Childhood Adversity, Trauma and Resilience:

A City and Hackney approach

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Executive Summary

This paper presents a proposed approach to tackling adversity and addressing the root causes and pervasive impact of Adverse Childhood Experiences (ACEs) in City & Hackney. The approach expresses a vision and key strategic objectives, and describes a programme of work for 2020-2025, focusing on system approaches and enablers; the development of an ACE and trauma-aware workforce; and the development of specific interventions which aim to prevent or reduce the impact of ACEs and build resilience in individuals, families and communities:

- Increase awareness of ACEs across the integrated health care system at all levels to drive positive change;
- Equip front-line practitioners with the necessary understanding, resources and support to take action to tackle the prevalence and impact of ACEs.
- Tackle the root causes of ACEs and factors which we know to be harmful to children from conception through to adulthood (including the impact of neglect abuse, toxic stress and all factors which undermine parenting capacity).
- Create a community of practice to identify and utilise assets, resources and best practice to help us work with families, communities and each other to co-produce interventions and action that work to tackle adversity, build resilience and support recovery from trauma.

Our vision is for services in Hackney and the City of London to work in a way that is trauma-informed, ACE-aware and resilience-focused to improve health and wellbeing outcomes for our local communities. This approach will be enabled through the delivery and joining up of training to raise the level of awareness and expertise across the whole of the health and social care workforce in City & Hackney. This will build momentum to aid the development of specific interventions which aim to

prevent, intervene early and mitigate the negative impact of Adverse Childhood Experiences and Adverse Environments. The approach has been developed by the ACEs Project Group, and through a process of engagement with a wide range of practitioner stakeholders.

Part 1: Evidence, context and local picture

1. What are Adverse Childhood Experiences?

Adverse Childhood Experiences refer to chronic stresses that occur during childhood, and may have a long-lasting effect over the whole life course. These can include events that happen directly to the child (psychological, physical, emotional or sexual) but also circumstances or events occurring in their environment, particularly those impacting on their caregiver/s and exacerbating or creating the conditions for adversity (for example, domestic violence, parental separation, mental ill-health or incarceration or substance misuse within the family, homelessness, discrimination and racism, poverty, ill-health, bereavement and wider community violence or trauma).

The term "Adverse Childhood Experiences" was coined by a 1990s CDC-Kaiser study[1] in the USA. Participants in the study were asked if they had experienced any of ten specified traumatic events before the age of 18.

Abuse

- Emotional abuse: A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
- Physical abuse: A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
- Sexual abuse: An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.

Household Challenges

- Mother treated violently: Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.

[1] Felitti, Vincent J et al.Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in AdultsAmerican Journal of Preventive Medicine, Volume 14, Issue 4, 245 - 258. https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext

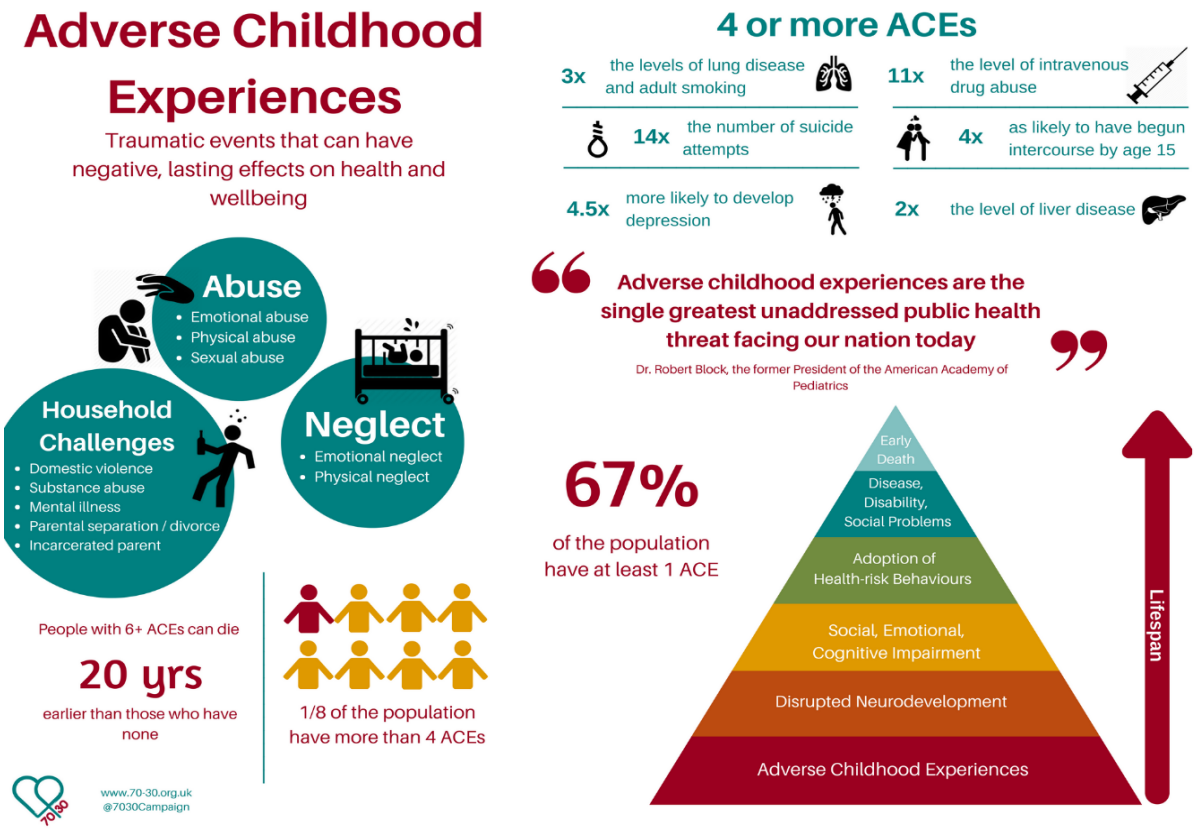
- Substance abuse in the household: A household member was a problem drinker or alcoholic or a household member used street drugs.
- Mental illness in the household: A household member was depressed or mentally ill or a household member attempted suicide.
- Parental separation or divorce: Your parents were ever separated or divorced.
- Incarcerated household member: A household member went to prison.

Neglect

- Emotional neglect: No one in your family helped you feel important or special; you didn't feel loved; people in your family didn't look out for each other or feel close to each other; and your family was not a source of strength and support. 16.7% 12.4%
- Physical neglect: There was no one to take care of you, protect you, and take you to the doctor if you needed it; you didn't have enough to eat; your parents were too drunk or too high to take care of you; and you had to wear dirty clothes.

The study found that more than half (52%) of respondents had experienced at least one of the 10 "Adverse Childhood Experiences" (ACEs) above and 6.2% had experienced four or more. The study found that individuals who had been exposed to ACEs were more likely to experience poor mental and physical health outcomes. As the number of ACEs increased, so did an individual's risk of experiencing a range of physical and mental health conditions.

The findings of the CDC-Kaiser study are summarised as follows:



2. Why do ACEs matter?

Subsequent ACEs studies have expanded the definition of Adverse Childhood Experiences, confirming the findings of the original study in terms of the impact of adversity on a whole range of health issues and negative outcomes in later life. The need for further research on the interlinking factors including the impact of poverty on ACE prevalence has been highlighted by many of these. ACEs rarely occur in isolation and those who are poor, isolated and living in deprived circumstances are more likely to experience ACEs[2]; with reporting of 4+ ACEs more common in the most deprived than the least deprived quintile[3]. In addition to increasing the likelihood of ACEs, social inequalities have also been found to amplify their negative impact[4].

[2] Asmussen K, Fischer F, Drayton E, McBride T. Adverse Childhood Experiences: What we know, what we don't know, and what should happen next. Early Intervention Foundation, 2020: https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next

[3] Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Medicine 2014, 12:72. http://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72

[4]

As the number of ACEs increases, the risk of an individual experiencing a whole range of poor outcomes spanning physical health, mental health, lifestyle choices and behaviour has been found to increase. Individuals with a high number of ACEs have been found to be at risk of poorer educational and employment outcomes and low mental wellbeing and life satisfaction[5]. Those with 4 or more ACEs are 3x more likely to have attended A&E, 2x more likely to have frequently visited a GP and 3x more likely to have stayed in hospital overnight than those who have experienced no ACEs[6]. 64% of those who had contact with substance misuse services had 4+ ACEs and 50% of homeless people had experienced 4+ ACEs[7].

Since it is clear that the impact of Adverse Childhood Experiences can impact on an individual's potential across all areas of their lives, it is an area of research that is not only the domain of psychology and neuroscience, public health or bio-medical science but is also relevant and all aspects of public-facing services.

The Early Intervention Foundation (EIF) produced a report in February 2020[8] that reviews the links between ACEs and health outcomes and considers the links to mental health, physical health, educational attainment and anti-social behaviour. The report also examines the wider context of childhood vulnerability including wider, 'ecological' factors which contribute to childhood trauma and negative adult outcomes. (**Appendix 1** illustrates the ecological model).

The findings of the EIF report confirm a strong and consistent dose-response relationship between childhood adversity (defining a broader set of negative childhood circumstances to the original study, including low family income and peer victimisation) and health harming behaviours, mental health problems and antisocial behaviour. The EIF report suggests that the negative impact on some of these wider circumstances may be as strong if not stronger than a history of 4+ ACEs. Low birth weight for example, has been found to increase the risk of having a stroke before the

[5] https://www.scotphn.net/wp-content/uploads/2016/05/2016_05_26-ACE-Report-Final2.pdf
[6] http://www.healthscotland.scot/media/1267/2_mark-bellis-presentation.pdf
[7] Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Medicine 2014, 12:72. .
Bellis MA, Ashton K, Hughes K, Ford K, Bishop Jand Paranjothy S. Centre for Public Health - Liverpool John Moores University (2016). Welsh Adverse Childhood Experiences (ACE) Study - Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population.
http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdfhttp://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72
[8] Early Intervention Foundation, 2020

age of 50 by 200%, and childhood experiences of social discrimination have been found to increase the risk of adult mental health problems by 200%.

An over-reliance on the original ACE categories may therefore lead to too little emphasis on the impact of other significant childhood adversities which is something we need to be cautious of. The original research places equal weight on each Adverse Childhood Experience which fails to take account of the differing impact of each of these on the individual depending on their age and stage, or the presence or lack of protective factors which may exacerbate or make an event more tolerable.

3. What links ACEs to poor outcomes in adulthood?

The impact of early experiences on physiological development and social processes (and health-harming behaviours associated with these) have all been found to link ACEs to poor outcomes in adulthood.

3.1. Health harming behaviours

Authors of the original study assumed the correlation between ACEs and poor health outcomes they had found could be explained by harming behaviours including smoking, alcohol and substance misuse used by adolescents and young adults to cope with higher levels of trauma-induced stress. Findings from the first study supported this explanation and found that a history of 4+ ACEs increased the risk of smoking by two, street drug use by four, and problematic drinking by seven, and intravenous drug use by 10. Studies conducted subsequently however found that health harming behaviours explained no more than 50% of the relationship between ACEs and poor physical outcomes and suggested that more complex social and physiological processes played an important role.

3.2. Neuro-developmental and physio-logical processes

Research findings from the biological sciences explored the correlation between ACEs and poor health further. Prolonged exposure to trauma and stress has been found to disrupt important processes involving the immune and nervous systems and increasing an individual's susceptibility to disease and mental health problems. [3] The impact of exposure to high levels of stress known as 'toxic stress', which are typical

in circumstances involving abuse and neglect, and can result in an overproduction of cortisol that may damage physiological systems in a number of ways. Babies and young children exposed to adverse experiences in childhood cause the infant to be flooded with the stress hormone designed to help the body deal with stressful situations, but which can build up in the blood stream even after the traumatic event and impact on the nervous and autoimmune system.

