

Briefing Note: Health & Wellbeing Board

Title – How adverse childhood experiences affect the demand and type of services required in communities

Date – 15 March 2019

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1.0 Purpose

- 1.1 That we consider the report and gain commitment to achieving a system-wide approach to raising awareness of ACEs, Trauma Informed Communities (TICs) and Trauma Informed Practice (TIP); and also the inter-linkages of ACEs with substance misuse and suicide prevention, and other adverse health and societal outcomes - to enable a robust approach to prevention and dealing with trauma within communities.
- 1.2 To look at how childhood trauma (Adverse Childhood Experiences or ACEs) affects the development of children, young people and families; and impacts both on the demand for, and type of, public and community services.
- 1.3 To identify ways of working in partnerships to support our communities and the national Policing, Health and Social Care Consensus
<https://www.npcc.police.uk/Publication/NEW%20Policing%20Health%20and%20Social%20Care%20consensus%202018.pdf>

2.0 Summary

- 2.1 In September 2018, the strategic partners and other key enablers that deliver preventative and early intervention approaches to children and families in Reading, committed to establish a Reading Prevention & early Intervention Partnership.
- 2.2 The Partnership ensures shared accountability for early help arrangements; and strategic governance to the Reading Prevention & Early Intervention Strategy, which the Partnership has oversight of. A report providing a summary of progress, priorities and governance was presented to the Adult, Children and Education Committee on 14.02.19. A copy of the report is attached in Appendix 1
- 2.3 To deliver shared outcomes and priorities around early help, and ensure improved outcomes for children, young people and families in Reading, a number of 'Partnership Delivery Groups' have been established – including ACEs.
- 2.4 On the 24th October 2018, the first meeting of the 'trauma informed & emotional health and wellbeing' delivery group took place. The vision for the group is that Reading becomes a 'trauma informed' town and that Schools, and other key partners, take a 'therapeutic approach' to supporting young people with ACEs.

Introduction/Background

- 2.5 Professionals tell us that both the severity of trauma that some people experience and the number of trauma survivors is much greater than most people realise. In fact, the majority of clients who end up in public or community services are trauma survivors (Elliott, 2005).
- 2.6 The typical symptoms of someone suffering traumatic distress include re-experiencing the event, avoidance and emotional numbing, changes in sleeping patterns, and hyperarousal (Huckshorn, 2013).
- 2.7 Additionally, trauma can cause co-occurring disorders such as substance dependency. In these cases, the trauma victim abuses alcohol or drugs in an attempt to numb the pain caused by the memory and impact of the trauma. When co-occurring disorders combine with other illnesses – depression, for example – they can make an individual more susceptible to suicidal ideation or suicidal actions; and more likely to develop mental health conditions and enter the criminal justice system. The Royal Society for Public Health has created a webpage with relevant research and updates for emergency services:
<https://www.rsph.org.uk/resources/emergency-services-hub/spotlight.html>

