

Agenda Item	5
Report No	HC/48/18

HIGHLAND COUNCIL

Date: 13 December 2018

Report Title: **Adverse Childhood Experiences (ACE) Aware Council**

Report By: Interim Director of Care and Learning

1. Purpose/Executive Summary

- 1.1 Adversity and trauma in childhood can have long lasting and extensive impacts on lifelong physical and mental health and wellbeing. Adversity and trauma can be mitigated by ensuring that children, especially but not only in early years, experience high levels of nurture and care.
- 1.2 The Highland Practice Model provides a framework for the complex multi-agency work required to prevent and mitigate childhood adversity and trauma. This report details some work undertaken to date and how it can be carried forward

2. Recommendations

- 2.1 Members are asked to note contents and the work currently undertaken by Highland Council Care and Learning Service and how this contributes to becoming an ACE-Aware Council.

3. Why does childhood adversity and trauma matter?

- 3.1 There is now abundant evidence that adversity and trauma in childhood can have impacts on mental and physical health well into middle and old age, increasing the risk of developing heart disease, stroke and metabolic disorders in middle age. Increasingly there are national and local moves towards greater understanding of Adverse Childhood Experiences (ACEs), their impact, and what we can do about them.
- 3.2 The 2018 Department of Public Health Report by our NHS colleagues provides detail on this aspect. This report does not repeat that information, but instead highlights some of the specific aspects relevant for Council services and decision making. It accompanies a briefing containing more detail on evidence and Highland's work in this area that can be found online at <http://bumps2bairns.com/adversity-and-trauma/>.
- 3.3 Research also demonstrates both long and short term impacts on learning, education, behaviour, mental health, socioeconomic status and nearly all important outcomes in childhood and throughout life. This includes a range of problems from conduct disorder and depression to drug use and difficulties with parenting.
- 3.4 The earlier in life the adversity and trauma, the longer and deeper tends to be the impact – and there are other apparently “critical” periods, including early adolescence.
- 3.5 Why this is so is less clear – there are likely to be several mechanisms involved. Adversity can impact in two ways:
- Giving rise to chronic stress that shapes how the brain's regulation systems develop. This in turn shapes the body's metabolism (leading to long term health impacts) and stress-responses (leading to mental health issues and behavioural problems).
 - Depriving the developing child of needed experiences to grow important skills in language, memory, self-control and coordination.
- 3.6 The mix of effects, and what might count as adversity for children and their families, varies for each individual. A summary of how this might happen in early years is shown in the diagram in **Appendix 1**.

