**29th January 2019**

# ACE Aware Workshop

A.C.E

Making Kent and Medway ACE Aware

# Delegate Welcome

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# Video - Opening Doors: Trauma Informed Practice for the Workforce

https://vimeo.com/274703693

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Making Kent and Medway ACE Aware

# The Local Public Health Case for Change

Jo Tonkin and Lara Hogan
Kent County Council

A.C.E
Making Kent and Medway ACE Aware

# “An ounce of prevention is better than a pound of cure…”

## Why more of the same won’t work…the urgent case for systems change

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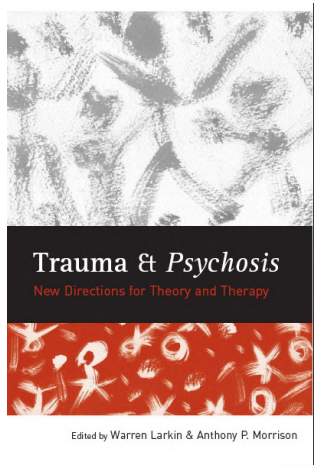
# How I got here…

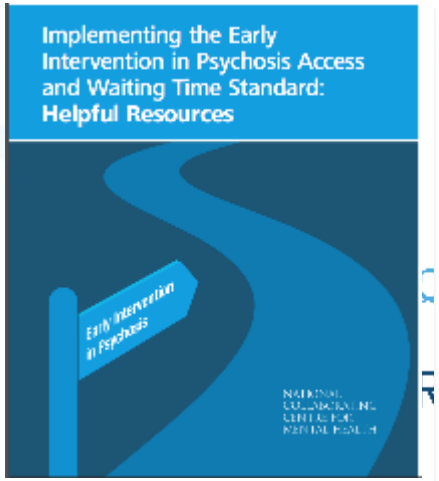
- **25 years ago I started working with people with serious mental health problems in long-stay psychiatric institutions:**

- 1. Very few seemed to be getting better…and
- 2. Most had experienced significant adversity and trauma

  - I spent two decades working as a therapist with individuals diagnosed with ‘schizophrenia’ or psychosis & their families.

  - Then my perspective shifted…10 years of leadership, policy development and systems change


# What are Adverse Childhood Experiences?

- Physical abuse
- Sexual Abuse
- Emotional Abuse
- Living with someone who abused drugs
- Living with someone who abused alcohol
- Exposure to domestic violence
- Living with someone who was incarcerated
- Living with someone with serious mental illness
- Parental loss through divorce, death or abandonment
- Neglect

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Research Article

# Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

## The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS
Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

**Background:** The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

**Methods:** A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

**Results:** More than half of respondents reported at least one, and one-fourth reported ≥2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

**Conclusions:** We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults

# Key research findings regarding ACEs

- Adverse Childhood Experiences are unfortunately common yet rarely asked about in routine practice (Felitti et al.,1998; Read et al 2007, 2018)
- In the English National ACE study, nearly half (47%) of individuals experienced at least one ACE with 9% of the population having 4+ ACES
(Bellis et al 2014.)
- There is a strong and proportionate (dose-response) relationship between ACE and the risk of developing poor physical health, mental health and social outcomes (Skehan et al 2008; Kessler et al, 2010; Varese et al 2013; Felitti & Anda, 2014.)
- ACEs increase the risk of adult onset chronic diseases, such as cancer and heart disease, as well as increasing the risk of mental illness, violence and becoming a victim of violence
- ACEs are associated with a large proportion of absenteeism from work, costs in health care, emergency response, mental health and criminal justice involvement

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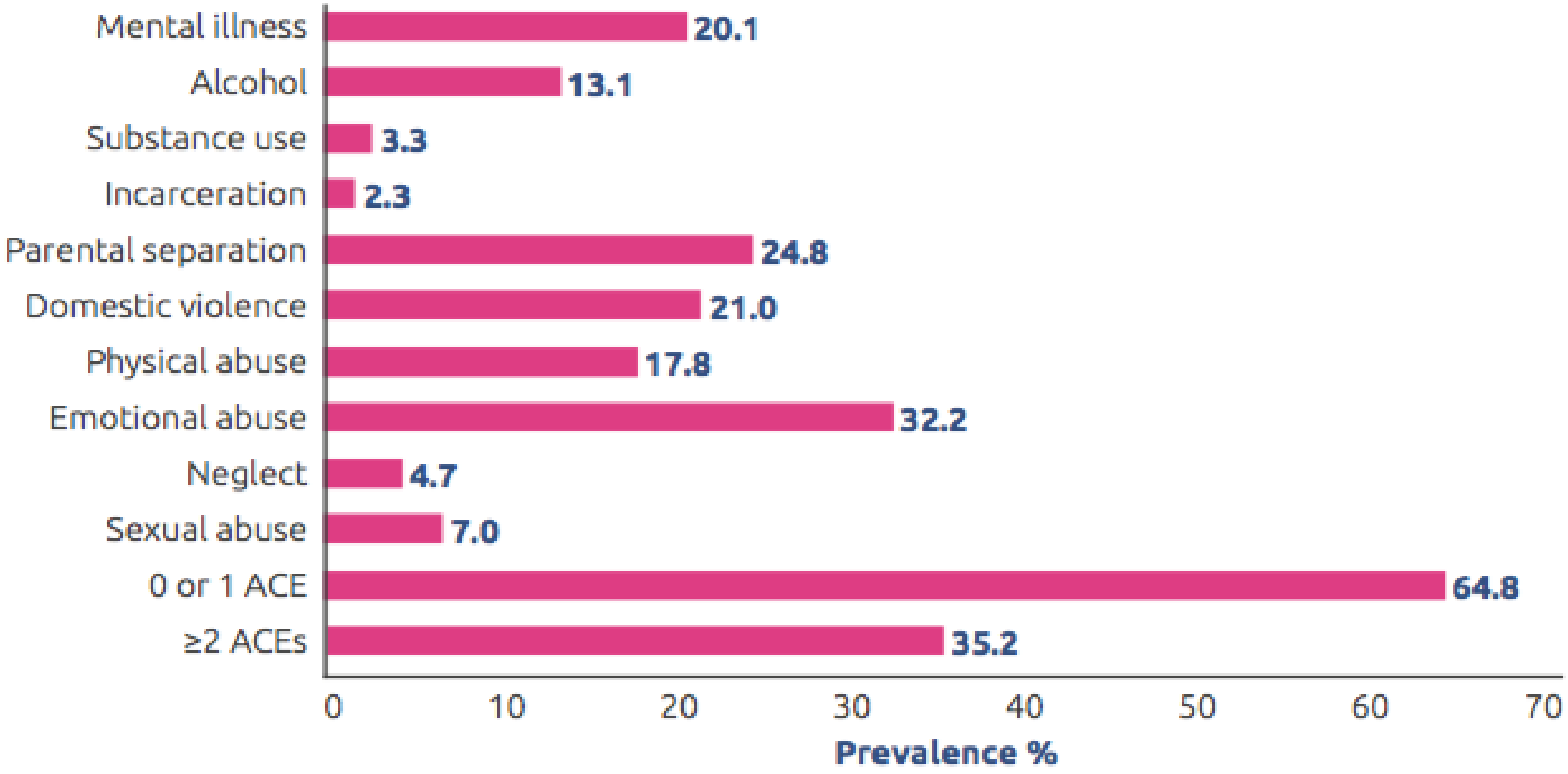
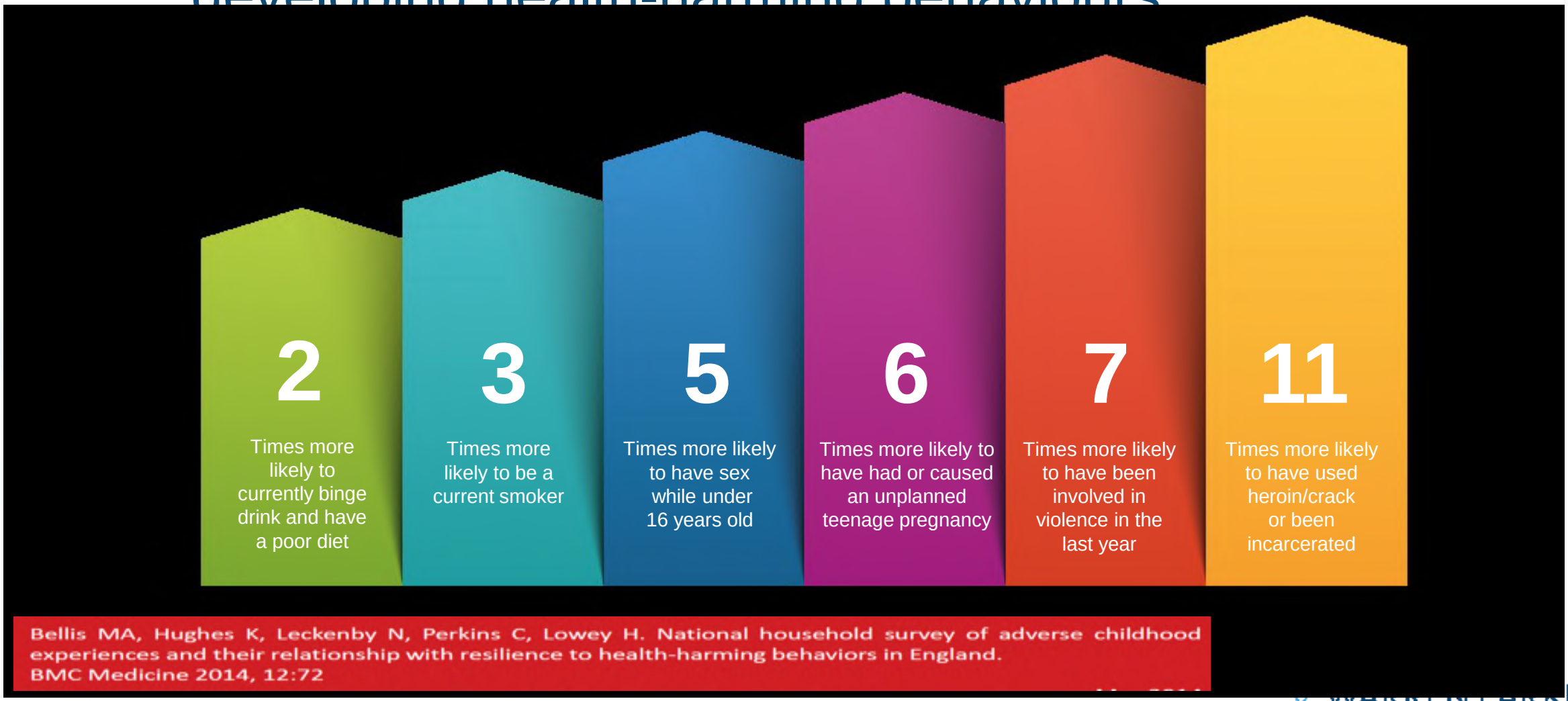
**Figure 7.** Prevalence of individual ACEs experienced and total number of ACEs




[15]Data from general population surveys includes only those aged 18-69 years.

Source: Hardcastle and Bellis (2018) Public Health Wales

# ACEs increase individuals' risk of developing health-harming behaviours




Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Medicine 2014, 12:72

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# The impact of adversity

**Brain science – (the neurobiology of toxic stress)**

- Toxic stress adversely affects the structure and functioning of a child's developing brain

**Health consequences**

- Toxic stress caused by ACEs affects short- and long-term health, and can impact every part of the body, leading to autoimmune diseases, such as arthritis, as well as heart disease, breast cancer, lung cancer and a range of mental health problems.

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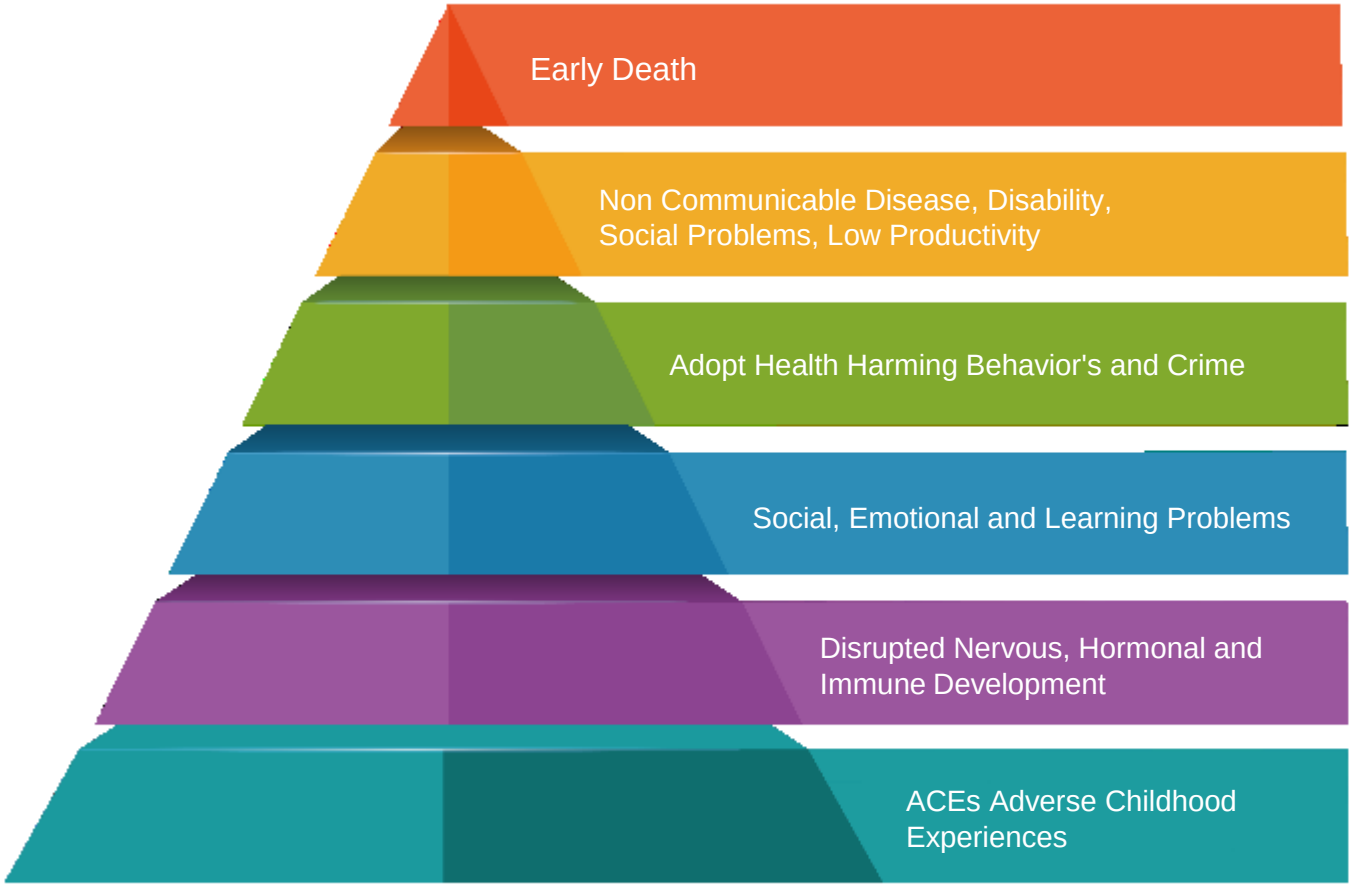
# Adverse Childhood Experiences ACEs

-

**DI**




**B**

# Reframing Dis-ease & Health Harming Behaviours

- Drugs, food, sex, gambling, alcohol, smoking & violence are all ways of coping – self-soothing – comfort-seeking
- They provide short term relief from distress and pain
- The effect doesn't last and they cause harm
- This impact is often intergenerational
- **Treating behaviours or 'symptoms' alone is not a solution**
- Removing a vulnerable person's only means of coping!?
- **We need to help people link the past trauma/ pain to the here and now & find better coping strategies**

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# The case for routine enquiry


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# Why reduced service utilization?