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



- 2.8 ACEs are commonly defined as ten types of child abuse and neglect and family exposure to toxic stress: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, domestic violence, substance abuse, mental illness, parental separation or divorce, a family member in prison
- 2.9 Those who experienced four or more adverse experiences during childhood have a substantially increased likelihood for using heroin or crack cocaine (odds ratio of 11); a negative impact on educational attainment, attendance and exclusion, poor employment and income outcomes; and an impact on genetic, epigenetic and neurobiological functioning, which also impacts on health across the life course – leading to early death. There are clear inequalities in the prevalence of ACEs, which in turn means there are greater impacts in more deprived communities (UCL, 2015).
- 2.10 There is also evidence that ACEs are ‘transmitted’ across generations – so that the children of parents who experienced ACEs in their own childhood are also more likely to experience ACEs. This perpetuates inequalities in health across generations (UCL, 2015). The Welsh Government developed a video as part of its work around trauma which highlights the inter-generational impact of ACEs - <https://www.youtube.com/watch?v=YiMjTzCnbNQ>
- 2.11 They are a complex population health problem with significant detrimental outcomes. A seminal ACE study, was conducted among adult members of a health maintenance organisation in Southern California in the late 1990s, and found that exposure to ACEs is related to a range of poor adult outcomes, including increased risk of alcohol and drug use, mental health problems, poor physical health including obesity and cardiovascular disease and risky behaviours. The study followed on from research by Felitti and Anda (2010) who had both, but separately, found from their work that 55% of those people who were clinically obese had been sexually abused as children.
- 2.12 A Trauma Informed Community (TICo) is one where members of the community rely less on a clinical diagnosis of mental health issues or descriptions of criminal behaviour, for example, but first ask ‘What is your life story?’ This leads to compassion from service providers and self-compassion by the public, which in turn leads to better understanding and engagement with services. One study showed that simply by the raising of education and awareness of what was meant by trauma with a community, led to 33% less visits to GPs and 11% less visits to Accident and Emergency departments by frequent attenders (Felitti et al., 1998).
- 2.13 A study of outcomes on the first TIC that was piloted in Washington state found that the successful features included: community partnerships, shared goals, a focus on equity, leadership, infrastructure, and multi-level strategies (Felitti et al., 1998).
- 2.14 Trauma Informed Care (TICa) is an approach that the mental health community has adopted in recent years to attempt to deal with traumatic crises. Yeager, et al. define TICa as “Care that is organized around a contemporary, comprehensive understanding of the impact of trauma that emphasizes strengths and safety and focuses on skill development for individuals to rebuild a sense of personal control over their life” (2013, p.595). “It is designed to be both **preventative** and **rehabilitative** in nature” (2013, p.65). This type of care is as much a philosophy as a service delivery approach.
- 2.15 TICa recognises and emphasises vulnerability thus, the safety of the client is of paramount importance. Another defining characteristic of TICa is that everyone involved in the treatment must have a general awareness and understanding of trauma and its impact on survivors, this includes front-line staff, emergency workers, physicians and, of course, mental health professionals. The emphasis has shifted from “What is wrong with you?” to “What happened to you?”, and “Is it still happening to you?” (Rosenberg, 2011). Individuals seeking help through TICa are encouraged to regain “personal control” of their lives (SAMHSA, 2013). Ideally, clients and practitioners act as equals as they work collaboratively to overcome the trauma experience in their life. A culture of care is created where the client is fundamentally respected

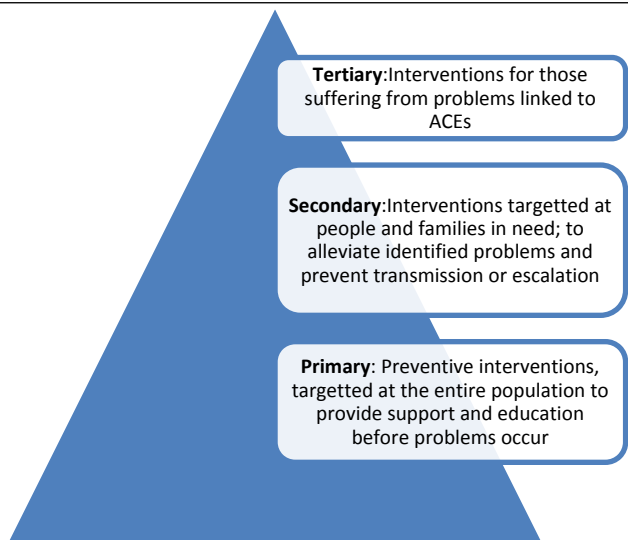
and their dignity preserved. Client self-empowerment is the ultimate aim of TICa. This is important in all contact but it is clear that in policing terms there was a shock to the system as failures in engaging with victims of Child Sexual and other Exploitation began to surface.

