

THE LIFELONG IMPACTS OF ADVERSE EXPERIENCES IN THE EARLY YEARS

FINAL REPORT

June 1, 2016 - The Lantern, St. John's, NL
Compiled by Taylor Stocks



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August 4, 2016

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I. Foreword and Acknowledgements

This report is an outcome of a half-day workshop that was held at The Lantern in St. John's on June 1st, 2016. "The Lifelong Impact of Adverse Experiences in the Early Years" brought together about 150 people who are in some way involved with the issue of adverse childhood experiences – that is, chronic neglect or abuse in the early years that is likely to have a negative impact over the entire course of a person's life. A list of the attendees is provided in appendix, and it shows the wide variety of perspectives represented at the session, including that of clinicians, social workers, health care professionals, academic researchers, teachers, policy advisors and persons with lived experience.

The workshop began with presentations by three persons who have spent their careers working in the field: Dr. Delores Doherty, Developmental & Behavioral Consultant, and founder of Aspens & Oaks Counseling Services, an organization that provides counselling for individuals, families, and couples; Heather Modlin, Provincial Director of Key Assets, an organization primarily focused on providing residential care to children and youth; and Dr. Martha Traverso-Yeppez, Associate Professor in the Division of Community Health and Humanities, in Memorial University's Faculty of Medicine.

These three presenters also took part in the planning committee for this workshop. In this, they were joined by Dr. David Philpott, professor in the Faculty of Education at Memorial University of Newfoundland, whose research interests include cultural views of inclusion, assessment, learning disabilities and parental empowerment. Dr. Philpott was unable to present at the event as originally planned; the workshop had been originally scheduled for April 27th, however a late-winter snowstorm forced its postponement to June 1st, a date that conflicted with a prearranged commitment. The planning committee was rounded out by Taylor Stocks, the Public Policy Intern at the Leslie Harris Centre of Regional Policy and Development, and myself.

After the presentations, the audience broke into discussion groups, consisting of the seven or eight people who shared a table. Each table was instructed to engage in a discussion that addressed three questions:

1. Using the theoretical framework of "childhood adverse experiences", do you feel that current policies and practices are adequate to provide a loving and nurturing environment to every child, and to prevent the cycle from repeating itself in the next generation? What works and what are the opportunities?
2. What are the major gaps? What are the top three things that need to change in order to provide a loving and nurturing environment to every child, and to prevent the cycle from repeating itself in the next generation? How could your organization influence the most critical socio-environmental and cultural conditions surrounding children's adverse experience?
3. Is there interest in creating a "community of interest" from among the participants of this workshop (as well as others) in order to continue engagement in this field and to exchange information about the topic? If so, how could this community of interest operate?

This report gathers the work of the dozen or so break-out groups, and attempts to bring coherence to a wide-ranging and dynamic discussion. We hope we have been successful in this endeavour and welcome any comments that anyone – whether a participant at the event or not – may have about the workshop

or the report. In its structure, the report compiles “what we heard” at the forum and then offers one possible way for continuing the work beyond the forum.

I wish to thank all the participants who gave of their valuable time to attend this workshop, and whose enthusiasm infected the proceedings! I wish in particular to thank those participants who volunteered to continue the work of addressing the issue of childhood adverse experiences beyond the workshop. The Harris Centre has committed to helping them over the coming year to develop a governance model that will create a sustainable organization to continue the work into the long term.

I also wish to thank the members of the planning committee – Delores Doherty, Heather Modlin, David Philpott, Martha Traverso-Yepey and Taylor Stocks – for their dedication to this issue and for creating an event that participants found compelling. In particular, I wish to thank Martha for having initiated the idea of holding a forum on this important topic and for having obtained the financing to make it possible.

The organizers wish to thank Memorial University’s Office of Public Engagement and its Faculty of Medicine (Division of Community Health and Humanities), as well as The Lantern for their financial and other assistance.

And finally, I wish to thank two key members of the Harris Centre, Taylor Stocks for facilitating the break-out discussion session and for writing the report that you are now reading, and Jennifer McVeigh for administering the project.

Mike Clair
Associate Director (Public Policy)
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I. Introduction

On June 1, 2016, 150 people gathered in the largest room of the Lantern to hear presentations and discuss issues surrounding “The Lifelong Impacts of Adverse Experiences in the Early Years”. The event brought together stakeholders from all sectors: front-line workers, nonprofit staff and management, government employees, lawyers, college and university students and researchers, and those with lived experience. Together we learned important information about epigenetics, brain development, resilience and other topics, and then spent the rest of our morning talking with each other about the issues that brought us into the room, ways that the community might be able to work on what matters, and who should be involved in the development and implementation of community-driven solutions. The discussions were fruitful and rich, thick with information and ideas. Near the end of the workshop, participants were asked to mark out their intentions for doing the very work that the discussions said were needed. Over 100 people committed to working with the group in some capacity, with 41 people signing up to be on a working group or steering committee, and just as many volunteering to assist with particular projects within their area of expertise.

The organizers of this event were pleasantly surprised by the level of interest in the event; initially we were to meet at the Johnson GEO Centre, but within two weeks of opening registration, we had already reached the 85-person capacity of that room and had to switch locations, to The Lantern. Another surprise came after we had to cancel the initial event due to a snowstorm on April 27th, and still our registration filled back up to its maximum once the new date was released, with 50% first-time registrants. The organizing committee did not predict this level of interest in the topic, and it pushed the organizers to think more long-term about what this group could accomplish if given the right resources and supported in a capacity-oriented way.

This document, then, can be seen as one of those resources whose function is to mobilize group thought and action in a sustainable co-creative way. There are few things more powerful than groups of people working together toward a common goal and this event can be a catalyst for a much larger, broader movement of change that will help all those living with adverse experiences – as well as those working to help them – through collaborative and holistic methods.

Thank you to everyone who came out to the event and who spoke from their hearts. Thank you to those who agreed to work to move the conversations into action. Thank you to those of you who are reading this document as a way to learn more and take collaborative action. The event, this document, the meetings and planning and work that will follow all belong to the community and the Harris Centre is honoured to play a supporting role in the development of this community of practice.

II. Event Delivery and Data Analysis

Of the 188 people who registered for the second take at the event, 150 people showed up to the Lantern on June 1. The morning was opened by Associate Director of the Harris Centre, Mike Clair, and continued with four presentations: Dr. Traverso-Yepez on research evidence about the relevance of early experiences in a child’s development, Heather Modlin’s presentation about adverse experiences and its impact on the developing brain, Dr. Doherty’s discussion on particular case studies of resilience, and Dr. Traverso-Yepez’s talk on research findings from the study *Framing Preventive Measures for Children’s Adverse Experiences*. The video and presentations are available online at www.mun.ca/harriscentre.

After a short break, Taylor Stocks invited everyone back to their roundtables to have smaller group discussions prompted by three questions: *what brought you into the room today? What can we, as a community, do to move forward on some of these topics? And who should be involved in the development and implementation of these actions?* Everyone was invited to write down the responses on the large pieces of chart paper in the middle of their tables with markers. After just over an hour of discussion, the tables were asked to fill in the Make Your Mark sheets with a 1, 2, or 3, indicating what level of commitment to action they were prepared to undertake given the conversations that just happened, ranging from sitting on a working group, to working on projects, and finally being a network node. Then all the groups were asked to get up from their tables and take the sticky dots given in their participant package and to mark ideas, notes, and other pieces of information from other tables that they thought were really important. This allowed for a cross-pollination of ideas and allowed those sorting the data to have a clearer idea of priorities within the larger group (see raw data in Appendix A).

