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England

Protecting and improving the nation's health

# Introduction to Adverse Childhood Experiences

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Public Health England  
South West Centre  
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



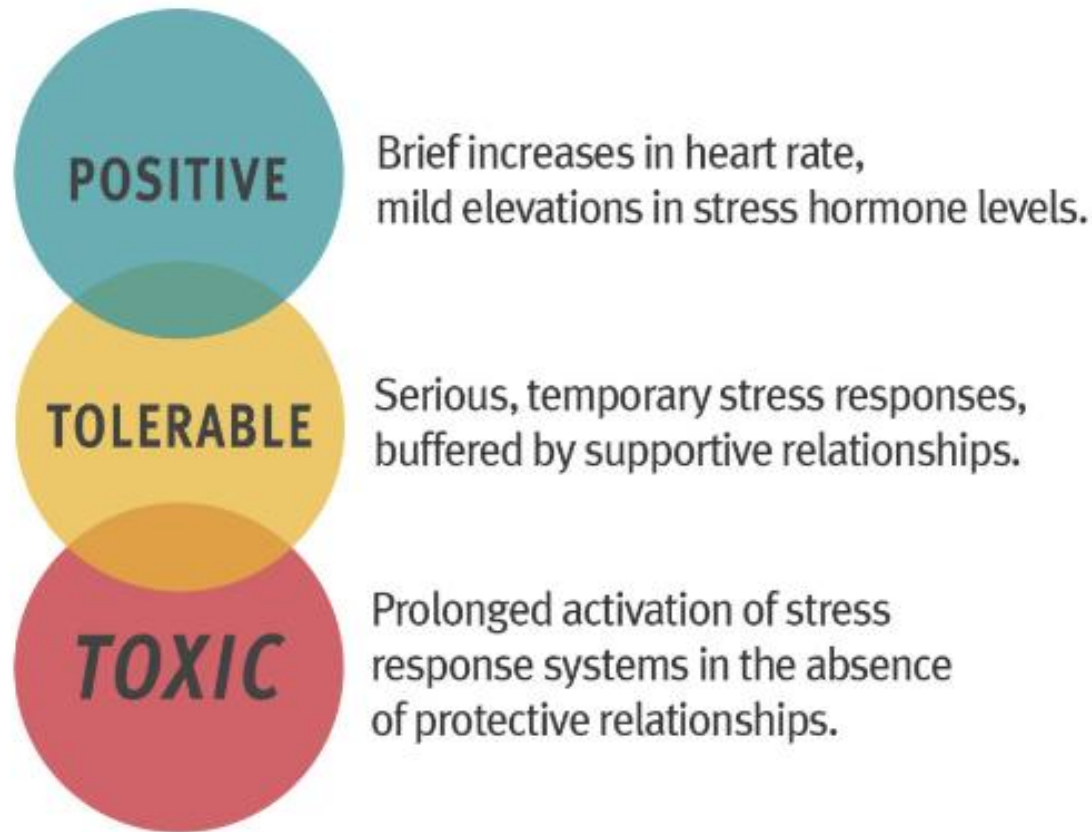
Drug use  
4%



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:

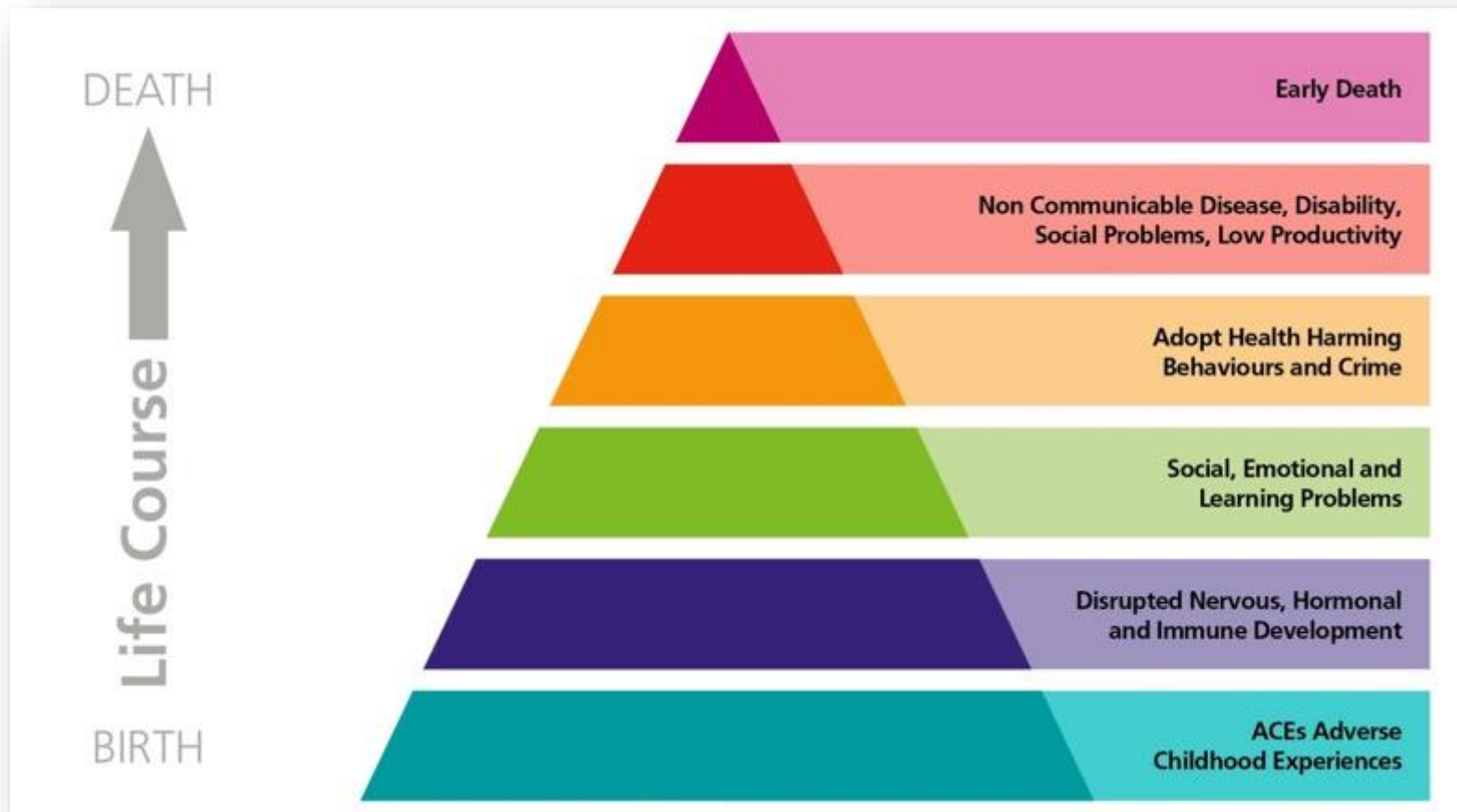
<https://www.youtube.com/watch?v=rVwFkcOZHJw>