Supporting Information-International, national and local picture

- 2.16 The cost of child maltreatment alone has been estimated to total £735m a year and reducing the health impacts of ACE could decrease pressure on the NHS and other local support services. In 2009 the costs of domestic violence in the UK were estimated at £1.9bn in terms of lost economic output, £10bn in human and emotional costs and approximately £3.1bn to government funded services. The cost of children in care is £2.9bn, of which an estimated half is spent on abused children.
- 2.17 To sustain improvements in health and social outcomes requires a shift in focus to include prevention of ACEs, resilience building, and ACE-informed service provision (Hughes et al, 2017).
- 2.18 Scotland is the first Trauma Informed Nation in the world (August 2018); and Bristol the first Trauma Informed City.
- 2.19 Bridgend in South Wales built ACEs screening into their Early Help model. This contributed to the numbers of child protection plans falling from 179 to 120 in a year (lowest rate since 2007) and for the first time in many years, Children’s safeguarding budget being balanced (removing planned need to draw down earmarked reserves).
- 2.20 In June 2011, Washington State became the first state in the nation to introduce legislation with House Bill 1965 (HB 1965) which required Washington State to form a committee and draft a report about the feasibility of developing an ACEs-focused public-private partnership entity. Walla Walla county within Washington state became a Trauma Informed Community and within two years 40% of the population had been educated in ACEs and become Trauma Aware. Within the first year of education, in conjunction with increased youth services, youth suicides fell by 59%.
- 2.21 Reading Borough Local Policing Area, part of Thames Valley Police, have been working towards becoming trauma informed over the last three years and have established effective and award-winning partnerships using trauma informed practices. This includes the “Enrich Programme”, which won the 2017 Howard League Community Award, it works with women to reduce harm and has reduced vulnerability across a range of indicators. A visual note of the post-award workshop is reproduced below:



- 2.22 People with four or more ACEs are 20 times more likely to be incarcerated across their lifetime, a trauma informed approach can reduce this likelihood and support people into less harmful lifestyles. A partnership between Reading Police, the NHS, and Reading Borough Council, which focussed on working together with young people, has reduced a range of potentially harmful behaviours, including a reduction of 80% in missing from home episodes for the most at-risk group.
- 2.23 Taking a Trauma Informed approach to policing in partnerships is central to the Public Health model for reducing vulnerability and is easily relatable to the three categories of Primary, Secondary, and Tertiary Prevention.



2.24 On the 24th October 2018, the first ACEs panel group was set up; as a partnership between Reading Borough Council, Reading Police, Health and other key partners including the VCS. As part of the ACEs group, Reading Education Service is supporting schools to become trauma informed, and have commissioned Angie Wadham to embed ‘therapeutic approaches’ in Schools. Angie led the work in Norfolk and Hertfordshire, which resulted in a 60% reduction in exclusion for young people identified as having 2 or more ACEs; which also included a reduction in youth violence. Led by Angie Wadham, the Education service will be delivering two workshops in early December.

2.25 ACEs and prevention are part of the Future in Mind’s local transformation plan obligations for emotional wellbeing in children and young people.

2.26 The Reading WAVE charity ambassador group recently showed the Dartmouth film “Resilience”, on ACEs, to 170 professionals and members of the public in Reading and across Berkshire - another 50 professionals and local leaders gave an Expression of Interest. Workshops held on the day suggested whole hearted support for TICs. Children’s services in Reading are interested in adopting Miss Kendra’s list, a list of Rights for Children. Reading Police have bought the film to raise public awareness of ACEs and have also purchased a follow up film called “Paper Tigers” which gives guidance on setting up Trauma Informed Schools.

2.27 The Reading Youth Service has used ACEs to review all the young people in the Service in 2017/18; to inform the way in which services are delivered in a therapeutic way to individuals.

Of all children and young people	Of Reading YOS Young people
52% experienced 0 ACEs	4.6% experienced 0 ACEs
23% experienced 1 ACE	10.1% experienced 1 ACE
16% experienced 2-3 ACEs	54.6% experienced 2-3 ACEs
9% experienced 4+ ACEs	30.5% experienced 4+ ACEs

2.28 42% of the young people were – Children in Need and 34% had been the subject of a plan.

