

# **What to do about ACEs after the event**

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Adverse Childhood Experience (ACE) Conference

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# **WAVE 3-year review of systemic and methodological approaches to protect children from later life severe, multiple disadvantage (SMD)**

- Homelessness
- Drug and alcohol addiction
- Mental health problems
- Long-term unemployment
- Aggression
- Criminality



# Age 2 to 18 – the years of risk and possibilities

*Ita Walsh*

Conception to age 2  
– the age of opportunity

Addendum to the Government's vision for the Foundation Years:  
*'Supporting Families in the Foundation Years'*

# Main Causes of SMD

- Huge negative impact of family breakdown
- Tremendous impact of abuse and neglect in childhood
- Downward spiralling pathway which often begins with exclusion from school
- Poor support systems in schools for vulnerable children
- No cohesive 'joined up' service provision – often get misrouted by those within the system due to its complexity

# Main causes of SMD:

## Experts by experience - insights

- Being traumatised:
  - *'My step father was killed, cut up and burned when I was 12'*
  - *'My father was stabbed by one of his step children'*
  - *'I was left alone in boarding school'*
  - *'My step mum was evil'*
  - *'My adoptive father pimped me in Amsterdam'*
- Drink problems
  - *'I started drinking secretly by taking drink that was in the house'*
  - *'I stayed out drinking with my friends. Sometimes I was slumped on the park bench'*
  - *'I lost my job with the police when I became a drinker at age 24'*

# Main causes of SMD:

## Experts by experience - insights

- Drug problems
  - *'A friend got me into drugs. I tried them, loved it and lost my job'*
  - *'I was drinking and taking drugs from age 14. I slept on friends' couches'*
  - *'I was sexually abused. I started taking drugs at a very early age. I still dabble with cocaine'*
- Homelessness
  - Many drift in and out of homelessness finding it hard to live with structure and/or responsibilities
  - *'I am having problems with rent right now. That's part of being in care - not learning how to handle things'*
  - *'Being homeless was the most frightening experience of my life'*
  - *'I left Mum's house and slept on friends' couches'*
  - *'Being on the streets and committing crime was my life'*

# Main causes of SMD:

## Experts by experience - insights

- In violent homes as children:
  - 'My foster mum fractured my skull when I was 8'*
  - 'Violence was an everyday occurrence'*
  - 'She hit me with a stick even though I could not walk. She thought I limped to get attention. I had torn ligaments from an accident'*
- Mental health problems:
  - 'I used to cut myself'*
  - 'I felt suicidal several times'*
  - 'I was depressed a lot of the time. Saw psychologist from age 7'*
- Feeling unloved and unsafe:
  - 'My mum never really loved me'*
  - 'Mum had me when she was very young and said I ruined her life'*

# Parental dysfunction a major cause of childhood ACEs

- Under-age sex widely considered ‘a normal part of growing up’ (Family Education Trust) – often leads to unplanned pregnancies
- Higher than average postnatal depression among teen mothers
  - Increased risk of accidental harm to children of teenagers
- Lowest OECD level of youth (age 16-19) literacy
- High levels of alcohol consumption/dependency among females
- Highest level of inter-partner violence in the available statistics
- Exceptionally dangerous trend of combining alcohol and cocaine



# Parental dysfunction a major cause of childhood ACEs

FACTOR	UK*	DEN	FRA	GER	ITAL	NETH
<b>DRUGS &amp; ALCOHOL</b>	<b>Green = best; red = worst</b>					
Cocaine (age 15-64) %	<b>9.8</b>	5.2	5.4	<b>3.4</b>	7.6	5.1
Cocaine (15-24) %	<b>10.2</b>	5.7	5.1	2.1	<b>1.8</b>	3.7
Amphetamine (15-64) %	<b>10.3</b>	6.6	<b>2.2</b>	3.1	2.8	4.4
Amphetamine (15-24) %	<b>6.8</b>	5.7	2.3	3.7	<b>0.9</b>	4.5
Ecstasy (15-64) %	<b>9.2</b>	<b>2.3</b>	4.2	2.7	3.1	7.4
Ecstasy (15-24) %	<b>10.2</b>	3.2	5.6	2.5	<b>1.9</b>	8.8
LSD (15-64) %	<b>4.7</b>	<b>1.4(j)</b>	2.5	2.2	2.2	<b>1.4(j)</b>

