

2019 ACE PERCEPTION SURVEY FINDINGS

Adverse
Childhood
Experiences

FOREWORD

I congratulate Merseyside Youth Association for carrying out this important survey and commend its findings.

It is encouraging to see such a high level of participation from those engaged in services affecting young people.

I know from my work as an MP how dedicated workers can transform the lives of vulnerable young people.

This can be made even more effective using the information available in the ACE Report.



As the Science and Technology Committee concluded in their report, **‘Evidence-based early years intervention’**:

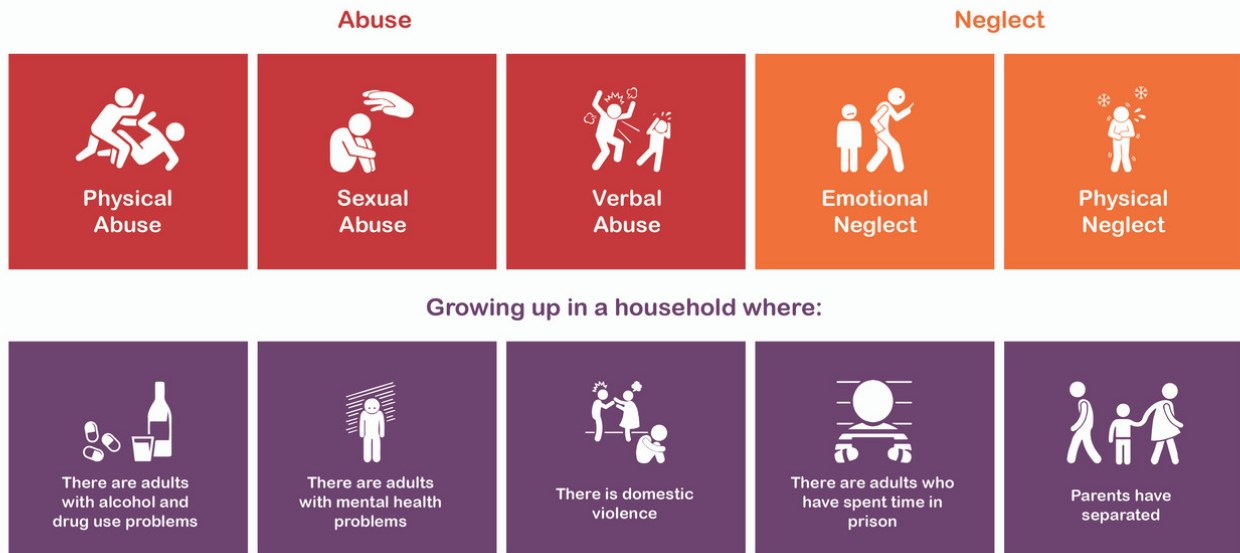
“There is now a pressing need for a fundamental shift in the Government’s approach to early intervention targeting childhood adversity and trauma. The Government should match the ambition of the Scottish and Welsh Governments, and build on the example set by certain English councils, to make early intervention and childhood adversity a priority, and set out a clear, new national strategy by the end of this Parliamentary session to empower and encourage local authorities to deliver effective, sustainable, evidence-based early intervention.”

I wish you well in your endeavours to developing a city-wide ACE strategy and action plan.

Dame Louise Ellman MP
Liverpool Riverside

FOREWORD

The term Adverse Childhood Experiences (ACEs) is used to describe a wide range of stressful or traumatic experiences that children can be exposed to whilst growing up. ACEs range from experiences that directly harm a child (such as suffering physical, verbal or sexual abuse, and physical or emotional neglect), to those that affect the environment in which a child grows up (including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration).



Background

The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997. Over 17,000 people from a middle-class area who had received physical exams were also asked to complete confidential surveys regarding their childhood experiences and current health status and behaviours. Around two-thirds of individuals reported at least one ACE; 87% of individuals who reported one ACE reported at least one additional ACE. The number of ACEs was strongly associated with adulthood high-risk health behaviours such as smoking, alcohol and drug abuse, promiscuity, and severe obesity, and correlated with ill-health including depression, heart disease, cancer, chronic lung disease and shortened lifespan. Compared to an ACE score of zero, having four adverse childhood experiences was associated with a seven-fold (700%) increase in alcoholism, a doubling of risk of being diagnosed with cancer, and a four-fold increase in emphysema; an ACE score above six were associated with a 30-fold (3000%) increase in attempted suicide. ACEs have a dose-response relationship with many health problems. As researchers followed participants over time, they discovered that a person's cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioural problems throughout their lifespan, including substance use disorders. Furthermore, many problems related to ACEs tend to be comorbid, or co-occurring.

Source: 1. Centre for Disease Control and Prevention

FOREWORD

What impact can ACEs have?

When exposed to stressful situations, the "fight, flight or freeze" response floods our brain with Corticotrophin-Releasing Hormones (CRH), which usually forms part of a normal and protective response that subsides once the stressful situation passes. However, when repeatedly exposed to ACEs, CRH is continually produced by the brain, which results in the child remaining permanently in this heightened state of alert and unable to return to their natural relaxed and recovered state. Children and young people who are exposed to ACEs, therefore, have increased – and sustained – levels of stress. In this heightened neurological state a young person is unable to think rationally and it is physiologically impossible for them to learn.

ACEs can, therefore, have a negative impact on development in childhood and this can, in turn, give rise to harmful behaviours, social issues and health problems in adulthood. There is now a great deal of research demonstrating that ACEs can negatively affect lifelong mental and physical health by disrupting brain and organ development and by damaging the body's system for defending against diseases. The more ACEs a child experiences, the greater the chance of health and/or social problems in later life.

ACEs research shows that there is a strong dose-response relationship between ACEs and poor physical and mental health, chronic disease (such as type II diabetes, chronic obstructive pulmonary disease; heart disease; cancer), increased levels of violence, and lower academic success both in childhood and adulthood.

Epidemiological evidence from Blackburn with Darwen (2012) showed that there was an increased risk (adjusted odds ratio) of having health and social problems in adulthood for those individuals who had experienced 4+ ACEs, compared to those with no ACEs.

Source: 2.Blackburn with Darwen Council

Can ACEs be prevented?

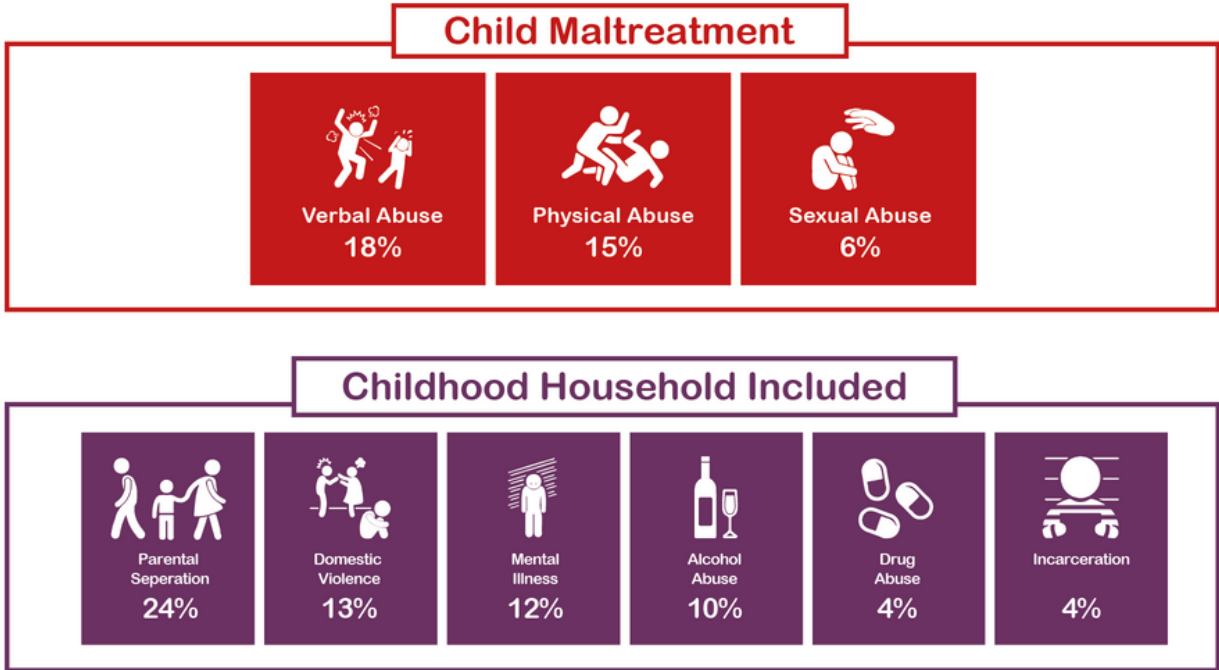
For adults looking to reverse the impact of their own ACEs, or parents/carers keen to make sure their children do not grow up with ACEs themselves, the simple answer is - yes. Stable, nurturing adult-child relationships and environments help children develop strong cognitive and emotional skills and the resilience required to flourish as adults. By encouraging such relationships ACEs can be prevented, even in difficult circumstances, and it is crucial to support and nurture children and young people as they develop and grow.

