

**Polishing our Gems: A call for Action on Childhood Adversity
Conference Report**

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Presentations and films from *Polishing our Gems* can be found [here](#).

(<http://www.healthscotland.scot/events/2016/november/aces-conference-polishing-our-gems-a-call-for-action-on-childhood-adversity>)

Conference Context

Adverse Childhood Experiences (ACEs) impact on population health, on inequalities in health and on the wellbeing of our population. ACEs can affect people across the life-course, having implications for children, young people, adults and older people. Experiences of childhood adversity can have direct and indirect impacts on how we respond to stress, our resilience and our ability to form lasting relationships. As a result, ACEs impact on our society and contribute to demands across all our public services. Understanding the impact of ACEs and how we can prevent and respond to adversity in childhood will help us improve wellbeing and address some of the most persistent and complex inequalities in health. The ‘Polishing our Gems’ conference was an opportunity to consider ACEs and how a public health approach to preventing and responding to childhood adversity can make Scotland the best place in the world to grow up.

Polishing our Gems: A call for action on Childhood Adversity was a national conference which was held on the 28th of November 2016. The aims of this conference were to:

- increase understanding about ACEs and their impact across the life course;
- develop a common understanding across different professions and disciplines about the impact of early adversity;
- hear about different actions being taken to mitigate and reduce the impact of ACEs;
- consider where current policies and strategies could be strengthened through understanding about ACEs; and
- work together on action to prevent ACEs and to develop appropriately informed services and policies.

With over 200 delegates participating in this conference, this was a key opportunity to hear from influential speakers about policy, practice and research, reflecting on how childhood adversity can be built into different aspects of public sector services. Delegates came from across a range of sectors including health, education, police, criminal justice, social care and Scottish Government. ACEs are relevant across all aspects of the public sector and sharing our collective knowledge, skills, expertise and learning are vital to taking action to prevent and respond to childhood adversity in Scotland.

Daniel Kleinberg @Dekay1974 28 Nov 2016

Mind is the gateway through which social determinants affect mental and physical health. Childhood creates the mind.
[#adversityinchildhood](#)

“Thoroughly good, interesting, inspiring and thought provoking day ... lots of info to reflect on and feed into my work” **Alexandra Devoy, Scottish Government.**

“The contributions were timely, important, a call to arms – perhaps particularly so at a time when simple answers to difficult problems are proving to be so seductive and pervasive” **Adam Burley, NHS Lothian**

Influencing Action – What next?

Engaging with our delegates, capturing key discussion points (see page 9) and event evaluation have all informed work being planned and carried out by the Scottish ACEs Hub (previously ACEs Advisory Group), which is hosted by NHS Health Scotland. Below are some key themes of work that this group will be taking forward and which we hope you will be interested in. These areas have been informed by this conference.

Influencing action

Establishing a Scottish ACEs Hub

Preventing and responding to Adverse Childhood Experiences in Scotland requires a cross-sectoral response which brings together knowledge, skills and expertise. The Hub will provide leadership and direction whilst also ensuring that any actions are influenced by our emerging understanding of the impact of ACEs and how best to prevent and respond to childhood adversity in Scotland.

Research

A research group has come together to consider potential new areas of research in the field of ACEs in Scotland, recognising that there is much going on in Scotland, other parts of the UK and internationally. The group is currently looking at next steps following a recent publication on the links between [Aces, Attachment and Scotland's excess mortality](#) but would like to bring others together to share and support ACE related research and how we make that useful for practice and interventions.

Communication and Engagement

Continuing to share key messages about childhood adversity and the longer term consequences for individuals, families and society will enable practitioners, policy makers, researchers and communities to take forward action to prevent and respond to ACEs in Scotland. This strand of work will keep a spotlight on ACEs, for instance through developing effective communication methods, further events, seminars, film showings, and developing a web presence to share activity across Scotland and links with other countries. We hope this can support local activity.

Policy and Practice

Learning from current practice to prevent and respond to ACEs is central to ensuring that we continue to build on our knowledge and capture evidence of what works and why. It is important in contributing to policy and strategy development in Scotland. This learning will help inform and influence emerging practice by adopting a 'knowledge into action' approach.

A membership list for the Scottish ACEs Hub can be found in Appendix A.