- ‘Slowly, we came to see that ***Asking***, initially by an inert mechanism, then followed up face-to-face in the exam room, coupled with ***Listening***, and implicitly ***Accepting*** that individual who had just shared his or her dark secrets is a powerful form of ***Doing***.’

- ‘The economic implications of this 130,000-patient finding are clearly in the multi-billion-dollar range for Kaiser Permanente and other large venues like Medicaid or the VA System.  Interestingly, there has been significant resistance in pursuing this.’

- Dr Vincent Felitti, 2018 personal communication with the author.

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# Pilot study: 164 patients, a single appt with on-site psychiatrist as part of comprehensive health appraisal…

- ’A measurable benefit derived from this one-time diagnostic contact which provided a reduction in anxious utilization by commonly high-ultlizer patients who were helped to reconceptualize the nature of their somatic complaints from being disease-caused to being the result of problems in living.’
- ‘They also had the subtle but significant experience of sharing “shameful” secrets with someone they respected, and yet feeling implicitly accepted afterwards.’
- **51% reduction in their overall medical utilization the year following**
- Dr Vincent Felitti, 2018 personal communication with the author.

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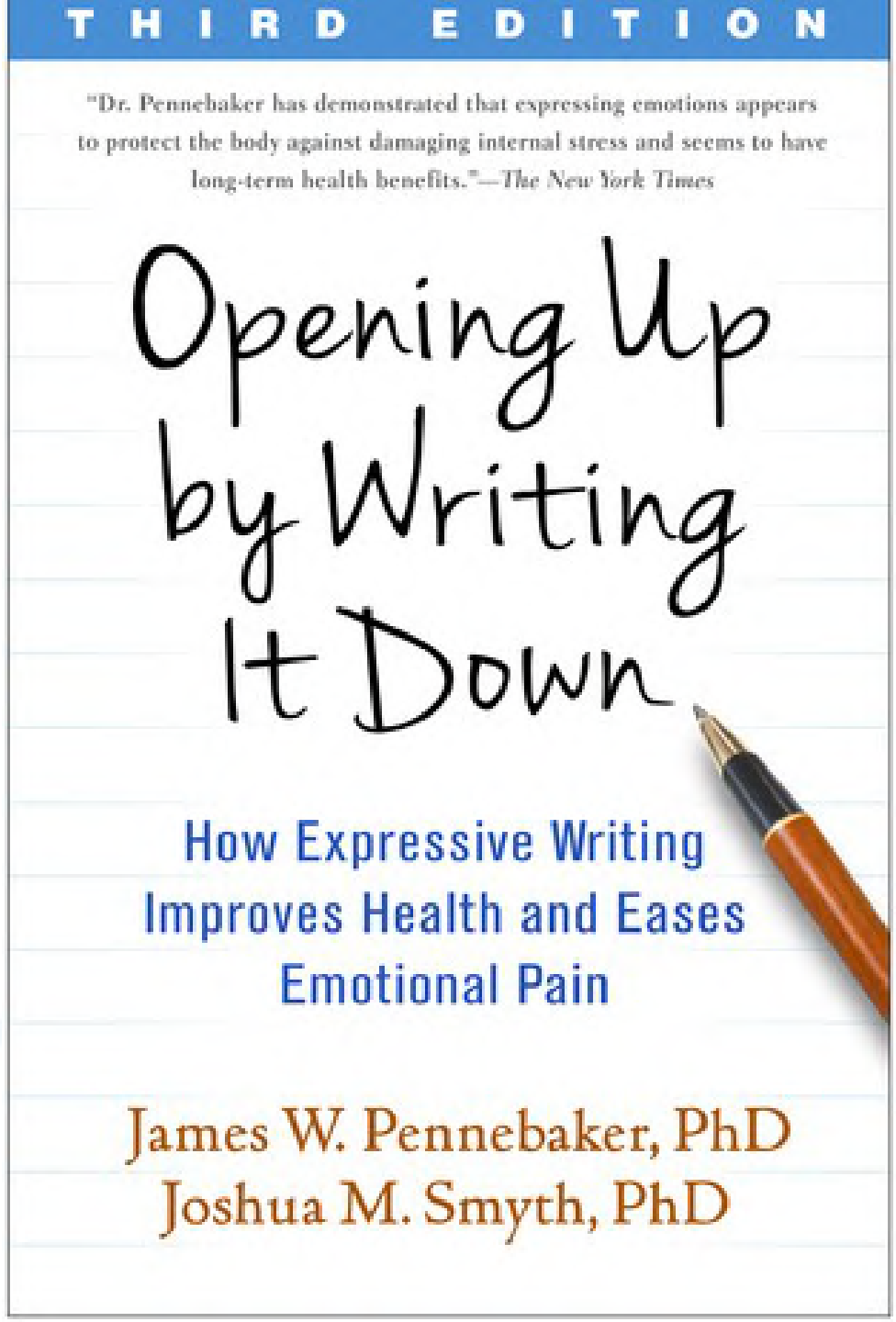
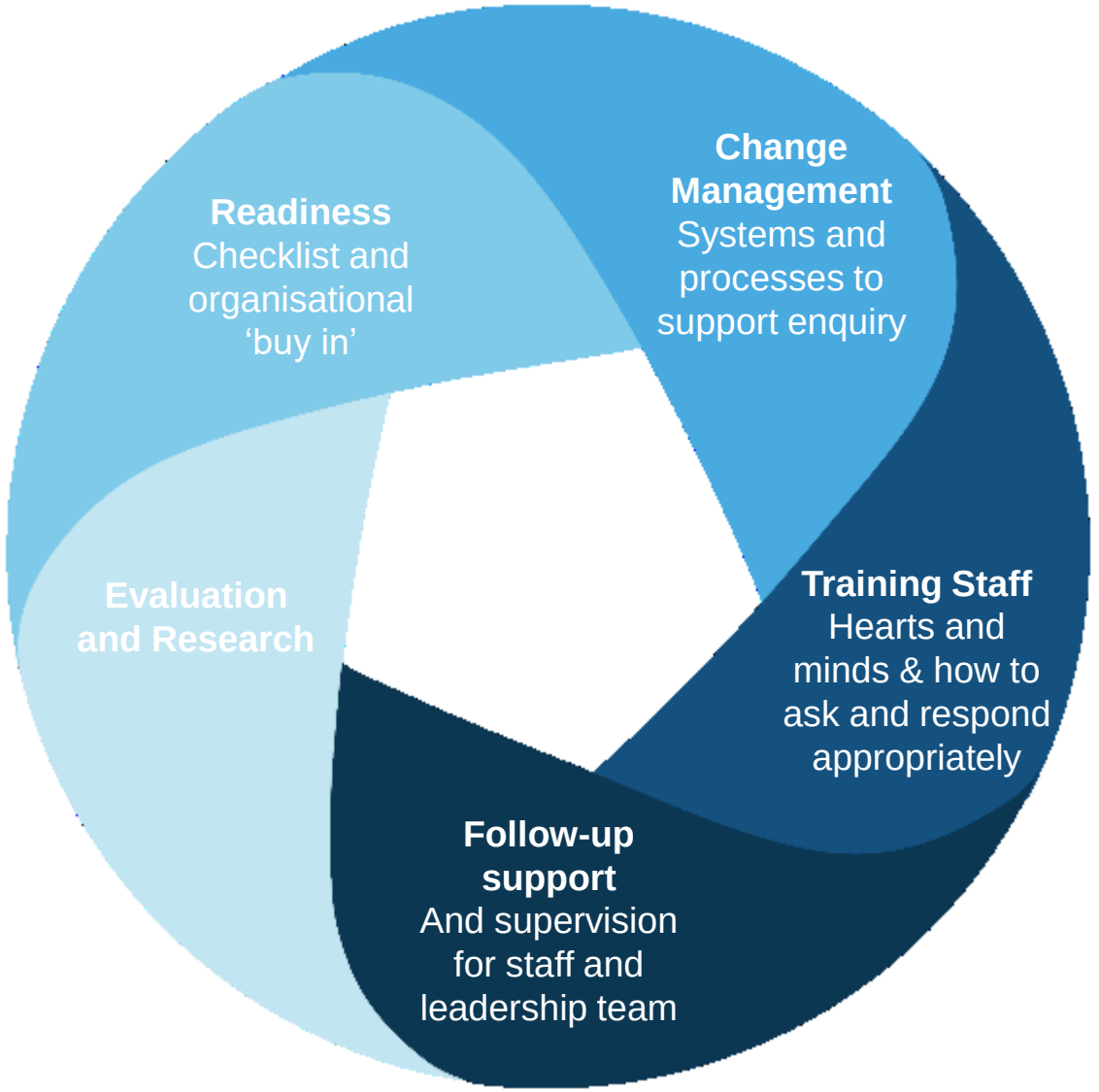
# Keeping Secrets is part of the problem

- Keeping big secrets can be stressful
- Not sharing these with our closest others can interfere with our health.
- Including impaired immune function, cardio-vascular health and neurochemistry
- Suppressing emotions, thoughts and actions can increase the risk of a whole range of diseases
- “Confession” or disclosure can counter the effects of suppression and has been shown to lead to multiple health benefits
- Pennebaker and Smyth (2016)



# REACh™ Model

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# REACh – Key Findings (2015-2018)

- REACh training equips practitioners with the knowledge, confidence and skills to conduct routine enquiry, respond to disclosures and offer support to their clients.

- Routine Enquiry is feasible and acceptable to staff and service users across settings.

- Evaluations of the model have consistently found that it has **not** led to increased service demand

- It can lead to more informed and effective interventions which address the root causes of harmful attempts to cope e.g. substance misuse.

- It can help people to better understand the impact of ACEs on their health and wellbeing, which can motivate and empower them to make positive life changes for them and their families.

- Parents who participate in routine enquiry have reported that they have considered the impact of their childhood experiences in relation to their own children and their parenting.

- (Real Life Research 2015; McGee et al, 2015; Pearce et al, (in press); Simpson-Adkins et al (in preparation)

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“It’s not suddenly changed thirty odd years of a behaviour…and it hasn’t undone all those experiences, but it has made them question now, what are my children going through...what ACEs am I putting in front of my children, and I think it’s started that journey for them”

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# The power of relationships have been largely forgotten by modern science…(Ross Buck, cited by G.Mate, 2003)

- We now over-rely on medical technology and modern pharmacology
- Previously, healers had to rely on “placebo” effects
- Ie, They had to inspire the patient’s confidence in their own ability to get better.
- To be effective this relied on building a trusting relationship, listening intently and developing confidence in his/her instincts
- Instead we now focus on illness and rarely ever gain insight into a patient’s life, thinking and subjective experience.

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# The case for systems change?!!!

- Services don't ask routinely about life experiences, including childhood adversity
- Services still treat the symptoms/ behaviours without addressing the underlying causes
- Medication won't fix childhood adversity and unresolved trauma
- Access to evidence based psychological therapies is variable and waits are significant
- The system still reacts to diagnoses & labels
- Can lead to learned helplessness – *"I have an illness, what's the point – there is nothing I can do, no-one will give me a break"*
- Health, Social Care & Criminal Justice system can't meet the demand & has run out of money
- There is a workforce crisis and a worsening deficit in recruitment, retention, absenteeism and staff satisfaction
- We can't afford to keep doing the same things and expecting a different outcome

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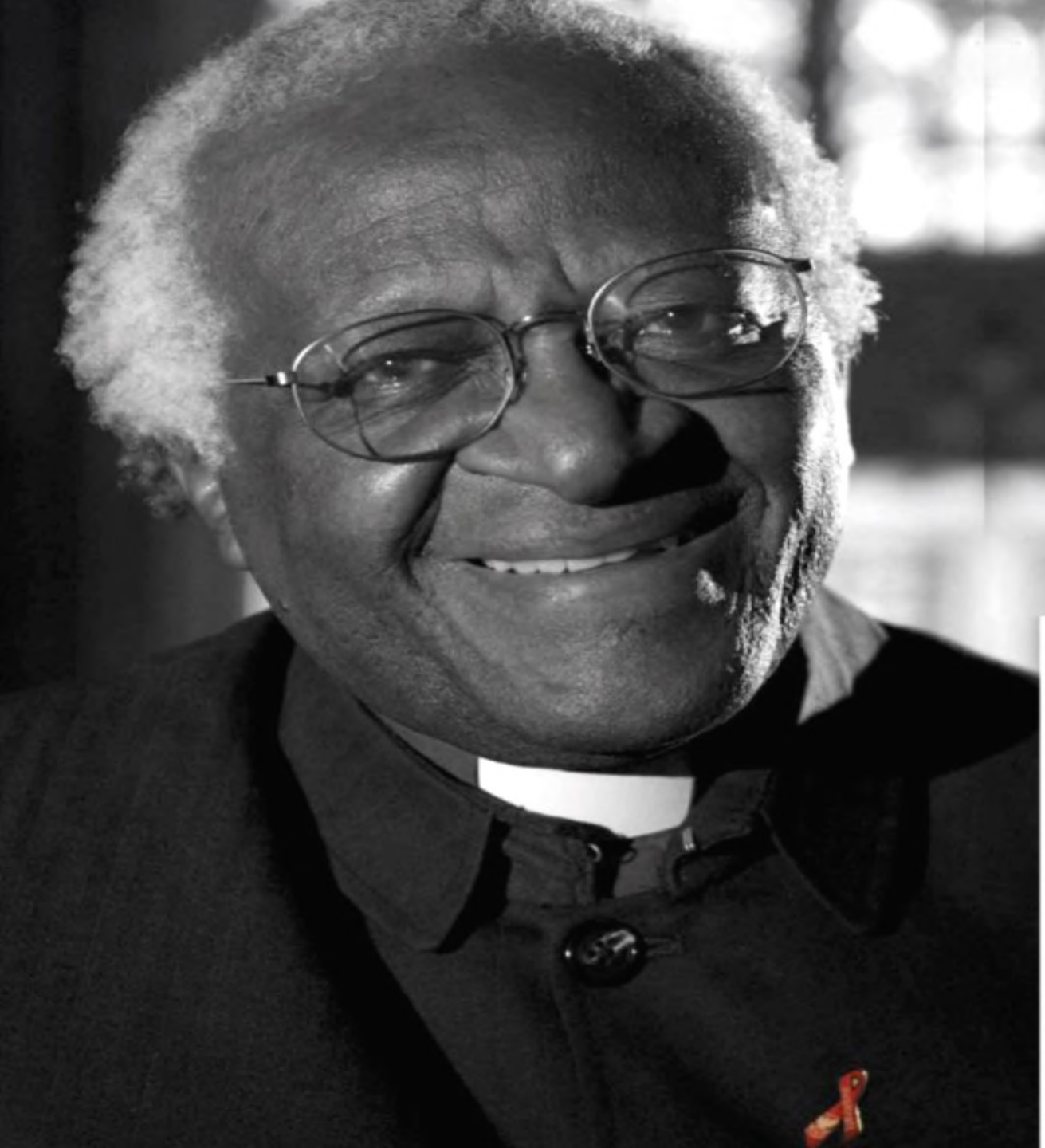

“There comes a point where we need to stop just pulling people out of the river.

