Public Health Scotland

Ending childhood adversity

A public health approach

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Foreword by Dr Linda de Caestecker, Chair, Scottish Childhood Adversity Hub and Director of Public Health, NHS Greater Glasgow and Clyde – written in May 2020 in response to the Covid-19 pandemic

This report comes at a time when we are experiencing a profound and unprecedented change in our lives. In March 2020, the UK and Scottish Governments announced measures to respond to and manage the global outbreak of the new strain of coronavirus (Covid-19). It was prepared prior to the measures in Scotland to respond to the pandemic. However, the issues identified on childhood adversity are more relevant than ever given what we know about children's health and development, and how early adversity and trauma can impact on children and adults. It will require us to work together to mitigate unintended negative consequences, support communities to recover and to learn about our resilience as a country to come together when faced with adversity.

We know that the government measures – school closures, working from home, social isolation and social distancing – are having a profound impact on the economy, our health and social care services, other public and voluntary services, and our daily lives. There is likely to be an increase in the number of children experiencing poverty as family income drops.[1] While we do not know the full impact that this will have on Scotland, we anticipate that the measures will not affect people equally, with those on low incomes and in precarious employment being disproportionately affected. The measures designed to protect the NHS and manage the outbreak in the population will have a number of unintended consequences, including on children, young people and families. A briefing by the UN on the impact of Covid-19 on children starts by acknowledging that: 'Children are not the face of this pandemic. But they risk being among its biggest victims.'

At the time of writing, childcare services are beginning to reopen. But after more than two months of lockdown the majority of children and young people have experienced significant disruption in their lives. They have lost face-to-

face contact with friends, teachers, family members outside the home and other adults, services, and clubs that were previously in their lives. For many children, these places and relationships provide a safe place for them. Parents and carers who can work from home are still being asked to do so while trying to provide schooling for children. Many families will have been together much more than they are used to. While we move through the Scottish Government's route map out of lockdown, these working and living conditions are likely to have aggravated the economic impact and caused increased stress on families, especially those experiencing adversity.

There will also be impacts on our workforce, particularly the NHS and social care workforce who will have been caring for patients in critical care and in end-of-life support. Supporting the mental health and recovery of our workforce in a trauma-informed way will be important during and following this pandemic.

Original foreword by Dr Linda de Caestecker

In 2016 the Scottish Public Health Network published a report called 'Polishing the Diamonds – Addressing Adverse Childhood Experiences in Scotland'. It was a key report which generated interest across a broad range of fields, and in communities, about research on adverse childhood experiences. This report is an update to 'Polishing the Diamonds', and is intended to contribute to the work underway across Scotland. It sets out a public health approach to childhood adversity and details some examples of related activity over the last few years.

This report comes on the heels of two major reports published in February 2020 relevant to childhood adversity; the first is 'The Care Review', which sets out an ambition of enabling loving, supportive and nurturing relationships with infants, children and young people as a basis on which to thrive. The second, 'Health Equity in England, The Marmot Review 10 years on', tells us that improvements in life expectancy have stalled and the gap between the most

and least wealthy areas has grown. Although this focused on England, similar trends in life expectancy are being seen in Scotland and other parts of the UK. Both reports recognise the importance of prevention and investment in children and families to uphold children's rights, address poverty and to provide everyone with the right to the conditions to lead the life they wish to. Recognition of the interaction between poverty, inequality and traumatic events in childhood is highlighted by the reports.

For me, the evidence around childhood adversity shines a light on what we intrinsically know; that growing up in adversity can be damaging for children and can have life-long impacts. Emotional and physical abuse and neglect, exposure to domestic abuse, parental/carer imprisonment and mental health issues for example have all been associated with a range of physical and mental health issues and risky health behaviours. Adversity in childhood, including growing up in poverty, is associated with poorer educational attainment and employment prospects and risks of experiencing violence.

We know that those who suffer exclusion from services and society have often experienced violence and poverty from an early age. Considering what has happened in someone's life opens up opportunities for healing and recognition that they are not to blame for what has happened to them. Supporting adults to provide safe, nurturing relationships with children, and maximising income to support children and families to flourish, is vital.

Our early life experiences are important for setting us on a path for the future, but this does not mean that our paths are set in stone. In the words of Tina Hendry (founder of Reattachment) 'poor outcomes are not inevitable'. Tina sadly died earlier this year and was a passionate advocate for getting knowledge on childhood adversity into the hands of communities in Scotland.

Collaboration across sectors, involving communities and those with lived experience, to progress our ambition to end adversity for Scotland's children is fundamental to a public health approach to childhood adversity. As this report sets out, a public health approach focuses on the prevention of

adversity, maximising the conditions for children to flourish. This means creating the conditions for families to parent and for communities to provide safe, nurturing places for children and families to live and grow up in.

We must work together to prevent as much adversity in children's lives as we can, using what we know about:

- the causes of health inequalities
- child development and what creates health and wellbeing from preconception onwards
- emerging knowledge around the plasticity of the brain, beyond early years
- the importance of safe, trusting relationships for children and adults.

I am hopeful that the interest and attention that has been generated in Scotland on childhood adversity will deliver change for our future. While we cannot prevent all adverse events happening in children's lives, we as a society and through our public services can ensure that we work to reduce adverse experiences in childhood and, where this is not possible, lessen the negative impacts. Child maltreatment, violence and poverty are not inevitable.

I hope this report contributes to the momentum on preventing childhood adversity in Scotland and supporting those whose lives have been affected.

Linda de Caestecker, Director of Public Health, NHS Greater Glasgow and Clyde

Chair, Scottish Childhood Adversity Hub

1. Introduction

> ‘The evidence of impact of adverse childhood experiences is compelling as is the case for action from a moral and financial perspective at an individual level and to prevent the repeated cycle of intergenerational transmission.’
>
> Scottish Public Health Network, Polishing the Diamonds – Addressing Adverse Childhood Experiences in Scotland, 2016, p.22[2]

In 2016, the Scottish Public Health Network published a report on adverse childhood experiences called ‘Polishing the Diamonds’ and proposed a number of areas for action in Scotland. Here, we build on that 2016 report and set out a strong case for preventative action on childhood adversity. The evidence base for action on childhood adversity continues to be compelling, as does the case for action, morally and financially. It is not acceptable nor inevitable that children’s opportunities and rights should be limited by adversity. Childhood adversity is complex, requiring action at societal, community, family and individual level. However, we have a good understanding of what children and young people need for their health and development, the factors that protect them from early adversity, and that build resilience. We also understand the risk factors and conditions which give rise to adversity. We know that to reduce inequalities in health and education, which often emerge in the early years, we need to act on the underlying causes of social inequalities.

> ‘To have an impact on health inequalities we need to address the social gradient in children’s access to positive early experiences. Later interventions, although important, are considerably less effective where good early foundations are lacking.’
>
> Marmot, The Health Gap: The Challenge of an Unequal World[3]

The Christie Commission reported in 2011 that a significant element of the demand on public services was due to social and economic inequalities in Scotland. It proposed a 'radical change in the design and delivery of public services' to tackle 'deep-rooted social problems that persist in communities'. It made a strong case for the role of public services in prevention.

> 'A cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised. It is estimated that as much as 40 per cent of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach.'
>
> Christie Commission, p.viii.[4]

Research over decades in a variety of fields – including early years, public health and social work – demonstrates why a preventative approach is essential for the future wellbeing of the population and for the demand on our public services. It demonstrates that our childhood, good and bad, can impact on our opportunities in life. It raises questions for us as a society about how we are investing in children, families and communities to ensure that all children are given the best start in life.

It is important to understand adversity in childhood within the wider social context of factors which impact children and families. It would be wrong to focus only on what happens in the home and family dynamics without recognition of the wider world in which we live and what impacts on our lives. This is recognised by the Scottish Government's national approach of 'Getting it right for every child' (GIRFEC).[5]

A public health approach to childhood adversity recognises that we cannot prevent adversity in children's lives without understanding the social, political and economic environments which children live in and how decisions at those levels impact on the families and communities in which they live. This report builds on decades of previous work which has called for a prevention agenda

but comes at a time when we have a new and exciting opportunity to work across sectors, professions and disciplines, and with communities, to address childhood adversity. For example:

- The Scottish Government has announced plans to incorporate the United Nations Convention on the Rights of the Child into domestic legislation. Strategies by governments to respect, protect and fulfil these rights are likely to reduce childhood adversity.
- The Child Poverty (Scotland) Act 2017 sets out an ambition to end child poverty, with annual reporting required by the Scottish Government on its Delivery Plans and progress reports on activity to be jointly published by local authorities and NHS Boards.
- Recognition of childhood adversity and the need to prevent and respond to it has featured in the last three Programmes for Government in Scotland.
- The findings from a 'root and branch' review of the care system in Scotland were published in February and called for a 'radical overhaul' to transform the wellbeing of babies, infants, children and young people who are in care – recognising the particular developmental needs there are.[6]
- Public Health Scotland is the new national public health agency for Scotland. Its establishment is part of a public health reform agenda in Scotland to create a public health system which will contribute to a healthier Scotland by reducing health inequalities. Creating a culture where public services are focused on the prevention of ill health, and which empowers individuals and communities, has been identified as an important ambition for the public health system.
- There has been much achieved over the previous few years to increase awareness about childhood adversity and its relationship with risks to physical and mental health and to a range of social outcomes. It has provided renewed motivation to focus on the importance of

childhood, not only for children's rights now but for future population health and prosperity. This reaches beyond early years to a focus on responding to adversity across the life course.

We outline in this report what a public health approach to ending adversity in childhood might include, by drawing upon our learning since 'Polishing the Diamonds' was published in 2016, with examples of work. But firstly, we briefly revisit what childhood adversity is.

