Adverse Childhood Experiences
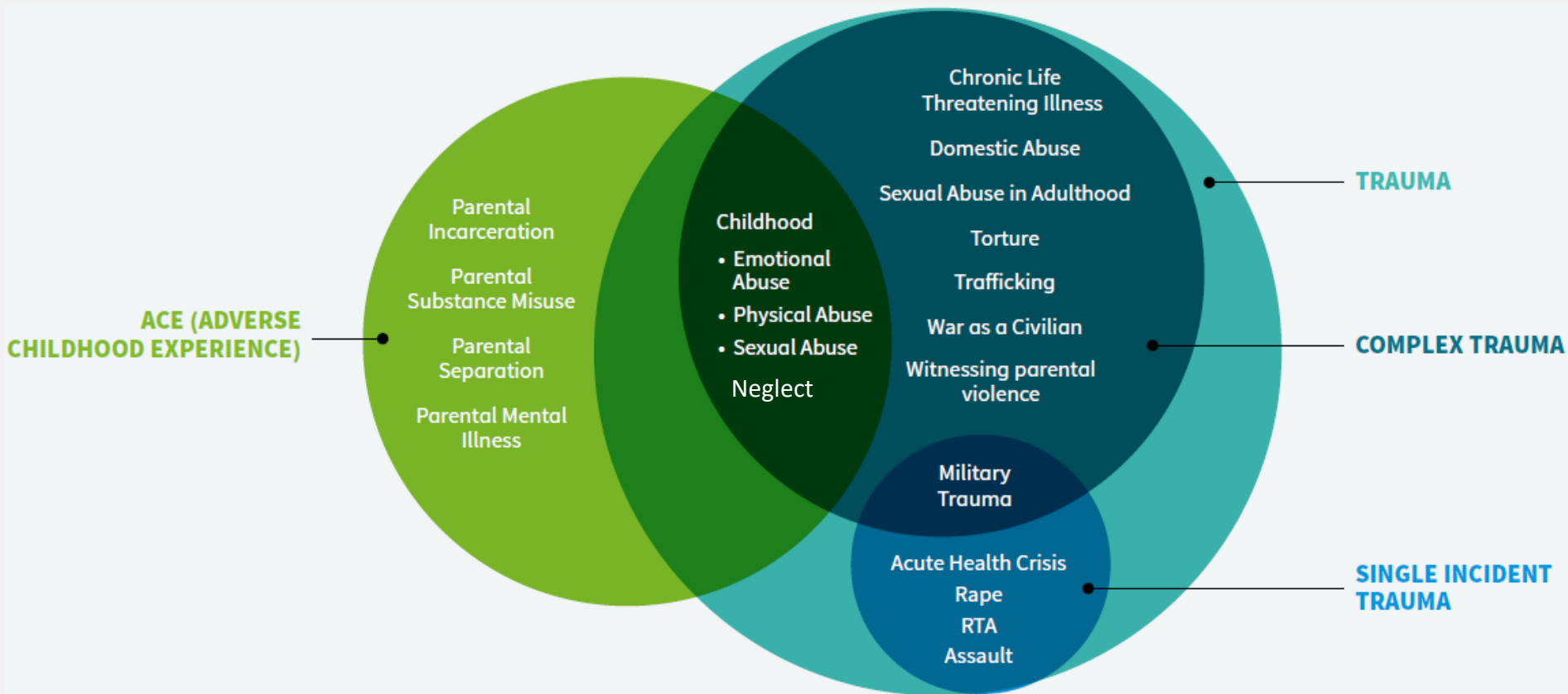
Steve Morton
Health & Wellbeing Manager
Public Health England
North West Centre
Health and Wellbeing

Child development and 'toxic stress'

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

TOLERABLE
Serious, temporary stress responses, buffered by supportive relationships.

TOXIC
Prolonged activation of stress response systems in the absence of protective relationships.
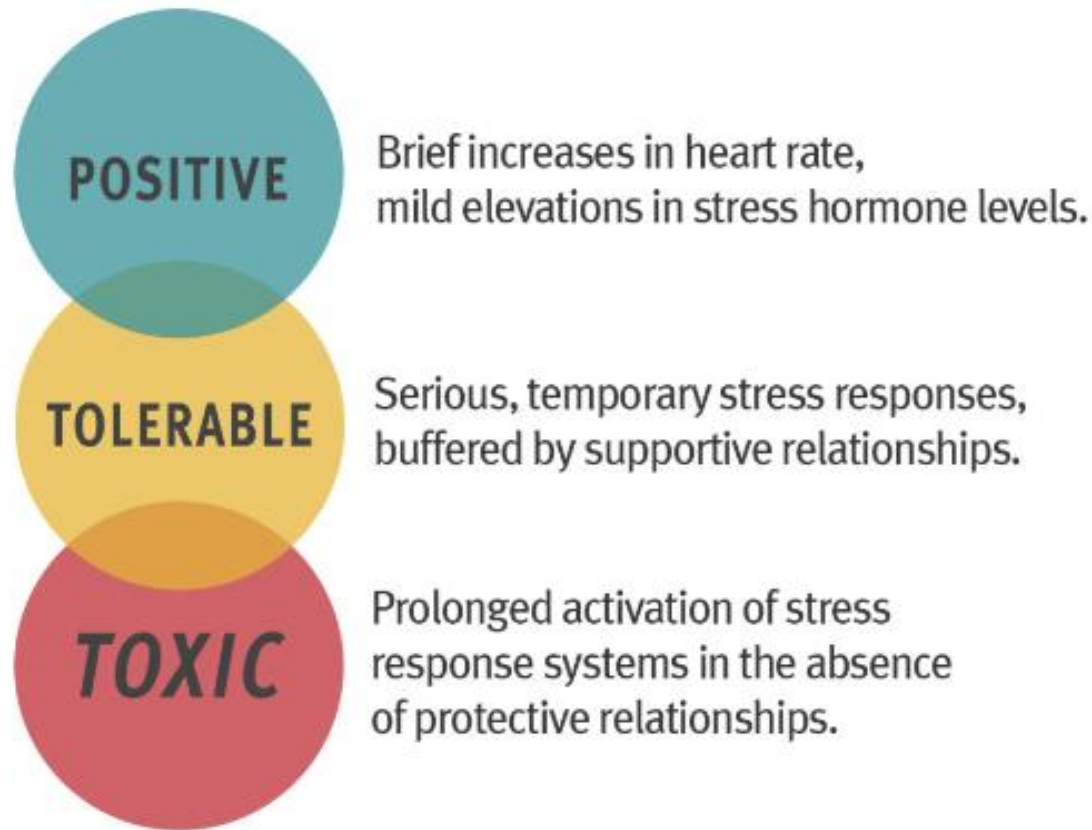
Source: Harvard University, Centre for the Developing Child; Petchel and Pizzagalli, 2011.

