BULLETIN THREE

The Director of Public Health's Annual Report 2018/19

Introduction

"Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today" – Dr Robert Block (former President of the American Academy of Pediatrics)

In this Bulletin, the third in this series I'm going to focus on Adverse Childhood Experiences (ACEs) and relationship to social mobility.

So what are they and why are they important?

Adverse Childhood Experiences (ACEs) is a term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.

They are important because they have a profound impact on future violence victimization and perpetration, and lifelong health and opportunity.

These have been linked to:

- risky health behaviours,
- chronic health conditions,
- low life potential, and
- early death.

One of the important aspects is that as the number of ACEs increases, so does the risk for these adverse outcomes.

The important thing is, we can address the events that put children and families at risk and so take a proactive stance to prevent ACEs before they happen.

Cate Edwynn, Director of Public Health

The issue

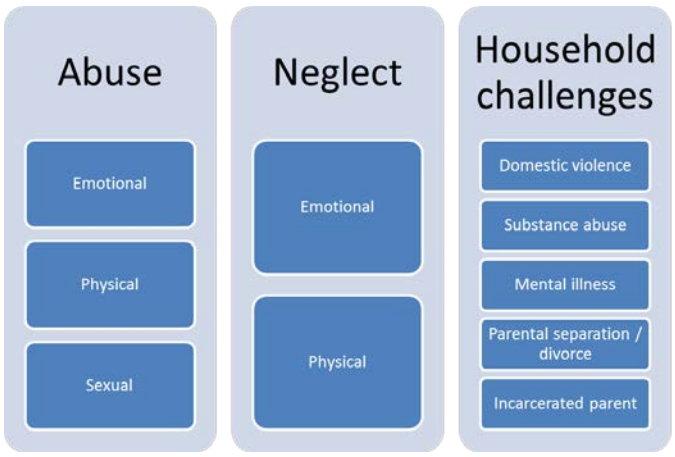
"Higher ACEs are linked with greater adoption of health harming behaviours"[1]

ACEs

The US CDC-Kaiser Permanente ACE Study (1998) first reported ACEs as the association between childhood abuse and neglect and later-life health and wellbeing.

Adverse Childhood Experiences (ACEs) are traumatic events occurring in childhood which have a lasting negative impact on individual's health and social outcomes in adulthood. Contributing events include abuse, neglect and household challenges. Considerable and prolonged stress in childhood disrupts the early brain development leading to lifelong health and wellbeing compromises.

Figure 1 ACE contributing factors



[1] Bellis et al. (2018) Does adult alcohol consumption combine with adverse childhood experiences to increase involvement in violence in men and women? A cross-sectional study in England and Wales.

Life expectancy

Research has found that ACEs are associated with an increase in risk of premature death. Individuals with six or more ACEs died almost 20 years earlier than people with no ACEs.[2]

Cancer

38% of UK cancer cases are preventable[3]

Research has examined the association between ACEs and modifiable cancer risk factors. A review of the published literature between 2005 and 2015 found, in the majority of studies, significant positive associations between ACEs and adult problematic drinking behaviour. The review found varying support for associations with ACEs and tobacco use. Modest associations were found with ACEs and obesity.[4]

There is the growing body of evidence that individuals who have experienced ACEs are more at risk of adopting negative coping strategies, such as unhealthy lifestyles (e.g. substance misuse), and may in time develop conditions (e.g. obesity).

Compound effect of ACEs and adult negative coping strategies and behaviours

- Costly health and social care
- Pressure on frontline services
- Perpetuation of ACEs in the next generation
- Premature mortality in individuals
- Reduced healthy LE and LE in the population.

[2] Brown et al. (2009) Adverse Childhood Experiences and the Risk of Premature Mortality

[3] Cancer Research UK (2015) Statistics on preventable cancers

[4] Ports et al. (2019) Adverse Childhood Experiences and the Presence of Cancer Risk Factors in Adulthood: A Scoping Review of the Literature from 2005 to 2015