The experiences and relationships in the first 1001 days of a child's life including pregnancy and the first two years, have a profound and significant impact on health and wellbeing across the life course. Connections in the brain of a baby from birth to 18 months are created at a rate of one million per second and at this time of rapid growth, foundations are laid down for cognitive, emotional and physical development. Maltreatment including neglect and abuse, or exposure violence between family members, require adaptations on the part of the child which may interfere with optimal physical and psychological development and over time decrease children's resilience to disease and vulnerability to a variety of mental health problems[9]. Evidence on toxic stress, latent vulnerability and epigenetic modulation are all considered in more detail by the EIF report.

3.3. Social and relational processes

Adverse Childhood Experiences including child maltreatment and parenting behaviours which can be harmful to children, have been found to be shared across generations, with parents of children who experience ACEs often having experienced similar circumstances themselves. Trauma and harmful behaviours associated with coping with traumatic events can be passed through families and communities[10],[11] and lead to a cycle of trauma. There may be a number of reasons for this, including epigenetic modulation and potential genetic links but also the process by which behaviours are learned through social reinforcement from caregivers and peers[12.] Children raised in adverse environments where interactions between family members

[9] Early Intervention Foundation, 2020
[10] https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf
[11]http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf
[12] Early Intervention Foundation, 2020

may involve physical abuse or violence for example, are at a far greater risk of engaging in aggressive behaviour in adolescence and adulthood.

The quality of the inter-personal parenting relationship (specifically how parents communicate and relate to each other) influences effective parenting practices and children's long-term mental health and future life chances. As well as relating to two of the 10 ACEs in the original study ('Parental separation / divorce' and 'domestic violence') exposure to frequent, intense and poorly resolved inter-parental conflict has been conclusively demonstrated in research to put children's mental health at risk [13][14]. In setting the family context and emotional environment for the child or young person, the quality of the parental relationship also interacts with all other adverse experiences acting either as a protection (or mitigating factor) from harmful experiences or as a source of risk (or exacerbating factor).

The 'Building Community Resilience' [15] framework (*Fig.1, below*) describes 'The Pair of ACEs' as that which includes both ACEs and Adverse Community Environments. This model considers root causes of ACEs including toxic stress and childhood adversity and the role of wider determinants and effects of ACEs, including aspects such as community violence[16] which as well as being a consequence of ACEs has been demonstrated to have an impact on children's self-regulatory behaviour and cognitive functioning.

[13] Harold G, Acquah D, Sellers R, and Chowdry H (2016) What works to enhance inter-parental relationships and improve outcomes for children? DWP ad hoc research report no. 32. London:DWP.

[14] https://tavistockrelationships.ac.uk/policy-research/policy-briefings/1278-addressing-inter-parental-conflict-in-child-and-adolescent-mental-health-services)

[15] Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model.

[16] Patrick T. Sharkey, Nicole Tirado-Strayer, Andrew V. Papachristos, and C. Cybele Raver, 2012:The Effect of Local Violence on Children's Attention and Impulse ControlAmerican Journal of Public Health **102**, 2287_2293,https://doi.org/10.2105/AJPH.2012.300789

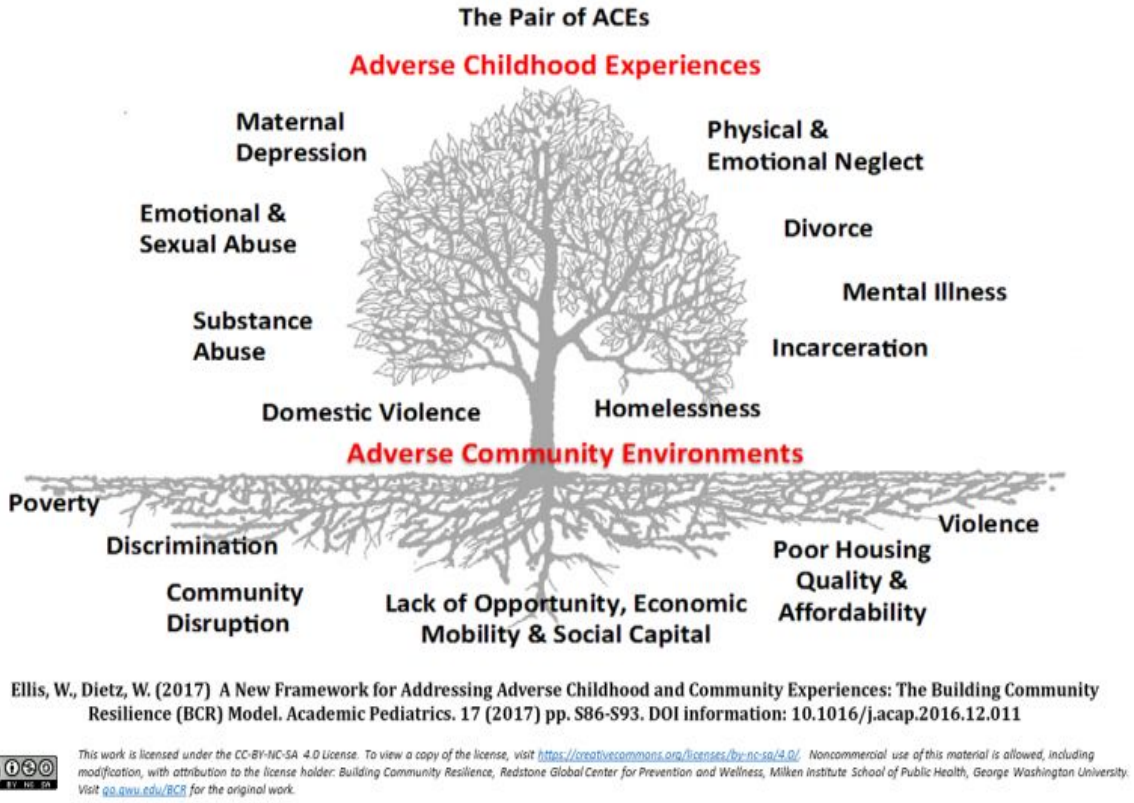


Figure 1.

4. What is Resilience?

Resilience has been defined as 'normal development under difficult conditions' [17] and refers to a set of protective qualities developed over time that can to lead to good outcomes in the face of adversity. While children who experience negative outcomes have been found to have had a high prevalence of ACEs, the experience of adversity during childhood does not mean that poor outcomes are inevitable. Building on and developing strengths in a child's life, and resilient factors, helps improve outcomes by building protective networks around the child and the self-protective potentials within the child that can enable them to deal with obstacles in their path and thrive despite adversity[18].

[17] Fonagy, P., Steele, P., Steele, H., Higgitt, A. and Target, M. (1994) 'The theory and practice of resilience', Journal of Child Psychology and Psychiatry, Vol. 35, pp. 231–57

[18] Daniel and Wassell, (2002) Assessing and Promoting Resilience in Vulnerable Children Vols. 1, 2 & 3, London & Philadelphia, Jessica Kingsley Publishers Ltd.

Resilient children are those who grow well, cope with and even flourish despite significant adversity and this comes about as a result of the interaction of individuals with their environment. A commonly held misconception in using the term ‘resilience’ to describe a child ‘bouncing back’ or seemingly ‘coping’ with adversity, is that too much emphasis is placed on the individual and fails to acknowledge the dynamic nature of resilience. Three fundamental building blocks underpin a resilient child and include: a secure base and sound attachments; good self-esteem providing a sense of self-worth and competence and self-efficacy, or a sense of mastery and control. A strength in one of the six domains below which are known to contribute to a child’s level of resilience to adversity such as abuse, neglect and loss has been found to boost a weaker domain:

1. Secure base
2. Education
3. Friendships
4. Talents and interests
5. Positive values
6. Social Competencies

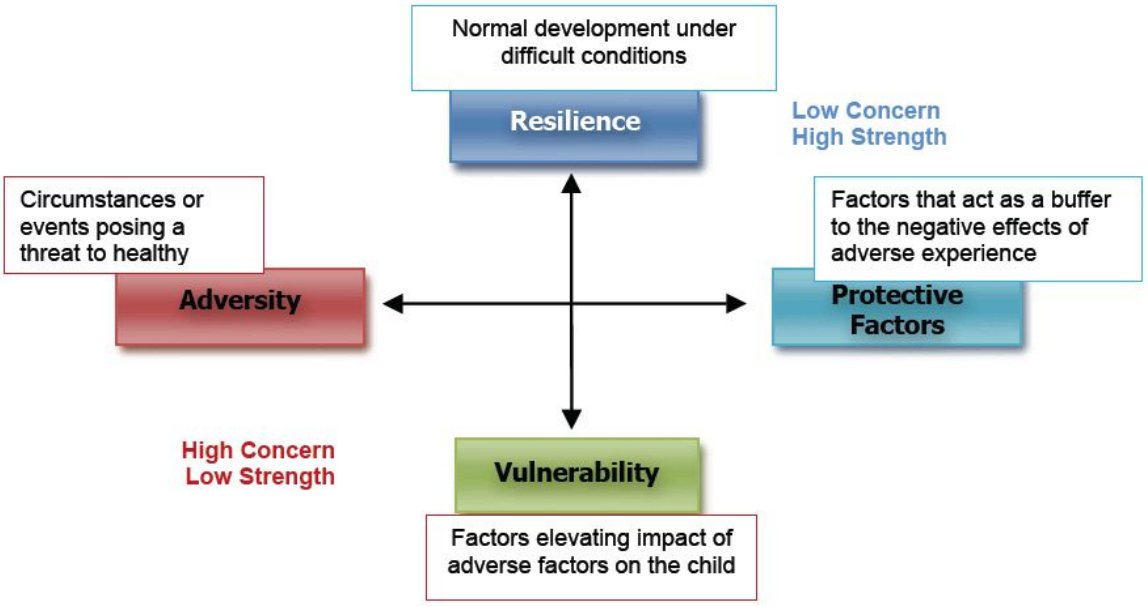


Figure 2[19]

Resilience has been found to be a protective factor against the increased risks associated with experiencing ACEs. The Welsh Adverse Childhood Experience and Resilience Study (2017) found that having some personal, relationship and community resilience in the form of supportive relationships was found to reduce the risk of current mental illness in more than half of those who had experienced 4+ ACEs. Other factors that had an effect were perceived financial security, trusted adult relationships, regular sports participation and community engagement[20]. A focus on individual resilience without taking account of relationships and community resilience can lead to individuals feeling blamed or unsupported and must be avoided.

The quality of the parental relationship has a direct impact on the quality and protective capacity of the relationships /between the child and their parents. A resilient relationship between parents/carers, especially when supported by positive wider communities, can mitigate the impact of ACEs. [21]

5. How do we measure ACEs?

Various methods have been used to measure ACEs and their related risks. No one method of measuring ACEs provides us with an exact estimate of ACEs and each method presents us with practical and ethical challenges. The counting of experiences classified as ACEs also runs the risk of presenting an overly deterministic portrayal of the relationship between ACEs and negative adult outcomes. Adverse Childhood Experiences cannot accurately predict poor outcomes in an individual and resilience factors as described above mitigate the impact of ACEs leading to many children who have experienced multiple ACEs growing into

[19] Daniel, B., Wassell, S. and Gilligan, R. (1999) Child Development for Child Care and Child Protection Workers, London and Philadelphia, Jessica Kingsley Publishers Ltd.

