Scottish Adverse Childhood Experiences Hub
Seminar on Routine Enquiry
27th June 2017, Apex Hotel, Edinburgh

Introduction

This report provides an overview of the seminar on routine enquiry, including a brief introduction to the Scottish Adverse Childhood Experiences Hub, hosted and supported by NHS Health Scotland.

This report aims to disseminate the learning from the seminar to a wider audience and to support discussions and practice locally about introducing routine enquiry on adverse childhood experiences. It provides slides and key points from the presentations, as well as an overview of the delegates' input on the day.

We would welcome hearing about how routine enquiry on ACEs is developing in local areas and in different services in order to support learning across Scotland. You can email us at nhs.Healthscotland-ChildhoodAdversity@nhs.net

Scottish Adverse Childhood Experience Hub

The Scottish Public Health Network produced a report in May 2016, 'Polishing the Diamonds: Addressing Adverse Childhood Experiences in Scotland'. This summarised the compelling research on the links between adverse events occurring up to the age of 18 and later health and life outcomes. Adverse Childhood Experiences have been described as the greatest public health issue facing us. The growing body of research linking early life experiences to future health and wellbeing has implications for society, policy, public services and workforce development.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) refer to stressful events occurring in childhood (between 0 to 18 years). These experiences include: Abuse (physical, emotional, sexual), Neglect (Physical, emotional) and growing up in a house in which there are adults experiencing alcohol and drug use problems, mental health conditions, domestic violence or criminal behaviour resulting in prison.

NHS Health Scotland has established a Scottish ACEs Hub to help inform and shape the actions identified in this report. A number of work strands are underway:

- Raising awareness and understanding about ACES
- Developing the research base on ACEs
- Influencing policy and practice

Routine enquiry was discussed as one of the potential areas for action on ACEs in the 'Polishing the Diamonds' report. As part of the Hub's work on influencing policy and

practice, this seminar was organised to increase understanding and share learning on routine enquiry on ACEs.

Routine Enquiry about Adverse Childhood Experiences:

Embedding routine enquiry about adverse childhood experiences in every appropriate assessment by practitioners, in order to create with the individual a more appropriate intervention plan by dealing with the root cause of presenting issues rather than the symptoms.

Key note presentation:

Dr Warren Larkin, Consultant Clinical Psychologist and Visiting Professor at Sunderland University.

Warren provided an overview of current public sector challenges in England, including the reduction in public health budgets, the pressures on universal services and the reduced opportunity for universal services to contribute to prevention, early intervention and community resilience.

The presentation provided an overview of the body of research on ACEs before presenting the case for introducing routine enquiry about ACEs.

REACh: Routine Enquiry about Adversity in Childhood

Key points:

- Waiting to be told doesn't work. If you ask people they tell you; 82% compared to 8% volunteering information without being asked (Read and Fraser 1998). Service users and staff (who have had the REACh training) think Routine Enquiry is important and appropriate in most cases.

- There is a fear that asking people these questions will lead to an increase in demand on services. This does not appear to be the case; Felliti and Anda (2014) reported a 35% reduction in visits to the Dr. and 11% reduction in ER visits in their cohort study which asked about ACEs in general medical assessment.

- People are already living with impact of trauma, may already be in services and routine enquiry allows us to direct them to the most appropriate help.

- Disclosure is observed as 'therapeutic' in itself for many individuals.

- Joining the dots between the past and their present difficulties is something the professional they disclosed to can appropriately help with.

- The majority of people will not need or want long term specialist psychotherapy.

- We waste time, money and effort giving people the wrong help by not understanding the root causes of the presenting symptoms.

- Following routine enquiry, people report thinking about ACEs in relation to their own children and about their own ability to parent effectively. This has been observed to lead to an increased motivation to accept help (Simpson-Adkins et al., in submission).

Warren gave an overview of the REACh Model:

- The preparatory phase for routine enquiry is very important including staff engagement and an assessment of organisational readiness.

- Important to build in supervision support for staff and to acknowledge that some staff will have ACES. Managers need to prepare for this and make sure there are opportunities to support staff wellbeing in various ways including via links with occupational health.

- We should not reduce someone to an ACE score but should see it as part of the person's life story. An important part of their psycho-social formulation which can inform the care plan.

There is value in supporting parents to think about their own experience of ACEs and the potential impact of ACEs on their children. It would be beneficial to make sure there is parenting support available in an easily accessible way to capitalise on the shift in motivation post-enquiry. Making Parenting interventions available universally could avoid stigmatising parents and help to prevent intergenerational cycles of adversity.

- How can we support community resilience and community awareness about ACEs? There are good examples of this in the USA that we can learn from and test out here.

- What about introducing routine enquiry to younger children? This may be one option on a spectrum of responses ranging from direct enquiry to creating. ACE sensitive educational and health care environments. Warren is currently working on some guidance for ACE informed schools.

- More work is also needed in relation to routine enquiry with children under 14 years and parents with learning disabilities.