The half-day concluded with Taylor reading out the names of all 41 people who signed up to sit on a working group or steering committee. Each person stood up and waved to the whole group, so that the room could see the faces and hear the names of those who had taken up the task of moving their words to actions. Mike Clair then closed the event with thank-yous and acknowledgements.

Participants' Input: Data Analysis

After the collection of the chart papers, Taylor Stocks and Dr. Traverso-Yeppez sorted the data, grouping ideas and questions into general themes to be used as a starting point for the working groups. They used a multi-step process, first combining all responses on a single sheet of chart paper per question. In this first step, Taylor used a spatial and colouring grouping technique, while Martha ensured that all comments were captured electronically (see appendix). They then moved to a secondary analysis where the themes were solidified and information was grouped under broader headings.

This type of data collection and analysis was very resource heavy, taking upwards of ten hours to process. However, it ensured that all comments were recorded and grouped, whereas more quantitative analysis, such as coding with data tags, may have missed pieces of information that did not use specific language. Moving forward with this group, one of the aims of the Harris Centre will be to minimize post-event data processing by developing capacity within the groups themselves.

III. Participants' Input: Major Themes

In response to the three questions used to facilitate the roundtable discussions during the event, below are the major trends that came out from the discussion; see the Appendix A for a full exposition of what was written.

In response to the first question, *What brought you into the room today*, five thematic questions came out of the discussions:

1. What new theory, philosophy or approach should guide our work with persons experiencing childhood trauma and with survivors?
2. How do we best support children?
3. How do we best support whole families?

4. How do we address societal and structural barriers to navigating complex lives?
5. How do we best support each other, the work, and people who are already engaged in these issues?

The second question *What can we, as a community, do to move forward on some of these topics?* focused on the practical changes that are seen as integral to addressing issues with adverse experiences and again lead to five broader topics:

1. Changes to front-line supports and interventions
2. Changes to policy, programming and laws
3. Changes to the healthcare, education and legal systems
4. Changes to relationships, e.g. staff-parent-child, staff-employer, inter-organizational
5. Changes to public perceptions and awareness.

Regarding the question *Who should be involved in the development and implementation of these actions?* seven groups were identified:

1. People with lived experience
2. Community leaders and organizations
3. The justice system
4. The healthcare system
5. All levels of government
6. The education system
7. The general public

There were also a number of principles that came out of the discussion that didn't fit within the scope of the questions, but nonetheless should serve as the foundation to future work. There are nine key principles of how the community should act that were identified during the group discussions:

1. Preventative and integrative, rather than reactive and siloed
2. Community-driven, valuing extended families, friends and volunteers
3. Flexible and adaptive to meet the needs of individual children and families
4. Family-focused, including both parents and children
5. Inclusive, with low/no barriers to participation in discussion and decision-making around strategies relating to adverse childhood experiences
6. Accountable, fostering actions and projects that make a difference
7. Compassionate and empathetic, acting on voices of those with lived experience
8. Strengths-based
9. Supportive of families and of those supporting them, including the latter's workplace culture

IV. Next Steps

The uptake for those willing to sit on a working group was unanticipated. With 41 people, there arise new questions as to how a group this large can meaningfully act together and what sort of governance structure is needed to ensure the sustainability of the group over the long-term. In addition, questions arose around what sort of role the Harris Centre should play, acknowledging our own mandate and commitment to other projects.

The Harris Centre is committed to supporting the development of this group over the next year, helping with the creation of accountability structures and governance mechanisms. Our goal is to create a sustainable, organized, accountable, and active group, able to deliver on projects within a long-term vision. These projects may range from advocacy to education to the planning of future events and should be relevant to the goals of those whose lives and work are impacted by adverse childhood experiences. Our experience at the Harris Centre tells us that heterogeneous working groups that operate under the context of a strategic plan are likely to be successful in achieving long-term change.

The group will need to answer key questions moving forward as a working body:

- Who are we?
- What will we do together?
- How do we decide on priorities and how do we resolve disputes?
- What is our vision for the future?
- How do we decide who leads?
- What do we expect from our leadership?
- How will we keep each other accountable to the work that needs to be done?
- What kind of documentation is needed to support long-term action?

Over the next few months, the Harris Centre will support spaces to answer these questions, develop leadership and working groups, and create documentation that ensures the continuation of the group within the coming years. Our aim is to run another half-day event in June 2017 where the work that has been done by this group can be showcased to the larger community affected by and working with those with adverse childhood experiences.

It was with these questions and cautions that we at the Harris Centre decided to run three dialogic sessions followed by a more formal session on governance to allow for the development of accountability mechanisms from within the group of people who had committed to doing this work over the long term. All those who signed up to be on a working group have been asked to attend one of three dialogues. In these less structured sessions, the groups will review this report and begin discussing ways that they can imagine working together on the topics identified within the June 1 event. The dialogic portion will be preceded by a short capacity development reminder where group members will refresh some basics of facilitation, note-taking, and accountability measures that they then will apply over the course of the following discussion.

It is the hope that these less structured sessions will develop the relationships and trust that is needed for the larger group to be able to carry out work together over the long term as well as generate a ground-up governance model that will function with the resources that are available within the group who will be doing the work. It follows the principle identified above that the work should be community-driven and inclusive of all voices at the table.

These three dialogues will be followed by a more formal structured meeting where the whole group will gather to make the communal decisions on how the group will be governed, sustained and held accountable. The ideas and information from the dialogues will be coalesced and used as a foundation for this more formal discussion. The desired outcome from this final event is a clear set of priorities leading to working groups who then can start meeting and working regularly on projects with a mechanism, steering committee or otherwise, that will keep track of the overall goals and keep the working groups accountable in their tasks.

V. Appendix A: Discussion Questions Summary

The data below is a thematic compilation of the information written on the chart papers during the discussion portion of the event. The language may have been shifted slightly to bridge ties between closely related topics.

The themes, questions, ideas, and actions below should be interpreted as a starting point for the working groups and to the community of practice as a whole. As such, the data is open to additions and permutations as the groups begin working and focusing on particular issues.

What are the issues that brought you into the room today?

1. What new theory, philosophy or approach should guide our work with persons experiencing childhood trauma and with survivors?

- What other data is needed to inform decision-making and practice?
- What are the best-practice interventions?
- How do we identify and address the challenges in helping those who experienced trauma?
- How do we navigate intergenerational trauma?
- How do we navigate the impact of trauma on whole families?
- How do we support adults who have had adverse childhood experiences?
- What are specific models that can be used in front-line work?

2. How do we best support children?

- in care
- of divorce
- with complex lives
- who have experienced trauma
- who are trans or queer
- in utero
- with incarcerated parent(s)
- within the legal system
- who live in rural areas
- who are indigenous
- who are survivors of sexual abuse
- in their transition to young adulthood
- How do we navigate infant and child mental health?
- How can we better *listen* to children?
- How do we provide stability?
- How do we help foster children's relationships with their families?
- How can front-line workers influence policy making and budgetary allocations?