@NHS_CYPF @NHS_CYPF 28 Nov 2016 Dr.Michael Smith concludes his session from earlier noting that 'We must find appropriate ways to talk about ACEs.' [#adversityinchildhood](#)

Plenary sessions – An Overview

Below is a short summary of each of the presentations delivered by our keynote speakers. Copies of all the presentations delivered on the day can be found [here](#).

Professor Sir Michael Marmot

The conference was chaired by Professor Sir Michael Marmot who shared some key reflections when opening the conference. Sir Marmot highlighted that social injustice is a fundamental cause of health inequality and that we must address these root causes of health inequality in order to make a difference for society.

“What we are doing at a meeting like today’s is focusing on evidence, on truth, on consistency, on logic, on reason, on social justice” Professor Sir Michael Marmot.

A growing body of evidence to influence policy and practice is supporting a worldwide movement to respond to and prevent childhood adversity. Sir Marmot stressed the importance of positive mental wellbeing and the risk of psychosocial pathways to ill health, such as stress and health harming behaviours. He also highlighted the importance of prioritising policies which focus on child poverty and child health to ensure that children have the best start in life in Scotland.

“The mind is gateway by which social determinants affect health” Professor Sir Michael Marmot.

Professor Mark Bellis

Professor Mark Bellis, Director of Public Health Wales shared work which is being carried out in Wales to understand and respond to childhood adversity. Research has been carried out in Wales highlighting the prevalence of ACEs and their correlation with long term health outcomes for those who have experienced childhood adversity.

“People with 4 or more ACEs are 4x more likely to develop type 2 diabetes, 3x more likely to develop heart disease or respiratory disease” Professor Mark Bellis.

Professor Bellis highlighted the importance of early years, in particular the first 2 years of life when a baby's brain grows from 25% to 80%. Chronic stress and a high state of alert during this developmental stage can have implications for how a baby's brain develops as well as how they develop trusting relationships with adults.

Whilst ACEs are more common in areas of deprivation, individuals and families living in more affluent areas still experience childhood adversity with long term health implications. However, some individuals and families respond differently which can contribute to the resilience of children, now and across the life course.



Policy development in Wales, through an ‘ACE informed lens’ is being influenced by our growing understanding of the impact of childhood adversity. In 2017 a Multi-agency ACE hub is to be established to help organisations, communities and individuals across Wales to tackle ACEs by bringing together people who are knowledgeable, skilled and experienced in this area. Examples of current practice include the inclusion of ACE knowledge in local level policy plans, the development of family resilience tools for Health Visitors and mental health responses in association with police activity. Preventing and responding to ACEs is being built in programmes of work across health, education and police.

Dr Emma Williamson

Dr Emma Williamson from NHS South London and Maudsley shared learning from her experiences of working within homeless hostels and providing a ‘Psychologically Informed Environment’ for people experiencing homelessness.

Dr Williamson spoke of her experiences of working with vulnerable individuals who experienced a ‘revolving door’ of homelessness. By working with staff to engage with service users, services were provided in a way which was informed by the needs of individuals. Understanding the needs of individuals allowed key staff to develop positive relationships with vulnerable individuals and provide meaningful support for individuals, when ready.

Dr Williamson highlighted that a Psychologically Informed Environment recognises that individuals accessing services may have experienced emotional trauma which has influenced their circumstances. She shared that *“the definitive marker or a PIE is simply that, if asked why the unit is run in such a way, the staff would give an answer couched in terms of the emotional psychological needs of the service users”* (Robin Johnson and Rex Haigh, 2011)

Outcomes have shown increased rates of engagement with psychology, addiction and primary care services. There was also significant decreases in contact with criminal justice systems. Within the hostels there were reductions in rates of self-harm, aggression and substance misuse.

VHS @VHSComms 28 Nov 2016

@Dr_EWilliamson debunks myth re people not engaging with services: it is services that don't engage enough
 #adversityinchildhood
 @NHS_HS

Dr Michael Smith

Dr Michael Smith offered an opportunity for delegates attending the conference to consider the value of knowing your ACE score. Using a live voting system, Dr Smith asked delegates to consider their own childhood experiences and reflect on experiences of adversity. This exercise was optional and anonymous.

“There are risks in ‘pathologising’, ‘professionalising’, or ‘projecting’ ACEs” Dr Michael Smith

“We need to see ourselves as individuals rather than professionals in order to really make the most of all our collective strengths” Polishing our Gems participant – anonymous.