For adults who experienced ACEs in their childhood, it is also very possible to minimise the impact of ACEs on their health, relationships and lives in general.

FOREWORD

Stressful events occurring during childhood that directly affect a child (e.g. child maltreatment) or affect the environment in which they live (e.g. growing up in a house where there is domestic violence)

How many adults in England have suffered each ACE?



3. Source: National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England
Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. BMC Medicine 2014 12:72

'Put simply, the more ACEs an individual experiences, the worse their outcomes. Recent UK regional and national ACEs studies revealed around 50% of the UK population experience at least 1 ACE, with around 12% experiencing 4 or more. Greater numbers of ACEs are associated with dramatically increased risk of poor educational and employment outcomes, low mental wellbeing and life satisfaction, alongside the development of some of the leading causes of disease and death.'

(Source: 4. Addressing Adversity - Young Minds 2018)

INTRODUCTION

This report outlines the findings of a Liverpool City Region ACE survey. The survey was designed to understand the current perception of ACEs across the children and young people's workforce, to enable us to develop an informed approach to ensuring ACE and childhood trauma are understood and identified.

The survey was completed by members of the child and young people's workforce (a full breakdown of roles can be seen on page 6).

Acknowledgements

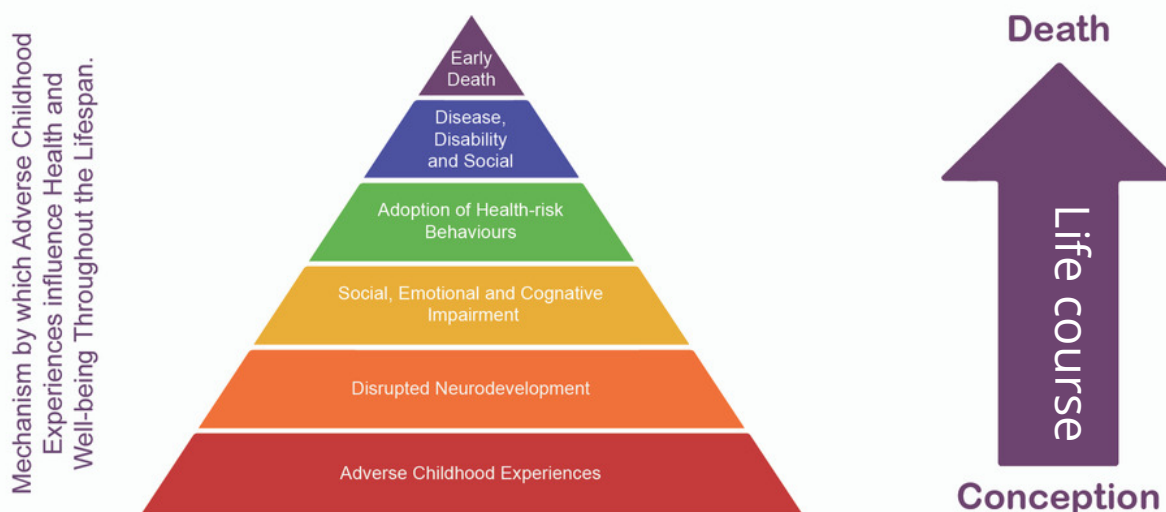
The survey was created and evaluated by Liverpool CAMHS Partner, Merseyside Youth Association, with input and support from the following:

- The Liverpool Learning Partnership
- Liverpool Clinical Commissioning Group
- Liverpool City Council
- Liverpool John Moores University
- PSS
- Alder Hey Children's Hospital

We are grateful to everyone who has taken time to contribute to this survey, sharing your valued opinions and experience on this important issue.

NB: The survey is still live; this report is based upon the first 300 fully completed responses. If you would like to take part please visit: www.surveymzmo.com/s3/4660685/ACEs

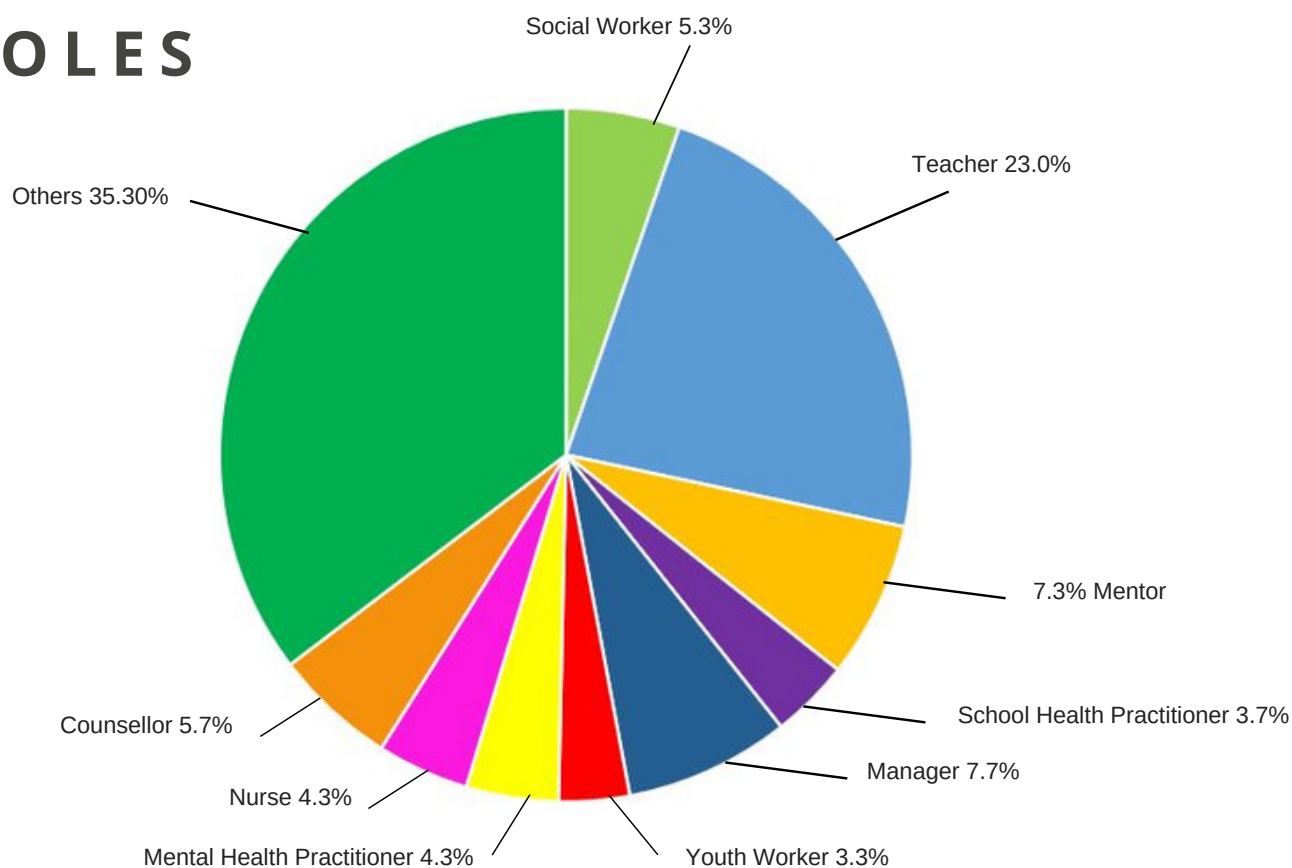
The ACE Pyramid:



