USING THE IMPACT OF CHILDHOOD ADVERSE EXPERIENCES TO IMPROVE THE HEALTH & WELLBEING OF BIRMINGHAM PEOPLE

A HEALTH & WELLBEING BOARD TASK & FINISH GROUP

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".* This document seeks to create a framework for these responses in Birmingham.

2. THE BACKGROUND

The published research evidence, particularly Felitti[2] (USA) and Bellis[3] (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 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

[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] 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

[3] 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

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].

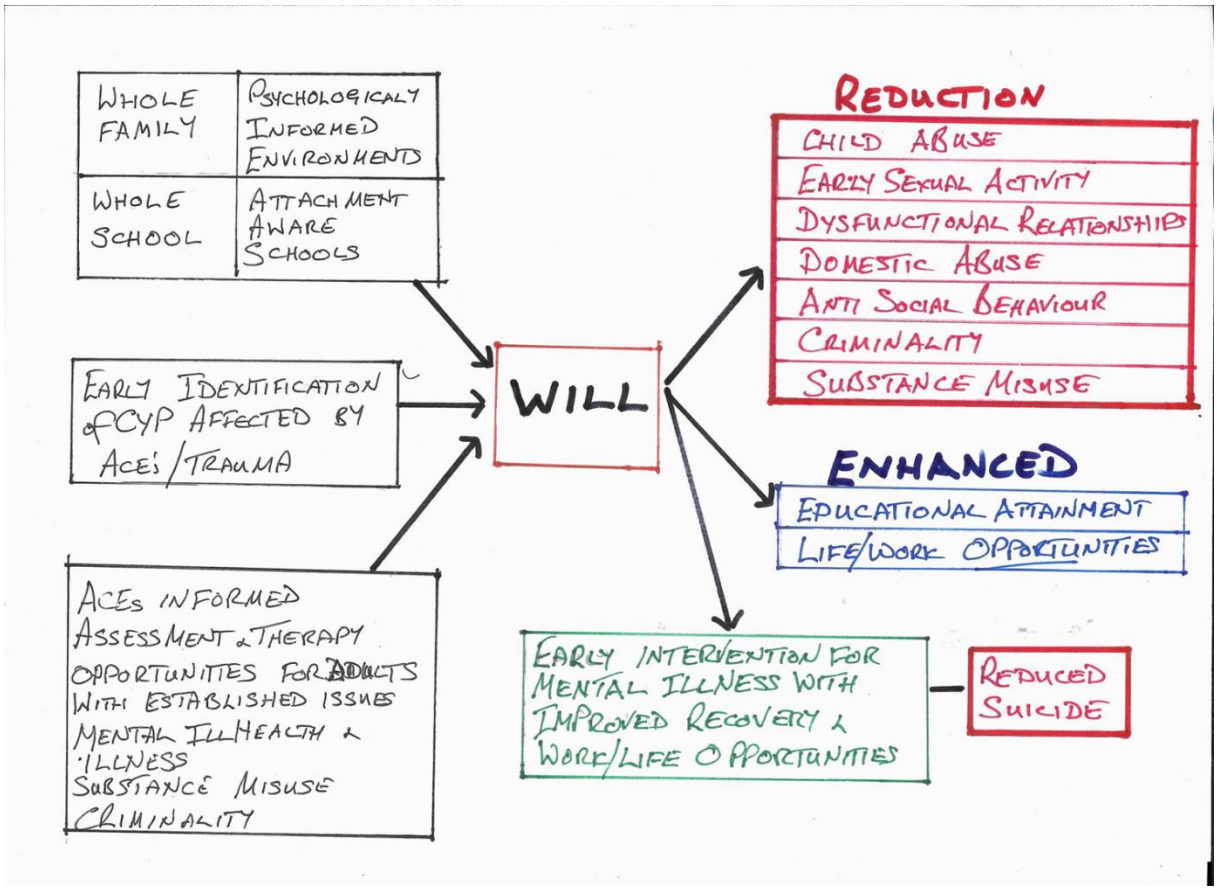
3. **SO WHAT?**

Describing the consequences of adverse experiences in childhood evokes a response of *"wanting to do something"*, but what is the right thing to do?