We need to go upstream and find out why they’re falling in.

– Desmond Tutu

# WHO (Kessler et al. 2010) – 52,000 participants from 21 countries

**The authors estimate that the absence of childhood adversity would lead to reduction in:**

**22.9%**
of mood disorders

**31%**
of anxiety disorders

**41.6%**
of behavioural disorders

**27.5%**
of substance-related disorders

**29.8%**
of mental health diagnosis overall

**33%**
of Psychosis (Varese et al 2013)

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# Preventing ACEs in future generations could reduce levels of:

**UNINTENDED TEENAGE PREGNANCY**
(before age 16)
**By 38%**

**BINGE DRINKING**
(current)
**By 15%**

**HEROIN/CRACK USE**
(lifetime)
**By 59%**

**VIOLENCE PERPETRATION**
(past year)
**By 52%**

**POOR DIET**
(current; <2 fruit & veg portions daily)
**By 14%**

**EARLY SEX**
(before age 16)
**By 33%**

**SMOKING**
(current)
**By 16%**

**CANNABIS USE**
(lifetime)
**By 33%**

**VIOLENCE VICTIMISATION**
(past year)
**By 51%**

**INCARCERATION**
(lifetime)
**By 53%**

The English national ACE study interviewed nearly 4,000 people (aged 18-69 years) from across England in 2013. Around six in ten people, who were asked to participate, agreed and we are grateful to all those who freely gave their time. The study is published in BMC MEDICINE:

Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H.
National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England.

Centre for public Health, Liverpool John Moores University – WHO Collaborating Centre for Violence Prevention – May 2014 – Web:www.cph.org.uk – Tel:0151 231 4510

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Centre for Community Child Health

# The First Thousand Days

## AN EVIDENCE PAPER

**September 2017**

murdoch children's research institute | Bupa Health & Care | Bupa Health Foundation | ARACY



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# We need a public health approach to ACEs, health & wellbeing

- The ACE & early years research offers the biggest opportunity to improve the health and wellbeing of future generations

- We can and must:
- a) **Prevent** adverse childhood experiences (ACEs)
- b) **Support** child and family wellbeing
- c) **Mitigate** the impact of ACEs
- d) **Promote** resilience across the life course

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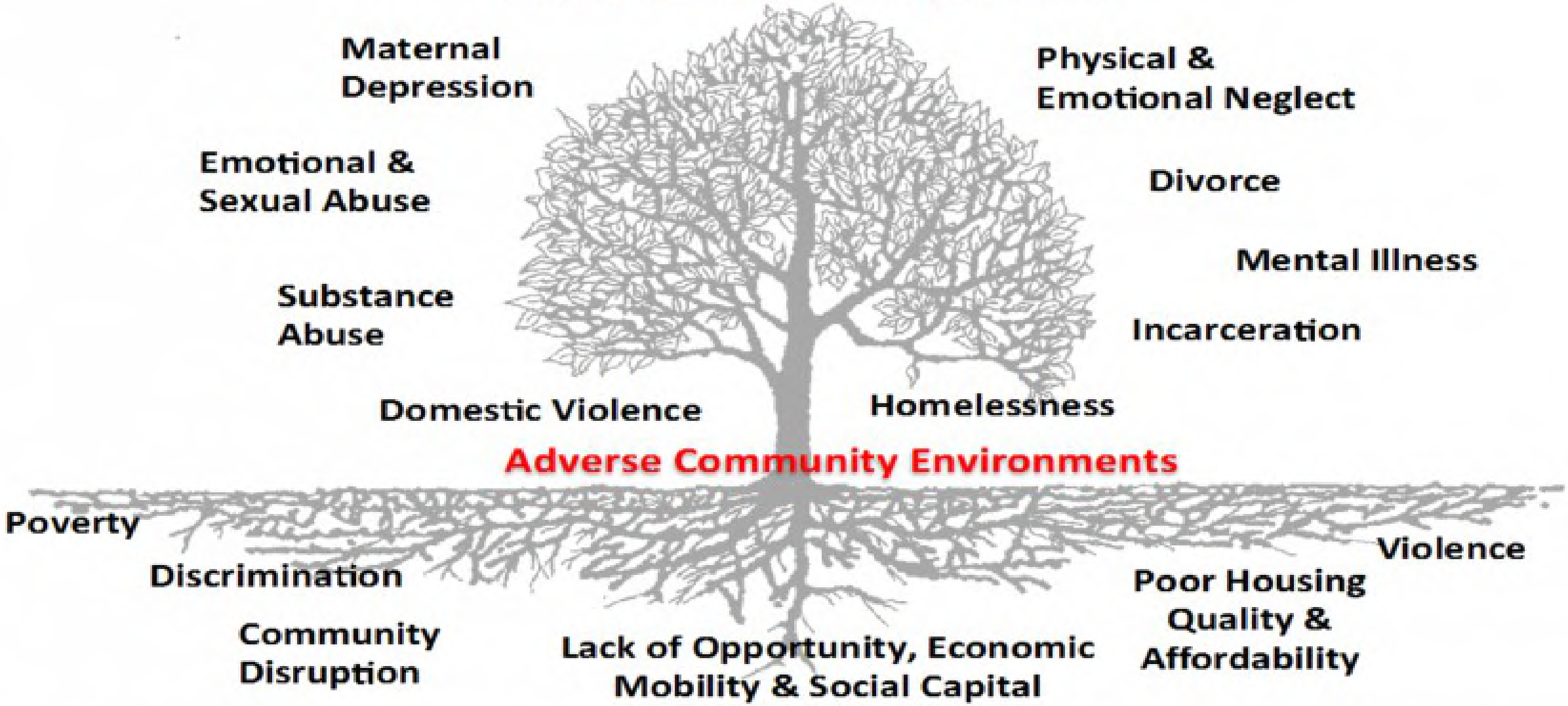
# The Pair of ACEs




Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

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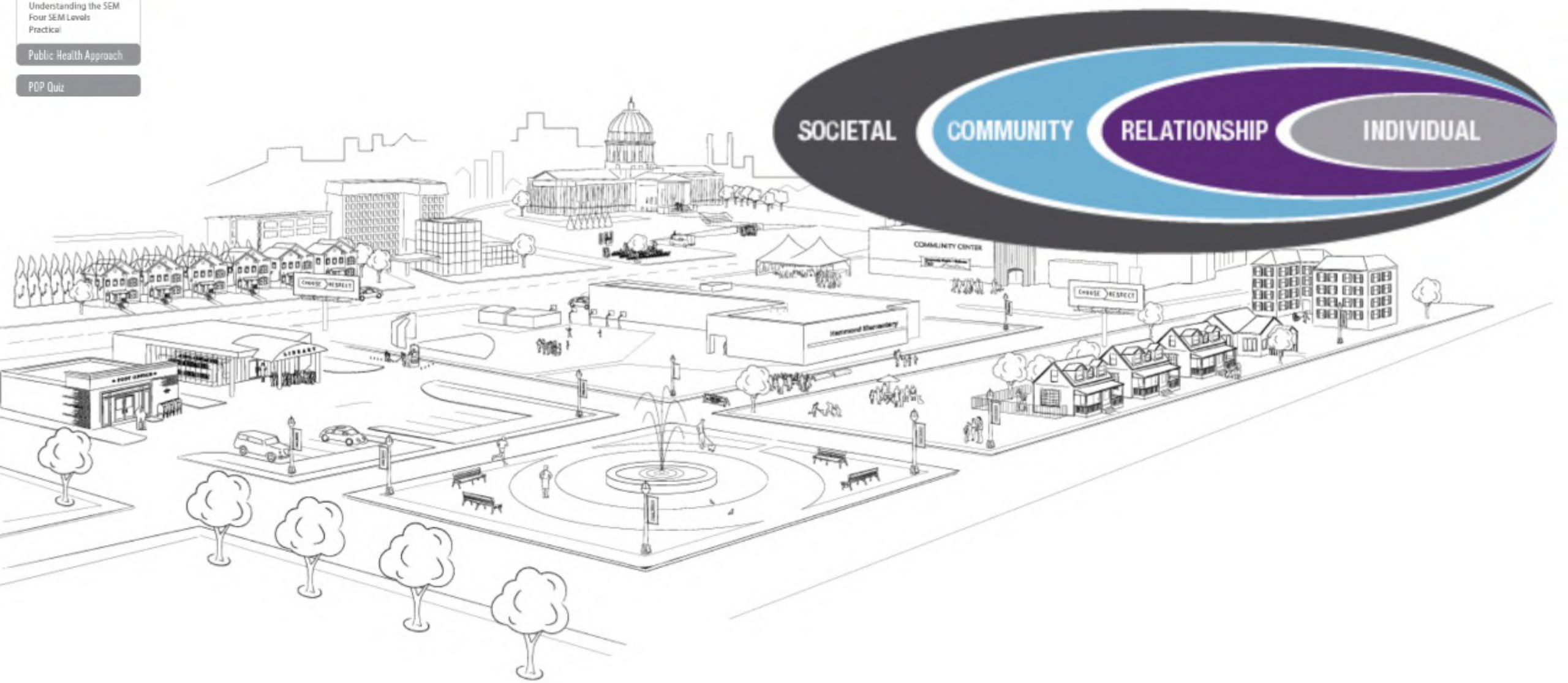

# An ounce of prevention….

- **Primary Prevention** - Routine Enquiry can contribute to primary prevention if we ask about adversity during the antenatal period for example – offering parenting help universally

- **Secondary Prevention** – Early Intervention following RE for a child or young person being bullied or abused then building resilience– minimize the impact – Also, safeguarding practices in Health Visitors or FEP services

- **Tertiary Prevention** – Routine Enquiry for Adults with Chronic Illness or individuals experiencing Psychosis and then offering evidence based treatments and long term support

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# Primary Prevention

- Family Foundations Programme – reduces couple conflict in pregnancy & first year after birth (Feinberg et al., 2009; 2010; 2014)
- Maternal MH Screening in pregnancy and in early years (EIF, 2018)
- Universal Access to Parenting Programmes – Triple P population research (Prinz et al, 2009, 2016)

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# Primary Prevention: CDC study of universal access to Triple P

- In little more than two years of implementation, this approach yielded results previously unheard of in the child maltreatment area:
- In counties where Triple P was made available in South Carolina, child maltreatment cases decreased by 23.5 (7.9% increase in control counties)
- Child out-of-home placements decreased by 9.1% (22.6% increase in control counties)
- Child maltreatment injuries decreased by 10.5% (23.6% increase in control counties). (Prinz et al, 2009, 2016)

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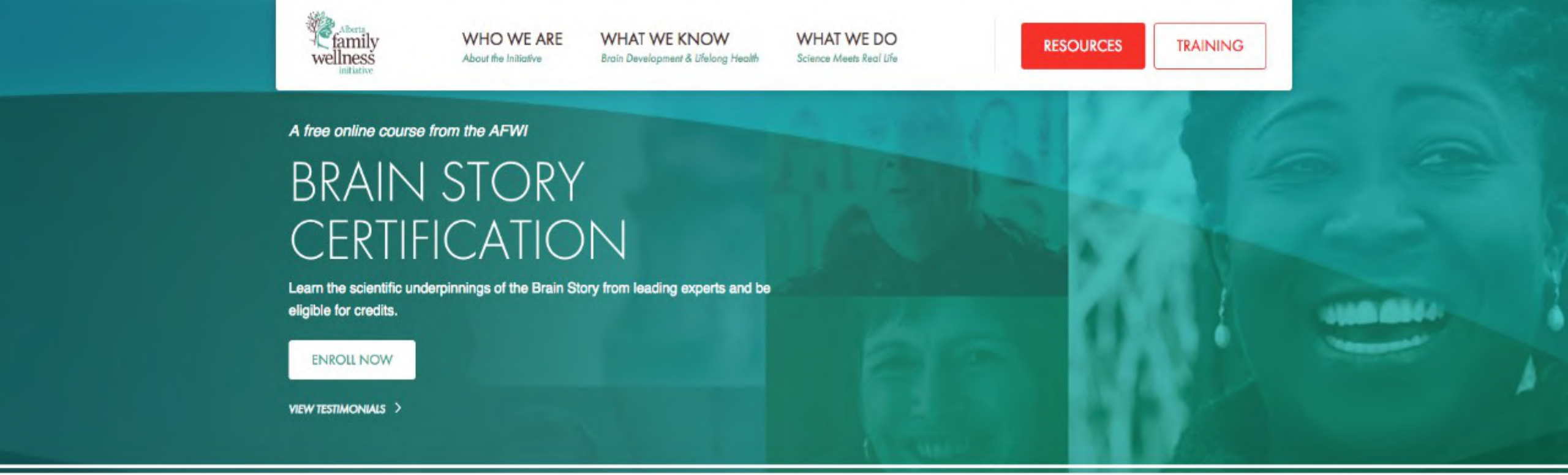

*A free online course from the AFWI*

# BRAIN STORY CERTIFICATION

**Learn the scientific underpinnings of the Brain Story from leading experts and be eligible for credits.**

ENROLL NOW

*VIEW TESTIMONIALS* >

BRAIN STORY CERTIFICATION

## WHAT YOU'LL LEARN

Lifelong health is determined by more than just our genes: experiences at sensitive periods of development change the brain in ways that increase or decrease risk for later physical and mental illness, including addiction. That finding is the premise of the Brain Story, which puts scientific concepts into a narrative that is salient to both expert and non-expert audiences. The Brain Story synthesizes decades of research and reflects a body of knowledge that experts agree is useful for policy-makers and citizens to understand.