# 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** <sup>2</sup>

**3x** more likely to **smoke** <sup>1</sup>

**5x** more likely to have had **sex under 16 years** <sup>1</sup>

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

**or got someone accidentally pregnant Under 18** <sup>2</sup>



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**

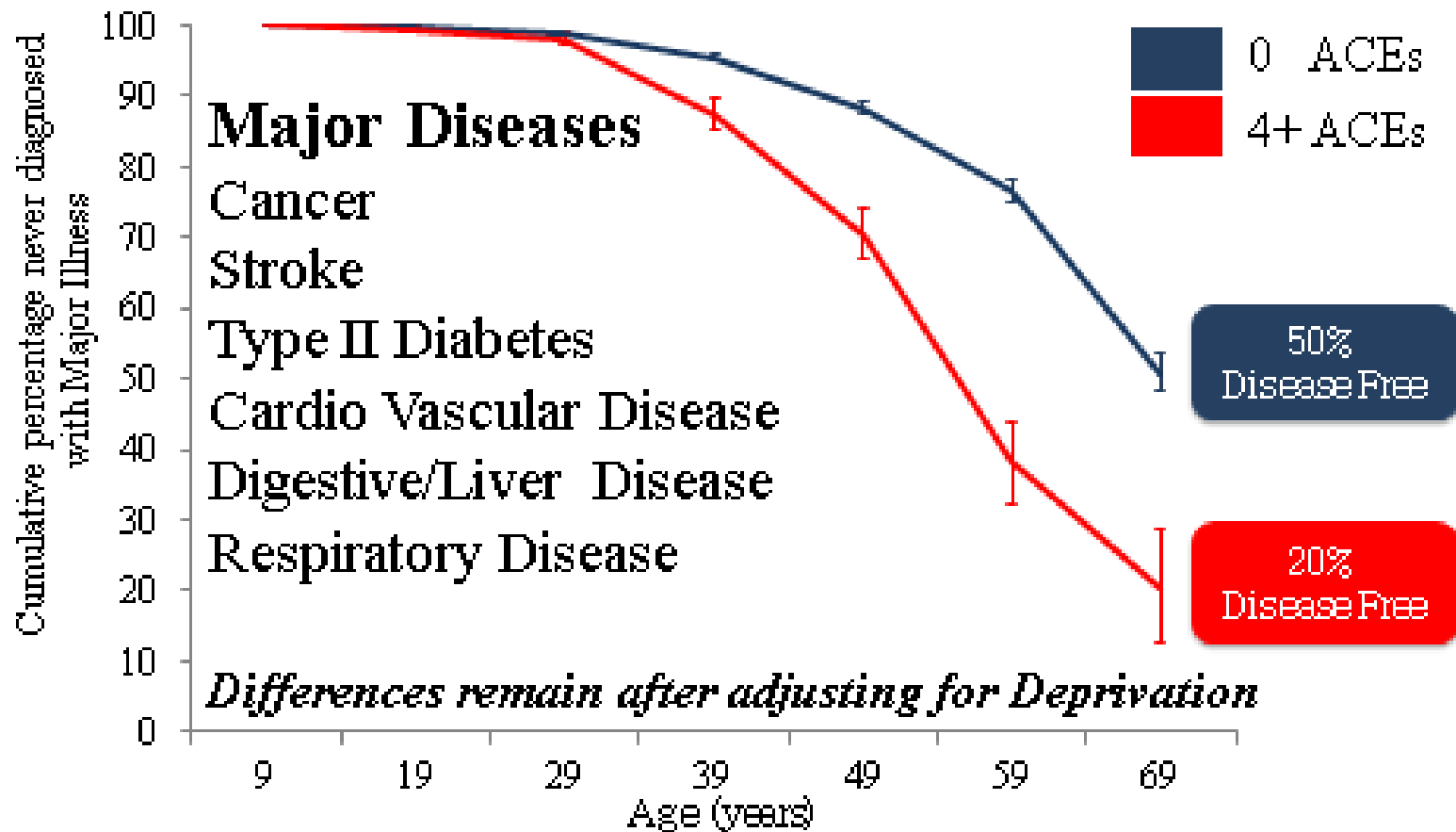
**11x** more likely to have used **heroin or crack**