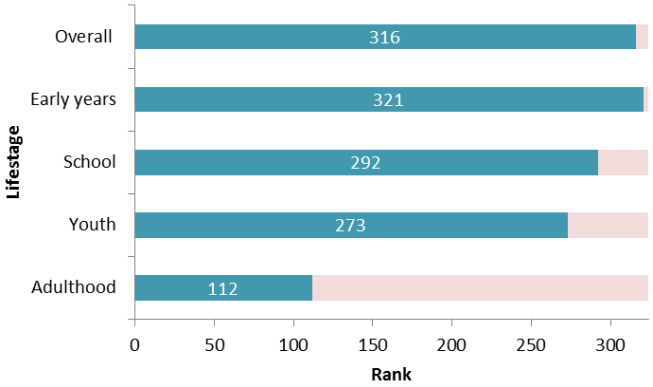
Alcohol misuse and violence

Research conducted in England and Wales examining alcohol consumption leading to violence perpetration and victimisation in adults with a history of ACEs reported strong positive relationships between the number of ACEs and recent violence perpetration and victimisation in both sexes.[1]

Social mobility

The Social Mobility Commission published the 'State of the nation' report in 2017.[5] This was designed by Government to look into what differences in local areas impact on a child's chances of doing well as an adult when they are from a disadvantaged socio-economic background. It ranked all English local authorities by the social mobility prospects for people from disadvantaged backgrounds. 16 indicators across every life stage (early years, schools, youth, adulthood) form the social mobility index and result in identifiable hotspots and coldspots in the country.

Figure 2 Derby's overall and life stage rankings in the State of the nation 2017 social mobility report



The life stage ranks show that Derby has poor ranking for early years, school life and youth stages. In

[5] Social Mobility Commission (2017) Social mobility in Great Britain: fifth state of the nation report

particular, the early years rank at 321st places Derby as the fourth worst in England. The two indicators that contribute to the early years rank are:

- % of nursery providers rated 'outstanding' or 'good' by Ofsted,
- % of children eligible for FSM achieving a 'good level of development' at the end of Early Years Foundation Stage.

FSM: free school meals status

Good level of development: key measure of early year's development across a wide range of development areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life

The report revealed that the East Midlands is the worst performing region for outcomes. Derby, compared to its family group (CIPFA), is the highest ranked (last) for overall social mobility. Overall Derby is the ninth worst position for social mobility in England being positioned at 316th out 324th. This means that ***Derby is classified as a social mobility coldspot.***

The social mobility report identified English coastal and older industrial towns, such as Derby, as places that are becoming entrenched social mobility cold spots.

The causes

"The relationships children have with their caregivers play critical roles in regulating stress hormone production during the early years of life."[6]

There are several known contributing factors to ACEs which span abuse, neglect and household challenges. The Public Health England Fingertips resource contains a number of indicators which are relevant to ACE contributing factors. Examining some of these indicators show how Derby performs compared to the England average.

Derby has a higher than England average rate of child protection cases (53.8 per 10,000) and percentage of children in need primarily due to abuse, neglect or family dysfunction (75.2%). A strong relationship is reported between childhood abuse and household dysfunction (contributing ACEs factors) and subsequent ill health in adulthood. Research by Felitti et al. (1998) reports a graded relationship between the number of exposures to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.[7]

Both the indicators of domestic abuse-related incidents and crimes (21.3 per 1,000) and violent crime offences (20.3 per 1,000) reflect crimes recorded by the police and are not compared against the England benchmark value.

Substance abuse in Derby is significantly higher than the England average for the estimated prevalence of opiate and/ or crack cocaine use in working aged

[6] National Scientific Council on the Developing Child (2014) Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3

[7] Felitti et al. (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study

adults (14.2 per 1,000). Derby has a significantly higher than national rate of children who have parents that are in alcohol treatment (276.1 per 100,000) and a similar rate of children with parents in drug treatment (112.4 per 100,000).

Figure 3 Derby's performance on indicators relevant to ACE contributing factors

* a note is attached to the value, hover over to see more details

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Quintiles: Low High Not applicable