The Alberta Family Wellness Initiative (AFWI) has developed an online course to make Brain Story science available to professionals and the public. Brain Story Certification is designed for those seeking a deeper understanding of brain development and its consequences for lifelong health. The course is also designed for

### ALREADY REGISTERED?

Continue your Brain Story education

SIGN IN

### FURTHER LEARNING

READ THE BRAIN STORY >

# Adversity will affect children in every class, in every school

- 1 in 10 children will experience 4 or more ACEs
- Children with 4 + ACEs are 32x increased risk of behavioural & learning problems at school (Burke-Harris, 2018)

- 1 in 20 children have been sexually abused
- 1 in 14 children have been physically abused
- 1 in 5 children have been exposed to Domestic Abuse
- 1 in 10 children will experience neglect
- 1 in 3 children have experienced cyber-bullying (NSPCC)

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# Schools represent a huge part of the solution…

*'the most powerful childhood predictor of adult life-satisfaction is the child's emotional health, followed by the child's conduct. The least powerful predictor is the child's intellectual development. This may have implications for educational policy.'*

Layard, R., Clark, A. E., Cornaglia, F., Powdthavee, N. and Vernoit, J. (2014), What Predicts a Successful Life? A Life-course Model of Well-being. Econ J, 124: F720–F738. doi:10.1111/ecoj.12170

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**Table 3.1:** Adverse childhood experiences mapped to the UNCRC articles

| Miss Kendra's List | United Nations Convention on the Rights of the Child |
|---|---|
| No child should be punched or kicked.<br><br>No child should be left alone for a long time.<br><br>No child should be hungry for a long time.<br><br>No child should be bullied or told they are no good.<br><br>No child should be touched in their private parts.<br><br>No child should be scared by violence at home or in school.<br><br>No child should see other people hurt each other. | Article 19: You have the right to be protected from being hurt and mistreated, in body or mind.<br><br>Article 27: You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.<br><br>Article 6: You have the right to be alive.<br><br>Article 28: You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.<br><br>Article 29: Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.<br><br>Article 34: You have the right to be free from sexual abuse. |

# Prevention/ Early Intervention
# Supporting families & mitigating the impact of ACEs

- Targeted Intensive Family Support - Family Nurse Partnership
- Targeted Parenting Programmes – Incredible Years, Triple P

- Targeted indicated interventions – Infant-Parent Psychotherapy (IPP) (Cicchetti, Rogosh and Toth, 2006)
- Child-Parent Psychotherapy (CPP) (Lieberman, Ghosh Ippen and van Horn, 2006)

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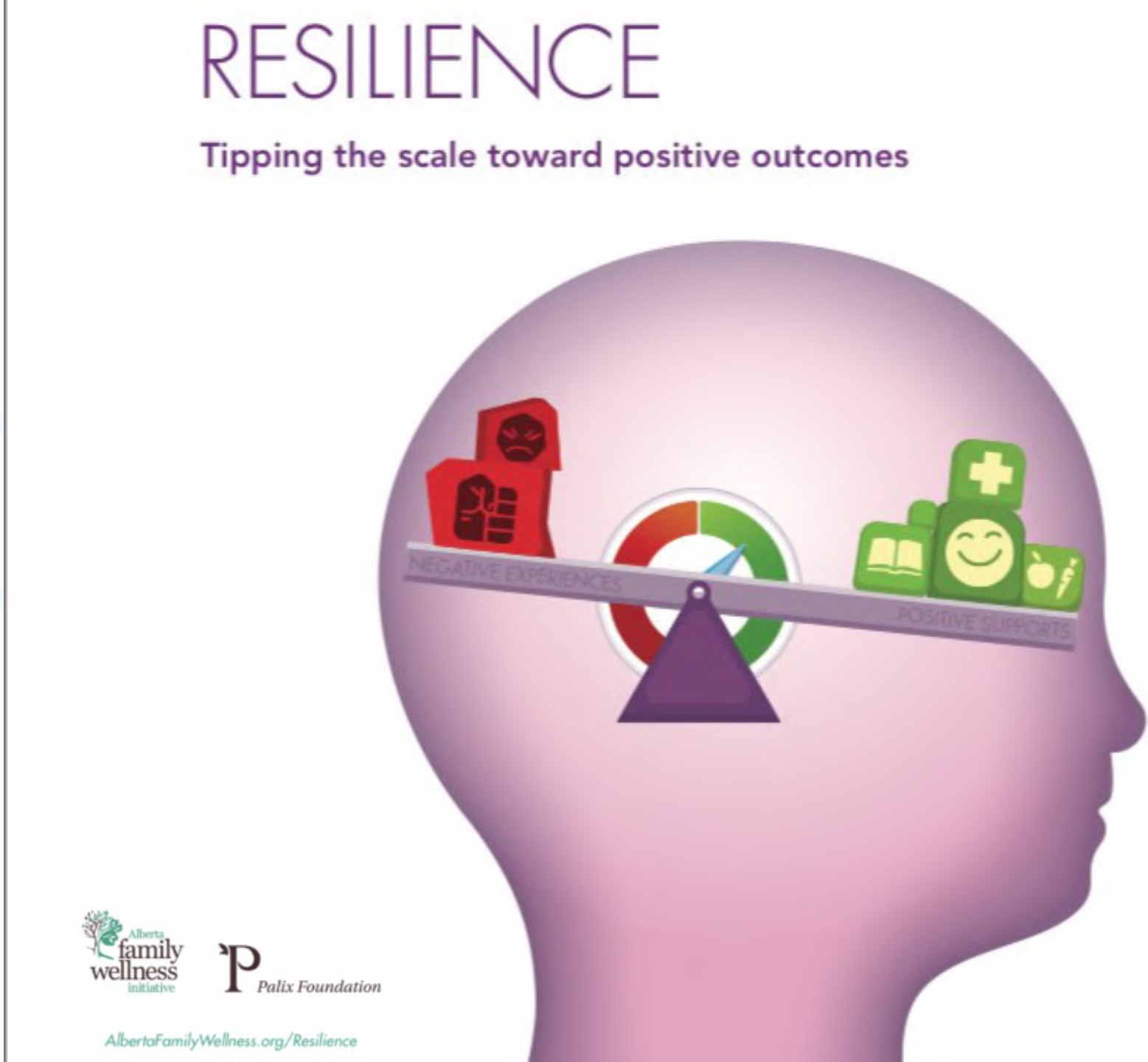
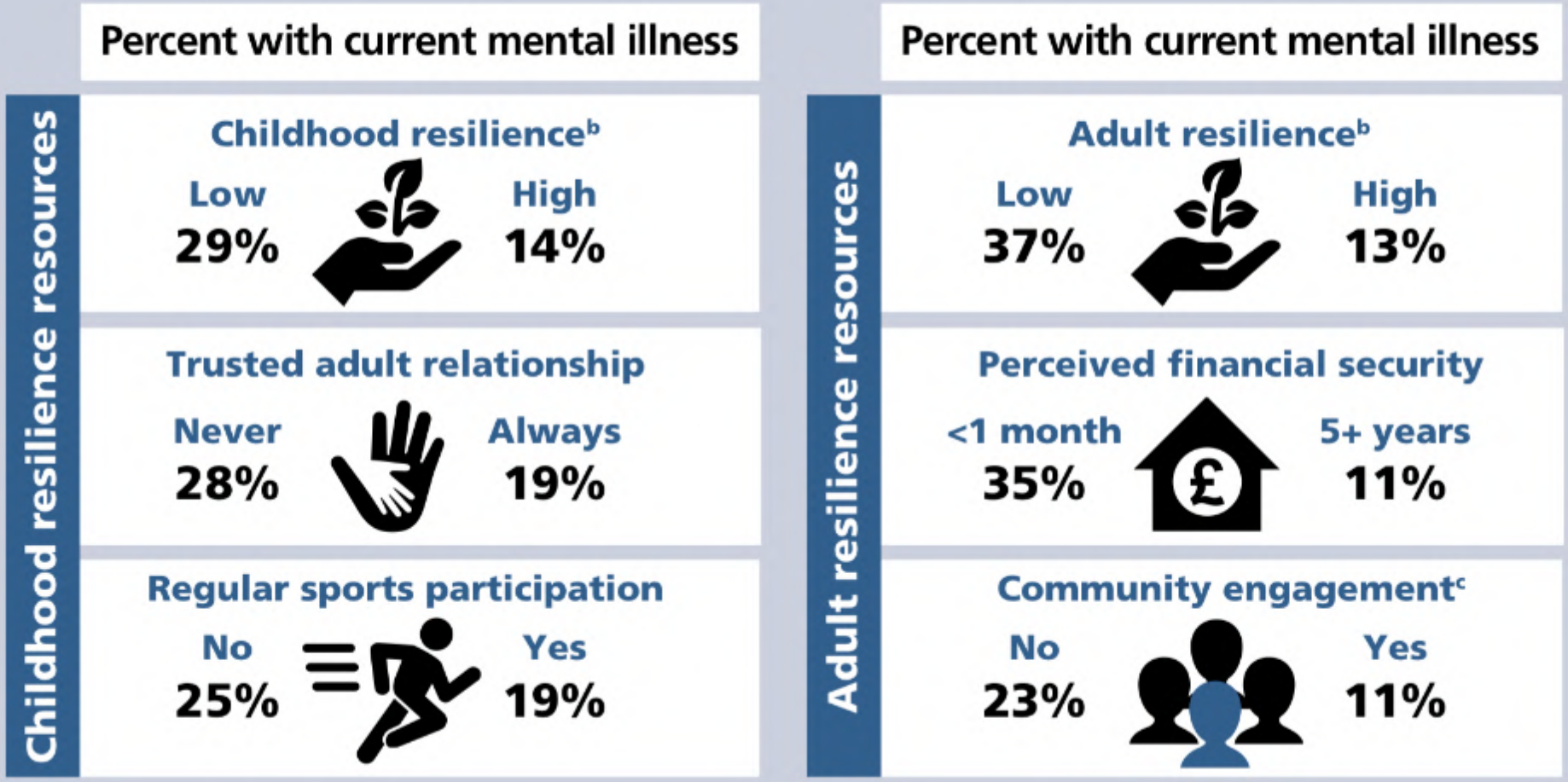
# Promoting Resilience

- Resilience is the ability to stay healthy even in circumstances of severe stress
- The foundations of resilience are strong brain architecture and air traffic control skills, which develop over time, based on the interaction of genes and life experiences.
- When positive supports offset the burden of bad experiences, the scale tips toward positive outcomes like good physical and mental health and strong relationships.



# Having some resilience resources more than halved risks of current mental illness in those with 4+ ACEs



# Resilient Communities

- Most people attempt to cope with and recover from the impact of trauma and adversity in the context of a community
- This can be a geography or place, a sense of shared identity or being part of an organisation of some kind
- The attitude, response and understanding of communities can facilitate or hinder recovery
- Not feeling safe, facing ignorance and prejudice in a community context can be re-traumatising
- Being accepted, feeling connected and having family support boost resilience

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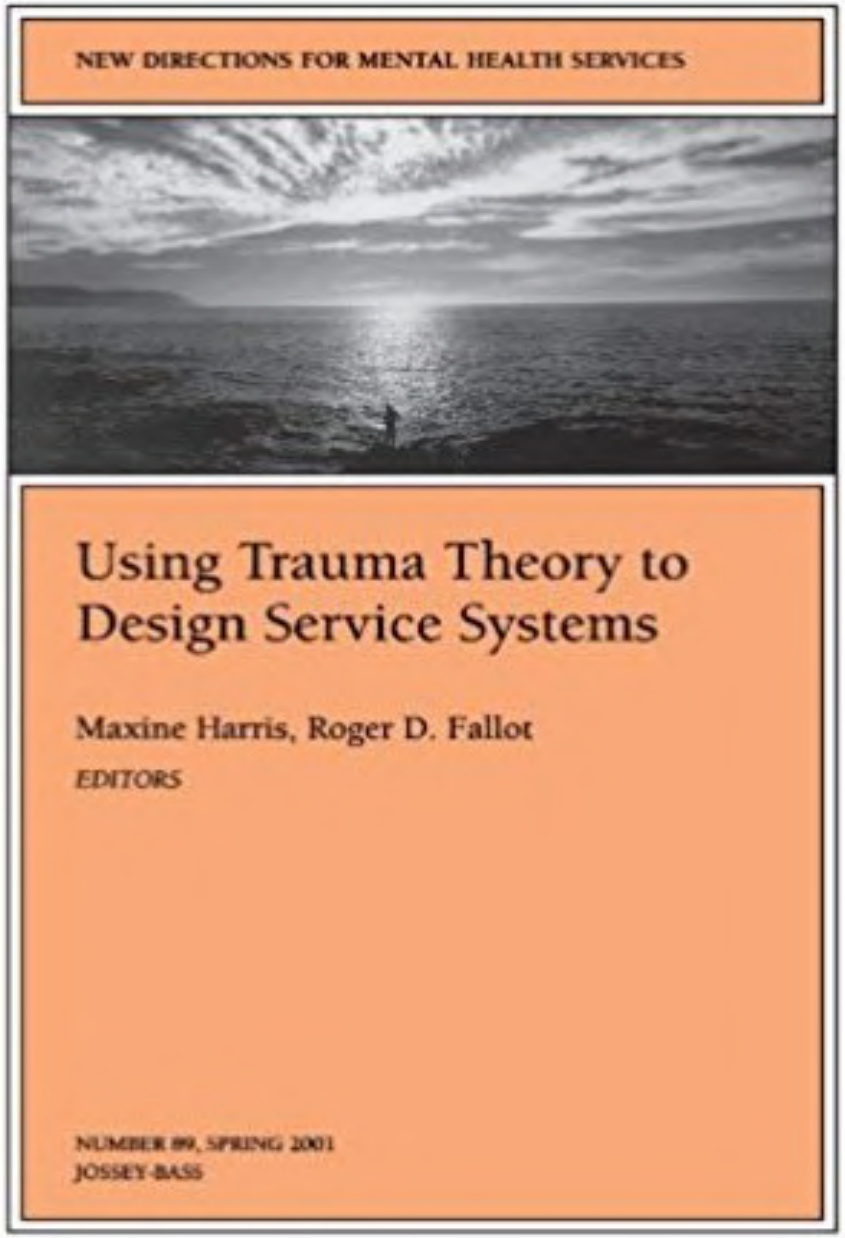


# What is Trauma-Informed Care?

- The development of TIC can be traced to the USA and **Harris and Fallot (2001)** seminal text "Using Trauma Theory to Design Service Systems"

*"…a system development model that is grounded in and directed by a complete understanding of how trauma exposure affects service user's neurological, biological, psychological and social development"* ***Paterson, 2014***

