ACSW (After Care Support Worker) SJI – EmBRACE Consultant

|  |  |
| --- | --- |
| **A) Reason for support/intervention**  **B) Now that you are ACE Aware, what were the significant factors that influenced your intervention?** | To help other people:   * look through the ACEs lens and * understand underlying causes and conditions of multiple negative behaviours, attitudes and decision making.   ACSW had previously been working in a trauma informed way but hadn’t used the *‘language’* before. After the ACE Aware Training and becoming an ACE Champion through Inspire engaging with EmBRACE, ACSW was equipped with the language to support others develop their practice through an ACE Lens.  *EmBRACE had provided ACSW with a framework to map their work through an ACE lens.* |
| **What evidence have you collected to show how your engagement/ intervention has been influenced through an ACE lens?** | ACSW recognised that all staff (*management and frontline*) needed to adopt the trauma informed approach and reflect on their practice through an ACE lens. However, getting *‘buy in’* was important as ACSW knew that EmBRACE was not an initiative but needed to become part of the culture. In respect of this, ACSW took a *‘subtle approach’* for buy in from staff. ACSW worked with SJI and other team members to look at **quick wins** and more **long-term approaches**.   * ACSW undertook informal and relaxed conversations with staff * Small ACE memos and posters were pinned to the computers of colleagues/back of toilet doors, within meeting rooms and everywhere which generated an awareness for people without forcing an opinion or expectation around the subject. This didn’t feel like it was pushed upon colleagues, and ensured that long term buy in was supported * The EmBRACE Workshops which were planned, delivered and reviewed * EmBRACE, looking through an ACE Lens and the workshops were discussed in **Flash Meetings** (*There was an EmBRACE group established, however, it wasn’t necessary to know if someone within the group had ACEs or not etc*.). ***It was more of a ACEs movement within the organisation at this stage***. * Staff were asked to give the names of two people from their case load who would benefit from undertaking the EmRBACE workshops. ACSW did the inviting etc. * These discussions were regularly brought to flash along with subtle reminders * **PPD Meetings** (whole team and all staff).   During this meeting ACSW gave an EmBRACE presentation which was where the buy in came from.  *There were lots of people there, including NHS staff and people who’d worked in the service for a long period of time and could potentially be seen to be ‘set in their ways’ bought into EmBRACE*  **ACSW asked for more ACE Champions and for those who interested to raise their hands. *Everybody put their hand up!***   * **SQUIP** (*Service Quality Improvement Plan*) - EmBRACE is now within the SQUIP. Part of the quality plan is: * To recruit **12 ACE Champions** *per year* (3 per quarter) – the target has been hit already * For the ACE Champions to sit and observe the EmBRACE Workshops, attend the meetings and learn how to cascade the workshops * **Staff Supervision** – EmBRACE is being planned into observed and reflective practice. Each supervisor has to be knowledgeable at ACEs * Through one Case Co-ordinator observing the EmBRACE workshops were 10 clients were present for two hours allowed for the collection of the SUP information. This was collected in a much more relaxed and time effective way. The process for collecting 10 hours of SUP information has been reduced by 80%. As the EmBRACE workshops have allowed clients to relax, develop their confidence and ‘own’ their self-belief, the SUP Information has been extracted when the clients were enjoying themselves and developing fundamental transferable skills which are an essential aspect of their recovery process and needed for integrating back into society. Providing such an environment and opportunities to develop these skills would not necessarily been achieved on a 1:1 basis. * Able to duplicate the EmBRACE Workshops * Initial workshop – 9 * Second workshop – 2 * Third workshop – 14 * Fourth workshop – currently being planned for 13th June 2019 (Blackburn) * Fifth group - currently being planned for 10th July 2019 (Darwen) * Buy in from management to support cascading to other staff to deliver * Capacity building and sustainability. * Now rolling every four weeks (Blackburn to Darwen – alternating between the two towns) * Potential average of **120 clients a year** (120 clients out of 800 clients is 15% of the client population. This number of clients have received the EmBRACE workshops from just one member of staff delivering them) * Through the quality plan:  1. When four staff are delivering the EmBRACE workshops would mean that 500 clients out of 800 clients (60% of the client population) would have access to the provision. 2. Recruiting 12 more champions would allow for 800 clients (100% of clients) to receive the EmBRACE Workshops  * Evidence within staff procedures (eg notes) that they are embedding their understanding and looking through an ACE lens |