Trauma in a wider context

*From **Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce,** NHS Scotland, 2017*
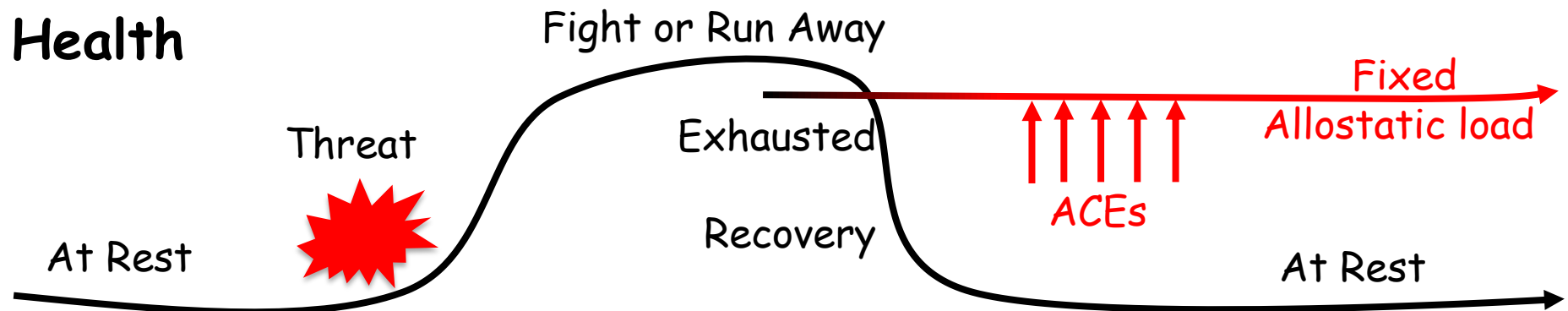
Early Life Experience and The Brain

Childhood
- By Age 3 - baby's brain reached 90% of adult size; Body reached 18%
- Critical restructuring continues through childhood for *empathy, trust, community*

Health

Fight or Run Away

Threat

At Rest

Exhausted

Recovery

ACEs

Fixed Allostatic load

At Rest

Chronic Stress from ACEs
- Violence: over-develop 'life-preserving' brain
  NEUTRAL CUES LOOK THREATENING
- School: anxious, disengaged, poor learner
- Health: compromises nervous & immune system

Tau et al, 2010; Mercy, Butchart, Bellis et al, 2014

Who is at risk?

Individuals reporting at least one ACE

47%

Individuals reporting 4 ACEs or more

9%

Source: Bellis, 2014.

Health and wellbeing behaviours

UK study suggests those with 4 ACEs + are:

2x more likely to **have a poor diet** [2]

3x more likely to **smoke** [1]

5x more likely to have had **sex under 16 years** [1]

6x more likely to **have been pregnant**

or got someone accidently pregnant Under 18 [2]

Source: 1. Bellis et al. 2012 2. Bellis et al. 2013

Social and community impact

UK study suggests those with 4 ACEs + are:

2x more likely to **binge drink**

7x more likely to be involved in **recent violence**

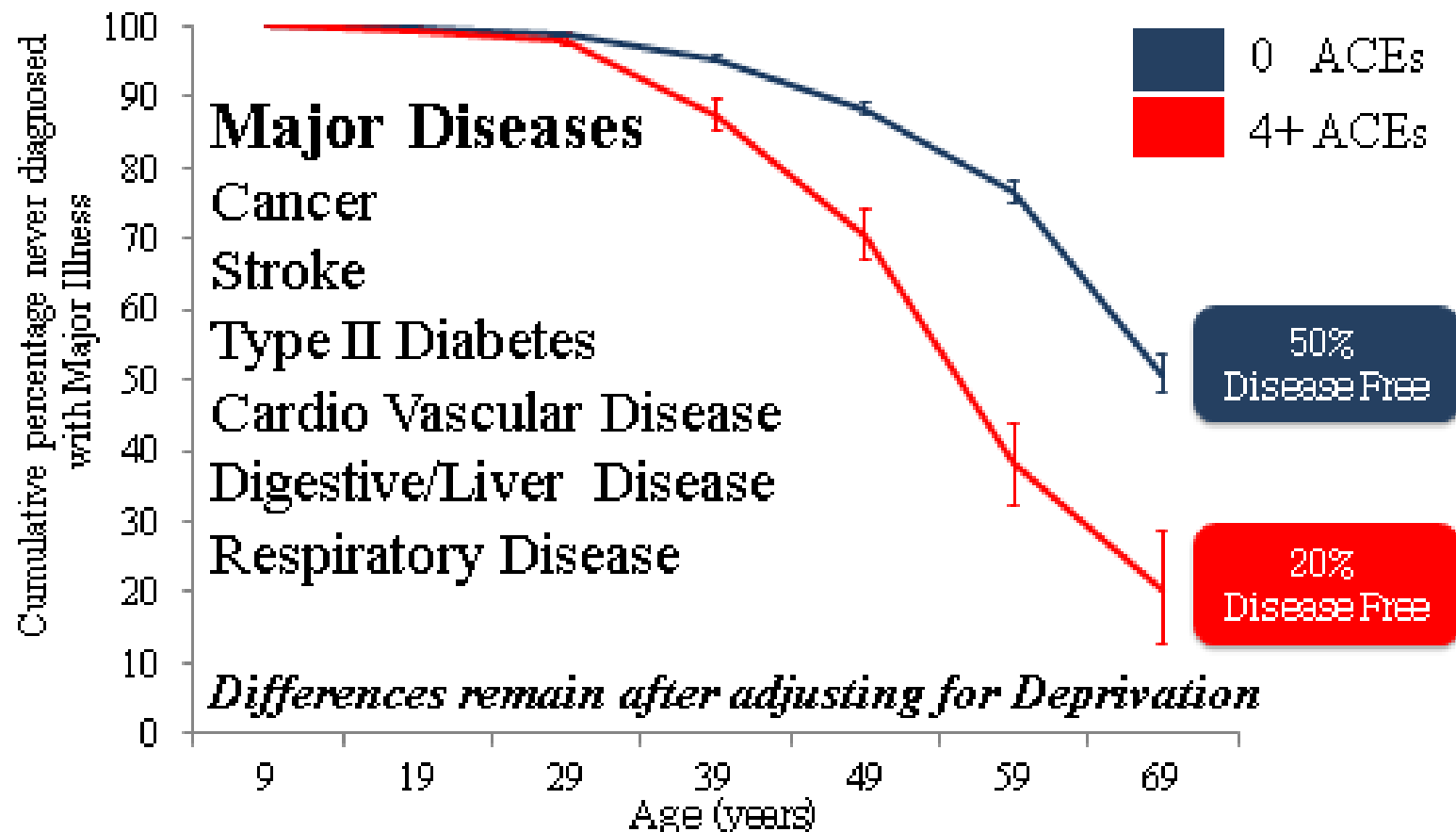**11x** more likely to have been **incarcerated**

11x more likely to have used **heroin or crack**

Source: Bellis et al. 2014, n=3885

Health and wellbeing outcomes

Individuals **never diagnosed** with a major disease by age (%)