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Credit: Filippo Varese

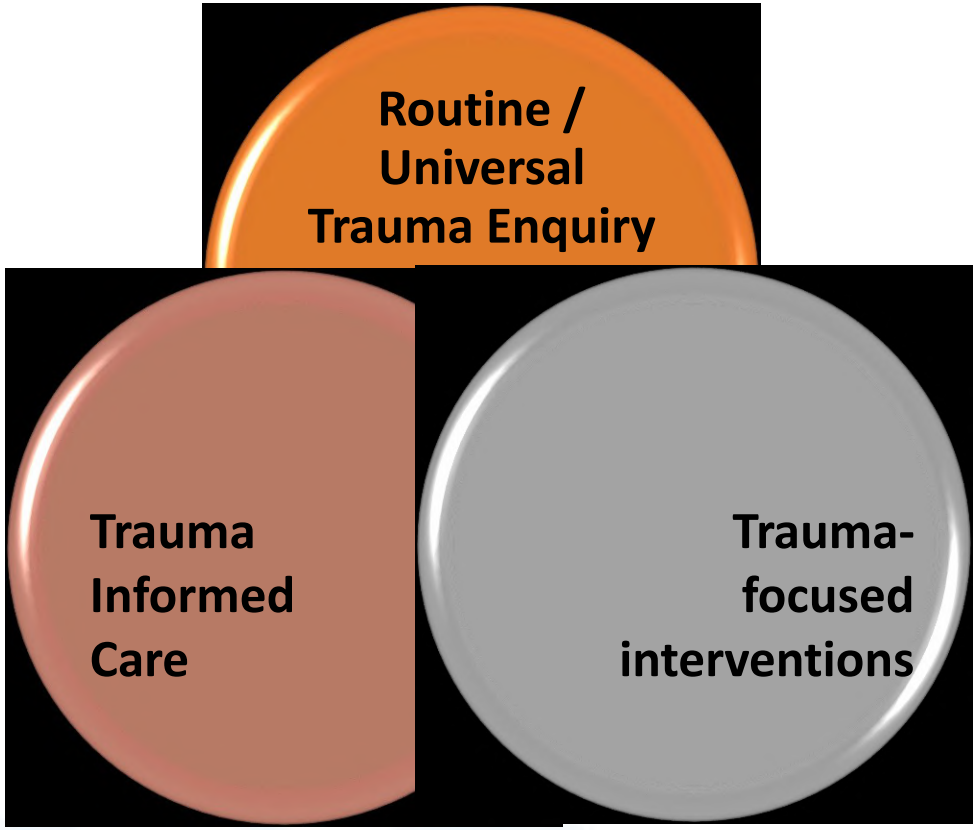
# Trauma-Informed Care ≠ Trauma-Specific Care

- Common misconception that TIC is a trauma-focused intervention / a trauma-specific approach (i.e. directly treats trauma, its impact and associated distress)

- **TIC is a broader model of service delivery that CAN include trauma-specific components and interventions**

- **Most TIC proponents encourage universal trauma screening and assessment**

- **TIC employs a position of "universal precaution" (…treat all clients as if they have trauma)**

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# Common operating principles of TIC services

## IMPLEMENTING TREATMENT PRACTICES THAT PRIORITISE SURVIVORS' NEEDS

1. **Avoidance of practices that cause further disempowerment or re-traumatisation**
2. **Prioritise the promotion of a sense of safety**
3. **Adoption of holistic approaches**
4. **Educate clients about trauma and its impact**
5. **Help clients to identify triggers/cues**
6. **Encourage clients to develop self-soothing and coping skills**
7. **Trauma-focused or trauma-specific treatments may be used**

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# Trauma-Informed Care/ Services (Adapted from Trauma informed Oregon Standards for HC 2015)

NHS Education for Scotland

# TRANSFORMING PSYCHOLOGICAL TRAUMA:

## A Knowledge and Skills Framework for the Scottish Workforce

in partnership with:

Scottish Government gov.scot

*Click anywhere to continue...*

# CONTENTS


**MINISTERIAL FOREWORD**

**REFERENCE GROUP MEMBERSHIP**

**INTRODUCTION**

**TRAUMA INFORMED PRACTICE LEVEL**
Knowledge and skills required for all members of the Scottish Workforce.

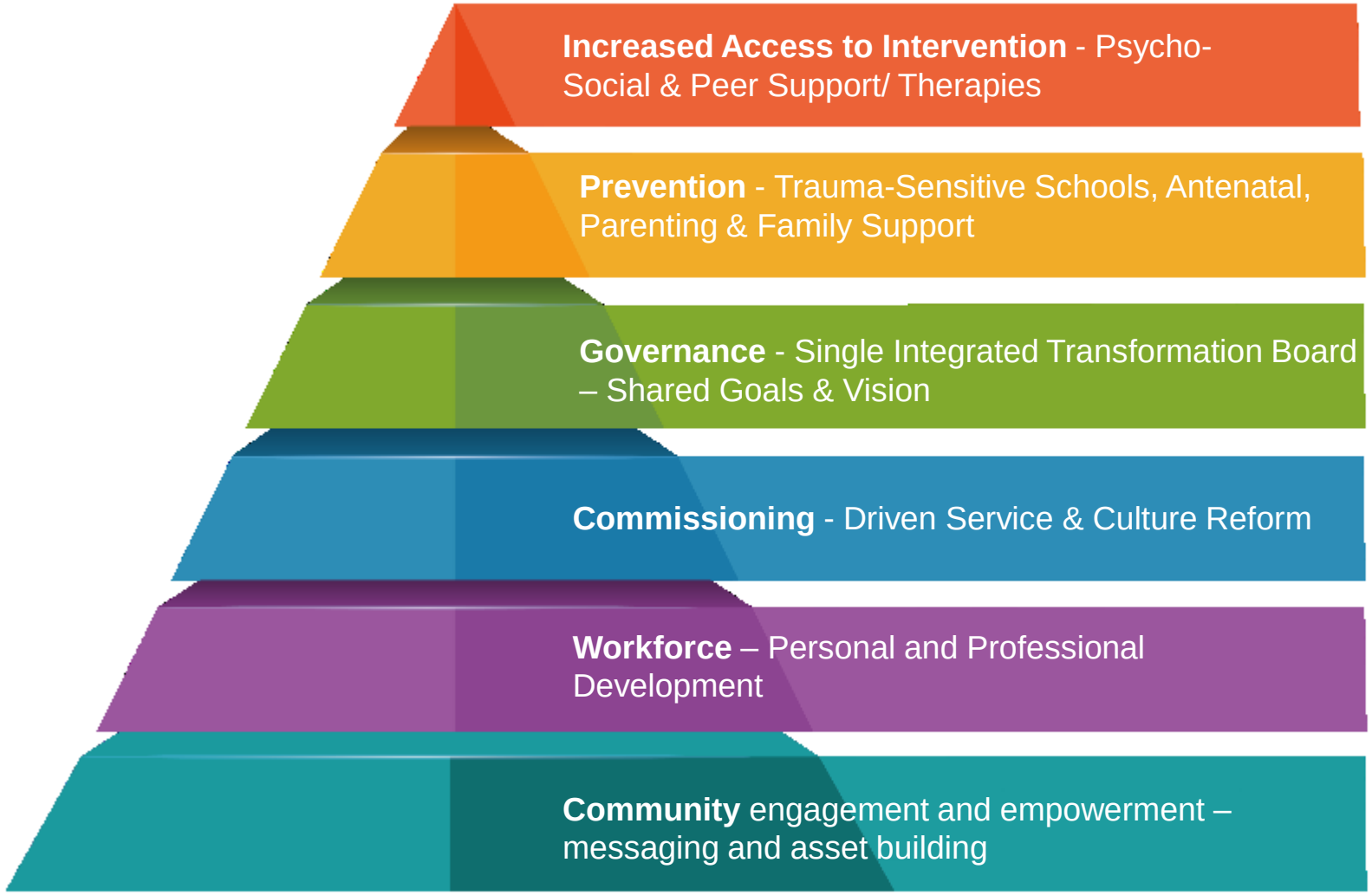
**TRAUMA SKILLED PRACTICE LEVEL**
Knowledge and skills required for workers with direct and frequent contact with people who may be affected by trauma

**TRAUMA ENHANCED PRACTICE LEVEL**
Knowledge and skills for staff with regular and intense contact with people affected by trauma and who have a specific remit to respond by providing support, advocacy or specific psychological interventions to protocol, and/or staff with responsibility for directly managing care and/or services for those affected by trauma.

**TRAUMA SPECIALIST PRACTICE LEVEL**
Knowledge and skills for staff who have a remit to provide evidence-based interventions and treatment for those affected by trauma with complex needs.

**RESOURCES AND REFERENCES**

# Trauma-Aware System Change (TASC) model



# How do we improve the health and emotional wellbeing of future generations?

- **We have to make prevention rather than cure the new status quo**
- We must educate the next generation of (mental health) professionals from a population health perspective
- Fight for evidence-based approaches to be equitable to access, timely & delivered with fidelity
- Educate and raise awareness across societies & communities– Public health messaging (Screen 'Resilience' or 'Paper Tigers') – show animations and short videos in GP waiting rooms!
- "Waiting to be told doesn't work!"…make sensitive enquiry about ACEs routine practice (do this with planning, training and organisational commitment)
- Champion trauma-informed, prevention focussed thinking & practice into all aspects of your organisation
- **Decide what *your* 'ounce of prevention' contribution will be.**

WARREN LARKIN ASSOCIATES

# Thank you…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# Tea and Coffee

A.C.E

Making Kent and Medway ACE Aware

NELFT NHS
NHS Foundation Trust

# Brain Development, Emotional Difficulties and Trauma

Dr. Kelly Davey, Clinical Psychologist &
Strategic Lead for the Complex Care Pathway

# The Brain in Utero

**8 weeks main physiological systems ALREADY FORMED**

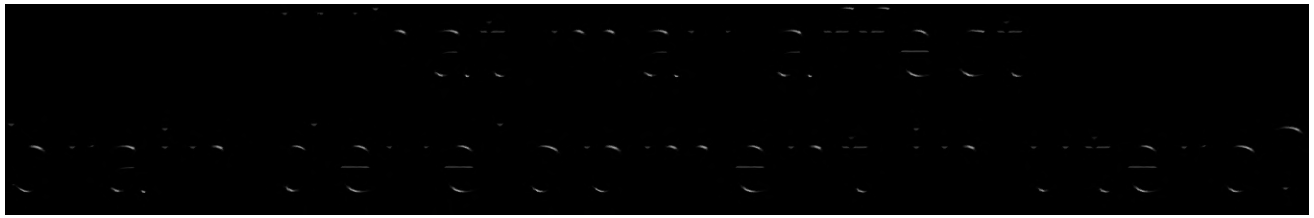
10 weeks

14 weeks

22 weeks

28 weeks

32 weeks



Genetics

Environment in the womb

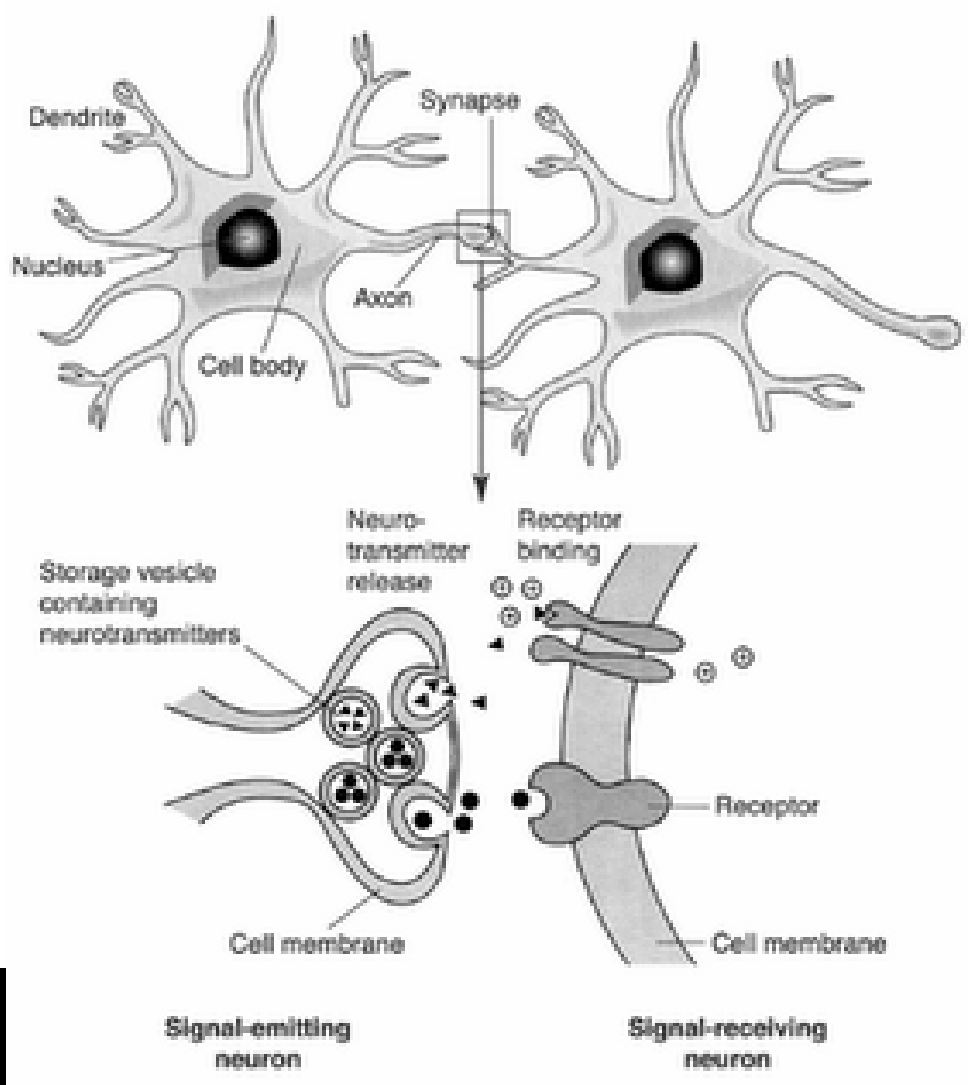
# How Love becomes Biology

- Parent/carer smiles at baby and eyes dilate.
- Baby's nervous system aroused
- Heart rate increases
- Pleasure hormones go to cortex
- Neurons in brain stimulated to join up
- Pathways for learning & behaviours

become hard wired (myelinisation)

- Pathways not used are pruned away

# Synapse Formation



# Nature and Nurture

- **‘They work in tandem, with genes providing the building blocks, and the environment acting like an on-the-job foreman, providing instructions for final construction … [experiences] - like little carpenters - all can quickly change the architecture of the brain, and sometimes they can turn into vandals …**
- **The discovery that the outside world is indeed the brain’s real food is truly intriguing. The brain gobbles up its external environment in bits and chunks through its sensory system: vision, hearing, smell and taste …**

# Brain Development

- Early experience determines which parts of the brain grow / are pruned back
- The most critical periods for brain development are before age 3 and adolescence
- Memories of early experiences, especially strongly emotional ones, are not dependent on conscious processes
- Early exposure to negative experiences/trauma e.g. abuse and neglect, limits the brains capacity  to develop