| **What are the main successes of your engagement through an ACE informed lens (from your perspective or the persons’ perspective)** | Use the language of ACEs and Trauma informed practice to support management, colleagues and clients to look through an ACE Lens. The buy in was an essential aspect of the change management process as it allowed everyone to see how working in an ACE and trauma informed way is part of the foundations for changing culture.  The ***objectives and outcomes*** from the ***EmBRACE workshops*** have provided the platform for reflection for clients, management and staff through an ACE lens.  **Working with Clients:**  ACSW has been able to:   * show how identifying causes and conditions of negative behaviours opposed to finding solutions to address the by-product of those. This has provided clients with the ownership and confidence to have control of their own recovery * Explain the brain’s structure and operation so that clients can relate to this within their own life * Provide opportunity for discussion and examples of how thoughts, feelings, behaviours and consequences can dictate decision made/choices which ultimately affect behaviours * Provide opportunities for reflections so that breaking the cycle can be achieved and managed by the client during recovery   **Working with staff:**   * Cascading to others – group identified, initially 3 new ACE Champions, who have watched/observed in order to deliver their own EmBRACE Workshop sessions * Email from Colleague (Recovery Coordinator) see below:   ***“If I don’t manage to get into the Flash meeting tomorrow when it gets to the “good news” please could you raise how successful the ACE group is going this time. We have had two sessions so far and as you know I have been shadowing James.***  ***I just want to let you know how much I have enjoyed being a part of this. ACSW’s presentation has been fantastic and really well received by the Darwen service users, I think there was 14 at the last session. The content of the presentation is compassionate, interesting, scientific and empathic but at the same time challenging, emphasising that the service user’s recovery is their recovery and therefore they need to be proactive to move forward.***  ***ACSW’s presentation style is captivating, the service users love him, and even I can’t wait for next week’s episode!!!”***  **Evidence of impact from interview of client:**  ‘**How have the EmBRACE workshops helped since you undertook them?**  *‘It’s helped me because I was just coming to the end of my treatment plan (Inspire Treatment Plan). I realised that worse things happened to others so why was I making a song and dance about it? However, it gave me the courage to explore things a bit deeper rather than just leave it there. I was already under the counsellor and had four sessions left. I knew my own ACEs needed dealing with. I had to put my ACEs in order of importance. I had spoken to the counsellor about some of my issues but had not dealt with all of them. If I didn’t deal with all of them then they still had the capacity to use again as I still have thoughts and feelings and needed to come to terms with them. It stressed an importance with me to deal with each of my ACEs rather than leave a number of them. Through the counsellor I was able to do that in a safe place (as I was already in treatment with the counsellor)’.*  *‘Understanding about ACEs has impacted on my decision making as well. My whole thought process on making a decision has been influenced through an ACE Lens. It has helped me to rationalise my thoughts rather than act on impulse’.*  *‘ACEs a major key part of the recovery process’.*  *‘The focus in service has really shifted with the ACEs definitely’.*  *‘Everybody should be offered the opportunity to engage with the EmBRACE Workshops. There is a need to stress how important it is. For people with ACEs, they then have the freedom to do that’.*  *Being ACE aware has affected more than just the client. The client has been able to reflect on the fact that their own children will have ACEs and how to address this. Breaking the Cycle has been a big part of this. The client’s relationship with their siblings and own mum has improved (now reconciled). In addition to this other people have cascaded their knowledge about ACEs which is a fantastic testament to the ACEs movement.*  **Evidence of impact from evaluation forms from 9 clients who attended the Darwen EmBRACE Workshops:**  **Your knowledge before the EmBRACE Workshops**   * 56 % - Poor * 33% - Average * 11% - Good   **Your knowledge after the EmBRACE Workshops**   * 22% - Average * 56% - Good * 22% - Excellent   **Knowledge of the EmBRACE Trainer**   * 100% - Excellent   **Is there something positive you have taken from the EmBRACE Workshops?**   * *Awareness about my behaviours and actions around my children* * *Learnt about ACEs – not really applicable to me but good to know* * *The workshop has helped me understand a lot about ACEs and helped put things into perspective* * *Yes, go in rehab* * *Feeling of hope* * *Yes, plenty of good advice* * *Triune brain and how it works* * *Understanding of how important routine is. More understanding of the brain and trauma.* * *I only attended two of the sessions as I am new. I fully intend to re-sit the course next time.*   **Further Comments**   * It was really well explained and put together * I found the subject matter really interesting and a new way to look at addiction. I want to learn more and educate myself on this fascinating subject. * Brilliant trainers, enjoyed the course very much. Excellent support. Great encouragement. The course has made me feel very motivated. * Really interesting. I can relate and understand everything. Love to do it again and more groups of it. * ACSW is an excellent teacher and understands all the service users. ACSW makes you feel welcome.   To ensure capacity building and sustainability EmBRACE has been built into the strategic planning |