SURVEY PARTICIPANTS

A wide range of professions are represented

ROLES



Of the respondents who marked their post as 'other' these posts included:

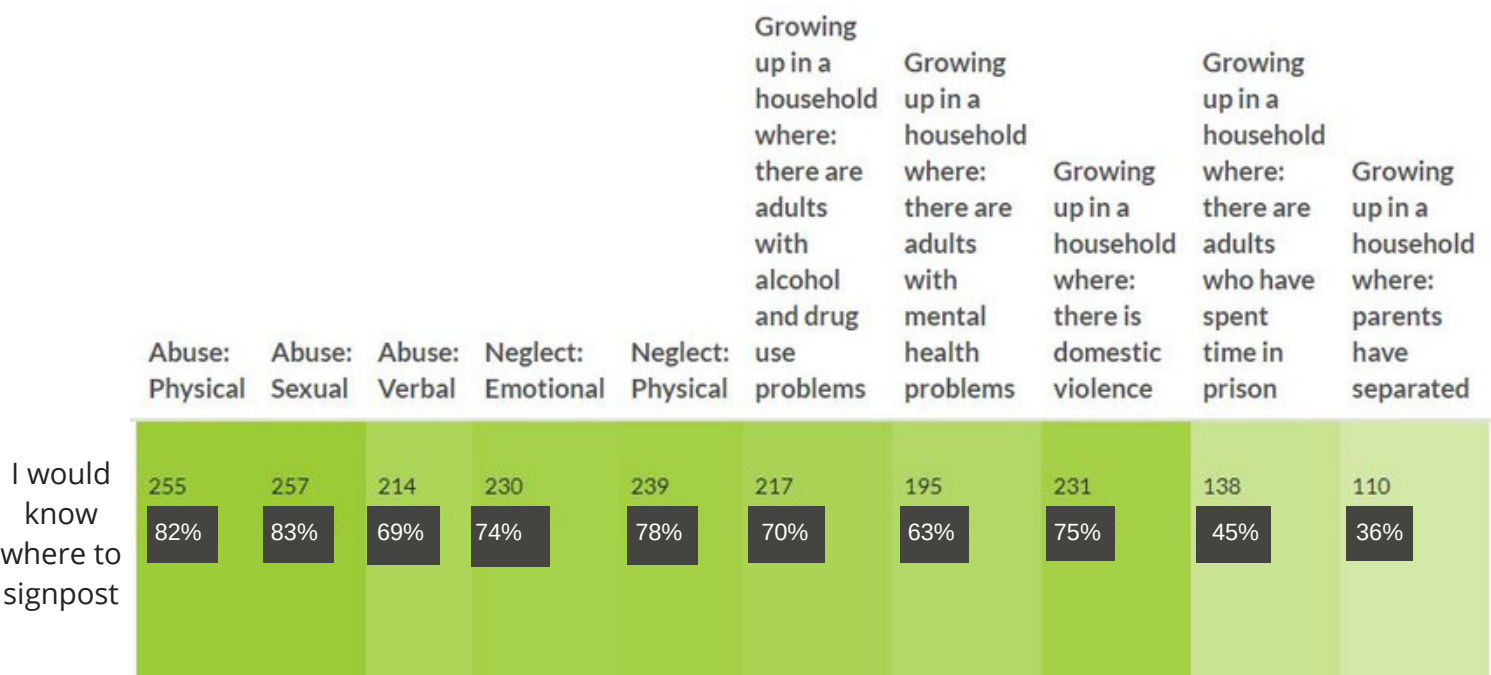
GPs, headteachers, strategic leads, homelessness support, domestic violence risk assessors, employment advisors, inclusion managers, independent victors, probation staff, criminal justice staff, police, medics and teachers in various specialisms such as paediatricians, SENCO, psychiatrists/psychologists. We are also grateful to parents and carers for their participation.

CURRENT SITUATION

Understanding ACEs and the resource /support available locally

'When looking at the 10 ACEs, in general, do you feel resource is currently available to support each adversity, and would you know where to signpost a child/young person if they were exhibiting signs of these adversities?'

- 70% told us they knew where to signpost if a parent/carer was using substances - including alcohol
- 65% knew where to signpost if a parent/carer was experiencing mental distress
- 75% knew where to signpost in relation to domestic violence
- 45% knew where to signpost if a parent/carer was incarcerated



CURRENT SITUATION

'Do you feel you have a good understanding of the following in relation to children and young people's mental health?'

- **40%** have a good understanding of the term toxic stress with **19%** having awareness of related interventions available.
- Understanding of attachment and trauma is the highest - **74%** and **70%** respectively.

	Attachment	Trauma	Adolescent Brain Development	Toxic Stress
Do you feel you have a good understanding of each of the terms?	228 74%	217 70%	149 48%	126 40%
Are you aware of the various interventions that you can provide?	144 47%	133 43%	76 25%	60 19%
Are you aware of the services which may be able to support children and young people if you identified a need?	153 50%	158 51%	80 26%	70 23%

'Social and emotional skills development are arguably the greatest skills we can develop in children and young people.'



Child development and 'toxic stress'

Brief increases in heart rate, mild elevations in stress hormone levels.

Serious, temporary stress responses, buffered by supportive relationships.

Prolonged activation of stress response systems in the absence of protective relationships.

Source: 5. Harvard University, Centre for the Developing Child; Petchel and Pizzagalli, 2011.

CURRENT SITUATION

'Do you think there is enough resource and knowledge of the social and emotional aspects of learning, and how it can support the following: self-awareness, empathy, managing feelings, motivating ourselves and social skills.'



17% of respondents feel there is adequate knowledge and resource around **empathy**.



15% of respondents feel there is adequate knowledge and resource in relation to **motivating ourselves**.



26% of respondents feel there is adequate resource and knowledge about **managing feelings**.



22% of respondents feel there is adequate resource and knowledge about **social skills**.



15% of respondents feel there is adequate resource and knowledge about **self-awareness**.

'Sufficient evidence is already available for governments to prioritise and invest in ACE preventing interventions. Too often the focus is on addressing the consequences of ACEs rather than preventing them in the first instance.' **Bellis et al, 2014**

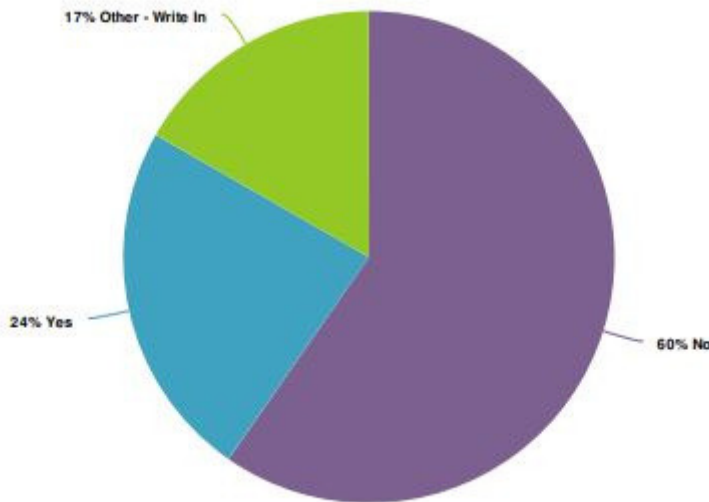
CURRENT SITUATION

'Within your setting, do you use any tools or resources that identifies whether the children/young people have any ACEs and how many ACEs they have experienced?'