3. How do we best support whole families?

- How do we navigate trauma within families?
- How can we support the development of parenting skills?
- How do we include parents as partners?
- How do we address the different roles and expectations of men/women, mothers/fathers?

- How can we develop non-judgmental, interdisciplinary, respectful, and collaborative practices of working with parents and families?
- How do we support survivors who are now pregnant?
- How do we support adults with adverse childhood experiences with their parenting?
- How do we support adults with adverse childhood experiences as they interact with the legal system?
- What are the best practices around family-centred models of care?

4. How do we address societal and structural barriers to navigating complex lives?

- How do we address the stigmas associated with:
 - trauma?
 - mental health?
 - poverty?
 - youth in care?
 - youth in the legal system?
- How are services distributed?
- How can we address the siloed nature of service delivery?
- How can we map the effects of and address the impacts of social inequity?
- How can we develop a multi-sectoral systems approach to adverse childhood experiences?
- How do we address the fears around liability issues?
- How do we address the impacts of a broken system on already complex lives?
- How do we manage disclosure policies and accountability?
- How do we raise the awareness of childhood development and adverse experiences among the general public?

5. How do we best support each other, the work, and people who are already engaged in these issues?

- How can we best take care of ourselves and each other while doing this work?
- How do we manage secondary trauma?
- How can we share our stories and experiences?
- How can we inspire, motivate, and learn with each other?
- How do we map the work and resources that already exist?
- How do we move new research to practice?
- What are the conditions to collaboration and what do we need to satisfy them?

What can we, as a community, do to move forward on some of these topics?

1. Changes to front-line supports and interventions

- need an integrated systems approach:
 - to improve efficiency
 - to address gaps in services
 - to develop best local practices
 - to reduce siloed policies and services
 - to increase collaboration
 - to develop multi-sectoral proactive strategies
 - to define all stakeholders
- should focus on family, not just the child
- move from reactive to preventative and inclusive

- must reduce waitlists
- consistent involvement through childhood and transition to young adulthood
- professional development for all frontline workers
 - Develop accountability to the community for the delivery of actions/projects/programming
- empathy and compassion for life experiences
- develop nonjudgmental ways of communicating

2. Changes to policy, programming, and laws

- family-focused legislation that is evidence-based as well as trauma- and resilience-informed
- need better government-community collaboration
 - educate MHAs on issues
 - government departments must work together: CYFS, CYCWS, AES, etc.
- policies and programming should be consistent over the long-term
- need to reflect day-to-day learnings of frontline workers
- need proper investment in services
 - do a cost-benefit analysis of service delivery and early intervention
 - group should advocate for changes to government
- privacy legislation needs to align with practice and what children and families need

3. Changes to relationships

- front-line worker-parent-child
 - partnering with parents and children for holistic service delivery
 - therapeutic parental access
 - services for parents:
 - life skills
 - mental health
 - treatment for trauma
- staff-employer
 - mental health days
 - counselling supports
 - resources to support best practices
 - need to feel safe and supportive
 - positive workplace culture
- staff (self)
 - need professional development
 - integration of trauma-informed practice
 - empathy, resilience, childhood development
 - matching intervention with current needs (how to be appropriately responsive)
 - self-awareness and self-care
 - ways to address liability, privacy, and disclosure
- inter-organizational
 - resources to support networking
 - employer supports for collaboration
 - multiagency team under one roof (e.g., Finland)
 - universal daycare program (e.g., Daybreak)
 - multiagency programming
 - community is supportive of one another

4. Changes to systems

- move away from rigid, inflexible systems
- need to update to reflect values/ideas of those delivering services, those in need
- community work must be valued appropriately
 - healthcare
 - train healthcare professionals in:
 - trauma
 - resilience
 - brain development
 - education
 - need to have a pipeline to move research to practice
 - undertake community-based research; shift how we gather data away from the “us vs. them” model
 - professional development for teachers, guidance counsellors, etc.
 - connection between adverse childhood experiences and learning behaviour
 - partner with schools:
 - teach:
 - coping
 - relationships
 - addictions
 - inclusion
 - social and emotional learning
 - how we learn
 - brain development
 - resources in schools for children and families
 - deliver social work, mental health services in schools
 - strengthen integrated school support program
 - fund community-university collaboration
 - integrate adverse childhood experiences research into curriculum for new professionals
 - trauma
 - resilience
 - other life skills
 - success rates of reintegration after children removed from home
 - partner with community to increase information for new graduates
 - research long-term costs/impacts of not building resilience
 - legal
 - need resource/system map: who is doing what?
 - family resource centres
 - healthy baby clubs
 - provide clarity around roles
 - build on community strengths: involve seniors and retired persons to help educate, organize, and support

5. Changes to public perception and awareness

- forum for those accessing/needing services to have a voice

- need to identify target audiences and reach them through institutions they are already connected with
- resilience development programs:
 - for kids
 - for families
 - for communities
- parenting information and resources:
 - supports for new parents
 - pride for birth parents
 - programs
 - build partnerships with specific marginalized communities and develop collaborative solutions
- increase public awareness of resource problem
- reduce fear, stigma around family programs, impacts of trauma
- develop peer support networks
 - recruit seniors and grandparents as mentors
- remove barriers for the next generation to participate in discussions around adverse experiences
- shift to mental health and wellbeing lens

Who should be involved in the development and implementation of these actions?

1. People with lived experience

- Those who access or need access to services and supports
- Children who are within the system
- Adults who grew up in the system

2. Community leaders and organizations

- Community service organizations and agencies
 - Daybreak
 - Mother Goose
 - Waypoints
 - Key Assets
 - Bluesy
 - Thrive
 - Roots of Empathy
 - Relationships First
 - Easter Seals
 - John Howard Society
- community centres
- family and childcare centres
- agency management and organizational leaders
- organization and agency staff
 - child and youth care workers
 - child and youth advocates
 - social workers
 - frontline workers
- Cultural organizations and agencies

- Association for New Canadians
- Empower
- Blundon Centre (MUN)
- Aboriginal Resource Office (MUN)
- St. John's Native Friendship Centre
- Regional and umbrella agencies/organizations
 - Foster Families Association of NL

3. The justice system

- police
- The Courts
- youth corrections
- lawyers who work with youth in care or adults with adverse childhood experiences

4. The healthcare system

- Healthcare Boards
 - Eastern
 - Western
 - Central
 - Labrador-Grenfell
- Healthcare professionals
 - family physicians
 - counsellors
 - psychologists and psychiatrists
 - occupational therapists
 - dentists
 - speech-language pathologists
- Janeway

5. All levels of government: Federal, Provincial and Municipal

- public servants
- politicians
 - Department of Justice
 - Department of Health and Community Services
 - Department of Seniors, Wellness and Social Development
 - Poverty Reduction Strategy
 - Department of Child, Youth, and Family Services
 - Department of Advanced Education and Skills

6. The education system

- Primary and Secondary Schools
 - teachers
 - guidance counsellors
 - early childhood educators
- Post-secondary institutions
 - College of the North Atlantic
 - Memorial University
 - Policy researchers

- Other training and professional colleges
 - Eastern College
 - Keyin College

7. General Public

- Primary caregivers
 - Parents: biological, foster, adoptive
 - extended family members
- Rural NL
- Persons with disabilities
- LGBTQ persons
- Men
- Aboriginal persons
- Senior citizens
- Media
- Corporate funders

