Curious
- Teachable spirit
- Reflective
- Applies learning

# Where next?

# THE SERVICE IMPROVEMENT CHALLENGE

***Reduce unallocated cases in one FIS Team by 70% over 10 months in 2016***

# THE CONTEXT

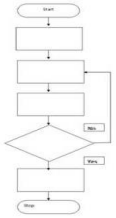
- The variation between **demand** and **capacity** is one of the main reasons why queues occur in the NHS, because every time demand exceeds capacity a queue is formed showing itself as a waiting list.

# The Processes

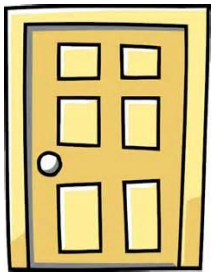

**Gateway Service Single Point of Entry**

**Family Intervention Services**

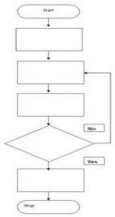
**Looked After Children Services**



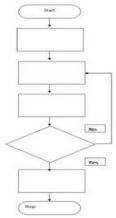
- Police
- Out of Hours SW
- Relative
- Teacher
- Health Visitor
- GP
- Court
- Probation
- Voluntary organisation
- Anonymous



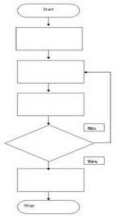
FAMILY INTERVENTION