2. Childhood adversity

2.1 Adverse childhood experiences (ACEs) evidence

The term adverse childhood experiences (ACEs) was used in a study undertaken in the United States with 17,000 adults who completed a survey about experiences in childhood.[7] A physical health examination was also undertaken. The 10 most commonly measured adverse childhood experiences were:

- physical abuse
- sexual abuse
- emotional abuse
- emotional neglect
- physical neglect
- exposure to domestic violence
- household mental illness (adult)
- household substance use (adult)
- parental separation or divorce
- incarcerated household member.

This study and subsequent population studies have repeatedly demonstrated links between childhood adversity and a range of poor health and social outcomes.[2,8] Studies have also found relationships between adverse childhood experiences and health-harming behaviours in adulthood. This relationship has also been found independently of deprivation.[9] That being said, risk of exposure to ACEs is more likely in people in lower socio-economic positions and this is discussed below.

The relative risk of negative health and social outcomes has been found to be higher for adults reporting four or more adversities in childhood compared to those who report none. A systematic review of ACE studies found a strong increase in odds between four or more ACEs and problematic drug use, interpersonal and self-directed violence, sexual risk taking, poor mental health and problematic alcohol use. Weaker increases in odds were found with obesity, physical inactivity and diabetes.[10] This does not mean that an individual who has experienced early adversity, including maltreatment, will inevitably experience poor outcomes in adulthood. How a person responds to adversity will depend on their own unique circumstances. It is important to keep in mind that most children exposed to adverse childhood experiences do not develop poor health outcomes.[11] While it increases risk, there are a range of factors which can protect and counter the impacts of childhood adversity throughout the life course. It is vital that we keep this in mind as we consider the policy and service responses to preventing and responding to childhood adversity.

'Polishing the diamonds – Addressing adverse childhood experiences in Scotland' provided an overview of the evidence and brought the issue of childhood adversity and the ACE research to the attention of a wide range of sectors and communities who may not have traditionally used health-based research on childhood experiences in their work. It set the scene for a national body (now Public Health Scotland) to take action in collaboration with the wider public health community and many others to progress the actions identified in this report.

2.2 Terminology

Physical abuse, sexual abuse, emotional abuse and neglect are widely recognised as child maltreatment and these frequently co-exist. Child maltreatment covers a number of experiences which have been looked at in ACE studies. While adversity is much broader than child maltreatment, child maltreatment is recognised by the World Health Organization (WHO) as a serious public health, human rights, legal and social issue with wide ranging impacts on health and wellbeing.[12]

It has been suggested that the 'ACE' term is 'a way of moving toward understanding the public health implications of childhood maltreatment and related experiences'[13] and should not be conceptually restricted to the commonly measured ACEs listed above. However, there has been criticism that ACE studies are limited as they exclude other types of adversity which are also important.[14] There has also been concern that a focus on ACEs could lead to a policy focus on individuals and families rather than the root causes of adversity and that interventions can then drift towards supporting the individual at the expense of a preventative agenda.[15]

We recognise the debate in both the research field and also in policy and practice about what should constitute an 'ACE', the limitations of ACE studies and how we define childhood adversity.[16,17] In Public Health Scotland, we use the term 'childhood adversity' in a broad way, to cover a range of experiences and circumstances which can have a detrimental impact on children's health and development. We use the term 'ACEs' in reference to research on adverse childhood experiences, such as the original ACE study in the US and studies in England and Wales, which are based on adult population survey data. However, we recognise that language is fluid and others use the term 'ACE' more broadly to include a wider range of adversities and the societal factors which can give rise to adversity.

Regardless of the language used, it is clear that a broad approach to childhood adversity is required. This report advocates a public health

approach which requires addressing the structural factors which can give rise to adversity and hinder the ability of people and communities to overcome adverse experiences and seeks to prevent and mitigate a wide range of adverse experiences (beyond those commonly measured in ACE surveys).

The increased awareness of the ACE studies, however, has given knowledge to a wide range of sectors and communities and ignited interest in the links between early life and later health and wellbeing, education and exposure to violence and involvement in the criminal justice system. The traction that has been gained in knowledge and awareness about childhood adversity and subsequent developments in policy, services, and in community groups should not be underestimated. The research on ACEs has 'provided an important bridge between professions'[18] in gaining a shared language about how early life can impact on later social, health and economic life outcomes. Our 'Adverse childhood experiences in context' paper sets this out further.

2.3 Childhood adversity in Scotland

Children are experiencing adversity in Scotland today. Nearly 1 in 4 children in Scotland (24%) were in relative poverty after housing costs in 2018/19. That's 230,000 children in Scotland.[19,20] Child poverty in Scotland is forecasted to rise. There is strong consistent evidence linking growing up and living in poverty with poorer educational outcomes[21] and poorer health.[22,23] Again, this does not mean that an individual growing up in poverty is destined for such outcomes, but it does increase the risk.

Inequalities in health emerge in the early years. For example, at the 27–30 month review undertaken as part of the Health Visiting Pathway, children living in the most deprived areas of Scotland (22%) were much more likely than those living in the least deprived areas (9%) to have a concern recorded about their development.[24]

In Scotland, 8,304 households with dependent children were recorded as homeless in 2018/19.[25] There are a number of common experiences for

children in homelessness accommodation relevant to their health, development and human rights. These include: a lack of security and safe places to play, impact on wellbeing and mental health, and difficulties getting to and from school.

Findings from ACE surveys show that adverse experiences occur across the whole population but there is a relationship with deprivation.[26] Using some of the measures used in adverse childhood experience studies, a Scottish study found that children at age 8 living in households with the lowest income had odds around seven times higher of having one or more adverse childhood experiences than the most affluent children.[27] Although undertaken on data in England, analysis has found an association between areas with high rates of child poverty and high frequency of adverse childhood experiences.[28] Furthermore, a systematic review on the relationship between childhood socio-economic position (SEP) and ACEs concluded that there is a clear relationship between SEP in childhood and the risk of experiencing ACEs. The review authors propose that any approach which ignores this wider context is 'flawed'.[29]

It is important to recognise the interaction between poverty and inequality and childhood trauma. Actions to address poverty and inequality will impact on children's risk of exposure to child maltreatment and other types of adverse events. Likewise, actions to prevent and respond to child maltreatment and other types of adverse events in childhood will also contribute to reducing the risk of such events impacting on opportunities in life and compounding disadvantages such as growing up in poverty. This includes in education, employment and health. The need to consider the impact of poverty and inequality and the impact of traumatic events in childhood was recognised in 'The Care Review':

> 'Perpetuation of trauma and failure to support healing where children and young people are already experiencing poverty and

> inequality is reflected in poor outcomes for many who have experience of the “care system”.’
>
> Fiona Duncan, Chair of The Care Review, The Promise, page 7.[6]

Deprivation puts children at increased risk of exposure to experiencing adversity. It is associated with risks such as child maltreatment, violence, drug and alcohol dependence and homelessness. There are well established links between growing up in deprivation and a number of health and social outcomes.[5]

> ‘The lower you are in the social hierarchy the more likely you are to suffer. And that suggests two approaches. One is: prevent poverty and inequalities, bring the social and economic level of the people down the bottom up towards the middle and there will be better early child development and fewer adverse childhood experiences. And the other is break the link between deprivation and adverse childhood experiences … deal with the consequences of ACEs.’
>
> Marmot, speaking at NHS Health Scotland Conference, From Adversity to Wellbeing, March 2019.

3. A public health approach to childhood adversity in Scotland

> '… the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society …'
>
> UK Faculty of Public Health

'Polishing the diamonds – Addressing adverse childhood experiences in Scotland' set out a public health approach to childhood adversity by acknowledging the nature of the problem and advocating for a preventative approach. There have also been calls by the World Health Organization[30,31] and the British Medical Association[32] for a public health approach to child abuse and neglect.

A public health approach uses the knowledge on what impacts on children's health and development to prevent exposure in children to such adversity. Advances in our understanding of human development from fields such as neuroscience, biology, and sociology are contributing to our understanding of health and disease across the life course. We do not as yet fully understand the causal biological mechanisms. Evidence from neuroscientific research has found biological mechanisms of the stress response which can alter children's neural architecture. In the absence of an environment of stable and supportive adults relationships which can reduce the impact of stress on a child, the accumulation of 'toxic stress' can negatively impact on the neuroendrocrine system and brain development. This developing field, alongside our knowledge about how social processes are associated with childhood adversity and population health, provide us with a strong basis on which to build on strategies and activities which prevent adversity in children and families' lives.

The term ‘toxic stress’ was coined by the National Scientific Council on the Developing Child in the early 2000s to describe knowledge about the effects of excessive activation of the stress response system on a child’s developing brain and other biological systems.

When adversity does occur, there is much that can be done working with people to recognise their own strengths and resilience. There is also an important role for policies and services in using the evidence base and experiences of people to respond appropriately and mitigate the negative impacts in children and young people, families and adults. The causal pathways in which such conditions or experiences translate into a variety of outcomes throughout life are complex. However, we do know that:

- adversity in childhood can have a detrimental impact on children’s rights, opportunities for health and development and risks for future wellbeing
- there are a number of factors which increase the risks of children being exposed to adversity
- there are a number of factors which can protect children, build resilience and development, and counter the impacts of childhood adversity.

Armed with this knowledge, we need to translate that into effective actions to prevent and address childhood adversity.

The public health reforms underway at the time of writing offer an opportunity for a new method of applying the principles of a public health approach to childhood adversity to strengthen action in Scotland. The core aspects of a public health approach are: a population focus, use of evidence, a focus on the social determinants of health, an emphasis on prevention, and use of strong partnership working. These are detailed further in the sections below.

3.1 Population focus

A public health approach involves looking at the needs in the population and population groups, which differs from a clinician whose focus is on the needs of an individual patient and is limited in preventing root causes. This requires population data which can show patterns over time and can demonstrate the size of a problem. This is particularly important when considering health inequalities. Ensuring that inequalities are not widened in the population, and that human rights are upheld, is a key part to a public health approach.