[20] http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20(Eng_final2).pdf

[21] Harold, G.T., Acquah, D., Chowdry, H., & Sellers, R. (2016). What works to enhance inter-parental relationships and improve outcomes for children. Department for Work and Pensions (DWP), Ad hoc research report 32.

adults who are strong, healthy and capable adults. Methodologies and study designed typically used to measure ACEs are described by the Early Intervention Foundation [22] as falling into 3 categories: service records, longitudinal studies and retrospective cross-sectional population surveys.

Service records: held by hospitals, mental health services, the police, schools and social services including statistics reported annually to the Department of Education provide a consistent source of information about the rate new cases are reported but provide little information about the prevalence of maltreatment. This is in part due to the fact that datasets held by services often overlap but also because incidents of child abuse and neglect are also grossly under-reported. In addition, data on serious family difficulties including family breakdown, mental health or substance misuse also tells us very little since the number of adults recorded as being impacted by this does not routinely include data on whether they have children in their care who may be adversely affected.

Longitudinal studies involving large cohorts over a long period of time track a large representative sample over a relatively long period of time, an example of which includes the Millennium Cohort Study (MCS) and The Understanding Society Study, the findings of which were fed into national datasets including those held by the ONS and the Children's Commissioner. While benefits of this approach include the production of data that can help us analyse the causal relationship between childhood adversities and later adult outcomes, the need for informed consent also leads to ACEs being under-reported and lifetime prevalence not being known until many years after the study is complete.

The original ACEs study and the majority of the ACEs studies carried out are retrospective cross-sectional population surveys which aim to recruit a representative cross-section of the adult population and ask them to report on their experiences of adversity during their childhoods. This approach allows lifetime prevalence of various forms of maltreatment to support a fuller understanding of the problem at population level and removes some of the earlier ethical considerations around informed

[22] Asmussen K, Fischer F, Drayton E, McBride T. Adverse Childhood Experiences: What we know, what we don't know, and what should happen next. Early Intervention Foundation, 2020

consent. Reliability of findings rely however on adult memories of abuse and this approach does not help us to understand causal links between childhood experiences and adult outcomes and can only tell us whether childhood adversities co-occur with various adult outcomes and do not often consider the extent to which other issues might explain this.

Concurrent prevalence surveys involving surveys of a representative cross-section of the child population at regular intervals rather than the same individuals over several years may be helpful in comparing changes in the prevalence of childhood adversity. The World Health Organisation (WHO) has recommended that all European countries regularly collect information on child maltreatment and other childhood adversities with young people between the ages of 13 and 15 on a regular basis within a period of no less than five years and that there should be conducted through schools and should consider maltreatment occurring in the past years and over the life course.

Each of the methods above have drawbacks which can either lead to an over or under-estimate the prevalence of adverse childhood experiences and their related risks. The EIF recommends that the Office for National Statistics consider how the WHO guidelines can be taken forward to ensure studies are carried out within the context of rigorous ethical protocols. These must include respect for the child's right to confidentiality but include procedures for keeping the child safe when abuse is disclosed. These should include surveys involving a large representative sample of children and parents conducted on a regular basis – at least every four years if not more frequently.

6. ACEs in Hackney and the City of London

Local demographics, service level data on children and young people known to children's social care, and estimates based on National retrospective cross-sectional population surveys provide us with a broad some indication of the potential numbers of those whose outcomes as adults are likely to be affected into adulthood by ACEs.

Service level data (2019) - Children on child protection plans, Child in Need plans and becoming Looked After due to significant harm in City and Hackney

Hackney
4190 referrals to Children's Social Services at a rate of 658.2 per 10,000 children.

194 children subject to a Child Protection Plan at a rate of 30.5 per 10,000 children.

405 Looked After Children at a rate of 64 per 10,000 children.

44 Unaccompanied Asylum-Seeking Children (UASC) who were Looked After.

City of London
81 referrals to Children's Social Services at a rate of 557.5 per 10,000 children.

No published data on Child Protection Plans.

20 Looked After Children at a rate of 138 per 10,000 children.

18 Unaccompanied Asylum-Seeking Children (UASC) who were Looked After.

Estimates of ACEs experienced in City and Hackney based on national data

City and Hackney are based on the approach taken by Bellis et. Al. in their "National household survey of adverse childhood experiences and their relationship with resilience to health harming behaviours in England[23]"

The Office of National Statistics estimates the Hackney a population at 279,700 in 2018 and The City of London at 8,700. Based on ACE prevalence across England[24] an estimated 134,256 Hackney residents (48%) and 4176 City of London residents (48%) will have experienced at least one ACE. With 25,173 and 783 residents who have experienced 4+ ACEs.

Number of ACEs	Estimated Prevalence[25]	Estimated number in Hackney	Estimated Number in the City of London
0 ACEs	52%	145,548	4524

[23] https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72
[24] https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72
[25] Based on England ACEs survey. https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72

1 ACE	23%	64,331	2001
2-3 ACEs	16%	44,752	1392
4+ ACEs	9%	25,173	783

Table 1: Estimated number of City and Hackney residents who have experienced ACEs. Prevalence based on study by Bellis et al (2014)

Local Demographics relevant in relation to consider

The Office of National Statistics analyses show a statistically significantly higher risk of dying from Covid-19 for persons from Black, Bangladeshi/Pakistani, Indian, and males from Other ethnic groups compared with White population, even after accounting for such factors like urbanisation, deprivation, household composition and tenure, social class, and self-reported health. Certain factors have been shown to be more prevalent among ethnic minority groups and ONS suggest that they might further contribute to increased risk. These include occupational risks, pre-existing conditions, overcrowding, language barriers and poor health literacy, poverty and unemployment, as well as loneliness and isolation.

Hackney

Hackney has above average rates of:

- Deprivation
- Infant and child mortality
- Domestic violence
- Children aged 5-15 with parents in alcohol services
- Lone parent families
- Families with dependent children where no adult is in employment
- Statutory homelessness
- Childhood obesity
- Children with Special Educational Needs
- Children with social, emotional and mental health needs.
- Children under 16 living in low income families (24.7%)
- Children are entitled to free school meals (27.7%)
- Children aged 10-17 entering the Criminal Justice System.
- Children who are victims of knife crime.

The City of London

The City of London has a relatively small population of children in comparison to Hackney. It is less deprived than average but has high rates of domestic abuse, higher than average rates of children with special education needs and social, emotional and mental health needs. The City of London also has a comparatively large number of unaccompanied asylum seekers who are children and who make up 90% of 'Looked After' children in the borough. This group of young people are likely to have experienced a high number of ACEs given their status and the traumatic experiences and limited protective factors available from community connections.

7. Action being taken to tackle ACEs

7.1. National context

Following an influential study on ACEs by Public Health Wales in 2015 which found a strong correlation between the 10 ACEs and a range of negative outcomes, the Welsh Government developed a range of national policies to try to break the ACEs cycle and established an ACEs hub. Their strategy has a focus on workforce development, screening for ACEs and improved inter agency working. As part of this, they have implemented an ACE informed 'Early Action Together' approach within the Police force in Wales with the aim to intervene early and prevent further ACEs when called out to a home where children are present. Wales's ACE hub takes an asset-based approach connecting and supporting innovative and cooperative projects in a number of ways led by sectors including housing and homelessness sectors, youth service and youth justice services and schools.

The Scottish Government has also made ACEs a priority with a commitment to reducing the negative impacts of ACEs and of supporting resilience of children, families and adults[26]. Scotland recently convened a conference on ACES and aims to be the first ACE aware nation. Actions being taken to address ACEs in Scotland include the provision of inter-generational support for parents, families and children to prevent ACEs; reducing the negative impact of ACEs for children and young

[26] https://www.blackburn.gov.uk/children-and-young-people/adverse-childhood-experiences-aces

people, developing adversity and trauma-informed workforce and services (1.35 million funding with NHS Education for Scotland to deliver a national trauma training programme), and increasing societal awareness and supporting action across communities. Consideration of ACEs is informing the development of national policy including, for example, measures to reduce parental incarceration and moving to short prison sentences.

The focus on ACEs approaches in England has been more fragmented, in the absence of a national strategy or over-arching approach, but trauma-informed approaches and the impact of the ACEs research has impacted different aspects of public services and momentum is building. Blackburn and Darwen replicated the findings of the original ACE study across their local population[27] and have developed a REACh (Routine Enquiry in Adverse Childhood Experiences) initiative (see section 6). Cumbria has focused on ACEs for their 2018 DPH annual report[28] as has Nottinghamshire (2017/18) with a focus on training for all health [& social] care, education and policing staff on ACEs and impact of trauma and investment in programmes that support a trauma informed way of working e.g. routine enquiry and resilience building[29]. Gloucestershire have developed an ACEs strategy which also prioritises raising awareness of ACEs, training professionals and system wide, partnership working[30].

Birmingham's Health and Wellbeing Board developed the 'ACEs Birmingham' approach as a response to the strength of evidence on ACEs drawing on the experience of West Midlands police having taken learning from the South Wales Police Force. Their approach introduces routine enquiry of adverse childhood experiences into frontline specialist practice, in services supporting adults, children and young people and/ or families offering a set of guiding principles that aims to change the impact of these experiences in a number of ways.[31]

Emerging good practice in the UK listed by Young Minds includes: Enquiring about childhood adversity and trauma (Lancashire), Family-based interventions from an

[27] https://www.blackburn.gov.uk/children-and-young-people/adverse-childhood-experiences-aces
[28] https://www.cumbria.gov.uk/elibrary/Content/Internet/536/671/4674/5223/43508134148.pdf
[29] https://www.nottinghamshire.gov.uk/media/129275/dph-annual-report-2017-final.pdf
[30] https://www.actionaces.org/wp-content/uploads/2018/11/ACEs-Gloucestershire-Strategy_2018-20-FINAL.pdf
[31] https://www.local.gov.uk/sites/default/files/documents/Reducing%20family%20violence%20case%20study%20Birmingham%20final.pdf)

ACE perspective, specialist and liaison services, Youth-led approaches to tackling adversity (London), embedding a trauma-informed approach in the community and voluntary sector (Sussex and Surrey), education and alternative approached (Bath), trauma-informed approaches in substance misuse. [32]

Lambeth council and NHS Lambeth CCG screened the US film 'Resilience' as part of their launch of a project called 'Lambeth Made' in 2018 to which they invited 200 professionals from health, social care, schools, early years, police, housing and the voluntary and community sector (VCS). The film introduced the concept of ACEs, and the effects of toxic stress and involved a Q&A with experts and discussions where practitioners debated its relevance to a local context and whether and how this research should inform their work. This project connects with their Leap programme focussing on support for families of children aged 4 and under living in the most deprived wards in the borough.[33]
Barking and Dagenham have made a focus on Adverse Childhood Experiences an outcome of their Health and Wellbeing Strategy[34] and Hammersmith and Fulham have developed trauma aware Children and Young People's services alongside Family Support[35].

The London Assembly's "Healthy First Steps[36]" encourages the Mayor to directly tackle Adverse Childhood Experiences across London by signing up to the Wave Trust's 70/30 campaign and to consider London-wide ACE hubs. The Wave Trust examined 'Systems to protect children from severe disadvantage' in their report in 2018 and concluded that with a few exceptions, UK systems have not promoted good educational outcomes or resilience or provided pedagogical or trauma-informed care. Wales, Northern Ireland and Scotland have advanced ACE-aware and trauma informed care, but England is only now beginning to.