Source: Bellis et al. 2014, n=3885

# Health and wellbeing outcomes

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



Source: Bellis et al, 2014

# Impact on services

## People with 4+ ACES compared with those with no ACES

### Health care:-

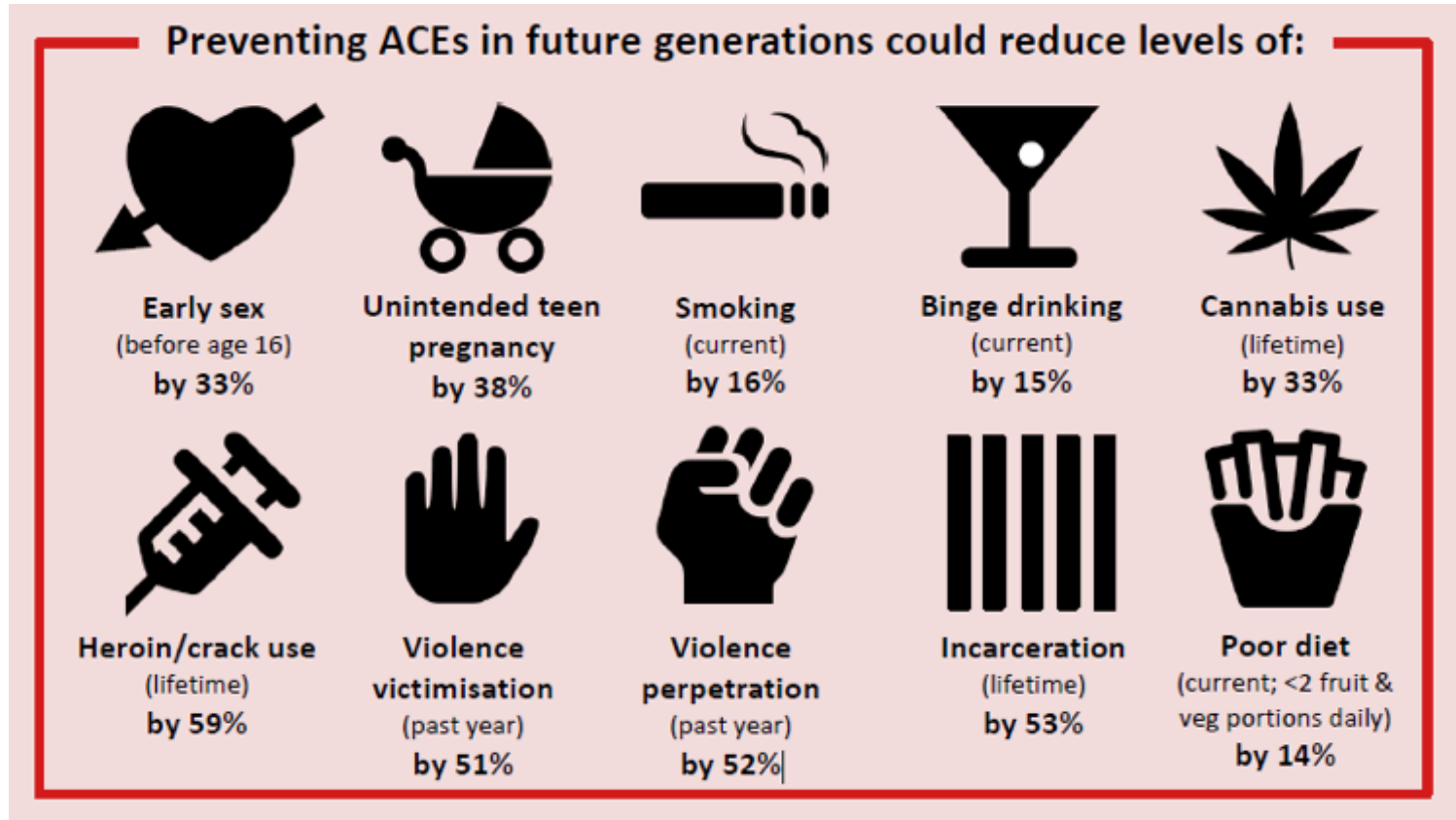
- **2.1 x** more likely to have **visited their GP in the last 12 months**<sup>1</sup>
- **2.2 x** more likely to have **visited A&E in the last 12 months**<sup>1</sup>
- **2.3 x** more likely to have **more than ten teeth removed**<sup>1</sup>
- **2.5 x** more likely to have **stayed a night in hospital**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

### Social Care:-

- **64%** of those in contact with substance misuse services had 4+ ACE<sup>2</sup>
- **50%** of homeless people had 4+ ACES<sup>2</sup>