Interventions at a population level consider what can have the most impact on a population. This might be a universal approach by targeting the whole population or it might be targeted at particular groups. For example, child maltreatment is often hidden. A public health approach acts on the risk factors in the population to prevent child maltreatment. While responding to individual cases that come to the attention of child protection agencies will continue to be important, acting on risk factors in the population offers an opportunity to impact on the wider population. This can potentially influence a broad spectrum of parenting behaviour in the population and affect more children.[33,34 ,35 ,36] The World Health Organization has produced a package of strategies to end violence against children by acting on the range of inter-related risks at an individual, relationship, community and societal level.

In Scotland, for example, work is currently underway to address preconception health at a population level. Preconception health and care is concerned with supporting the health and wellbeing of future parents by increasing understanding about the impact of risk factors on pregnancy and birth outcomes and providing support to those who need it.

3.2 Evidence

As well as population data, the use of evidence to inform the understanding of an issue and design effective interventions is a key part of a public health

approach. This includes developing the evidence base by evaluating interventions.

A public health analysis of childhood adversity draws on literature from a wide range of fields including child maltreatment, child development, the social determinants of health, social policy and population ACE studies. This literature gives us a powerful evidence base on which to develop a strong public health approach to preventing and responding appropriately to childhood adversity in the population. This approach must include supporting adults who have experienced early adversity both in their role as caregivers to children but also to support recovery and their own wellbeing as citizens in society.

3.3 The social determinants

Children's health and development does not happen in isolation from the society in which they live. The social determinants of health are the conditions in which people are born, grow, live, work and age and it is such circumstances that lead to, for example, inequalities in health and education and risks of violence.[37] A public health approach looks at the 'causes of the causes' by considering the structures in society which can lead to the circumstances in which people are living in. It leads us to look 'upstream' at the causes of the 'downstream' and act on these structural factors to prevent poor outcomes later.

This is important in an approach to childhood adversity as it widens the lens from a focus on individuals' behaviour in the home to incorporate the wider social factors which affect children and families and which can heighten the risk of adversity.[38] A similar approach has been proposed for changing health behaviours.[39]

A complex issue such as childhood adversity requires actions at a number of levels. The World Health Organization promotes an ecological model for considering the complex factors which put children at risk of maltreatment. Such a model is useful in directing actions at each of these levels as part of an interacting system across society, community, through relationships and at the individual level. Such an approach is central to the national approach of 'Getting it right for every child'.

Fig. 1. Ecological model showing examples of risk factors for child maltreatment

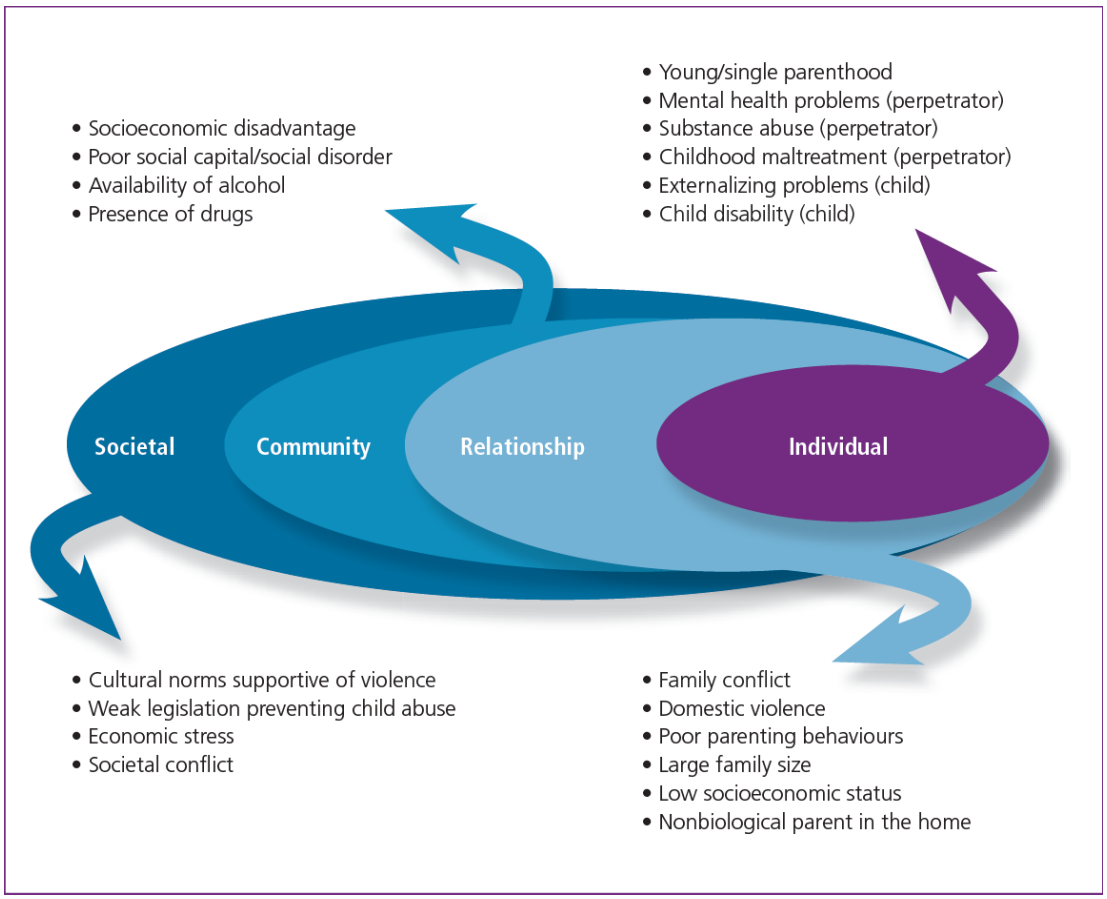


Fig. 1. Reproduced with permission from page 35, chapter 3 – Risk factors for child maltreatment from European report on preventing child maltreatment, World Health Organization, 2013.[40]

3.4 Prevention

As recognised in the Black report in 1980, which highlighted the social class differences in health in the population, giving children the best start in life and shifting resources towards children and families was recommended in order to prevent future inequalities in health. Thirty years on, Fair Society, Healthy Lives in England (and its 10-year review published in 2020) and The Christie Commission in Scotland similarly set out a strong rationale for prevention. We must reflect on our progress to date and continue to advocate for investment in giving all children the best start in life.

A public health approach is focused on the principle that prevention is better than cure. It often uses the terms:

- Primary prevention – preventing a problem in the first place.
- Secondary prevention – intervening early when a problem starts to emerge to resolve it.
- Tertiary prevention – reducing the harmful consequences of a problem and managing it as best as possible.[41]

These terms were adopted in the 'Polishing the Diamonds' report in 2016 to organise action to address adverse childhood experiences. These terms are particularly relevant when considering the role of services in prevention and the mitigation of adversity.

Action is required at a number of levels to address the social determinants of health in order to address the causes of inequalities. For example, to undo the fundamental causes of inequalities requires political decisions and societal values to address lack of power, money and wealth.[42] This is in addition to actions in services, in the environment and with individuals to prevent and mitigate inequalities.

3.5 Collaboration and whole system working

The key to taking a public health approach is working together with partners within the wider system to use our combined resources and influence to improve population health.[43] This includes system thinking to reflect the complexity of the interacting parts of the system, learning and evaluation, collaborative working and leadership, meaningful community involvement, shared vision and governance, and the importance of the local context.[44]

Childhood adversity is complex – no one sector, profession or policy will address childhood adversity. This is why it needs an approach involving the whole system, including families and communities.

4. Putting a public health approach into practice

> ‘Public health can play an important and unique role in preventing ACEs…. bring(ing) critical leadership and resources to bear on this problem. For example, these agencies can serve as convener, bringing together partners and stakeholders to plan, prioritise and coordinate prevention efforts. Public health agencies are also well positioned to collect and disseminate data, implement preventive measures, evaluate programmes and track progress. Although public health can be a lead in preventing ACEs, the strategies and approaches outlined here cannot be accomplished by the public health sector alone.’
>
> Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence, p. 23.[45]

The following areas for action were proposed in ‘Polishing the Diamonds’:

1 Establish the priority for addressing childhood adversity in existing work.

2 Create an awareness and understanding about ACEs.

3 Collect data.

4 Advocate for action on all aspects of household adversity.

5 Explore and build upon existing strategies to increase resilience in all children.

6 Initiate research to explore how best to ensure that the longer-term consequences of childhood adversity are effectively managed.

7 Explore the potential for routine enquiry about childhood adversity in appropriate circumstances.

Here we provide a flavour of actions and activities taking place across Scotland. Further examples from a range of sectors are also included in Annex A which demonstrates how agencies and communities across Scotland have been learning about and acting upon the knowledge base on childhood adversity. In addition, with Public Health Wales, we have produced a resource called 'Inspiration from ACE Interrupters in Great Britain'[46] which shows how a number of individuals have used their learning about childhood adversity across a broad range of settings across England, Wales and Scotland.

4.1 National activity

NHS Health Scotland (now part of Public Health Scotland) established a childhood adversity programme to progress work nationally following the publication of 'Polishing the Diamonds' in 2016. A Scottish Childhood Adversity Hub was also established and is coordinated by Public Health Scotland to help shape a national public health approach. The group is chaired by a Director of Public Health in an area NHS Board and includes a number of professionals and organisations with an interest in using the research on ACEs and childhood adversity to inform policy, practice and further research.

The work of the hub also includes working with the Scottish Government. The Scottish Government has a stated aim to reduce and mitigate adverse childhood experiences, in line with their commitment to children's rights and the national approach of 'Getting it right for every child', as well as better supporting adults negatively impacted by their early life experiences. Building on evidence, good practice to date and stakeholder feedback[47] the Scottish Government are progressing four key areas for action on adverse childhood experiences:[48,49]

1. Intergenerational support for parents, families and children to prevent adverse childhood experiences.

2. Reducing the negative impact of adverse childhood experiences for children and young people.
3. Developing adversity and trauma-informed workforces and services.
4. Increasing societal awareness and supporting action across communities.