By carrying out this exercise Dr Smith addressed the question, is it really safe to ask about ACEs? This prompted discussion and enquiry throughout the day, considering the importance of understanding and knowing an individual’s ACE score and consideration of what to do with an ACE score when you know it. By posing these questions Dr Smith was creating an opportunity for delegates to identify where there is a culture of blame, shame or punishment and introduce the PACE approach to communication – Playfulness, Acceptance, Curiosity and Empathy.

‘PACE focuses on the whole child, not simply the behavior. It helps children be more secure with the adults and reflect upon themselves, their thoughts, feelings and behaviour, building the skills that are so necessary for maintaining a successful and satisfying life. For adults, using PACE most of the time, they can reduce the level of conflict, defensiveness and withdrawal that tends to be ever present in the lives of troubled children.’
(Dyadic Developmental Psychotherapy Network, website accessed January 2017).

Safe Families

Scot @SFFCScotland 28 Nov 2016

Even with 4 or more ACEs, a child’s outcome improves if they have at least 1 adult they trust who they can speak to.

[#adversityinchildhood](#)

Dr Catherine Calderwood

Dr Catherine Calderwood opened the afternoon session of the Polishing our Gems conference and took the opportunity to reflect on her role as both clinician and Chief Medical Officer for Scotland, sharing her understanding of the implications of childhood adversity. Dr Calderwood spoke of the compelling evidence of the implications of childhood adversity and the challenges we face in Scotland for example, our relationship with alcohol and drug misuse.

“The importance of that early, early intervention when we see circumstances in which children are being brought up and where they are likely then to go on to develop longer term problems” Dr Catherine Calderwood.

Dr Calderwood stressed that no sector or profession, no policy or strategy, is able to prevent or respond alone. She highlighted key national policies which have a significant role in supporting this response – GIRFEC, the Early Years Collaborative,

link workers and Closing the Attainment Gap. Central to all of this is ensuring that the rights and wellbeing of children at the heart of our services.

Dr Calderwood concluded by reflecting on priorities in Scotland to achieve equality and equity for children. There is a higher risk of adverse childhood experiences for children and families living in deprived communities across Scotland but in order to tackle this inequality we must tackle the social determinants of health.

“Real leadership, I think, in this area is shown by the commitment of you all (conference delegates) in the room, the fact that the conference is not only full but over subscribed” Dr Catherine Calderwood.

Olivia McLeod @OliviaMcLeodSG 28 Nov 2016

Heartfelt tale from @CathCalderwood1 illustrating reality of inequality from birth. Changing that must be our mission #adversityinchildhood

Professor Nancy Loucks OBE

Professor Nancy Loucks addressed conference delegates about the impact of imprisonment on families, within the context of Adverse Childhood Experiences. Professor Loucks highlighted the impact of having a family member in imprisonment on children and families. This included an impact on housing, school performance for children, social networks, mental health and physical health. As well as considering the impact of imprisonment of a family member for children growing up, Nancy Loucks also highlighted how this can result in intergenerational involvement in the criminal justice system.

Professor Loucks highlighted the need for, and opportunities to, support families who are connected with the criminal justice system.

An estimated 27000 children in Scotland have a parent go to prison each year. 65% of boys with a convicted parent go on to offend themselves. (Families Outside, 2016)

“We have to work together to this. There isn’t a single agency solution, this is something that we are having to identify what the risks are and be able to work on those, sharing that information, sharing the approaches....we can’t just compartmentalise these into our areas of expertise”, Professor Nancy Loucks.

Professor Loucks shared key resources in Scotland such as the Framework for the Support for Families Affected by the Criminal Justice System, GIRFEC and specific resources produced by Families Outside. Professor Loucks also took this opportunity to highlight the need for more understanding of the specific impact of having a family member in imprisonment, and understanding this specific indicator of childhood adversity.

Professor Helen Minnis

Professor Helen Minnis spoke about her research into adverse childhood experiences and considered how we can apply this learning to supporting children and families to develop resilience. Professor Minnis stressed the 'dose response' to ACEs and considered the 'ACEs load' that children who have experienced adversity may carry. Professor Minnis specifically spoke about research which explored associations between childhood adversity and neurodevelopmental disorders such as ADHD and tick disorders. This research highlighted that there are a number of factors which can be linked to the development of neurodevelopment disorders and complex problems associated with childhood adversity.