# Parental dysfunction a major cause of childhood ACEs

FACTOR	UK	DEN	FRA	GER	ITAL	NETH
<b>HEALTH/WELLBEING</b>						
Adult obesity % (M)	<b>26.2</b>	20.7	22.0	21.9	21.4	<b>18.4</b>
Adult obesity % (F)	<b>28.4</b>	<b>17.4</b>	21.9	20.3	21.6	18.8
<b>OTHER SOCIAL FACTORS</b>						
Live births to 15-19 per 1000	<b>14</b>	<b>4(j)</b>	9	6	6	<b>4(j)</b>
Live births to 15-17 per 1000	<b>6.8</b>	<b>1.1</b>	4.4	3.6	2.4	1.3
Offenders per 100,000 pop.	<b>183.3</b>	92.5	130.2	96.4	126.0	<b>92.0</b>

	UK	DEN	FRA	GER	ITAL	NETH
<b>Worsts</b>	<b>12</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>9</b>	<b>0</b>
<b>Bests</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>6</b>	<b>8</b>	<b>11</b>
<b>Aggregate</b>	<b>12-</b>	<b>6+</b>	<b>6-</b>	<b>4+</b>	<b>1-</b>	<b>11+</b>

# UK Rankings in UNICEF Report Cards

**UNICEF (2007). Child Poverty in Perspective: An Overview of Child Well-being in Rich Countries**

	UK	Netherlands
Subjective Wellbeing	20th	1st
Family and Peer Relationships	21st	3rd
Behaviour and Risks	23rd	3rd

**UNICEF (2013). Child wellbeing in Rich Countries**

	UK	Netherlands
Educational Wellbeing	24th	1st
Health & Safety	16th	5th
Behaviour and Risks	15th	1st

# What are they doing so much better in the Netherlands?

## Compared to the UK, Netherlands children:

- Postpone engaging in sex for 1-2 years longer and have about a quarter the UK rate of teen births
- Have a lower rate of drinking and Class A drug use
- Are taken into care more readily if they are at-risk
- Overall have excellent social and educational outcomes

One key difference: the Netherlands approach to education and child care is fundamentally pedagogical.

# Early symptoms of pathway to SMD visible in children who externalise

- Unruly/inattentive and disruptive behaviour in pre-school
- Lack of, or poverty in, early language ability
- Absence of school-readiness
- Lack of engagement at school
- Little or no interest in, or love of, learning
- Lack of 'soft' skills: perseverance, sociability, emotional regulation, ability to defer gratification

# Early symptoms of pathway to SMD

- Aggression, bullying, truancy
- ‘Hard to handle’ behaviour
- **US Study: Children with 4+ ACEs 32 times more likely to have learning and behaviour problems at school**
- Most likely to be excluded
- ***The risk to children who tend to ‘internalise’:*** becoming the easy targets of those who externalise – and reacting by avoiding school and/or suffering depression or anxiety

# School exclusion and crime

- Prime reason for school exclusion is disruptive behaviour
- In a Ministry of Justice national survey:
  - 52% of young offenders had been permanently excluded from school
  - 40% of all offenders had been permanently excluded from school
  - 32% had both truanted and been excluded
- Edinburgh Study of Youth Transitions and Crime: pupils excluded from school at age 12 are four times as likely as other children to be jailed as adults
- The answer – Trauma-informed schools

# Protective Factors

- The damage from ACEs can to some extent be mitigated by protective factors
- The most promising of these, that best fosters successful development in even the worst circumstances, is **resilience**
- Resilience is an *outcome* of possibilities and opportunities built at the individual level in a trusting one-to-one relationship between a child and an **always available (trusting) adult**



# ‘Someone who believed in me’

## Experts by experience - insights

- **Resilience** develops in the most unpromising circumstances when children accepted unconditionally by a reliable, always available, trusting adult
- When we asked our ‘experts by experience’ the single thing that could have helped them deal better with their harrowing early experiences, the consistent answer was:

‘Someone who believed in me’

# Importance of 'Always Available Adult'

- Could be parent, grandparent, sibling; teacher or youth group leader; school nurse; priest, imam, rabbi, minister
- Important defining characteristics: constancy, availability and non-judgmental acceptance – mature, firm and loving guiding hand
- Assertiveness (which can be taught in classroom) can also assist, by providing coping methods for avoiding or handling conflict
- Empathy also important; a trusted adult can model this
- Successful, evidence-based (whole class) empathy programmes are available (e.g. Roots of Empathy programme)

