PREVENTING FURTHER THE IMPACT OF ADVERSE EXPERIENCES IN CHILDHOOD TO IMPROVE THE HEALTH & WELLBEING OF BIRMINGHAM PEOPLE

AN UPDATE OF THE HEALTH & WELLBEING BOARD TASK & FINISH GROUP 2017 REPORT

1. INTRODUCTION

The research base for the long term effects of Adverse Childhood Experiences is striking and strong. The evidence is summarised in the report to the Health & Wellbeing Board (29 November 2016[1]). Describing these consequences prompts the response of *"wanting to do something".* The Task & Finish Group created a framework[2] to focus responses to reduce the impact and *do something* in Birmingham.

2. THE BACKGROUND

The published research evidence, particularly Felitti[3] (USA) and Bellis[4] (UK), reminds us of the range of experiences which have an adverse effect on the health and wellbeing of our children, Young People, families, and adults for a lifetime (Figure 2.1). Single experiences have an adverse impact on the child's future health & wellbeing but multiple experiences have a cumulative impact.

Figure 2.1: The Adverse Experiences of Childhood

DIRECT EXPERIENCES	PARENTAL CONDITIONS IMPACTING ON THE CHILDREN
PHYSICAL ABUSE	MENTAL ILLNESS
SEXUAL ABUSE	ALCOHOL ABUSE
VERBAL ABUSE	DRUG ABUSE
PARENTAL SEPARATION	INCARCERATION
DOMESTIC VIOLENCE	

Most of the impact of these experiences is mediated by the hormonal arousal system designed to respond to immediate and short term threats. When the threat becomes persistent or more sustained there is a disruption of that system with physiological consequences. If the change in threat is in our early years there can be a disruption in the development of our basic attachment process. If the changes in the threats occur later, in childhood or adolescence, this can undermine or re-arrange our attachment responses. The disruption or undermining of our attachment responses disrupt our socialisation and relationships with a tendency to leave us expecting threats and adversity at all times. We respond accordingly leading to the multiple consequences of the adverse experiences in childhood reported so strongly by Bellis[3].

[1] Wilkes D *Adverse Childhood Experiences: An initial strategic direction in the West Midlands Combined Authority area 2016* Birmingham Health & Wellbeing Board paper 26 November 2016

[2] Birmingham Health & Wellbeing Board Task & Finish Group *Using the Impact of Childhood Adverse Experiences to improve the Health & Wellbeing of Birmingham people* Birmingham City Council 2017

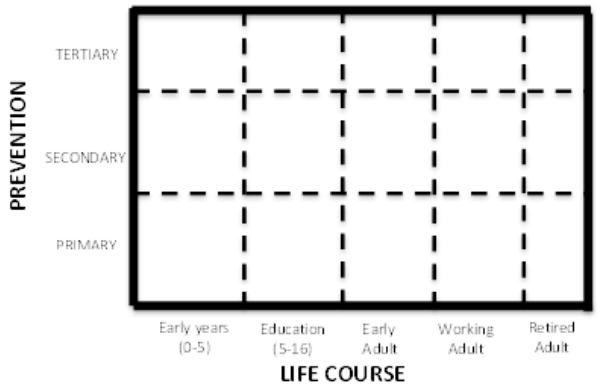
[3] Felitti VJ, Anda RF, et al *Relationship of childhood abuse and household dysfunction to many leading causes of death in adults. The Adverse Childhood Experiences (ACE) study* American Journal of Preventative Medicine 1998 14:245-258

[4] Bellis M, Hughes K, et al *National Household Survey of Adverse Childhood Experiences and their relationship with resilience to health-harming behaviours in England* BMC Medicine 2014 12:72

3. **THE PREVENTATIVE FRAMEWORK**

Our collective aim should be to avoid the consequences of these experiences and to be able to promote recovery. There are three ways to reduce the likelihood of the adverse impact of these experiences. The opportunity to intervene can occur along the whole of the Life Course and is the basis of the preventative framework (Figure 3.1) Taking these will result in beneficial changes in the life chances of children, young people, and adults. These are:

Figure 3.1: The Preventative Framework



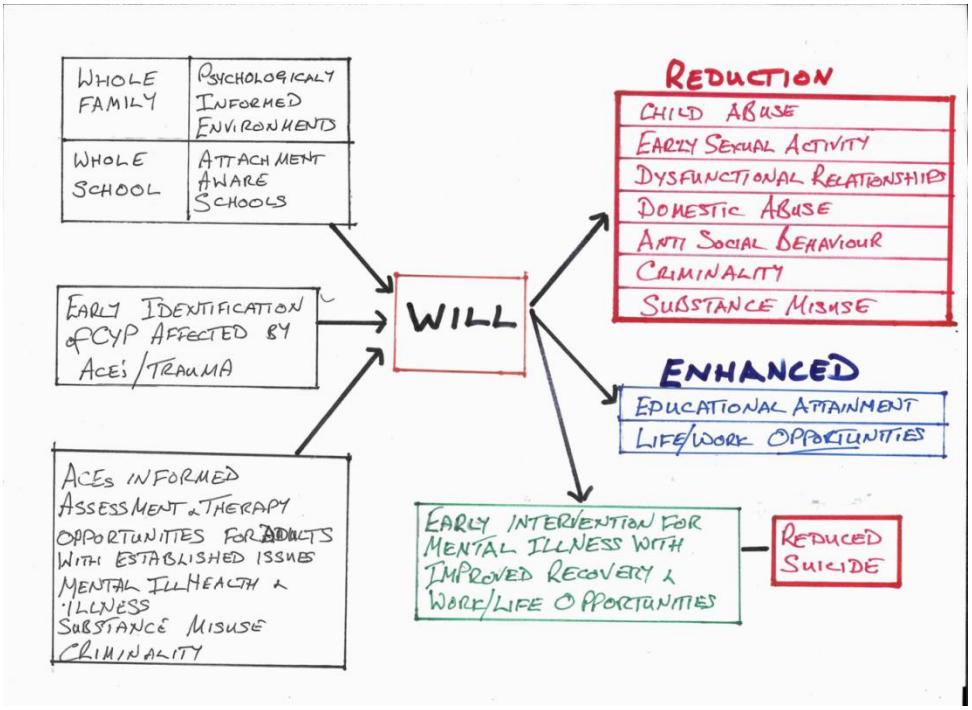
a) **Tertiary Prevention,** when those who have already had these experiences and are struggling with the longer term impacts on relationships and/or emotional and/or physical illness are identified in order to reduce that impact and aid recovery.

b) **Secondary prevention,** when those who have already had these experiences are identified soon after the experience in order to reduce the likelihood of the medium and long term impacts occurring;

c) **Primary prevention,** when the likelihood of these experiences occurring is significantly reduced and the consequences therefore avoided;

In order to act across the preventative spectrum and life course we need to develop a common and shared understanding of the impact of the adverse experiences and the benefits of preventing them. This is summarised in Figure 3.2

Figure 3.2: The Benefits of Adopting the adverse experiences in childhood Preventative Framework.



This common language which will bring benefits such as:

a) An **understanding we can share** with children, young people and families about the drivers and triggers of difficulties with the possibility of recovery in the present and consequent prevention in future generations.

b) An improved **connectivity** with each other as communities living together, agents on the ground, and local organisations.

c) The establishment of **the role that relationships within the family and with staff** have in the healing of attachment disturbances for individuals to enable recovery. This extends to the use of non-professional relationships of trust (Peers and experts by experience) in that recovery process[5].

The alignment of our understanding of the impact of adverse experiences in childhood across sectors/agencies and more widely in our communities will develop a wider view of the drivers of the difficulties our children, Young People, and adults have. This will result in:

a) Telling the story differently for the wider community to understand and respond to so that there is;
   i. Increased awareness and mutual support; and
   ii. Availability of self-assessment and response.

b) A realisation that responding to these issues in this way is not the sole responsibility of public services.

c) A different or changed set of responses to concerns or behaviours by staff or practice pathways.

d) A strong and good reason for aligning our organisational cultures and change in that direction.

