

MOBILIZING THE KNOWLEDGE OF ACE PREVENTION AND PROACTIVE SUPPORT FOR ALBERTA'S CHILDREN, YOUTH, AND FAMILIES

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Mobilizing the Knowledge of ACE Prevention and Proactive Supports for Alberta's Children, Youth and Families

Why this project?

We need supportive communities and capable families to raise resilient children.

How do we do it?

By aligning systems to achieve shared outcomes, using best evidence.

As communicated through the Brain Story, we know a great deal about the brain and child development science and about the impact of adverse childhood experiences on the developing brain. But so what? How do we use the knowledge to align systems to improve intergenerational health and well-being?

This project is for kids, their families and the communities in which we live and about aligning ourselves to build resilience using our brain science knowledge.

What did we set out to do?

The Children's Mental Health Science Policy Practice Network (SPPN) was established in 2007 to mobilize the science of children's mental health and addictions to inform policy development and implementation by engaging policy makers, practitioners, funders, researchers and educators from across disciplines.

In the summer of 2017 the recommendations for next steps in the Valuing Mental Health Initiative (VMH) were released. While related to several of the actions in the VMH Initiative, this project was proposed by the SPPN primarily to advance policy and practice on Action #11 of the Initiative: *proactively supporting Albertans with adverse childhood experiences (ACEs) with a focus on children and youth and improving intergenerational health and well-being outcomes.* *

The **objective** was to build, share and mobilize a knowledge platform to be shared and expanded upon to advance the uptake and coordinate the application of ACE informed approaches in Alberta. Such approaches would be based on common knowledge about brain and child development and a common language (ie. The Brain Story), and best evidence and promising practices related to preventing and proactively supporting Alberta's children and youth at risk of the negative health consequences associated with ACEs.

With the support of four Alberta based Foundations the project was initiated in January 2018, the convening was held June 10 and final reports completed in September.

*Valuing Mental Health; Next Steps Report <https://open.alberta.ca/publications/9781460134771>

What are the products?

First, a **report on the state of the evidence and status of ACEs prevention work** in Alberta and internationally related to children and youth and proactive supports and early intervention for families was completed by a research team from the University of Calgary. This report ***Mobilizing the knowledge of ACEs prevention and proactive supports for Alberta's children, youth and families: An environmental scan*** was completed in early May.

The scan, which includes some recommendations arising from the literature, was then used to inform the development of the materials for the convening; a **draft Framework for Action** and discussion topics for four activities designed to elicit high-level discussion about the draft Framework for Action on ACEs in Alberta.

The convening brought together about 100 thought leaders and change agents from across the province, invited because their awareness of the brain science, to discuss the Environmental Scan and consider opportunities for action, potential for synergy with other initiatives/projects/VMH actions, and guided by a skilled facilitator, to build a degree of consensus on recommended steps for policy and practice action.

The document ***Action on ACEs: Conceptualizing Convening Feedback*** presents the feedback from the convening. A research team from the University of Alberta collected and collated the feedback. It includes notes from table hosts captured during the convening. The research team then validated the data capture with the table hosts and later with convening participants to ensure the information was an accurate reflection of the discussions.

What did we hear?

Key Considerations:

We heard that brain science must underpin all action on ACEs.

We heard that a **strength based/asset oriented approach** is essential.

We heard that the concepts of **ACEs, resiliency and trauma informed care** are intertwined.

We heard that **context is critical**; we must be culturally sensitive and adapt interventions to fit the context.

We heard we need to learn about the meaning of family, community and resiliency from **First Nations, Métis and Inuit (FNMI) wisdom and teachings**.

We heard that we must **work collaboratively across sectors** to align and move our systems toward our shared outcomes.

We heard that we must build on growing Brain Story based work already underway in the province.

Themes for recommended action:

Education, professional development and training

Knowledge translation and mobilization

Collaboration and cross sectorial alignment

Evidence-informed practice

Enablers

Funding

Accountability

How can you use the products to inform your work?