# Relative impacts of Deprivation, AAA and 4+ACEs

	Heavy Drinking	Daily Smoking	Mental Wellbeing
Impact of Deprivation	28%	134%	12%
Impact of absence of AAA	23%	19%	114%
Impact of 4+ ACEs	<b>182%</b>	<b>272%</b>	<b>219%</b>

# Key steps to counteract ACEs - I

- Adoption of a **pedagogical approach** to the parenting, education and care of all our young
- Holistic, 'whole child', personal approach to working with children and young people, across services
- European neighbours often apply it broadly, e.g. childcare and early years, youth work, parenting and family support, secure units for young offenders, residential care, play work
- In pedagogy, care and education meet. Child is seen as a social being, connected to others yet with their own distinctive experiences and knowledge

# European Commission Early Childhood Education and Care Working Group: Key Quality Principles

- *Early years from birth to compulsory school age most formative in children's lives*
- *High quality ECEC an essential foundation for all children's successful lifelong learning, social integration, personal development, employability*
- *Summary of research findings identified the following as important:*
  - a **pedagogical** approach **that combines education and care** for nurturing the holistic development of children's potential
  - how adults respond to needs of young children promotes their emotional well-being, encourages active engagement in learning
  - educational practices and learning strategies which respond to the needs of young children and sustain their curiosity rather than focusing on formalised learning

# Key steps to counteract ACEs - 2

- Practice **trauma-informed care (TiC)** across all professions and agencies – nursery care, health, school, social care (including for youth homeless), and youth justice (including Police and Probation)
- **Trauma-informed care:** a ‘strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma; that emphasises physical, psychological and emotional safety for both providers and survivors; and that creates opportunities for survivors to rebuild a sense of control and empowerment’. [Hopper, Bassuk, & Olivet, 2010]

# TiC in Walla Walla - I (Washington State, USA)

## ACE reduction and mitigation embedded in community, across agencies and citizens

- At least 60% of citizens understand brain development in terms of emotional literacy and regulation, how these affect people
- Educating the community has given parents, teachers and pupils a common vocabulary about trauma
- Importance placed on building resilience both inside and outside schools. All police officers informed and trained in TiC
- School liaison an important element of police work – seen as best way for police to form good relationships with pupils

# TiC in Walla Walla – 2

## Lincoln High ACE-aware TiC School

- Formerly an ‘alternative’ school (= Pupil Referral Unit/ EOTAS), transformed to become the most popular school in the area
- If pupils misbehave or act up, accepted they require sensitive, ‘trauma-informed’ care
- Rather than ‘Why did you do that?’, a child is asked ‘What happened to you?’
- After being informed by police of an ‘ACE event’ in pupil’s life, child is met by staff member at school gates, taken to safe space and provided with clean clothes, food and a place to sleep (if child has not eaten or slept the night before)
- Only then is there an inquiry into what happened



# Trauma-informed Philadelphia

- Population of ~1.5 million in north-east USA
- Entrenched ethnic, economic and geographical divides
- TI approach seen as a way to bring together communities and improve prospects
- Bottom-up approach to making community trauma-informed, bringing together multiple actors
- Focus on ages 0-5, building capacity in schools, social services, and physical and mental health

# Trauma-informed Philadelphia

- ACEs Taskforce grew out of Healthy Parenting Initiative
- Trains people who care for / work with infants in brain development, attachment, trauma, protective factors, recovery
- Organised 2012-13 Philadelphia Expanded ACEs Study
  - Sought to see if original ACE study findings rang true in the more diverse and unequal Philadelphian population
  - Added 5 stressors to original ACEs questionnaire: witnessing violence in community, feeling unsafe in community, living in foster care, experiencing bullying, experiencing racism or discrimination
  - 70% had 1 ACE, 25% had 4+, 40% experienced multiple additional stressors

# Trauma-informed Philadelphia

- Philadelphia School District calls for all staff to recognise and respond to students' social, emotional and behavioural needs
- Using TiC and restorative practices making children more able to learn, more responsive to teachers → improved wellbeing and educational outcomes
- In the health system, clinic exists for young men transitioning to adult health services where practitioners (inc. community health worker) pay special attention to trauma
- Recognition of trauma conditions amongst police staff – TI training provided, including self-care and Sanctuary Model