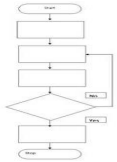


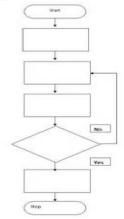
**Family Support Hubs**



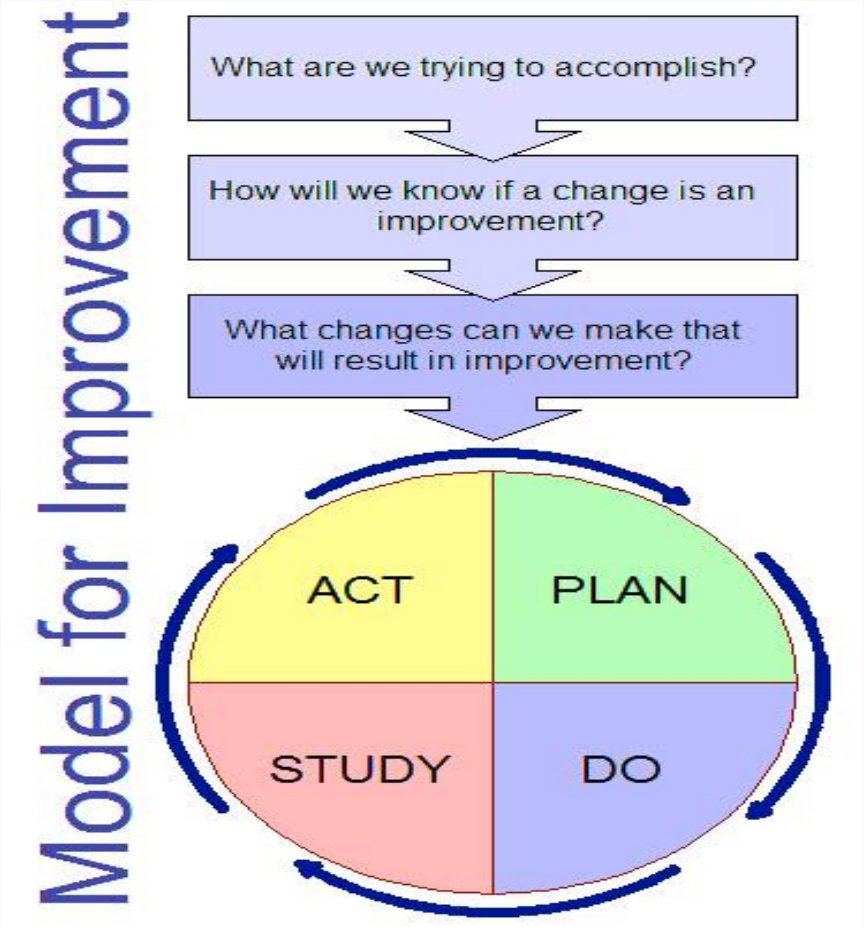
**16+ Services**







# USING DATA FOR IMPROVEMENT



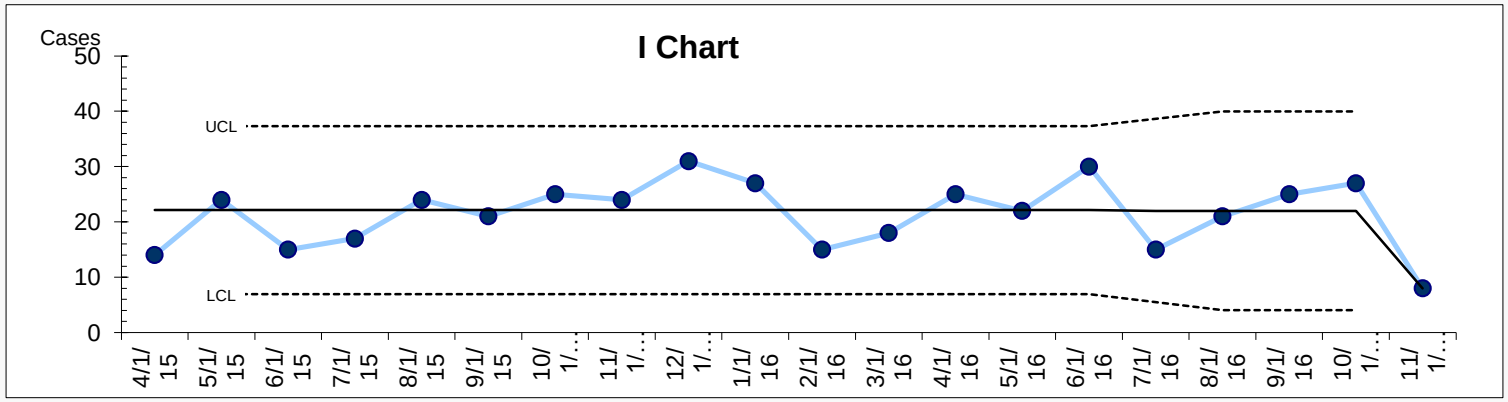

- A trial and learning approach to improvement through numbers
- Setting numerical targets can define intent, create will, and focus the improvement effort

# WHAT CAN DATA BRING TO THE PARTY ?



# HOW USEFUL IS THE NUMBERS GAME ?

| Apr | May | June | Qtr1 | July | August | September | Qtr2 | October |
|---|---|---|---|---|---|---|---|---|
| 145 | 163 | 165 | 473 | 155 | 174 | 179 | 508 | 161 |
| | | | | | | | | |
| 147 | 127 | 152 | 426 | 138 | 121 | 130 | 389 | 131 |
| 100(68%) | 82(65%) | 100(66%) | 282(66%) | 88(64%) | 83(69%) | 93(72%) | 264(68%) | 87(66%) |
| 46(31%) | 45(35%) | 52(34%) | 143(34%) | 50(36%) | 38(31%) | 37(28%) | 125(32%) | 56 (43%) |