Policy and guidance

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

Prevention

- Promote early attachment

- Universal and selective services – home visits, parenting/family programmes

- Sexual abuse and violence prevention
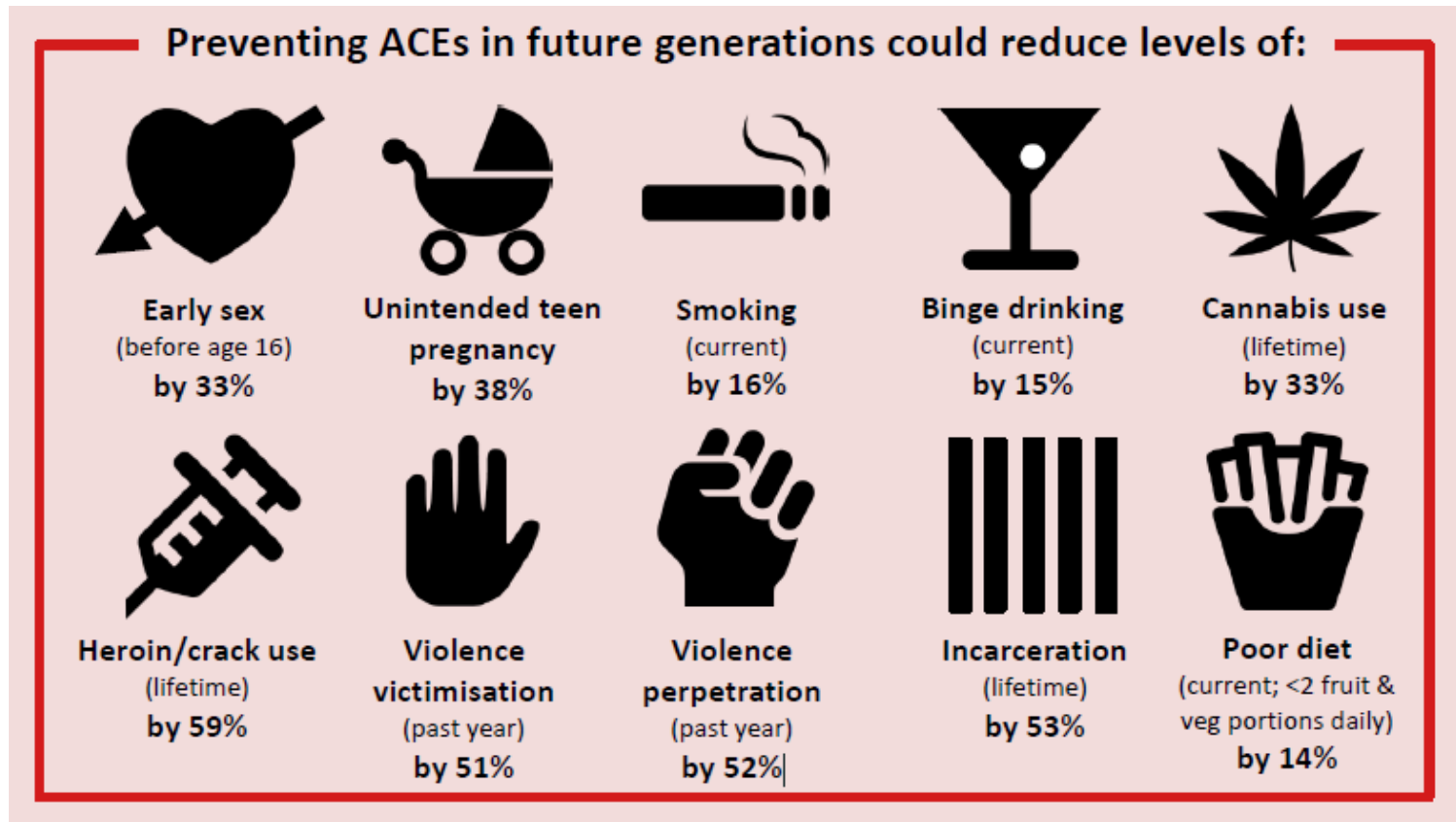
- Community policing

- Schools – building resilience

- Social care system to prevent intergenerational neglect and abuse

Opportunity

Preventing ACEs in future generations could reduce levels of:

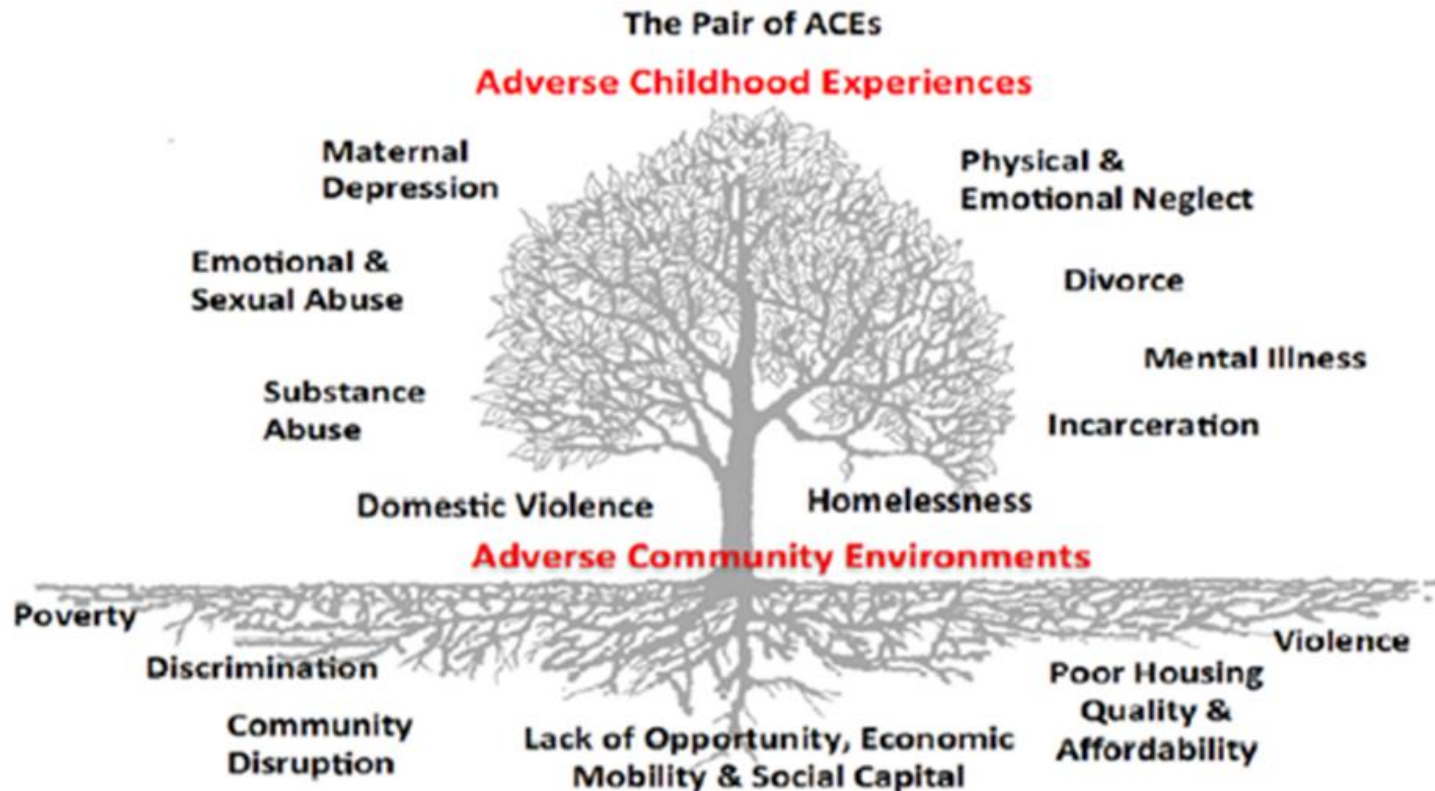|				
Early sex (before age 16) by 33%	**Unintended teen pregnancy** by 38%	**Smoking** (current) by 16%	**Binge drinking** (current) by 15%	**Cannabis use** (lifetime) by 33%
Heroin/crack use (lifetime) by 59%	**Violence victimisation** (past year) by 51%	**Violence perpetration** (past year) by 52%	**Incarceration** (lifetime) by 53%	**Poor diet** (current; <2 fruit & veg portions daily) by 14%