4. What does it have to do with Highland Council?

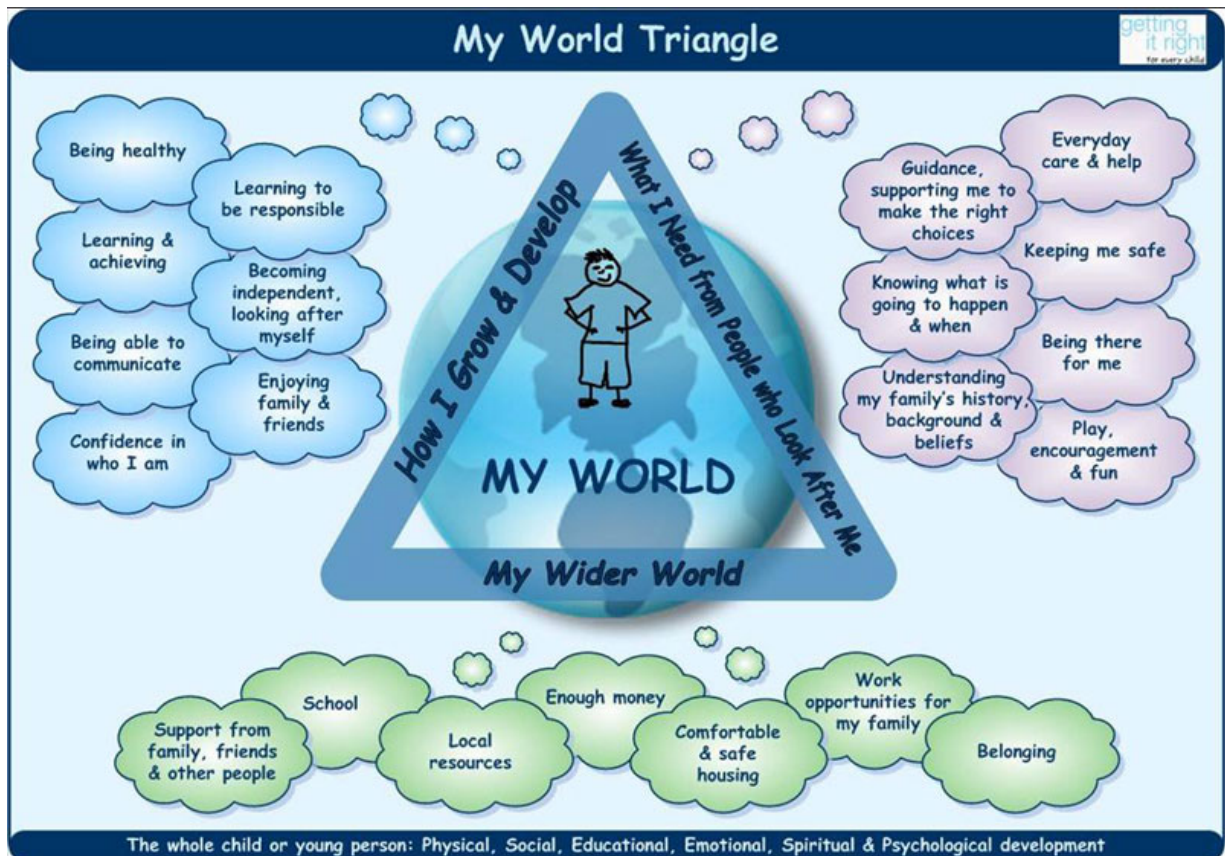
- 4.1 The second key message about childhood adversity and trauma is that it can be both prevented and mitigated. Different professions and organisations use different language for this, but in Highland Council services we talk about building children's *resilience* to stressors through *positive relationships*.
- 4.2 Again, abundant international evidence shows that the negative impacts of childhood adversity and trauma can be reduced, or even eliminated, if children experience very good nurturing care, developmentally appropriate stimulation and learning, along with high quality physical care including nutrition. This can be helpful at any point, but is most effective (and cost effective) if ensured during the first few years of life starting from conception.
- 4.3 Highland Council Care and Learning Service is well placed to do this since we offer both universal and targeted services to children and families from birth through to 19 years of age through health visiting, early years, education, school nursing and social care services. These are supported by a range of specialist services, including

Speech and Language Therapists, Dieticians, Primary Mental Health Workers, Occupational Therapists and Educational Psychologists. We also have excellent working links with partner agencies and organisations including NHS staff. Highland Council also provides Mental Health Officer and Criminal Justice Services where service users will have most likely experienced ACEs.

- 4.4 Highland Council, through its early pathfinding of the Practice Model (GIRFEC) and the joint working made possible through the Lead Agency Model, is also well placed to address the complexities of adversity and trauma in an integrated, holistic and efficient way.
- 4.5 Finally, many Council operations beyond Care and Learning affect the environments in which children grow and develop, and in which parents raise their children. These range from issues including play spaces, planning, transport, income maximisation and employability.

5. What do children need?

- 5.1 In 2005, Highland became a pathfinder authority for Getting It Right for Every Child, which has now become the national Practice Model. The core of this approach is to provide a common framework across all sectors and services in order to:
- See children's strengths and needs in an integrated and holistic way that includes all important aspects of development and learning
 - Understand these in terms of the context and the roles of significant adults, and how all these factors interact
- 5.2 The first of these is captured by the Wellbeing Indicators, which describe the need for children to be Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included in order to flourish.
- 5.3 These outcomes and processes occur within each child's specific environment of family, school and wider world, as captured in the My World Triangle.



5.4 Further detail on how and why the Practice Model encapsulates what children need with respect to adversity and trauma can be found in an animation on the resource website at <http://bumps2bairns.com/adversity-and-trauma/> which has been widely shared with staff.

5.5 Fundamental to reducing the impacts of adversity and trauma is whether children experience consistent *positive relationships* across all contexts – home, school and community. We can describe this either in terms of the processes of what the adult does (a summary graphic is presented in **Appendix 2**) or in terms of the child's experience of being and feeling Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included.

6. What do we have in place to support these needs?

6.1 Over the years, the Highland Council has taken key decisions to invest in early years and preventive services, and during this time we have developed interventions and service approaches that address adversity and trauma in a consistent and coherent way – and that balance early prevention work with meeting the needs of children and young people of all ages.