2.29 Reducing ACEs involves

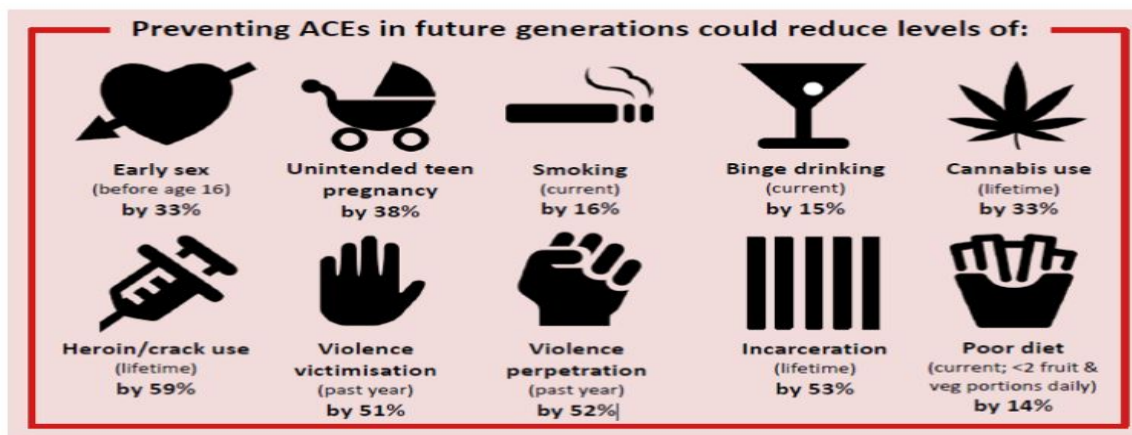
- preventing household adversity
- supporting parents and families early
- building resilience in children and wider communities
- enquiring about ACEs routinely in your services to respond appropriately
- encouraging wider awareness and understanding about ACEs and their impact on health and behaviour
- using encounters with adults in services such as homelessness services, addiction, prison or maternity services, to also consider the impacts on their children or future children.
- Embed trauma informed approaches in policy and strategy

2.30 Measuring the impact of approaches and interventions

2.31 One way in which the impact of ACEs and interventions can be measured that will consider our partnership approach to the future delivery of this work is through the use of an outcomes star (See <http://www.outcomesstar.org.uk/>).

2.32 An outcomes star is designed to be a sector-wide tool and is created in collaboration with services and service users to make sure their needs are being met. Some of the stars that have already been developed are shown below:

- Community Star – for community involvement projects
- Empowerment Star – for women with experience of domestic violence
- Family Star – for family work and effective parenting
- Drug and alcohol Star – for those working with people misusing drugs and alcohol
- My Star – for children and young people



Source: <http://www.cph.org.uk/wp-content/uploads/2014/05/ACE-infographics-BMC-Medicine-FINAL-3.pdf>

Conclusion(s)

2.33 The majority of people accessing mental health, substance abuse, homeless and criminal justice services have trauma histories. Despite this high prevalence the role of trauma is often unaddressed by both services and practitioners. Emerging evidence from the field of trauma research is leading to a new understanding of the psychological and neurobiological impacts of trauma and highlighting new possibilities for recovery. Secondary and tertiary providers have provided evidence that frequent fliers, those with chronic pain and fibromyalgia are also victims of trauma. The trauma can be both from childhood and adulthood, where bullying in school or in the workplace, infidelity, bereavement of a child/partner all have a part to play (Houdenhove et al, 2009).

2.34 There are nine key ACEs that can impact on a child's development and their response to stress. The more ACEs a child experiences the more likely they are to experience health implications as a result of poor health behaviours which can result in early death. Early intervention and prevention work are cost saving in comparison to late intervention programmes. Routine enquiry could help to identify those that may be at risk and those that have already experienced ACEs and an opportunity to develop appropriate care plans as required. This is pertinent to children, families and adults and therefore it is important to consider how public health can support a trauma informed approach throughout our system.

3.0 Conclusion / Recommendations

3.1 That the HWB endorse the proposal to:-

- Undertake a mapping exercise to gauge current knowledge around trauma informed thinking (Adverse Childhood Experiences), and work being delivered across Reading, with a view to developing a vision and trauma informed framework to bring consistency to embedding trauma in practice, via the One Reading Prevention & Early Intervention Partnership.
- Via a dedicated practice lead, funded by partners, operationalise the framework to deliver the vision by embedding trauma informed thinking in service delivery.
- To have in place a network of therapeutic champions across Reading



Report to ACE Committee

Progress Report : Delivery of the Early Intervention Strategy

OWNER

Vicky Rhodes

VERSION

V.1

DATE

23rd January 2019

REVIEW DATE

© Brighter Futures for Children

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1. BACKGROUND

1.1 The Early Intervention Partnership Strategy refreshed in 2018. It demonstrates Reading's strategic partners commitment to Early Intervention and Prevention. It outlines a partnership response that is at the heart of delivering ambitious outcomes for the children, young people and families of Reading.