Benchmark Value

Worst/Lowest 25th Percentile 75th Percentile Best/Highest

Export table as CSV file

Indicator	Period	Derby		Region	England	England		England
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
1.11 - Domestic abuse-related incidents and crimes - current method (Persons, 16+ yrs)	2017/18	-	21.3*	20.3	25.1	11.9		54.5
Child protection cases: Rate of children who were the subject of a child protection plan at the end of the year (31 March) (Persons, <18 yrs)	2014/15	314	53.8	45.7	42.9	8.7		123.2
Children in need due to abuse, neglect or family dysfunction: % of children in need (Persons, <18 yrs)	2015	1,838	75.2%	64.5%	67.3%	0.0%		90.7%
1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population (Persons, All ages)	2017/18	5,190	20.3	18.2	23.7	7.5		124.7
Estimated prevalence of opiate and/or crack cocaine use (Persons, 15-64 yrs)	2014/15	2,317	14.2	8.4	8.6	2.9		24.0
Parents in alcohol treatment: rate per 100,000 children aged 0 - 15 (Persons, <16 yrs)	2011/12	140	276.1	147.7*	147.2	0.0		452.8
Parents in drug treatment: rate per 100,000 children aged 0 - 15 (Persons, <16 yrs)	2011/12	57	112.4	104.8*	110.4	0.0		400.0
4.10 - Suicide rate (Persons, 10+ yrs)	2015 - 17	47	7.3	8.8	9.6	6.1		17.9
Mental Health: QOF prevalence (all ages) (Persons, All ages)	2017/18	2,719	0.94%	0.84%	0.94%	0.43%		1.54%
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 (Persons, 5-16 yrs)	2015	3,740	9.8%*	9.4%*	9.2%*	7.0%		11.0%
Marital breakup: % of adults (Persons, 18+ yrs)	2011	23,075	11.6%	11.9%	11.6%	7.7%		16.3%
Prisoner population: count (Persons, All ages)	Sep 2014	-	-	9651*	-	-	-	-
Children in the youth justice system (10-18 yrs) (Persons, 10-18 yrs)	2016/17	-	9.0	4.0	4.8	1.5		10.5

The QOF mental health indicator shows the proportion of GP registered patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses. In Derby 0.94% of patients are diagnosed with schizophrenia, bipolar affective disorder and other psychoses which is the same as reported nationally. The rate of suicide is lower than the England average (7.3 per 100,000). However, the prevalence of mental health disorders in school aged children is estimated to be higher than national average (9.8%).

The marital breakup indicator provides the percentage of adults whose current marital status is separated or divorced at the time of the Census. Derby has the same proportion as England of 11.6% adults who are currently separated or divorced.

Significantly more children aged 10 to 18 years than the national average have formally entered the youth justice in Derby (9 per 1,000). In fact, Derby has one of the highest rates in the country for children in the youth justice system - it is ranked 10th out of 152 local authorities. Young people in the youth justice system are vulnerable to suicide as a leading cause of death.

The 'toxic trio' is the presence and interaction of:

- Domestic violence and abuse within the household
- Parental substance misuse
- Parental mental health issues.

The Children's Commissioner's Office estimate that 420,000 children (3.6% of all children in England) live in a *'toxic trio'* household where adults experience issues to a moderate/ severe extent.[8]

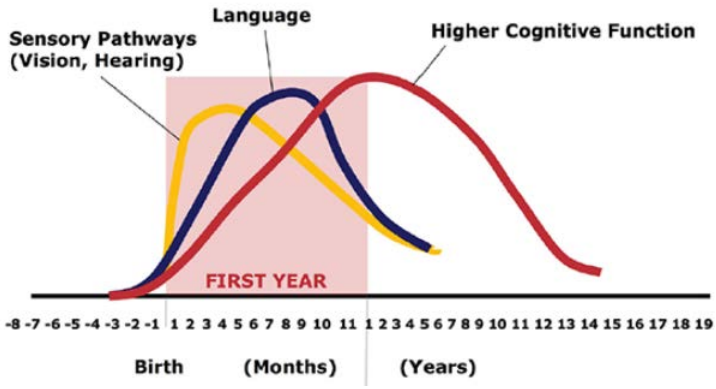
The impact

"Nearly half (47%) of all individuals in England are exposed to at least one adverse experience during childhood, and 9% experience four or more ACEs"[9]

Human brain development

The human brain rapidly develops in the early years. In the first few years of life more than one million new neural connections (synapses) are formed every second. Initially lots of neural connections are created and over time a process of pruning occurs to thin out the connections and to maintain more efficient, complex circuits. Brain development occurs in phases: sensory pathways are the first to develop, language skills follow and then higher cognitive functions progress. These brain development phases are critical periods that are susceptible to positive, enhancing experiences, during interactions between the child and their parents and caregivers. However, if interactions are absent, unreliable or inappropriate, the brain architecture is at risk of not developing suitably.[10]

Figure 4 Human brain development



These early years are often referred to as the 'critical years' because of the high degree of brain development and high impact of early life experiences. Experiencing significant adversity in early years can have a lasting, damaging effect on people's learning, behaviour and health.