6.2 The direction of travel was recently made clear with the motion raised and passed unanimously on 6 September 2018 at a meeting of The Highland Council. The motion read as follows:

'Highland Council recognises the indisputable link between Adverse Childhood Experiences and poor health outcomes in later life; commends Care and Learning officers, NHS Highland and the academic community for stimulating awareness and discussion about ACEs; urges all Members to attend a screening of the film 'Resilience' and commits Highland Council to becoming an 'ACE Aware' Council'.

6.3 In the last twelve to eighteen months, there has been an intensification of awareness-raising and provision of more detailed training for practitioners and managers. Due to its high national profile, it was decided to use the film 'Resilience: The Biology of Stress and the Science of Hope', as a way of facilitating discussion on childhood adversity and trauma informed practice in schools and in wider children's services. Colleagues who had already seen this film had found it both interesting and inspiring and so we wanted to offer the opportunity to every member of staff to be able to see and reflect on this film. Twelve workshops on ACEs were therefore offered in June 2018, supporting discussion from over 500 members of staff and these have continued into the new school session. The film is being screened for Elected Members in the Council Chamber on 12th December before the full Council meeting, and is always available to Members through request to the Head of Additional Support Services.

6.4 In addition, Head Teachers have received two briefings and further workshops from the Head of Additional Support Services and have been equipped with presentation materials to support them to raise awareness with staff and parents as they judge appropriate in their settings. Staff who wish or require more detailed knowledge and reflection are offered multi-agency training through the Child Protection Committee programme.

6.5 This report highlights two indicative projects and two high level interventions, with details of other work presented on the accompanying web-pages. These are chosen to show that work addressing adversity and trauma is most effective when it involves all relevant services working together in a shared framework and when it is directed at the processes that help children to be Safe, Active, Nurtured, Achieving, Respected, Responsible and Included.

6.5.1 Interventions

Words Up Baby is a project developed jointly by Speech and Language Therapists and the Early Years Educational Psychologist to provide training and materials to midwives, scanning technicians, Health Visitors and Early Years Practitioners to provide information and intervention to parents that supports the early development of positive relationships and language. Evaluations have shown strong effects on parental behaviours and sense of connection to their baby. Importantly, the project begins well before birth – at the 12 week scan – and is followed through consistent key messages. This now extends into primary-age groups.

My World of Wellbeing is a project under development that provides materials and training for teachers to work with middle primary and older children to develop their understanding of what it means to be Safe, Active, Nurtured, Achieving, Respected, Responsible and Included. Children learn to express their needs to key adults in ways that are important to them. Constructing the programme involved input from teachers, educational psychologists, speech and language therapists, primary mental health workers and others – and it dovetails with the Psychological Service's Resilient Kids programmes.

6.5.2 Policy

Care and Learning has recently revised and reissued our Promoting Positive Relationships Framework and Guidance for schools (www.highland.gov.uk/downloads/file/20086/ppr_framework_and_guidance). This sets out the research and good practice behind effective teaching and learning, and approaches to behaviour, that is also trauma-informed and enables schools to provide the kinds of relationships that can mitigate childhood adversity. This Guidance

dovetails with the new Bullying Prevention Policy and Guidance (https://www.highland.gov.uk/downloads/file/19358/anti_bullying_-_guidance_for_schools), revised by the young people of the Misty Isle Youth Group in Skye. Bullying is a significant cause of trauma and adversity for young people, with lifelong effects as described above – the significant step has been to develop the policy from young people’s understanding of its causes and effects in their lives. All Highland schools now have an online survey through which they can consult their students over experiences of bullying, and this is increasingly being used by school managers to prevent it.

Elected Members will be well aware of the logistical and other challenges posed by the expansion of Early Learning and Childcare (ELC) to 1140 free hours by 2020. It is very important that this key change is an opportunity to enhance the quality of provision and ensure that all children experience their ELC provision as nurturing and stimulating. Highland has taken a “quality first” approach to the expansion, embedded in the key planning documents – operationally, staff use tools such as the graphic presented in **Appendix 3** to support reflection on how children can, through expansion, be more Safe Active, Nurtured, Achieving, Respected, Responsible and Included in their ELC setting.

