

Adverse childhood experiences in context

This resource may also be made available on request in the following formats:















0131 314 5300



nhs.healthscotland-alternativeformats@nhs.net

Scottish ACEs Hub



nhs.Healthscotland-ChildhoodAdversity@nhs.net



@nhs_CYPF

Published by NHS Health Scotland

1 South Gyle Crescent Edinburgh EH12 9EB

© NHS Health Scotland 2019

All rights reserved. Material contained in this publication may not be reproduced in whole or part without prior permission of NHS Health Scotland (or other copyright owners). While every effort is made to ensure that the information given here is accurate, no legal responsibility is accepted for any errors, omissions or misleading statements.

NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

Adverse childhood experiences in context

Introduction

This paper has been produced by the Scottish Adverse Childhood Experiences (ACEs) Hub, a multi-sector group hosted by NHS Health Scotland to help shape the public health approach to adverse childhood experiences. The Hub seeks to encourage debate and build consensus on the causes and consequences of childhood adversity, as well as discuss appropriate individual, community, organisational and societal responses. It has done so by engaging with a wide range of public, private and third-sector organisations and agencies through a series of meetings, events and publications since it was set up in 2016. This paper, written in August 2019, outlines a number of principles that could underpin cross-sectoral work in Scotland to prevent and respond to childhood adversity.

Background

An increase in interest and awareness in Scotland about ACEs has reaffirmed the importance of early-life experiences for health and wellbeing throughout the life course. ACEs have been described as 'stressful events during childhood that can have a profound impact on an individual's present and future health'. ACEs studies have repeatedly shown a relationship between adverse and traumatic experiences in childhood and the risk of a range of health and social outcomes.

Further background to ACEs studies and the Scottish Public Health Network's Report on ACEs is available at www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces

Research into ACEs has grown more and more rapidly over the last two decades and this topic is no longer a specialist interest for practitioners and academics. There is now a large and growing body of research into children's experiences of adversity, the potential impact this may have on immediate and longer-term outcomes, and the range and types of interventions which may lessen the impact of negative effects, and address the consequences of adversity. There is increasing awareness of childhood adversity and ACEs studies among policymakers, practitioners and organisations across different sectors and the public. The Scottish Government made a commitment to addressing ACEs in the Programme for Government in 2017/18 and 2018/19, building on existing commitments to progressing children's rights and the national approach to Getting it Right For Every Child. Local community-led ACEs Hubs have been developing across Scotland, with the aim of taking local action to prevent and respond to ACEs.

Benefits of increased awareness of ACEs

Our engagement with a wide range of individuals and organisations has identified a number of benefits which increased awareness about childhood adversity is contributing to. These are:

 reducing stigmatisation and blame by focusing attention away from 'what's wrong' with someone to 'what's happened' in their life

- increasing understanding about a broader range of experiences to capture childhood adversity which complements important socio-economic measures and action to reduce child poverty
- recognition and acceptance of the impact and importance of past adversity and trauma across a broad range of sectors and implications for how services are organised and delivered
- individual insights into personal experiences of adversity in childhood
- recognition that the consequences of adversity experienced in childhood may not be immediately apparent, so consideration needs to be given to the immediate risk to children and ongoing child protection, as well as the impacts of broader experiences and longer-term consequences
- strengthening the case for prevention activity which aims to improve population wellbeing by preventing, reducing and mitigating levels of adversity experienced by children, young people and adults
- highlighting that a 'whole society' approach with action at various levels and by various parts of our system and society is required
- emphasising the importance of supporting adults in their parenting role (who
 may themselves be experiencing adversity) in order to improve children's
 experiences.

Principles to inform a Scottish approach to ACEs

In Scotland there is now widespread, increased interest in ACEs. The Hub proposes the following principles to help inform cross-sectoral work:

1. ACEs inform our approach, but do not define it.

ACEs research has a place, alongside many other sources of evidence, in demonstrating associations between early adversity and later-life outcomes at a population level. Findings from individual studies can contribute to policy and practice approaches but only as part of a much wider field of evidence.