Based on what we heard during the convening and what we learned from the Environmental Scan appended to this document are:

- a revised **Framework for Action** and
- **Portfolio of Actions; Accelerating the Infusion of Brain Science and ACEs into a Resilience informed approach in Alberta.**

We invite you to align your work with the Framework for Action.

We hope you will find ideas and maybe even inspiration in the recommendations.

We trust you will adapt recommendations and apply the knowledge to your context.

This is only a beginning. The products of this project are intended to be a base, a common foundation upon which we can align around shared language, outcomes and knowledge. It is also intended to be a spring board for joined up action. It is the hope of the SPPN that you will make use of all the project products and that the Scan, Framework and recommended actions continue to be expanded upon, improved and adapted to different contexts.

Appendix 1: A Framework for Action on Adverse Childhood Experiences Prevention and Proactive Supports for Alberta's Children, Youth and Family

The framework for action is meant to assist Alberta leaders and organizations to (a) align, (b) coordinate and (c) accelerate their efforts to promote healthy children, youth and families through practices grounded in knowledge of brain science that take action on ACEs and build the foundations of resiliency.

Desired Impact

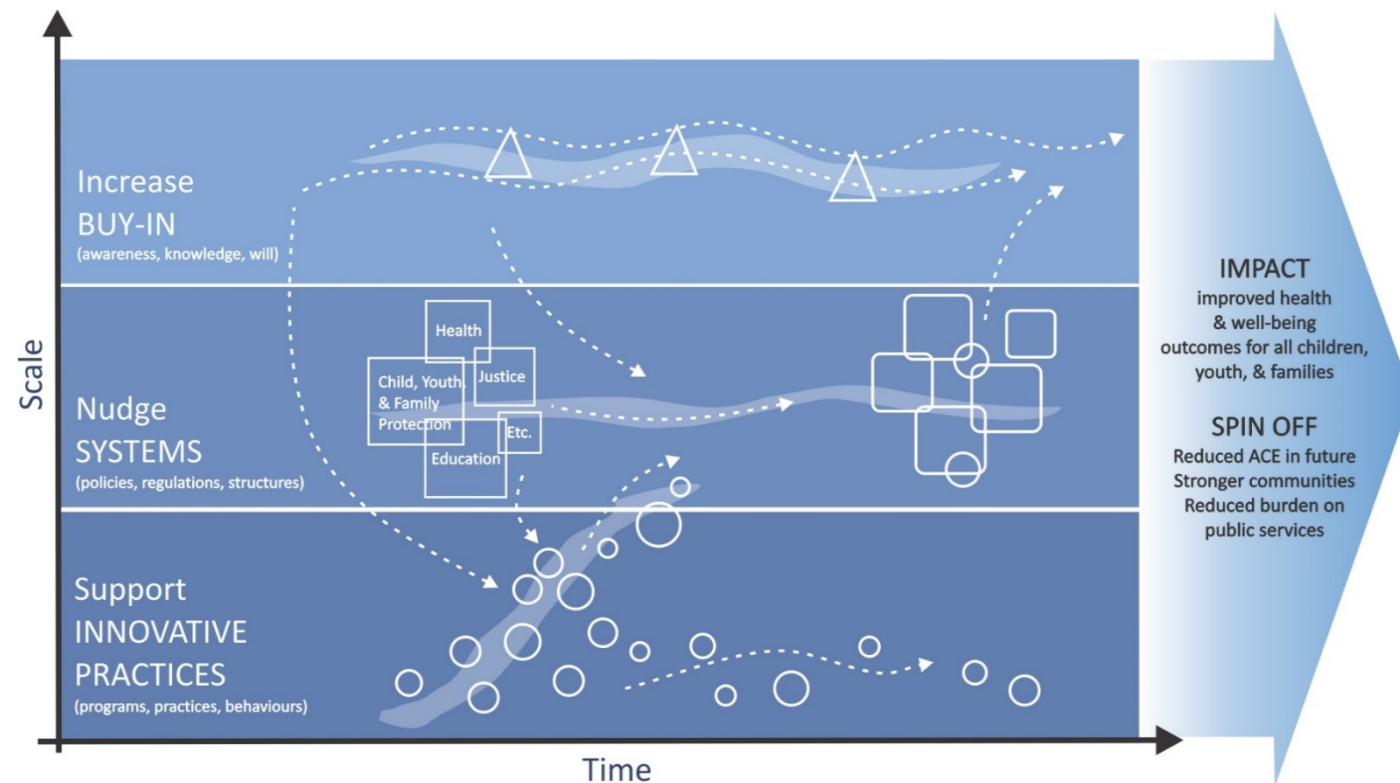
To increase the healthy development of children, youth and families in Alberta through the integration of brain-science, adverse childhood experiences, and resilience principles, policies and practices.