London Assembly's "connecting up the care" focuses on three ACEs: domestic abuse, parental mental ill health and parental substance misuse and recommends that an action plan should be created by the Mayor's London Health Board. This

[32] https://youngminds.org.uk/media/2141/ym-addressing-adversity-infographic-poster-web.pdf
[33] https://love.lambeth.gov.uk/resilience-screening-childrens-services/
[34] https://www.lbbd.gov.uk/sites/default/files/attachments/Joint-Health-and-Wellbeing-Strategy-2019-2023.pdf
[35] https://www.family-support.org.uk/who-we-are/latest-news/one-year-trauma-aware-approach-children-and-young-peoples-services
[36] https://www.london.gov.uk/sites/default/files/healthyfirststeps_030718_0.pdf

should assess information sharing agreements, investigate equality of access to multi-agency working and equal access to services as well as encouraging all its partners to adopt a trauma-informed approach when working with people that are experiencing single or multiple vulnerabilities[37].

The Early Intervention Foundation's 2020 report 'Adverse Childhood Experiences Adverse childhood experiences: What we know, what we don't know, and what should happen next' responded to the House of Commons science and technology committee recommendations. Having examined the quality and conclusions of the ACEs research and the strength of evidence underpinning ACE-related interventions, they emphasised the critical role of local and National policies in addressing wider social and economic conditions that can increase the likelihood of children being exposed to early adversity.

7.2 **Local Context**

Awareness of the importance of work to prevent, intervene and mitigate against Adverse Childhood Experiences with trauma-informed and culturally aware practice is widespread across City and Hackney. Trauma and attachment aware work that aims to tackle Adverse Childhood Experiences and build resilience in children, young people, families and communities is apparent not only throughout our CAMHS and Mental Health services where it underpins many approaches, but also throughout the wider integrated system.

Work to tackle ACEs and use of trauma-informed approaches are visible in services, strategies, training and staff development policies within early years settings, midwifery and health visiting, youth services, children's social care, schools, community settings and youth offending service with a desire to harness this and to work in partnership to enact system-wide change. Some examples of this include:

- Safe and Together approach to domestic abuse;
- Orbit parenting programme for families impacted by parental substance misuse

[37] https://www.london.gov.uk/sites/default/files/connecting_up_the_care.pdf

- Hackney Children and Families Service in-house clinical service interventions (including direct work with child and young person and attachment-based relational approaches between parent and child, between parents to reduce parental conflict and systemic family therapy.
- City of London: Family therapy clinic for families open to CSC or early help; joint project with Coram to intervene early to reduce the impact of trauma on Unaccompanied Asylum-Seeking Children involving keyworkers, foster carers, social workers, residential workers and tenancy support workers to deliver sleep work with young people.
- Perinatal: midwifery and health visitor training in trauma-informed approaches and mental health screening with a focus on 1001 critical days;
- 0-5's: the universal and targeted support provided by health visitors and in children's centres, the Weigh and Play pilot, Children and Families Services and Family Nurse Partnership;
- 5-19's: contextual safeguarding, 'Cool down café' and detached outreach work, Parent Champions, Red Thread project, WAMHS work in schools including attachment and trauma-informed practice, our voluntary and community sector partnerships including Growing Minds, youth services including sports and wellbeing programmes, violence reduction and trauma-informed training at Homerton University Hospital and Emotion coaching in youth justice service.

There are a number of local strategies and programmes of work relevant to the local approach to childhood adversity, trauma and resilience which we intend to develop collaboratively partnership with to align action plans and co-produce approaches. These include the following:

- Violence Against Women and Girls Strategy, IRISS and DAIS
- Youth justice strategy and Prevention and Diversion work
- CAMHS transformation and CAMHS Alliance workstreams including the WAMHS and Trauma and Attachment in schools work
- Joint Mental Health Strategy, Suicide Prevention strategy and Homelessness
- Children and Families Service and Early Help strategic programmes and vision
- Inclusive Economy Strategy, Arts and Culture Strategy, Community Strategy, Resilience Strategy, Single Equality Scheme
- Young Black Men's Programme

- Contextual Safeguarding Work
- Substance misuse and DV work across the system
- Making Every Contact Count
- Prevention Workstream work with Voluntary and Community Sector

8. What can be done about ACEs?

A number of reviews of the available evidence reviews of what works to address ACEs have been carried out in the UK by Public Health Wales (2019), The Wave Trust Report (2018) The Early Intervention Foundation (2020) and Young Minds, NHS Health Education England (2018). The findings from these reviews are summarised below and have informed the development of the proposed approach to ACEs for City and Hackney.

Enabling transformation

The Wave Trust[38] recommends that a national shift to a trauma-informed care system characterised by ACE-awareness would protect against severe, multiple disadvantage. This would mean adopting a transformative whole Council approach and an end to Local Authority 'silo' culture. A 'good public health approach' to addressing ACEs is recommended by the Early Intervention Foundation[39] report which emphasises the need to tackle the conditions in which ACEs are more prevalent. The magnitude of the scale and impact of childhood adversity means that a response cannot be provided by a single service or intervention and instead requires a system-wide focus on the negative impact of childhood adversity, with workforce practice, services, commissioning and leadership all aligned in a commitment to identifying and meeting the needs of the most vulnerable (*see Appendix 2*) families. This should include:

- Effective leadership ensuring that services are well configured and connected to meet the needs of the local population
- Strong professional workforces equipped to meet the needs of children and families struggling with adversity. This support should include training and

[38] Walsh, I. Systems to protect children from severe disadvantage. Wave Trust, 2018

[39] Asmussen K, Fischer F, Drayton E, McBride T. Adverse Childhood Experiences: What we know, what we don't know, and what should happen next. Early Intervention Foundation, 2020

supervision, as well as the time necessary to establish positive relationships with families.

- Strong services, which includes the use of interventions with good evidence of improving outcomes for children.

The Scottish Public Health Network highlight the need to work towards a psychologically informed society[40] and draw attention to work carried out by The Frameworks Institute[41]. Recommendations include a focus on societal level solutions including increasing understanding around cycles of maltreatment, expanding people's understanding of the effects of poverty and to present reducing adverse childhood experiences as a possible outcome.

A transformative approach to foster collaboration to tackle the root cause of ACEs is proposed by the Building Community Resilience' framework[42] *(figure 1).* Clinicians are called on to extend their focus and reach beyond the clinical environment to address the social determinants that lead to adverse childhood and community experiences that affect early childhood development. The model is based on the evidence that areas where there is a higher prevalence of poverty, unemployment, and food insecurity indicate higher levels of social vulnerability and lower levels of community resilience. When families live in communities in which food insecurity, domestic violence, challenges to parenting, unemployment, inadequate educational systems, crime, and social justice issues are common, the result is an environment in which 'ACEs abound, needed social supports are scarce, and toxic stress results'.

Community resilience is defined here as *'the capacity to anticipate risk, limit effects, and recover rapidly through survival, adaptability, evolution and growth in the face of turbulent change and stress'.* Reinforcing social supports for vulnerable children families and building community resilience means prevents the ACEs it is possible to prevent and mitigates the impact of those that cannot.

[40] https://www.scotphn.net/wp-content/uploads/2016/05/2016_05_26-ACE-Report-Final2.pdf
[41] http://frameworksinstitute.org/assets/files/ECD/social_determinants_ecd_messagebrief_final.pdf
[42] Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model.

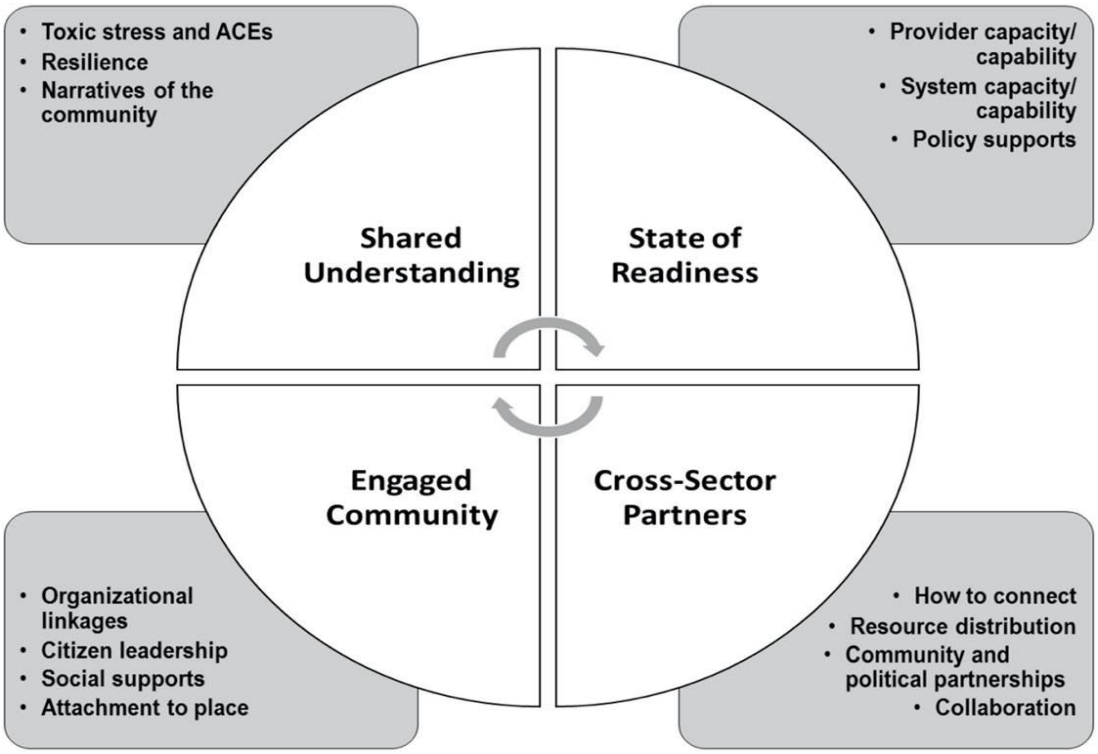


Figure 3[43]

A framework for action proposed by this approach aims to provide a seamless continuum of cross-sector cooperation and services to build 'social scaffolding' that will support children and families and contribute to community resilience. The phased strategic readiness and implementation process described in figure 3 aims to enable clinicians, providers, social service, and community-based partners to align services and resources to coordinate efforts aimed at addressing the health, emotional, and social needs of children and their families. Collectively these partners will work to inform a community-based plan to reduce and prevent trauma and toxic stress, improve mental and physical health, and build capacities that influence in the near as well as the long term.

Interventions that prevent ACEs, intervene early and mitigate the impact ACEs and trauma

[43] Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model.

The Early Intervention Foundation (2020) Identified 33 interventions representing 10 intervention models with robust evidence of preventing ACEs, reducing the health-harming behaviours associated with ACEs, or reducing ACE-related trauma. Trust between practitioner and child, young people and families is recognised as essential for interventions including therapeutic and universal activities which aim to build trust between peer groups and children and teachers but is acknowledged as being challenging when working with those who have learnt to mistrust others through the experience of multiple ACEs. Practitioner skill and time necessary to gain trust and work through difficulties was found to be determined partly by previous experience and qualifications, but also support they receive from their managers and organisations.