60%

of respondents confirmed there are no tools or resources used within their settings that identify if a child/young person has had an ACE.

Of those who said they do have tools, many referenced EHAT - which doesn't necessarily capture ACEs.



"We assess pupils emotional development using Thrive online. During time spent with pupils, they may also indicate some adverse experiences which we then have signpost i.e. social services, CAHMS etc."

"We do an initial assessment following referral. This can then lead to the young person disclosing ACEs - however, we do actually ask direct, and we are at times taken back by the level of ACEs. We are resourced to be able to offer immediate support if required."

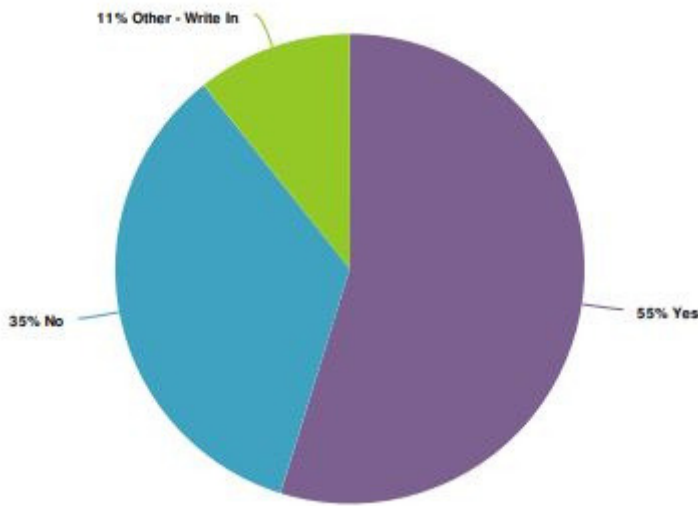
"Social worker provides this information on referral; we try and get to know the young person then resource staff training which is not very effective as not much information around - most of it we 'internet teach' ourselves."

"National 10 step ACE checklist is used in the organisation but only for the purpose of training staff to recognise ACEs. it is not used to identify actual cases."

"We do have a baseline of information we ask including identifying barriers to learning etc. but these barriers do not all relate to ACEs."

CURRENT SITUATION

'Would you feel confident in asking an adult (parent/carer) if they had experienced Adverse Childhood Experience(s)?'



55%

Of respondents noted they would be confident asking an adult about their ACEs.

Health and wellbeing behaviours

UK study suggests those with four or more ACEs are:

- 2x more likely to have a poor diet **
- 3x more likely to smoke *
- 5x more likely to have had sex under 16 years *
- 6x more likely to have been pregnant or got someone accidentally pregnant Under 18 **



Social and community impact

UK study suggests those with four or more ACEs are:

- 2x more likely to binge drink ***
- 7x more likely to be involved in recent violence ***
- 11x more likely to have been incarcerated ***
- 11x more likely to have used heroin or crack ***



* Bellis et al. 2012 **. Bellis et al. 2013 ***. Bellis et al. 2014, n=3885

CURRENT SITUATION

'Do you think there is enough awareness around the impact of ACEs on the following (physical health, life choices and behaviours)?'

77%

Do not think there is enough awareness of the impact of ACEs on life choices i.e. employment and adult education

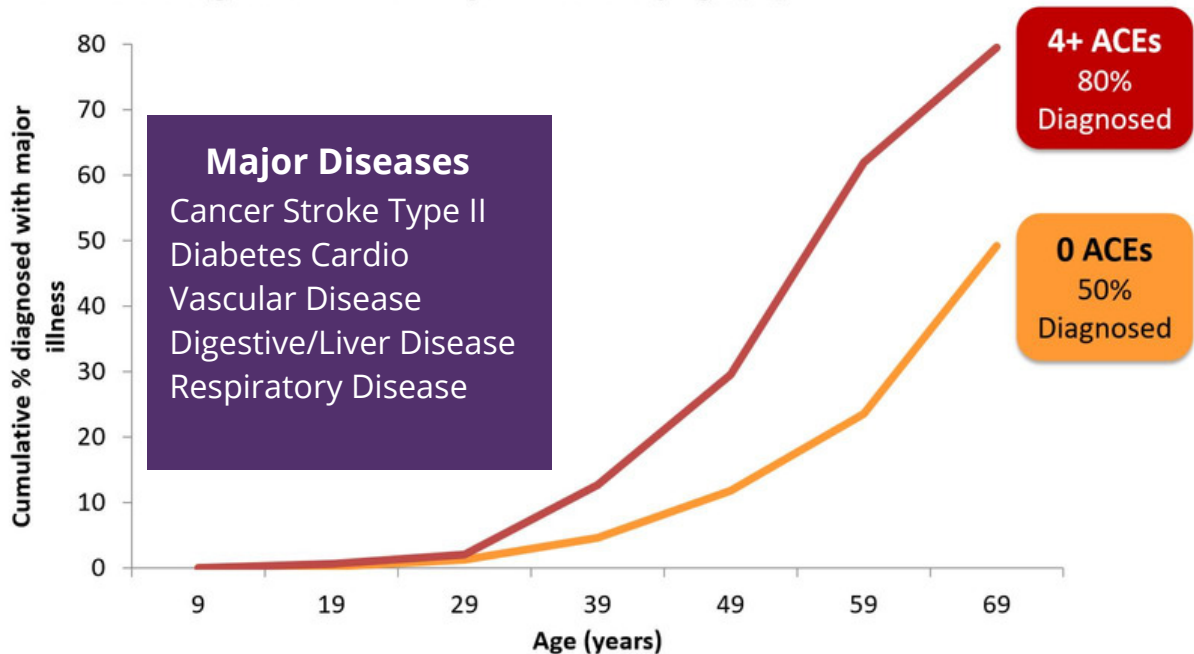
76%

Do not think there is enough awareness of the impact of ACEs on behaviours i.e. likely to be involved in violence etc.

88%

Of respondents indicated a lack of awareness of the impact of ACEs on physical health such as diabetes, cancer and heart disease.

Individuals diagnosed with a major disease by age (%)

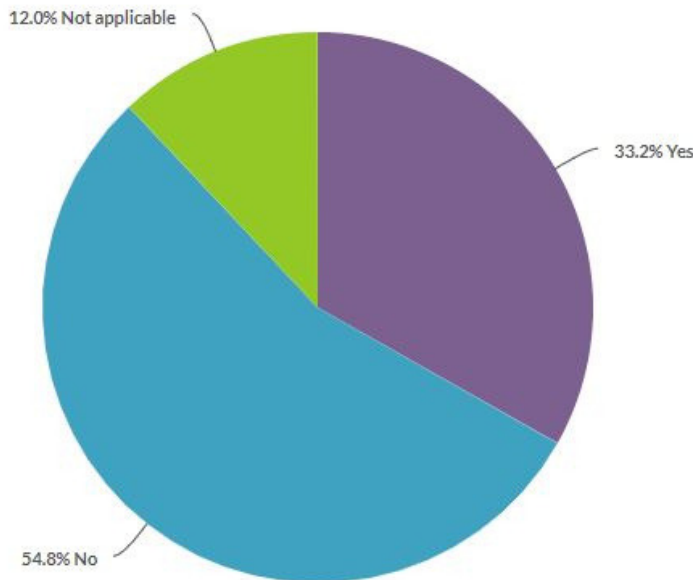


Differences remain after adjusting for Deprivation

Bellis et al, 2014

CURRENT SITUATION

'If your job is specifically related to the emotional health and wellbeing of children and young people, are you familiar with the term 'trauma-informed approaches?'



55%

Over half of the respondents confirmed they are not familiar with the term 'trauma-informed approaches'.