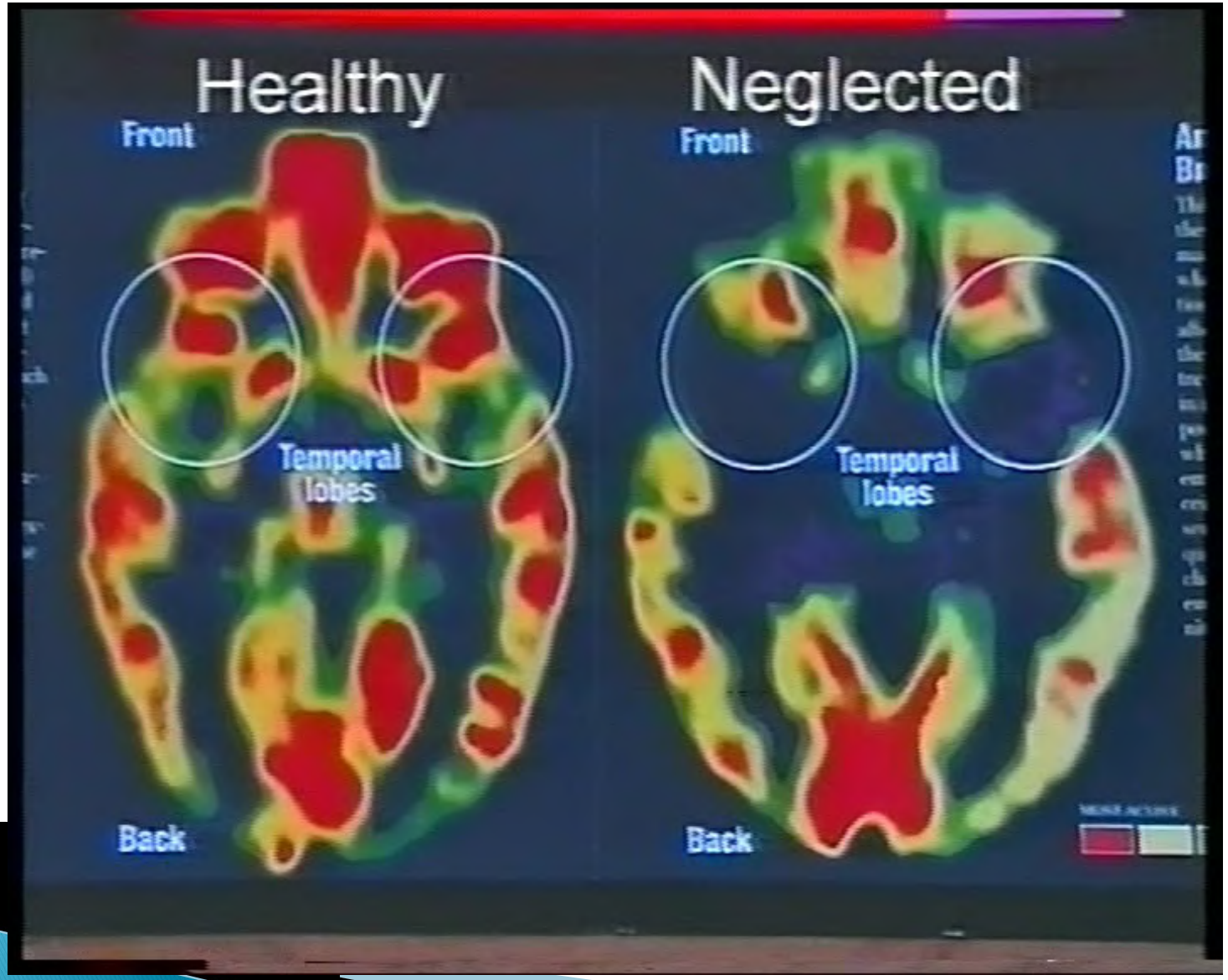
# What do we mean by “trauma”?

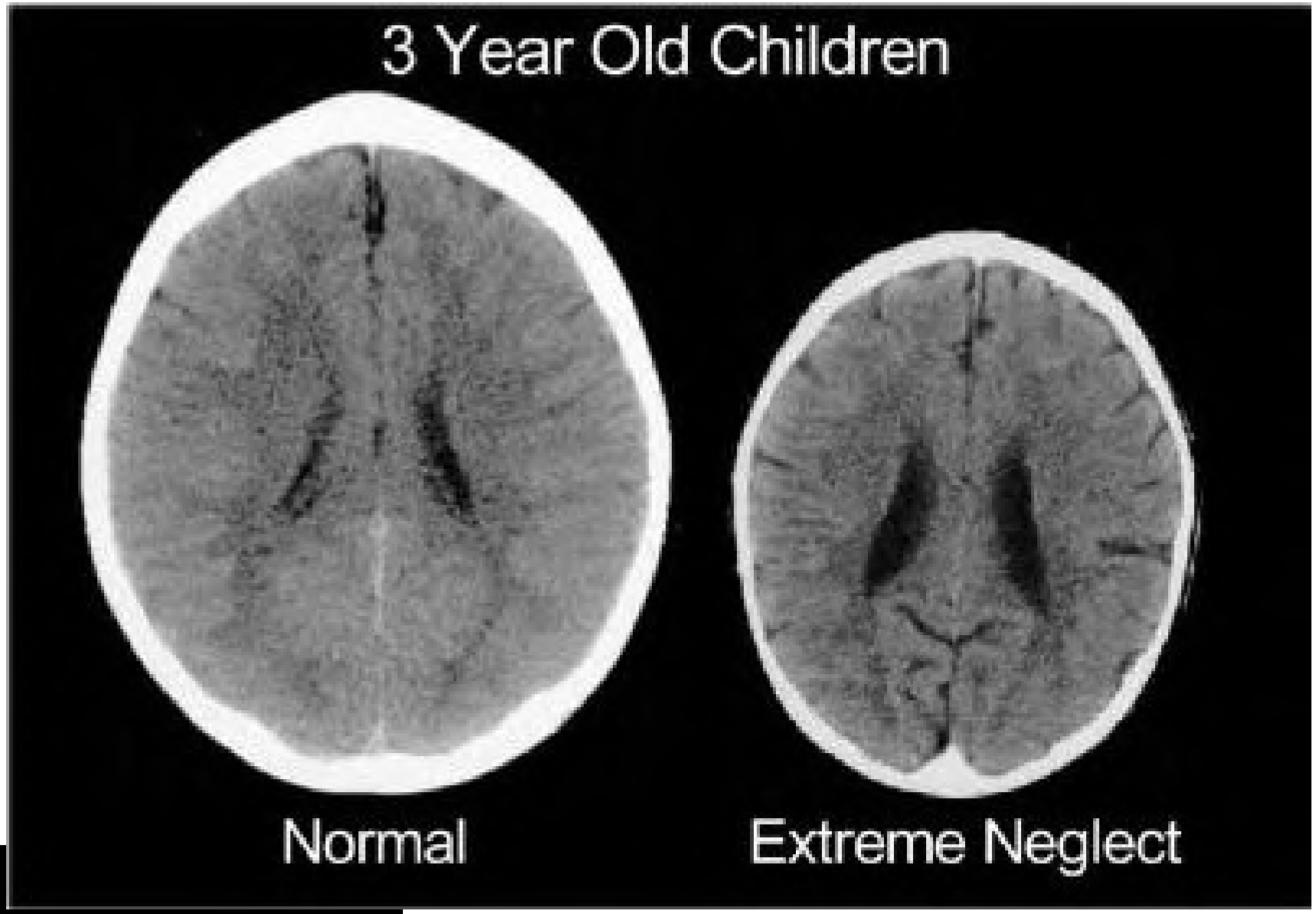
- A life experience or event which produces an overwhelming amount of stress (more than you were able to cope with at that particular moment in time) and/or places you in a situation during which you feel in danger and under threat.

# BIG T little T

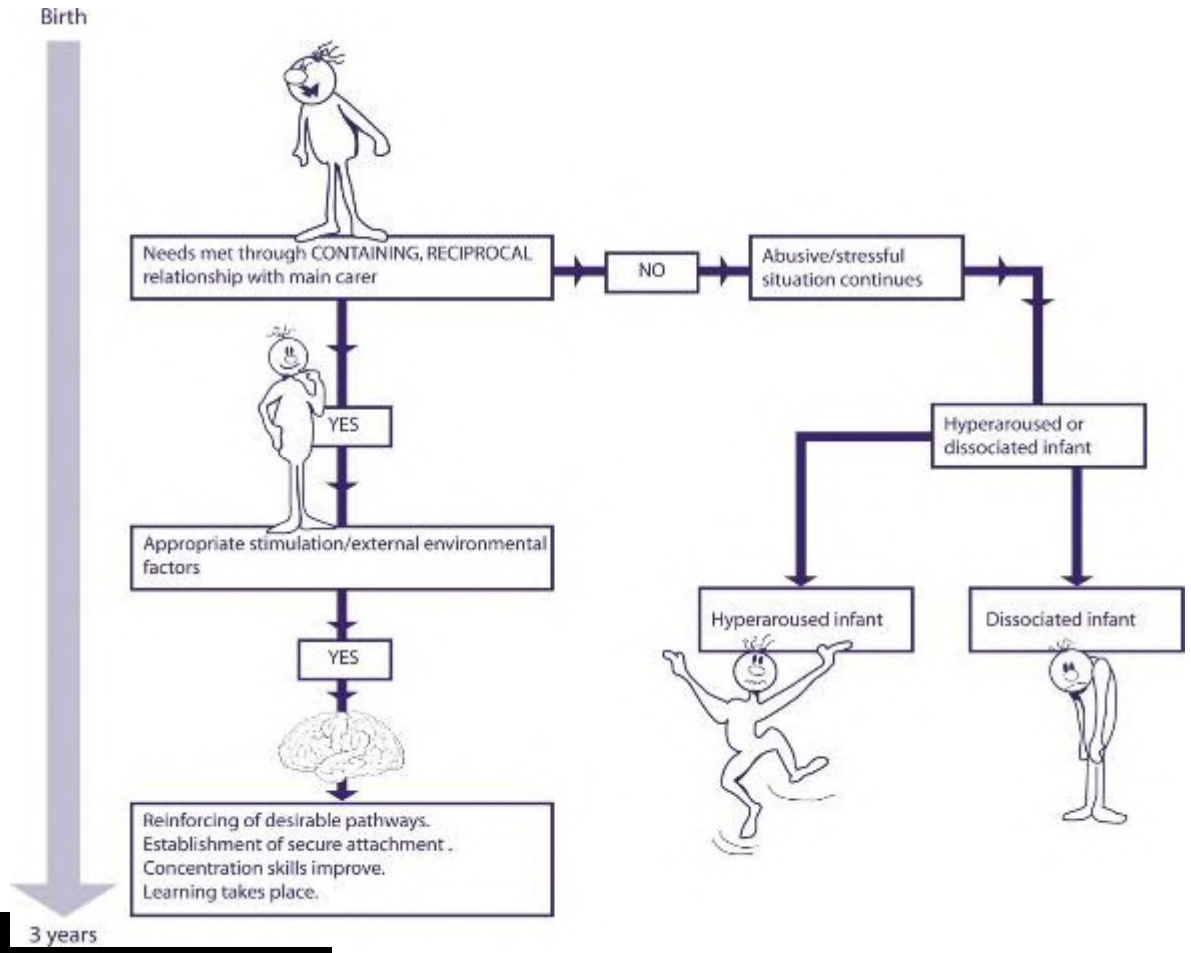
- Threats to emotional or physical safety causing- Intense fear, Helplessness, Horror
- One off critical incidents-RTA's, natural disasters, assaults, house fires, bereavement
- Ongoing experiences or lots of 'little T's'- witnessing domestic violence, abuse, bullying, feeling unsafe, feeling persecuted, being ostracised by peers, being let down frequently