Exposure to abuse, neglect and stressful situations, results in the *'fight, flight or freeze'* response where the brain is flooded with corticotrophin releasing hormones (CRH). This is a normal and protective response to react to stressful situations and in early human times would have enabled people to fight or flee from threats (e.g. a bear) and then recover to return to a relaxed state post event. In modern times our stressors have changed and are at times prolonged however our neurological and physiological responses remain the same. Repeated and prolonged exposure to ACEs results in the brain continually being exposed to CRH and this leads to permanent

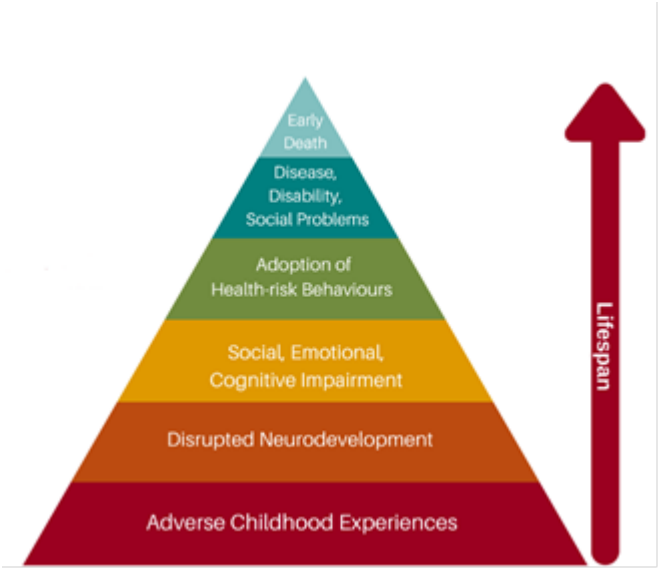
[8] Children's Commissioner (2018) Estimating the prevalence of the 'toxic trio'

[9] Bellis et al. (2014) National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England

[10] Center on the Developing Child (2007) The Science of Early Childhood Development

structural changes in children's brains. These individuals remain in this heightened state of alert and are unable to reach a relaxed and recovered state, typically experienced by others when stressors have subsided. In this stressed, threatened state, individuals are unable to think rationally and learn, and over the lifespan this can give rise to health risk behaviours, diseases, disability and social issues and ultimately an early death.[11]

