

**NHS Highland Director of Public Health Annual Report 2018
Adverse Childhood Experiences, Resilience and Trauma Informed Care: A
Public Health Approach to Understanding and Responding to Adversity**

1.0 INTRODUCTION

- 1.1 This paper serves as a cover for The Director of Public Health Annual Report on Adverse Childhood Experiences, Resilience and Trauma Informed Care: A Public Health Approach to Understanding and Responding to Adversity.

2.0 RECOMMENDATIONS

- 2.1 Argyll and Bute Council are asked to:
1. Note the importance of offsetting the effect of childhood adversity as detailed in the 2018 Director of Public Health Annual Report on Adverse Childhood Experiences.
 2. Support the principle of the Argyll and Bute Health and Social Care Partnership working as a trauma informed and trauma responsive health and social care service.

3.0 DETAIL

- 3.1 The report details how experience of adversity from birth to adolescence, in the absence of safe buffering relationships, shapes the health and wellbeing of babies, children, young people and adults across the life course and inter-generationally, with a corresponding influence on family and community wellbeing. The effects of adversity can be offset by supporting resilience and by a 'whole system approach' to the development of trauma informed and trauma responsive services.
- 3.2 From epidemiological studies we would expect eleven in every hundred adults across NHS Highland to have experienced more than four of the ten sentinel markers used in research studies of adverse childhood experiences. An individual who has experienced more than four of these events is at a higher risk of experiencing poorer health and wellbeing, specifically:

- 9.5 times more likely to have felt suicidal or self harmed
- 5.8 times more likely to develop problematic alcohol use
- 4.4 times more likely to have type 2 diabetes
- 3.7 times more likely to develop anxiety
- 3.2 times more likely to have coronary heart disease

- 3.3 The key messages from the report can be summarised as follows:
- 3.4 Adverse childhood experiences are common to many of us: they reflect key stressful events from before birth, to the age of 18. There should be no shame in having experienced adversity.
- 3.5 The impact of adverse childhood experiences can be offset by safe, secure responsive adult relationships that buffer the effects of stress/adversity and support the development of resilience, a key mechanism to make sense of, and recover from threat and fear.
- 3.6 'Chronic toxic stress' can have a lasting effect on physical and mental health and wellbeing from birth to the older years. These effects can be passed on to further generations, which can cause inter-generational harm.
- 3.7 The impact of adverse childhood experiences can be mitigated throughout the lifespan: there is always hope and opportunities for recovery in childhood, adolescence, into adulthood, and even in the latter years.
- 3.8 The human costs of adverse childhood experiences are considerable for individuals, families and communities, both in the moment and from inter-generational effects. Environmental and community adversity, combined with the experience of adversity at an individual level, has been described by the phrase a 'Pair of ACEs' as their effect is cumulative.
- 3.9 A public health approach to adverse childhood experiences seeks to influence the experience of adversity, with benefits for all. This includes working within services to intervene, and to respond where there is evidence of harm and the development of trauma-informed systems and services.
- 3.10 By taking a preventive approach to adversity in childhood we can reduce the costs to health, education, social care, police and justice services of responding to the impact and consequences of adverse childhood experiences.
- 3.11 Being trauma aware and trauma informed is 'everyone's business'.
- 3.12 In practice, to be trauma informed requires a cultural shift from 'What's wrong with you?' to 'What happened to you?' and to follow

through with 'How has this affected your life?' and 'Who is there for you?'

- 3.13 Routine enquiry is an approach to understanding and responding to an individual's experiences of adverse childhood experiences. It is a tool that can be built into practice with training, support and supervision.
- 3.14 Community Planning Partnerships have the potential to be a transformational mechanism, working through a strength-based approach, to understand and respond to adverse childhood experiences.
- 3.15 The GIRFEC Child's Plan and Wellbeing Indicators are an important example of a 'strengths based approach' for use with babies, children, young people and their families.
- 3.16 See also full appended report.

4.0 CONCLUSION

- 4.1 The Director of Public Health Annual Report on Adverse Childhood Experiences details the influence and impact of adversity for babies, children, young people, families, adults and communities across the life course and with intergenerational effects. This knowledge asks our systems and services to reflect on how the effects of adversity can be buffered and offset from birth to adolescence, how resilience can be supported in individuals, families and communities and how the development and implementation of trauma informed and trauma responsive approaches contribute to health and wellbeing and reduce the associated costs to individuals and services.

5.0 IMPLICATIONS

- 5.1 **Policy**
The Report invites Argyll and Bute Council to consider Council policy and practice in light of the information detailed with regard over the impact of adversity across the life course with opportunities to respond to mitigate the effect by supporting resilience and the development of trauma informed and trauma responsive services.
- 5.2 **Financial**
The Report has been assessed as being at least cost neutral, and potentially cost saving, in terms of reduced health service utilisation, improved staff well being, reduced sickness rates and improved recruitment and retention of staff.
- 5.3 **Legal**
There are no legal implications identified in the report

- 5.4 **HR**
The Report has been assessed as likely to have a positive rather than a negative impact on human resources.
- 5.5 **Equalities**
The report is believed to address and reduce inequalities. Whilst it is hoped that this report is accessible to and considered informative by the community, stakeholders and more generally the wider public, it is not considered policy/service/practice/decision and therefore does not require a full Equality Impact Assessment. Any policies or practices which result from this report to prevent Adverse Childhood Experiences or mitigate their negative impacts would have to be screened again and consideration given to whether it would be appropriate to conduct a full Equality Impact Assessment.
- 5.6 **Risk**
There are no identifiable risks identified at this point in time.
- 5.7 **Customer Service**
The Report has been assessed as likely to have a positive rather than a negative impact on customer service.

Sally Amor Child Health Commissioner / Public Health Specialist NHS Highland
15 November 2018

For further information contact: Sally Amor (e-mail: sally.amor@nhs.net)

APPENDICES Appendix 1

The Annual Report of the Director of Public Health 2018

Adverse Childhood Experiences, Resilience and Trauma Informed Care: A Public Health Approach to Understanding and Responding to Adversity