Professor Minnis highlighted that the most effective interventions are 'loving family care'. Research is ongoing to explore how families can be supported to improve family relationships and reduce the prevalence of intergenerational ACEs.

Claire Gibson @ClaireGibsonEDI 28 Nov 2016

Trauma informed service is essential - asking people about ACE and taking a multi disciplinary approach #SiloBusting #adversityinchildhood

Polishing our Gems: Discussion points

Polishing our Gems was an opportunity to engage key stakeholders in discussion about action to prevent and respond to childhood adversity. Below are some key themes which emerged from these discussions:

There is an **appetite to respond** to our understanding of ACEs and effective responses are already being implemented. There are opportunities to learn from this work already underway, as well as opportunity to influence new and emerging areas of work.

The prevalence and implications of **ACEs need to be considered across all sectors**. The association of ACEs with poor outcomes across the life course is an issue for the workforce across all statutory and voluntary sectors.

Supporting people to have positive, fulfilling and supportive **relationships** are fundamental for preventing and responding to childhood adversity. It was widely acknowledged that positive relationships, with trusted adults, can have a significant impact. It is important for health and social care services to work collaboratively to value and reinforce these relationships.

Harnessing empathy and **raising awareness and understanding of ACEs** is central to preventing and responding to childhood adversity. This includes an appreciation of language and understanding how different people consider their experiences in different ways.

Recognising our own experiences and seeing ourselves as individuals, not just service providers, would contribute to the provision of **reflective services**. Moving from a culture of blame, shame and punishment to one of understanding, nurturing and healing is fundamental for supporting individuals and families. Peer mentoring and sharing lived experiences is an approach which can be hugely valuable.

Communication across organisational boundaries is essential for identifying the most effective ways of supporting individuals and families. Recognising the connections across organisations and the need to communicate between services is important for design and delivery of effective services.

Fundamental to supporting individuals and families to respond to ACEs and break the cycle of intergenerational ACEs is our ability to **harness and build resilience**. Our understanding of attachment closely aligns to the impact of adverse experiences on children. We know that our ability to form relationships develops in the **early years** and can have a lasting impact on our social, emotional and cognitive development.

Ensuring that our **workforce has an understanding of the complexity of childhood adversity** is essential to ensuring that individuals have meaningful engagement with services. Tacit understanding of complex needs of clients needs to be translated into competencies for staff across all sectors. It is particularly important for professionals such as teachers, police, dentists, and chiropractors, who come into contact with people who have experienced adversity but don't always know it.

Workshop sessions

Below is a summary of each of the workshops which were held throughout the day. Each workshop was delivered twice, once in the morning and once in the afternoon.

Psychology and Trauma Informed Practice – Challenges and Opportunities (Workshop 1)

This workshop focused on sharing learning and experience from trauma informed services in Glasgow and Fife. NHS Greater Glasgow and Clyde Psychological Trauma Service shared their experiences of implementing a trauma informed service for female offenders within the Scottish Prison Service, in partnership with Glasgow City Council. NHS Fife and Better Than Well shared their experiences of setting up a similar service within the Fife region.

Key discussion points from the workshop session:

- Building trust through means necessary and sustaining consistent approaches with service users is important for establishing trust and positive relationships with service users.
- Engaging with individuals and families can be difficult and often intensive outreach is required in order to effectively engage with vulnerable individuals. Available resources, such as finances and capacity, can often limit the effectiveness of services to reach individuals. These barriers must be addressed in order to ensure that services are as accessible as possible. Providing quick appointments and flexibility are examples of effective approaches for engaging with service users.
- Evidence highlights that early intervention is crucial to make a difference for children and families who are experiencing adversity. Whilst this is understood there are difficulties in translating this into practice. Sharing information between agencies is one example, as well as being able to respond to the needs of children and families quickly.
- There are a number of examples of practice that would fit criteria of Psychologically Informed Environments but how can these be endorsed as such? Is meta-analysis required to identify best or good practice in this field?

Preventing Future Offending – A Holistic Approach (Workshop 2)

This workshop explored learning from working with young people who have experienced ACEs. One element of the workshop was focused on work which has been carried out in schools to engage with young people who have experienced ACEs. Another was work which has been carried out with young offenders in Polmont Young Offenders Institute. The focus was to share learning from work to

reduce offending and understanding about the importance of staff knowledge on adolescent brain development and childhood adversity.