Interventions with proven evidence of preventing and reducing ACEs reviewed by the EIF includes:

- **Activities which prevent ACEs from occurring in the first place** including family-based interventions with good evidence of reducing family conflict to mitigate the negative impact of parental conflict and mental health problems.
- **Activities which prevent or reverse social processes thought to perpetuate ACEs**. Interventions with robust evidence of reversing negative social processes thought to contribute to ACEs, and of providing children with the skills to increase their resilience to stress and adversity.
- **Activities which aim to prevent or reduce health-harming behaviours.** Many of the social processes contributing to health-harming behaviours could be halted through universal, school-based interventions that help to discourage children from using dangerous substances and provide them with alternative coping strategies
- **Therapies which directly treat symptoms of trauma.** There are a number of interventions with robust evidence of reducing symptoms of trauma and improving children's mental health, and these should be made available to children experiencing ACE-related trauma symptoms, or in cases of established abuse and neglect.

The Early Intervention Foundation conclude in a number of recent reports that the impact of parental conflict on children is a critical component in improving child outcomes. Frequent, intense and poorly resolved parental conflict can result in long-term mental health issues and emotional, social, behavioural and academic problems as they grow up**.** Early intervention to reduce the impact of parental conflict can improve outcomes for children and the effectiveness of other family support. Typically, parents only seek help when reaching crisis point but a growing body of evidence suggests that universally improving the quality of the parental relationship can help present Adverse Childhood Experiences and that all practitioners working with families can play an important role in reducing the harmful impact of parental conflict.

Public Health Wales in their 'Responding to ACEs' review of 100 interventions[44]', grouped over 100 ACE responses into four categories: Supporting Parenting; Building relationships and resilience; early identification of adversity; Responding to Trauma and specific ACEs. Across all of the 4 different types of intervention, 7 common themes emerged:

1. Promoting social development, cohesion and positive relationships across the life course.
2. Promoting cognitive-behavioural and emotional development in childhood.
3. Promoting self-identify and confidence both in adults and children.
4. Building knowledge and awareness about the causes and consequences of ACEs amongst the public and professionals.
5. Developing new skills and strategies for those affected to cope with adversity.
6. Early identification of adversities by therapeutic and interfacing services to identify and support parents, children and those affected through the life course.
7. A collaborative approach across sectors and organisations.

[44]https://www.wales.nhs.uk/sitesplus/documents/888/RespondingToACEs_PHW2019_english%20%28002%29.pdf

Early Identification of Adversity and Interventions

This group of programmes aimed to raise awareness of ACEs focussing on early identification of at-risk children and households. This was achieved in primary care, in the home or within the community. key messages for this group of programmes were:

- Early identification of adversity can lead to early interventions to prevent detrimental outcomes.
- Key approaches involved raising professional awareness of parental conditions which may contribute to ACEs.

Responding to Trauma and specific ACEs.

This group of interventions looked at minimising risk factors for children exposed to ACEs by treating specific ACEs including treatments for substance misuse, tailored treatments to support families, parents and children, address parenting-child relationships in families who are experiencing trauma and promoting wellbeing and good mental health throughout families. Targeted interventions and psycho-therapeutic treatments were delivered across the home, primary care, schools and the community. The key messages for this group of programmes were:

- Recognising that the impact of ACEs on an individual can be traumatic and have a detrimental impact on physical and mental health over the life course.

- Alongside specialist interventions there was a need for increased awareness about the impact of ACEs, prevention of ACEs and response to ACEs.

Supporting Parenting

These programmes looked at interventions for parents to ensure that their children have the best start in life, supporting the building of supportive adult-child relationships and attachment. These were across a range of settings including home, primary care, schools, the community and social services/welfare. The key messages found from the review were that:

- Child's emotional and behavioural development was beneficially affected by positive attachment to parents and positive parenting practices.
- Parenting interventions are cost effective ways of improving parenting and mitigating the effects of ACEs on children. They are especially effective in the first 1000 days of life at establishing the best start in life for children.
- Parental empowerment, supportive parenting practices and supporting the building of positive parent-child relationships and attachment were key approaches to ACE reduction.

Building Relationships and Resilience

These programmes involved promoting children's resilience and positive relationships to aim to strengthen protective factors such as emotional and social competency. These included mentoring interventions, school and community-based interventions and interventions building resilience. The key messages for this group of programmes were:

- Individuals who experience ACEs often have fewer resilience factors such as positive social relationships.
- Mentoring, Community and School based, and life skills intervention were all found to be cost effective ways to boost resilience and build relationships.
- Key approaches in this area were education for children around stress, promoting overall life skills and wellbeing and supporting the building of positive relationships.
- A strong relationship between local agencies, services and members of the community may effectively prevent a range of behaviours which have a strong

association with ACEs such as crime, substance misuse and community violence.

Routine Enquiry (REACh)

There is evidence that many individuals who have experienced ACEs have never disclosed them to a professional and will often not mention these experiences unless asked directly. The "Routine Enquiry into Adversity in Childhood project (REACh)" developed by Lancashire Care[45] specifically looked at the experiences of professionals who were trained to routinely enquire about ACEs. The study found generally good outcomes with staff feeling that the programme helped to equip them with the knowledge and skills to conduct routine enquiry. There were no significant increases in service needs following practice change. The approach was the catalyst for increased frequency of disclosures, better therapeutic alliance and more targeted interventions.

Routine enquiry has also been expanded to Health Visiting services with a recent report from Public Health Wales looking at routine enquiry in Anglesey[46]. ACE prevalence was similar to previous studies with 47% having experienced 1 ACE and 11% 4+ ACEs. 43% of mothers who had experienced ACEs said it was the first time they had disclosed this information to a professional. Mothers with 4+ ACEs had lower self-reported physical and mental health scores. 91% of mothers agreed that routine enquiry about ACEs was acceptable and 81% said it was 'important'.

It should be noted that there is not a clear consensus on the efficacy of Routine Enquiry, and the EIF raised a number of concerns about the practice and accuracy of ACE screening to identify children in most need of care, the harm the process may cause, and questioned its usefulness for informing treatment decisions.

Trauma-informed care

Trauma-informed care is a strengths-based framework that can be understood as a set of organising principles that recognise the impact of trauma, responds

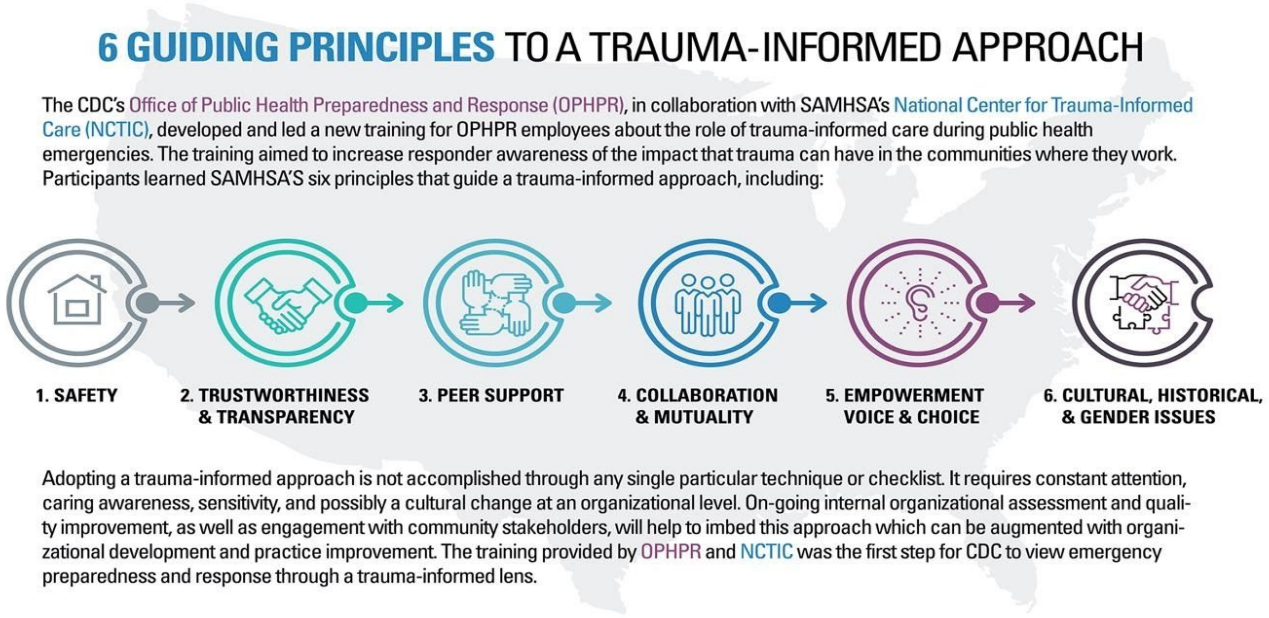
[45] https://drive.google.com/drive/folders/14conFaeT_CERuZ0lS8dU-WQBEsMB1TVg

[46] http://www.wales.nhs.uk/sitesplus/documents/888/Asking%20about%20ACEs%20Health%20Visitors%20Infographic.pdf

appropriately and actively resists re-traumatisation. To deliver trauma-informed care, practitioners need to be supported by the organisation and effective leadership.

The four R's of trauma-informed care developed by SAMHSA (Substance Abuse and Mental Health Services Administration) refer to the need for practitioners and organisations to 'realise' how trauma impacts on individuals, to 'recognise' the signs and symptoms of trauma, to 'respond' with a trauma-informed approach and to 'resist re-traumatisation' by ensuring our organisational practices do not compound trauma.

Trauma-informed approaches focus on the central importance of relationships and on resilience in helping people heal from and flourish despite having experienced trauma. Trauma-informed approaches and care means paying careful attention to the ways past trauma impact on how people relate to others and responding in ways that help to create a sense of safety, trust, choice, collaboration and empowerment to provide a different and reparative relational experience.



Young Minds 'Addressing childhood adversity and trauma' (2018)

This report recommends that adversity and trauma-informed models of commissioning and care should always be:

Prepared: ensures addressing ACEs is a strategic priority, analyses the available data and anticipates the need in local commissioning service pathways

Aware: understands childhood adversity and trauma, has a common framework for identification and routine enquiry, and responds appropriately to the cultural and personal characteristics of the young person and their communities

Flexible: provides services that young people can easily access, does not rely on a formal psychiatric diagnosis and targets children who live in adverse and traumatic environments

Safe and responsible: intervenes early, avoids re-traumatising or stigmatising young people, and ensures staff are knowledgeable, qualified, trustworthy and well-trained

Collaborative and enhancing involves young people in decisions about their care and the design of services, adopts a strengths-based approach, and ensures services recognise and harness community assets

Integrated: co-commissions services and ensures smooth transitions and communications between partners

8. Summary / conclusion

Children can become resilient when the families, relationships and communities providing the emotional and social context for their development are home to resilient adults. A focus on building resilience and improving the quality of relationships that may protect or harm, whilst tackling the root causes of adversity using trauma-informed approaches, have the potential to reduce harm to children and young people and improve their health and wellbeing.

These should be adopted in social services, schools, health services, criminal justice and other public services. Interventions with known evidence of preventing and reducing ACEs informed by local need should be embedded within Public health strategies that specifically address the wider determinants of health, such as poverty and inequality.

Relational trauma caused by abuse and neglect requires relational approaches to repair. Practitioners working with children, young people and families are well placed to do this vital work. Family and community strengthening organisations including those within and working in partnership with health, education, social care and the voluntary sector should be supported to develop interventions with a strong evidence base for promoting the healthy emotional and social development of children and those caring for them from conception and through the life course.