Appendix B: Raw Data Sets

1. What are the issues that brought you here?

Page 1:

- Interest in mental health
- Bring info back to colleagues
- Homelessness amongst trans youth (13-18 years)
- System inefficiency – ‘it’s broken’/ increase inclusion/Move to Action
- Better understand backgrounds of complex needs – develop a more thorough understanding
- Personal interest/Adult perspective
- Mental health coping – passing on to children
- Comorbidity (PTSD, Sex Assault, Drug Abuse)
- The ability to cope

Page 2:

- Children’s health (from vulnerable environments)
- Transition from services to children and youth to adult systems – some get lost in the process
- Development of parenting skills and knowledge of child development
- Limited awareness of development needs/importance (due to ACES in children and parents)
- Inadequate proactive (early intervention) strategies to address ACES
- Lives have difficulty

- Education needs to be part of curriculum (coping mechanism)
- Role of equality of men and women
 - Fathers and men

Page 3:

- Backgrounds working with traumatized youth
- Learning about effects of trauma on the whole family
- What services are available in the community? Collaboration and networking
- How to improve practice and interventions
 - Trauma informed care and best practice
- How services are impacted by budgets/i.e. education, child care centers, waitlists
- How are services distributed/how can we address inequalities?
- How can we form better interdisciplinary relationship i.e. CYFS, CYCWS, Counselling, School COMMUNICATION
- How to work together to overcome stigma associated with youth in care or youth that experience trauma
- Self-care/secondary trauma

Page 4:

- Background work in child/youth care
- Seeing different models of working with children with early childhood trauma
- Concern for having an integrated/empathic service delivery
- Impact of trauma on early development
- Public awareness of trauma informed care/practice
- Impact of early childhood trauma on families
- Multigenerational impact of early childhood trauma
- Family centered models of care
- Networking
- Professional Development
- How to put research into practice
- Evidence based practice

Page 5:

- “We” don’t value the impact of the first three years as key to future health
- We can prevent turmoil by supporting parents in early years
- If we don’t support parents, we won’t get anywhere
- Every government department should have a strategy/policy to support parents
- Organizations are working in silos
 - Would like to see this change. So many restrictions to communications.
- Bring forward info on experience working with vulnerable populations and push the idea of how important supports are for the health of children and families
- We need a universal approach to bridge gaps in supports

Page 6:

- Seeing an increased complex needs in low income community
- Wonder about the systems roll of trauma in early years
- Better understanding of trauma
- Seeing first hand and finding the correct supports for children and mothers

Page 7:

- To identify resources available to children with ACES
- To overcome barriers in communication/collaborate between agencies
- To increase awareness/skills in providing trauma informed practice
- To mitigate the risks of trauma across the lifespan
- To gain info/insight and identify barriers in order to inform policy
- To access information

Page 8:

- Curiosity
- Importance/significance of trauma informed approach in areas of current work
- Clients we work with, their children are often in care – how can we support them in this process?
- Networking/finding ways to continue to make those connections in the community and have those conversations, bringing it in to our work. Getting out in the community for same and support for same
- Really considering the significance of serving the family, not just focus on the child
- Involving key people in the school system who are directly involved with children
- Importance of training/professional development for professionals. Colleagues in the field have to be support to attend training (ex: not taking leave)
- Schools aren't able to provide the support that is needed. School system is key – children spend their time there (ex: guidance counsellors, educational psychologists, teachers)
- More training for CYFS staff re: trauma-informed approaches and social workers/clinicians
- Involving front-line people in the community in these processes (bottom-up approach)
Front line – Managers
- Public awareness initiatives to reduce stigma around the particular populations (ex: trauma, mental health, poverty)
- Inclusive approach to working with children and families

Page 9:

- Recognizing the profound and far-reaching impact of childhood trauma – ACE's
 - o A professional and personal understanding
- Wanting to identify ways we can find strategies for informing policies and improving programming/service delivery

- Looking to hear any new insightful info other participants may be bringing today
- Concerns around the CYFS system having moved from a preventative/supportive mandate to one of protection/intervention/reaction. No longer offering preventative/supportive services to families
- Recognizing the lack of community collaboration/connectedness
- Recognizing the lack of services for children and families in rural areas (well, anywhere outside of St. John's)

Page 10:

- Need for increased societal focus (energy, finances) on early years
- More information on ACE impacts
- How to intervene through the lifespan
- Recognition that Adult trauma work is necessary in prevention of childhood trauma
- Kids need stability and connection with parents (issues with new act)
- Need to work more efficiently in system (limited window and waitlists)
- Waitlists for kids should not exist

Page 11:

- YWCA is developing a new childcare initiative so topic is essential
- Number of indigenous children in foster care (provincial and national stats)
- Survivors (ex: sexual violence) often don't open up about childhood trauma until well into adulthood (indicates supports not available in childhood)
- Front-line workers see trauma experienced by children from families going through divorce/separation
- Impact of poverty on well-being (of families/children)

Page 12:

- Family supports that are inter-disciplinary, collaborative, respectful
 - o Inter-agency respect – CROSS-PROFESSIONAL RESPECT
- How do we change policy/programs that appropriately acknowledges the long-term impacts and healing timelines of early-life adverse conditions
- Inventory of existing resources
- Parents as partners
- Policy/program lens on how families are supported
- Self-reflective training to avoid patronizing attitudes when dealing with clients

Page 13:

- "BIOC" best interest of child
- Current system sucks
 - o Not serving parents and children i.e. the family
- Interest in community economic "system"
 - o Would like to see a more inclusive approach

- Topic indicates/includes early years intervention/focus usually most at our table see clients who are adults who have “adverse” lives

Page 14:

- Inspiration/motivation/learning
- Impact of environment including during pregnancy
- Impact of addictions and MH
- How to best support families
- What exists in the community professionals and volunteers (could do more)
- Medication with families – find out what they need and what they can do
- Need to listen to children
 - o Take time to ask them
 - o Educators need to play a bigger role and need more support to do this

Page 15:

- Awareness of the importance of trauma
- Ongoing challenges to address trauma
- Need for trauma – informed policy for children and youth
- Need for integrated approaches through collaboration between systems
- Significant gaps in service
- Need for collaboration to mobilize the front line
- Importance of working within trauma

2. What can we, as a community, do to move forward on some of these topics?

Page 1:

- School, Social Work Services
- Mental Health Services in Schools, Expansion of Mental health Services overall.
- Political Activism/ Advocacy for Mental Health Support, for Community services/ Programs Working with Families
- More Collaboration among Service Providers
- Funding for Services, Early Intervention, Strengthening Families
- More Recognition for Importance of Early Intervention

Page 2:

- Should be Community Driven, rather than Government Driven
- Resources in Schools for Young Children need to be in Place to Help Children get off on the right Foot, as well as Family Resources
- Schools and Parents need to Partner with other Service Providers (counsellors, etc.)