Key discussion points from the workshop session:

- Peer mentoring services are a key element of support which can be provided for young people. The impact of sharing lived experience and the possibility of change should not be underestimated and the importance of this in providing confidence and reinforcement of positive behaviours, such as hope and determination.
- Co-production is a valuable approach to developing services, in partnership with people who have lived experience of childhood adversity. Sharing and building on personal experiences can generate successful initiatives which are effective in engaging with people and involving them in service delivery.
- Relationships with trusted adults are fundamental to building resilience and making a difference for people. The importance of changing the way some people interact with young people was highlighted, ensuring an understanding that kindness and respect can have a significant impact on young people.
- Different organisations need to communicate and work together so that services can identify opportunities to talk across boundaries.
- Pursuing opportunities to develop our workforce to ensure that people delivering our services are aware of the impact of childhood adversity and their role in preventing and responding to adversity. We must make sure that knowledge is accessible across the workforce so that police, teachers, healthcare staff, local authorities and third sector organisations are all applying our understanding to ongoing work.

Early Intervention – Supporting ‘overloaded’ families and building resilience (Workshop 3)

This workshop focused on work which is being carried out across Scotland to support families to build resilience and consider how professionals can support families who have experienced adversity.

NSPCC delivered a practical session looking at what gets in the way of parent-child relationships and how professionals can develop their interactions and work in a different way to improve family relationships. Edinburgh City Council’s Psychology of Parenting Project provided delegates with direct experience of how their 2 parenting programmes (Incredible Years and Level 4 Group Triple P) engage with and work with parents/carers.

Key discussion points from the workshop:

- Sometimes past experiences are so traumatic and parents’ current situations so complex that intensive therapeutic approaches are needed for parents to become aware of their behaviour and how it impacts upon their children.

- Supporting parents to be self-reflective and aware of their behaviours and how these are impacting on their children is key to building resilience in families. Effective techniques discussed at the workshop include sharing information, discussion with parents individually or in groups and feedback. Video methodology was highlighted as an effective technique for facilitating this reflective process and for the Triple P classes, role play is helpful.
- Building resilience of parents and improving the way they relate to/parent their children, to improve children's experiences, by reducing further transmission of ACEs.
- Positive relationships with trusted adults are important for individuals and families. These relationships can be within the public sector or within the third sector. Everyone should be aware of the impact of trauma and the importance that one good relationship can have on establishing hope and positivity.

“The essential ingredient in providing support to a family that can help foster resilience is to build a positive, trusting relationship with that family” Fiona Crawford, NHS Greater Glasgow and Clyde.

An organisational response to ACEs (Workshop 4)

Exploring an organisational response to ACEs, this workshop considered the experiences of two organisations who have worked with young people to mitigate ACEs and respond to the impact of ACEs in their services.

Key discussion points from the workshop:

- Organisations must be very careful that they do not replicate ACEs when young people come into their services and should build their services around young people, not around the professionals. Individually centred, intensive approaches with an emphasis on consistency and building on the strengths of the young person are key to this.
- There was acknowledgement that although organisations have explicit values about being respectful and taking an assets based approach there can be a tendency to be judgemental and to categorise young people.
- The role that a trusted adult can play in minimising the impact of adversity was seen as a big theme and that is the role these services were aspiring to have. Professionals often feel a need to “fix” the problems rather than just listen, and a trusted person who will listen is what is missing from these young people's lives. Practitioners in statutory services often have a very short time to interact with clients/patients but in a short time you can still ask the right questions, and refer to the right services.
- Children want to feel “claimed” and want to feel loved. Feeling loved should be an outcome but this can be challenging for professionals and services when undertaking their support role? What would a target for that outcome look like?

- Developing resilience within families is important but it is also important that this is recognised between services and those providing intensive interventions. It is important that services don't contradict each other's efforts and 'retraumatise' vulnerable young people.

"No young person is beyond help – I think that was a theme of the day" Jackie Willis, Early Years Scotland.