This will create a number of ripple effects: (a) a reduction in the inter-generational effects and adverse child experiences, (b) stronger communities, and (c) decreased social costs.

Three Levels of Change

There are three distinct but inter-related levels of change required to accelerate the infusion of brain science/ACEs/resilience based approaches.

- **Increase Buy-In** – increase awareness, knowledge and will to employ brain science, adverse childhood experiences, and resilience-based approaches
- **Nudge Systems** – align policies, structures, regulations, relationships, resources flows to encourage and support people and service providers to operate with brain-science, adverse childhood experience and resilience-based approaches.
- **Support Innovative Practices** – develop, test, refine and scale the day to day practices and behaviours of people, community and service providers that align brain science, trauma-informed and resilience-based approaches.



Change is necessary at all three levels in Alberta. For example, replicating an innovative practice requires shifts in buy-in or a nudge in system. System nudges, on the other hand, are only successful if they result in changes in practice.

Principles

Adapted from the Harvard Center on the Developing Child core principles:

- Reduce sources of stress.
- Support family-child health before, during and after pregnancy.
- Encourage responsive relationships.
- Enhance caregiver skills.
- Strengthen life skills.
- Promote natural supports and kin-ship systems of supports.

About How

- Broaden and support leadership for change beyond service providers and include ‘non-traditional’ actors
- Adapt interventions to fit different geographic, demographic and cultural contexts.
- Employ the continuum of intervention, from prevention to treatment.

Priorities for Collective Action

Level of Change	Priorities
Increase Buy-In	• Coordinate the development and delivery of high quality education/training into brain science/ACEs/resilience as a professional development opportunities for human serving workforce and everyday Albertans.
	• Integrate ACE curriculum into pre-school, K-12 and post-secondary education and accreditation standards of professions.
Nudge Systems	• Link public, philanthropic investments into human serving activities to demonstrated knowledge and capacity of service delivery organizations in brain science/ACEs/resilience concepts and practices.
	• Develop leadership, structures, policies, regulations and administrative practices that enable – rather than act as barriers – to integrated service delivery for children, youth and families within and across organizations.
	• Integrate the continuum of broad-based health promotion activities – from prevention to treatment – into major public policies, practices.
	• Establish an evaluation framework that (efficiently) meets funder reporting requirements and allows agencies to experiment with, evaluate and constantly improved brain science/ACEs/resilience approaches.
Support Innovative Practices	• Weave together ACEs and Resiliency assessments, as appropriate, in a way that informs human serving agencies’ design/delivery/practice.
	• Create mechanisms to support the grass roots development, evaluation and refinement of brain science/ACEs/resilience -informed models, programs and practices.
	• Create mechanisms to assist effective models and practices to scale out (i.e., replication), scale up (i.e., adjusting policies, regulations and structures), and scale deep (e.g., changing culture and paradigms).
	• Develop the capacity of organizations to work in a way that is culturally safe/responsive, with a particular emphasis on respecting and honouring First Nations, Metis and Inuit ways of knowing.