| **Anything that might be done differently with hindsight?** | ***The way that it has been done is sweet!***  ***One is pleased with the process undertaken!*** |
| **Next Steps for the intervention or for your own learning** | * ACSW has grown in confidence and the way they present within the organisation has changed. * EmBRACE has provided a positive professional development opportunity for ACSW. When ACSW started with Inspire they had the flame and passion. This attitude has been ignited again. Through EmBRACE, ACSW has a platform to carry the message and continue to engage all of the staff and clients who are interested (which has already shown to be a significant number and the focus integrated within strategic plans) * Provide strategic support and guidance to build capacity and sustainability further and ensure embedded in all practice (short, medium and long term planning) * Training for future employees * The EmBRACE model is transferable. It is not just applicable to substance misuse, but can involve all partners. Another way to further culture change between partners is to have an ACE champion for all teams (Wit team, Thomas (PSI side of things), cgl core team) * Written into the training and education program offered by cgl, which will run once every quarter. |
| **Cross reference to current documentation to evidence** | * SQUIP * SUP * Management spot audit checking of notes (staff writing that they had discussed ACEs and client identified child trauma) * Motivational Interview (compliments MI) * Client Interview and evaluation forms following EmBRACE Workshops |

**Table 1.** Definitions of adverse childhood experiences (ACEs).

|  |  |  |
| --- | --- | --- |
|  | **Definition** | **Examples** |
| ACEs | A complex range of stressful or traumatic experiences that children can be exposed to whilst growing up, including those that directly harm a child (e.g. abuse, neglect) and those that affect the environment in which a child grows up (e.g. parental separation, domestic violence). | Direct Harm, i.e. physical, sexual, emotional abuse, physical or emotional neglect.  Indirect Harm, i.e. domestic abuse; parental separation, mental illness, alcohol / drug misuse, incarceration. |
| ACE Score | How many adverse childhood experiences an individual has had. There is a strong dose-response relationship between ACEs and poor health outcomes; the higher a person’s ACE score, the greater risk of problems in adulthood. | For each adversity a person has experienced between the ages of 0-18 years, a score of ‘1’ is given to that ACE. If the adversity has not happened up to that age, a score of ‘0’ is given. The ACE score is then totalled, which results in an ACE score between 0 and 10.  If no abuse, the person has an ACE score of 0.  If 4 ACEs have happened, the person has an ACE score of 4.  If all ACEs have occurred, then the person has an ACE score of 10. |
| ACE Ready | The preparation time given to organisations to consider the ACE agenda and who want to become ACE Informed Organisations. | To undertake an audit to assess levels of readiness within the organisation. |
| ACE Aware | Have an understanding of what ACEs are, their potential impact and understand the need for prevention of ACEs. | Watched the ACE video  Attended training sessions |
| ACE Enquiry | Specifically asking about all ACEs, which include asking where the questions are routinely asked within assessments. | Enquiring about the number of ACEs and individual or cohort of people has. |
| ACE Informed | A program, organisation, or system that is ACE-informed realises the science and impact of ACEs and understands potential paths for recovery; recognises the signs and symptoms of ACE-related trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively prevent re-traumatization  It is an approach, based on knowledge of the impact of ACEs, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff that provide supportive coping strategies. | Asking “what happened to you?” rather than “what’s wrong with you?”  Those who are ACE informed will understand the prevalence and impact of ACE among their service recipients and within the workforce. Policy and practice reflect this awareness and may be supported with activities such as screening and assessments. |
| ACE Lens | Considering responses, reactions and services from the perspective of a person who has been exposed to ACEs. | Asking ourselves how would have been exposed to ACEs impact on our decisions / actions / services. |