- Routine Enquiry and ACE informed practice in the context of Policing is also an area Warren is exploring.

An evaluation of the REACh model highlighted a number of important factors to consider when introducing routine enquiry:

- It is important to have visible organisational buy in from senior strategic leaders is essential.

- A whole service/ team approach is important.

- Assess organisational readiness before any training or practice change happens.

- Professionals have various reasons for not asking – training is crucial and leads to increased knowledge, confidence and skills in routine enquiry and a willingness to change practice.

- Increasing knowledge and awareness about adversity in early life and its consequences is beneficial across the wider workforce, not just those carrying out assessments.

- Embed routine enquiry into existing assessment procedures ideally, at a point where there is likely to be an ongoing relationship with a professional.

- The later in the service journey routine enquiry is placed, the less likely it is to take place.

- Routine enquiry takes time to embed so supervision and support for teams and their leadership is essential.

- REACh approach has been successfully implemented in a range of multi-agency settings and demonstrates that with appropriate implementation and follow up, routine enquiry is feasible, acceptable to staff and service users and can quickly become standard practice.

Contact Details:

Dr Warren Larkin

Consultant Clinical Psychologist

Visiting Professor University of Sunderland

Clinical Lead - Department of Health - Adverse Childhood Experiences Programme

Director - Warren Larkin Associates Ltd

wlarkin@warrenlarkinassociates.co.uk

Katie Cosgrove, Organisational Lead, Gender –Based Violence, NHS Health Scotland

Katie gave a short overview of the learning from routine enquiry on domestic and sexual abuse. The programme was introduced in NHS Scotland in 2008 and a letter was issued to all Chief Executives in NHS Scotland to set out the requirements to introduce routine enquiry of abuse into the priority settings of maternity, mental health, substance misuse, sexual health, community nursing and A&E (Chief Executive Letter 2008). This required a systems approach; gathering data, building staff capacity, integrating into policy and developing health board action plans.

Key points:

- Need to make the case for routine enquiry and overcome organisational and staff resistance in some cases.
- The importance of training – there was a national team in place to support training for staff.
- Leadership was a core component at both an Executive and operational level within the Board.
- Important to have accountability and clear policy direction from Scottish Government to support the changes required for routine enquiry in systems and in practice.

Contact Details:

Katie Cosgrove

Organisational Lead – Gender Based Violence

NHS Health Scotland

Katie.cosgrove@nhs.net

Dr Claire Fyvie, Consultant Clinical Psychologist and Head of Service, The Rivers Centre, NHS Lothian

Claire gave a brief history to the Rivers Centre which is a specialist trauma service in NHS Lothian. Claire talked about neglect being one of the most harmful experiences in childhood. The Centre operates through a self-referral service and is now based above a library and citizens advice centre to reduce the stigma for people attending the centre and dropping in. The Centre is an attachment-based service; people are not discharged and the Centre keeps in touch with clients. Claire has found that those attending the Centre through self-referral are now more representative of the whole population in terms of levels of deprivation.

The Rivers Centre has introduced routine enquiry on ACEs as part of a broad evaluation of the new model of trauma care at the Rivers Centre.

Contact Details: Claire.fyvie@nhslothian.scot.nhs.uk

Pattie Santelices, Principal Officer, Mental Health & Wellbeing Team, City of Edinburgh Council

Pattie talked about the work the City of Edinburgh Council has been doing to raise awareness of risk factors including ACEs and resilience factors that support positive mental health and emotional wellbeing in pupils, staff and families in education settings.

The team have produced a number of Growing Confidence resources, programmes and training that have benefited over 8000 staff, parents and carers and pupils in the last 10 years in Edinburgh and across the Lothians and Borders.

It was felt that training on ACES alone can leave staff feeling overwhelmed so training has been put in the context of brain development, attachment, wellbeing, resilience to encourage people instead to focus on building on protective factors. These include but are not limited to presence of positive relationships, role models, development of good social and emotional skills and involving young people in groups, activities and hobbies in and out of school.

The newest resource is the Building Resilience 3 year classroom programme in primary schools which uses the theme of the 'river of life' to explore the tools and skills we need to navigate its ups and downs.

Another project piloted this year is 'Turn your Life Around' that involved recruiting local people who have experienced a high number of ACEs and have turned their lives around to share their stories in schools. The volunteers have been speaking at schools to pupils and teachers about their experiences to give an insight into how adversity at home can impact on a person's life and to offer hope that someone's life can change.

Key messages that are promoted include:

- There is always a reason behind the behaviour
- Relationships can and do make a difference
- Have hope – things can be turned around.

Contact Details:

GrowingConfidence@edinburgh.gov.uk

Dr Sharon Doherty, Clinical Psychologist and Principle Educator, NHS Education for Scotland

Sharon spoke about the Knowledge and Skills Framework on Psychological Trauma which was published by NES earlier this year. The Framework was commissioned by the Scottish Government and is designed for the public sector workforce, not only for NHS Staff.