3.1. **Our collective aim should be to avoid the consequences of these experiences and to be able to promote recovery.** This was the basis of the preventative framework the Task & Finish group developed, which will be described in more detail in section 4.

3.2. In order to act across the preventative spectrum and life course we, collectively, need to develop a common and shared understanding of the mechanism of the impact and the benefits of preventing these experiences. This is summarised in Figure 3.1.

Figure 3.1: The Benefits of Adopting the adverse experiences in childhood Preventative Framework.



This understanding needs its own 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[4].

3.3 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. THE PREVENTATIVE FRAMEWORK

There are three preventative opportunities which can occur along the whole of the Life Course. These are:

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

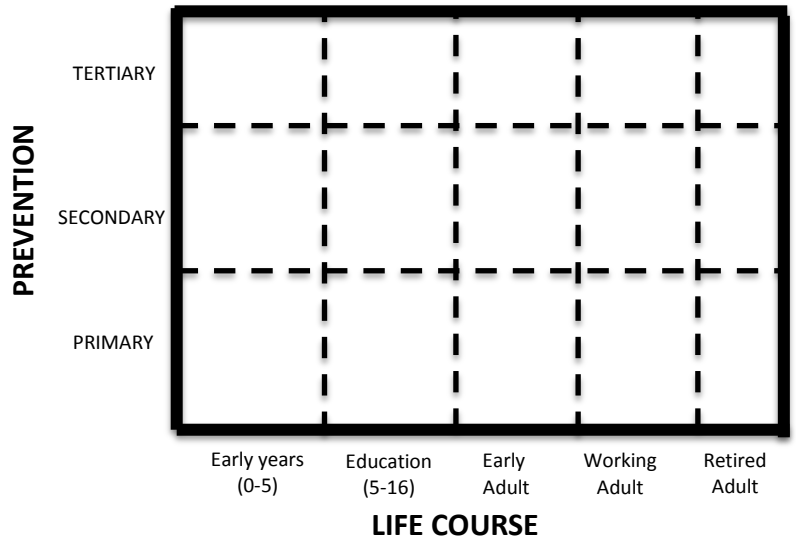
b) **Secondary prevention,** when those who have already had these experiences are identified soon after the experience in order to reduce the likelihood of the medium and long term impacts occurring; and

c) **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.

The Task & Finish group composed a simple framework on which to hang their thinking (Figure 4.1).

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

Figure 4.1: The Preventative Framework



4.1. **Primary prevention** addresses the socio-economic influences of health & wellbeing as well as identifying the opportunities to avoid the adverse experience in the first place. Ignoring the impact that poverty, and the social implications it has, is to ignore the evidence of decades and most recently marshalled by Marmot[5]. The Task & Finish group summarised the impact from their own experience as:

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

b) Poverty and housing quality

c) Poverty and family relationships

The opportunities for primary prevention were discussed from many viewpoints and are summarised in Figure 4.2.

Poverty and its drivers is a complex issue that was outside of the group's expertise and focus but it was considered important to identify. Opportunities for healthy living was also not a simple issue but was acknowledged to hold a very positive impact on preventing these adverse experiences by enhancing the family health and relationships.