Core Concepts	Contextual Factors	Key Terms
<ul style="list-style-type: none">• Brain architecture is established early in life and supports lifelong learning, behaviour and health.• Stable, caring relationships – and ‘serve and return’ interaction – shape brain architecture.• Toxic stress in the early years of life can de-rail healthy development.• Resilience can be built through ‘serve and return’ relationships, improving self-regulation, executive functions, and giving children a sense of mastery.	<p>Brain science/ACEs/resilience-informed approaches should be adapted to contexts:</p> <ul style="list-style-type: none">• Age –e.g. <u>early</u> years, adult, and seniors.• Ethno-cultural Population – e.g. Indigenous, refugees, newcomers, etc.• Domains – e.g. health, education, justice, child protection, etc.• Geographic Community – rural, remote and urban, etc.• Degree of Vulnerability: low to high ACE scores.	<p>Adverse Childhood Experience (ACE): a traumatic experience in a person’s life that occurs before the age of 18 and that a person remembers as an adult.</p> <p>Resiliency: the ability to thrive, adapt and cope despite tough and stressful times.</p> <p>Trauma-informed Care: a program, organization or system that realizes the widespread impact of trauma, recognizes the signs and symptoms of trauma in clients, staff and others in the system, and responds by fully integrating knowledge about trauma into policies, procedures, and practices in order to avoid re-traumatization.</p> <p>Pro-active Support: the active provision of support to children to prevent negatives outcomes, as opposed to reactive remediation. Such supports in a child’s environment promote learning and create a safe space to explore feelings and behaviours.</p> <p>Natural Supports: informal reciprocal relationships and personal associations that can enhance quality of life.</p> <p>Kinship: universal and basic human relationships based on blood, marriage or adoption or other connections.</p>

Appendix 2: Portfolio of Actions

Accelerating the Infusion of the Brain Science/Adverse Childhood Experience/Resilience Informed approach in Alberta

Key Recommendations for Policy, Practice, and Implementation

This portfolio of actions aligns the participant feedback from the June 11, 2018 *Action on ACEs: Prevention and Proactive Supports for Alberta's Children, Youth and Family* convening held in Edmonton with the Framework for Action. It offers ideas from participants on various actions or initiatives that individuals, organizations and/or networks in Alberta could undertake to align and advance healthy development of children, youth and families through practices informed by brain science, specifically Adverse-Childhood Experiences (ACEs) and resiliency.

These scores of ideas are organized into the three streams of work in the Framework for Action

- Stream 1: Building Awareness
- Stream 2: Nudging Systems
- Stream 3: Supporting Practice

Organizations interested in aligning with the Framework for Action are encouraged to draw upon these ideas for inspiration as they develop their own unique approach within the context in which they work.

STREAM 1: BUILDING AWARENESS

1. Balancing educational approaches such that the public has a broad understanding upon which professionals provide additional expertise
2. Training 'first points of contact' with families, including those who are 'non-traditional' points of contact (e.g., faith-based supports, hairdresser)
3. Implementing a graded curricula about the brain for grades K-12 using existing resources, and integrate curricula into pre-parenting and parenting populations, human service workers, and leaders/stakeholders across domains
4. Sharing knowledge with clients/patients in a way that families understand ACEs/resilience, and how ACEs/resilience impacts communities as a whole, not just individuals
5. Co-creating education materials that offer multiple entry points for learners, and ensure that these materials are accessible for all
6. Pairing 'context experts' with 'content experts' to develop education and training curriculum
7. Improving training by enabling front-line staff to co-create training materials and offering continuous training with multiple entry points
8. Integrating brain science/ACEs/resilience curricula into professional training competencies and organizational accreditations, and embed competencies in job descriptions
9. Cross-training professionals and offer cross-ministry/cross-sector professional development opportunities
10. Providing support for frontline workers with vicarious trauma and compassion fatigue to help decrease staff burn out and turnover; encourage practitioners to engage in their own trauma work and reflective practices.
11. Teaching stakeholders/partners about continuum of investment

12. Demonstrating how brain science can reduce costs (e.g., sick time) and improve productivity; ensure that leadership supports time needed for training