1.2 The strategy outlines how as a partnership we will identify families earlier and integrate provision to offer a continuum of services. It describes an evidence based approach that demonstrates that family's needs are met, outcomes are sustained and do not escalate to statutory services.

1.3 In these challenging financial times, partners need to break from traditional thinking and ambitiously take action. The strategy sets out a vision for a partnership of wraparound provision for families; where collaborative approaches define service agendas and address budgetary constraints. As a result, the strategy draws on learning from the national and local Troubled Families Programme to help reduce demand and associated costs of specialist services.

1.4 Collaboration with statutory and non-statutory partners to extract maximum benefit from shared resources is critical. Early responses need to be more dynamic with societal shifts and welfare reforms. The strategy aims to support the statutory functions by intervening early and reducing front line demand. By getting it right at the first opportunity we are avoiding costs in the future.

1.5 A break from traditional thinking and ambitious action is needed; Co-production between agencies and working with the local community is essential to sustain non statutory services. The Strategy takes learning from what is working well here and in other local authority areas.

1.6 Changes have been made, Thresholds of need have been revised; a multi-agency Single Point of Access (SPA) and Multi Agency Safeguarding Hub (MASH) established: supporting clearer pathways. BfFC has restructured and continues to amend its service provision and develop ways of supporting and working with our partnership colleagues – Health, Police, Schools and Voluntary & Community Sector..

1.7 The strategy creates an ambitious plan for the partnership to build on and drive forward our partnership offer and addresses the quality of services provided to children and families and in particular:

- Provision of effective multi agency support to families which reduces the demand on statutory provision
- Provision of an effective pathway that ensures seamless support for families stepping down from statutory services
- The mainstreaming of the Troubled Families Programme with a focus on whole family interventions & sustained outcomes
- Demonstration of senior leaders' commitment to early intervention & joint commissioning

2.0 Progress Update: Delivering the Strategy

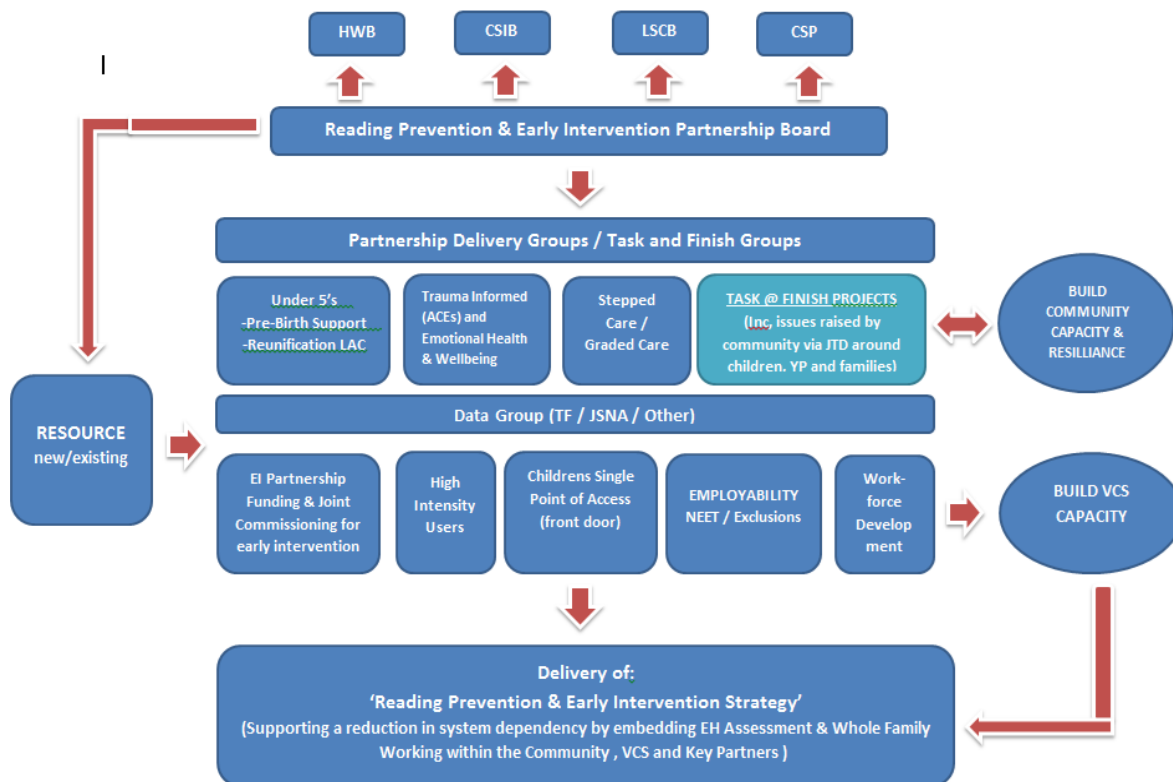
2.1 Reading Prevention and Early Intervention Partnership Model