These actions are being progressed across a wide range of ministerial portfolios to address the broad range of adversities which can impact on healthy development, alongside actions to address the structural factors (including poverty, gender inequality and discrimination) that can cause or contribute to childhood adversity.

The value of the hub is in bringing key sectors together to develop collective understanding and to plan how to strengthen actions on childhood adversity. The hub has supported cross-sectoral work throughout Scotland to raise awareness about childhood adversity and trauma within the context of the social determinants of health. This has included conferences, seminars and briefing papers, and has influenced policy locally and nationally, establishing work on childhood adversity in NHS Health Scotland and into Public Health Scotland.

Local public health teams have provided local leadership for action on childhood adversity, working with partners to share the evidence and develop plans to prevent and mitigate childhood adversity. For example, the Director of Public Health in NHS Highland produced an annual report on childhood experiences, resilience and trauma-informed care in 2018.[50]

4.2 Workforce knowledge and skills

As referenced above a key area for action being progressed by the Scottish Government is the development of adversity and trauma-informed workforces and services.

This is supported by investment in a National Trauma Training Programme,[i] coordinated by NHS Education for Scotland with application across all sectors of the workforce. It is recognised that this will contribute to practice that has been in place in other sectors, for example, it complements existing work in education on nurture, the importance of positive relationships and restorative approaches. A briefing to explore the links between nurture, adverse childhood experiences and trauma-informed practice in education settings has been produced by Education Scotland.[51]

Trauma-informed practice is a significant way for services to act on knowledge about childhood adversity. Workforce and service responses are one part of mitigating the impact of trauma and adversity and in responding to individuals. It has an important role in contributing to an overall public health approach to childhood adversity but in and of itself will not prevent it. The aim is to have a workforce that has appropriate knowledge and skills about trauma-informed practice and the wider social context which puts people at risk of trauma and adversity. This has the potential to contribute to the prevention of adversity in future generations alongside other prevention and mitigation activity. It is important that such practice is evaluated to contribute to an understanding about the relationship between such practice and improved outcomes for clients.[52]

It is also important that we do not conflate childhood adversity with childhood trauma. Adversity is broader than trauma and traumatic events in childhood

[i] For access to universally accessible training resources developed through the National Trauma Training Programme go to: www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx

are one form of childhood adversity. However, not all childhood adversity is traumatic.[53]

The National Trauma Training Programme is based on 'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce'. This outlines the knowledge and skills needed to enable the workforce to recognise, respond to, and support children, young people and adults who have experienced trauma. It provides a definition of trauma as:

> 'an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening'.[54]

Crucially, it aims to avoid (usually inadvertent) retraumatisation. This can happen through the recreation of interpersonal or organisational patterns that reflect traumatic relationships, including coercion, disempowerment and wielding of power over another. Evidence is accumulating that we can decrease the risk of this through the use of 'trauma-informed principles' of enabling people we work with to experience choice, collaboration, empowerment, safety and trust. The importance of involving people with lived experience of trauma and adversity is essential in developing trauma-informed approaches.

It is also acknowledged that the workforce itself can be affected by trauma, through their own personal experience and, in many cases, in the course of their work as well. Staff wellbeing is discussed further below in section 4.4.

4.3 The role of services

Knowledge on childhood adversity and how it can increase risks for a range of health and social outcomes in adulthood has implications for a range of services that work with children, young people and adults. It also has implications for us as a society in how we respond to people who have been affected by early adversity and trauma. It has been proposed that this shifts

an approach from ‘what is wrong with you?’ to one that is more curious, compassionate and understanding about people’s lives.[55] The Trauma Training Framework highlights that not everyone needs to be an expert in trauma but there are simple changes in the environment, policies or personal interactions that people can make to become trauma-informed and responsive.

4.3.1 Enquiry about childhood adversity

Enquiry about childhood adversity, commonly know as ‘ACE enquiry’ or ‘routine enquiry’ involves a trained practitioner systematically asking patients, or service users, about their adverse childhood experiences. Asking people about their past experiences offers an opportunity to support individuals who have experienced neglect, abuse or maltreatment in the past, and which may continue to affect them and their families in their present life. It works on the principle that unprompted disclosure of adversity is uncommon and if experiences of childhood adversity are not known about then opportunities for support are missed.[56] The rationale is that, enquiry provides an opportunity for a practitioner (e.g. a GP, health visitor or mental health professional) to systematically ask service users about a range of early childhood experiences and prompt a sensitive, relationship-based discussion. It has been suggested that by identifying any underlying issues, it can allow practitioners to take a holistic approach to patient care and assist them to offer tailored support where needed. In some cases, such as adult mental health services, knowing whether someone has experienced neglect or abuse could be considered essential for effective treatment, yet international evidence suggests that this does not always happen. Further work is needed to understand if this is routinely happening within mental health services in Scotland.

Awareness of the ACE research has increased interest about whether enquiry about childhood adversity would be an effective service response. Adapting a service to routinely ask individuals about their past childhood experiences

requires careful consideration and must be based on the best-available research.

Any approach should only be developed where clear organisational plans are in place to support individuals following enquiry. This should only be where practitioners have suitable knowledge, training, skills and experience to both ask about childhood adversity and to be equipped to respond appropriately.[57]

Attention must be given to:

- where in a patient's pathway enquiry is most appropriate
- how and what questions should be asked
- how a patient's data should be stored
- how a patient can be supported following enquiry
- how any perceived barriers can be addressed
- any potential benefits and risks to a patient's health and wellbeing
- whether there are appropriate and evidence-based support services available.

Routine enquiry about childhood adversity is not advised with children. See Annex B for principles for routine enquiry on ACEs. While our understanding in this area is advancing, more evidence of how enquiry about childhood adversity can be used effectively to support people is required. A small pilot of enquiry on childhood adversity, in partnership with five Deep End GP

practices[ii] in Scotland is being supported by Public Health Scotland. Some early anecdotal evidence from GPs suggests that it has enabled them to understand their patients better and offer improved support. It appears that the approach has been more sustainable when a little extra time has been allowed for appointments and where local services are available to provide onward support. Developing and embedding a new approach to patient care is time and effort intensive. It relies on strong organisational support to address perceived barriers and embed a cultural shift across all staff groups. Public Health Scotland continues to work closely with practices to co-design an approach (this work was formerly carried out by NHS Health Scotland). Evaluation of the pilot to contribute to learning in Scotland and beyond will be important.

Further work is being considered to help advance our understanding in this area. NHS Education for Scotland (NES) is exploring the potential for enquiry on childhood adversity across a number of clinical settings. The Family Nurse Partnership programme is also exploring incorporating enquiry about childhood adversity into its approach; building on the existing strength-based, holistic approach which the programme is based upon.

Links to previous events and presentations held by Public Health Scotland (formerly held by NHS Health Scotland) are available at:
ACEs Routine Enquiry Seminar (June 2017)
Recognising and Responding to Adverse Experiences and Trauma Workshop (November 2017)

[ii] General practitioners at the 'Deep End' work in general practices serving the 100 most deprived populations in Scotland, based on the proportion of patients on the practice list with postcodes in the most deprived 15% of Scottish datazones. This ranking is based on the Scottish Index of Multiple Deprivation (SIMD). www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/about/

Learning from UK Studies on ACE Enquiry in Health Settings (March 2019)

For more information please visit the Public Health Scotland website.

4.4 The importance of relationships

The importance of relationships for healthy child development is well recognised in a variety of fields, as well as in policy. Supporting children to have safe, nurturing environments and reciprocal positive relationships with parents or carers, and other significant adults and peers, for healthy development is well known. Building relationships has also been a central theme from discussions at events with practitioners, policy makers and those with lived experience of adversity, and from the literature on the role of services in responding to childhood adversity.

> '…people affected by ACEs valued stable, flexible and consistent care within which control and power dynamics are crucial – it can often take time for people to build up the necessary trust in a relationship for it to serve them well.'[58]

Trusted adults in children and young people's lives have been identified as important in protecting children from the impacts of childhood adversity.[59] Evidence on the importance of a young person having a trusted adult in their life in a number of settings, such as in the home, in services and in communities, was published by NHS Health Scotland (now Public Health Scotland) in 2019.[60] Youth work, family support, sport, community groups and public services all provide important places to develop safe, trusting relationships for children, young people and adults.

Good quality relationships, right from the very early years, provide a foundation for human development and growth. Early caregiving relationships play a vital role for the developing brain and in supporting infant mental health. 'Serve and return' interactions help to build neural connections in the brain. In response to an infant or young child's communication, an adult

responds appropriately with eye contact, a hug or words. An absence of nurturing, responsive relationships such as this can affect a child's development.[61]

The Family Nurse Partnership Programme[62] is an example of a service based on building a trusting non-judgemental relationship with clients to support parent–child relationships, recognising the broad range of factors which can impact on parenting capacity. Family nurses are provided with regular supervision, recognising the impact that providing such a relationship can have on staff.

Staff wellbeing is recognised as essential as part of the National Trauma Training Framework, and in 'The Care Review' published in February 2020.

> 'Supporting the workforce to care must be at the heart of Scotland's service planning. Supervision and reflective practice is essential for all practitioners, regardless of their professional discipline or role, who are working with children.'
>
> The Care Review, p.100.[5]

It has also been raised in a discussion paper by Barnardo's calling for debate on supervision and reflective practice for teaching staff,[63] recognising the impact that supporting children and young people can have on teaching staff's mental health.

Education staff are often experts in building relationships with children and young people and have the power to create and foster a culture of warmth, nurture, kindness and positive relationships within their school environments. A film produced in a partnership with NHS Health Scotland and Barnardo's Scotland called 'It's All About Relationships: Embedding relational, trauma sensitive approaches in education' launched in May 2020. It aims to highlight this and celebrate the positive impact that this can have on children and young people.