Figure 5 The impact of ACEs over the lifespan



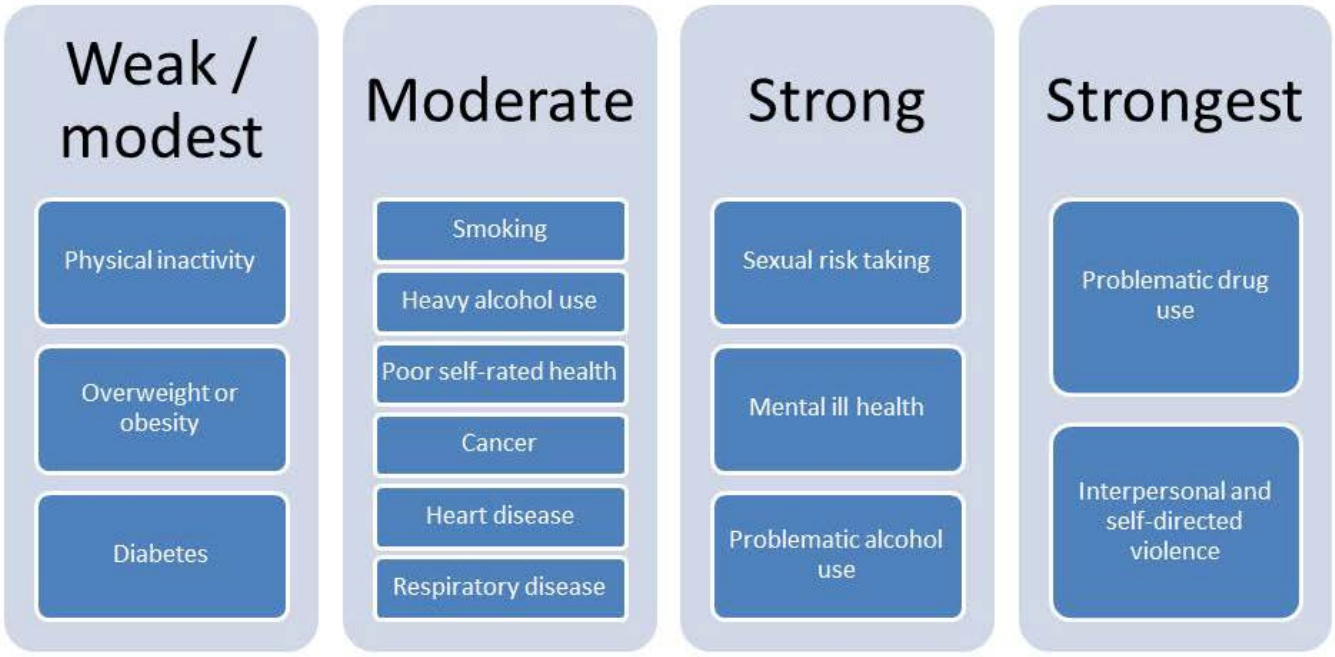
The impact on local people

The latest population estimates for Derby (2017) indicate that the population is 257,000. Research has found that 47% of population will have one ACE and 9% will have four or more ACEs.[9] This equates to the estimates of:

- 120,790 people in Derby have been exposed to at least one ACE,
- 23,130 people have experienced four or more ACEs.

The number of ACEs experienced in childhood has different measurable associations with lifestyle behaviours and health conditions. The clearest increased risks are in relation to violence (interpersonal and self-directed), substance misuse (drug and alcohol), mental ill health and sexual risk taking.

Figure 6 Strength of association of multiple ACEs and lifestyle behaviours and health conditions outcomes[12]



[11] Blackburn with Darwen Council (2019) Adverse childhood experiences (ACEs)

[12] Hughes et al. (2017) The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis

Hughes et al. (2017) conducted a systematic review and meta-analysis of the effect of multiple ACEs on health. Combining results from numerous studies (totalling 253,719 participants) enabled the researchers to calculate the increased risks (the odds ratios) of harmful effects in people who have experienced at least four ACEs.

Those with 4 or more ACEs have these increased risks:

- 1.3 X more likely to be physically inactive
- 1.4 X more likely to be overweight or obese
- 1.5 X more likely to have diabetes
- 2.1 X more likely to have cardiovascular disease
- 2.2 X more likely to heavily use alcohol
- 2.2 X more likely to self-rate health as poor
- 2.3 X more likely to have cancer
- 2.8 X more likely to have liver or digestive disease
- 3.1 X more likely to have respiratory disease
- 3.6 X more likely to have multiple sexual partners
- 3.7 X more likely to have anxiety
- 3.7 X more likely to have early sexual initiation
- 4.2 X more likely to have a teenage pregnancy
- 4.4 X more likely to have low life satisfaction
- 4.4 X more likely to have depression
- 5.6 X more likely to use illicit drugs
- 5.8 X more likely to problematically use alcohol
- 5.9 X more likely to have sexually transmitted infections
- 7.5 X more likely to be the victim of violence
- 8.1 X more likely to be the perpetrator of violence
- 10.2 X more likely to problematically use drugs
- 30.1 X more likely to attempt suicide.

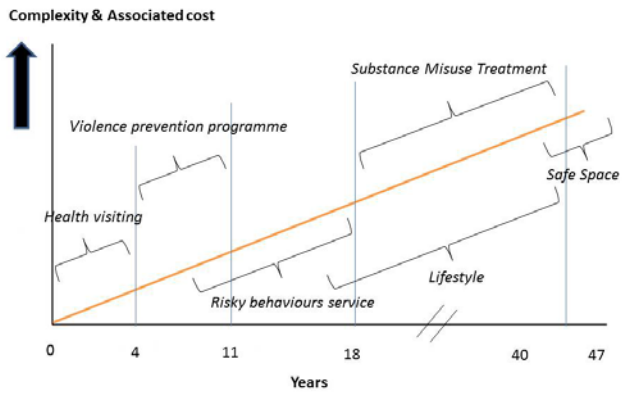
Derby mortality data (2015-17)[13] shows the cause of death and the number of people who died:

- Suicide – 47 people
- Drug misuse - 35 people
- Smoking attributable mortality – 1,122 people
- Under 75 mortality from preventable cancers – 478 people
- Under 75 mortality from preventable liver disease – 122 people
- Under 75 mortality from cardiovascular disease – 286 people

In a three year period, more than 2,000 people in Derby died from conditions which are more likely to be experienced by people with four or more ACEs.

The impact on the health and care system

Figure 7 Life-course impact of ACEs



[13] Public Health England Fingertips (2019) Mortality Profile

The impact of ACEs across the life course is varied and associated with increasing complexity and cost as individual's age. The figure illustrates the services and programmes which may support individuals at different life stages.