Source: http://www.cph.org.uk/wp-content/uploads/2014/05/ACE-infographics-BMC-Medicine-FINAL-3.pdf

Community approach

The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Emotional & Sexual Abuse

Substance Abuse

Domestic Violence

Physical & Emotional Neglect

Divorce

Mental Illness

Incarceration

Homelessness

Adverse Community Environments

Poverty

Discrimination

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Violence

Poor Housing Quality & Affordability

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

The policing and health consensus statement

Policing, Health and Social Care consensus: working together to protect and prevent harm to vulnerable people

February 2018

Focus for police, health and social care services and voluntary and community sector to work together to improve health and wellbeing, prevent crime, protect the most vulnerable

Sets out joint commitment to embed prevention, build trust and share knowledge across professional and organisational boundaries to make a real difference to improving health and wellbeing outcomes and reducing health

http://www.npcc.police.uk/Publication/NEW%20Policing%20Health%20and%20Social%20Care%20consensus%202018.pdf

Why? - health policy context

"the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health"

"The health and wellbeing gap: if the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen"
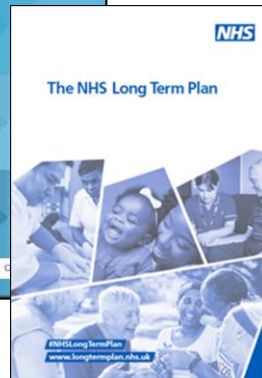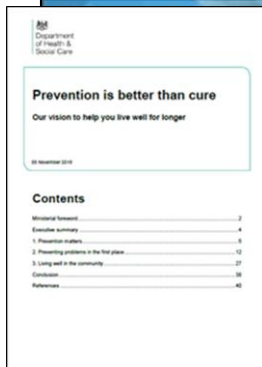
Why? - policing policy context: Vision 2025

By 2025 local policing will be aligned, and where appropriate integrated, with other local public services to improve outcomes for citizens and protect the vulnerable

Reducing crime and protecting the vulnerable are core priorities for the police service. To achieve this, the service must increase partnerships within the community and with other service providers, protect the rights of victims and engage community-led policing to reduce demand

Adopting a place-based approach with more multi-agency teams or hubs to tackle community issues requiring early intervention across a range of agencies and organisations. Moving beyond single service based practice to "whole place" approach to commissioning preventative services in response to assessments of threat, harm, risk and vulnerability

Early intervention

Examples of interventions

Perinatal mental health

Early years support and education

Whole school/college interventions

Bullying interventions

Mindfulness

Mental Health First Aid

Connect 5 Training

Counselling

Early intervention for self-harm

Provide clarity….

1. Realise

What trauma is and how it can have wide spread impact for individuals, families and communities and understand potential paths for recovery

2. Recognise

Recognise the signs and symptoms of trauma in your own clients, families, staff and other involved within the system

3. Respond

Integrate knowledge regarding the TIC approach into policies, procedures practices and communities

4. Resist Re-Traumatisation

Actively seek to avoid re-traumatising clients through the use of trauma informed organisations and workforce

… on what Trauma Informed Practice is

Non Trauma-Informed	Trauma-Informed
Lack of awareness and understanding regarding trauma prevalence	Recognition of the high prevalence of trauma in Blackpool
Over diagnosis of schizophrenia, bipolar, conduct problems, autism	Awareness of co-occurring trauma and multiple diagnoses
No assessment of trauma	Assess for trauma histories: should be viewed as expectation not exception
Tradition of toughness valued	Importance of not re-traumatising recognised
Expectation of staff to 'fix' problems	Permission to 'be' with the client
Client blaming, behaviour viewed as "difficult" – labelling language	Staff awareness that maladaptive coping behaviours are the function of coping adaptations