‘The Compassionate and Connected Classroom’ is a resource developed by Education Scotland to raise awareness about the potential impact that adversity and trauma can have on children and young people.[64] It aims to build teacher confidence in supporting the health and wellbeing of children by stressing the importance of nurturing relationships in schools. The curricular resource aims to support children in understanding the possible impact of adversity and trauma and to develop compassion, empathy and tolerance in their relationships with others. It is part of a suite of resources from Education Scotland for schools to consider in how they support children and young people’s health and wellbeing, recognising the wider social factors which can affect children’s learning, health and wellbeing.

4.5 The role of communities

The communities in which we live are important in preventing and protecting children from adversity and play a vital role in creating safe places for children to grow up and develop in. Statutory services alone cannot address childhood adversity and it is recognised that improving Scotland’s health requires action across the whole system, with a focus on place and communities.

> ‘Public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience.’
>
> Christie Commission, 2011, p.26.[65]

Health inequalities can be reinforced where the characteristics of places are not distributed equally. For example, children and young people living in areas of greater deprivation are more likely to be exposed to harmful environmental factors, such as exposure to:

- higher levels of community violence
- higher levels of crime

- lower levels of perceived safety
- poor maintenance of neighbourhoods
- increased numbers of deaths caused by road traffic accidents
- lack of access to greenspace and opportunities to take part in physical activity.[66]

There are opportunities to improve the health and wellbeing of communities through legislation, policy and actions which improve the places people live, for example through community planning and children's services plans.

Community ACEs hubs have developed in every local authority area in Scotland over the last few years. The hubs are generally groups which have been set up to discuss and address childhood adversity at a local level, following local screenings of the documentary 'Resilience – The biology of stress and the science of hope'. Hubs comprising community members and local practitioners from the public and voluntary sector have come together to take action in their community to raise awareness of, and attempt to address, childhood adversity by setting up local forums. The hubs are diverse. Some are led by public sector organisations while others are led by individuals working in other sectors. See ACE Hubs Map at the end of Annex C.

Public Health Scotland has developed relationships with many of the local hubs to explore how we might work nationally with them to support their goals. We are developing a Regional Hub Network which aims to bring hubs together to share knowledge and evidence and practical learning about community approaches.

4.6 Building and sharing the evidence base

Advocating for evidence-based action on addressing and preventing childhood adversity is an important element to a public health approach to childhood adversity. It is critical that we keep up to date with new and emerging knowledge to inform a public health approach to childhood adversity

in Scotland and the Scottish Childhood Adversity Hub helps to ensure that happens. ‘Knowledge into action’ is a term commonly used in health to describe a range of processes such as identifying, sharing and applying knowledge in a practical context. It aims to bridge the gap between knowledge and practice so that we can apply this knowledge to decisions, actions and services, and ultimately to contribute to better outcomes for individuals and communities.[67] This has been an important element in work in Scotland on childhood adversity.

There have been a number of national events, seminars and conferences since ‘Polishing the Diamonds’ was published in 2016. See Annex D. In addition many local authorities, NHS Boards and other public, private and voluntary sector organisations have organised events to share and develop actions to address childhood adversity. For example, ACE-aware nation held two large events in September 2018 and June 2019 to bring well known speakers from the US to Scotland who have written and spoken about childhood adversity and trauma. STV produced a 30-minute programme to support their Children’s Appeal in 2018 which focused on childhood adversity.

An effective method of sharing the evidence base to encourage ideas for action and identify new research questions is through bringing people together for conferences and discussion sessions. Public Health Scotland’s childhood adversity team has hosted 48 events with a range of organisations and professions since 2017 using the ‘Resilience’ documentary together with panel discussions. This has involved approximately 3,000 people seeing the film. As well as these events we supported a Scottish tour of the documentary in 2017 led by two small organisations, Connected Baby and Reattachment. Film screenings and panel discussions took place in every local authority in Scotland. Many organisations (such as NHS Boards, local authorities and third sector organisations) now have access to the film and are running their own events locally.

The film has been useful in sharing the ACE research base and examples of practice in the US. It does, however, have its limits for a Scottish context, leading to some challenges about a focus on ACEs being seen without the broader context to children and families' lives, such as poverty, gender and violence. The film has, however, provided an accessible way to communicate research on childhood adversity to a wide audience. It has reached thousands of people and inspired workers and community groups to come together to discuss what can be done to address childhood adversity. The impact of this should not be undervalued. By introducing the film appropriately and following it with discussion about the causes of adversity in society and a public health preventative approach it provides an accessible and engaging way to communicate findings from the ACE studies.

The Scottish Childhood Adversity Hub published a short paper, 'Adverse childhood experiences in context', in August 2019 to contribute to an understanding about the ACE research. This identified the benefits which the increased awareness and discussion about childhood adversity has contributed to. These are:

- reducing stigmatisation and blame by focusing attention away from 'what's wrong' with someone to 'what's happened' in their life
- increasing understanding about a broader range of experiences to capture childhood adversity which complements important socio-economic measures and action to reduce child poverty
- strengthening the case for prevention activity which aims to improve population wellbeing by preventing, reducing and mitigating levels of adversity experienced by children, young people and adults
- highlighting that a 'whole society' approach with action at various levels and by various parts of our system and society is required.

Scotland has drawn upon population ACE study findings from other countries, particularly surveys in England and Wales. The work from Public Health

Wales has been very important in helping to communicate the scale of ACEs and the range of health and social outcomes that such adversity is associated with. Questions about childhood adversity were included in the 2019 Scottish Health Survey. This survey provides a picture of the health of the adult Scottish population and is intended to provide a contribution to monitoring health in Scotland and to allow comparisons across countries. Data will be analysed and reports produced in 2020.

The Scottish Prison Service also runs an annual prisoner health survey and has included questions about ACEs in the previous two surveys. The 2017 survey provided evidence that a high proportion of individuals had experienced adversity in childhood. The findings from the survey, along with other research into the prevalence and impact of bereavement and traumatic experiences among young people in custody, have been introduced into training initiatives.

It is important that we continue to develop the evidence base and seek practical and effective ways to share that knowledge with practitioners and communities. There is still much to learn about the causal mechanisms between different types of childhood adversity, resilience and adult outcomes. It is equally important that the views of people with lived experience, and the effectiveness of trauma-informed approaches, are included in building the evidence base.

5. Preventative public health actions

Actions to both prevent and respond to childhood adversity were recommended in ‘Polishing the Diamonds’ in 2016. Much has been achieved since then to act on these recommended actions and we have highlighted examples within this report and in Annex A. The areas identified in 2016 continue to be relevant today, reflecting the range of actions required at various levels to address such a complex issue. Listening to the lived experiences of those who have been affected by childhood adversity is an

important part in shaping a collaborative approach and in developing the evidence base.

The following are actions informed by our current understanding of the evidence base that aim to both prevent and mitigate the impact of childhood adversity.

This report was prepared prior to the UK and Scottish Government's Covid-19 responses to this pandemic. The measures are having profound impacts on the world, disrupting our daily lives in many ways and severely impacting the economy. This will directly and indirectly affect children in a myriad of ways, as well as the adults in their lives and those populations who were already vulnerable to health inequalities. The actions below will be more important than ever in protecting children's rights and in mitigating the impacts of this pandemic.

> 'This is an unprecedented crisis and it presents unprecedented risks to the rights and safety and development of the world's children. Those risks can only be mitigated through unprecedented international solidarity for children and humanity.'
>
> United Nations, 2020.[68]

5.1 Address societal inequalities which give rise to risk factors of childhood adversity

To address societal inequalities, which increase risks in experiencing childhood adversity, we need to undo the fundamental causes of inequalities. Action at this level includes actions to address social norms such as violence, and actions on the structural factors which lead to societal inequalities, such as inequalities in income, power and wealth. This includes action to address societal norms such as on gender and race.

5.2 Strengthen economic support to families

Conditions which are related to an increased risk of childhood adversity include poverty, unemployment, poor housing and a lack of social support. We know the impact poverty and exposure to adverse events has on children's health and development as well as the impact it has on adults. Maximising financial security and income is critical to preventing childhood adversity. For example, it reduces parental stress and increases the opportunity for parents to provide safe, stable and nurturing environments for children's health and development.

> **'**A society that values its children must cherish their parents.'
>
> John Bowlby, WHO Maternal Care and Mental Health, 1952

5.3 Take actions to advocate for and address the social determinants of health, recognising the factors which create healthy development in children

The right to the highest attainable standard of health requires action on the social determinants of health (the conditions in which we are born, live, work and age). This includes action to promote child development, particularly in the early and adolescent years, but also in recognising how housing, employment, education and health services in communities impact on health and wellbeing.

The GIRFEC National Practice Model, developed to support the Scottish Government's national policy on children and young people, provides a framework to consider the social determinants of health. The wellbeing indicators of 'safe, healthy, achieving, nurtured, active, respected, responsible, and included' provide a framework to consider the factors which can impact on children and families' opportunities for wellbeing.

Understanding and acting on the sources of stress on parenting is an important part in reducing the exposure of children to experiences such as

neglect and abuse. Parents who have had their own adverse childhoods are at increased risk in experiencing parental stress and when this is accompanied by poverty, the impact on parenting distress is compounded.[69,70]

We need to continue to share and develop the evidence base on childhood adversity and child development to advocate for action to prevent and address it.

We should advocate for and implement a children's-rights approach to listen to the views and experiences of children and young people when developing policy and practice which impact on children and young people's lives.

5.4 Invest in services which support families and protect children and young people from the impacts of adversity

Services have an important role in preventing and mitigating childhood adversity. For example, recognising the value and importance of relationship-based services in preventing and protecting children from adversity. Family support and youth work services have been shown to play an important role in building trusting relationships.

Services working with adults, such as mental health, substance use, police, prisons and community justice, are important in supporting adults in children's lives. Such services have opportunities to consider what is going on in an individual's life and how that might impact on the wider family to work in a coordinated way with other services. This is important in order to address potential historical childhood adversity in adults but also in mitigating and preventing impacts for children now.