Mitigating against ACEs – the importance of a multi-agency response (Workshop 5)

The Scottish Government has commissioned NHS Education for Scotland to develop a national training framework to support the Scottish workforce to respond to the needs of survivors of trauma and abuse across the lifespan. This workshop provided a review and update on the principles and practises of trauma-informed care and explained the progress and challenges faced in developing a multi-agency knowledge and skills framework for trauma and abuse.

Key discussion points from the workshop:

- There is tacit understanding of the complex needs of clients but it's hard to know what skills are needed for working with vulnerable clients. Knowing what competencies staff require would be helpful for planning how the needs of clients can be met by services.
- GP services are well placed to be aware of intergenerational cycles of childhood adversity. Considering this, broadening support for community mental health services and ensuring that link workers are bridging the gap between health centre services and GPs will help to ensure health centres are providing integrated health and social services.
- Raising awareness of the needs of survivors of trauma and abuse with professionals such as dentists, chiropractors, and podiatrists is particularly important. This portion of the workforce may come into contact with vulnerable clients without being aware.
- Strong leadership with multi-disciplinary teams/services are essential for establishing effective patient-centred plans. Considering current priorities around outcomes focused approaches, should we be upskilling the workshop to increase the focus on patient need? This would ultimately result in achieving better outcomes as patient need would be appropriately met.
- A key enabler for the Govan Social and Health Integrated Project is the extension of appointment time, enabling patients with complex needs to be brought back to the health centre for a 30 min appointment.

"ACEs should be addressed by everyone and not seen as the work of one professional body" Polishing our Gems delegate.

Event evaluation: What delegates told us were their ‘take away’ messages

We asked delegates at the conference to consider what their ‘take away messages’ were from the event. Key themes which emerged included:

Relationships

The importance of relationships and how everyone has a role in supporting people by demonstrating kindness and respect. Positive relationships can have a significant impact on people.

‘Relationships matter’

‘Homelessness is rooted in relationless-ness’

Engagement with services

Psychologically Informed Environments (PIE) are a valuable approach for providing services which are accessible for vulnerable people. Recognising the needs of service users and engaging with and delivering services in ways which are meaningful for individuals can have an impact.

‘Psychologically Informed Environments are a good tool for understanding the people we work with’

‘Recognising the barriers in place for people to engage with services reinforces thoughts about service barriers being a barrier as opposed to person barriers’

Resilience

Reinforcing the importance of attachment theory, especially from an early age is fundamental to building resilience.

‘Has confirmed importance of attachment theory and how we need to modify our services to address attachment problems’

‘By looking at ACE’s and resilience we can improve outcomes for future generations’

Sharing knowledge and understanding

Our understanding of ACEs is growing but there are challenges in translating this into action and informing practice and policy. There is a recognition of a need to keep doing what we are doing and continually develop approaches.

‘a lot of intervention work around ACE’s taking place but that perhaps this need to be more joined up, or reported on, evaluated and shared more collectively’

ACEs are preventable

Prevention of ACEs is a key element of action which focuses on early intervention, breaking the cycle of intergenerational ACEs and ensuring families have the support they need to positively parent children. By tackling the causes of adversity as opposed to the results, ACEs can be prevented.

‘Importance of addressing risks for families affected by criminal justice system involvement’

‘Providing services in a way which is sensitive to the impact of intergenerational ACEs’

Event evaluation: What delegates told us would be their next steps

The conference was an opportunity to bring together a diverse range of stakeholders to focus on childhood adversity, considering both preventative approaches to childhood adversity as well as responses to support vulnerable children and families who have experienced ACEs.

Conference delegates gained knowledge, increased awareness and new ideas around childhood adversity and how our understanding of the health and wellbeing implications of ACEs can influence ongoing and emerging policy and practice agendas.

We specifically asked delegates **how they will apply learning** from the event in their work. Below are some key themes which were raised by our delegates:

Sharing knowledge, understanding and resources

Participants of the conference said they would take away some of the key resources and key messages from the event and share them with colleagues. There was an emphasis on sharing this with local colleagues and partner agencies.

‘Flag up at CPP- locally modelling plan’

‘To try and bring together local network focusing on child health, inequalities, poverty and service delivery’

‘I will try to build new links from new contacts and areas of work to take forward a more collaborative approach in my area of work’

‘Promote ACE-related work through polices, locally including children’s services plans’

Knowledge into action

A number of participants reflected on their role in informing and influencing policy and practice developments, in order translate our knowledge and understanding of

ACEs into action which can contribute to preventing and responding to childhood adversity.

