

Adverse Childhood Experiences (ACE) Workshop
Wednesday 24th January 9am-1pm
Council Chamber, County Hall, Worcestershire County Council

Opening and Welcome

Cllr John Smith

Cllr John Smith opened the event and welcomed the many agencies represented in the room to the event. Adverse Childhood Experiences (ACES) are a key priority for the Health and Well-being Board and we need to do something different as a consequence of this morning – having many people in the room to take action. The Board has identified a joint systems approach and will be taking action to respond to the needs of this important topic.

Introduction

Dr Frances Howie, Director of Public Health

Dr Howie outlined the purpose of the day was to create shared understandings, approaches and actions. Many people in the room live and breathe this but others have less understanding. Today looks at the evidence base and a number of examples on practice to create a shared understanding of what we can all do. The slides defined and identified the 10 ACES and outlined the evidence highlighting the lifelong effects of ACES, as causes of behaviour, that in turn link to severe negative health impact across the life course. She identified the magnitude of effect ACES have on outcomes and which are often clustered in particular communities. Working differently across the system in identifying and talking about ACES would have significant impact on these communities.

What are ACEs and why do we need to be thinking about them?

Jacqui Reid –Blackwood, Public Health England

Jackie presented a summary of the body of research to describe what ACEs are, why they matter and what can be done about ACEs. ACEs are a complex set of relate adverse experiences in childhood pertaining directly to the child or indirectly within the child's wider household or environment that impact on child development and their physical and mental health; exposure to these adverse experiences particularly when there is an accumulation of adverse experiences, causes stress and can disrupt brain development and shape behaviours; if chronic toxic stress in childhood are not moderated this can lead to adult health harming behaviours and negative outcomes in later life. Studies have shown that almost half of individuals in England have experienced one ACE (47%) and 9% experienced 4 or more ACEs. Many children are at risk of experiencing ACEs, but it's only when children begin to experience high 'doses' of adverse experiences that neurological stress becomes maladaptive. Research has demonstrated the more ACES you have experienced as a child the more trauma or negative experiences occur in the lifetime leading to poorer outcomes. A UK study showed that people who have experienced 4 ACES or more were;

- 2x more likely to have a poor diet
- 3x more likely to smoke
- 5x more likely to have had sex under 16
- 6x more like to be pregnant or got someone pregnant
- 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

The research identified those with 4 or more ACEs are more likely to suffer chronic disease in

adulthood. The impact on health and social care services was demonstrated for those with 4 or more ACEs as follows:

- 2.1 x more likely to have visited their GP in the last 12 months
- 2.2 x more likely to have visited A&E in the last 12 months
- 2.3 x more likely to have more than ten teeth removed
- 2.5 x more likely to have stayed a night in hospital
- 6.6 x more likely to have been diagnosed with an STD
- 64% of those in contact with substance misuse services had 4+ ACE
- 50% of homeless people had 4+ ACEs

The evidence demonstrates that preventing and identifying ACEs in future generations could reduce levels of health harming behaviours, improve outcomes and reduce demand.

What can be done about ACEs? Prevention - ensuring attachment, creating nurturing environments and promoting resilience; Early Intervention - identifying at risk children or responding to events as they arise using trauma informed approaches to reduce impact; Mitigation for those with ACEs across the life course- provide support or therapeutic care through programmes such as FNP, emotion coaching, PAUSE, trauma informed services. Implement routine enquiry for adults who have experienced ACEs through specialist services.

Sufficient evidence to prioritise and invest in ACE prevention – too often we focus on addressing consequences of ACEs not preventing them

Responding to ACEs

Derek Farrell – University of Worcester

Derek shared there currently is a lack of understanding and awareness of ACEs. The social and physical elements are not often considered enough. Trauma in the early years shapes brain and psychological development, set up vulnerability to stress and a range of mental health problems, secrecy drives these traumas – they remain hidden and undisclosed.

Derek is involved in trauma capacity building projects in various countries. Countries that don't have mental health services, have high PTSD trauma experiences. Inflict and perpetrate trauma on other people when people themselves have been displaced due to violence

Northern Ireland has the highest level of PTSD in the world, it's on our doorstep but we don't talk about it – 30/40 years of conflict. Although we now have peace – social, economic, health related issues are emerging in Northern Ireland.

Derek shared how there is a stigma associated to ACEs which is leading to secrecy. This is exacerbating the issue further. Public awareness needs to be raised to reduce this secrecy.

Health and Social Care Perspective

Amalie Carr – Worcestershire Family Nursing Services

Amalie gave an overview of the Worcestershire Family Nurse Partnership and Family First Service and how the service supports individuals linked to ACEs.

The service helps to support parents to become better parents through reading emotional cues and how to respond to them. They help to identify ACEs and support them through the effects on their own children. They also support those who perhaps haven't had a positive parent role model in their own lives to create one themselves. They offer practical tips on parenting on a range of topics.

The service is focusing on breaking the cycle of ACEs.

Amalie introduced some of the theories, concepts and tools used by the service during the early years to mitigate the impact of generational ACEs.

Police Perspective

Chief Inspector Jon Peepall – West Midlands Police

Jon has been in his current role in West Midlands Police (WMidsP) working with ACEs since January 2018. Police need to intervene early and stop young people being introduced into crime. This is a

priority of the force. As part of the redesign of community policing they identified the need to use an ACE approach and commissioned a new tool to be used to identify potentially vulnerable children and young people.

TIPT (tool for prevention and early intervention triggers) data system works off 4 triggers and can associate ACE data from adult to any child in the household. When someone is identified with 4+ ACEs, the data is sent to local neighbourhood teams. The neighbourhood teams can then aim to offer support to the child/family.