7. What remains to be done?

7.1 Across the Highland Council and partners there is high and growing awareness of childhood adversity and trauma, its effects and mitigations. The Practice Model provides an effective framework for understanding and action. Particular priorities for future improvement include continuing to:

- Increase awareness across staff, services, families and the community of the nature and impacts of adversity and trauma and how these can be addressed
- Ensure services work together effectively to address adversity and its impact on children and families particularly, but not exclusively, in early years and adolescence
- Develop approaches to raising attainment that also foster resilience and wellbeing
- Take a whole systems approach to supporting emotional and mental health in schools and ELC settings
- Implement national initiatives, such as the Universal Health Visiting Pathway, to maximise the potential for developing positive relationships in families

8. Implications

8.1 Resource - current services will continue to work to prevent and mitigate the effects of childhood adversity and trauma.

8.2 Legal – none.

8.3 Community (Equality, Poverty and Rural) – people with Protected Characteristics are more likely to experience adversity and trauma, as are those living in poverty. Developing trauma-informed services is therefore likely to help address inequalities, as well as improving the services in rural areas.

8.4 Climate Change/Carbon Clever – none.

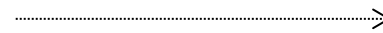
- 8.5 Risk – not addressing adversity and trauma effectively will have significant impact on the life-course wellbeing of children and young people as well as increase the long term costs of services and intervention.
- 8.6 Gaelic – no specific implications.

Designation: Interim Director of Care and Learning

Date: 5 December 2018

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Background Papers: Appendices 1-3



Part One –
The Problems

- Parenting is tough anyway, but
- Less money
 - Greater social isolation
 - Chronic stressors
 - Housing quality
 - Complexity of life
 - Mental health
 - Physical health
 - Experiences of childhood



To develop as well as they can, children need ...

Play and stimulation, but

- Fewer recreational options/facilities
- Reduced language exposure
- Less frequent literacy-related activities
- Fewer stimulating experiences
- Reduced expectations

Sensitive and Reflective Care, but

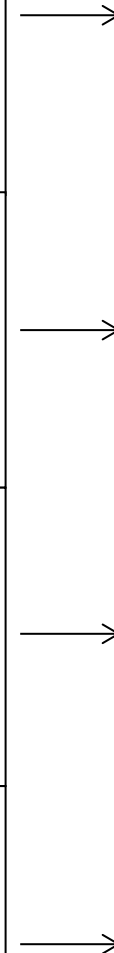
- Lower parental responsiveness
- Punitive or harsh parenting
- Less scaffolding interaction in play
- Fewer conversations

Moderate stress and recovery, but

- Higher incidence of prenatal stress
- More and greater traumas
- Chronic stress
- Chaotic lives/lack of routine

Good physical health, but

- Higher exposure to smoke
- Poor nutrition
- Low birth weight/preterm
- More respiratory illness