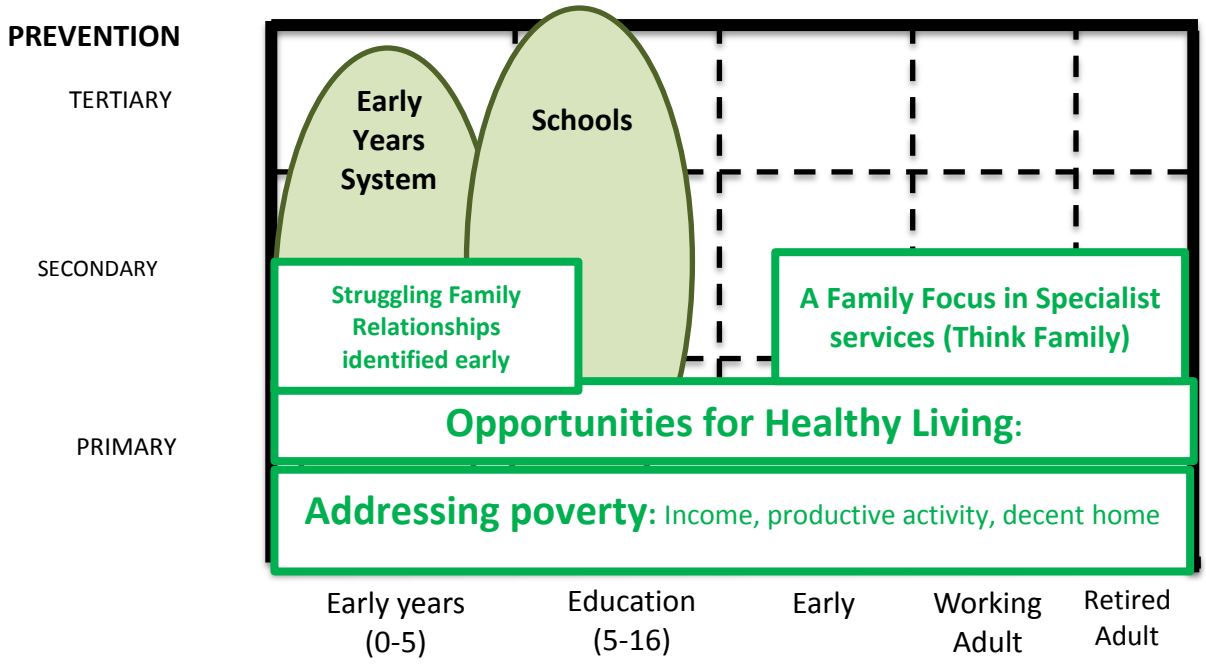
The early avoidance and/or identification of strained/struggling family relationships (parent-parent and parent-child) in the early years of childhood can be addressed by attention to preparation for parenting during pregnancy (especially the first pregnancy) and contact or support in the first year.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

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

The group discussion led to the conclusion that preventing the impact of adverse experiences in childhood should become the significant reason for our collective commitment to these Primary Preventative opportunities.

[5] 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

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



4.2. The opportunities for **Secondary Prevention** seek to identify when an Early Help response will indeed be early enough to reduce the impact of recent adverse experiences in childhood on current health and wellbeing. The intention is to limit the damage to relationships, attachment, and future potential which would require more complex or specialist assistance later.

Figure 4.3 identifies the secondary preventative opportunities the group discussed and particularly highlights the significant role that the Early Help System approach plays. The common understanding of the impact of adverse experiences in childhood, described in section 3, shape these opportunities and the incorporation of routine enquiry of the adverse experiences in contacts or assessments would enhance the opportunity.