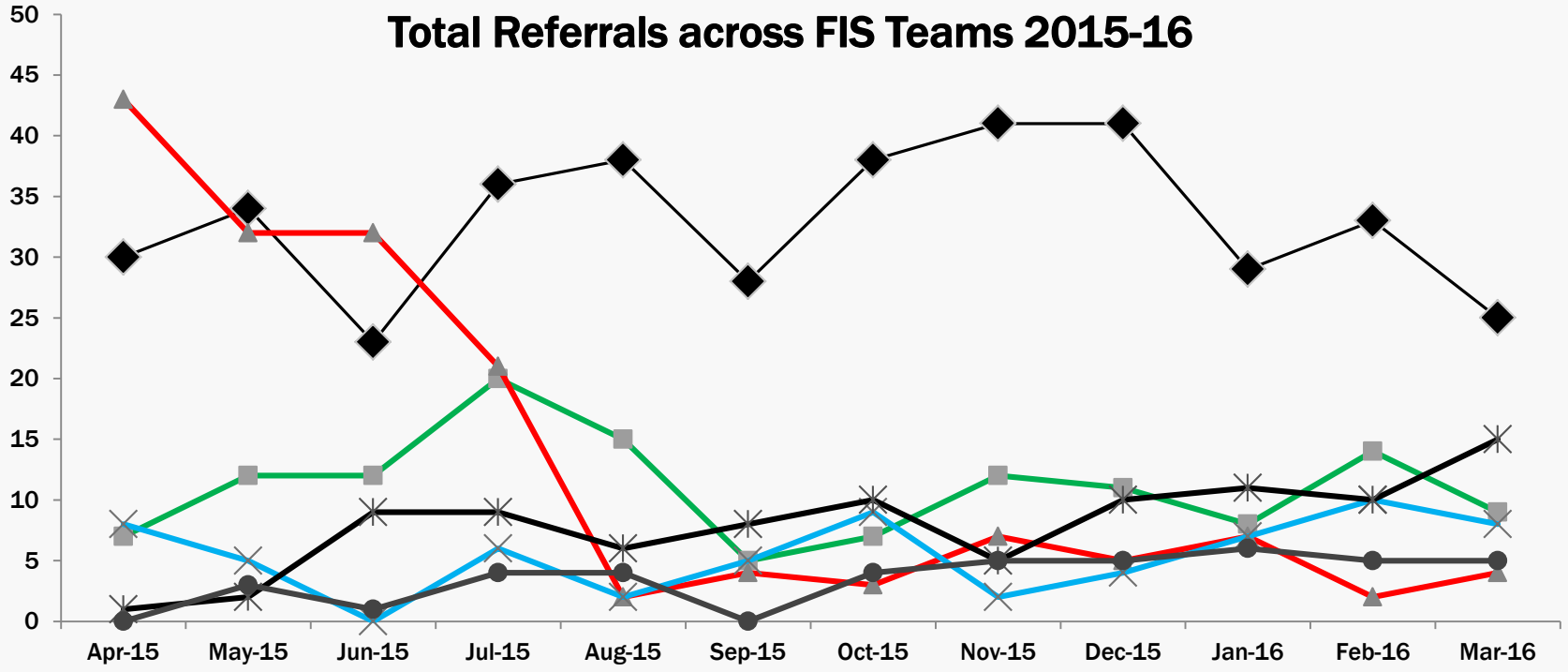
# WHAT DATA DO WE BRING……?

- Gather data that is meaningful
- Don’t overload on data
- Display data using the most effective charts

# ALL TEAMS ACTIVITY

| REFERRAL INFORMATION- April 15 to March 16 | April | May | June | July | August | September | October | November | December | January | February | March | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of OUTSTANDING Referrals at beginning of month? | 50 | 51 | 46 | 41 | 28 | 21 | 29 | 27 | 35 | 37 | 28 | 35 | |
| Number of NEW Referrals this month from Gateway Team? | 39 | 37 | 31 | 55 | 39 | 29 | 42 | 45 | 41 | 31 | 46 | 31 | 466 |
| Number of OUTSTANDINGS Referrals allocated? | 21 | 18 | 6 | 33 | 17 | 1 | 13 | 7 | 15 | 20 | 11 | 27 | 189 |
| Number of NEW Referrals allocated? | 16 | 16 | 19 | 33 | 29 | 20 | 31 | 30 | 24 | 23 | 26 | 25 | 292 |
| TOTAL Number Allocated For The Month? | 37 | 34 | 26 | 62 | 42 | 21 | 44 | 37 | 39 | 43 | 37 | 36 | 458 |
| TOTAL Number of Cases (families)Closed During Month? | 29 | 28 | 32 | 30 | 38 | 24 | 28 | 35 | 19 | 26 | 12 | 31 | 332 |