In the right way

Building resilience in the whole system

Increasing social Connections

Sharing the science and co-designing

Social and Emotional Competence

Increasing knowledge of Parenting and Child Development
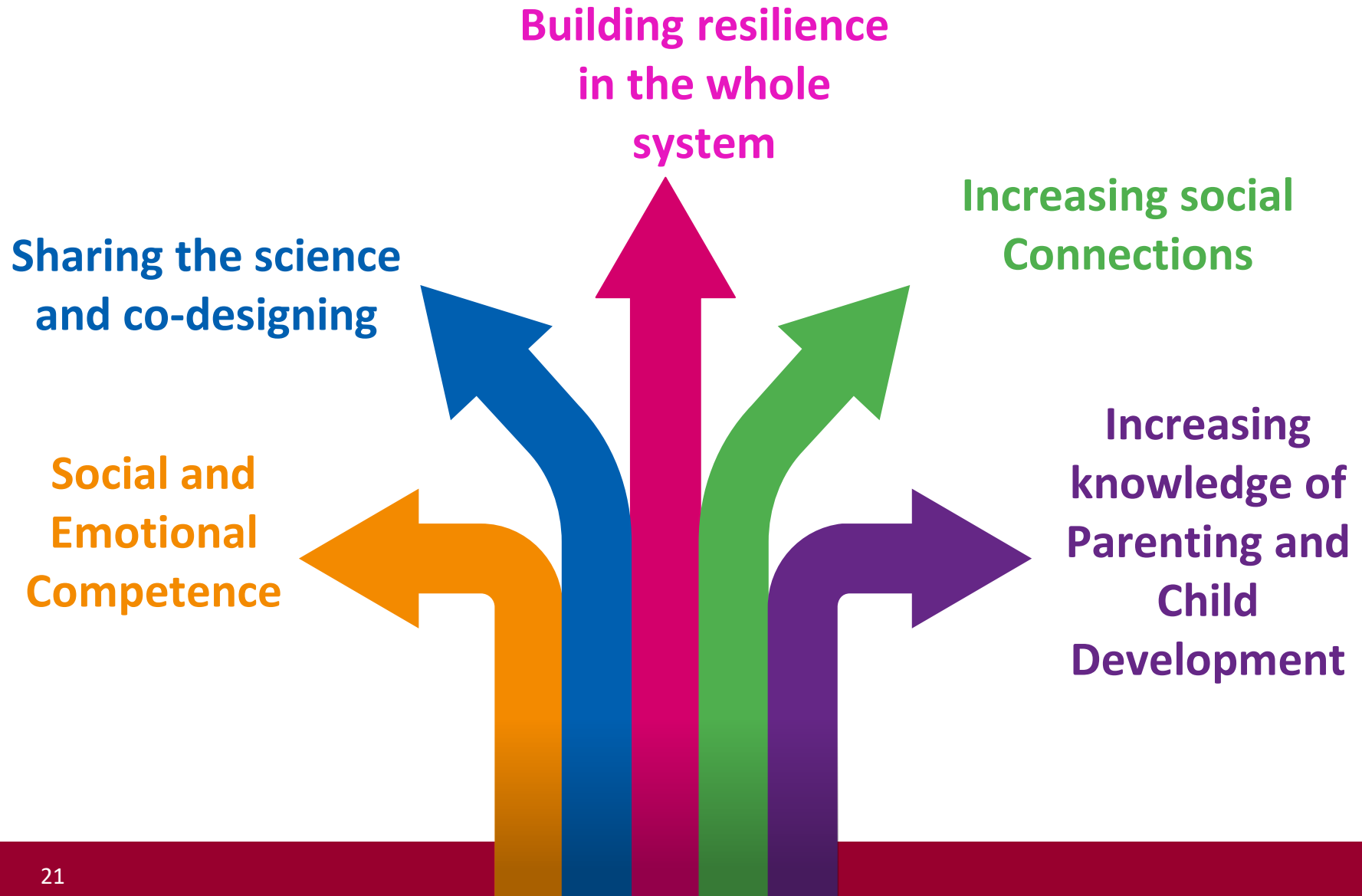
Provide a support structure

BURNOUT

The cumulative psychological strain of working with a range of stressors. You can feel physical and emotional exhaustion

VICARIOUS TRAUMA

The cumulative effects from working with people who have experienced trauma and is due to empathetic engagement

COMPASSION STRESS

The stress of helping or wanting to help people who have experienced trauma. This can be a natural outcome for anyone

SECONDARY TRAUMATIC STRESS

This can be the clinical or sub-clinical signs and symptoms of professionals experiences of PTSD or similar difficulties

Adapted from Trauma Informed Oregon (n.d).

Mitigation for those with ACEs

"*You're Welcome*"
Young people's health services

A framework for supporting teenage mothers and young fathers
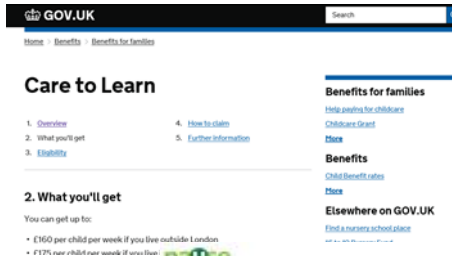
Adults who have experienced ACEs

- Routine enquiry has started in a number of LAs

- Key areas for piloting adult enquiry – police, drug and alcohol services, mental health.