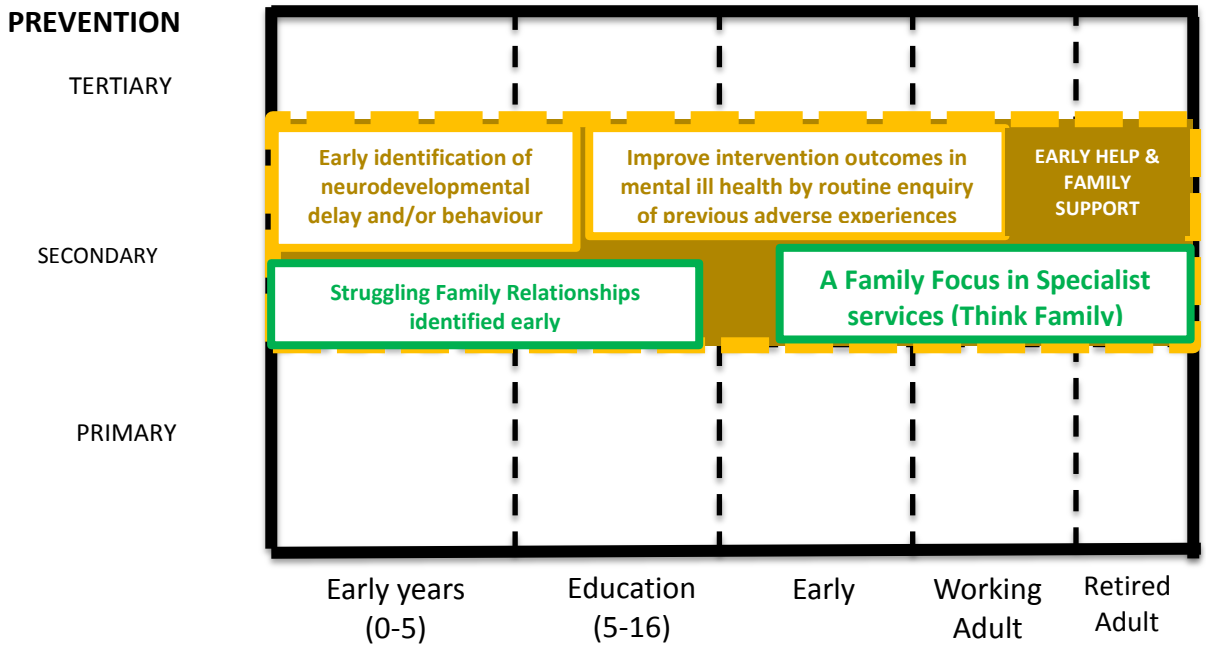
There is strong evidence that using routine enquiry for the adverse experiences opens therapeutic opportunities for swifter and more significant recovery from emotional distress, health harming behaviours, and destructive relationships. The UK research experience has been using a tool based upon the experiences identified by Felitti and Bellis (Figure 2.1).

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.

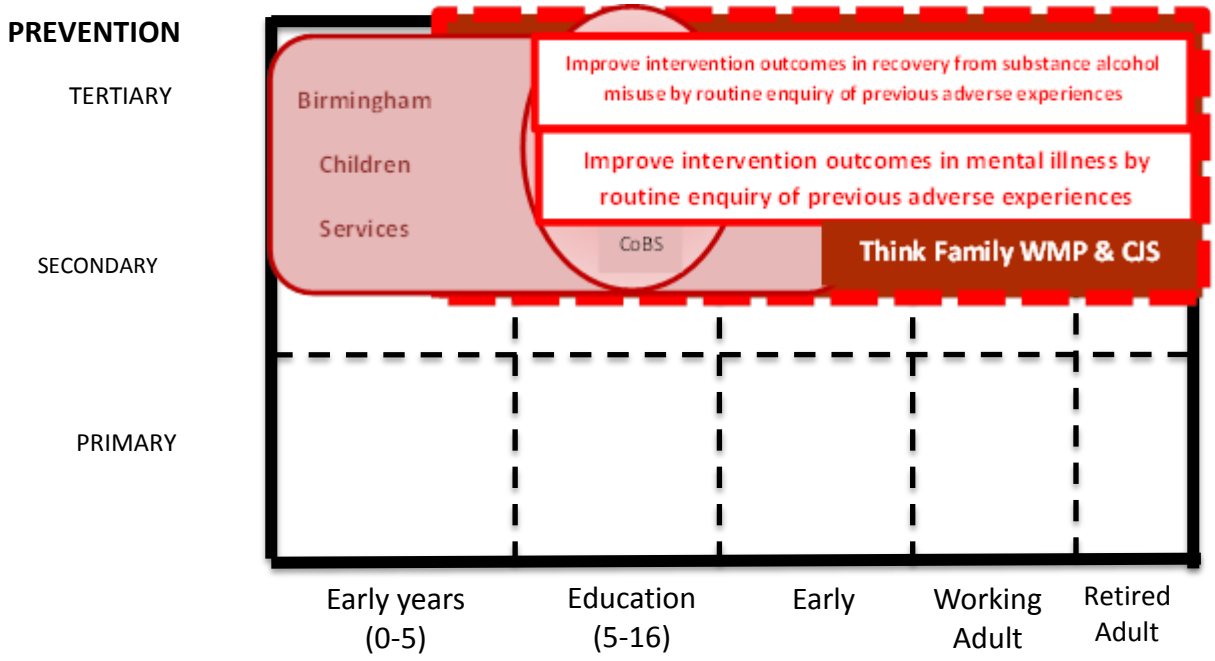
Figure 4.3: Opportunities for Secondary Prevention of Adverse Experiences in Childhood.