Tackling the issue

"An ounce of prevention is worth a pound of cure" – Benjamin Franklin

Experts in the field of ACE research describe how ACEs should be tackled[12]:

- Strengthening understanding of combined effects of ACEs across multiagency priorities.
- Multidisciplinary prevention focused on early intervention. Work addressing a single ACE in children exposed to several will be ineffective.
- Collaborative, trauma-informed services addressing adversities across the life course. Integrated services to support individuals, reducing likelihood.

ACEs and children's rights

The UN Convention on the Rights of the Child details 54 articles about adult's responsibilities to ensure children are happy, healthy and safe and have a say in their own lives. For instance, articles cover the right to:

Article 6 – **life, survival and development**

Article 19 – **protection from violence, abuse and neglect**

Article 24 – **best possible health and good quality health services**

Article 27 – **adequate standard of living**

Article 33 – **protection from drug abuse**

Article 39 – **recovery from trauma and reintegration**

Article 42 – **knowledge of rights**

Rising awareness and understanding of the importance of children's rights among both adults and children is necessary. Children need to understand that they should live without abuse, neglect, trauma and witnessing violence. Children who experience these events may have no frame of reference to understand that they should not experience these things, this is not a normal way of living and there is another way to live. Educating children about their rights, as well as parents, carers, and practitioners, will help provide children with the knowledge of how they should be treated and to speak to a trusted adult when they don't feel safe, happy or well. A children's rights based approach in interactions with children will make the local community more trauma aware and is an important foundation to instilling resilience and implementing prevention and early intervention initiatives. One tool which can be used is the film 'Resilience' that details a US education programme called 'Miss Kendra' to support young children's mental health. Miss Kendra's List includes several points which outlines to children what should not happen to individuals e.g. no child should be punched or kicked.

Assessing ACEs

The ACE International Questionnaire (ACE-IQ)[14] has been designed by the World Health Organization for administration to adults in any country. A series of questions assess family dysfunction; physical, sexual and emotional abuse and neglect by parents or caregivers; peer violence; witnessing community violence, and exposure to collective violence.

[14] World Health Organization (2018) Adverse Childhood Experiences International Questionnaire (ACE-IQ)

Preconception and family-building years

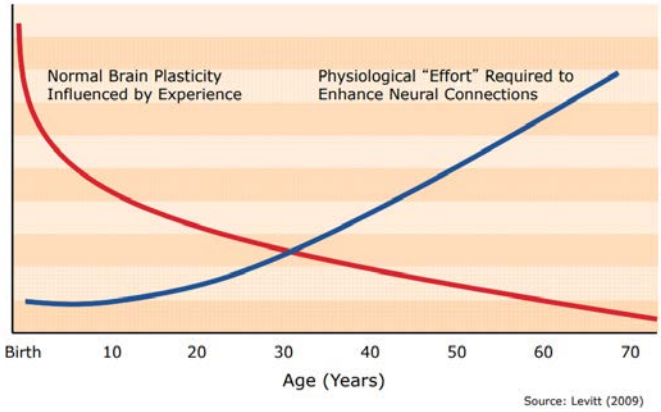
What happens during the prenatal period, before we're even born, can have an enduring effect on our life course. For instance, stressful life events in women such as the death of a spouse, parent or child before conception can increase the risk of very low birth weight in babies.[15] The time we are building families is an opportunity for interventions to benefit the health of the next generation and avoid intergenerational ACEs. However, research reports that only 55% of pregnancies are planned, with remaining pregnancies being unplanned (16%) or ambivalent (29%).[16] Therefore, it is important that the lifestyles and nutrition of women of childbearing age is generally improved.

Early years

Early childhood experiences have a major impact on the developing brain. During the younger years the brain has plasticity which means that it has greater capacity for change and ability to modify neural connections, in a sense the ability for the brain to be able to rewire itself. As people age, the brain is less responsive to change and as such requires greater effort to improve brain pathways. Therefore, interventions in childhood are more cost effective and have a greater return on investment than interventions in adult years.

Quality early year's provision has a strong impact on children's lifelong learning and forms a crucial element in giving children the best start in life. Recently nursery school leaders wrote to Chancellor Phillip Hammond pressing for long-term safeguarded state nursery school funding. Their letter said that **state nurseries are *"the jewel in the social mobility crown***, *supporting some of our most disadvantaged children – 64% of maintained nursery schools are in the 30% most deprived areas of England. They offer the highest quality early education and care in our education system, with 63% graded outstanding by Ofsted and 35% good."*[17]

Figure 8 The ability to change brains decreases over time[18]