Source: <sup>1</sup> Ford et al 2016 <sup>2</sup> Bellis et al, 2014,2016

# Opportunity



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

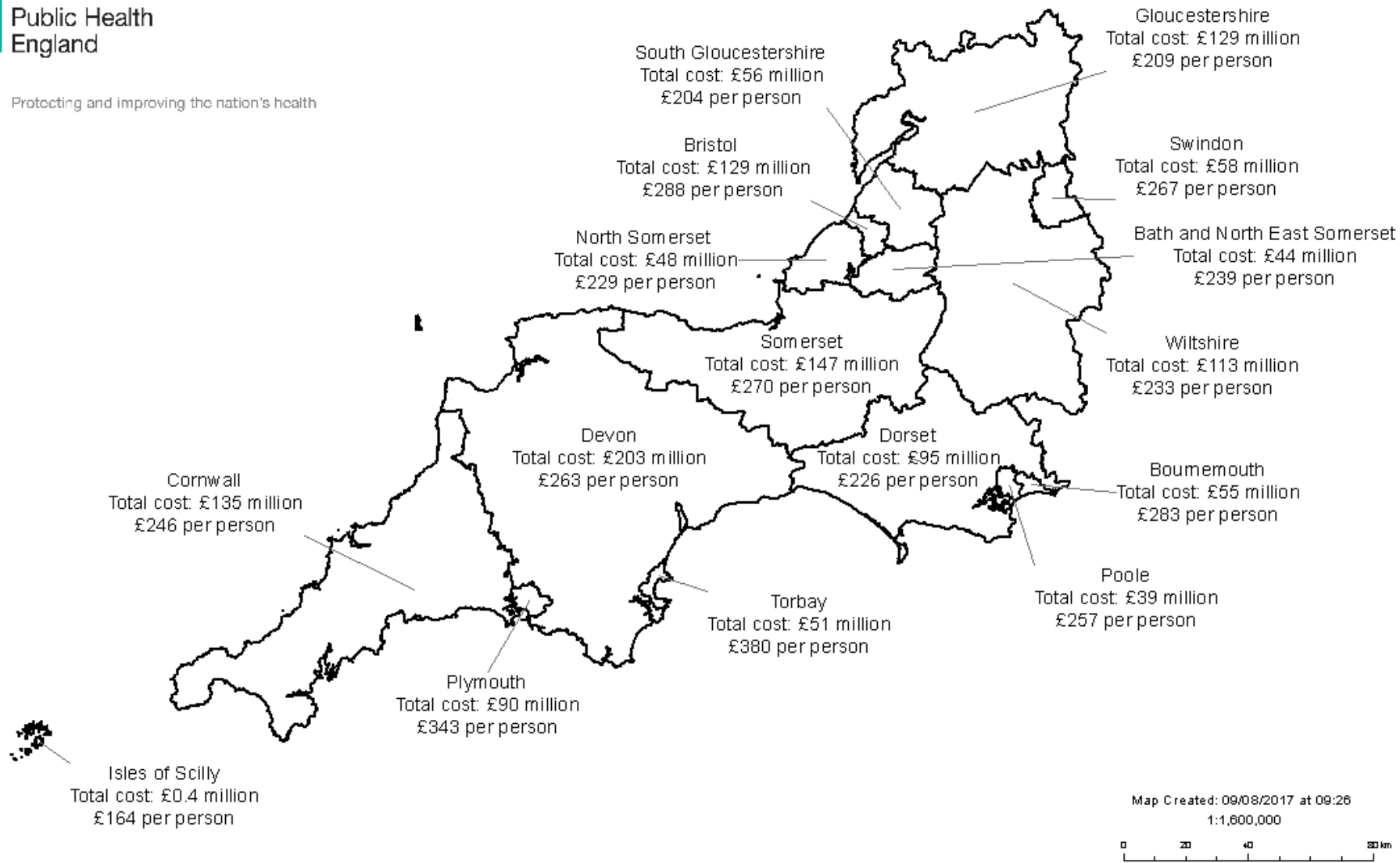


## Cost of Late Intervention in the South West by Local Authorities



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Source: Early Intervention Foundation, 2016.