2. ACEs questions are a limited proxy indicator of wider experience.

Childhood adversity may take many forms, and the pathways and mechanisms linking to adult outcomes are complex. The ACEs questionnaires have a limited focus, and are indicators for much wider ranges of experiences. We know that at a population level, higher numbers of adverse childhood experiences are associated with a higher risk of adverse outcomes in adulthood. But these experiences do not determine those outcomes, and the risks measured at a population level cannot be applied to individuals as a predictive formula. Positive childhood experiences and protective factors also need to be taken into account, not least the presence of a trusted adult in childhood, which has been shown to have a powerful moderating influence.

3. ACEs need to be understood in the context of poverty, inequality and discrimination.

ACEs need to be considered in the context of structural factors such as poverty, inequality and discrimination. Making sense of ACEs at both a personal and population level therefore needs to take into account power and relationships in a socio-economic context. The focus for prevention needs to remain on conditions that may be damaging for child wellbeing, and how these conditions come about.

4. ACEs are about relationships.

ACEs are experienced in the context of relationships. Experiences of childhood adversity are different for each individual affected and healing takes place in the context of supportive relationships which understand and respond to the individual's unique experiences. We must be aware of the risk of overtly or indirectly 'blaming the victim' when thinking about ACEs.

5. Our understanding of childhood adversity is improved by multiple perspectives.

Diverse perspectives on ACEs should be welcomed as a potentially creative and productive influence. Accepting one point of view need not displace others. Depending on the context, ACEs can be understood, for example, as a health, social justice, economic or rights issue – or some combination of those perspectives.

Looking to the future

Knowledge about childhood adversity and the ACEs research has provided a platform for widespread debate and discussion on the important issue of preventing and responding to childhood adversity in Scotland. It allows us to look at how society better understands the needs of individual children and adults who have experienced adversity and trauma, and to think about how we respond at a societal, community, family and individual level to meet both their immediate and longer-term needs.

New research findings, including insight from lived experience, will continue to inform and challenge policy and practice responses, and how civic engagement shapes future policy direction. The Hub welcomes the opportunity to play a role in shaping action to prevent childhood adversity, which has the potential to transform and improve opportunities for people today and in the future.

Scottish ACEs Hub

Contacts and further resources

Katy Hetherington

katy.hetherington@nhs.net

Organisation Lead - Childhood Adversity, NHS Health Scotland

General enquiries

nhs.Healthscotland-ChildhoodAdversity@nhs.net

@nhs_CYPF

August 2019

Scottish Adverse Childhood Experiences Hub Membership

Dr Linda de Caestecker, Hub Chair and Director of Public Health, NHS Greater Glasgow and Clyde

Dr Michael Smith, Associate Medical Director, Mental Health, NHS Greater Glasgow and Clyde

Fiona Crawford, Consultant in Public Health, NHS Greater Glasgow and Clyde and Glasgow Centre for Population Health

Dr Adam Burley, Consultant Clinical Psychologist, Psychotherapy Department, NHS Lothian

Sara Dodds, Adviser on Adverse Childhood Experiences and Resilience, Scottish Government

Matt Forde, National Head of Service, NSPCC Scotland

Aicha Reid, Association of Directors of Education

Marian Flynn, CELCIS, University of Strathclyde

Prof Nancy Loucks, Chief Executive, Families Outside

Katy Hetherington, Organisation Lead - Childhood Adversity, NHS Health Scotland

Dr Pauline Craig, Head of Population Health, NHS Health Scotland

Dr Ann Mullin, GP, Govan Practice and Chair of Deep End GP Group

Jackie Brock, Chief Executive, Children in Scotland

Dr Sandra Ferguson, National Trauma Training Lead, NHS Education Scotland

Professor Wendy Johnson, School of Philosophy, Psychology and Language Sciences, University of Edinburgh

Professor John Devaney, School of Social and Political Science, University of Edinburgh

Inspector Alan Mulholland, Police Scotland, Safer Communities

Ruth Robin, Portfolio Lead, Place, Home and Housing, NHS Healthcare Improvement Scotland