Key points:

- Trauma is everyone's business but not everyone needs to be an expert.
- It is the aspiration that the whole workforce will be trauma informed.
- We need to think about where routine enquiry fits with the framework and be clear about the intention behind routine enquiry.
- As part of this work, NES looked at the literature on routine enquiry and had more questions than answers; What works for whom, when and in what context?
- Routine Enquiry has been incorporated into Tier 2 in the Framework. This tier details the knowledge and skills required by staff who are likely to be frequently coming into contact with people affected by trauma which may not be known about. This means that it should only be carried out if appropriate to role and remit and if staff can respond in a way that is trauma-informed.
- Over the next 2 years NES will be implementing a trauma training strategy which will give consideration to routine enquiry.

Contact Details:

sharon.doherty@nes.scot.nhs.uk

www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx

Discussion

Below is a summary of the key messages delegates took away from the seminar, their suggested areas for action, and the topics they would like more information on:

Key messages delegates took away:

- Trauma is everybody's business.
- Importance of collaboration and inter-disciplinary working and an 'upstream' approach.
- Need to focus on resilience as well as adversities, which provides message of hope alongside the ACEs research and helps reduce potential stigma.
- Need to shift from judgement of people asking 'what's wrong with you' to asking 'what happened to you?'
- Importance of 'twin track' approach, working with parents as route to improving outcomes for children.
- Waiting to be told doesn't work, need to ask people.
- Need for resources, leadership and structures before introducing routine enquiry.
- Need to enable and support staff to undertake enquiry, help with confidence and discomfort, otherwise it will not work (continuous capacity building important, adequate supervision, and using training videos).

Delegates' suggested areas for action:

- Embed into key policy, action plans and implementation
- Further seminars and events (including repeating this seminar) to share learning, practice and research, hear about approaches, involve more people and to keep the momentum going.
- Raise awareness of routine enquiry on ACEs and provide training across services nationally and in local areas.
- Co-ordinate interest and action in local areas. Importance of a place-based system
- Public Health in each area needs to harness this and build with partners, communities and reach the public.
- Make resources available to share materials with others
- Support practitioners to operationalize and implement routine enquiry on ACEs, for example, support people to set-up pilots in Scotland.
- Consider Family Nurse Partnership for implementing any pilots of routine enquiry.
- Raise awareness with GPs and review practices of GPs
- Undertake research on what mitigates the impact of ACEs.
- Educate housing staff on ACES issues to prevent anti-social behaviour labelling and evictions.
- Share great work going on in prisons e.g. Shotts, Addiewell.
- Learn from Education which talks about resilience and risk.

- Need to increase public awareness of ACEs and their impact, so communities understand ACEs and the impact on individuals/families. Also, if ACEs become public knowledge that patients may volunteer information much earlier.

Further information requested by delegates:

- whether a model like REACh can be implemented
- most appropriate time for routine enquiry
- how routine enquiry fits with primary prevention
- whether there is a child / young person's version of the ACE questionnaire
- the role of the third sector in the REACh model and how third sector partners can be involved
- work being carried out by others on routine enquiry on ACEs
- the role of GPs in relation to routine enquiry on ACEs
- models of escalated or emergency support
- how to measure resilience as a counter balance to ACEs (e.g. do we ask about the 'good stuff' routinely?)
- diversity issues in relation to ACEs (e.g. BME and gender issues)
- role of police and whether routine enquiry should or does happen in the criminal justice system
- more information on the Rivers Centre (e.g. do they have waiting times).

What next?

The seminar was designed to share knowledge about the rationale for routine enquiry on ACEs and the example of the REACh approach. It also provided an opportunity to hear about and learn from current approaches in Scotland.

The seminar led to some people and organisations being interested in finding out more about the REACh model and thinking about the relationship between routine enquiry and NHS Education for Scotland's (NES) work on trauma-informed approaches. The key suggested areas for follow-up action included events and training to raise awareness and share learning, piloting routine enquiry on ACEs in Scotland, embedding it in policy and action plans, and more broadly raising awareness of ACEs across the general population.

NHS Health Scotland will work with the Scottish ACEs Hub, the Scottish Government, and NHS Education for Scotland to explore how to support those who are interested in introducing routine enquiry on ACEs.

NHS Health Scotland is developing a webpage on its website to share resources on ACEs and is also seeking to establish a Scotland ACEs 'community of interest' on www.acesconnection.com; which would provide a forum for sharing practice, research, materials and questions among those who are developing ACE-informed work.

We would welcome hearing about how routine enquiry on ACEs is developing in local areas and in different services in order to support learning across Scotland.

Please email nhs.Healthscotland-ChildhoodAdversity@nhs.net with further information.

The seminar was organised by:

Katy Hetherington
NHS Health Scotland
Katy.hetherington@nhs.net

Sara Dodds
Scottish Government
sara.dodds@gov.scot

On behalf of the Scottish ACEs Hub

August 2017