Introduction to Adverse Childhood Experiences

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Health and Wellbeing
Overview

1. What are adverse childhood experiences
2. Why do adverse childhood experiences matter
3. What can we do about adverse childhood experiences
   - Prevention (of future ACEs/vulnerability factors)
   - Early intervention (for children in families with ACEs/vulnerability factors currently)
   - Mitigation for children/young people and adults already affected
4. How do we implement this locally (discussion/activity).
5. Summary
1. What are adverse childhood experiences?

• There are 3 direct and 6 indirect experiences that have an impact on childhood development.

• The more adversity a child experiences the more likely it is to impact upon their mental and physical health.

• Evidence suggests children exposed to 4 or more adverse experiences are more likely to participate in risk taking behaviours and find it more difficult to make changes.

• …and consequently, have poorer health outcomes.
Adverse Childhood Experiences (ACEs)

CHILD MALTREATMENT
- Verbal abuse
- Physical abuse
- Sexual abuse

CHILDHOOD HOUSEHOLD INCLUDED
- Parental separation
- Domestic violence
- Mental illness
- Alcohol abuse
- Drug use 4%
- Incarceration 3%

Source: Centre for Public Health: Liverpool John Moore’s University 2016
Child development and ‘toxic stress’

Source: Harvard University, Centre for the Developing Child; Petchel and Pizzagalli, 2011.
Chronic/Toxic Stress

Chronic traumatic stress in early life alters how a child’s brain develops it fundamentally alters

- nervous
- hormonal
- immunological system development.

“This can result in individuals whose systems are ‘locked’ into a higher state of alertness; permanently prepared for further trauma. Such physiological changes increase the wear and tear (allostatic load) on their body; increasing risks of premature ill health such as cancer, heart disease and mental illness”

Source: Public Health Wales and CPH, John Moore’s University 2016
Toxic stress video

Access below:
https://www.youtube.com/watch?v=rVwFkcOZHJw
We can learn new skills
2. Why ACEs matter

Source: Bellis 2016 adapted from Felitti 1998, image credit to Warren Larkin Associates Limited
Who is at risk?

Individuals reporting at least one ACE

47%

Individuals reporting 4 ACEs or more

9%

Source: Bellis, 2014.
Diet and obesity

- In the 1980s Felitti discovered that patients successfully losing weight in a local Weight Programme were the most likely to drop out.
- Found that overeating and obesity were often being used unconsciously as protective solutions to unrecognized problems dating back to childhood.
- Counterintuitively, obesity provided hidden benefits: it often was sexually, physically, or emotionally protective.

Source: Felitti, 1998
Health and wellbeing behaviours

UK study suggests those with 4 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 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 (%)

Source: Bellis et al, 2014
Impact on services

People with 4+ ACES compared with those with no ACES

Health care:-

- 2.1 x more likely to have *visited their GP in the last 12 months*¹
- 2.2 x more likely to have *visited A&E in the last 12 months*¹
- 2.3 x more likely to have *more than ten teeth removed*¹
- 2.5 x more likely to have *stayed a night in hospital*¹
- 6.6 x more likely to have been *diagnosed with an STD*¹

Social Care:-

- 64% of those in contact with substance misuse services had 4+ ACE²
- 50% of homeless people had 4+ ACES²

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%

Cost of Late Intervention in the South West by Local Authorities

National responses

1. There is a range of evidence of the impact of negative factors in childhood on later life
2. ‘ACEs’ is one way of describing these negative factors and helpfully ‘quantifies’ them to some degree
3. Some areas are looking to an ‘ACE Framework’ to describe local work
4. Other national bodies are using ‘vulnerability’ as their framing – in particular this is the focus of the Office of the Children’s Commissioner this year*
5. Some local areas are also looking to a ‘vulnerability framework’.

*https://www.childrenscommissioner.gov.uk/publication/childrens-commissioners-report-on-vulnerability/
3. What can we do about ACEs?