Adverting intergenerational ACEs

People who have experienced ACEs have an increased likelihood of adopting adult lifestyles and behaviours which will increase their children's likelihood of experiencing ACEs. For example, young people with multiple ACEs are four times more likely to have early sexual initiation and teenage pregnancy. Researchers Bellis et al. (2014) *"found that ACEs accounted for around a third of individuals reporting early sexual initiation and unintended teenage pregnancy. Such pregnancies can mean that individuals are born into settings typically less prepared for the needs of children, with fewer resources for child-rearing, poorer parenting skills, and consequently greater opportunity for child abuse, again ensuring intergenerational transmission of ACEs and related harms."*[9]

Rapid brain development continues into adolescence bringing with it more complex abstract thinking. It is often a time associated with impulsivity and an

[15] Witt et al. (2014) Maternal stressful life events prior to conception and the impact on infant birth weight in the United States

[16] Wellings et al. (2013) The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles

[17] BBC News (2019) Nursery school heads call for secure funding

[18] Levitt (2013) The Science of Early Brain Development

increase in risky behaviours due to limbic system (pleasure and reward seeking behaviours) developing earlier than the prefrontal cortex (controlling executive functioning). However this is a critical time health behaviours are established which go on to influence health and wellbeing across the life course. For instance, the majority of adults who have ever regularly smoked started smoking before 19.

Social gradient

Tackling ACEs requires a universal and proportionate approach to need across the population profile. Research has shown that individuals in the most deprived quintiles are more likely to experience ACEs than those in the least deprived quintiles.

Figure 9 Relationship of deprivation and individual ACEs (reproduced table from Bellis et al. (2014) published research)[9]

Deprivation quintile (1=least deprived, 5=most)	Individual ACEs					
	Parental separation	Childhood abuse			Household member	
		Verbal	Physical	Sexual	Mental illness	Domestic violence
1	16.8	12.7	10.4	5.1	10.6	8.3
2	21.8	17.2	13.6	5.3	11.5	12.8
3	22.5	15.5	14.2	5.2	12.9	11.2
4	24.3	18.4	14.9	7.6	11.3	12.3
5	27.7	22.6	18.5	7.4	14.1	15.8

Specialist services

The Scottish Violence Reduction Unit was established in 2005 at a time when Scotland was named the most violent country in the developing world following 137 murders in one year and Glasgow was labelled the 'murder capital' of Europe. The unit aimed to tackle violence and took a public health approach whereby they treat violence as a disease and consider it preventable.

The work by the Scottish Violence Reduction Unit continues and one such project currently underway is 'Resilient Scotland'. This examines the harms and prevalence of ACEs in the population. The Unit's work is concentrated on raising awareness of ACEs and developing resilience in the Scottish population so that if individuals do experience ACEs this may not necessarily lead to lifelong trauma.[19]

Early help

Timely interventions that aim to reduce harm for young people who have experienced ACEs are important. ACEs are sizeable contributors to the burden of diseases as it is known that "almost 1 in 3 diagnosed mental health conditions in adulthood relate directly to adverse childhood experiences."[20]

[19] Violence Reduction Unit (2019) Resilient Scotland

[20] Young Minds (2016) Beyond Adversity: Addressing the mental health needs of young people who face complexity and adversity in their lives

Early help is associated with better outcomes. Dealing with issues later on is more costly and complex with a reduced likelihood of a successful outcome.

Closing words

It is imperative that real effort should be placed on preventing the occurrence of ACEs and minimising their negative impact on individuals, both in Derby and the rest of the UK.

We are already aware of the impact. The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study[21] - one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being - found a strong relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

We might not have that depth and breadth of information in Derby, but we do have indicators and intelligence that reveals the likely impact ACEs are having, and will continue to have on our residents.

Derby has a higher than England average rate of child protection cases (53.8 per 10,000) and the percentage of children in need primarily due to abuse, neglect or family dysfunction is high (75.2%), all factors which the Kaiser study showed contribute to ensuing poor health in adulthood. We also estimate that 47% of local people have at least 1 ACE, and 9% have 4 or over, which translates to 23,130 individuals who are likely to be adversely affected.

Preventing ACEs should also be seen within the wider context of tackling societal inequalities. While ACEs are found across the population, there is more risk of experiencing ACEs in areas of higher deprivation.

So where do we go from here?