'Trauma-informed care can be delivered by all organisations and professionals. Its core principles include building awareness of adversity and trauma (understanding of cultural, gender and sexuality contexts) into service protocols and staff culture in order to avoid re-traumatisation. Establishing and maintaining safety is at the heart of all adversity and trauma-informed models of care. Furthermore, these models focus on increasing levels of trustworthiness by being transparent with clients and investing in greater collaboration, shared decision making, and mutuality between the people who are using the services and receiving them.' (Source: 4. Addressing Adversity - Young Minds 2018)

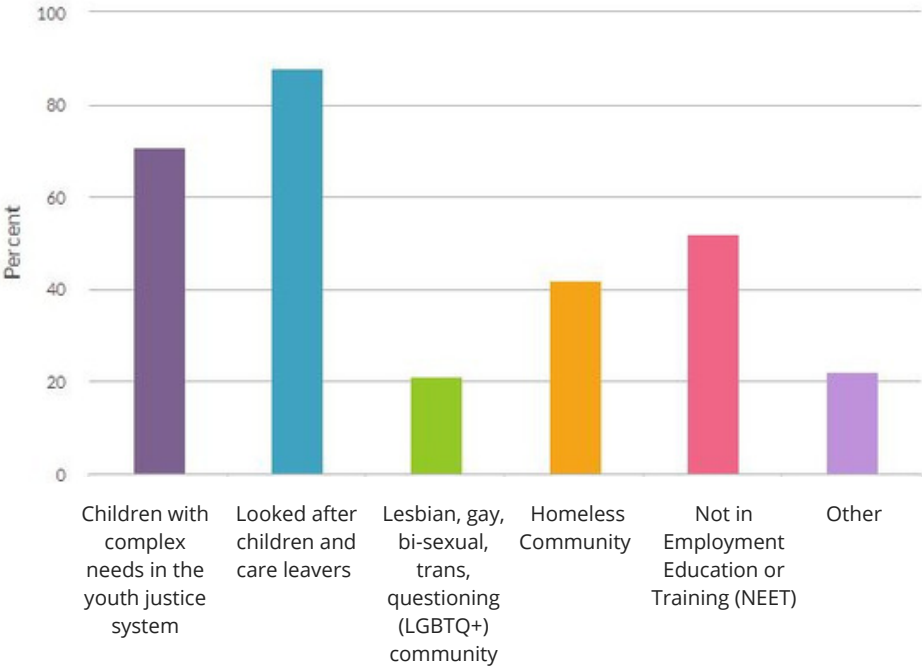
'Do you feel you know about how to self-care when you are dealing with people, children and young people's distress?'

48%

Would like more support to help them self-care when dealing with young people's distress

CURRENT SITUATION

'Considering your specific job role, and the children / young people you support, which of these groups do you feel have a specific need for ACE-related care and support?'



88%

of respondents identified **looked after children and care leavers** as being the group of children/young people with specific ACE-related care and support.

SEND children featured heavily in the 'other' category.

Impact on services

People with four or more ACEs compared with those with no ACEs

Health care*:

- 2.1x more likely to have visited their GP in the last 12 months
- 2.2x more likely to have visited A&E in the last 12 months
- 2.3x more likely to have more than ten teeth removed
- 2.5x more likely to have stayed a night in a hospital
- 6.6x more likely to have been diagnosed with an STD

Social Care**:

- 64% of those in contact with substance misuse services had 4+ ACE
- 50% of homeless people had 4+ ACEs

Source: * Ford et al 2016 ** Bellis et al, 2014,2016

"Children with neurodevelopmental conditions (ASD/ADHD)"

"Young carers, any young person with a mental health issue."

"Children and young people with special educational needs. Survivors of life-threatening illnesses in early childhood and young adulthood, survivors of abuse including physical, emotional and sexual abuse, children and young people bereaved of a significant other including parents and siblings, children and young people who are carers, the list goes on."

CURRENT SITUATION - PERINATAL

'What other factors, as well as stress, do you think can affect the development of an unborn baby?'

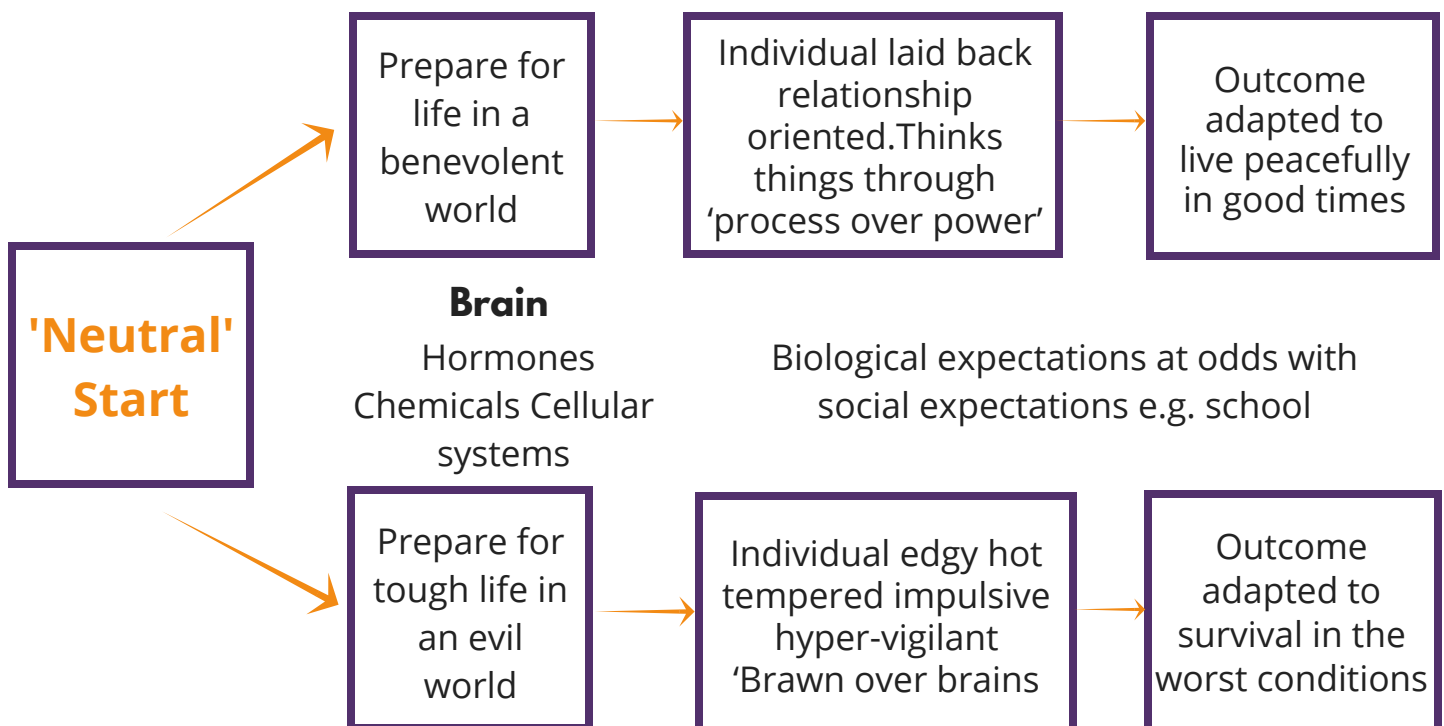
Key themes identified:

- Substance misuse (drugs and alcohol)
- Domestic abuse
- Maternal health including nutrition, mental health & engagement with antenatal care
- Poverty
- Smoking
- Lack of bonding and attachment

"Poor nutrition, smoking & alcohol use, lack of bonding with baby in utero."




"Toxic triangle, unplanned pregnancy, unsuitable accommodation, employment, unstable finances, addictions, age, family support /relationships / own early years experiences."