- Opportunity for better collaborative integrated working
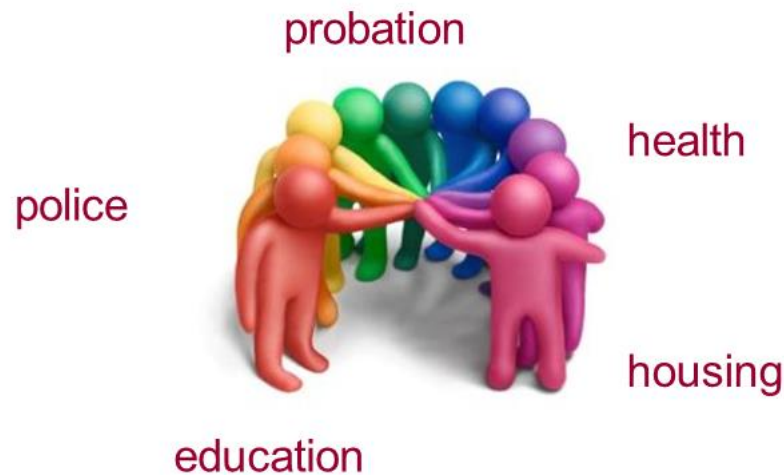
Routine enquiry into adversity

Blackburn with Darwen Local Authority in partnership with Lancashire Care NHS Foundation Trust studied the barriers to early detection of ACEs.

The findings:

The client is unlikely to spontaneously disclose.

Professionals rarely ask about adversity directly.

The Professional is unsure of connection between psychological difficulties and ACEs and wants to avoid causing distress to the client or themselves.

In response these findings the Routine Enquiry About Adversity in Childhood model **(REACh)** was created. The model systematically screens for adversity.

Source: www.lancashirecare.nhs.uk/REACh

Resilience Building

Sources of resilience and their moderating relationships with harms from adverse childhood experiences

Report 1: Mental illness

Welsh Adverse Childhood Experience (ACE) and Resilience Study

Karen Hughes, Kat Ford, Alisha R. Davies, Lucia Homolova, Mark A. Bellis

www.publichealthwales.org

The importance of resilience in children's lives

Resilience is the ability to overcome severe hardships such as those presented by ACEs and consequently avoid some of their harmful impacts. Factors that help build resilience include: positive relationships, community support, cultural connections and personal skills. In this study we focused on seven childhood community resilience resources.

Individuals with ACEs reported lower childhood resilience resources[a]

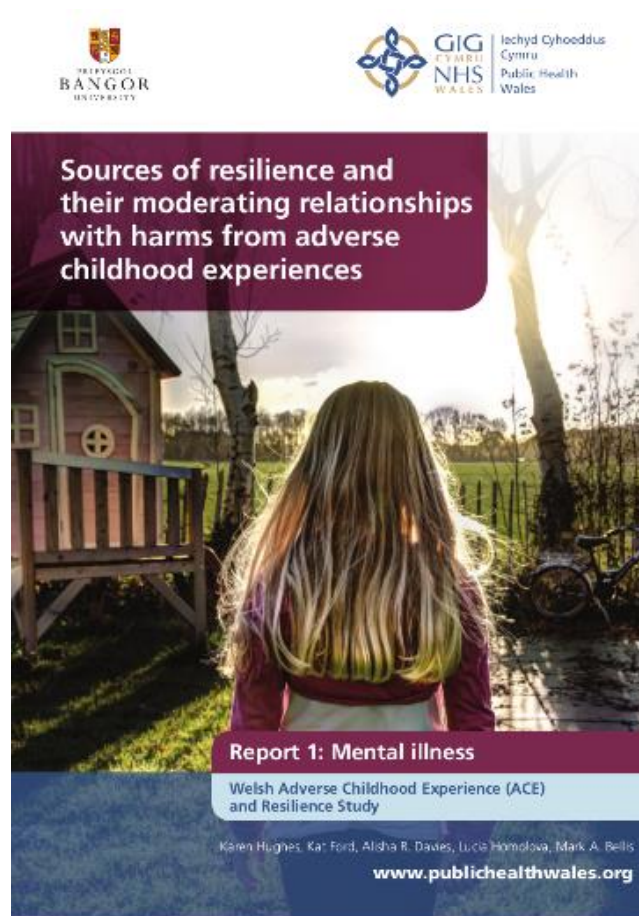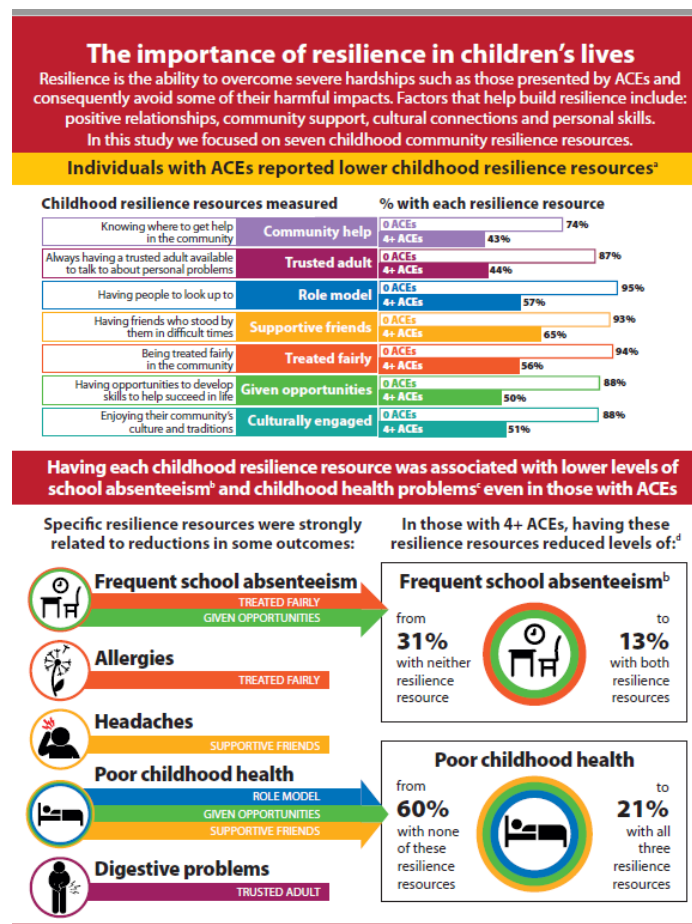| Childhood resilience resources measured		% with each resilience resource
Knowing where to get help in the community	**Community help**	0 ACEs 74% / 4+ ACEs 43%
Always having a trusted adult available to talk to about personal problems	**Trusted adult**	0 ACEs 87% / 4+ ACEs 44%
Having people to look up to	**Role model**	0 ACEs 95% / 4+ ACEs 57%
Having friends who stood by them in difficult times	**Supportive friends**	0 ACEs 93% / 4+ ACEs 65%
Being treated fairly in the community	**Treated fairly**	0 ACEs 94% / 4+ ACEs 56%
Having opportunities to develop skills to help succeed in life	**Given opportunities**	0 ACEs 88% / 4+ ACEs 50%
Enjoying their community's culture and traditions	**Culturally engaged**	0 ACEs 88% / 4+ ACEs 51%