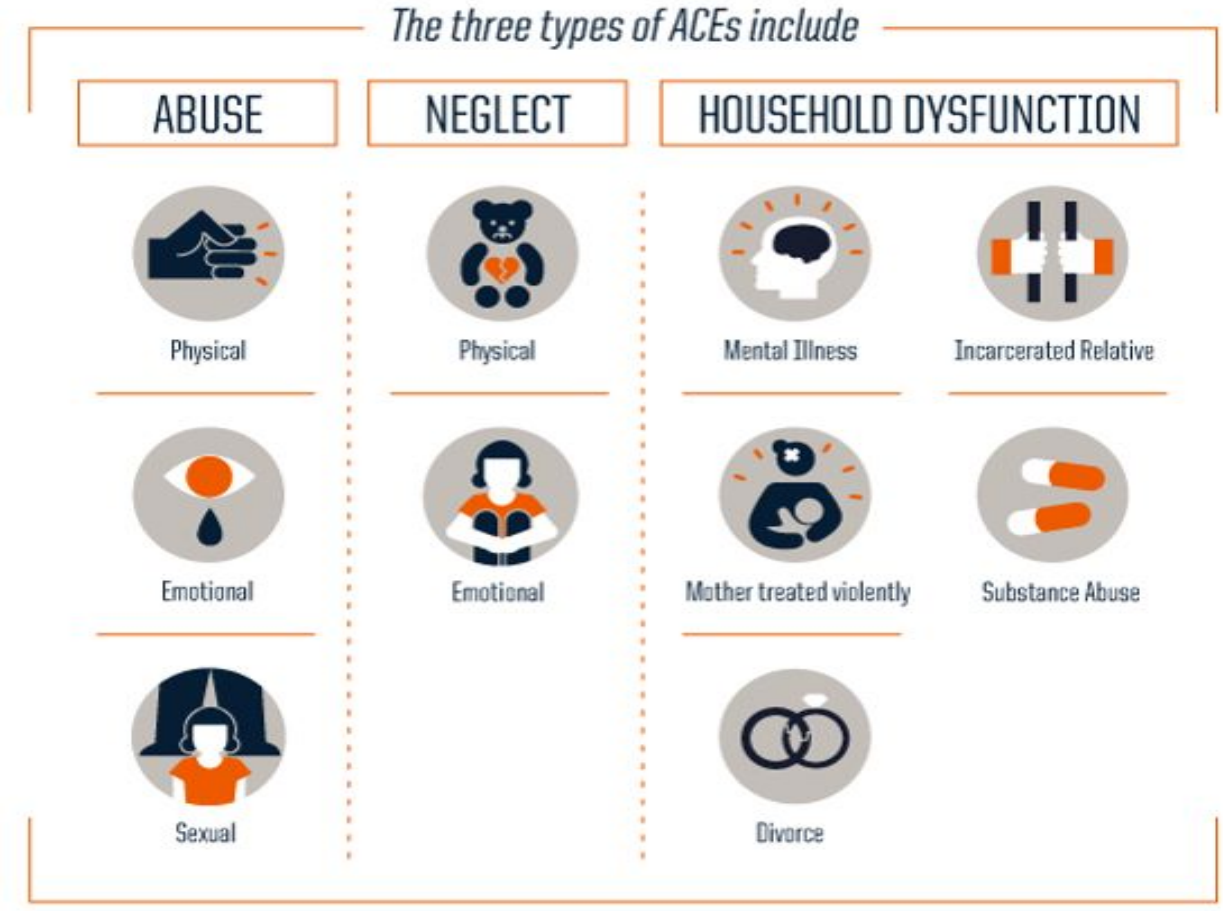
Work to raise and develop awareness of the key factors that promote or jeopardise the positive development and young children should consider the parental relationship, and the emotional, social and health needs of the whole family in context.

This should be informed by the lived experiences of children, young people and families, the principles of trauma-informed care, local data and all relevant robust research evidence. A clear focus on what works to improve outcomes for children, young people and families, on sustainability and co-production will be embedded across the programme of work.

PART 2: The City and Hackney Approach

Introduction

'Adverse Childhood Experiences' or '*ACEs*' traditionally refer to a set of 10 traumatic events or circumstances experienced before the age of 18 that were found to increase the risk of adult mental health problems and debilitating diseases by research in the US in 1997. This helped to draw attention to the correlation between child abuse and neglect and family dysfunction and an increased risk of poor health and other problems in later life and its results have been replicated in an increasing evidence base internationally since this time.



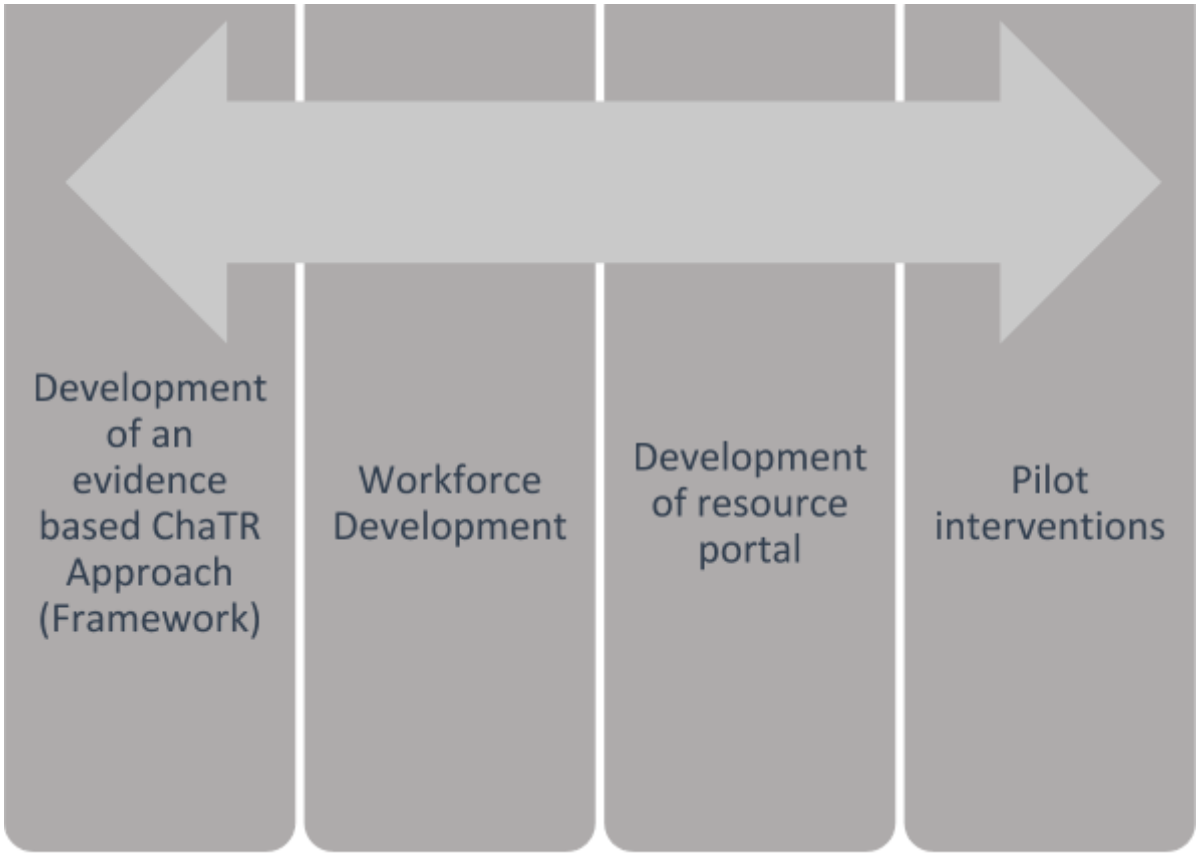
The ACEs research has resulted in a greater focus the 10 ACEs studied to the exclusion of other adverse events experienced in childhood, and therefore risks missing people who need support. This includes those who have experienced

economic disadvantage, discrimination, bereavement, peer victimisation and youth violence, low birth weight and child disability. We propose below an expanded definition of ACEs in City and Hackney, which takes account of the whole spectrum of adversities that our children may experience. This definition may be used to understand the term ACEs throughout this document:

> *'Adverse Childhood Experiences refer to chronic stresses that occur during childhood, have a long-lasting effect over the whole life course and can be passed on between generations. These can include events that happen directly to the child (psychological, physical, emotional or sexual) but also circumstances or events occurring in the child or young person's environment, particularly those impacting on their caregiver/s and exacerbating or creating the conditions for adversity. **
>
> * This includes domestic violence, parental separation, mental ill health or incarceration or substance misuse within the family, homelessness, discrimination and racism, poverty, ill-health, bereavement and wider community violence or trauma.'*

Summary of the Approach:

The approach aims to begin a cultural shift in ways of working, initially embedding ACEs awareness into everyday work of professionals, through delivery of **3 key elements:**



Whole System Cultural Shift

The approach is evidence based and consultative, and now needs to incorporate work around embedding **evaluation and success measures** and be informed by the **voices of children and families.**

1. Overview and Context

This document sets out our proposal to tackle adversity and address the root causes and pervasive impact of Adverse Childhood Experiences (ACEs) in City & Hackney. By working in partnership and in an integrated way at all levels, we consider that it is

possible to prevent, intervene earlier and mitigate the negative impact of ACEs. Research explored in this document suggests that an integrated public health approach and one which builds individual, family and community resilience, has the potential to improve a range of outcomes for children across the life course and inter-generationally.

A system-wide focus on tackling the conditions that enable childhood adversity to prevail must be a collaboration between health and social care organisations, schools, families and communities with children, young people and families at the centre of our thinking and planning. Looking at what has been found to be effective in addressing the lifetime impact of early adversity on children's outcomes, we aim to increase awareness of ACEs, resilience and trauma-informed care to drive change to prevent, intervene earlier and mitigate against ACEs, and build more trauma-informed, culturally aware and responsive systems and communities.

Adversity, trauma and resilience in COVID-19 pandemic and recovery

Since March 2020, the COVID-19 pandemic and the measures introduced to contain the spread of the virus have had a significant impact on our system, communities and individual children, young people and families. Social distancing and lockdown restrictions have limited access to the places, spaces and people that were previously relied upon for support and external emotional regulation. The pandemic has emphasised the stark inequalities and inequities that exist in City and Hackney, nationally and internationally, and has highlighted the disproportionate impact on families from diverse communities and lower socio economic backgrounds. The impact has also been felt indirectly, on mental health, employment, aspiration and household deprivation.

In this context, and in response to endemic police violence and structural inequality in the US, the anti-racist global Black Lives Matter movement has highlighted the injustices faced by Black communities globally and calls for action to address the adversity caused by discrimination and systemic and institutional racism.

In addition to those who have been directly affected by loss, or health impacts, other key groups may be feeling the indirect adversities, and need support around building and ensuring resilience (See appendix for detail).

4. What are we going to do?

We will build on the local offer of early help, prevention and integrated care across our system working with partners to develop system-wide approach and to create the conditions where we can empower a trauma informed workforce with the confidence, skills and support to reduce harm. This document establishes the context, rationale and approach to our work on childhood adversity, trauma and resilience, focusing on the development and implementation of system plans for workforce training and development, supported by an online resource hub.