Working across the life-course
## Policy and guidance

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<td><strong>2. Early Intervention</strong></td>
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3.1 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
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3.2 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
3.3 Mitigation for those with ACEs

“You’re Welcome”
Young people’s health services
Trauma informed services in schools

Trauma informed care aims to develop different thinking process so that children and adults are less likely to ‘flip’ into the fight/flight type response that is associated with threat and stress.

Examples in the South West include:

- ‘Thrive Approach’ commissioned in Devon and Plymouth
- ‘Mindful Emotion Coaching’ commissioned in Somerset and North Somerset
- Emotion Coaching in Wiltshire, Swindon and Bath and North East Somerset

Sources: https://www.thriveapproach.com/
http://www.emotioncoaching.co.uk
Trauma informed services – video links

Clip 1 Emotion coaching and mindfulness introduction

Clip 2 Emotion coaching presentation and discussion for children’s services and schools

http://www.emotioncoaching.co.uk/
Early Intervention Foundation

EIF: Who we are

- Making the case for EI
- Generating evidence
- Influencing policy and practice

CHILDREN, PARENTAL CONFLICT & PUBLIC SERVICES CONFERENCE, 22 MARCH - LONDON
@theElFoundation | eif.org.uk
Impacts of economic pressure
### DWP pilots

#### Face to Face Support

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See EIF reference on previous slide
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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
Key findings of the REACh model

• Practitioners were not aware of the impact of adversity on later life outcomes.

• REACh helped to equip practitioners with the knowledge and skills to conduct routine enquiry with service users.

• The model is feasible and acceptable to staff and service users.

• There was no significant increases in service need following practice change.

• The REACh approach was the catalyst for increased frequency of disclosures, better therapeutic alliance and more targeted interventions.

• Practitioners considered the impact of ACEs in relation to their lives and that of their children.

Source: www.lancashirecare.nhs.uk/REACH
4. Implementation

Strategic:-
Sustainability and Transformation Plans, I Systems, CQUINS (NHS), JSNA’s
Police Early Intervention Programmes

Operational:-
0-5years/health visiting, drug and alcohol services,
violece prevention, sexual health,
workforce development for routine enquiry
In a child’s words

Access video here:
http://www.aces.me.uk/in-wales/
‘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
Service responses

Early Intervention and prevention
How do you use data to understand the need within your service?
How do you develop and promote resilience?
How do you respond when there are signs of vulnerability/adversity?

Integrated working
How do you work with other agencies such as criminal justice, education, health and other services?
What opportunities do you have to forge stronger links?

Proportional Universalism
Children from all backgrounds can experience ACES
Are staff working within universal services ACES aware/aware of these vulnerability factors?
Do staff know how to respond in a ‘trauma informed’ way?
Have you got enough capacity in the system to scale up your responses where the need is?

Discuss with your neighbour

1. What local programmes are you involved in that align with ACE?

2. What would a multi-agency ACE approach offer your local area?

3. What could you change in your work that would reduce the impact of ACES?
5. Summary

- There are nine key ACEs that can impact on a child's development and their response to stress.

- The more ACEs a child experiences the more likely they are to experience health implications as a result of poor health behaviours which can result in early death.

- Early intervention and prevention work are cost saving in comparison to late intervention programmes.

- Routine enquiry could help to identify those that may be at risk and those that have already experienced ACEs and an opportunity to develop appropriate care plans as required.

- Opportunity for services to become ACE aware and have a trauma informed response.
Contact:

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Nadine Burke Harris – TED talk.

Access video here:
https://www.youtube.com/watch?v=95ovlJ3dsNk

Video can be accessed here (29 minutes)
https://www.youtube.com/watch?v=7xuWzPRf0ro
Policy examples

Examples of Guidance:

Best Start in Life’ and Emotional Health and Wellbeing in Schools and Colleges


REACh model - www.lancashirecare.nhs.uk/REAC\n


Public Health Wales Reports available at: http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf
Other useful sources

https://www.cdc.gov/violenceprevention/acestudy/


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https://fingertips.phe.org.uk/