Adverse Childhood Experiences

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Health and Wellbeing
Child development and ‘toxic stress’

Source: Harvard University, Centre for the Developing Child; Petchel and Pizzagalli, 2011.
Trauma in a wider context

- Not just ACEs – traumatic events can happen to people in all stages of life and can have lasting impacts on coping strategies, mental wellbeing and help-seeking behaviours.

The ACEs study did not include some significant childhood traumas e.g. death of a parent, or witnessing violence outside the home.

Trauma is “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening.”

SAMHSA, 2014

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

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

Individuals reporting 4 ACEs or more

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** \(^2\)

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 (%)

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Source: Bellis et al, 2014
# Policy and guidance

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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</table>
| **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%

Community approach

The Pair of ACEs
Adverse Childhood Experiences

- Maternal Depression
- Physical & Emotional Neglect
- Emotional & Sexual Abuse
- Divorce
- Substance Abuse
- Mental Illness
- Domestic Violence
- Incarceration
- Homelessness

Adverse Community Environments

- Poverty
- Violence
- Discrimination
- Community Disruption
- Lack of Opportunity, Economic Mobility & Social Capital
- Poor Housing Quality & Affordability

The policing and health consensus statement

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 inequalities

Why? - health policy context

“How 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

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

Building resilience in the whole system

Sharing the science and co-designing

Increasing social Connections

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
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:

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
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, Karl Ford, Alica R. Davies, Ieuan James, Mark A. Bells

http://www.publichealthwales.org

http://www.wales.nhs.uk/sitesplus/888/page/94697
BwD Approach: Culture Change
Shift via universal approach

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

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

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

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
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.
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/
Thank you