STREAM TWO: NUDGING SYSTEMS

Funding

1. Funding for family-sensitive, trauma-informed care (TIC) models that support integrated service delivery for children, youth and families within and across organizations
2. Developing a funders' forum around investment decisions; establish a public-private funder group in partnership with service-delivery agencies
3. Removing barriers for service delivery organizations to access funding opportunities by offering grants/incentives for research and pilot projects, and by funding clinical practice guidelines and outcomes frameworks and measurement.
4. Streamlining reporting systems so organizations can report to multiple sources simultaneously
5. Protecting revenues from alcohol, tobacco, and cannabis for prevention efforts
6. Ensuring that funders use funding levers to require organizations to make brain story knowledge a mandatory workforce/professional development requirement

Knowledge Translation & Mobilization

1. Framing the brain story in a proactive, positive, well-being context
2. Leveraging existing campaigns (e.g., #metoo) and create public health campaigns focused on ACEs/TIC,
3. Using a Social Return On Investment (SROI), biological imperative, visual/media clip or mental health model(s) to illustrate the benefit of addressing ACEs, and share this message with institutions and charitable foundations
4. Using tools such as the brain game to facilitate conversations with partners
5. Developing an accessible and short narrative about ACEs/brain science/resilience understandable by all Albertans, and consider who is delivering the message (e.g., child to adult, adult to child)
6. Broadening the definition of what constitutes vulnerability, and acknowledge prevention as a legitimate result
7. Identifying knowledge translation experts and create a transfer of knowledge initiative
8. Understanding how to be trauma-informed in different child development settings

Collaboration & Cross-Sector Alignment

1. Using cross-sector planning tables to identify where mandates overlap and to develop shared indicators, collective impact strategies, and common outcome measures; encourage ministries to adopt a provincial sharing strategy
2. Using an adaptable framework with patients and professionals across service providers/sectors, resulting in common language and shared information systems across partners
3. Engaging business partners, youth, social media, and natural supports (e.g., faith-based supports, hairdresser) as additional information-sharers and community champions
4. Incorporating and aligning Framework with the Truth and Reconciliation recommendations
5. Creating a Participatory Action Group (PAR) in the First Nation Bands of Alberta with an indigenous scholar; invite indigenous knowledge/wellness keeper to join implementation executive
6. Assessing current leadership tables and conduct organizational audits to evaluate the current coordination of services

7. Joining adult and child service delivery into an integrated family model
8. Engaging First Nations, Metis, Inuit (FNMI) children and adults to talk about child and family wellbeing to understand their perspective and how they perceive adverse childhood experiences (ACEs) and implications for supporting persons with ACEs.
9. Identify and engage champions and peer supports

Accountability

1. Developing a cross-ministry measurement and accountability framework that not only identifies the leadership linkages accountable for integrated service delivery, but also supports an integrated approach to prevention
2. Identifying accountabilities for this initiative's spread and scale across leadership
3. Using current collaborative governance structures as implementation and accountability levers

Resources

1. Developing practice guidelines for primary care
2. Offering free and accessible practitioner resources, such as mini-brain courses and ACEs/resiliency tools
3. Creating a user/patient portal for the public to access resources

STREAM 3: SUPPORTING PRACTICES

1. Evaluating existing initiatives to assess implementation and the impact on care, services, and individuals; leverage existing measurement activities
2. Conducting short, mid, and long-term evaluations, using qualitative, quantitative, and SROI approaches
3. Promoting demonstration/pilot project with a strong evaluation component to scale this work up and out
4. Ensuring policies reflect family-centered and trauma informed care principles, as well as the user experience
5. Supporting the evolution of outcomes (i.e., not pre-defined outcomes) and communities of practice
6. Identifying organizations' capacities and strengths to practice within ACEs/brain science/resilience approaches
7. Developing strategies to reach those who do not access services (e.g., parents with trauma, incarcerated parents), triage services to those with higher ACEs scores and fewer protective factors, and to follow-up with those who have high ACEs scores
8. Building an understanding of when ACEs/brain science/resilience assessments should be conducted.