In September 2018, a partnership event was held attended by over 50 partner representatives. The workshop included a video of local families sharing their experiences of asking for help -

<https://vimeo.com/288157064>

2.2 Partners agreed a new model for delivery was required. This new approach will support whole system change to 'early intervention' and provide the necessary governance to deliver the key outcomes. At the heart of the model is a strategic commitment to build community resilience and capacity of the voluntary and community sector.

2.3 A number of cross partner working groups have been established to bring coordination and shared accountability for delivery.



2.4 A series of delivery groups held initial meetings between October and January 2019. A summary of activity is outlined below:

EI Partnership Delivery Group	Scope of Working Group Progress Updates
Under 5s	<p>Scope : To provide a single pathway from pre-birth to 5; where children and families can access integrated partnership services</p> <p>Progress:</p> <p>Secured resources as part of the BfC Transformation Programme and developed pilot schemes with a focus on 0-5s:</p> <p>Intensive Pre Birth Support: A project which incorporates principles of the Pause approach – to provide intensive support to mothers who have had previous children accommodated. Coordinator appointed. Meetings with relevant health partners held. Project goes live April 2019</p> <p>Reunification: A project to support successful reunification of under 5s in care to their families. Discussions with NSPCC to become pilot site in their national framework.</p> <p>Childrens Centres and Health Visiting:</p>

	<p>Practical developments on hold pending outcome of reductions in 0-19 Contract. Discussions planned to explore best use of resources within contract variation.</p>
<p>Adolescent Risk, Mental Health & Emotional Well Being</p>	<p>Scope: To ensure young people develop the resilience to cope and grow into well-rounded, healthy adults. To identify opportunities for joint working across Reading, including Schools.</p> <p>Progress:</p> <p>Embedded trauma informed thinking and therapeutic approaches across partners working to improve the lives of people across Reading.</p> <p>Embedded Adverse Childhood Experiences thinking to inform the delivery of services to young people 'at risk'</p> <p>Developed a therapeutic thinking champion's network across Reading Schools. Secondary Head Teachers received training on trauma informed practice</p> <p>A Mapping exercise was completed, to identify and share the range of support and interventions the promote children and young people emotional and mental health well-being, across the partnership and different levels of need</p>
<p>Workforce Development</p>	<p>Scope: To develop a shared and consistent language and approach when working with families. Align learning with trauma informed practice/ACEs</p> <p>Progress:</p> <p>Improved access to information on Early Help arrangements (assessment, plan and LP) - Revised information on Brighter Futures for Children website and Reading Family Information Service. Updated Multi-Agency Staff Briefing for Children's Single Point of Access.</p> <p>Increase opportunities to promote whole family working - Commissioned whole family working workshop at LSCB annual conference. Provided 5 free places for the CVS who will be involved in planning further training.</p> <p>Reducing Parental Conflict - Completed bid to DWP to secure funds to provide range of training, including training the trainers for children and adults workforce to increase knowledge and understanding of parental conflict. Secured £25,000 funding for training and £15,000 for strategy development.</p> <p>Restorative Practice - Secured funding from NHS England to roll out Restorative Practice multi-agency frontline and middle managers and local children training, including training the trainers. Secured £80,000</p>
<p>Commissioning & Partnership Funding</p>	<p>Scope : To identify opportunities to align commissioning across all budgets, whether pooled or not, focusing on outcomes and increasing investment in community services that build independence for young people and families and support the delivery of shared priorities</p> <p>Progress:</p> <p>Began to scope out a joint commissioning framework across the partners to align budgets and maximise resources</p> <p>Secured funding as a partnership Early Intervention Youth Fund - Linked to the Home Office Serious Violence Strategy . Worked with the Thames Valley Office of the Police and Crime Commissioner to submit successful bid for universal and targeted intervention for young people.</p>