# Effects on Brain Development

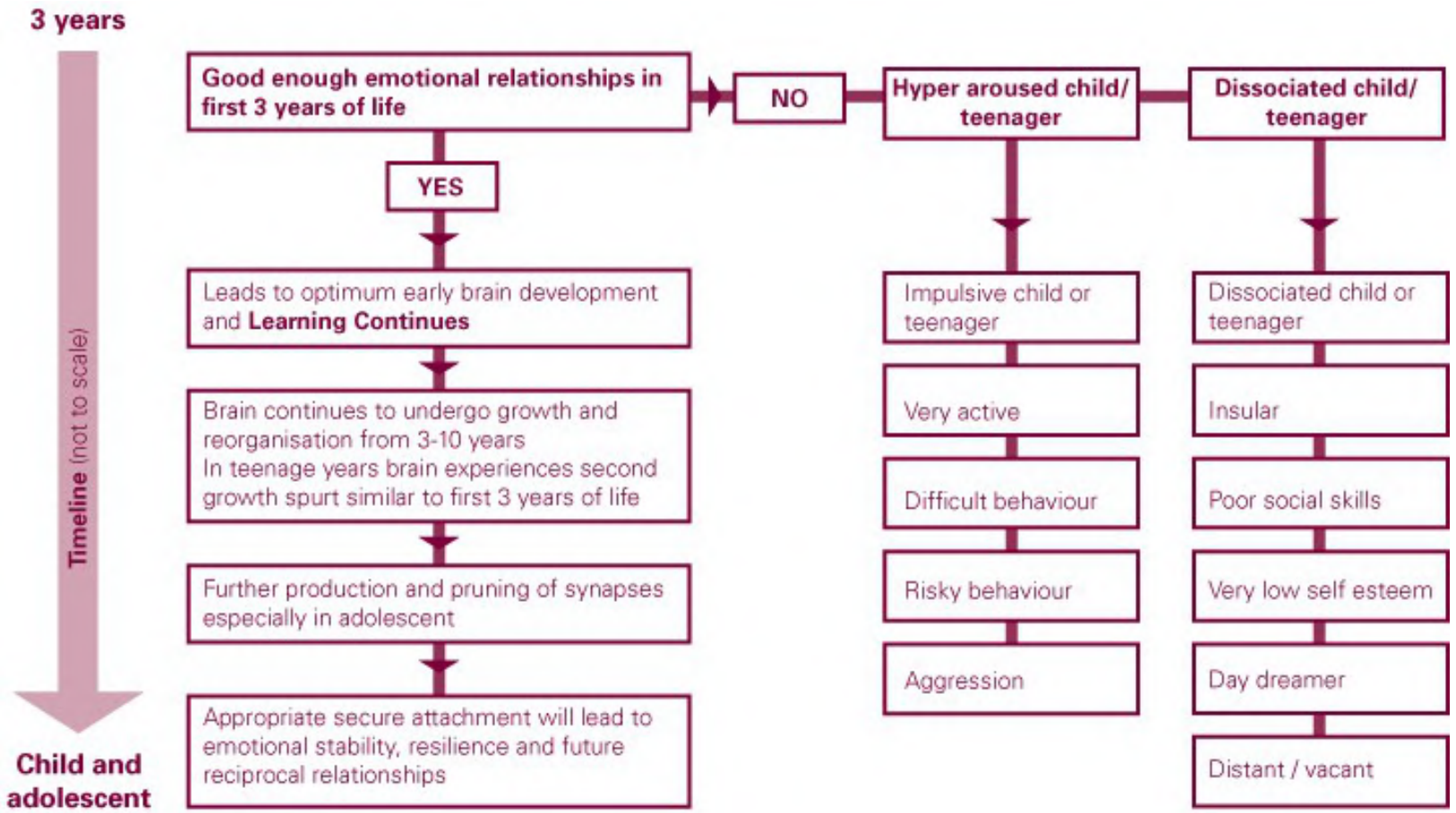



3 Year Old Children
Normal
Extreme Neglect

# Baby brain development and emotional health

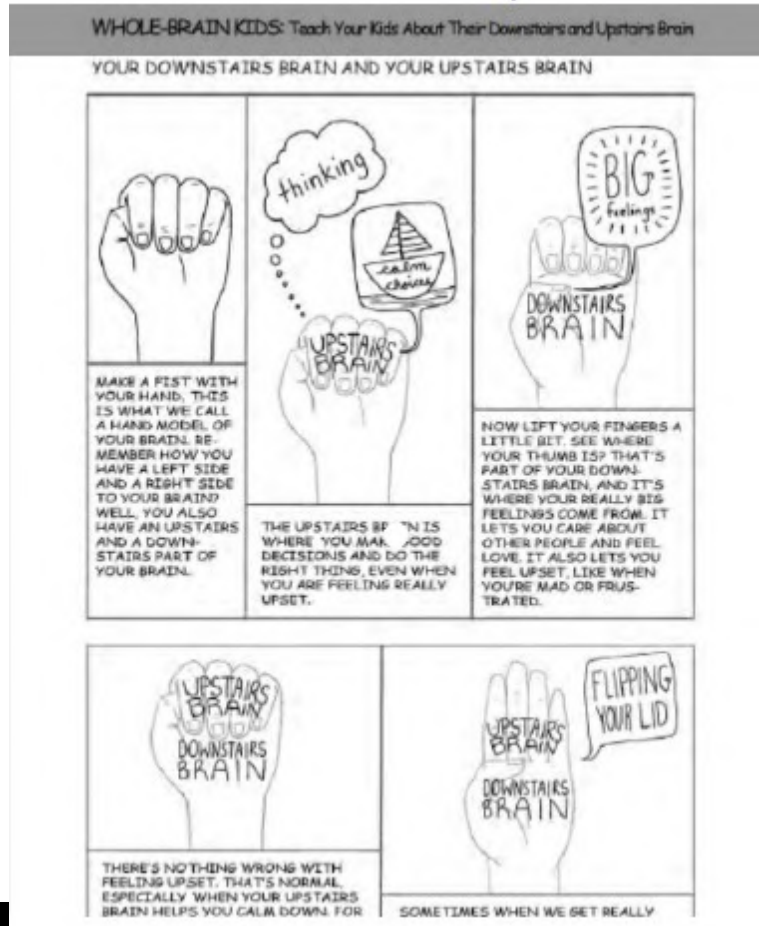


# Baby development and emotional healthy 3 years to adult



# Long-term Effects of Childhood Trauma on Brain Development

# Dan Seigel Hand



# Finally…

- Early experience determines which parts of the brain grow/are pruned back
- Early exposure to negative experiences e.g. abuse and neglect, significantly limits long-term capacity to regulate feelings
- When people experience intense emotions they can turn to unhelpful coping strategies such as self-harm and risk taking behaviours.
- However, the brain is said to have plasticity and so there is potential for  new learning at all stages…

**….Repair is possible!**

# Trauma Resources

**Additional materials for understanding reactions to trauma or supporting young people with heightened emotional responses:**

- Comic book strip explaining how traumatic experiences affect the producing of memories http://davidtrickey.com/wp-content/uploads/2012/05/Rationale-Good-to-talk-070312.pdf

- Various resources around developmental trauma:
- https://beaconhouse.org.uk/useful-resources/
- https://beaconhouse.org.uk/wp-content/uploads/What-Survival-Looks-Like-At-Home.pdf

- Resources for PTSD
- http://www.moodjuice.scot.nhs.uk/posttrauma.asp


NATIONAL LOTTERY FUNDED

Kent County Council
kent.gov.uk

www.HeadStartKent.org.uk

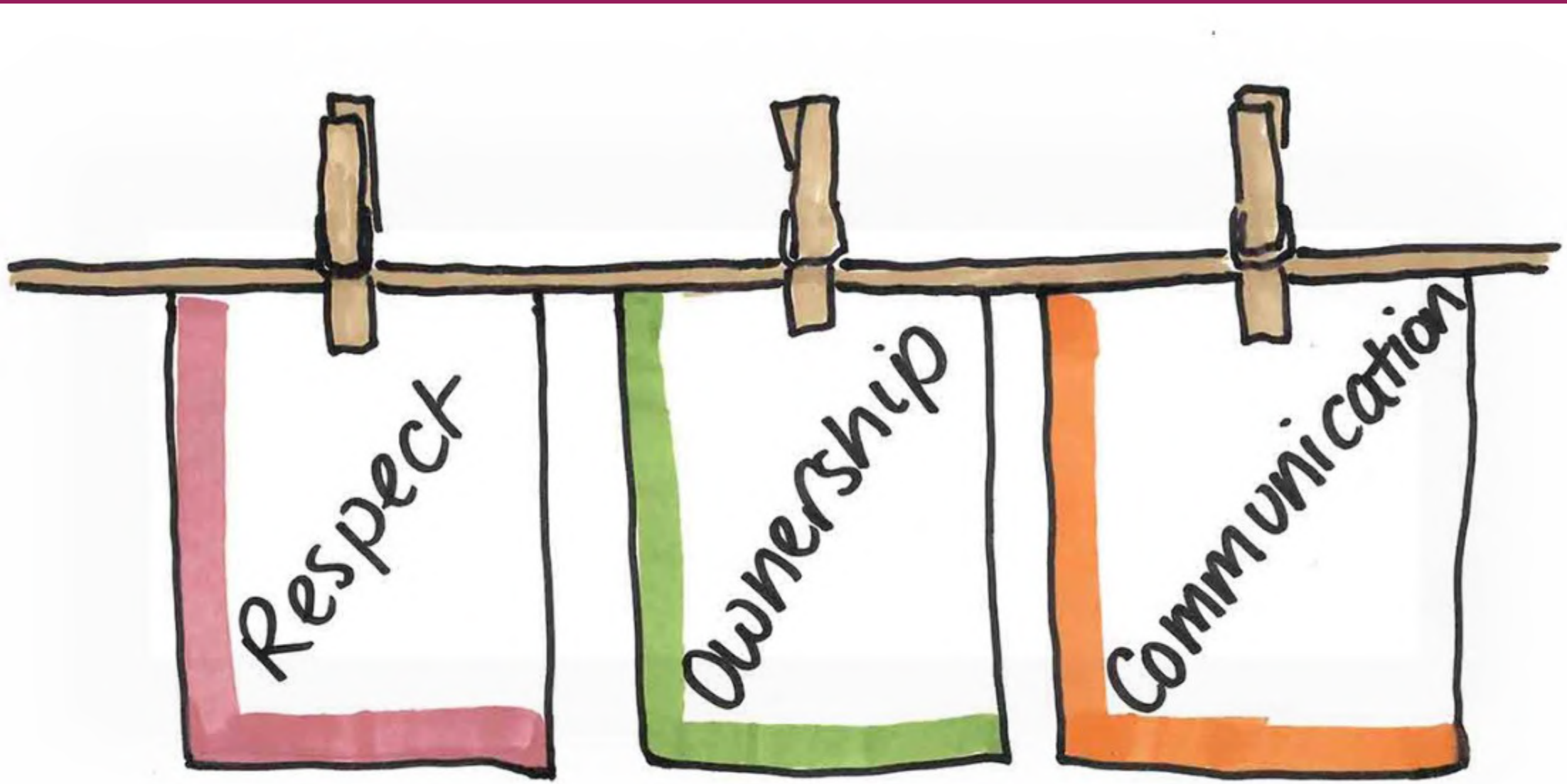
# Our aim

By 2020 Kent Young People and their families will have improved resilience, by developing their knowledge and lifelong skills to maximise their own and their peers' emotional health and wellbeing; so to navigate their way to support when needed in ways which work for them.

My wellbeing is not impacted by pressure to achieve and 'be perfect'

There is always someone for to talk to

People around me understand wellbeing and how to promote it

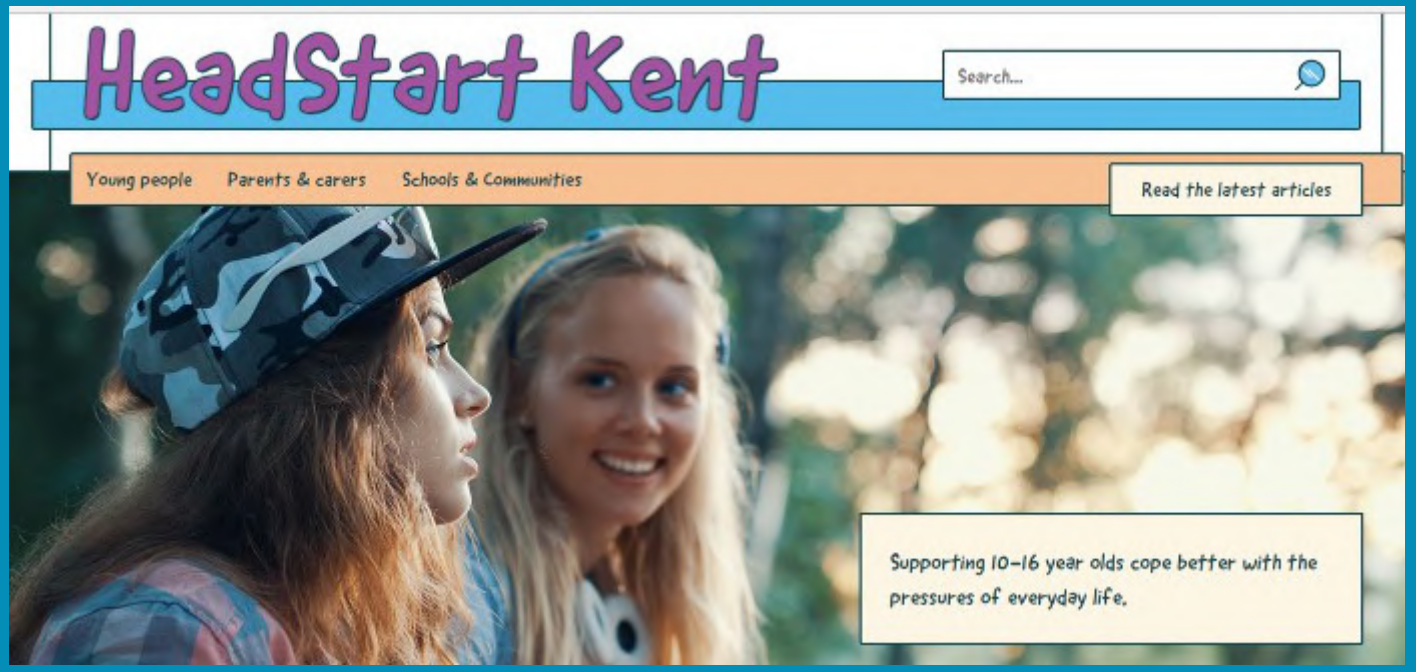

Respect
Ownership
Communication


@HeadStartKent #HeadStartmatters #bounceback

KENT County Council
Big LOTTERY FUND


I have
I am
I can
Resilience Conversations
Talents & Interests
Mindfulness
Mentoring by Adults
PAY IT FORWARD
Grant
TRAINING COURSE
Trained Professionals & Parents
Safe Spaces
Behaviour Change Champions
Your Voice
Early Help
Health
KYCC
VCS
School Nursing
Police
Peer Mentoring
Family Support Year 6/7
Online Support & Counselling
Young Evaluators
Quality Mark
You're Welcome
Family & Friends
Whole School Approach
Community
Universal Opportunity
WWW.HEADSTARTKENT.ORG.UK
NATIONAL LOTTERY FUNDED
Kent County Council

# Resilience Hub




www.HeadStartKent.org.uk

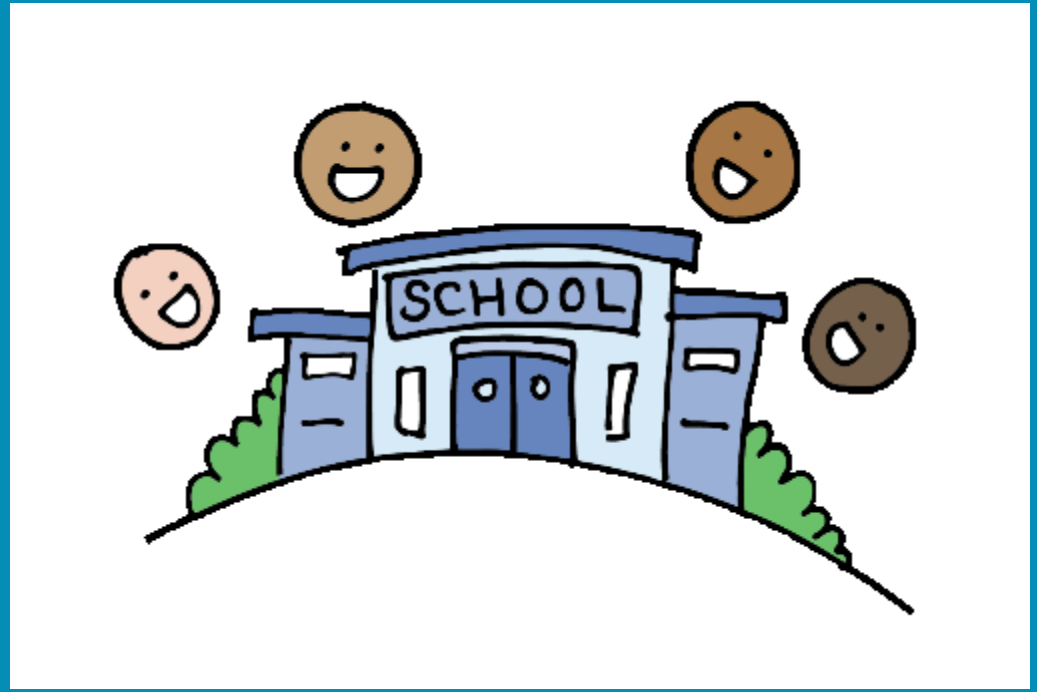
# Eight principles to promoting a whole school and college approach to emotional health and wellbeing


Public health England (2015) Promoting Children and YP Emotional wellbeing a whole school and college approach.