5.5 Develop and appropriately support trauma-informed services

Build and test the evidence base on routine enquiry on childhood adversity across a range of settings.

Support and evaluate trauma-informed practice and services to build our understanding of such practice on outcomes for people using services. Leadership and a culture which includes appropriate care for the demands this places on staff's health and wellbeing is important for developing trauma-informed services.

5.6 Knowledge and skills in the workforce

Appropriate knowledge and skills on social determinants of health, trauma and adversity are important to contribute to a whole system approach to ending childhood adversity where possible. Advocating for action to prevent and mitigate the impacts of childhood adversity as a rights and social justice issue is also a role for the workforce to consider.

6. Conclusion

> ‘The true nature of a nation’s standing is how well it attends to its children. When children are hurt, we, as a society, are diminished. When we work together to end violence in their lives, we rise to the best in ourselves.’
>
> WHO Inspire, page 93.[71]

Evidence makes it clear that we need to take a preventative approach to address childhood adversity. It is complex and requires action at a number of levels and by us all. Public health, nationally and locally, is well placed to support action on childhood adversity. It can do this by collaborating with a broad range of partners and sectors, advocating for and helping to shape preventative actions, sharing and helping to build our knowledge base. Many of the actions sit outside of public health and there is no simple solution that one service can deliver or that one policy can achieve by itself. It requires action by us as a society, in government, the public, private and voluntary sectors, local communities and individuals.

Children have a right to be protected from harm. Childhood adversity is not inevitable and most of it can be prevented. Where prevention is not possible, or where the experience of childhood adversity has already occurred, we should build support with individuals, families and communities to mitigate the impact of adversity. Much has been achieved across Scotland since Polishing the Diamonds was published in 2016. We can act on what we know about the

importance of our early life experiences, how they shape our development and opportunities in life into adulthood, as parents and as members of society. We should acknowledge what has been achieved, learn and build on it. But there is much still to be done.

As The Care Review recognised early on in its work, children must not wait for the change that is needed now. Public Heath Scotland is a new organisation, established to strengthen efforts to improve Scotland's health. We will play our part in advocating for action, building and sharing knowledge and working across the system to identify actions that are having the most impact to prevent childhood adversity. This requires a shift in societal attitudes and in how we work together to improve outcomes for those who have and continue to experience adversity today. Crucially, we need to work together with our partners and communities to deliver the actions that will take us closer towards ending adversity for children in Scotland.

Annex A – Examples from across Scotland

Scottish Youth Parliament

All approaches and work aimed at reducing childhood adversity and mitigating its effects must acknowledge the intrinsic link between adversity and children's rights. They must be underpinned by positive relationship approaches which value the voice of children and young people. Creating policies, practices and environments which have children's rights at their core is something that we must strive for. Achieving a culture which fully acknowledges and encompasses children's rights is something that must be progressive and built on over time.

> 'After seeing the impact of adverse childhood experiences being so prevalent in my constituency and beyond, from increased drug and alcohol misuse to a drastic spike in mental health issues over the years in teenagers, it was clear to me that not many people were aware of what ACEs or childhood trauma [were], or the very real health and developmental impact [they] can have.
>
> I developed the "Rights! The Missing Piece to Childhood Adversity" resource as a result of one of my members motion action points, which was to work with relevant stakeholders to develop an awareness toolkit. My aim is to equip all [Members of the Scottish Youth Parliament] MSYPs in awareness of ACEs to use in their own areas or to develop their understanding a little more and if the resource helps [and] at least one person do[es] this, then it has accomplished its purpose.'
>
> Bailey-Lee Robb, Member of the Scottish Youth Parliament

Collaboration in Ayrshire and Arran

Partnership working and taking a whole-systems approach is a key focus within Ayrshire and Arran. A dedicated infant, children and young people's transformation programme board has been developed and childhood adversity forms one of the board's priority areas of work. The programme board builds on existing partnership working to increase action on childhood adversity while continuing to recognise the wider inequalities and structural drivers that impact child health and wellbeing. Partners within each of our local authority areas have welcomed the development of the 'Trauma and Childhood Adversity Exposures and Outcomes Profiles' and have used them as a catalyst for discussion.

Engagement and consultation with partners and stakeholders has taken many forms. This has included:

- the Pan-Ayrshire Community Justice Board providing the opportunity and language to connect adult and children's services
- two large conferences hosted by Community Justice Ayrshire focusing on childhood adversity
- discussion with over 4500 people within the community, across sectors and with elected members following the screening of the documentary 'Resilience – the biology of stress and the science of hope'.

Ayrshire and Arran recognise the importance of listening to those with lived experience and in April 2018, a dedicated board workshop focused on the voice of care-experienced young people. Ayrshire also has a community ACEs hub and they are actively engaging with communities and services to support a grassroots momentum to make a difference. NHS Ayrshire and Arran has benefited from support from local voices and third sector organisations as well as a strong partnership with local authority areas. Next steps will focus on the strategic vision. We will adopt system leadership to

progress a collective context and shared purpose, and achieve our ambition with regard to trauma-informed organisations and communities.

> ‘Public health are ideally placed to support partners and communities to consider a whole systems approach to tackling wider inequalities and structural drivers that impact not only upon child health and wellbeing but the health of the entire population. Adversity is not destiny and when these partnerships turn into relationships then we see the art and science become a reality.’
>
> Kathleen Winter, NHS Ayrshire and & Arran Public Health Principal

Stepping Stones for Families – family wellbeing service

Glasgow Centre for Population Health published an evaluation of this Family Wellbeing Service in 2019. ‘Stepping Stones for Families’ is a third sector organisation that works with nurseries to provide holistic support to families of pre-school children in the North East and North West of Glasgow. The evaluation looked at the impact of the service on parents’ health and wellbeing, parenting skills, parent–child and family relationships, and children’s confidence and capacity to learn.

> ‘At one level the model is simple – do what works to help parents in their lives. But it is also sophisticated, reflecting learning over time, and delivered by highly skilled staff making nuanced and difficult judgements about how best to support people in complex situations, and undertaking multiple tasks as they do so.’

The evaluation found that parents were happier, less anxious and less stressed. The service had boosted parents’ confidence while reducing their social isolation. It found that relationships between parents and children had improved. Children were calmer and more engaged in nursery following parental involvement in the service. The way the service worked with families

was vital; working with them in a non-judgemental, friendly and welcoming manner.
www.gcph.co.uk/publications/894_stepping_stones_for_families_family_wellbeing_service_evaluationmanner

Diverting young people from prosecution by understanding childhood adversity

In November 2018, following the publication of 'The Thematic Report on the Prosecution of Young People' by the Scottish Government, the Crown Office and Procurator Fiscal Service (COPFS) outlined their willingness to move towards an increased use of alternatives to prosecution, where it was apparent that the individual responsible would benefit from an earlier intervention to address the causes of their offending. In the case of 16 and 17 year olds an alternative to prosecutorial action measure was to become the presumption, and for those older this was placed on a level playing field with other disposal options. This was incorporated into their internal guidelines in April 2019.

In order to support this, Community Justice Scotland (CJS) and the Centre for Youth and Criminal Justice (CYCJ) developed a training programme for Police Scotland Officers which outlined the need to include more information on the needs of individuals and the circumstances of offending within Standard Police Reports. Information on the impact of trauma, its prevalence across people who commit crime, and the behaviours it can manifest were included as part of the input. COPFS endorsed the training, providing a list of areas they would require further information within, and how this might be incorporated from their perspective:

- Family dynamics
- Education, employment and training
- Attitude to offending
- Alcohol, drugs, other

- Mental health
- Disability
- Vulnerabilities

Collaborative working with NHS Health Scotland and the Department for Work and Pensions

The Department for Work and Pensions in Scotland is committed to becoming much more aware of adverse childhood experiences as an organisation.

Around a year ago, a chance conversation led to a personal interest in ACEs and, working with various partners, I set out to learn more. Through my experiences with the Simon Community, I gained an understanding of the impacts of growing up in adversity and of traumatic experiences in childhood. Our staff need to be aware of the impacts of adversity as they are seeing people every day who have experienced it. This isn't learning something new, but it's a chance to do a soft reset. We want to embed care and compassion at the core of what we do. The ACEs lens allows us to reframe and think about what our service users, and staff, have experienced.

We have held several screenings of the 'Resilience' documentary to our Mental Health First Aiders and Senior Leadership Team, to inform a programme to roll this out to all frontline staff in the organisation. Showing the film is just one part of this work; we have been working with NHS Health Scotland (now Public Health Scotland) to introduce and set the scene to the film and to discuss it further with staff afterwards. It is informing how we begin to develop a trauma-informed workforce.

Working with colleagues in public health on this has been a great example of collaborative cross-sector working and to supporting us in our thinking about childhood adversity in the population.

Robert McKay, District Integrated Operations Manager, Department for Work and Pensions

Raising awareness about childhood adversity in the housing sector

In 2018, a multi-agency working group comprising NHS Health Scotland, Healthcare Improvement Scotland iHub, Scottish Federation of Housing Associations and Glasgow and West of Scotland Forum of Housing Associations agreed to further explore the role of the housing sector in the prevention and mitigation of childhood adversity. Using the 'Resilience' documentary as a platform for discussion, this group worked together to host a 'roadshow' of events across the country. These events involved a screening of the film 'Resilience' and a panel discussion with representatives from across housing and public health, followed by table-top discussions with participants.

This collaborative venture provided a platform to discuss existing practice and explore how this could be viewed through an adversity lens. The events held in 2018 were the first step for this partnership to explore opportunities for further prevention and mitigation of children's exposure to unnecessary and avoidable adversity. Building on this, the partnership is continuing to scope further awareness raising opportunities and examples of preventative practice within the housing sector. A report from the roadshow is available at www.healthscotland.scot/publications/understanding-adverse-childhood-experiences-and-trauma-what-does-this-mean-for-the-housing-sector

Police Scotland

As part of our approach to becoming a trauma-informed organisation, Police Scotland, along with a number of key partners, developed and is now delivering a test project in Dumfries and Galloway. The test project focuses on care-experienced young people and in particular looks at alternatives to criminalisation. The review is ongoing although anecdotal evidence suggests a number of positive outcomes have been achieved to date. We look forward to the formal evaluation and identifying best practice, and learning, which will influence subsequent policy.