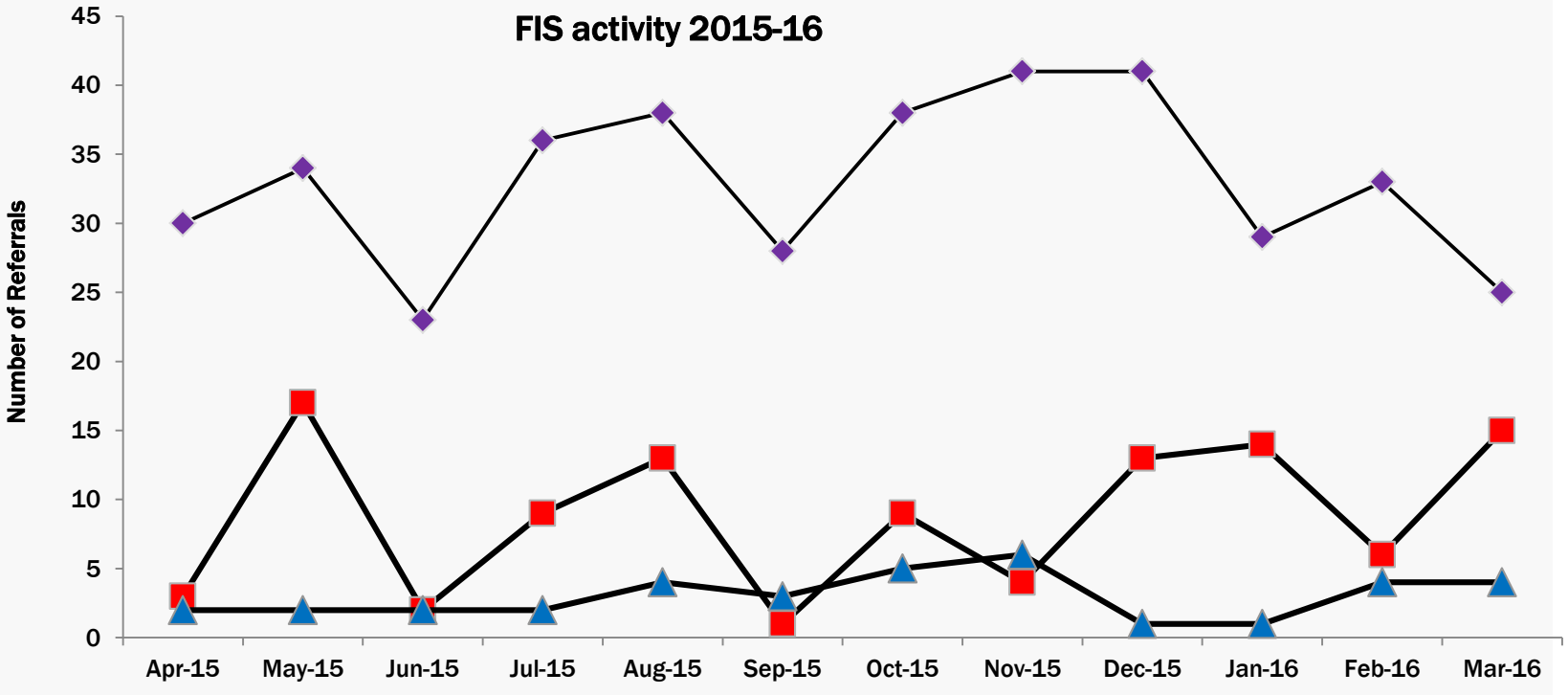
# CHART REFLECTS OUTSTANDING & NEW REFERRALS AND DISPLAYS THE VARIANCE BETWEEN TEAM 1 AND OTHER TEAMS. THIS IS SHOWN BY THE AMOUNT OF WHITE SPACE



# TEAM 1 HEALTH CHECK DATA – NUMBERS ON A PAGE

| REFERRAL INFORMATION- April 15 to March 16 | April | May | June | July | August | September | October | November | December | January | February | March | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of OUTSTANDING Referrals at beginning of month? | 14 | 24 | 15 | 17 | 24 | 21 | 25 | 24 | 31 | 27 | 15 | 18 | |
| Number of NEW Referrals this month from Gateway Team? | 16 | 10 | 8 | 19 | 14 | 7 | 13 | 17 | 10 | 2 | 18 | 7 | 141 |
| Number of OUTSTANDINGS Referrals allocated? | 3 | 17 | 2 | 9 | 13 | 1 | 9 | 4 | 13 | 14 | 6 | 15 | 106 |
| Number of NEW Referrals allocated? | 2 | 2 | 2 | 2 | 4 | 3 | 5 | 6 | 1 | 1 | 4 | 4 | 36 |
| TOTAL Number Allocated For The Month? | 5 | 19 | 4 | 11 | 17 | 4 | 14 | 10 | 14 | 15 | 10 | 7 | 130 |
| TOTAL Number of Cases Closed(families) During Month? | 8 | 4 | 6 | 6 | 7 | 9 | 8 | 4 | 5 | 8 | 3 | 19 | 87 |