# A HeadStart School

Signs Grant Agreement to undertake…

- Resilience Toolkit and achieve Quality Mark
- The HeadStart pathway
- Receive domestic incidence information
- A Safe Space
- Peer mentoring programme
- Student voice
- Named pastoral person for every child
- Family transition work
- Training for Staff






FRIENDSHIPS
FEELING
Secure
EDUCATION
HEALTH
EMOTIONS
and Behaviours
TALENTS
AND INTERESTS


PAY
IT
FORWARD


SCHOOL


TRAINING
COURSE

# Services & Grants

Family C
Intensive Mentoring
Volunteer Mentoring
Counselling & Support
ist Domestic Abuse
t

Resilience Domain
Mindfulness
Youth Mental Healt


Talents and Interests gra
ard grants

PAY IT FORWARD

- Building Resilience – Kate Cairns Associates and HeadStart Kent
  - Full day training and e-learning
  - Resource the trainer (1 day)
- Mindfulness – Social Sense
  - Awareness (2 hours)
  - Intensive (4 days)
  - Trained to train (2 days)
- Youth Mental Health First Aid Training – Maidstone & Mid-Kent Mind
  - Online training (1 hour)
  - Lite (half day)
  - Intensive (2 days)


# Resilience talk kit

# HeadStart Kent and KCA:

## Working in partnership

# The KCA commitment to co-creation

Our theory of change is based on the research of Professor Jack Shonkoff of Harvard

- Co-creation of programmes sharing transformative knowledge
- Children need protection from toxic stress (ACEs)

Our knowledge base

- Attachment
  - How connected relationships between adults and children promote optimal brain development
- Trauma
  - How connected relationships between humans promote recovery from toxic stress
- Resilience
  - How connected relationships between adults promote emotional well-being and mental health for children and young people

# KCA models for sharing this knowledge base

**Five to Thrive**: a model for promoting secure attachment

- What adults do for children: **RESPOND – ENGAGE – RELAX – PLAY – TALK**
  - Practical approach – Emotion Coaching

**Mending Hurts**: a model for promoting recovery from trauma

- What people do for each other: **CO-REGULATE – GUIDE – SUPPORT**
  - Practical approach – Needs and Interventions

**Creating Connections**: a model for promoting community resilience

- What adults do for each other**: IDENTIFY – COMMUNICATE – SUPPORT**
  - Practical approach – Resilience Mapping

# KCA’s part in the project

- Consultancy and co-creation
  - Developing face-to-face training materials
  - Developing linked e-learning
  - Developing an online ‘Preparing to deliver training’ module
  - Developing an accredited award
- Delivery of training
  - Direct face-to-face training on resilience mapping
  - ‘Resource the Trainer’ training online and face-to-face
- Support for e-learning and qualifications
  - Technical and administrative support

# The KCA training

# Building Resilience:

Developing networks to support the mental health of children and young people

# Session one

The human ecology of resilience

# About resilience

- Resilience is the ability to survive and thrive under difficult conditions
  - When we are resilient we continue to develop to our own potential even when circumstances are against us
- Resilience develops and is exercised through meeting challenges successfully
  - Vulnerability and resilience fluctuate
  - Resilience is always on this day at this time
- Resilience is different from coping
  - Survival but at a cost to healthy development
- Individual and social factors contribute to resilience
  - Resilience improves when social support improves

# What makes children vulnerable?

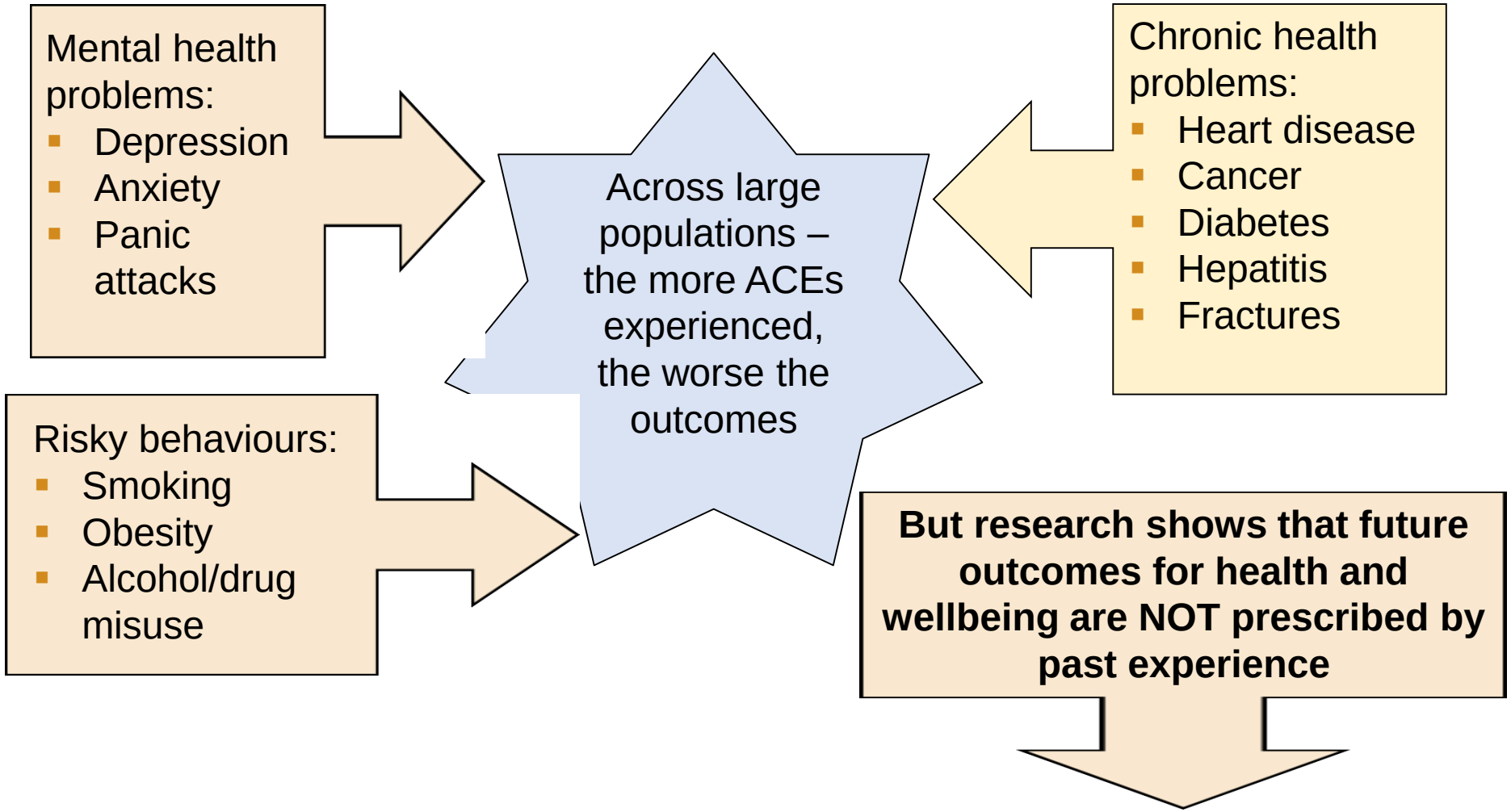
## Adverse Childhood Experiences (ACEs)

Anda and Felitti (1997) – surveyed more than 17,000 American adults
Similar large scale UK studies such as that in Wales in 2015
Anda and Felitti – 8 ACEs, later studies added more ACEs

- Verbal abuse
- Physical abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Domestic violence
- Substance misuse in the home
- Family member mental illness/suicidal
- Death of a parent
- Separation or divorce of parents
- Family member incarcerated

Anda and Felitti found 60% at least one ACE, 20% 3 or more ACEs

# Consequences of adverse childhood experiences



# PACEs

Center for Integrated Research on Childhood Adversity (CIRCA)
Oklahoma State University

Protective And Compensatory Experience buffers stress and trauma

## Direct experiences

- Unconditional love
- Having a close friend
- Helping others in community projects
- Being involved in interest groups – sports, drama, music, other social activities

## Environmental factors

- Access to an available trusted adult (not a parent)
- Access to appropriate education
- Clean and safe living environment
- Engaging in hobbies

**What can we do to promote such compensatory experiences?**

# The impact of trauma

- Until they recover people affected by toxic stress struggle to:
  - Self-regulate – stress, impulses, shame
    - Regulatory disorders
  - Process information accurately – make sense of the world around them or their own internal world of feelings
    - Processing disorders
  - Make and maintain relationships – understand and be interested in the world of others
    - Social function disorders
- It is possible to recover from these disorders
  - Restoring integrated function actually builds resilience
  - We grow stronger through recovery from toxic stress

# Reframing our thoughts about a young person

Acting like a child …….

Won't ……..

Lazy and does not try …….

Does not care ……

Refuses to sit still …….

Forgets everything ……..

Fussy, demanding ……

Steals ……

Does not get the obvious ……

Calculating and sly ……..

…… Is a child

……. Can't

…… Exhausted with trying

..... Does not understand feelings

……. Overstimulated / needs contact

……. Can't remember

……..Hypersensitive

…… Does not understand ownership

….. Does not learn from experience

…….. Does not understand

# Recovery and resilience

- People recover and develop resilience through building and strengthening new connections in the brain
- Brain connections develop through:
  - Relationship – mindful co-regulation and mindful co-learning
  - Iteration – experience repeated over and over again
- Relationship
  - Safe and trusted people who connect, co-regulate and co-learn
- Iteration – three cyclical phases of recovery
  - Stabilisation – feeling safe/feeling supported/feeling understood
  - Integration – self-regulation/emotional processing/narrative
  - Adaptation – social skills/joy in living/self-esteem

# Resilient adults – resilient children

- Traumatised children need adults who can enable them to:
  - Stabilise: self-regulate through co-regulation with the adult
  - Integrate: process information accurately, learning from the adult
  - Adapt: become socially adaptive with the support of the adult
- Working with traumatised children induces stress in adults
  - In order to meet the recovery needs of traumatised children and young people, these needs must also be met in the adults who form the network around the child
  - Recovery needs are basic human needs
    - Who helps you to stabilise, to integrate and to adapt?
    - What are your sources of resilience?

# The ecology of human development

- Human development takes place within a social network
- Bronfenbrenner identifies four ecological levels
  - Microsystem, mesosystem, exosystem, macrosystem
- We have adapted this to develop resilience mapping, identifying four different ecological levels:
  - The individual
  - The people with whom the individual lives
  - Significant others in contact with the individual
  - The wider community making decisions affecting the individual
- Resilience factors occur at all these levels

# And so on …

# … through the rest of session one

- The Resilience Game
  - An experiential game to promote understanding of the human ecology of resilience
  - Each group creates a case study of a young person and places this on the game board
  - Sub-groups represent family – school – wider community for that young person
    - Each group draws an ‘event’ card – something that could happen at that ecological level
  - The whole group, in consultation with the sub-group, discuss whether this event would increase or decrease resilience for that young person
- In plenary we acknowledge the role of adults in ensuring that events, even adverse events, can be growth points

# … and sessions two and three

- Mapping Resilience: a collaborative approach
  - Using KCA resources  to map resilience for a case study young person
  - Enabling participants to recognise how resources available through the HeadStart Resilience Hub contribute to this collaborative approach
- How connected conversations help to build resilience
  - Communication between identified adults in the network in planning to support the resilience of the young person
  - Communication with the child or young person
  - Mapping resilience is not just for children and young people – how adults maintain their own resilience, support one another and address issues in working with trauma

# Evidence of what works

- At least one trusted adult, with regular access over time, who lets the pupils they ‘hold in mind’ know that they care.
- Prepared to, and capacity to, help with basics i.e. food, clothing, housing.
- Making sure vulnerable pupils actually access activities, hobbies
- Safe spaces for pupils who wish to retreat from ‘busy’ school life
- Help to map out a sense of future (hope and aspirations).
- Helping pupils to cope – teaching self soothing or management
- Support to help others e.g. volunteering, peer mentoring.
- Opportunities for pupils, staff and parents to understand what resilience is and how they might achieve it for individual students and the whole school community.

# Our ambition is to…

- Change professionals' behaviour through building confidence
- Offer targeted young people an ongoing menu of evidence based interventions/services
- Help people to see themselves as part of a system and to join up the people and the resources in that system
- Underpinned by whole system leadership and accountability

**...will lead to greater resilience over time**

# A Research Programme

Anna Freud National Centre for Children and Families

MANCHESTER 1824 The University of Manchester

BIG LOTTERY FUND NATIONAL LOTTERY FUNDED




# Wellbeing Measurement Survey Baseline Survey

- 30,843 CYP (age 11–14) - largest schools survey of child mental health and wellbeing in England (Completed by 10,000 young people in Kent)
- **18.4% experiencing emotional problems**, - girls (24.9%)  boys (10.9%)
- **18.8% exhibiting behavioural problems,** - boys (23.1%)  girls (15.1%)
- The odds of experiencing mental health problems increased for:
  - young people accessing free school meals
  - had special educational needs
  - categorised as a ‘child in need’

- Deighton, J et al. (2018).

# Trauma Informed Care – experiences of embedding this into practice.

Dr Cara Robinson

- Adverse experiences in childhood are linked with poorer health, social and emotional outcomes. People who access our mental health and substance misuse services are more likely to have experienced difficult events in childhood.
- They are more likely to tell us about their difficult experiences in childhood if we ask them explicitly.
- Addaction has therefore made a commitment to introducing routine enquiry about adverse childhood experiences across all of our services - so that we can work more collaboratively with people to make sure they get the help they need.

# Lesson's Learned

- It is important to note that adversity and trauma are different and separate things.
- Flexibility of practitioner response is vital
- Implementation requires culture change across the organisation and services will need to find new ways of working with support for this at all levels.

- Effective implementation will depend on organisational readiness and this will require a significant amount of preparatory work at both organisation and local levels.
- Identifying ‘Champions’ – people who are knowledgeable about this area of work, embedded in services and able to support implementation really helps to get service ‘buy-in’.

- Get all the right people involved and engaged in the project.
- A clear work-plan with phased roll-out and process to take and share learning as you go is helpful.
- Plan your evaluation from the outset – so that you can be clear about the impact of any work that you do.

# Young Addaction Kent – our experience:

- It's preferable to have developed a therapeutic alliance with the young person before conducting the questionnaire with them.
- The directness of the questionnaire is important
- Don't presume that other services have asked the questions

- **Young people are empowered by the knowledge that they are not alone in their experiences**
- Routine enquiry helps us to shape our formulations and intervention plans
- Good training in ACE is essential
- **We need to have an awareness that our staff may have experienced childhood trauma and have support in place.**
- Good clinical supervision is invaluable.

# Champion Q&As

A.C.E

Making Kent and Medway ACE Aware

# Group Work: Co Design Workshop

A.C.E

Making Kent and Medway ACE Aware

# Co-Design Session: 00 discussion + 00 feedback – 3 or 4 rotations with break at 00

- Consider the TASC model and the accompanying handouts….
- Review each layer of the model and consider what has been done already and could be achieved going forward (Each table will focus on one layer and delegates will move around)
- Document any gaps in planning and provision
- Highlight any priorities for action or agreement
- Consider any accelerators and obstacles to progress uncovered by this discussion
- Capture on the flip chart/ post it notes

WARREN LARKIN ASSOCIATES

# Discussion 1

A.C.E

Making Kent and Medway ACE Aware

# Discussion 2

A.C.E

Making Kent and Medway ACE Aware

# Tea and Coffee

A.C.E

Making Kent and Medway ACE Aware

# Discussion 3

A.C.E

Making Kent and Medway ACE Aware

# Feedback Session

A.C.E

Making Kent and Medway ACE Aware

# Round Up and Next Steps

A.C.E

Making Kent and Medway ACE Aware