Brain Development Patterns



Source: 6. Washington State Family Policy Council

Children & young peoples Resilience framework Aug 2017 – adapted by Merseyside Youth Association from Hart & Blincow with Thomas 2007

ACCEPTING		CONSERVING		NOBLE TRUTHS		COMMITMENT		ENLISTING	
BASICS I have a good place to live. 		BELONGING I feel that I belong. 		LEARNING I like school. 		COPING I understand the need for boundaries and rules. 		CORE SELF I believe in myself. 	
Me and my family have enough money to live. 		I know what things are good for me. 		I get on well with teachers and people who help. 		I can be brave. 		I try to empathise with others. 	
I feel Safe. 		I recognise my healthy relationships. 		I think about my future plans. 		I am good at solving problems. 		I am self-aware. 	
I travel to where I need to go. 		I am able to maintain and keep good relationships. 		I like to plan what I am going to do. 		I like to make the most of the things that interest me. 		I am responsible for myself and my actions. 	
I eat healthy food. 		I have friends who support me. 		I am proud of my achievements 		I can calm down when I need to. 		I have talents 	
I have fresh air and exercise. 		I have good memories from my past. 		I am proud of my achievements 		I can start again because I know tomorrow is another day. 		I have talents 	
I sleep well. 		I know about my history and where I am from. 		I aim to develop my skills and qualities. 		I have someone to talk to when I am unhappy. 		I get medical help when I need it. 	
I play and socialize with others. 		I like to try new experiences. 		I aim to develop my skills and qualities. 		I know how to have a laugh. 		I get medical help when I need it. 	
I see that we are all equal. 		I can mix with others and make friends 		I aim to develop my skills and qualities. 		I know how to have a laugh. 		I get medical help when I need it. 	

CURRENT SITUATION

'Can you name some ways in which you build resilience in young people?'

These figures relate to the recommendations made around building resilience, and their correlation with specific elements of the framework (see page 16).



WHAT'S NEEDED?

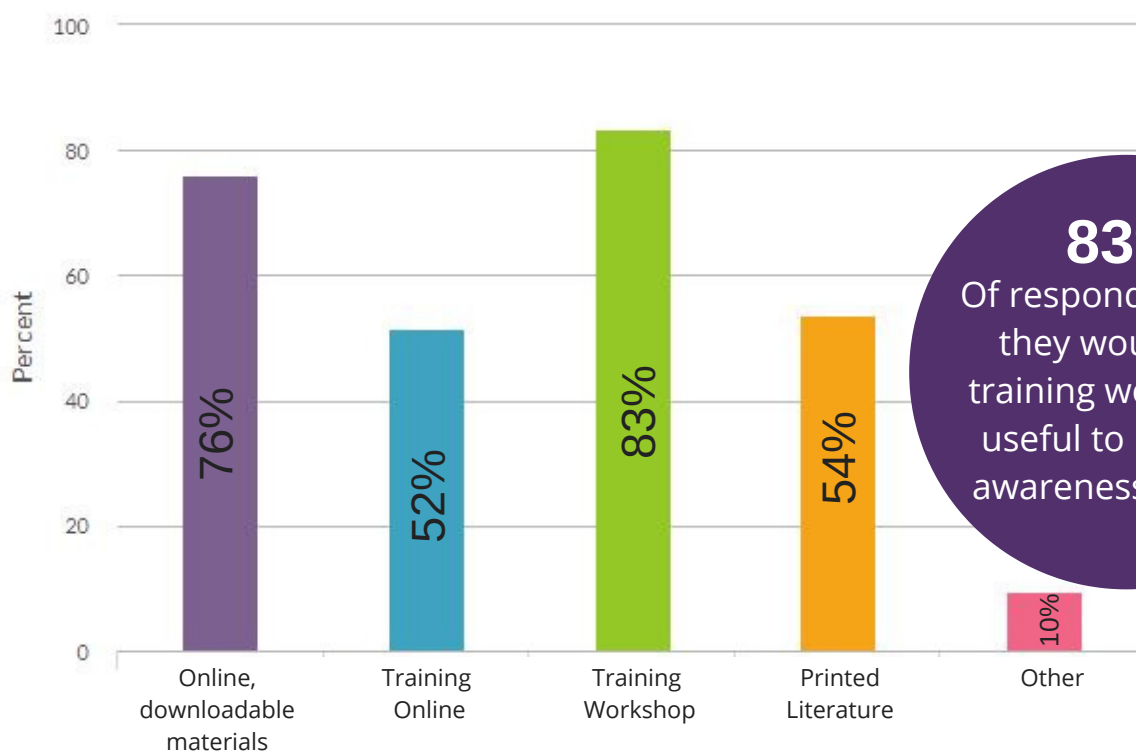
Training/resources/support

The survey identified the demand/need for a range of additional support, resources and, in many cases, training.

'What resources would you find useful in order to increase awareness of ACEs?'

86%

Of respondents requested training in building children and young people's resilience.



83%

Of respondents said they would find training workshops useful to increase awareness of ACEs

WHAT'S NEEDED?

Additional suggestions to raise awareness of ACEs include:

"Resilience film was good and good discussion points after."

"Voices of those previously or currently experiencing ACEs about what helps, what made them resilient during that time so we can inform practice better."

"Workshops to not only include awareness but detailed training on how to build resilience e.g. roleplay/resources for sessions you might do with young people."

"Resources to use to educate children, young people and families around the implications of ACEs."

"Potentially joining a practitioners group to explore how to best utilise knowledge and skills within specific teams and work roles. Perhaps a "champions" type group to take back good practice to colleagues and explore solutions when there are barriers."

"Group discussion and screening of resilience and paper tigers."

Working across the life-course



WHAT'S NEEDED?

'A number of UK-wide cities have developed ACE aware approaches, which ones you feel would be appropriate to develop in Liverpool?'

Evidence family-based interventions which can work in tackling ACEs	80%
Ensuring the city is more ACE aware	78%
Ensuring services are more trauma-informed	72%
Providing intensive support to young people who are NEET and who may have been impacted by ACEs	71%
Specialist and liaison ACE services	69%
Youth-led approaches to tackling adversity	69%
Education and alternative approaches	67%
Implementing REACH ¹¹ approaches for children, young people and adults.	66%
Support throughout the life course (their life) for those who have been affected by ACEs	63%
Embedding a trauma-informed approach in the community and voluntary sector	59%
Trauma-informed approaches in substance misuse	56%

"Disclosures can positively impact recovery, promote resilience and improve a person's perceptions of themselves. However, delaying a disclosure or never having the opportunity to make a disclosure is associated with more negative outcomes. Evidence suggests that, if people are not asked directly, it can take between nine to 16 years for an adult to disclose a history of abuse or adversity." (Source: 4. Addressing Adversity - Young Minds 2018)

Source: 11. Routine Enquiry about Adversity in Childhood

WHAT'S NEEDED

'Considering these approaches, are there other ACE approaches you would like to see applied to Liverpool?'

- ACE **training** and **awareness** raising were two of the most common themes of approaches highlighted, particularly in relation to schools - both to staff and parents/carers.
- **Support** to help professionals when dealing with trauma was also heavily highlighted.

"More information about how to respond to trauma."

"Training provided to students going into the field of work with children and families make them aware of the effects it can have on a child - impact them mentally and physically."

"We need to raise awareness across the city and not just parents in specific programs - this is a much wider issue."

"Training for teachers & teaching assistants in ACE. training for all frontline staff in ACEs, start a local conversation on social media about trauma & its effects."

"Schools to understand the impact of ACEs and offer a tailored approach to these children rather than a hostility/despair towards them when they start to disengage or disrupt."

"Joint approach between services in term of training- sharing ideas between services."

"More awareness training for young people in coping strategies when life throws them a curved ball. We cannot always control external difficulties/traumas/stresses but we can control how we react to and deal with them."

"A citywide strategy, a position of 'universal precautions' for trauma where we don't feel we have to ask everyone but we are able to highlight that most of us have, then more targeted support for people who require something more intensive. Work with the police force and criminal justice."