- Resources also need to be continued for Young Adults not dropped out of the System, and left to fend for themselves and to find resources on their own
- Building Partnerships with underserved populations, (e.g. indigenous populations) to find ways to work together
- Need to shift intervention's from REACTIVE approval to PROACTIVE

Page 3:

- Focus on Family VS Child Only
- Legislation
- Evidence Based Policy Decision Making
- Advocacy
- Community Support for Families
- Public Education
- Education in School System
- Strengthen the ISSP Program
- More Education for Professionals on Trauma, Teachers, Healthcare etc.
- The way we Gather Data
- View of us and them, results in an Abbreviated Picture

Page 4:

- Build Understanding of Long Term costs of not Building Resilience
- MHA, Ministers need to be educated and the General Public
- Educate Children in School, Social and Emotional Learning, How we Learn, Brain Development
- Parenting Programs
- Look at Bullying and Why bullying
- Emphasis on Early Learning and Parent Supports (e.g. Daybreak, FRC's)
- Under Utilized Community Resources
- Build on Strengths (seniors, retired professionals), Organize, Educate and Support
- Shift Focus to Prevention
- Support

Page 5:

- Better and More Child Support, Early Childhood Educators, and Address Issues Quickly, and in a Supportive way
- More Support for New Parents and Non-Judgemental
- Young Parents are Afraid to ask for Help, they don't always have help from Extended Family Members (Intergenerational Cycle)

- Need to Counteract Fear of the System-has Increased with Focus on Protection
- Peer Support can Work
- Foster True Inclusion in Schools
- Seniors could be Mentor Grandparents to children without Extended Families

Page 6:

- Share what is out there, and how to Access (Public Awareness)
- Educate, Inform General Populations
 - Issue of Resource Commit
- Vol. can be more different because of litigation, particularly with Children and Youth
- Important that these People, Parents do not feel Judged, need to feel Supported, build on Strengths, Open Communication
- Little Empathy for Incarcerated Men
 - Need to Recognize Impact of Life Experiences

Page 7:

- Who is the Community?
 - The Public
 - The Legal System
 - The Government
 - NGO Depts.
 - Medical
- Is it Broader then we perceive it to be?
- Give Values to the Community
- We need Collaboration, Decision Makers at the Table
- Ways Communities can be Supportive of Each other
- We need Solutions to Challenge the Rigidity of the “system”< Preconceived, outdated and old ideas

Page 8:

- Trauma- Informed Policy and Intervention
- Integrated Approach, Collaboration
- Enhanced Parental Education
 - Re: Impacts of Trauma (E.g. Provide Training Program for Birth Parents)
- Enhanced Education and Training for Frontline Workers
- Enhanced Support for Frontline Workers
- Viewing Parents and Children through a Trauma Informed Lens
- Reincorporate Prevention Work as a Focus

- Ensuring Staff Feel Safe and Supported in Their Work
- Workplace Culture

Page 9:

- Improve Clarity around Roles (What agencies, individuals take care of what items, issues)
- Employee Support for Collaboration among Agencies
- Address it with the Training Curriculum of the Professions who will Work in the Systems
- Identify Reaching a Target Audience for Information
- Continuing Education, Finding Opportunities to Network
- Provide a Forum for those Accessing, Needing Service to have a Voice

Page 10:

- Networking
- An Increase in Resilience Development for Children and Families
- Allocate Resources to Community Based Programs with Direct Contact to Children and Families
- Programs that are proactive(rather the Reactive) and inclusive
- Provision of Parenting Information and Resources
- Consistent Involvement Throughout Childhood
- Teacher, ECE Training that Highlights the Connection between ACE's and Learning Behaviour
- Pay ECE's and CYCW's What they are Worth

Page 11:

- Create more Opportunities to Work Together in Programming
- Education Opportunities for all Partners, i.e. Trauma informed Care for advocates
- Investment from Province in Services
 - Cost/ Benefit Analysis/ Advocacy
- Partnership with Services and MUN Post-Secondary Education to Better Inform Graduates of Humanities and Trauma, or any Other Discipline that works with Children
- Research on Success Rates for Children removed from Families and Returned (What are we doing right?)
- Services for Parents, Skills, Mental Health, Childcare- Address Their Trauma
- Shifting Perspective vs Reactionary

Page 12:

- Addressing/ Being Self Aware of Biases/ Non-Judgemental
- Education about Importance of Self-Care
- Better Relationships Between Employer/ Employee, Health Days, Counselling, Support and Best Practices

Page 13:

How can we address these Topics?

- Include lives Experience
- Break Down what Qualifies us to talk about this, but attempt to avoid tokenism

Page 14:

- Professional Learning Opportunities
 - Empathy, Trauma, Resilience, Child Development etc.
- Public Awareness, ECL Development
- Putting Research into Practice
- Funding, Support and Research of a Variety of Life Course Topics, Trauma, Resilience
- MTG Family where they are:
 - Matching Intervention with Current Need-Responsive
- Family Centered Approach to Intervention
- Universal Childcare and Parenting Supports
- Education Information Supports

Page 15:

- We need to have a Multidisciplinary/ Multiagency learn under one roof how to Focus on Family (e.g. Finland, Cost Savings, Best Interest)
- Universal Degree Program Based on Daybreak type Model and Support Family
- Therapeutic Parental access (e.g. Toronto Mary Rella)
- Family Resource Centres Should include eliminating Fear and Stigma around Parenting Program
- Healthy Baby Clubs, Positive with Nutrition Supplements, Peer Support and Out Reach
- Shift to Trauma Informed Practice
- Teach Children/ Youth Re; Relationships, Impacts of Drugs/ Alcohol use/ School System

3. Who should be involved in the development/implementation of those strategies?

Page 1:

- Legal System (court challenges/precedents)
- People that can see through a mental health/wellness lens
- Youth/folks that bridge generational gaps
- Those with power to effect change on a philosophical level

- Those knowledgeable re: hierarchy of needs
- People the strategies are about
- Policy makers
- Advocates that commit
- 'Call-in shows' challenging research, policy, etc. (inspire reaction not action)

Page 2:

- Rural NL
- Child and youth advocates
- Front line workers
- Parents/Caregivers
- CYFS
- Dept. of Education
- ECEs
- Community Organizations
- Health, Community Services
- Child, youth representatives
- Adults who have lived these experiences
- Janeway
- Justice
- Daybreak

Page 3:

- Indigenous community members (ex: SJ Native Friendship Centre, Aboriginal Resource Centre at MUN)
- Young adults with lived-experience with ACES
- Parents, caregivers, foster parents (Foster Families Association NL)
- Teachers, school counsellors and community-based counsellors (NL Schools, Counsellors, and Phycologists/CCPA)
- Representatives from frontline services such as: Janeway, CYFS, Eastern Health, Thrive, Association for New Canadians, Relationships First, Youth Corrections, Daybreak and other daycare providers, Easter Seals, Vera Pelin, Blundon Centre at MUN
- Way Points, Key Asserts, Blue Sky

Page 4:

- Everyone/Society
- Professionals with lived experiences

Page 5:

- Community Support, CYFS, Family, School
- Parents as partner (caregivers)
- Frontline workers
- Policy Makers

- Legal Aid/Lawyers
- Community Centres
- Community as a whole

Page 6:

- Government Departments interdepartmentally in coordination
- Community Organizations (non-profits)
- People who have experienced the system
- Education System
- Post-secondary Education Programs
- Recognizing champions and leaders and exceptional work being done

Page 7:

- Parents/caregivers
- Children/youth in the system
- Adults who have survived the system
- Teachers and ECEs
- Social Workers
- Regional agencies
- Provincial government departments
- Senior Citizens – connected to programs
- Community organizations, non-profits
- Cultural agencies
- Corporate Funder
- Researchers
- Law Enforcement
- Legal system