4.3. The opportunities for **Tertiary Prevention** seek to identify when complex or specialist assistance can reduce the impact of past adverse experiences in childhood on current ill health and wellbeing.

4.4. Figure 4.4 identifies the tertiary preventative opportunities discussed and particularly highlights the significant role that the specialist adult services, specialist schools (Pupil Referral Units and City of Birmingham School in particular), and the Police and Criminal Justice Service play. 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.

Figure 4.4: Opportunities for Tertiary Prevention of Adverse Experiences in Childhood.



5. ADOPTING THE PREVENTATIVE FRAMEWORK

The Task & Finish Group developed a commonality of purpose from the use of the evidence of impact of adverse experiences in childhood. They also found adopting the Preventative Framework useful in creating a focus of intent and a common language. This experience prompted a conviction that translating this into a strategic and tactical approach would help the Health & Wellbeing Board (strategic), Birmingham Early Help & Safeguarding Partnership (tactical), and locality agents (operational) to align efforts productively.

This alignment seems to have the following implications:

5.1. Need for cultural change

Section 3 explored the beneficial impacts of an understanding of the impacts of adverse experiences in childhood on understanding concerns and behaviours of individuals. The common language of all partners and the Public has to be based on this common understanding, particularly on our attachment development.

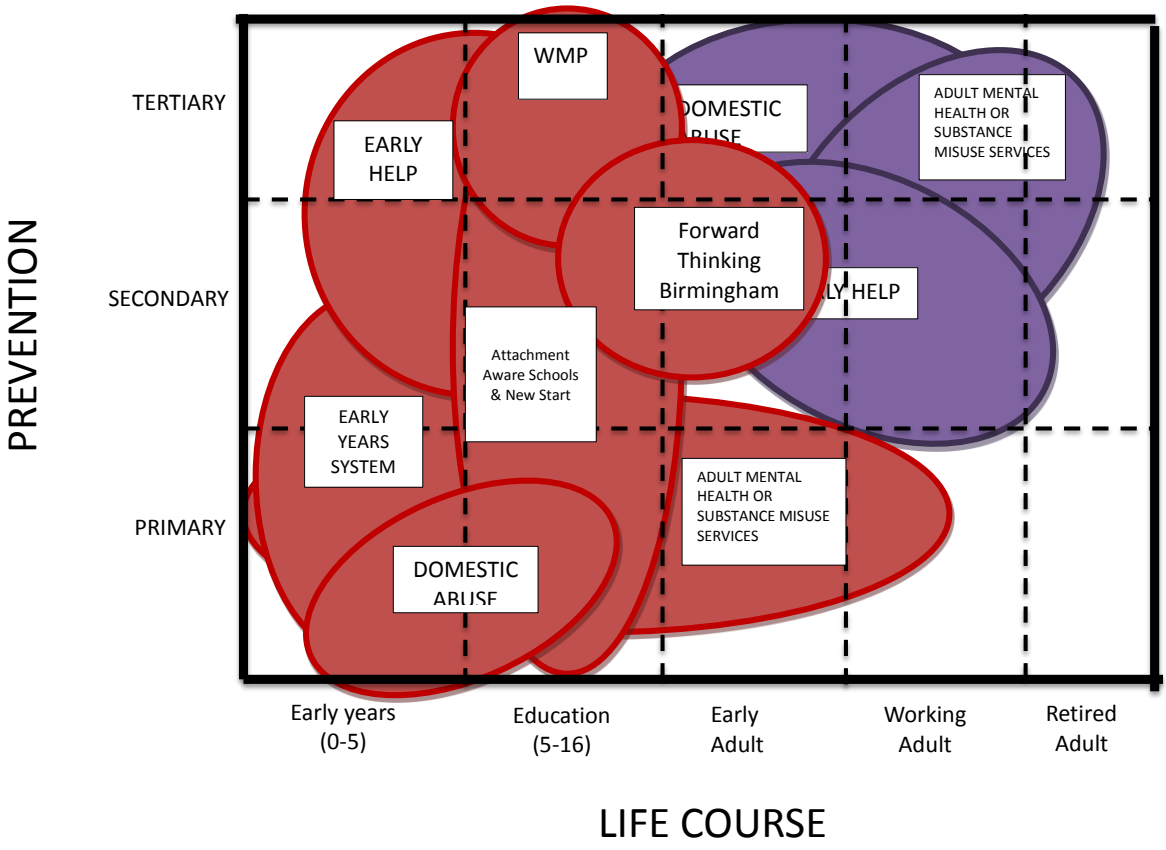
This common language should lead to a change in organisational approaches (Culture) towards individuals (clients and staff) struggling with the established consequences of adverse experiences in childhood. This change has to occur at three levels to be effective and beneficial, namely strategic, managerial, and at the frontline. This requires the senior managers (strategic), middle managers (tactical), and frontline staff (operational) layers of agencies to adapt and adopt the insights. The group returned many times to the impact of

this in the school setting so that an "attachment based" approach, rooted in the insights of the impact of adverse experiences in childhood becomes important and embedded.

However, doing this in isolation within one agency fails to embed the change. This cultural change will be further enhanced by multi-agent learning. However, experience of multi-agency training organised at a city level is not encouraging. The group became committed to the principle of *locality based multi-agent learning* at tactical and operational level. This approach has been found to improve locality relationships and trust in other agent's capabilities and judgments. There are even reports of a consequent improvement in the trust of families in the agents when using this multi-agent learning approach in the Birmingham Think Family programme.

5.2. **Primary Prevention** is clearly wider than the remit of the agencies represented in the Task & Finish group but they did attempt to visualise the different agencies contribution to the Preventative Framework (Figure 5.1).

Figure 5.1: The Agency Opportunities for Preventing Adverse Experiences in Childhood identified in Birmingham