ACEs should not be seen as someone's destiny. Public Health has already responded to this important issue and is working to embed a culture of trauma informed practice and routine enquiry across the Public Health services so that they can influence other organisations. We need to go much further, and reach across the Derbyshire system to understand how we all can work together to prevent these known harms and mitigate the consequences going forward. This will require a systems based approach at all levels of society – involving the individual, communities, schools, health and care services and partner organisations

Some of the ways we can improve our population health are:

1. Strengthening economic support to families

- *Strengthen household financial security.*
- *Work with our anchor organisations to work towards 'Family-friendly' work policies.*

2. Change social norms to support parents and children, and champion positive parenting

- *Public engagement and education campaigns to raise awareness.*

3. **Provide quality care and education in early life**

- *Pre-school enrichment with family engagement.*
- *Improved quality of child care.*
- *All schools to be Trauma-informed schools.*

4. Enhance parenting skills to promote healthy child development

- *Early childhood support from health visitors and maternity services.*
- *Develop Parenting skill and family relationship approaches.*

[21] Vincent J Felitti, Robert F Anda, Dale Nordenberg et al. American Journal of Preventive Medicine, (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study

5. Intervene to lessen harms and prevent future risk

- *Take a rights-based approach to support our children (see 'ACEs and children's rights' on page 8).*
- *Enhanced support at primary care level.*
- *Embed a culture of trauma informed practice in all health and care services.*
- *Behavioural parent training programs.*
- *Resilience programmes to teach children how to develop their coping and problem solving skills.*
- *Strategies to lessen harms of abuse and neglect exposure.*
- *Strategies to prevent problem behaviour and later involvement in violence*.

I hope you have learnt much from this bulletin and I hope this has shown there is much we can do together to offer hope and build resilience our children, young people and adults who have experienced adversity in early life. The only thing that is not an option is to do nothing.

With Best Wishes, Cate

Cate Edwynn, Director of Public Health

A call to action!

"The more ACEs a child experiences, the greater the chance of health and/or social problems in later life."[11]

Maslow's hierarchy of needs illustrates that we must ensure that basic human needs are securely in place before individuals can go on to achieve their full potential. The needs hierarchy helps us consider what makes people the best they can be, what makes us well and what factors build resilience.

Figure 10 Maslow's new hierarchy of needs[22]

National policies and evidence suggest that ***prevention and early intervention*** are key for reducing the harm arising from ACEs. Strategies include:

- Providing the essential foundations in childhood by creating safe, stable, nurturing relationships and environments.
- Strengthening parenting skills through maternity and home visiting services.
- Addressing adversity and building resilience in school children, teaching children how to develop their coping and problem solving skills, and ensuring schools are trauma informed.

Our response

There are several instances where ACEs are already becoming locally incorporated into programmes of work. A couple of examples include:

- The Derby and Derbyshire Future in Mind Local Transformation Plan (LTP). FiM is a national programme implemented locally to support the mental health and wellbeing of children and young people. During 2018/19 two conferences, 'Towards a Trauma-informed Workforce' were held in Derby and Chesterfield and successfully engaged over 400 people. Services are starting to be

[22] Coachilla (2017) The New Hierarchy of Needs

reimagined with ACEs in mind and the FiM agenda is now focussing on a longer-term workforce development strategy.

- Embedding a culture of trauma informed practice and routine enquiry across public health services – our *Strategy for Preventing Violence and Reducing the Impact of Adversity (2019-21) in Derby…*

Prevention

Reduce the impact of childhood trauma experiences by those individuals accessing or working with Public Health commissioned services.

Intervention

Deliver evidence based or best practice interventions with the aim of preventing violence and building resilience in those affected by ACEs.

System Leadership

Embed a culture of trauma informed practice and routine enquiry across Public Health services so that they can influence other organisations.

In addition to the ACE strategy, the Public Health Department is:

- Training in ACE and trauma informed practice for all public health commissioned services and a range of partner agencies.
- Reconfiguring existing services – 'ACE informed approaches' and adopting 'routine enquiry' within services.
- Building on success of existing partnership approaches to deliver strengths based programmes to high risk cohorts.
- Developing strong partnerships with other statutory partners.

Essentially we are moving towards furthering ACE aware services, a trauma informed workforce, an underpinning of ACE's that is embedded into wider practice and the engagement of key statutory partners. ACE related practice continues to develop and due to this the work is likely to evolve in the near future.

Local response

Locally, in order to be successful, the overall approach to ACEs requires a joined up, system wide, and informed approach which incorporates:

- Development of the workforce and both commissioning and provision of services;
- A robust evidence base to inform practice, seeking opportunities for local research;
- Trauma informed delivery;
- A shift in culture towards truly system-wide thinking and action;
- Active system level participation across all sectors.