Page 8:

- Child and youth advocates
- Child and youth educators
- Schools – guidance counsellors and IRT
- Doctors/Counsellors and medical professionals (SLP, Dentist, OT, etc)
- Parents (biological and foster)
- Extended Family
- Frontline workers (social workers and CYCWS)
- Memorial University/educational institutions
- Government politicians
- Volunteers in programming
- General Public
- Legal System (Police, Judges, Lawyers) – these groups must collaborate and develop policies and goals together that align with one another

- Children/youth

Page 9:

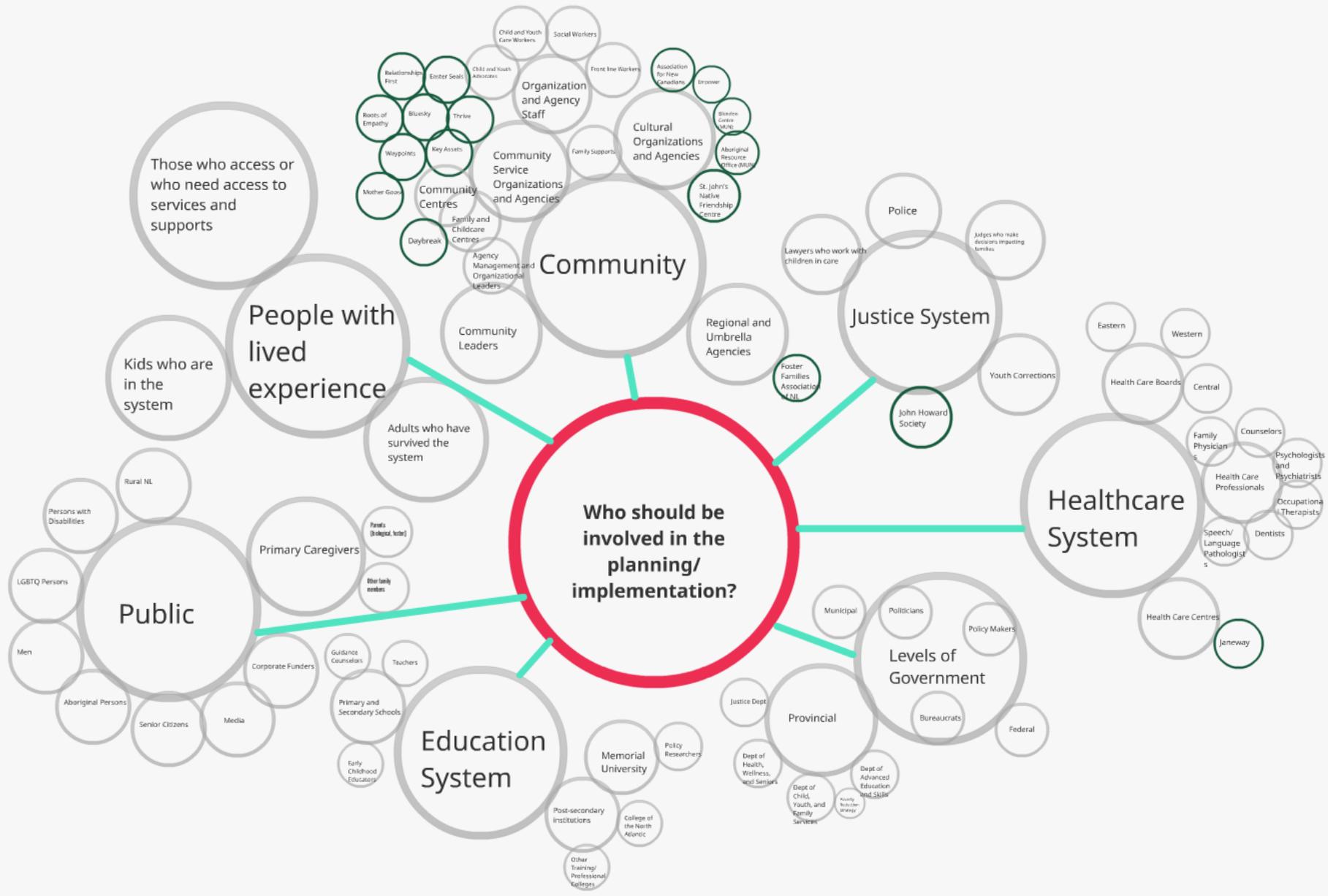
- People with lived experience
- Service providers
- Culturally/geographically specific, relevant, AVAILABLE
- Parents and caregivers
- Policy makers
- Researchers
- Diversity in representation
- Person centered – the voice of those who access and who require the care (and cannot access)

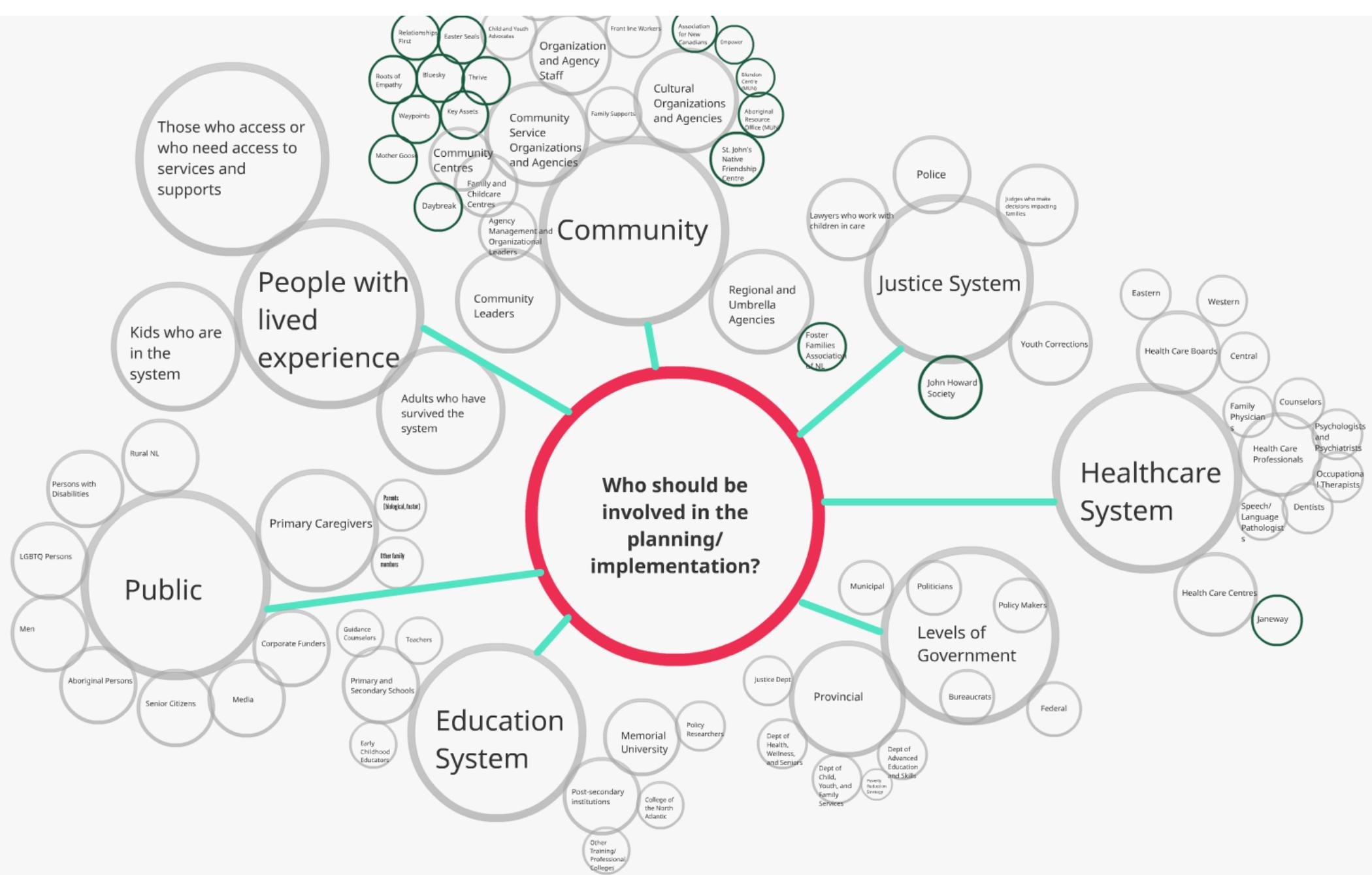
Page 10:

- Policy makers and researchers
- Dependent on the strategy being given
- Committees
 - o Cross departmental/agencies
 - o Across the life span
 - o Multidisciplinary committees
- Primary Caregivers (parents, caregivers, those in a caregiving position, family supports, other family members, physicians and other health providers)

Page 11:

- Everyone!
- Policy makers
- Community leaders
- Persons with disabilities
- Front line workers
- Roots of Empathy (should be universal) and other like programs – Mother Goose
- Men
- ECEs
- Education system
- Justice system (judges making decisions impacting children and families)
- All levels of government (municipal, aboriginal, etc.)
- Cultural groups
- Family resource centers
- Family Physicians





Those who access or who need access to services and supports

Kids who are in the system

People with lived experience

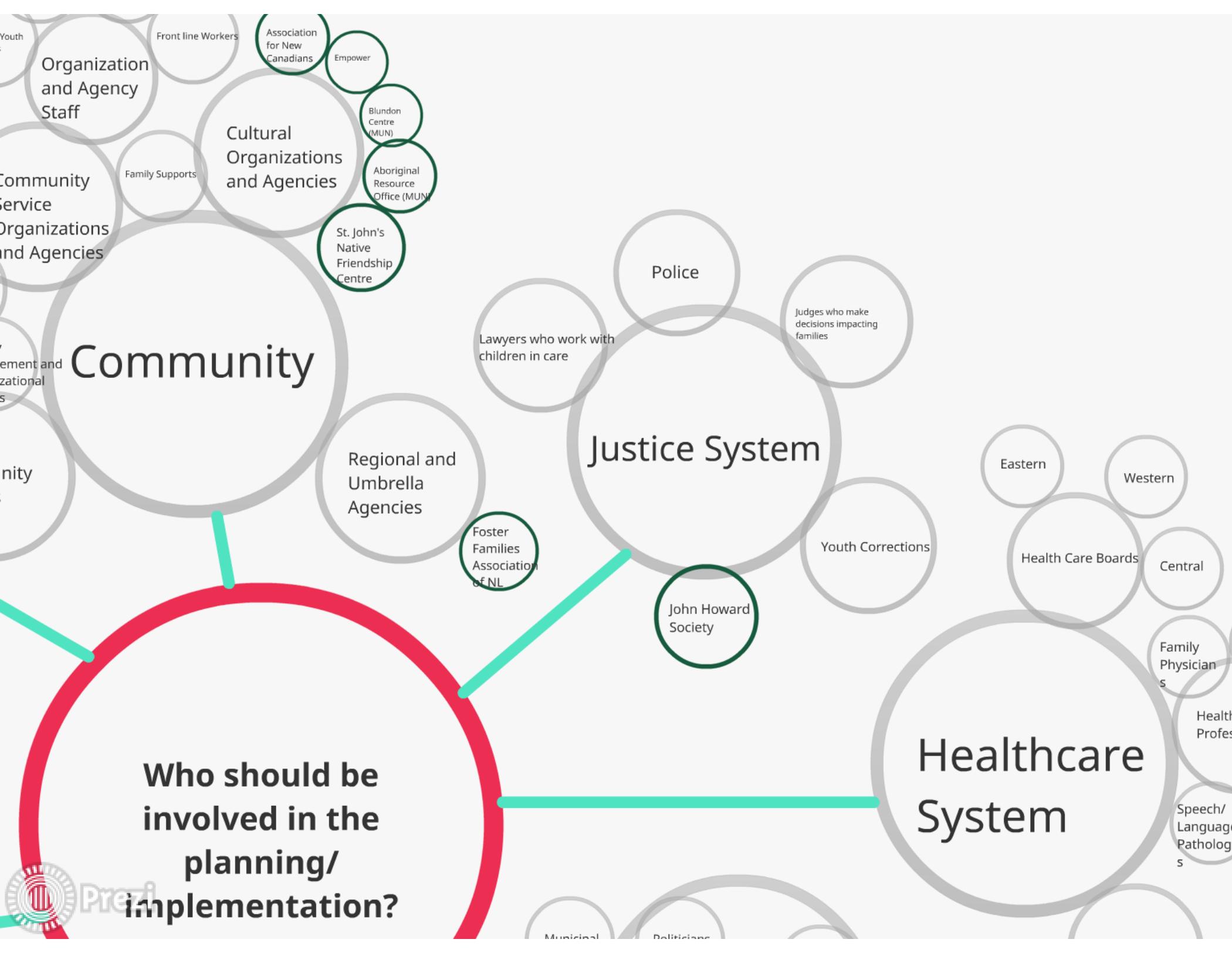
Adults who have survived the system

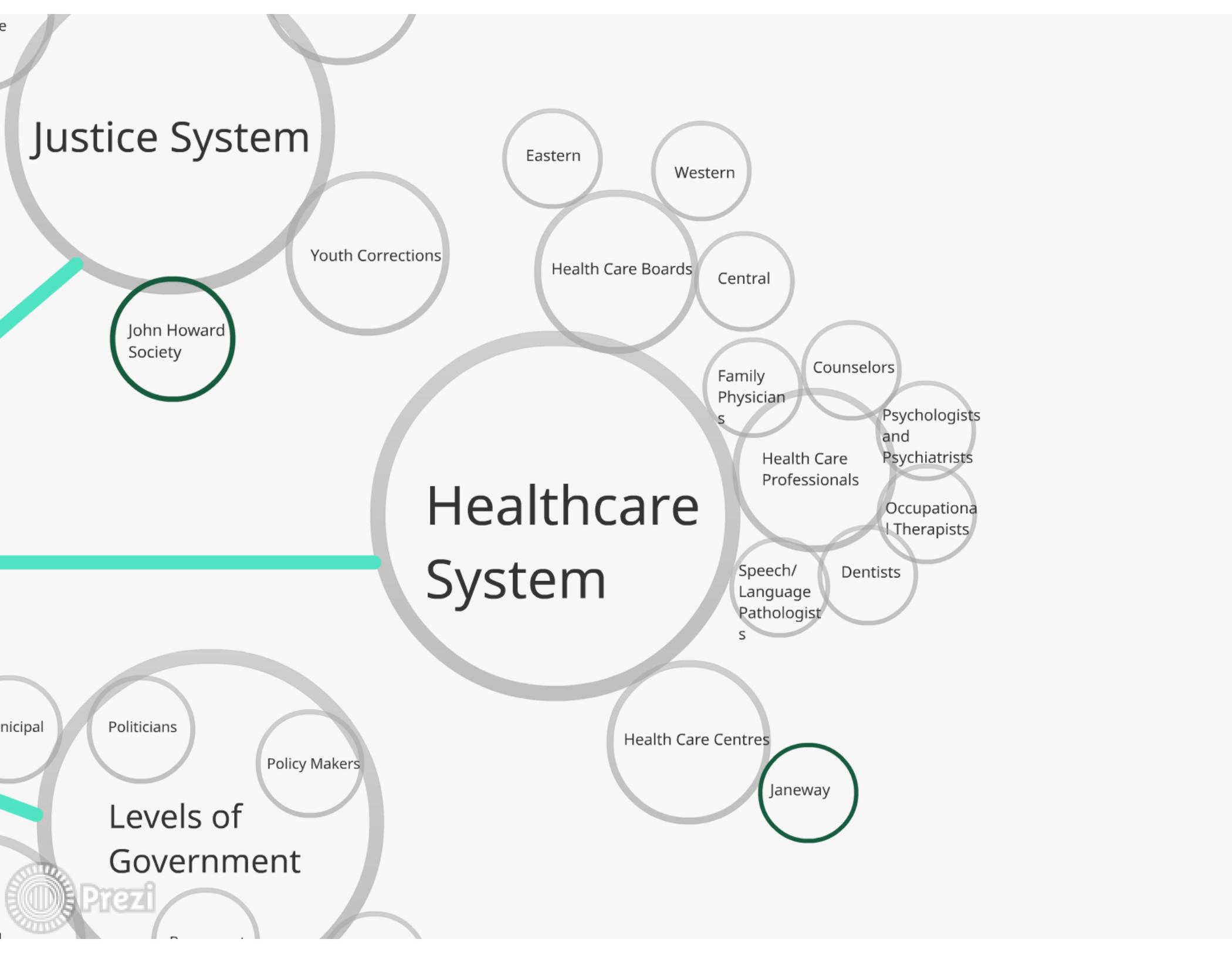
Public

Who should be involved in planning and implementation