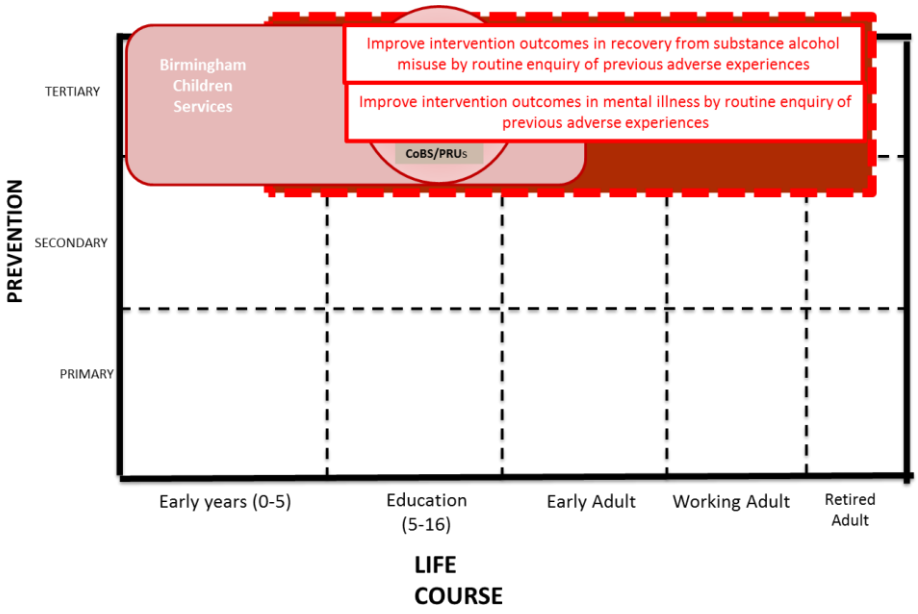
4. PREVENTION IN ACTION IN BIRMINGHAM

4.1. The opportunities for **Tertiary Prevention** occur where the impact of past adverse experiences in childhood on current ill health and wellbeing results in disturbance of physical or emotional health. This often results in the need for complex or specialist assistance to resolve that disturbance. There is strong evidence that using routine enquiry for the adverse experiences opens therapeutic opportunities for swifter and more significant recovery from emotional distress, health harming behaviours, and destructive relationships.

Figure 4.1 identifies the opportunities for using approaches based on the insights of the impact of childhood adversity. In particularly the Task & Finish group members highlighted the significant role that the specialist schools (Pupil Referral Units and City of Birmingham School in particular), and the Police and Criminal Justice Service were already playing by exploring and using this approach. The common understanding of the impact of adverse experiences in childhood shape these opportunities and the incorporation of routine enquiry of the adverse experiences would enhance the opportunities for recovery and healing.

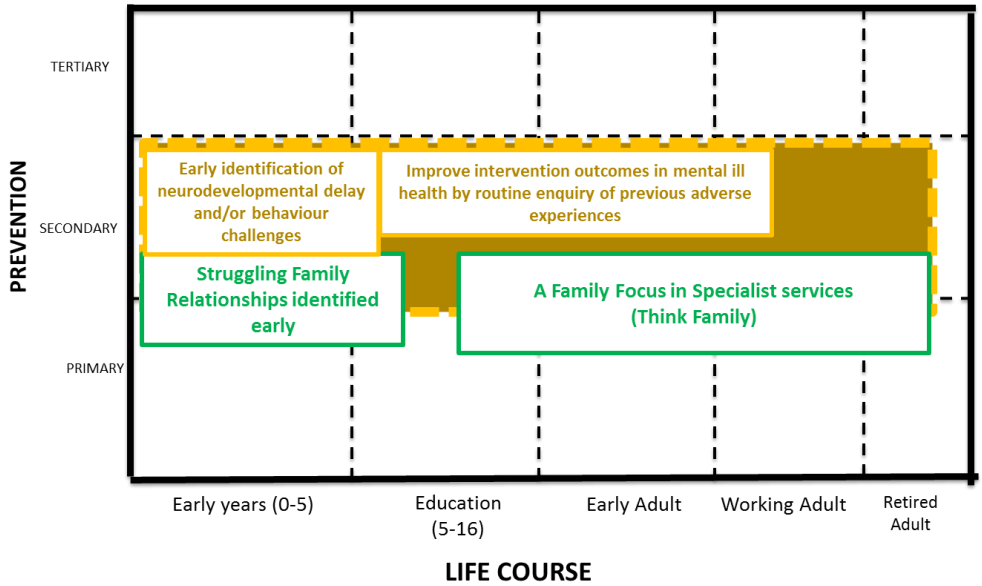
[5] Luke Rogers (Foster Focus),*The Changing Face of Safeguarding* Birmingham Safeguarding Children Board Practitioners Annual Conference June 2017

Figure 4.1: Opportunities for Tertiary Prevention of Adverse Experiences in Childhood.



4.2. The opportunities for **Secondary Prevention** arise when disturbances in physical or emotional health are identified early in their development. A response at that point will reduce the impact of any recent adverse experiences in childhood on current health and wellbeing. The intention is to limit the impact on relationships, attachment, and future potential which, if established, would require more complex or specialist assistance later.