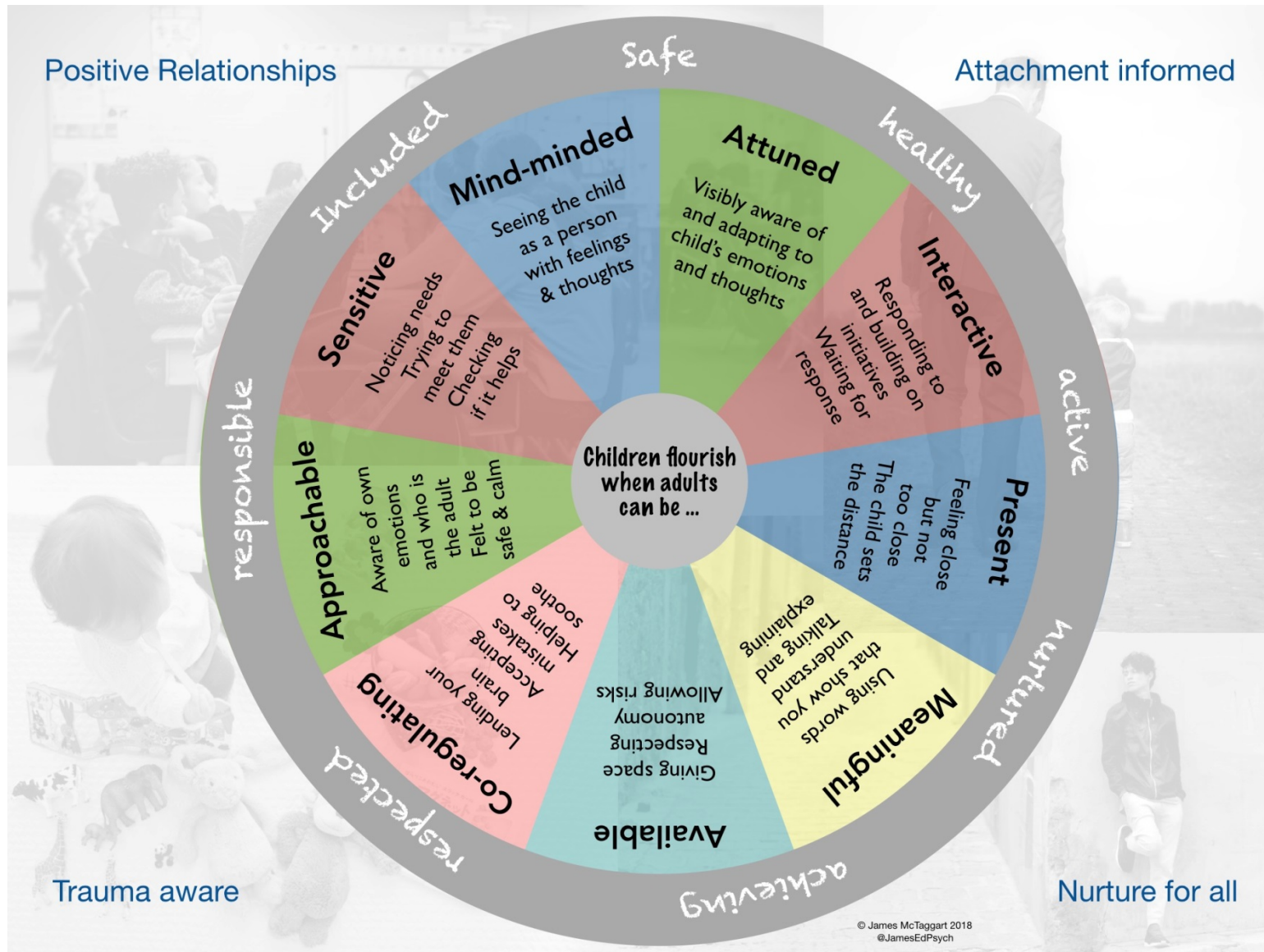


The more of each of these you have at school entry, the better you will do at 16+

- Executive function
 - Working memory
 - Attention switching
 - Response inhibition
 - Cognitive flexibility
- Emergent literacy
 - Concepts of print
 - Phonological awareness
- Language & Social skills
 - Vocabulary
 - Pragmatics
 - Turn-taking
 - sharing
- Self-regulation (a.k.a behaviour)
 - Knowing what to do
 - Understanding of routines
 - Appropriate arousal levels
 - Self-soothing
- Attribution style
 - Approach to challenge
 - Exploratory behaviours
 - Resilience to failure
- Fine motor skills & coordination

(Many of the key effects of deprivation can be seen by 18 months' old)

Appendix 2 – Processes for Positive Relationships



Expanding Early Learning and Childcare ...

The image features a young girl in an orange dress running happily in a classroom. She is surrounded by numerous thought bubbles and informational boxes, all set against a background of a classroom with a green wall and a window. The thought bubbles contain questions about childcare expansion, such as 'Will they see if I am getting tired & what will they do?' and 'Who will greet me and settle me in?'. The informational boxes, in shades of pink and orange, address topics like 'Longer days or sessions', 'Flexible start & finish times', 'More staff & busier settings', and 'Flexibility & staff shifts'. The overall theme is about keeping the child at the center of these changes.

Longer days or sessions

Will they see if I am getting tired & what will they do?

What's the plan if it's not right for me? How will they know?

Flexible start & finish times

Who will greet me and settle me in?

Where are my friends?

Will I have enough time at home?

How will my family feel part of my learning?

Where's that toy I liked?

Who are these new people?

Will they know what I'm learning & how?

Who is looking out for me? Who do I go to?

Can I still explore & move?

Can I still choose what I do & who with?

More staff & busier settings

Will I be stuck inside?

Who will have time to play with me?

Who really knows me as a person & understands how I feel?

Flexibility & staff shifts

... keeping the child at the centre

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