**5.4 Trauma Skills and Knowledge**

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| **Improvement Project Title:** Trauma Skills Training  |
| Executive Sponsor: Rob Polkinghorne (ICS Board Chair) |
| **Project Lead:** Isabel MacDonnell, ACC, Children’s Services Manager (IMcDonnell@aberdeencity.gov.uk) |
| Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021 |
| **Link to Local Outcome Improvement Plan:****Stretch Outcome 5:** 95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026 |
| **Why is this important** The Adverse Childhood Experiences (ACEs) study which was initially published in the USA has recently had a renewed focus both internationally and within Scotland. One of the core messages which has been emphasised within ACE research is the correlation between the number of adverse childhood experiences an individual goes through and poor health and social outcomes in adulthood. It has long been recognised that stressful events occurring in childhood can impact profoundly on children and young people’s development and outcomes. One of the key theoretical frameworks which emphasises the importance of early experiences and particularly the bond that an infant has with a caregiver is attachment theory. Attachment theory forms a core part of a nurturing approach and at the heart of a nurturing approach is a focus on wellbeing and relationships and a drive to support the growth and development of children and young people particularly those who may have experienced early adversity or trauma. Trauma informed approaches aim to promote an understanding of adversity and trauma amongst those working with children and young people and the wider population.Developing a workforce that is trained to recognise where people are affected by trauma and adversity, and to be capable of responding in ways that prevent further harm, supports recovery and improves life chances. Having responsive staff and carers mitigates against disruption of care placements and and unplanned endings which impacts on children and young people’s physical and mental wellbeing.The Partnership are keen to reduce the number of placement changes that our children and young people can experience. Creating a training programme of trauma informed practice will support increased confidence in staff to recognise what the ongoing child’s needs might be and make appropriate placements with carers who have the skill and knowledge to provide appropriate proprotionate levels of care.  |
| **Measures:** **Outcome measures –** * No. of carers who self-report increased confidence and skill in meeting the needs of children who have adverse childhood experiences
* No. of children that report being happy in their care placement
* % of care experienced children and young people who report feeling mentally and physically well

**Process measures -** * No. of staff trained in trauma skills and knowledge
* No. of Aberdeen City Council foster carers trained in trauma skills and knowledge
* No. of foster placements ending on an unplanned basis

**Balancing measures**• No of placement breakdowns |
| **Change Ideas** * Create and use a scale for foster carers to report on their confidence providing care that is trauma informed (at key intervals such as supervision and annual reviews)
* Targeted delivery of collaborative trauma informed training to carer support groups.
* Staff evidencing reflective practice in supervision
* Introduce a quarterly meeting with external fostering agencies to share trauma informed practice & approaches to align the quality of care to that provided by ACC approved carers
* Continual use of research and outcomes from the Care Review to inform practice and service delivery
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| **Potential risks and/or barriers to success & actions to address these*** Foster Carers feeling overwhelmed with expectations of providing a high level of care to children with adverse childhood experiences – current evaluation of the payment for skills competency framework to remove the significant gap in expectations of care provision which is a barrier to matching children with carers.
* Budgetary constraints to access external training – link in with Government programmes & initiatives
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| **Project Team:**Isabel McDonnell, Project LeadKelly Hickman, Improvement AdviserAngela Maitland, Children’s Services ManagerCathy Buchan, Fostering Team ManagerChris Morton, Adoption Team ManagerLinda Gray, Looked After NurseBill O’Hara, Education PsychologistRep. from Independent foster agency (SWIIS or Barnardo’s)Max McGlinchey, Team Manager, Marchburn Children’s Home |

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| **Outline Project Plan - Set out your initial plan about the timeline for your project.** **(This should be reviewed regularly)** |
| **Project Stage** | **Actions** | **Timescale** |
| **Getting Started**(Project Score 1-3) | **What initial activities are required to get started?** * Project team established
* Initial baseline data being established
* Draft charter developed
* Charter submitted to CPA Board
 | **When do you expect to complete this stage?**CompleteOct-19CompleteOct-19 |
| **Designing and Testing Changes**(Project Score 4-7) | * First 2 change theories to begin PDSA Cycles
* Conversations with external fostering agencies to begin with achievable longer-term goals being set
* Evaluate initial test cycles
* Begin new test cycles
* Analyse data with project group to consider progress and barriers
* Progress report to CPA Board
 | Nov-19Begin Jan-20Jan-20Jan-20Feb- 20Jan-20 for Mar-20 CPA Board  |
| **Implementing and sustaining changes that demonstrate improvement**(Project Score 7-10) | * Communication of improvement data across ICFS to begin thinking about how trauma informed practice can be considered in other care settings
* Plan for carers to deliver trauma knowledge & skills training in the community
 | Summer 2020Autumn 2020 |
| **Spreading Changes** (Project Score 9-10) | * Full review of project to inform spread across ICFS
 | Oct-20 |