Figure 4.2: Opportunities for Secondary Prevention of Adverse Experiences in Childhood.



Identifying the role of adverse experiences in childhood reduces the likelihood of the progression to serious mental illness and speeds recovery, a serious secondary preventative opportunity. There is often a fear that routine enquiry may unleash an uncontrollable maelstrom of suppressed emotions that would also damage the individual. The evidence from the use of routine enquiry in this context does not support this fear. However if routine enquiry is adopted there must be responses in place to deal with such an outcome.

An important feature of all qualitative research into successful features of intervention programmes is the presence of a trusted adult in the relationship dynamics. This applies at a family level, family support, and targeted interventions with children, particularly with children in care. Whatever the response model, the 'characteristics' of the 'mediator of change' is important in developing trust and thence the opportunities for modelling change.

4.3. **Primary prevention** identifies the opportunities to avoid the adverse experience in the first place as well as addressing the socio-economic influences of health & wellbeing. Taking the opportunities for tertiary (4.1) and secondary (4.2) prevention will reduce the likelihood that these adults will repeat the traumas of their childhood on their children. This reduces the likelihood of harm to future children, a real example of primary prevention.

Ignoring the impact that poverty has is to ignore the evidence of decades and especially that most recently marshalled by Marmot[6]. The impact of poverty is greater where there is:

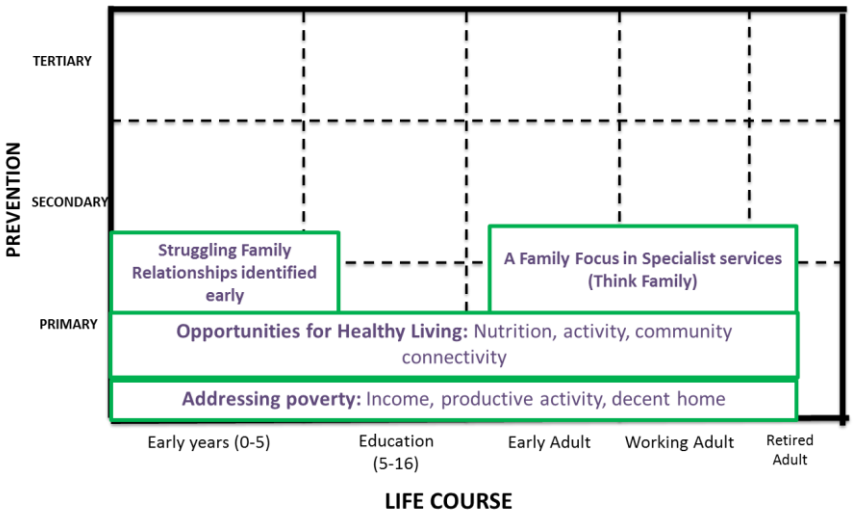
a) Poverty and being out of meaningful work or in low value/reward work

b) Poverty and poor housing quality

c) Poverty and impoverished family relationships

The opportunities for primary prevention are summarised in Figure 4.3.

Figure 4.3: Opportunities for Primary Prevention of Adverse Experiences in Childhood.



Poverty and its drivers is a complex issue that is outside the scope of this report but it is important to identify it as a significant adverse factor in its own right.

The avoidance and/or identification of strained/struggling family relationships (parent-parent and parent-child) in the early years of childhood can be addressed by attention to preparation for parenting during pregnancy (especially the first pregnancy) and contact or support in the first year. This is a key characteristic of the developing Birmingham & Solihull Local Maternity System (BUMP) and Birmingham Early Years System (Birmingham Forward Steps).

[6] Marmot M, Allen J, et al ***Fair Society, Healthy Lives****: A strategic review of Health Inequalities in England post 2010* London Institute of Health Inequity 2010

Likewise there is the opportunity to prevent damage by parental behaviours by adopting Family Centred Think Family approaches in adult specialist services, especially due to mental illness and/or recreational or prescribed drug use and/or alcohol misuse.

5. **HAS ANYONE TAKEN THESE OPPORTUNITIES IN BIRMINGHAM?**

In developing the preventative framework used here the Task & Finish Group identified opportunities that local agencies, partnerships, and services had to adopt this approach (Figures 4.1, 4.2, and 4.3) some of which were already developed.

The inclusion of family centred enquiries, *"are there any children in the immediate family setting and what is the impact upon them"*, in adult mental health and substance misuse services service specifications is an important development in this direction. The provider of the adult drug and alcohol recovery service, Change, Grow, Live, are now developing the use of routine enquiry into adverse experiences in some client groups to test out the utility and phaesability.