# 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**'.

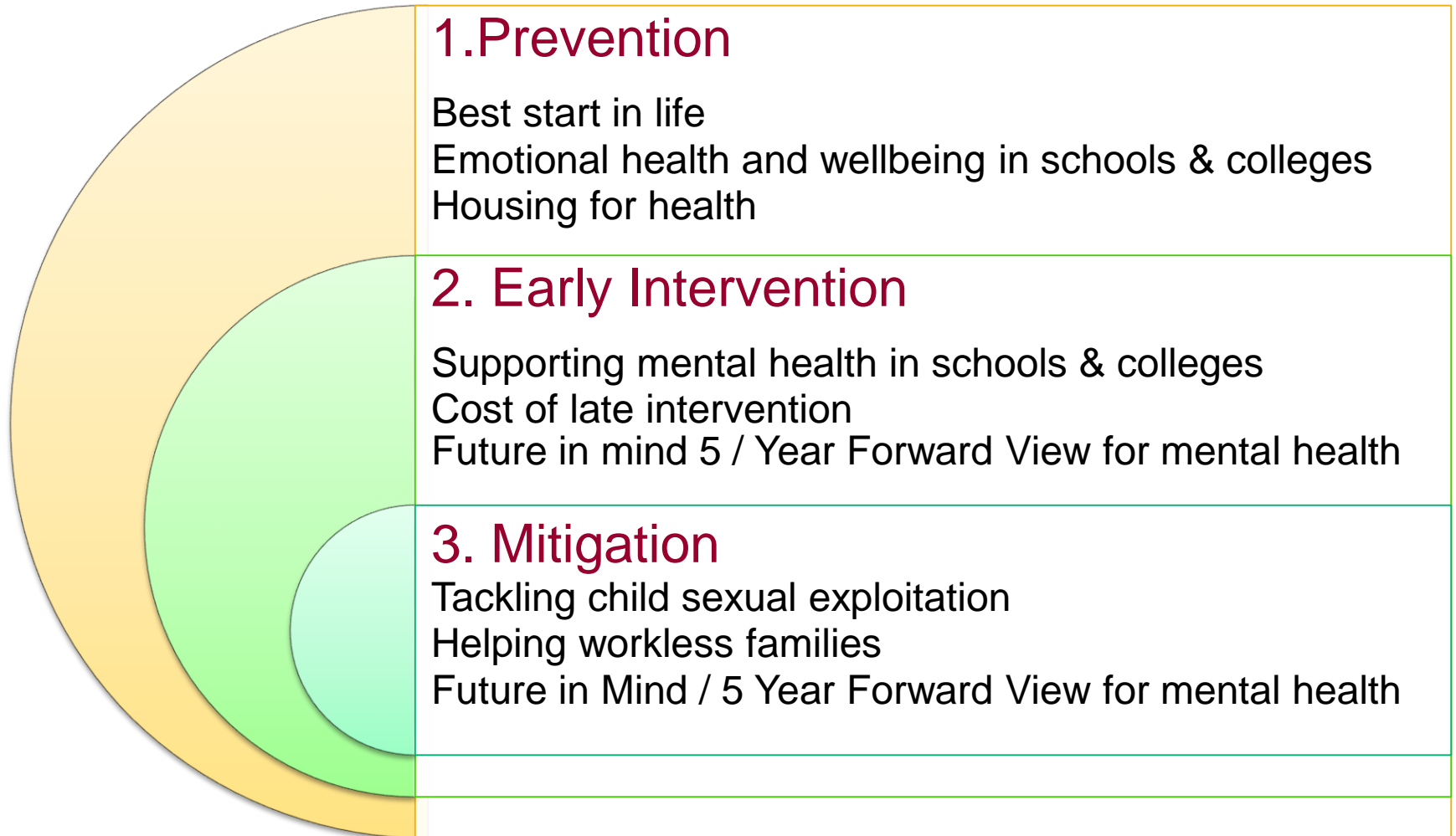
\*<https://www.childrenscommissioner.gov.uk/publication/childrens-commissioners-report-on-vulnerability/>