The overall aims of this programme of work are to:

- Increase awareness of adversity, trauma and resilience across the integrated health care system at all levels to drive positive change to prevent, intervene earlier and reduce harm
- To mitigate the impact of ACEs through building systemic, community, family and individual resilience
- Equip front-line practitioners with the necessary resources and support to take action to tackle the prevalence and impact of ACEs in the important work of strengthening families and communities.
- Tackle the root causes of ACEs and factors which we know to be harmful to children from conception through to adulthood including the impact of neglect, abuse, parental conflict, toxic stress and all factors which undermine parenting capacity.
- Create a community of practice to identify and utilise assets and resources, informed by research, evidence and best practice
- To work with families, communities and each other to co-produce, design and develop interventions and action that work to tackle adversity, build resilience and support recovery from trauma.

Vision and Objectives

The vision and strategic objectives for the City and Hackney approach have been developed through engagement with system partners at a 'whole system' ACEs Workshop in mid-2019 and ongoing discussions and consultation with partners and professionals, and supported by the ChATR project group. This approach will be used to develop a shared understanding with stakeholders and wider system partners to build capabilities and tackle adversity by building resilient inclusive communities. The impact of the Covid-19 pandemic on marginalised and vulnerable groups, places an even greater emphasis on the need for this system-wide transformational work to be embedded in recovery plans. An inclusive shared language must be used to tackle discrimination and all other root causes of harm to children and young people across the life course.

Our Vision

Our vision is for services in Hackney and the City of London to work in a way that is trauma-informed, ACE-aware and resilience focused to improve health and wellbeing outcomes for our local communities. This approach will be enabled through the delivery and joining up of training to raise the level of awareness and expertise across the whole of the health and social care workforce in City & Hackney. This will build momentum to aid the development of specific interventions which aim to prevent, intervene early and mitigate the negative impact of Adverse Childhood Experiences and Adverse Environments:

- **Prevention:** Many adverse childhood experiences (including exposure to domestic abuse, sexual and physical abuse) are preventable. Leaders and practitioners in health and social care are in a position to prevent some ACES altogether and reduce the impact of other ACEs by identifying need and strengthening support and interventions earlier. ACEs do not occur in isolation and social inequalities, including poverty and isolation, increase the likelihood of ACEs and amplify their negative impact. Preventative work to tackle ACEs must also address structural inequalities and work to strengthen relationships and communities for interventions and policies to tackle ACES to have a meaningful impact.

- **Early Intervention:** Provision of early support to help parents / carers and those supporting them can prevent difficulties such as mental health problems or substance misuse escalating and can go a long way to reduce the impact of these on children, young people and infants. Interventions with a robust evidence of preventing ACEs, enhancing the quality of parental relationships and reducing ACE-related symptoms or stopping the social mechanisms which contribute to ACEs should be used. This will enable the root causes of ACEs to be targeted, reducing both the prevalence and the impact of these.

- **Mitigation:** Research into resilience indicates that a number of tangible capabilities that can be strengthened, built and learnt can reduce the impact of ACEs on health and wellbeing. Supporting children to develop strong and stable relationships with a caregiver or other safe adult, providing opportunities for all children to develop interests, skills and abilities to build self-esteem and a sense of mastery can help can tip the balance from risk and vulnerability to protective and resilient factors. This can in turn help them develop the capacity to become strong, healthy and successful even after setbacks. Building resilient communities of resilient adults and reducing parental conflict are key aspects of the change needed and will increase their capacity to raise resilient children and young people and enable them to flourish.

Our Strategic Objectives

1. **A System Approach - Build a coherent system-wide approach to adversity in City & Hackney based around a shared vision and language committed to tackling Adverse Childhood Experiences and building resilient communities.**

    a. Develop a clearer understanding of ACE prevalence and related needs in our communities and of what action we are currently taking.

    b. Build knowledge of current training and practices (and gaps where they exist) to support evidence-based approaches and raise awareness of what services are available across the whole system.

    c. Develop a strong, culturally informed understanding of young people and families' experiences, and co-produced approaches to enable individuals and communities to feel confident and supported to develop resilience.

d. Ensure our approaches and interventions are system-focused and strategic; aligning with and developing existing services and partnerships (e.g. Make Every Contact Count (MECC), Young Black Men (YBM) programme, Troubled Families programme, Five to Thrive, the Early Help service, CAMHS Alliance and Children and Families Service).

e. Build a consensus across the leadership of the local health and social care system that recognises the importance of taking action on childhood adversity, trauma and resilience using an optimistic and transformative approach.

2. Workforce Development – Raise the level of awareness and expertise about the impact of childhood adversity, trauma and resilience in City & Hackney and what we can all do to drive change.

a. Ensure all health and social care professionals and front-line staff with client facing roles in City & Hackney are aware of what ACEs are, what can be done about them and their potential impact on the individual, families and communities, on public health and on system sustainability.

b. Co-produce and deliver targeted, multi-disciplinary training to health and social care practitioners working with children and families to increase expertise and support professional development.

c. Provide appropriate access to support and resources on trauma and ACE-informed practices for all health and social care professionals in City & Hackney (through the development of an online resource and networking hub).

d. Support the development of dialogue between practitioners in different teams, organisations and disciplines, to support services to become examples of best practice on childhood adversity, trauma and resilience.

3. **Targeted specific action on ACEs_- Develop specific interventions which aim to prevent, intervene early and mitigate against Adverse Childhood Experiences and build resilience in individuals, families and communities:**

a) **System:** Ensure that our health and social care systems do not re-traumatise the people who need them most. This means being open, transparent, culturally aware and responsive and mobilising resources as flexibly as possible. *For example, developing system-wide universal pathways to evidence-based recovery support and reviewing and re-shaping policies, procedures and processes within our systems to take a trauma-informed approach with the child at the centre.*

b) **Community:** Address the root causes of ACEs and Adverse Community Environments to build resilient communities. This means taking account of community strengths and assets, extra-familial risks, inter-generational factors, structural inequalities and the unique lived experiences of our children, young people and families to build safe and inclusive spaces, opportunities and co-produced solutions. This also means making sure parents and carers are given the support they need when they need it to

keep their children and young people safe in order to help them thrive. *For example, inclusive and trauma-informed communities within schools where behaviour management policies take account of the impact of toxic stress and adversity on children and young people's behaviour and invest in non-judgemental and supportive work with their families.*

c) **Individual child, young person and family:**
Improving our trauma-informed, relationship-based and resilience-building interventions to support families and protect children through the life course starting with a focus on the critical first 1001 days. Raising awareness of the ways a child adapts to survive adverse environments to enable families and practitioners to respond with timely interventions and opportunities to strengthen relationships and social support, knowledge and skills, environments and activities to promote healthy emotional development. This will enable and support practitioners to approach individual children, young people and adults with the compassion required to break inter-generational cycles of trauma, neglect and abuse.

5. Enabling transformation

3.1 Organisation and system leadership

It is essential to work systemically with support and buy in from system leaders in order to implement a robust and evidence-based approach to achieve sustainable change. This means commitment at system level to resource working collaboratively. By building community, organisational and individual resilience, agencies can better understand and address the daily environmental conditions that contribute to toxic stress and threaten individual health and well-being. This in turn will support system partners working with children, young people and families to create communities of resilient adults who have the capacity to raise resilient children.

We will establish a resource hub for childhood adversity, trauma and resilience. This hub will connect and support cross-agency approaches, drive system transformation and empower commissioners, providers and practitioners to apply best practice to strengthening families and communities and tackle ACEs.

Key actions this is likely to involve:

1. Integrated Commissioning Board and all City and Hackney commissioners to endorse a system-wide approach, action plan and timeline;

2. Engagement and alignment with COVID-19 recovery plans and strategic strategies and action plans across the integrated system (for example VAWG, Emotional health and wellbeing and mental health strategies, community resilience, inclusive economy, poverty, housing and employment etc);
3. ChATR Project Team to work with Integrated Care Workstreams to identify opportunities to engage and align with their work;
4. Key organisational policies, pathways and training to reflect an agreed set of principles of systemic, trauma-informed and culturally responsive approaches including reviewing and re-framing language used;
5. Elements of adversity, trauma and resilience training to be incorporated in mandatory safeguarding training;
6. Adversity, trauma and resilience requirements and principles to be embedded in relevant contracts across health, education and social care in City and Hackney
7. Creation of a community of practice across the system starting with joining up workforce development, peer support and resource portal

3.2 Workforce development

Trauma-informed, attachment aware and ACE-informed training and workforce development has been delivered in pockets and continues to be developed across our integrated system, however, whole system knowledge and awareness is inconsistent and not available to all practitioners. Workforce development has been identified in the research and by the ChATR project group as a key enabler to creating cultural change and creating an organisational and system environment to support sustainable transformation.

In January 2020, the ChATR Project Group agreed an approach to the development and delivery of a training and workforce development programme. This training programme will support the delivery of strategic objectives 3, 5, 6 and 8, above. The training will be modular, with foundational, ‘core’ training which can be applied to all levels; and five separate targeted training courses, each of which will focus on a different age group (Perinatal, 0-5s, 5-11s, 11-19s, and 19-25s).

This will enable the training to focus on detail on the particular challenges and issues related to adversity, trauma and resilience at the different stages of a young person's life and to bring together practitioners from different service backgrounds (who nevertheless all may provide services to the same child or family) to share perspectives and learn together.

Perinatal ChATR training, for example, will include consideration of preventative rather than reactive interventions that address risk factors; support for at risk couples in the antenatal and postnatal period to prevent and protect against later harm; sharing knowledge about child development prior to the baby's birth and in the first year, support that promotes sensitively responsive, nurturing parenting to promote emotional and social development and reduce parental and family conflict.

The structure of the training will facilitate the sharing of learning and good practice between different teams and professional groups and to promote communication and joint-working. A short (30 minute) version of the core training will be developed as an online training module within the Safeguarding Children training. We aim for this to be included in mandatory safeguarding training for all staff. An additional module will be developed focusing on ChATR in strategy and policy, aimed at health and social care commissioners and leadership. It should be noted that this approach to workforce development will use existing practice, tools and training, where it is already in place in City & Hackney and build partnerships with specialists leading research and best practice to consult with and involve as needed.

Core Training Outline

In-Depth Multi-Disciplinary Training

Targeted training sessions will be discursive, experiential and group based, focused on case studies and problem-solving informed by practice and perspectives from other areas of working. We will work with subject experts in each area to develop illustrative case studies and plan the sessions to ensure they are useful and relevant to practitioners.

MDT Approach, Engagement & Sustainability

The training itself (particularly the targeted sessions) will function as an opportunity for reflection on how we work together as a system and will enable the beginning of an ongoing dialogue on ChATR across the City & Hackney system. The project team will ensure that discussions of how to improve system working are recorded, and this will inform the further improvement of training and phases of the ACE programme.

Following on from the training we will continue to engage and support the embedding of ACE awareness across the system:

- Participants in training sessions will continue to receive information and reminders about available tools and system developments.
- All participants will be introduced to the ChATR Resource Portal and participants of the targeted sessions will be given access the ChATR Slack channel. This channel will be a space for peer support and information sharing, etc.
- Participants will be asked to fill in a short survey 2 weeks after the training, and again at 3 months and 6 months. This survey will monitor the extent to which respondents feel the training and portal are useful, and how it impacts on their work practices.
- We will continue to support the embedding of ACE/Trauma-informed practices through those who join our network via the resource portal and make a personal commitment to being an agent of change within their organisation

Community of practice: the creation of a resource and networking hub

Workforce development needs to be sustainable. We recognise that significant knowledge, expertise and passion already exist within the City & Hackney system. We want to make best use of this expertise by seeking out members of staff in key teams to join our ACEs hub. Childhood adversity, trauma and resilience (ChATR) hub members (facilitated by CYPMF team) will:

- Work with clinical leads and other area experts and specialists to develop targeted training sessions which align with and augment current practices across the C&H system;
- Facilitate targeted training sessions;
- Champion the continued embedding of good practice within their teams and organisations, and promote the resource portal;
- Continue a dialogue (via forum to be facilitated by the CYPMF team) to share practice, highlight needs, gaps and opportunities, etc.