As part of our approach to becoming a trauma-informed organisation, Police Scotland, along with a number of key partners, developed and is now delivering a trauma-informed approach to new recruits as part of our Probationer Training Programme. In addition to formal inputs, the principals of a trauma-informed approach are woven through the syllabus.

NHS Highland and Highland Council - Words Up Baby – encouraging positive relationships from before birth

NHS Highland and Highland Council have worked together in a collaboration of midwives, health visitors, early years practitioners, psychologists and speech and language therapists to develop key messages on attachment and language development that are shared with parents by all staff starting from booking. A dedicated intervention at the 12 week scan is followed up at subsequent contacts to support parents to talk to their bump, to sing and play music and find quiet times to talk. After birth, a set of messages continue the universal intervention in a strengths based and friendly way through into primary school. Evaluations have shown changes in professional knowledge and confidence in working with parents on attachment from before birth onwards, and also positive changes in parents' attachment behaviours. Materials can be found and shared at https://bumps2bairns.com/what-to-expect-language/

A community approach to childhood adversity in Castlemilk

The Castlemilk Resilience Hub formed in late 2018 after core members working in early years settings were inspired by the 'Resilience' documentary and were motivated to drive forward change in the local area.

Starting with screenings of the 'Resilience' documentary to their respective groups of staff, the hub has since grown to include arms of work with Violence Reduction Unit on a youth work project, a strand of work focusing on family engagement and continuing to upskill staff and raise awareness of childhood adversity. An off-shoot partnership meeting, hosted by Police Scotland in a

Fire and Rescue Service premise had attendance from Housing, Social Work, Education and Scottish Fire and Rescue services. Building these relationships has allowed for information sharing and sharing training opportunities, and is breaking down ‘silo working’ among services.

The hub is in the process of creating an action plan for the area, but are clear that what has been key so far is the developing relationships between services. As they progress to family engagement, the relationship between local services and families will be key.

Together for Childhood – Govan, Glasgow

Adversity, abuse and neglect can have a devastating impact on the lives of children, preventing them from reaching their full potential. That’s why we have developed Together for Childhood, a place-based, innovative, evidence-informed approach that brings local partners and families together to make communities safer places for children.

Our ambition is to deliver an initiative that goes beyond developing a number of evidence-based services to support children and families. Instead, we aim to create a wide-reaching effort that creates sustainable, transformative systems change and engages local people to address how they can contribute to keeping children safe within their community. As well as Govan, NSPCC is testing this approach in Grimsby, Plymouth and Stoke-on-Trent. In the four areas, we are working with local agencies, organisations and communities to develop a shared vision of preventing trauma and to find earlier and better ways to support children and families.

The way we work

Public health approach – an increased focus on prevention and a joined-up system across primary, secondary and tertiary interventions.

Place-based approach – seeking to address problems at a local level, and in a truly integrated way, with a focus on community capacity building and evidence-informed development.

Partnership – developing local partnerships between statutory agencies, local communities, the wider voluntary sector and the NSPCC.

Co-production – designing and delivering a range of activities and services with local partners to address the prevention of abuse.

Inclusivity and accessibility – ensuring diverse involvement of community members, with multiple access points and flexibility in the type and intensity of intervention, to remove barriers to participation.

Sustainability – embedding local ownership and a focus on prevention that will be resilient to changing times and can be maintained over the long term.

Continuous learning – an ongoing robust evaluation that helps partners to learn and improve from the implementation of Together for Childhood and makes a significant contribution to the evidence base about the prevention of abuse in families facing adversity.

Strengths-based – respecting and building on individual, community and service strengths.

Neil McIntosh, Together for Childhood Development Manager, NSPCC

Inspiring Scotland's Link Up programme

Link Up sits at the heart of Inspiring Scotland's ambition for a Scotland without poverty or disadvantage. It is among the largest and longest-running community development and wellbeing programmes in Scotland. Around 24,000 people have got involved since the start in 2012. At the core of its model is long-term investment at community level. We're currently in nine communities across Scotland.

Link Up works and creates the right environment for supportive relationships, confidence and self-belief to grow. We see these ingredients as the building blocks to human development.

We have workers embedded in each neighbourhood. They are carefully selected and given the space and necessary support to work their magic – surfacing local people's strengths and harnessing their contribution to take forward together a wide range of fun and free activities open to all. Our workers' role is to create the spark, the space, and a deliberately human-focused and trauma-aware culture that builds everyone's self-belief, sense of connectedness and meaning. Key to the Link Up practice are:

- A non-judgemental, empowering environment
- Open to all, taking away stigma and engaging the most vulnerable
- Kind, flexible, well supported workers focused on nurturing relationships
- Accepting and working with complexity

This has proven to be highly effective in enabling people to create change for themselves and their community. The free and fun activities are a means to an end. They give everyone the opportunity to access and take an active role in positive experiences.

We know there is a high prevalence of trauma and ACEs in Link Up communities, and this makes a Link Up approach all the more necessary and

powerful. Experts and local people value Link Up because we intrinsically promote the fundamental principles of a trauma-informed approach, namely:

- Building supportive relationships focused on releasing people's strengths and contribution
- Creating safety, reliability, consistency, predictability
- Empowering people to be themselves & enabling collaboration, harnessing human potential for shared purpose, action and meaning
- Enabling choice and trust – guiding and inspiring and not managing, imposing or constraining
- Holistic and acting on the wider social determinants of health

By boosting protective factors, Link Up mitigates against and enables recovery from the impacts of adversity, helping stabilisation and preventing further escalation. It helps break the inter-generational cycle of poverty and associated ACEs.

Underpinning the above is the training and support we provide our workers. Over the years, we have worked with NHS Lothian's Rivers Centre and clinical psychologists specialised in trauma to provide training and support to our Link Up team. Increasingly, we believe the very challenging nature of Link Up work warrants the provision of a regular space where workers can discuss and get expert guidance regarding particular situations and individuals, as well as process in a healthy way people's stories of severe adversity. We have recently introduced the provision of regular group and 1:1 support for our workers by a clinical psychologist with a trauma specialism. Our aim is to further strengthen our workers' trauma-skilled practice, and to sustain their positive impact by helping them with self-care.

We believe this kind of support is key to support Link Up workers and others who also work at the grassroots, in the community.

Fortrose Academy: a journey towards excellence and equity

Fortrose Academy is a comprehensive, six-year secondary school which serves the Black Isle area of Ross-shire. It draws its pupils from seven associated primary schools and strives to be at the heart of the community. The school is focused on attaining excellence and equity for its pupils. It aims to do this with a focus on literacy, numeracy and social and emotional wellbeing within the school setting while also developing local partnerships to engage with and support the wider community.

Fortrose Academy has taken a nurture approach to supporting its pupils. The Pupil Equity Fund was used to do an audit of those pupils who were in receipt of Free Schools Meals. Findings showed that pupils were underachieving in classes and that this was not due to the pupils' ability but due to a range of previous or current adversities. A Nurture Group was developed based on an understanding of attachment theory and a nurture room was developed for pupils. The nurture approach has been successfully providing an additional layer of support for those who need it and has resulted in increases in attainment by pupils and increased mental health and wellbeing.

The focus on social and emotional health and wellbeing is not limited to just the school. Fortrose Academy has embarked on a programme of intergenerational outreach within the Black Isle with support from a wide range of local partnerships including the Community Council. The partnership identified issues around social isolation and has connected the school, its pupils and the community together through the development of resources, social events and involvement in programmes such as Black Isle Cares. This partnership has led to a decrease in social isolation, increased awareness of mental health and wellbeing and building confidence, empathy and resilience in young people. This intergenerational work was recognised in 2020 by the Education Scotland inspections team as 'practice worth sharing more widely'.

Annex B – Principles of ACE enquiry

Adapting a service to routinely ask individuals about their past childhood adversity requires careful consideration and should be based on the best-available research. Attention should be given to:

- where in a patient's pathway enquiry is most appropriate
- how and what questions should be asked
- how patients' data should be stored
- how any perceived barriers can be addressed
- any potential benefits and risk to patients' health and wellbeing.

ACE enquiry (short-hand for enquiry on childhood adversity) should only be considered where practitioners have suitable knowledge, training, skills and experience to reply to responses. NHS's Transforming Psychological Trauma Knowledge and Skills Framework recommends that individuals undertaking ACE enquiry should be trained to at least a 'trauma-skilled' level.

ACE enquiry should only be used in a setting where there has been an assessment of organisational readiness to undertake ACE enquiry. It should be used within the context of clear organisational plans about how information will be used to support or respond to an individual's needs. It should only be undertaken where services are available to support individuals following disclosure.

ACE enquiry should not be delivered as a screening tool or a 'tick-box' exercise. ACE enquiry should prompt a sympathetic and sensitive conversation to understand if childhood experiences are impacting on a patient's health now, and what, if anything, can be done to support the individual.