### 3. What can we do about ACEs?



Working across the life-course

# Policy and guidance

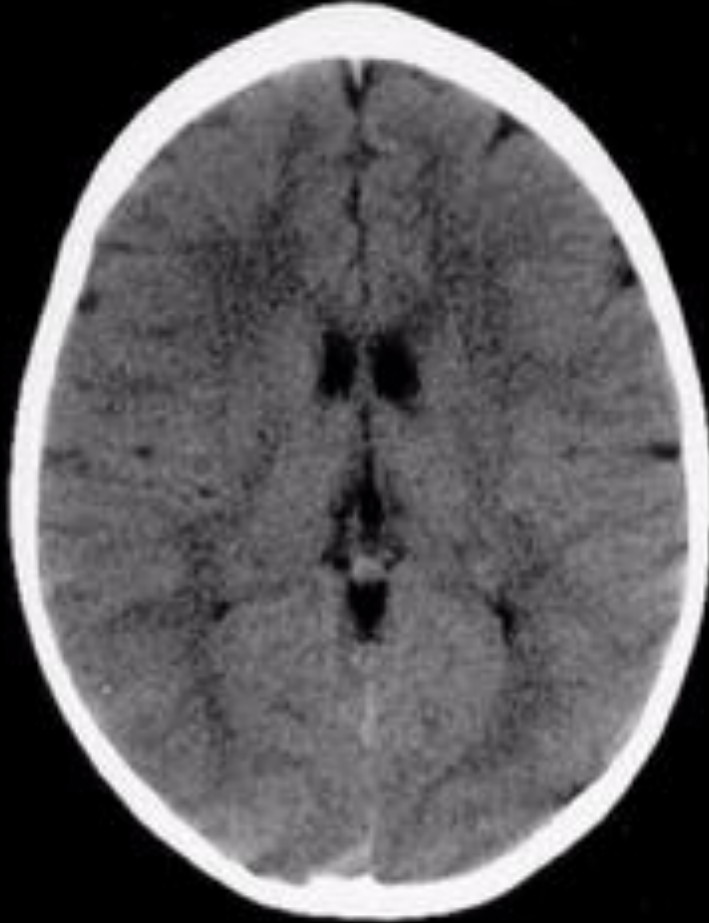


# 3.1 Prevention

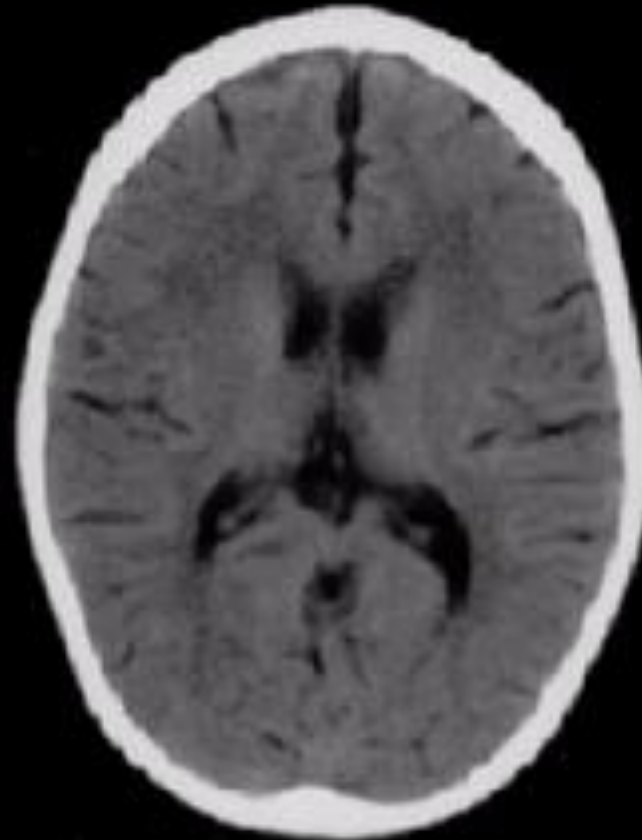
- Promote early attachment
- Universal and selective services – home visits, parenting/family programmes
- Sexual abuse and violence prevention
- Community policing
- Schools – building resilience
- Social care system to prevent intergenerational neglect and abuse



## 3 Year Old Children



Normal



Extreme Neglect

All rights reserved © 2005 Bruce D. Perry

Source: Perry & Pollard 1997 and 2005. [https://childtrauma.org/wp-content/uploads/2013/12/PerryPollard\\_SocNeuro.pdf](https://childtrauma.org/wp-content/uploads/2013/12/PerryPollard_SocNeuro.pdf)

# 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

Green Paper on children's mental health due this winter



# 3.3 Mitigation for those with ACEs



**BRIEFING**

lan Bradshaw

Centre for Mental Health

## 49: A basic need

Housing policy and mental health

**Summary**

Since 2012, but after building on previous reforms, the Government has enacted policy changes that offer housing benefits, subsidies for social landlords and the creation of affordable housing. These have had the aim of increasing access and promoting home ownership. However, there are reasons to concern that they will adversely affect people living with serious mental health conditions and the mental health system.

The changes in benefits may result in many people who live with mental health conditions, especially in high cost areas, receiving less than they need to cover the cost of a suitable home. This is worrying given the high numbers who already die through the self-harm consequences and the substantial impact poor housing can have on mental health and recovery.

Conditions are disproportionately represented in certain tenures, or about the condition of the homes they live in and the surrounding neighbourhoods. Local authorities act as the gatekeepers for affordable housing. Antisocial policies in these areas may mean that people with mental health conditions are disproportionately excluded from the 'rental' market. However it is unclear, especially in private rented accommodation, whether this is effectively enforced or practice on the ground. Concerns have been raised about individuals in receipt of services and subsidies for vulnerable tenants to help them register for private affordable housing to reduce the amount of housing benefit. Making it easier to register for private affordable housing, for instance by requiring reductions in rents, are likely to require housing providers' buy-in. There are serious concerns about the Register's sustainability of supported housing projects, and the social services funded by social landlords such as housing management.

Of more concern is the possible cumulative effect of all these changes if a 'total' level. Where outcomes for individuals could lead to increasing resource pressures on housing, NHS, and care providers and therefore to further 'stepping up' support.

Centre for Mental Health

MAC UK

Graham Durcan, Sally Zlotowitz and Jessica Stubbs

## Meeting us where we're at

Learning from INTEGRATE's work with excluded young people

**Introduction**

The MAC UK INTEGRATE model was first developed in Camden, 2010, from the housing principle that services need to meet young people where they are at. The lessons learned at that project, Meak & Change, have since been replicated and built upon at three subsequent projects, Pavilion North in Camden, BOSS in Southwark and a fourth site (Project Future) in Haringey. The Haringey site is ongoing and this report describes the three completed projects in brief and the lessons and outcomes from their independent evaluations by Centre for Mental Health.

Included and vulnerable young people, including those in contact with the criminal justice system, often experience multiple risk factors for poor mental health, exacerbated by services that are experienced as hard to reach, leading to early health inequalities.

Research consistently demonstrates how people experiencing mental, social and social disadvantage and discrimination face poorer life chances including skills to their mental health and learning sought in cycles of offending (Pridard & Williams, 2016; Sheppard 2011; Mues, 2012). Limited opportunities and exposure to crime also take toll. Young people who are in contact with the justice system are three times more likely than other young people to have an

acute mental health need (Hogart, 2012), and are five times less likely to access the right support.

The MAC UK INTEGRATE approach harnesses the power of young people themselves to be part of the solution. INTEGRATE seeks to engage health and residential support, including mental health and emotional wellbeing provision, around excluded young people.

The INTEGRATE approach centres around the needs of excluded young people who have to disengage and re-engage projects with mental health professionals in their local communities, in line with the National Institute for Health and Care Excellence (NICE) Community Engagement Guidelines (NICE, 2012). Co-producing the projects has led to innovative service features, including:

- A 'peer-referral' system and no professional referrals which leads to working with the whole peer group.
- Young people issues to the group being employed in projects as peer supporters.
- An explicit focus on building trusted relationships between young people and the staff team, with time proactively given to staff 'bonding out' together.