Justice System

Youth Corrections

John Howard Society

Eastern

Western

Health Care Boards

Central

Family Physicians

Counselors

Psychologists and Psychiatrists

Health Care Professionals

Occupational Therapists

Speech/Language Pathologists

Dentists

Health Care Centres

Janeway

Levels of Government

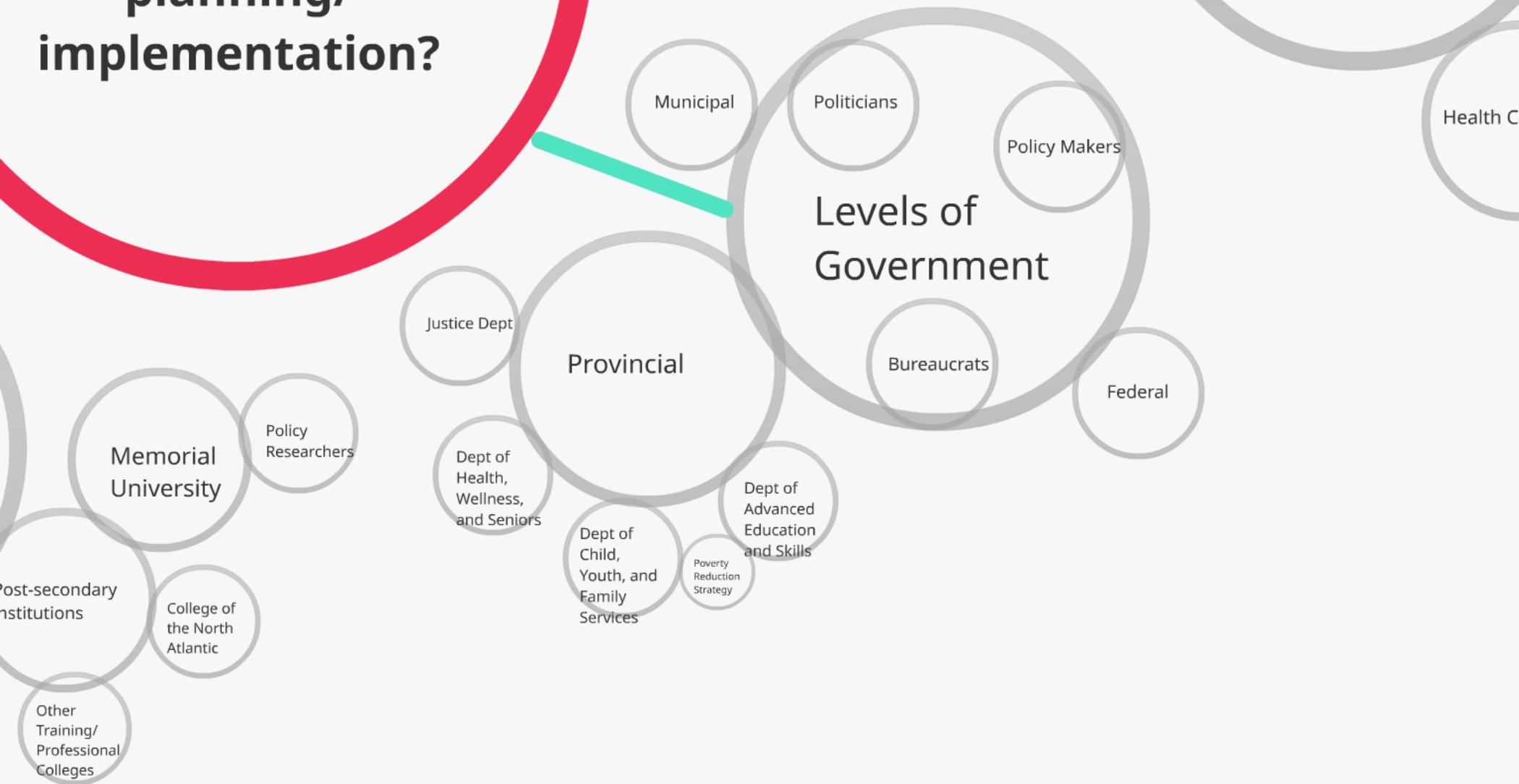
Municipal

Politicians

Policy Makers

Who should be involved in the planning/implementation?

Healthcare System



Who should be involved in the planning/ implementation?

Public

Primary Caregivers

Parents
[biological, foster]

Other family
members

Corporate Funders

Guidance
Counselors

Teachers

Primary and
Secondary Schools

Senior Citizens

Media

Education
System

Early
Childhood
Educators

Memorial
University

Policy
Researchers

Post-secondary
institutions

College of
the North
Atlantic

Other
Training/
Professional
Colleges

Justice Dept

Provincial

Dept of
Health,
Wellness,
and Seniors

Dept of
Child,
Youth, and
Family
Services