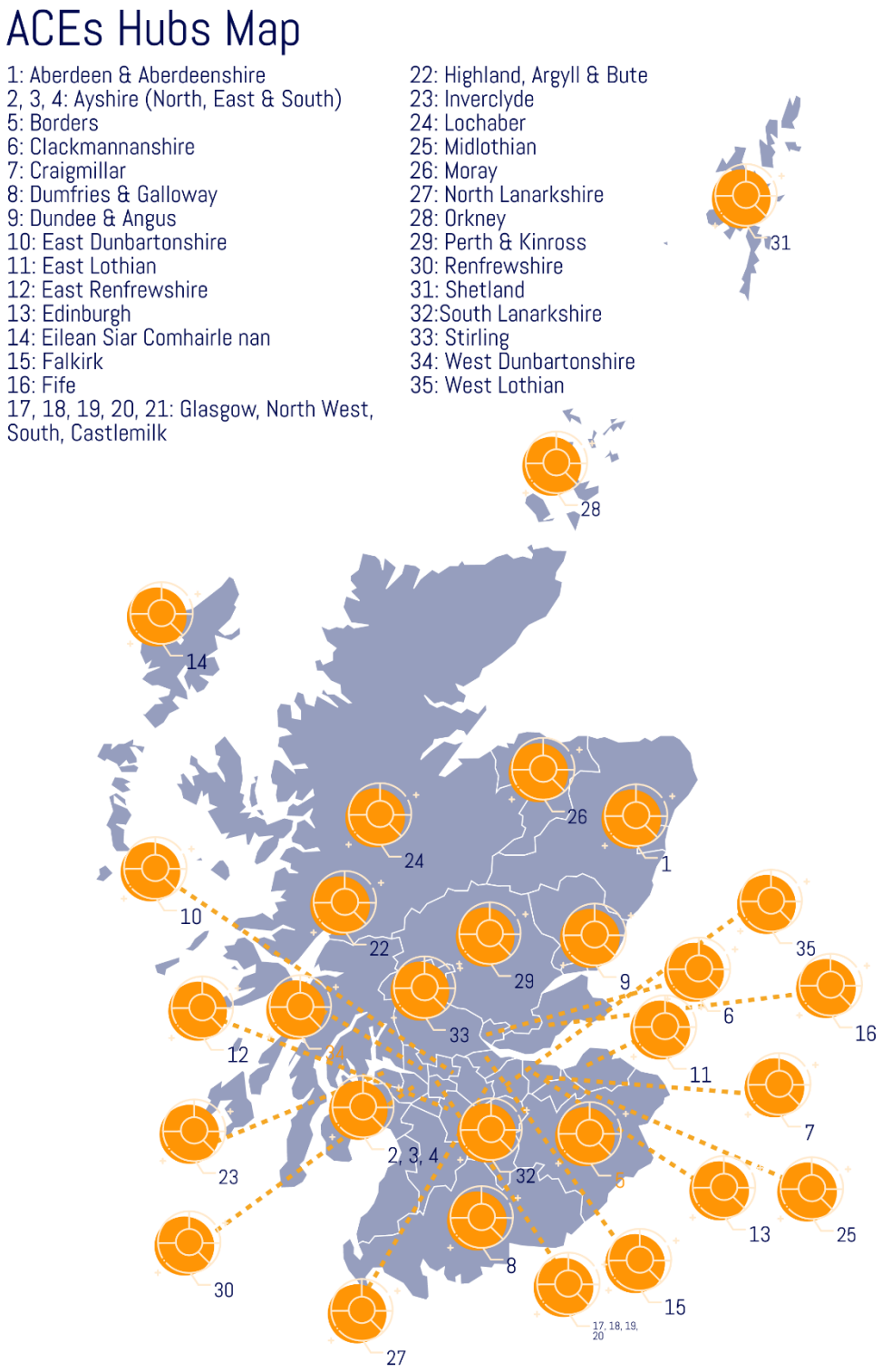
There is not enough evidence to support ACE scoring. ACE questionnaires do not take account of all types of adversity, aspects of personal resilience or

acknowledge that different types of adversity may have different impacts. Scoring could be misleading or lead to unhelpful labelling and stigmatisation.

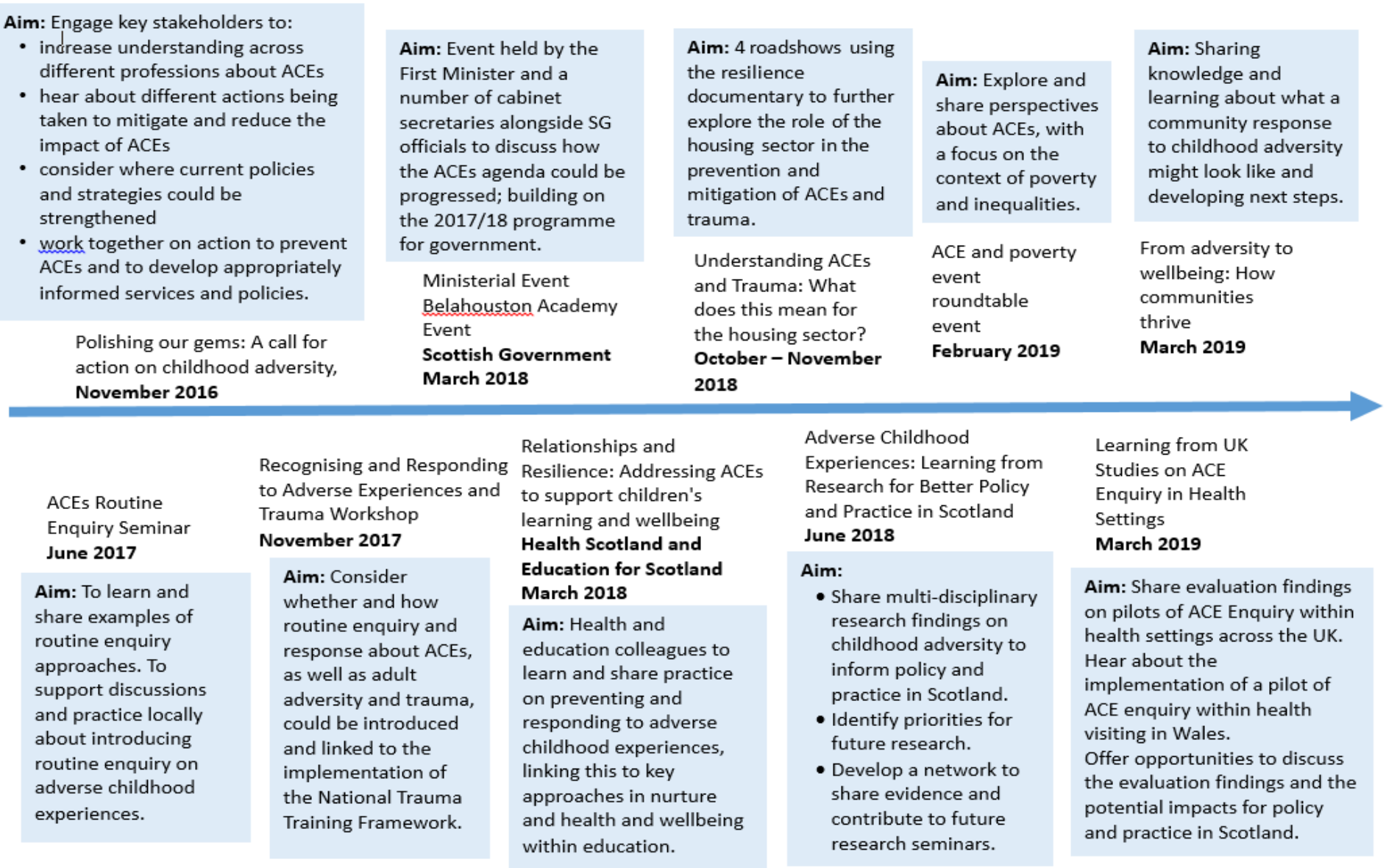
ACE enquiry is not currently advised with children. Where a child discloses trauma or abuse, workers should respond in a way that is trauma-informed and use local child protection procedures and protocols.

In acknowledgement that responses to ACE enquiry can involve a wide range of services and settings it is imperative that work continues to ensure that there is a positive trauma-focused culture which seeks to support individuals and prevent further trauma.

Annex C – ACEs Hubs Map



Annex D


Aim: Engage key stakeholders to:
• increase understanding across different professions about ACEs
• hear about different actions being taken to mitigate and reduce the impact of ACEs
• consider where current policies and strategies could be strengthened
• work together on action to prevent ACEs and to develop appropriately informed services and policies.
Polishing our gems: A call for action on childhood adversity, **November 2016**
Aim: Event held by the First Minister and a number of cabinet secretaries alongside SG officials to discuss how the ACEs agenda could be progressed; building on the 2017/18 programme for government.
Ministerial Event Belahouston Academy Event **Scottish Government March 2018**
Aim: 4 roadshows using the resilience documentary to further explore the role of the housing sector in the prevention and mitigation of ACEs and trauma.
Understanding ACEs and Trauma: What does this mean for the housing sector? **October – November 2018**
Aim: Explore and share perspectives about ACEs, with a focus on the context of poverty and inequalities.
ACE and poverty event roundtable event **February 2019**
Aim: Sharing knowledge and learning about what a community response to childhood adversity might look like and developing next steps.
From adversity to wellbeing: How communities thrive **March 2019**
ACEs Routine Enquiry Seminar **June 2017**
Aim: To learn and share examples of routine enquiry approaches. To support discussions and practice locally about introducing routine enquiry on adverse childhood experiences.
Recognising and Responding to Adverse Experiences and Trauma Workshop **November 2017**
Aim: Consider whether and how routine enquiry and response about ACEs, as well as adult adversity and trauma, could be introduced and linked to the implementation of the National Trauma Training Framework.
Relationships and Resilience: Addressing ACEs to support children's learning and wellbeing **Health Scotland and Education for Scotland March 2018**
Aim: Health and education colleagues to learn and share practice on preventing and responding to adverse childhood experiences, linking this to key approaches in nurture and health and wellbeing within education.
Adverse Childhood Experiences: Learning from Research for Better Policy and Practice in Scotland **June 2018**
Aim:
• Share multi-disciplinary research findings on childhood adversity to inform policy and practice in Scotland.
• Identify priorities for future research.
• Develop a network to share evidence and contribute to future research seminars.
Learning from UK Studies on ACE Enquiry in Health Settings **March 2019**
Aim: Share evaluation findings on pilots of ACE Enquiry within health settings across the UK. Hear about the implementation of a pilot of ACE enquiry within health visiting in Wales. Offer opportunities to discuss the evaluation findings and the potential impacts for policy and practice in Scotland.

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