<p>Troubled Families</p> <p>(chair Stan Gilmour)</p>	<p>Scope : Mainstreaming the principles and learning from Phase Two of the Reading Troubled Families Programme</p> <p>Progress:</p> <p>Data Significant progress in building data capacity through the data Hub. An automated system in place for building families, identifying programme indicators and tracking outcomes. Alongside newly recruited Assistant Analyst the number of families identified for the programme and those achieving their outcomes increased.</p> <p>Achieving Targets (Payment by Results) The target is improve outcomes for 1170 families through a Payment by Result (PbR) approach. Performance at the end of Q3 18/19 is 26% PbR (309 families). We can now estimate future claims and now on track with government projections for quarter four. A recent visit from the Ministry of Housing, Communities and Local Government was reassured by progress.</p> <p>Work with VCS We have been working closely with the VCS to establish closer links with the programme. Currently setting up a preferred list of VCS service providers and a spot purchase system to enable flexible purchase of direct services to families working with Children Social Care teams.</p> <p>Self-Assessment and Annual Action Plan Troubled Families Board signed off the annual self-assessment in September 2018. Priorities and actions identified at the Jan 2019 board meeting. Annual action plan being submission 31.01.19.</p>
<p>Data Discovery Group</p>	<p>Scope: To bring together public service agencies and experts in data science. To discuss the current use of data in a “public health” agenda and agree joint aims for the future, to put Reading at the forefront of using data to design and deliver effective early support</p> <p>Progress:</p> <p>Established a data sharing protocol, as part of the Reading Troubled Families programme</p> <p>Delivered a partnership data discovery day – involving key partners including Microsoft and Reading University; who have offered support in progressing the HUB</p> <p>Developed and implemented a Troubled Families Data HUB that can identify families eligible for the troubled families programme; and track outcomes linked to payments by results</p>
<p>Stepped Care</p>	<p>Scope: To review existing arrangements/pathways to embed multi-agency responses for whole families across the thresholds.</p> <p>Progress:</p> <p>Initial meeting postponed, pending the Achieving for Children review of front door arrangements in December 2018. Q4 work will focus on earlier identification of concern/risk enabling partnership intervention.</p> <p>Discussion held with Designated Safeguarding Leads and Heads Briefing in January 2019.</p> <p>Partnership workshop scheduled for February to explore ways partners can bring concerns to weekly multi agency panels/hubs; completion of an Early Help Assessment</p>

	<p>and family plan.</p> <p>Whole Family Working workshop to be delivered at LSCB Annual Conference on 30th February.</p> <p>DfE Transformation Programme</p> <p>Resources secured by BFfC to support partnership delivery of work. Initial resources invested in coordinator who will liaise with partners when referrals are deemed no further action post referral to CSPoA</p> <p>Approval for purchase of Fenestra partnership portal agreed to support improved information sharing.</p>
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3.0 Reading Prevention and Early Intervention Partnership:

Governance

Collective agreement was reached that new governance arrangements to monitor delivery and impact of the strategy were required. The inaugural meeting of the Strategic Partnership Board is booked for 5th February 2019. Attendance is confirmed from : Thames Valley Police, Brighter Futures for Children, Royal Berkshire Hospital, Clinical Commissioning Group, Reading Voluntary Action, primary and secondary Head teachers; and Ernst and Young as the business representative.

The Board will be chaired by an independent community representative. The initial meeting will include:

- Agreeing Terms of Reference
- Agree a Local Consensus
- Updates from delivery groups
- Agreeing the Principles
- Review of key performance indicators
- Links to existing governance boards

The Board will ask that strategic partners formally agree a set of principles which underline the way they will commit to the new partnership:

- commit to deliver the strategy within their own organisation
- commit to share resources (e.g. co-commissioning) and deploy resource into the delivery system
- commit to take a problem solving approach
- take a trauma informed and therapeutic approach to intervention

The Board will adopt the **SARA Problem Solving Model** (Scanning, Analysis, Response, and Evaluation) as the Partnerships project management approach

The Board will report, via the Strategic Partnership Leads, into existing governance arrangements including ACE, Childrens Services Improvement Board and Health and Wellbeing Board.