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

GOV.UK

Home > Benefits > Benefits for families

## Care to Learn

1. Overview  
2. What you'll get  
3. Eligibility

4. How to claim  
5. Further information

**Benefits for Families**

[This section for children](#)  
[Children Grant](#)

**Disks**

**Benefits**

[Child Benefit](#)  
[Child Tax Credit](#)

**Elsewhere on GOV.UK**

[Find a means calculator](#)





# 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

@theEIFoundation | eif.org.uk

# EIF and Interparental Relationships

**WHAT WORKS TO ENHANCE INTER-PARENTAL RELATIONSHIPS AND IMPROVE OUTCOMES FOR CHILDREN**

**US** |  Department for Work & Pensions  
**UNIVERSITY OF SUSSEX**

GORDON HAROLD, DANIEL ACQUAH, RUTH SELLERS & HAROON CHOWDRY  
EDITED BY LEON FEINSTEIN

CHILDREN, PARENTAL CONFLICT & PUBLIC SERVICES CONFERENCE, 22 MARCH - LONDON

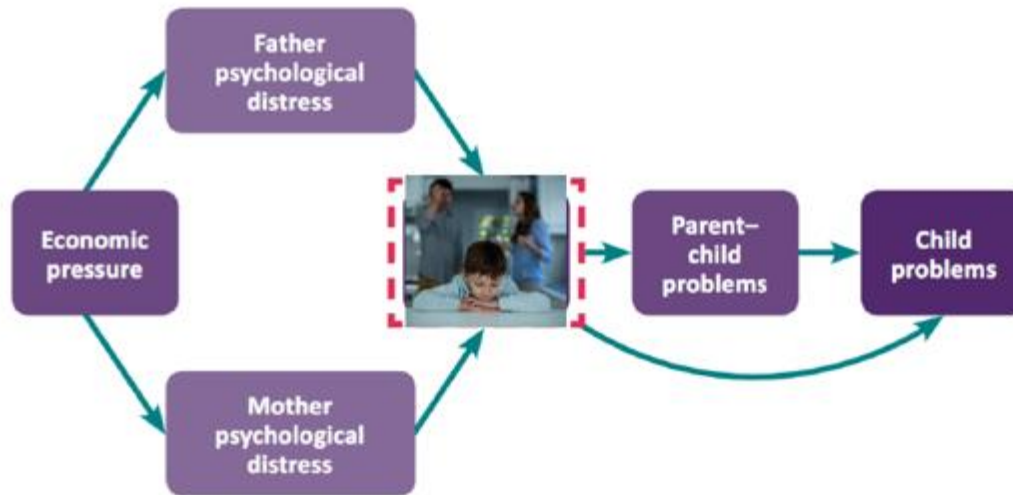
@theEIFoundation | eif.org.uk

<http://www.eif.org.uk/wp-content/uploads/2018/03/RPC-Conference-London.pdf>

# Impacts of economic pressure



## Family Stress Model



CHILDREN, PARENTAL CONFLICT & PUBLIC SERVICES CONFERENCE, 22 MARCH - LONDON

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# DWP pilots

## Face to Face Support

The Contract Package Areas:

Lead Authority	Geographical Coverage	
Westminster	Westminster Brent Croydon Fulham Lambeth	Kensington & Chelsea Camden Hammersmith &
Gateshead	Gateshead Sunderland South Tyneside Middlesbrough Redcar & Cleveland	Newcastle Northumberland Hartlepool Durham
Hertfordshire	Hertfordshire Cambridgeshire Southend	Essex Buckinghamshire Peterborough
Dorset	Dorset Somerset Bournemouth Plymouth	Devon Wiltshire Poole Torbay

See EIF reference on previous slide

## The Range of Interventions



1. Within my Reach
2. Family Check Up Intervention
3. Focus on Kids
4. Parents Plus



5. Couple Coping Enhancement Training
6. Enhanced Triple P
7. Incredible Years
8. Mentalization
9. "4Rs 2Ss" Family Strengthening Programme
10. Family Transitions Triple P

See EIF reference on previous slide

# Routine enquiry into adversity **REACH**

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](http://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](http://www.lancashirecare.nhs.uk/REACh)

# 4. Implementation



## CQUIN Indicator Specification Information on CQUIN 2017/18 - 2018/19

Publications Gateway/Reference 06023

**Contents**

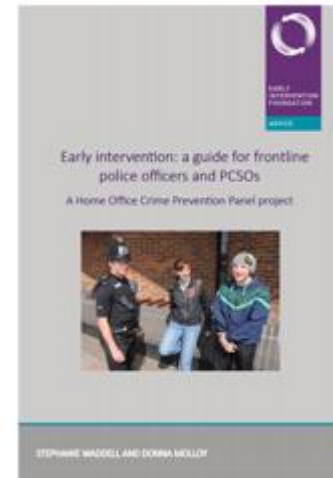
- 1. The CQUIN scheme 2017/18 – 2018/19 ..... 2
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- 3. Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI) ..... 27
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### Strategic:-

Sustainability and Transformation Plans, I Systems, CQUINS (NHS), JSNA's Police Early Intervention Programmes

### Operational:-

0-5years/health visiting, drug and alcohol services, violence 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 you 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?