WHAT'S NEEDED?

'If you would benefit from training around building resilience in children and young people, what specifically would you like to cover?'

- A range of training requirements was highlighted, reflecting the diverse spread of professionals from various children's services; LAC; young carers; children with SEND requirements etc.
- There was a strong theme around practical approaches to building resilience and strategies to put in place to support families.
- Support and training for staff in education settings.

"I would like to engage on training around supporting a child or young person that has a diagnosed mental health condition. I would also like to understand more the role of supporting children who have been diagnosed with facial effects of parental substance misuse. there is quite a lot of information on foetal alcohol syndrome but not on the visible effects of a child affected by the facial abnormality."

"Strategies to help adopters/foster carers to help build a child or young persons resilience."

"Practical ways I could make my school a place of resilience."

"Professional resources, appropriate interventions within GP consultation."

What CAN Be Done About ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, Stable and nurturing relationships and environments (SSNREs)** can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

WHAT'S NEEDED

'Managing the psychological transition to parenthood can be challenging – particularly if the parent has been affected by his/her own adverse childhood experiences - how can we help these parents when transitioning into parenthood?'

Themes identified include:

- Family therapy – starting antenatally
- Parenting programmes – starting antenatally
- Peer support/support groups
- Social media campaign to raise awareness of the role of dads, services available, ACEs in general
- Joined up and accessible services (services that communicate and work well together)
- Dad specific services/groups

"Provide parents with mentors who have had similar experiences and support to recognise potential problems and strategies to deal with them."

"Training provided to students going into the field of work with children and families make them aware of the effects it can have on a child - impact them mentally and physically."

"Develop programmes based on this issue and again social media real-life stories with signposting information."

"Health visitors are ideally placed to do this work and to support these individuals and families. If we had more training and time to spend with people then we can be there to support them for the first five years of parenthood which is the duration of our involvement with families."

"Antenatal nurturing courses should be made available to all parents (affected by ACEs or not) and should be statutory to attend to promote understanding of attachment and brain development pre-birth."

"Support of targeted services / liaison between services to ensure continuity of support."

WHAT'S NEEDED?

In your opinion, what do you think commissioners and providers should be doing to support these children and young people with ACEs?

Support for schools

- Learning from and responding to schools as to the impact upon the child
- Training for education workforce - ACEs and resilience-building
- Counselling in schools - for pupils/students and staff.

Awareness-raising

- City-wide ACE Action Plan
- Promoting pathways
- Raising awareness of resilience-building tools and techniques
- Promotion of evidence-based early interventions.

Multi-agency

- Insight - Data capture of ACEs; and
- Cross-agency data sharing, integrated approach
- Greater focus on third sector organisations to provide funded support.

Training and development

- Training provided for the workforce
- Ensure greater use of resources - more skilled workforce with both a good understanding of ACEs and also specialist training for the workforce so they can respond in a therapeutic way such as DBT, EMDR etc.
- Ensure children, young people and parents voices are captured and informing action.

Policy and guidance

Source: 8. Introduction to Adverse Childhood Experiences: DfE

1. Prevention

Best start in life
Emotional health and wellbeing in schools & colleges
Housing for health

2. Early Intervention

Supporting mental health in schools & colleges
Cost of late intervention
Future in mind 5 / Year Forward View for mental health

3. Mitigation

Tackling child sexual exploitation
Helping workless families
Future in Mind / 5 Year Forward View for mental health

RECOMMENDATIONS

The development of a city-wide ACE / trauma-informed strategy supported by a targeted action plan to encompass a REACh approach.

The strategy would feature the following elements:

Awareness campaigning

Joint Commissioning

Training

Easy Access to Services

Awareness campaigning

- Make use of existing communication networks to share information about support and resources available and promote cross-agency partnership working.
- Campaign to raise awareness and impact of ACEs as well as reducing associated stigma and prejudice – this should extend to families, not just professionals.
- Consulting with young people to ensure their voices are heard. One of the aims here is to build confidence amongst professionals working with parents/carers to enable them to comfortably enquire about their own ACEs.
- Promotion of resilience-building techniques and the benefits – risk v's resilience.
- Sharing best UK-wide and local best practise examples and opportunities to implement approaches locally.

Joint Commissioning

Targeted, multi-agency support for groups at risk: LAC; children with complex needs, including those in the justice system; care-leavers; children and young people whose parents/carers are incarcerated; early years 0-3 and pre-birth; NEET and SEND children.

Training

- To all professionals working with children and young people, particularly those in education and early years, to address the level of understanding around trauma, ACEs and the life-long impact they have on children and young people's mental health.
- Giving professionals the knowledge and skills to enable them to identify ACEs to ensure children and young people are not written off as 'trouble children' and signposted to the appropriate support. Both police and magistrates need training in ACEs and associate mental health issues to deal with the young person appropriately and ensure appropriate sentencing. All professionals in the criminal justice system must understand any mental illness issues and not just see the crime.
- Specific training and awareness focus to apply to toxic stress, adolescent brain development and building resilience.
- Teach self-care and resilience-building techniques to professionals supporting children and young people experiencing ACE-related situations and parents/carers who have ACEs.

Easy Access to Services

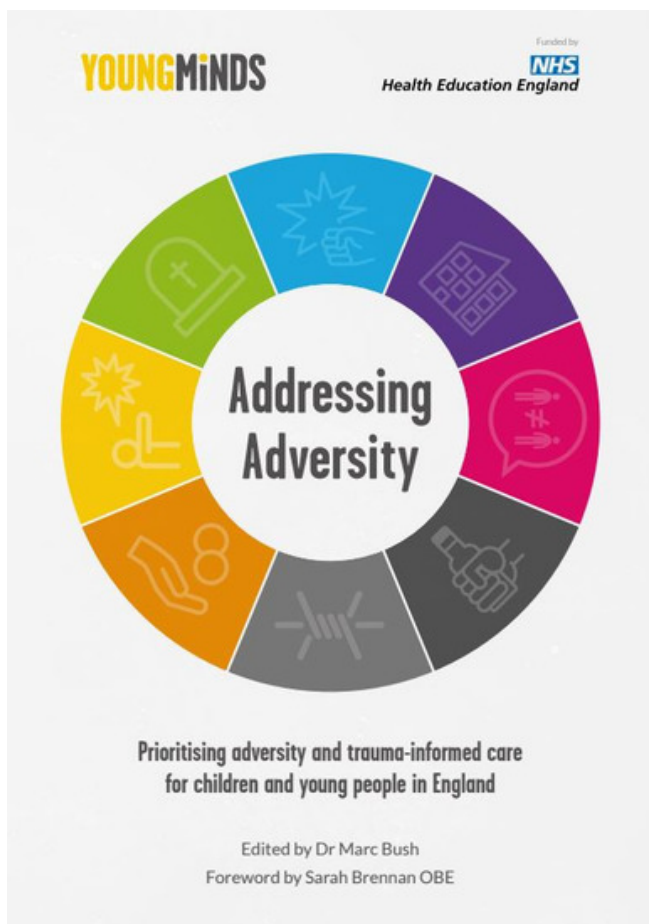
Consideration should be given to how services are accessed and promoted (through campaigning). CAMHS website should develop better information, targeting ACE-related information and support to provide a shared point of information for young people, staff in education, social workers, health professionals, criminal justice professionals, parents/carers and police.

APPENDICES

Appendix 1. Addressing Adversity

Edited by Dr Marc Bush. Foreword by Sarah Brennan OBE

Prioritising adversity and trauma-informed care for children and young people in England



YoungMinds compiled this collection to raise awareness about the impact of adversity and trauma on the mental health of children and young people. The report includes a selection of local good practices, some of which are highlighted in the following pages.

You can read the full report here:

<https://youngminds.org.uk/media/2142/ym-addressing-adversity-book-web.pdf>

Family interventions from an ACE perspective.