# Trauma-informed Wisconsin

- State in northern US with nearly 6 million residents
- Governor Scott Walker (Rep) and his wife Tonette want to make Wisconsin the first trauma-informed state
- Tonette has taken this on as her primary cause
- Since 2012, 43 counties and 3 tribes have participated in the Wisconsin Trauma Project
- In 2016, Gov Walker instructed multiple state agencies to learn about TI approaches and incorporate them into their practices

# Trauma-informed Wisconsin

- Home to Menominee Tribe, where 100s of members have been educated in ACEs and trauma
- College of the Menominee Nation ... have put trauma and ACEs education into the Elementary Education, Early Childhood Education and Nursing curricula
- Menominee high school graduation rates have risen from 60% to 99% as a result of TI practices
- Head Start Trauma Smart = curriculum to help communities heal from traumatic events and build resilience
  - Teen births fell from 20 to <5, high school students cannabis use down 30%, cigarette use down 49%, alcohol use down 64%

# Trauma-informed Wisconsin

- Health staff in Waupaca County received TI training → workers' burnout rates dropped 23%, secondary traumatic stress rates dropped 42% over three years
- TI social services have seen number of children placed outside the home fall by 15%, and an increase in kinship placements
  - Where children are removed, parents are taken through the process in much more sensitive and supportive way – e.g. easier to understand, more respect
- In a TI youth correctional facility, incidents resulting in inmates being placed in solitary confinement fell by half

# Bridgend transformation – I

## Opening position (2012):

Following Estyn inspection in 2012 Bridgend was placed on 'Monitoring'. Outcomes of particular concern included:

- Steadily rising numbers of Looked after Children (LAC), resulting in:
  - Significant pressures on budget; year on year overspends of £1m.
    - Over a 5 year period, LACs in Bridgend rose by 40% (second highest in Wales; rest of Wales rose by 25%)
    - Bridgend also far higher LAC rate than most English authorities
- Higher than average rates of children in need
- Higher than average number of children on child protection register
- Rate of Year Eleven NEETs worst in Wales
- **System:** overly-bureaucratic – complex formal referral for any problem
- **Culture:** 'Silo', non-integrated, little cooperation, and risk-averse
- **Services:** fragmented, duplicated, wasteful, uninviting and frequently ineffectual

# Bridgend transformation – 3

## Response to challenge

- Based on **understanding ACEs** including by specific study in Wales, created **The Child's Journey** project
- **Formed new Placements and Permanency Strategy**
  - (to reduce LACs, safely)
- **Launched Prevention and Early Help Strategy**
  - (to reduce all negative outcomes for children)
- **Abandoned 'Thresholds' and Prioritised meeting children's needs** as **early** as possible and by **appropriate part of system**



# Bridgend transformation – 6 Tangible Outcomes (2)

- LAC leaving school with no qualifications reduced from 21% to 0
- Number of NEETs halved (at 3.4%, now one of lowest in Wales)
- Rate of fixed term exclusions now below Wales average
- Level of persistent absentees reduced in primary and secondary
- Steady increase in primary and secondary school attendance
- Number of child protection plans fell from 179 to 120 in a year (-33%, its lowest rate since 2007)
- For the first time in many years, Children's safeguarding budget balanced (so no need to draw down earmarked reserves)
- Learner outcomes improved in all the main indicators in the Foundation Phase and in Key Stages 2, 3 and 4

*For performance of specific teams, some national indicators moved from the **worst** to the **best** in Wales within 18 months*

# WAVE 3-year study of SMD

## Key recommendations:

**First, prevent ACEs before they happen; and**

**If you fail - adopt a pedagogical, ACE-aware, trauma-informed system for all vulnerable citizens, especially children**

- *‘The most reliable way to produce an adult who is brave and curious and kind and prudent is to ensure that when he is an infant, his hypothalamic-pituitary-adrenal axis functions well. And how do you do that? It is not magic. **First, as much as possible, you protect him from serious trauma and chronic stress; then; even more important, you provide him with a secure, nurturing relationship with one parent and ideally two**’ [Tough 2012, p. 182]*

# Can we afford it?

## Problem is 'how we work', not lack of money

- Neighbouring countries equally affected by the prevailing economic conditions have far better child outcomes
  - though some spend less on welfare (Case Study Netherlands)
- Some areas already reducing social problems by effective, enlightened, economically viable practices – not by spending more, but by spending more wisely
- Most successful local areas will be the open-minded who learn from the few
- **Key Question: are we willing to change outmoded working styles so we can safely invest in our children and our future?**