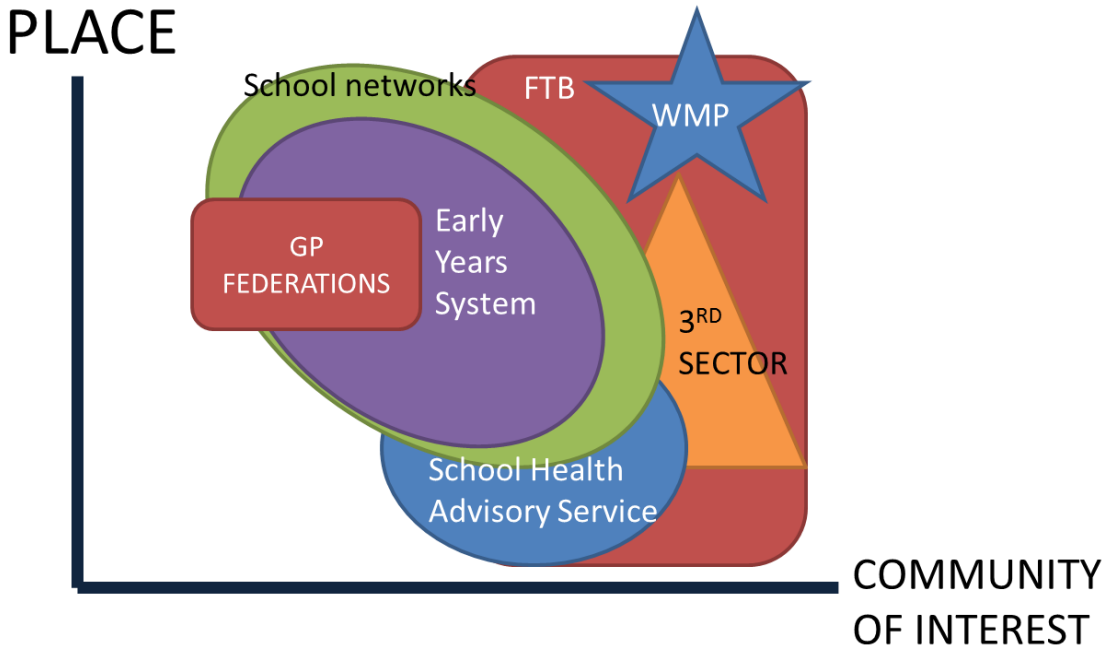


On reflection there may have been an over estimation of the role they play in the Primary Prevention space, compare Figures 4.2 and 5.1. However it was felt to be a legitimate concern of the Health & wellbeing Board as a strategic leader in the City, particularly the issues of poverty and opportunities for healthy living (Figure 4.2). The group did not make any specific recommendations for a future approach other than to lay down the strategic challenge to the Health & Well Being Board.

5.3. It became clear that **the Early Help approach was an overarching influence shaping the opportunities for secondary prevention** and within that **a locality focus** would augment and strengthen the additional benefit of the multi-agent learning approach.

A Locality focus is important in developing local connectivity and trusted relationships between partner professionals and with families. However we were challenged by the complexity of the notion of communities and wanted to avoid a simplistic geographical place based model. There are communities of interest, both socially and professionally focused, which provide a healthy challenging tension with the geographical place based perspective. Some of these are identified in Figure 5.2.

Figure 5.2: Balancing Geographical Place with Communities of Interest



Wherever along that spectrum of geographical place to community of interest an agency finds its self, there were some strong characteristics that emerged in the discussions.

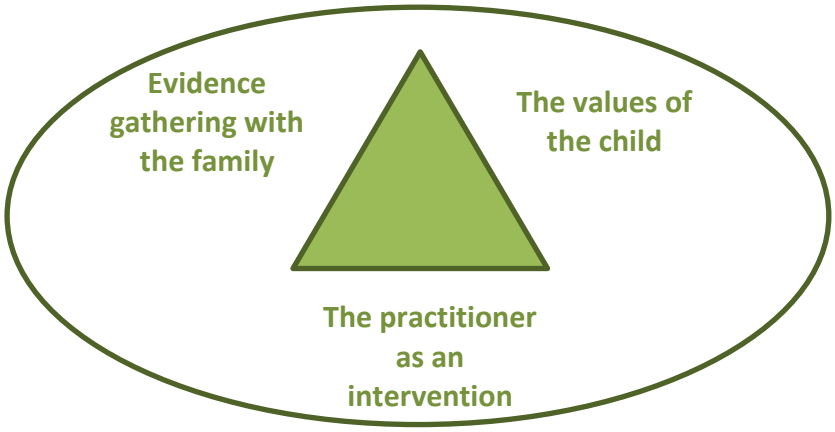
a) Multi-agent learning and the consequent multi-agent family centred and family determined partnering requires **dedicated time** to attain and maintain. The experience of Think Family and Family Nurse Partnership models strongly supports the need for **collective learning and individual supervision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

b) Effective family centred and family determined **support** is the 'glue' that holds it all together and is based on **trusted relationships**. The 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[6], perhaps more than the programme theory base or content and especially the licensed ones.