Some individual General Practitioners are exploring the usefulness and acceptability of this routine enquiry approach with some patients in a similar approach to the successful routine enquiry about domestic abuse in the IRIS programme.

Discussing the strength of the evidence of harmful impact of adverse experiences in childhood and the opportunities for preventing that impact with strategic groups (the Health & Wellbeing Board, The Birmingham Safeguarding Children Board, Birmingham Early Help & Safeguarding Partnership, and the Education and Emotional Health Steering Group) has created a focus of intent and a common language.

This common language has led to changes in organisational approaches, particularly noticeable in schools involved in New Start towards individuals (clients and staff) struggling with the established consequences of adverse experiences in childhood. This change has occurred at three levels, namely strategic, managerial, and at the frontline, with senior managers (strategic), middle managers (tactical), and frontline staff (operational) layers of agencies adapting and adopting the insights. In the school setting this has resulted in an "attachment based" approach, rooted in the insights of the impact of adverse experiences in childhood, which is the core principle of the New Start use of the Academic Resilience programme.

In localities isolation of this change within one agency will fail to embed the change. This cultural change will be further enhanced by multi-agent learning at locality level. It is clear that the Early Help system is an overarching influence shaping the opportunities for secondary prevention. A locality focus to this will augment and strengthen the additional benefit of the multi-agent learning approach. There are early proposals to develop this in Castle Vale and Kings Norton being brokered by Andrew Coward , the ACEs lead for the West Midlands Combined Authority.

Multi-agent learning and the consequent multi-agent family centred and family determined partnering requires dedicated time to attain and maintain. The experience of Think Family and Family Nurse Partnership models strongly supports the need for collective learning and individual supervision time.

Effective family centred and family determined support is the 'glue' that holds it all together and is based on trusted relationships. The Task & Finish group reflected on the importance

of the value of the agent relationship with the family which the multi-agent learning approach can foster. Trusted relationships foster family change. This has been the theme of a number of the effective evidence based programme evaluations[7], perhaps more than the programme theory base or content and especially the licensed ones.

These are important issues to address as more and more of the locality models of care develop, particularly in Birmingham Forward Steps (Early Years partnership) and Birmingham & Solihull United Maternity Project (Local Maternity System). The emphasis of the impact of adverse experiences in childhood is strong in Birmingham Forward Steps but will need strengthening in the Local Maternity System.

The development of the emotional early help system to support schools in the early identification and intervention of students with emotional and/or behavioural concerns is important. Embedding the insights from the evidence of impact of adverse experiences in childhood and benefits of the New Start programme is underway. This is a key development in extending the opportunities for secondary prevention of future impacts of these adverse experiences in these young people and primary prevention of the impacts for future generations of children.

6. CONCLUDING SUMMARY

6.1. The evidence of impact of adverse experiences in childhood is strong. Acting on the evidence requires agreement and commitment and this is evidenced by the discussion at strategic partnerships and particularly the Early Help and Safeguarding partnership and Education and Emotional Health steering group .

6.2. A preventative framework approach has helped local stakeholders to recognise the importance and benefits of aligning strategic direction to reduce the impact of adverse experiences in childhood on individuals and communities.

6.3. The development of locality partnership working with families is an important opportunity to explore more explicitly the impact of adverse experiences in childhood. The work already established in the specialist schools (Pupil Referral Units and City of Birmingham School in particular), and the Police and Criminal Justice Service and the developments of Birmingham Forward Steps, Forward Thinking Birmingham, and Education and Emotional Health steering group New Start programme are particularly important in this context. These will bring further opportunities for embedding the principle approaches in schools (New Start extension and development in primary schools) and the development of locality multi-agent learning approaches.

7. WHERE NEXT?

The continued use of the preventative framework suggests that there may be more opportunities in exploring a role for enquiring about adverse experiences in childhood in:

a) some patient groups in adult mental health services;

b) some patient groups in General Practice settings;

c) Primary school settings;

[7] Wilkes D *Early Interventions to Improve the Health & Wellbeing of Children & Young People of Birmingham.* Birmingham Public Health 06 August 2013

d) Children & family early help assessments and planning;

e) Children in need and/or protection assessments and planning;

f) Children in care assessment, planning, and settings;

g) Preventing Domestic Abuse strategy action plan

None of these opportunities have been explored yet and this round of strategic senior discussions will help refine or extend this scope further.

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