‘Emphasise the importance of communication, relationship building and openness to foster greater community and better outcomes for service users’

‘We’re thinking through ways to modify our operational procedures and practices’

‘Consider applying ACEs questionnaire in some aspects of practices’

.

Workforce development

A key theme was the importance of sharing the knowledge and understanding generated, as well as supporting practitioners to apply this to their service delivery.

‘Look at how we might build more into current training we are already doing’

‘I work with volunteers who work with families in crisis. Will bring up ACEs and attachment into our training’

Psychologically informed environments (PIE)

The use of PIE approaches in service delivery was reflected by a number of participants at the conference. Using this approach was seen as a way to develop services which are more aware of the impact of ACEs and ensuring services are person centred.

‘Review how psychologically informed our services are’

‘Address the possible ACEs with YP. – But in a supportive way’

‘Understand behaviours of clients’

‘More trauma informed approach’

Appendix 1: The Scottish ACEs Hub Membership

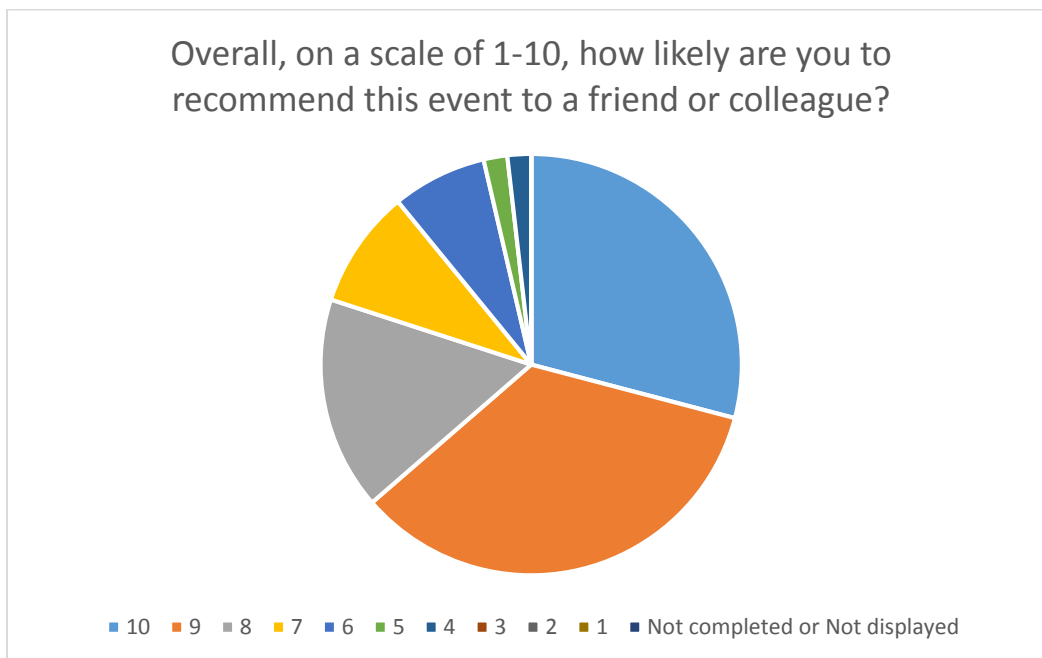
Linda de Caestecker (Chair), Director of Public Health	NHS Greater Glasgow and Clyde
Michael Smith, Associate Medical Director, Mental Health	NHS Greater Glasgow and Clyde
Fiona Crawford, Public Health Consultant	NHS Greater Glasgow and Clyde/Glasgow Centre for Population Health
Matt Forde, National Head of Service for Scotland	NSPCC
Adam Burley, Consultant Clinical Psychologist	NHS Lothian
Katy Hetherington, Organisational Lead for Child and Adolescent Public Health	NHS Health Scotland
Pauline Craig, Head of Population Health	NHS Health Scotland
Katrina Reid, Senior Health Improvement Practitioner	NHS Health Scotland
Nancy Loucks, Chief Executive	Families Outside
John Butcher, Executive Director	North Ayrshire Council
Jackie Brock, Chief Executive	Children in Scotland
Sara Dodds, Office of Chief Social Policy Advisor	Scottish Government
Deirdre McCormick, Professional Nurse Advisor – Children’s Services	NHS Greater Glasgow and Clyde
Dr Anne Mullin, Deep End Steering Committee Member	NHS Greater Glasgow and Clyde
Prof Wendy Johnsen, School of Philosophy, Psychology and Language Sciences	The University of Edinburgh