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

c) **Evidence based programmes of interventions** will be important but they are not a panacea or substitute for the relationship support 'glue'. There is a lot of evidence available appraising the effectiveness of programmes (Early Intervention Foundation, NICE, the Attachment literature, Solihull Approach etc.) and a local map of usage was produced for the Early Help Strategy development in 2014. Some of these programmes may need to be commissioned across the City while others are more agency or community specific. This is the focus of the Early Help & Safeguarding Partnership commissioning work stream.

d) There is an importance to **using a common model of practice and assessment.** The *Right Service Right Time* framework has helped and the incorporation of the *Signs of Safety model* to the common assessment has also helped. The group also identified an *evidence based practice model* introduced by the Royal College of Paediatrics and Child Health which draws on the three elements of:



It is important that the Early Help & Safeguarding Partnership continue to develop the common models of practice and assessment.

e) The group were keen to explore how the insights of the impacts of adverse experiences in childhood and /or the use of routine enquiry might strengthen these practice and assessment approaches effectively. They acknowledged that the assessment process is seen by some practitioners as already long and daunting, therefore adding another element could be counterproductive. However the multi-agent learning process might inform the process more effectively as it informs and supports the enquiry/decision making by individuals.

The group concluded that the **Birmingham Early Help & Safeguarding Partnership adopt/adapt/explore the learning from the impacts of adverse experiences in childhood as a framework to enhance the effectiveness of locality partnering through locality multi-agent learning.**

5.4. **Tertiary prevention** seems to relate to specialist services for Children & Young People, especially those children & Young People in or recently left the Care of the Council, and adults (Figure 4.4). The use of the Routine Enquiry tool in this group of people, whose condition is likely to be driven by their adverse experiences in childhood, is likely to improve the journey to recovery by naming these experiences without them having to relive/recount these experiences[4]. The Task & Finish group recommends that **an action learning set be**

convened to consider the opportunities and benefits of collectively adopting this approach.

5.5. **How will we know that we have done good?**

Robust and formal evaluation of both what works and what works here in our localities is important to facilitate change and maintain benefit for our citizens and communities. Its importance should not be underestimated in identifying:

a) the benefits realised; and

b) the assurance to the system of the benefit of the adopted direction of travel.

However, it is not the same as target/indicator driven performance management.

We need to include evaluation as a planned component of any developments we put in place. We must concentrate on outcomes and changes for families, measured as the distance travelled towards their own goals expressed in their terms.

The Task & Finish group recommends that the Birmingham Early Help & Safeguarding Partnership align its outcome work stream to take account of the preventative impact of the approaches in 5.2, 5.3, and 5.4 in order to evaluate and demonstrate change.

6. CONCLUDING SUMMARY

6.1. The evidence of impact of adverse experiences in childhood is strong. Acting on the evidence requires agreement and commitment.

6.2. The impact of sharing the insights from this evidence with families and communities is referred to (3.3) but not further explored here. The potential for accelerating changes in our communities could be an exciting possibility but would require further exploration by a different group of people than this Task & Finish Group.

6.3. A preventative framework approach helps local stakeholders to focus attention and strategic direction to reduce the impact of adverse experiences in childhood on individuals and communities.

6.4. The Health & Wellbeing Board should broker the strategic drive for Primary Preventative effort. (5.2)

6.5. The Early Help & Safeguarding Partnership should use the evidence to establish a common cultural understanding of the impact of adverse experiences in childhood, especially in schools (5.1), and nurture locality multi-agent learning to embed it. (5.3)

6.6. The Early Help & Safeguarding Partnership should broker an action learning set of specialist services to identify the opportunities and benefits of using Routine Enquiry of adverse experiences in childhood in their client groups. (5.4)

6.7. The Early Help & Safeguarding Partnership should align its outcome work stream to take account of the impact of the preventative focus and its implications.(5.5)

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On behalf of the Task & Finish Group (Contributing members identified in Appendix A)
16 August 2017

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