WMidsP believe that by training officers to be more ACE aware their conversations with affected families will change. Significantly more families will be referred into the wide range of local authority and voluntary services available to support them. WMidsP are testing this hypothesis with academic rigour and we await the results of their findings.

ACEs training programme rolled out for 1600 police officers. Focus is on empathy, problem solving and understanding the impact of ACEs to allow officers to be less judgemental. There has been a need identified for a culture change. West Midlands Police are 2 years into a 4 year journey to raise awareness internally and change the culture within its organisation. Other forces are showing interest in this approach and WMidsP are sharing their experiences and mechanisms with them.

Third Sector Perspective

Jonathon Sutton, Ginette Sadler, Rosie Kirkman - St Pauls Hostel, Worcester

Jonathan shared his experiences of working with homelessness locally. He has found it isn't always the "standard" reasons for homelessness such as loss of tenancy. The reasons consistently given as causes of homelessness weren't tallying with individuals experiences – the root causes were trauma and often linked to ACEs. He suggested Worcestershire should be brave and bold and embed ACEs into our approaches. A trauma informed approach is needed to change the culture of services.

St Pauls Hostel have 3 core tasks :

- Build psychological safety
- Nurture and strengthen appropriate relationships
- Support people to lead inter-dependent lives

St Pauls have changed their ways of working to an ACE informed approach and now have an ethos based on Psychological Informed Environment and Trauma Informed Care. There has been a huge reduction in police call outs to St Pauls since they have made these changes.

Ginette identified that 95% of St Paul's residents have 4 or more ACEs. A questionnaire completed by each of their residents on their pasts, disclosed a number of ACEs with most having more than 6 ACEs

- Emotional neglect 75%
- Domestic abuse 56%
- Incarceration 62%
- Emotional abuse 87%
- Physical abuse 81%
- Physical neglect 43%
- Drugs & alcohol 75%
- Sexual abuse 43%
- Mental Health 68%
- Divorce 75%

They have screened for ACEs and developed services to help the individual which have had a real impact on those individuals.

Rosie is a St Pauls service user and shared her own personal experience of ACEs. She told how she had a traumatic childhood with many adverse experiences. She rebelled during her teenage years,

turned to substances and was sectioned. She had children by four different fathers who were given up as she was unable to recognise or reverse the cycle.

Rosie's first experience in St Pauls, she was asked 'What's happened to you?' Not, 'What's wrong with you?' She has slowly recovered and is now giving back to the community by supporting others in St Pauls.

Education Perspective

Sean Williams – Head, The Forge Secondary PRU

Sean highlighted that tackling ACEs is a big challenge and responsibility. He spoke of the way we can look at the 'can of worms' that is opened when we talk about ACEs. The Forge has been working to understand the effects behind ACEs and to support psycho social change through trauma informed practice & relationship.

The Forge uses the three Cs approach when tackling ACEs:

- Compassionate
- Connection
- Courageous

The Forge had identified that as an organisation it had become traumatised because of the nature of its work which in turn was causing dysfunction prohibiting the effective delivery of service. They hypothesised that if the Forge team can develop a therapeutic, trauma informed approach based in relationship, and an environment that supports recovery and healing - adolescents will begin to develop more helpful, trusting and healthy ways of relating to self and other which in turn will lead to positive outcomes emotionally and academically for young people and the organisation will increase in health and become more effective.

Reflection and Action Planning

Table activities feedback

On tables participants were facilitated to consider and work through the following questions and feedback one key point to the workshop.

1. What do you think you/your service are already doing about ACEs?
2. Having heard this morning's speakers: What else could you/your service be doing about ACEs?
3. What are the barriers and enablers to achieve this?

Summary Feedback:

- We are already raising some awareness of ACEs with young people and providing a nurturing environment. Highlighted importance of building a trusting relationship
- Some organisations see ACEs as jargon, after today that should have changed in some organisations and more awareness will continue to be raised within those organisations. There is a mismatch between adult and children's services - more joined up approach is required to tackle ACEs.
- A few barriers were identified including data sharing. What we could do more of - challenge more and ask questions
- We need to build resilience across all schools, share good practice, and train staff to respond to what the children are telling them and not have an emotional response to that child but to work with them. All schools to be attachment aware and take up attachment training being offered
- A lot of positive things going on already, there is a struggle with capacity and not enough frontline staff. One of the other barriers is not enough places or capacity to refer to and long waits for some services. It's positive we can screen for ACEs but we will struggle to support.
- Positive - proactive services to chase the multiagency goal. What we could do more is to build on childhood poverty and experiences in later life. Struggles within schools to achieve high grades which can mean they have less resource to support ACEs. Human connection

needs to be important in a digital world.

- Some agencies already working with an ACEs approach. Commissioners also need to be more aware of implications around ACEs. Colleagues will be taking away tools from today.
- We should raise awareness as part of a workforce development strategy. Support the development of therapeutic approaches. Long term support needed for long term outcomes.
- Share best practice more, visit other organisations. Ensure all staff are better trained in ACEs awareness.
- Main barrier - most agencies are working in silos in Worcestershire. Similar priorities but they mean different things to different organisations. Financial strains can be a barrier but we could pool budgets

Closing Statement

Dr Frances Howie – Worcestershire County Council

Frances closed the workshop on behalf of the Health and Wellbeing Board. Reflecting on where we began, Frances feels a movement has begun here as a result of the Board enquiries. Energy and passion has been created in the room around this topic. A wider understanding appears to be in the room and a joined up approach can go forward following this. There is hope evident that people living with ACEs really can be helped and we can create energy amongst our workforce to support this to happen. The main take home message - to go away and talk to someone about the day and share this information.