

Addressing childhood adversity and trauma

WHAT IS ADVERSITY?

Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence



It can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaptation.

Adaptations are children and young people's attempts to:

- Survive in their immediate environment
- Find ways of mitigating or tolerating the adversity by using available resources
- Establish a sense of safety or control
- Make sense of the experiences they have had

WHAT KINDS OF EXPERIENCES ARE ADVERSE?

Forms of ACEs include:

 Maltreatment i.e. abuse or neglect	 Violence & coercion i.e. domestic abuse, gang membership, being a victim of crime	 Adjustment i.e. migration, asylum or ending relationships	 Prejudice i.e. LGBT+ prejudice, sexism, racism or disablism
 Household or family adversity i.e. substances misuse, intergenerational trauma, destitution, or deprivation	 Inhuman treatment i.e. torture, forced imprisonment or institutionalisation, or genital mutilation	 Adult responsibilities i.e. being a young carer or involvement in child labour	 Bereavement & survivorship i.e. traumatic deaths, surviving an illness or natural accident

HOW COMMON ARE ACEs?

Around half of all adults

living in England have experienced at least one form of adversity in their childhood or adolescence



Of all children and young people:



HOW DOES IT IMPACT THE LIVES OF YOUNG PEOPLE?

ACEs impact a child's development, their relationships with others, and increase the risk of engaging in health-harming behaviours, and experiencing poorer mental and physical health outcomes in adulthood. Compared with people with no ACEs, those with 4+ ACEs are:

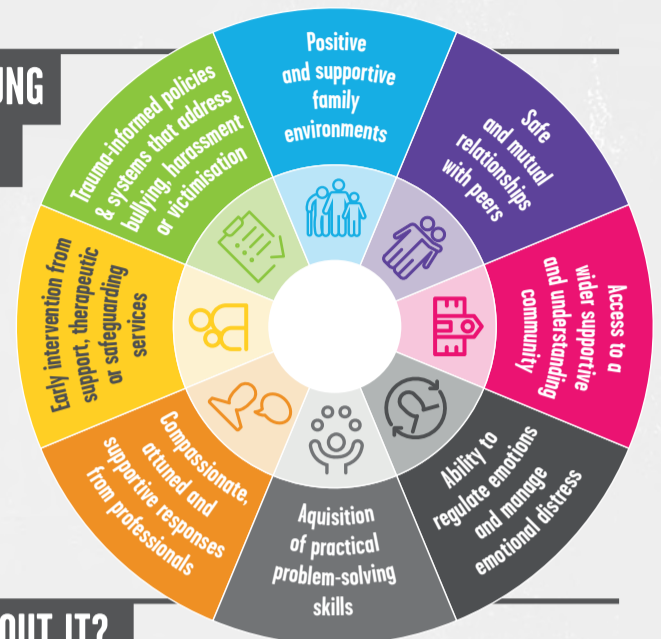


2x more likely to binge drink and have a poor diet	3x more likely to be a current smoker	4x more likely to have low levels of mental wellbeing & life satisfaction	5x more likely to have had underage sex
6x more likely to have an unplanned teenage pregnancy	7x more likely to have been involved in violence	11x more likely to have used illicit drugs	11x more likely to have been incarcerated

WHAT PROTECTS YOUNG PEOPLE FROM ACEs?

Not all young people who face childhood adversity or trauma go on to develop a mental health problem.

There are personal, structural and environmental factors that can protect against adverse outcomes, as shown in the protection wheel opposite.



WHAT CAN WE DO ABOUT IT?

Commissioners can address childhood adversity and trauma by:

- Making childhood adversity and trauma a local commissioning priority**
- Creating a common identification and enquiry framework for identifying need**
- Investing in adversity and trauma-informed models of care**

Adversity and trauma-informed models of commissioning and care are always:

- Prepared**: ensures addressing ACEs is a strategic priority, analyses the available data and anticipates need in local commissioning and service pathways.
 - "When you notice, or I tell you that I need help, you should already know what the next step is"
- Aware**: understands childhood adversity and trauma, has a common framework for identification and routine enquiry, and responds appropriately to the cultural and personal characteristics of the young person and their communities.
 - "Recognise all of my needs"
 - "Don't label me with the experiences I've had"
 - "Understand my behaviour"
- Flexible**: provides services that young people can easily access, does not rely on a formal psychiatric diagnosis, and targets children who live in adverse and traumatic environments.
 - "Shape your support around me"
 - "Find a way that we can both understand each other"
- Safe and responsible**: intervenes early, avoids re-traumatising or stigmatising young people, and ensures staff are knowledgeable, qualified, trustworthy and well-trained.
 - "The way you treat me matters"
 - "Know where I'm coming from"
 - "Keep me safe and don't betray my trust"
- Collaborative and enhancing**: involves young people in decisions about their care and the design of services, adopts a strengths-based approach, and ensures services recognise and harness community assets.
 - "Include me in decisions about my life"
 - "I want to talk to someone who has been through the same thing"
 - "I've survived this long"
- Integrated**: co-commissions services, and ensures smooth transitions and communications between partners.
 - "Stop asking me to repeat myself"
 - "Don't pass me from person to person"

WHERE IS THE EMERGING GOOD PRACTICE?

- Enquiring about childhood adversity and trauma (Lancashire)
- Family-based interventions from an ACE perspective (Birmingham)
- Specialist and liaison services (Oxfordshire)
- Youth-led approaches to tackling adversity (London)
- Embedding a trauma-informed approach in the community and voluntary sector (Sussex and Surrey)
- Education and alternative approaches (Bath)
- Trauma-informed approaches in substance misuse (Cornwall)