Appendix 2: Additional Resources

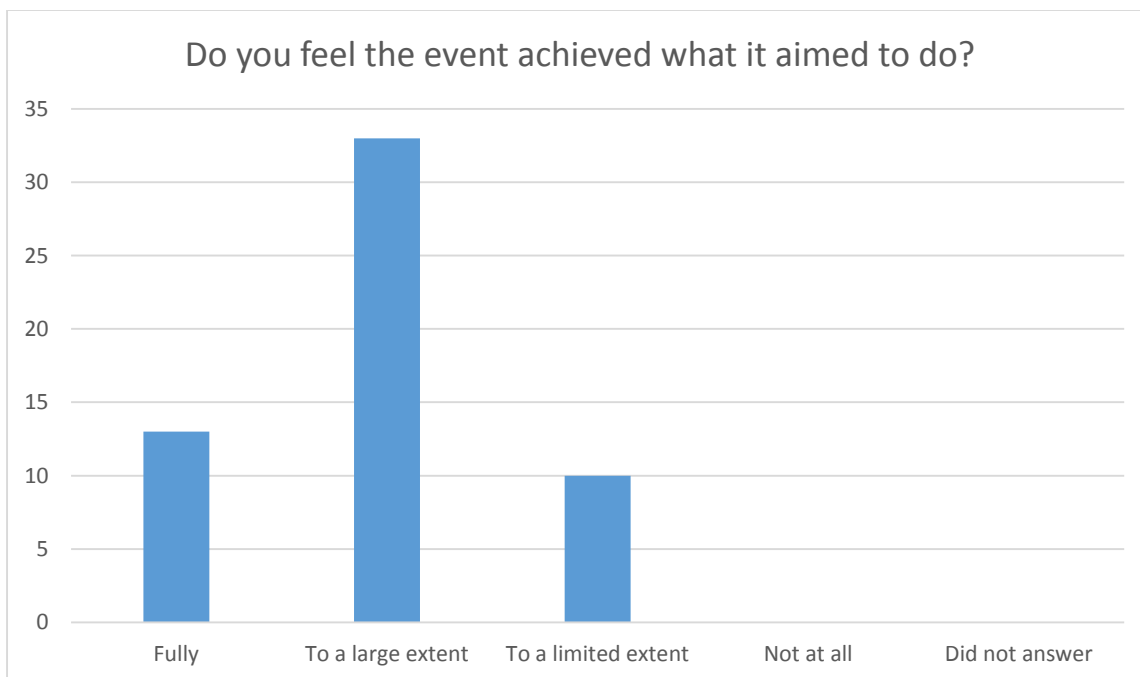
- ALISS (A Local Information System for Scotland) is a search and collaboration tool for Health and Wellbeing resources in Scotland. It helps signpost people to useful community support, and with an ALISS account you can contribute the many and varied resources that our local communities have to offer.
www.aliss.org
- 5 to thrive, attachment based training for children.
<http://www.fivetothrive.org.uk/>
- New Orleans Intervention Model, developed by Charles Zeanah
The New Orleans Intervention Model, first developed in the USA, helps social workers and judges decide whether a child should stay with their birth family or enter care permanently.
<https://www.nspcc.org.uk/services-and-resources/services-for-children-and-families/new-orleans-intervention-model>
- Triple P Positive Parenting Programme
<http://www.triplep.net/glo-en/home/>
- Incredible Years Parenting Pyramid
<http://incredibleyears.com/>
- PoPP project, Edinburgh Council:
http://www.edinburgh.gov.uk/info/20100/support_for_families
- Deep End GPs website
Presentations & project information available
<http://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/>
- Psychologically Informed Environments: A Literature Review
<https://www.mentalhealth.org.uk/sites/default/files/pies-literature-review.pdf>
- Dan Hughes PhD, PACE Model
<http://www.danielhughes.org/p.a.c.e..html>

Appendix 3: Event Evaluation

Overall, on a scale of 1-10, how likely are you to recommend this event to a friend or colleague?



Do you feel the event achieved what it aimed to do?



What have you mainly gained from this event?