Having each childhood resilience resource was associated with lower levels of school absenteeism[b] and childhood health problems[c] even in those with ACEs

Specific resilience resources were strongly related to reductions in some outcomes:

Frequent school absenteeism
TREATED FAIRLY
GIVEN OPPORTUNITIES

Allergies
TREATED FAIRLY

Headaches
SUPPORTIVE FRIENDS

Poor childhood health
ROLE MODEL
GIVEN OPPORTUNITIES
SUPPORTIVE FRIENDS

Digestive problems
TRUSTED ADULT

In those with 4+ ACEs, having these resilience resources reduced levels of:[d]

Frequent school absenteeism[b]
from **31%** with neither resilience resource to **13%** with both resilience resources

Poor childhood health
from **60%** with none of these resilience resources to **21%** with all three resilience resources

[a] Based on full sample, see: http://www.wales.nhs.uk/sitesplus/888/page/94697; [b] Missing >20 days per year during secondary school; [c] Community help, trusted adult and treated fairly were not related to asthma; community help was not related to digestive problems; [d] Adjusted to sample demographics.

Full findings from this study are available in the open access journal article: Bellis MA, Hughes K, Ford K et al. Adverse childhood experiences and sources of childhood resilience: a retrospective study of their combined relationships with childhood health and educational attendance. BMC Public Health 2018; 18: 792.
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5699-8

BwD Approach: Culture Change

Shift via universal approach

TALK   Safe, Secrecy, Aware
PREVENT   Parenting, Support
ASSESS   We Need to Ask
CULTURE   ACE aware, Environment

Ace Animation: Developed with PH Wales
https://www.blackburn.gov.uk/Pages/aces.aspx

Staff
- To be ACE aware
- Ace animation 'push' – evaluation underway

Targeted Approaches
- Multi agency approach
- Complex needs
- Addressing root causes - people in right service much earlier

Epidemiological 🧩 **Clinical Care**

BwD ACE Informed Organisations

- **Joint Health and Wellbeing Strategy**   Senior Engagement / Buy-in
- **EmBRACE**   Cultural Change Programme
  - Secondary Schools
  - Primary Schools
  - Transforming Lives / Troubled Families
  - Substance Misuse Services
  - Lancashire Women
- **ACE champions** to promote amongst others & wider workforce
- **CDOP Review** on ACEs
- **ACE awareness training with teams** in Social Work, Young People's Service, Youth Offending and CVFS organisations

- **Took a whole school approach**
  - Not just about targeting the 'naughty children'

- **ACE Informed**
  - Assume that the child's response is ACE related / Another trauma

- **Did not need to ask the questions**
  - Asked 'What happened to you?' rather than 'Why did you do that?'

- **Culture Change**
  - Start of a Journey
  - Staff ACEs as well as child's ACEs……..

Initial successes during the **EmBRACE** pilot convinced staff & students of the **value** of looking through an ACE lens

Recovery Toolkit

Pilot Trauma Informed ACE Intervention in North Mersey

- Rockpool has developed a toolkit, written to educate and inform parents about the impact of ACE's on them and their children.

- It also provides step-by-step guidance on the protective factors that help ameliorate the impact of ACE's and practical methods of parents developing the resilience for themselves and their children.

- Over 10 weeks the ACE's toolkit uses a trauma informed psycho educational approach to facilitate this learning.

North Mersey Collaboration

November 2017:

   Rockpool trained 14 facilitators across 3 local authorities
   Facilitators worked with individuals who had experienced ACEs,
   e.g. through mental health, family and criminal justice services

Each authority delivered the programme in line with their local service provision:

   Intention to deliver in pairs to groups of parents over 10 weeks
   with sessions running for 2 hours (2 courses in each authority).

If you don't listen to me, listen to a child's words

Access video here:

http://www.aces.me.uk/in-wales/

Public Health England

Protecting and improving the nation's health

Thank you