<http://www.instituteofhealthequity.org/resources-reports/the-impact-of-adverse-experiences-in-the-home-on-children-and-young-people/impact-of-adverse-experiences-in-the-home.pdf>

# 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:

## **Jan Bond**

Health and Wellbeing Programme Manager

Public Health England South West

Jan.bond@phe.gov.uk



# Nadine Burke Harris – TED talk.



How childhood trauma affects health across a lifetime | Nadine Burke Harris

Access video here:

<https://www.youtube.com/watch?v=95ovIJ3dsNk>

# Mark Bellis – NHS England Lecture.



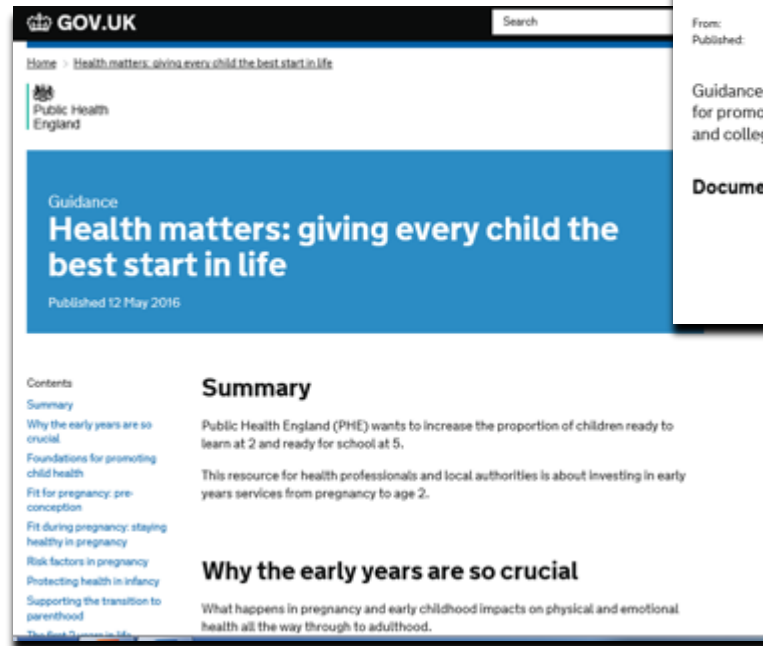
Video can be accessed here (29 minutes)

<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



Source: <https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life>

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

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Bellis, MA, Hughes, K, Hardcastle, K, Ashton, K, Ford, K, Quigg, Z, Davies, A. The impact of adverse childhood experiences on health service use across the life course using a retrospective cohort study  
<http://journals.sagepub.com/doi/pdf/10.1177/1355819617706720>

Early Intervention Foundation, 2016. The Cost of Late Intervention  
<http://www.eif.org.uk/publication/the-cost-of-late-intervention-eif-analysis-2016/>

Felitti, V. J. (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study' American Journal of Preventive Medicine 14(4): 245–258

Ford, K. et al (2016) Adverse Childhood Experiences (ACEs) in Hertfordshire, Luton and Northamptonshire. [http://www.cph.org.uk/wp-content/uploads/2016/05/Adverse-Childhood-Experiences-in-Hertfordshire-Luton-and-Northamptonshire-FINAL\\_compressed.pdf](http://www.cph.org.uk/wp-content/uploads/2016/05/Adverse-Childhood-Experiences-in-Hertfordshire-Luton-and-Northamptonshire-FINAL_compressed.pdf)

Health Equity Institute – ACE Book - [http://www.instituteoftheequity.org/Content/FileManager/adverse-experiences-book\\_final.pdf](http://www.instituteoftheequity.org/Content/FileManager/adverse-experiences-book_final.pdf)

Hughes, K., Lowey, H., Quigg, Z. & Bellis, M. A. (2016) 'Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey' BMC Public Health 16:222

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homeless service settings. The Open Health Services and Policy Journal, 3, 80-100

# Bibliography continued

[REACH model - www.lancashirecare.nhs.uk/REACH](http://www.lancashirecare.nhs.uk/REACH)

[Perry, B and Pollard, R. \(1997\) Altered brain development following global neglect in early childhood. https://childtrauma.org/wp-content/uploads/2013/12/PerryPollard\\_SocNeuro.pdf](https://childtrauma.org/wp-content/uploads/2013/12/PerryPollard_SocNeuro.pdf)

Petchel P and Pizzagalli DA. 2011. Effects of early life stress on cognitive and affective function: an integrated review of human literature. *Psychopharmacology* 214:55-70

Public Health Wales Reports available at:

[http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](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/>

<http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf>

<https://www.gov.uk/government/statistics/wider-determinants-of-health-march-2017>

<https://www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/583047/alcohol\\_public\\_health\\_burden\\_evidence\\_review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/586111/PHE\\_Evidence\\_review\\_of\\_drug\\_treatment\\_outcomes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf)

<https://www.gov.uk/government/publications/improving-lives-helping-workless-families>

<https://www.gov.uk/government/publications/improving-lives-helping-workless-families-evidence-base>

<https://www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework>

# Public Health Profiles

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

## Public Health Profiles



### Highlighted Profiles

Child and Maternal Health

Health Profiles

Mental Health, Dementia and Neurology

National General Practice Profiles

Public Health Dashboard

Public Health Outcomes Framework

### National Public Health Profiles

Adult Social Care

AMR local indicators

Atlas of Variation

Cancer Services

Cardiovascular Disease

Child and Maternal Health

Diabetes

Disease and risk factor prevalence

Longer Lives

Marmot Indicators

Mental Health, Dementia and Neurology

Musculoskeletal Diseases

National General Practice Profiles

NCMP Local Authority Profile

NHS Health Check

Older People's Health and Wellbeing

### User Guide



Protecting and improving the nation's health



An introduction to using the Fingertips Tool

### Latest News

April 2018

You can now create your own lists of indicators to focus on the data that is most relevant to you. **Sign up** to start creating your lists.