# TEAM 1 TOTAL REFERRALS SIGNIFICANTLY HIGHER DUE TO OUTSTANDING REFERRALS BALANCE. TOTAL REFERRALS BELOW INCLUDED 'NEW' & 'OUTSTANDING'




| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Referrals | 30 | 34 | 23 | 36 | 38 | 28 | 38 | 41 | 41 | 29 | 33 | 25 |
| Number Outstanding Allocated | 3 | 17 | 2 | 9 | 13 | 1 | 9 | 4 | 13 | 14 | 6 | 15 |
| Number New Allocated | 2 | 2 | 2 | 2 | 4 | 3 | 5 | 6 | 1 | 1 | 4 | 4 |

# KEEPING IT SIMPLE WITH NUMBERS!

- **Variation** is described as **common cause variation,** that is variation which is normal and to be expected and **special cause variation** which produces unusual or unexpected variation.

# TEAM 1/TEAM 2 TRANSFER DEMAND 2015-16

| | Total Referrals | Outstanding Referrals | No of New Referrals | Number Outstanding Allocated | Number New Allocated | Total Allocated | Number Cases Closed |
|---|---|---|---|---|---|---|---|
| **Total** | **501** | **35** | **466** | **189** | **292** | **458** | **332** |
| | 159 | 18 | **141** | **106** | **36** | **142** | **87** |
| **% of total** | **32%** | **51%** | **30%** | **56%** | **12%** | | **26%** |
| | **174** | **0** | **174** | **0** | **170** | **170** | 97 |
| **% of total** | 34% | 0 | 34% | 0 | 100% | | 29% |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NSPCC

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Neil Anderson, National Head of Service, NSPCC Northern Ireland

# The Need for the Research

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- We have become progressively better at identifying children in need of support and protection
- While vulnerable children need to be kept safe they also require support to deal with any adversity they have experienced
- This adversity may be linked to particular incidents (such as being physically or sexually abused), or living in situations where their needs are not fully met
- In the general population 1 in 10 children and young people (10 per cent) aged 5–16 have a clinically diagnosed mental disorder
- The incidence is much greater for children living in adversity due to poverty, neglect or abuse

# The Need for the Research

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- Among young people, aged 5–17 years, looked after by local authorities, 45% are assessed as having a mental disorder: 37% have clinically significant conduct disorders; 12%are assessed as having emotional disorders - anxiety and depression – and 7% are rated as hyperactive.
- About two-thirds of children living in residential care are assessed as having a mental disorder
- Many vulnerable children exhibit symptomatology of trauma and post traumatic stress disorder
- While families, teachers and other professionals are often dealing with the child's trauma symptomatology, children are often not appropriately identified as needing specialist therapeutic services

# Fundamental Questions

Queen's University Belfast

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a) How could front line practitioners working with vulnerable children be supported to identify children with trauma-related psychopathology?

b) How should services respond to children who are assessed as having trauma-related psychopathology?

# Research Team and Partners

Queen's University Belfast

Centre for Evidence and Social Innovation

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**Research Partner:** Extern

**Research Funders:** NSPCC and the Economic and Social Research Council

**Timeline:** 1st March 2017 – 30th September 2019

# Study Aims

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This study aims to evaluate the effectiveness of screening for and treating Post Traumatic Stress Disorder (PTSD) for children who have suffered child maltreatment, through:

- developing and piloting a process for training front line workers within a large NGO (Extern) how to screen for the symptoms of PTSD in maltreated children initially referred for specialist family support to a specific service

- evaluating the comprehensiveness and accuracy of the screening for PTSD by front line workers

- conducting a pragmatic randomised control trial (RCT) to test the effectiveness of Trauma Focused-Cognitive Behavioural Therapy (TF-CBT) in addressing the symptoms of PTSD in both the short and long term for maltreated children identified through the universal screening process, as compared to care as usual

- conducting a parallel process evaluation to better understand how children's needs are more accurately assessed in relation to the impact of maltreatment, and the acceptability, retention and recruitment of children to a TF-CBT programme of intervention

- undertaking an economic appraisal to determine the cost effectiveness of PTSD screening and TF-CBT as an intervention for maltreated children

# Why Trauma-Focused Cognitive Behaviour Therapy?

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- NICE Guidelines
- Research evidence base
- HSC Board Commissioning Priorities – Psychological Therapies
- Academic expertise in studying issues related to child maltreatment and psychological interventions

# Further Information

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