Existing training: principles of adversity and trauma informed practice in the system:

Recommendations for agreement of any and all training bookable and endorsed through the hub is that they will:

- Not be critical of other services but will seek to build understanding and capacity
- Use a shared and agreed language and definition of ACEs, trauma and resilience which is informed by best practice and research
- Acknowledge structural inequalities including discrimination and racism as ACEs
- Acknowledgement in the training when resources used are not representative of local people, community and issues
- Link back to the resource hub and encourage those attending training to keep talking, access and share knowledge and resources
- Ensure that those delivering training have viewed resources used by core training
- Agree to use a standardised method of collecting feedback on training

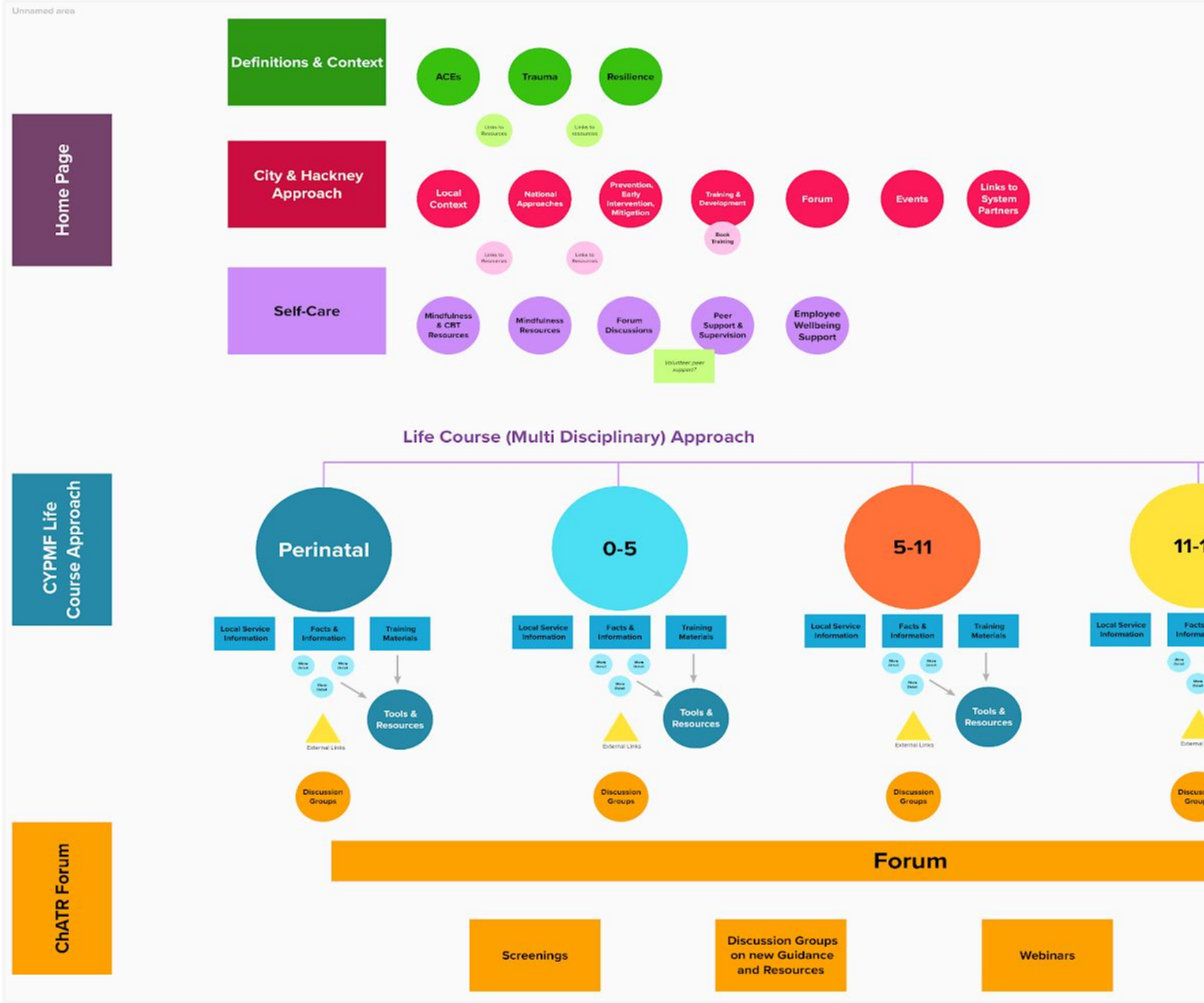
3.3. Childhood Adversity Trauma and Resilience Resource Portal

The development of awareness and best practice in City & Hackney will be supported by an online resource and networking hub which will:

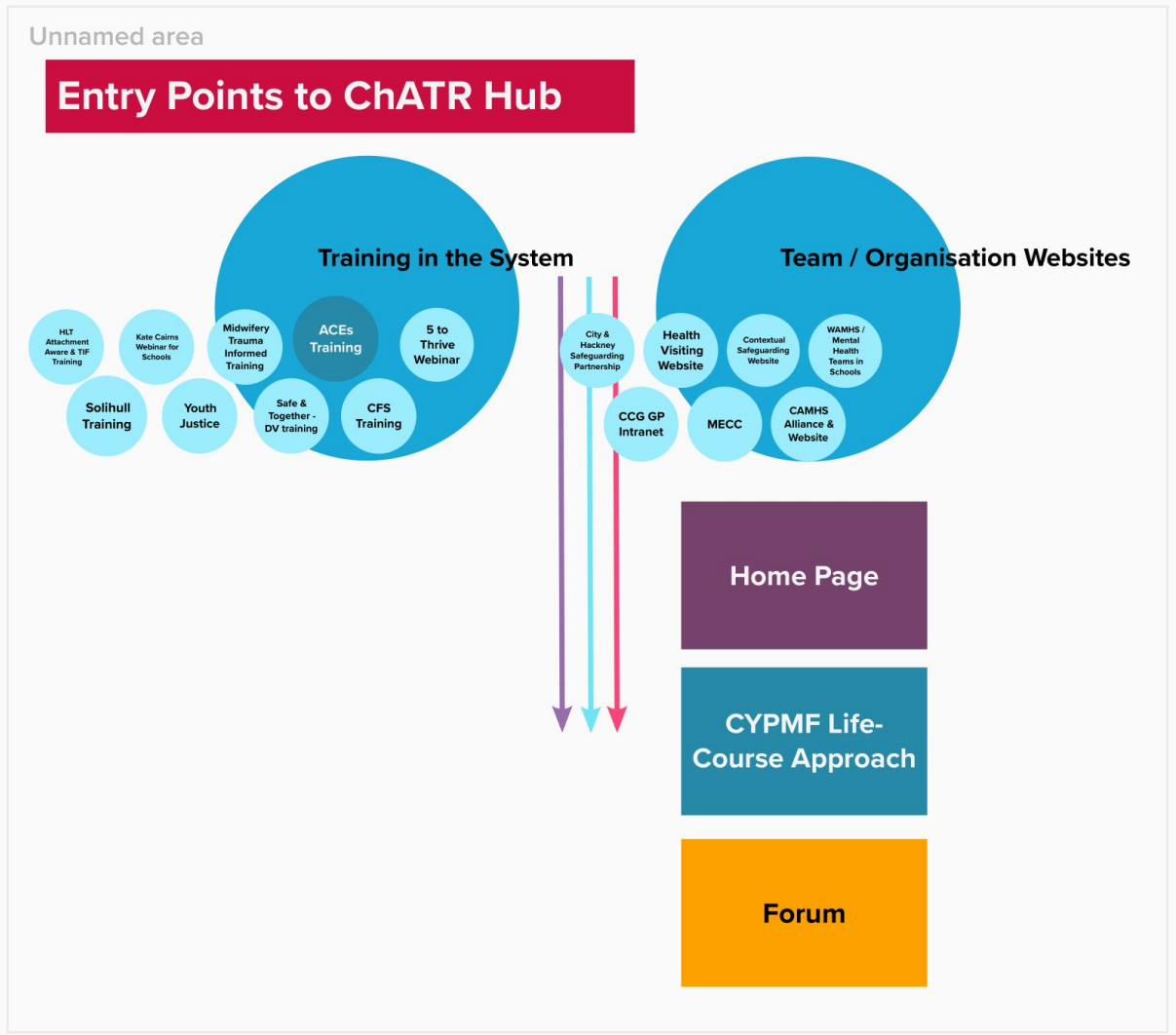
- Support all relevant training related to childhood adversity, trauma and resilience being delivered across City and Hackney
- Outline the overall City and Hackney approach as detailed in this document including agreed principles of practice
- Include all resources used in the training and facilitate ongoing discussion.
- Support professional understanding of childhood adversity, trauma and resilience and how they affect child development; how they are manifested in behaviour and physiology, and their potential impact on health and wellbeing outcomes.
- Share evidence, research and best-practice in building resilience and tackling adversity through trauma-informed and culturally responsive approaches.
- Spotlight examples of best practice in City & Hackney services
- Provide links to online resources (articles, videos, case studies, etc.) to enable further learning, professional development and awareness raising activity
- Share and signpost practitioners to practical tools and resources that can be used in their work with children, young people families and communities
- Facilitating communication and relationship building to develop co-produced and tailored interventions and training
- Provide resources to support self-care and resilience amongst practitioners.

We will work with the IT Enabler team and ChATR Project group to identify a digital solution to host our resource hub develop and trial this using the inclusive and multi-disciplinary approach taken in the ChATR training, with a focus on the child's life-course. This hub can be populated with resources to support training and workforce development relatively quickly and at no initial cost to enable us to gather feedback from system partners on functionality, access, usability.

Indicative diagram of how the Re formatted and navigated



The resource hub will be the site for ongoing dialogue within the system about developing interventions including training, and will also link to the ChATR forum on Slack, to support an ongoing dialogue on childhood adversity, trauma and resilience within City & Hackney. This forum will be open to everyone who completes either level of training or to those entering the portal from other entry points provided they agree to a set of user principles to be drafted. These will cover language use, respect and confidentiality.



4. Interventions

In taking action to prevent, intervene and mitigate against childhood adversity and trauma, we will identify assets and resources, review the evidence-base set out in this document along with new and other relevant research and prioritise according to the most pressing local needs identified.

The Early Intervention Foundation Identified 33 interventions representing 10 intervention models with robust evidence of preventing ACEs, reducing the health-harming behaviours associated with ACEs, or reducing ACE-related trauma (*see Section 8, p.23, above, for details*). Interventions will be informed by the vision and objectives set out in section 2 and will be co-produced with young people, families and communities. We will need to build relationships across the system and meaningful mechanisms and processes for this. Interventions will be piloted and evaluated according to outcomes for practitioners, family and community strengthening organisations and our children, young people and families.

5. Evaluation

An evaluation plan is currently in development. We will be looking for this to incorporate learning on how interventions have been evaluated across other areas, and be informed through our upcoming co-production work to ensure it is appropriate for City and Hackney.

6. **Timescales**

The Approach covers 2020-2025, and the focus of our work will change as things develop over that time. [A more detailed overview of the programme of work is set out in the **Childhood Adversity, Trauma & Resilience Project Action Plan**]