Birmingham's approach has been to provide intensive wrap-around support and a range of targeted staff in 6 special schools and 6 mainstream schools. Families are disclosing more of their complex problems and as a result, supportive meaningful resolutions are provided.

(Addressing Adversity - Young Minds 2018)

Youth-led approaches to tackling adversity.

Young people find traditional health services a huge challenge as do those involved in gangs or antisocial behaviour can be perceived by services as a huge challenge. However, these young people are often the poorest and most excluded in our society, dealing with poverty, racism, deprived communities, domestic violence, abuse, neglect, worklessness, offending, homeless, those with difficulty and those leaving care.

We need to learn about the challenges many young people and engage with them in a meaningful way, build relationships through trust and support their mental health.

(Addressing Adversity - Young Minds 2018)

Support throughout the life course for those who have been affected by ACEs.

Growing evidence suggests that toxic stressors early in life, undermine developmental impacts, that can overwhelm individual coping and undermine recovery and health. Looking at the impact of ACES throughout the life course demonstrates that there is a potential to impair adult psychological well-being, including social disadvantage and stressful adult experiences and life threatening health implications.

(Life Course Pathways of Adverse Childhood Experiences Toward Adult Psychological Well-Being: A Stress Process Analysis 2015)

Specialist and liaison ACE services

Toxic Stress: Repeated adversity and trauma in childhood results in the overstimulation of hormones (cortisol) that are intended to help mitigate stress. Over-exposure to these stress hormones can suppress the response of the hippocampus (affecting both memory and behavioural responses) and significantly impact the areas of a child's brain that are still developing.

(Addressing Adversity - Young Minds 2018)

Ensure the city is more ACE aware

Experiencing childhood adversity fundamentally alters the course of a child or young person's development. Recent studies have found that these experiences are 'likely to influence fundamental biological processes and engrave long-lasting epigenetic marks, leading to adverse health outcomes in adulthood.

(Addressing Adversity - Young Minds 2018)

Education and alternative approaches

Research using neuroimaging has shown that experiences of domestic violence in childhood can change brain structures and increase the risk of mental ill health, in a way that is akin to soldiers who have trauma following armed conflict.

(Addressing Adversity - Young Minds 2018)

Providing intensive support to young people who are NEET and who may have been impacted by adverse childhood experience

An American study showed household dysfunction in childhood, as well as child abuse, could have a long-term impact on employment in adulthood. Further studies have shown "greater risk for unemployment among adults who had had adverse childhood experiences as our results did" "One possible explanation for the relationship between ACEs and unemployment is that ACEs can impair children's cognitive ability, resulting in lower educational attainment and social isolation which in turn lead to a reduced likelihood of employment" Relationship between adverse childhood experiences and unemployment among adults from five US states.

Source: 10. The relationship between adverse childhood experiences and unemployment among adults from five US states 2013.

Support throughout the life course for those who have been affected by ACEs

Growing evidence suggests that toxic stressors early in life, undermine developmental impacts, that can overwhelm individual coping and undermine recovery and health. Looking at the impact of ACES throughout the life course demonstrates that there is a potential to impair adult psychological well-being, including social disadvantage and stressful adult experiences and life-threatening health implications

(Source: 9. Life Course Pathways of Adverse Childhood Experiences Toward Adult Psychological Well-Being: A Stress Process Analysis 2015)

Trauma informed approaches in substance misuses

Young people may use substances (following experiences of adversity and trauma) in order to:

- 'escape from' or avoid invasive thoughts, images or memories.
- increase attendance at school, or in their social life, to address the impact that chronic hyperarousal, and hypervigilance, has on their nervous systems, levels of anxiety and sleep patterns.
- strengthen trauma bonds and patterns of relationships that draw them closer to adults or peers who will expose them to further adverse events (for example participating in sexual or violent acts), or make them reliant on them for the supply of alcohol, legal or illegal substances.
- self-harm through (for example) overdosing, and self-punishing their bodies by ingesting or injecting performance enhancing substances".

"Some solutions:

Embed Psychoeducation in the universal education offer Introduce Routine Enquiry about ACEs especially in urgent and emergency care and specialist drug and alcohol services. Invest in Early intervention models.

(Young Minds - Addressing Adversity 2018)

Embedding a trauma-informed approach in the community and voluntary sector

Learning from the experience of YMCA Downslink Group, which serves children, young people and families across South East England, and began implementing a new agency-wide TIA in Autumn 2014. They developed a theory of change, informed by SAHMSA guidance and the Sanctuary Model. Outcomes included:

- reduction in staff sickness and absenteeism;
- increased staff retention;
- improved communication with external partners and internal partners (i.e. across departments within the organisation);
- increased capacity among young people to engage with support;
- improved peer relationships, self-esteem and the ability to manage difficult feelings;
- reduction in harmful risk-taking behaviour;
- and young people feeling an increased sense of ownership over YMCA DLG.

(Young Minds - Addressing Adversity 2018)

Ensuring services are trauma-informed

“While all children and young people will experience some form of emotional distress, and neurobiological, neuroceptive and neurocognitive changes as a result of the trauma and adversity, not all of these will result in enduring mental health conditions, nor will they necessarily lead to a trauma-related diagnosis. The majority of children and young people find ways of overcoming the adversity they have faced by drawing on the internal or external resources and support available to them, and it does not have a substantive nor long term impact on their everyday life, relationships with others or social functioning”.

Resilience

Scaffolding child development by supporting families, building healthy and happy school environments and communities, and addressing social inequalities in access to resources is crucial for enabling vulnerable children exposed to adversity to navigate their way to success. Resilience, therefore, depends on the structures and social policies that determine availability and access to resources.

The 4 Ps of Resilience

- Parents – a nurturing, caring, rule-enforcing relationship with a parent, carer or adult figure
- Peers – social connectedness with a supportive peer group
- Problem-solving – ability to problem solve and communicate can moderate risk factors
- Passion – an interest, hobby or skill that the child highly values in themselves

(Young Minds - Addressing Adversity 2018)

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Addressing childhood adversity and trauma

WHAT IS ADVERSITY?

Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence

It can be a single event, or prolonged threats to, and breaches of, a young person's safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaptation.

Adaptations are children and young people's attempts to:

- Survive in their immediate environment
- Find ways of mitigating or tolerating the adversity by using available resources
- Establish a sense of safety or control
- Make sense of the experiences they have had

WHAT KINDS OF EXPERIENCES ARE ADVERSE?

Forms of ACEs include:



HOW COMMON ARE ACEs?

Around half of all adults living in England have experienced at least one form of adversity in their childhood or adolescence

Of all children and young people:



HOW DOES IT IMPACT THE LIVES OF YOUNG PEOPLE?

ACEs impact a child's development, their relationships with others, and increase the risk of engaging in health-harming behaviours, and experiencing poorer mental and physical health outcomes in adulthood. Compared with people with no ACEs, those with 4+ ACEs are:



WHAT PROTECTS YOUNG PEOPLE FROM ACEs?

Not all young people who face childhood adversity or trauma go on to develop a mental health problem.

There are personal, structural and environmental factors that can protect against adverse outcomes, as shown in the protection wheel opposite.



WHAT CAN WE DO ABOUT IT?

Commissioners can address childhood adversity and trauma by:

- Making childhood adversity and trauma a local commissioning priority**
- Creating a common identification and enquiry framework for identifying need**
- Investing in adversity and trauma-informed models of care**

Adversity and trauma-informed models of commissioning and care are always:



WHERE IS THE EMERGING GOOD PRACTICE?

- Enquiring about childhood adversity and trauma (Lancashire)
- Family-based interventions from an ACE perspective (Birmingham)
- Specialist and liaison services (Oxfordshire)
- Youth-led approaches to tackling adversity (London)
- Embedding a trauma-informed approach in the community and voluntary sector (Sussex and Surrey)
- Education and alternative approaches (Bath)
- Trauma-informed approaches in substance misuse (Cornwall)

Acknowledgements:

