

Believe in
children



Barnardo's
Scotland

19th January 2018

Briefing for Members Debate on Adverse Childhood Experiences

Key points:

- An understanding of **the impact of trauma and adverse childhood experiences** is essential for everyone, particularly those working with children and young people.
- ACEs are not a determinant of future poor outcomes; **building resilience and coping strategies** in our children and young people is a crucial part of preventing negative outcomes.
- Support must be available **for parents and those working with** children who have experienced trauma and ACEs
- The current priority of **closing the attainment gap** must have more of a focus on the impact of trauma and ACEs on a child's ability to learn.

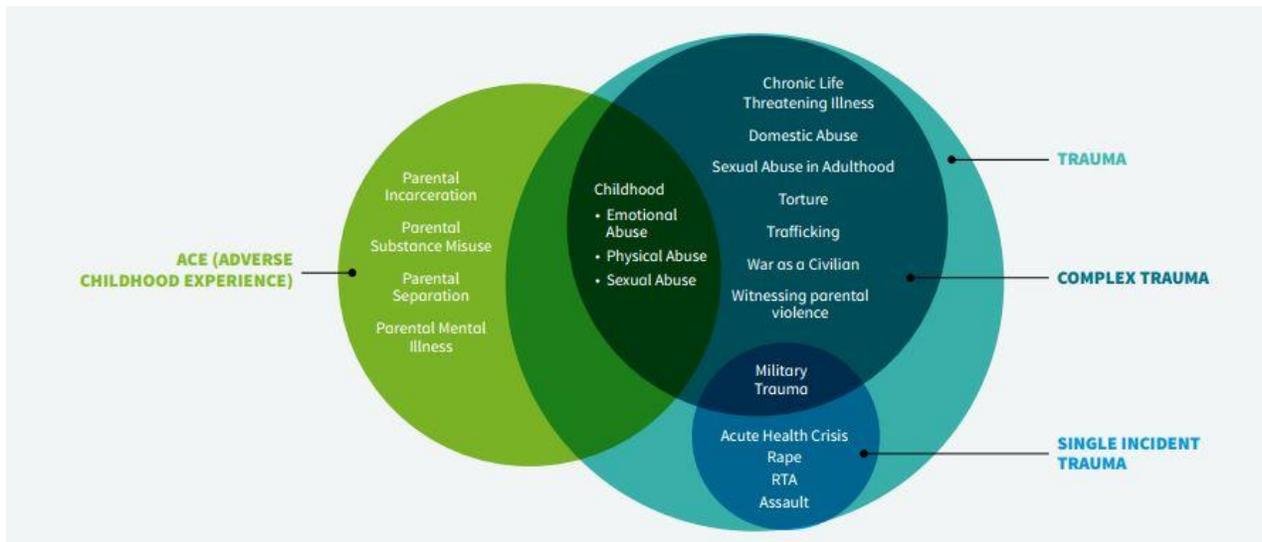
We congratulate Gail Ross for securing this timely debate on the impact of Adverse Childhood Experiences (ACEs) and very much welcome the opportunity to contribute. Recognising and **responding to the impact of trauma and adversity** is key to improving outcomes for our most vulnerable children.

Barnardo's is the UK's largest children's charity, across Scotland we work with thousands of children, young people and their families every year. Many of the children, young people and parents we work with **have experienced trauma and abuse, often multiple and severe**. The recent focus in Scotland on Adverse Childhood Experiences (ACEs) and their impact throughout the life course is extremely welcome, in particular the innovative use of the Resilience documentary by dedicated advocates and champions for change.

For over 150 years we have been **working to support children and their families who have experience of trauma and adversity**. The ground-breaking ACEs research, conducted in the USA in the 1990's not only highlighted the links between early trauma and future poor health but also showed us that trauma and ACEs are not a determinant of future poor outcomes. We need to have a **strong focus on resilience** as well as adversities, which can provide a message of hope alongside the ACEs research. The right support and interventions at the right time can and do make a difference, but we can only get there if we as a society have an **awareness and recognition of the impact of trauma**.

Trauma-informed practice and building resilience

When we talk about ACEs we are talking about **developmental trauma**. Children and young people can also experience trauma outwith the definition of ACEs. This is set out in the [Trauma Knowledge and Skills Framework](#) developed by NHS Education Scotland which we believe is a **critical document for the entire Scottish workforce**.



We have services across Scotland which work with children and young people who have experienced **trauma, grief and loss**, often in the form of bereavements of those close to them. We often receive referrals from CAMHS for children needing bereavement, trauma and loss counselling. Our [Here and Now service in YOI Polmont](#) found that **77%** of the young men had experienced a **traumatic bereavement** e.g. murder, suicide, drugs and **67% had experienced 4 or more bereavements**. We shouldn't be waiting for these young people to reach prison before they are able to access support to address these experiences.

"Why are we waiting for them to fall apart and get ill? We need to be where the kids are" **Resilience Documentary**

In areas where all our staff have had specific training on trauma-informed practice we are **seeing changes in practice**. Trauma is being identified by professionals in multi-agency meetings and in assessments, and schools are flagging trauma in the same way as they may flag autism or ADHD.

This kind of practice, supported by the NHS Trauma Framework, **should be embedded in all professional practice** and used to support parents, carers and families.

Supporting those caring for children

"If we want to improve the lives of our children we have to transform the lives of those caring for them" **Resilience Documentary**

Learning from the ACEs research and subsequent practice has shown that parents and carers can be a buffer for their children's adverse experiences. Our work with families echoes this, and we are currently looking at piloting **routine screening of ACEs with parents** within our services. Dealing with the root causes of the issues being presented rather than simply looking at the symptoms is central to our work with families.

The [IRIS briefing](#) on trauma informed practice for looked after children highlighted that the key adults in helping children recover from trauma are their **carers**

and teachers. They require relevant support and training to be most helpful to traumatised children.

This is reflected in our service experience, it is crucial that those working with children who have experienced trauma and ACEs are adequately supported through supervision and training, this **includes support potentially with their own experience of trauma and ACEs.**

Closing the attainment gap

Children who have experienced trauma and ACEs often **struggle to develop the skills required for learning and social relationships.** Developmental issues related to unaddressed trauma can mean they are more hyper aroused and they may react strongly to sensory triggers, often without being aware.

These behaviours often manifest themselves in a school environment and can be **misconstrued as 'bad behaviour'** requiring discipline rather than support. We believe it is crucial that schools foster an environment where **staff are ACE and trauma aware** and where children are taught to develop the skills they need to understand and cope with their experiences.

Our work to close the [educational attainment gap](#) focuses on **promoting secure attachment, promoting recovery from toxic stress (trauma) and building resilient communities,** it also highlights the importance of early intervention in preventing intergenerational experience of ACEs. Teaching children from an early age [about emotional awareness,](#) how to self-regulate, how to resolve conflict etc. is an essential part of preventing future problems with their mental health and wellbeing.

The current national priority of closing the poverty related attainment gap should have a **stronger focus on the impact of ACEs and trauma on a child's ability to learn.** Many teachers [currently feel](#) that health and wellbeing is a lower priority than literacy and numeracy, despite demand for help increasing from children and young people.

We want to see children and young people have a clear understanding of the impact of trauma and ACEs, particularly in relation to their mental health and wellbeing. This should **form a core part of any PSE lesson** and wider school approaches to the **health and wellbeing** strand of the curriculum. We very much hope these issues are highlighted in the current Scottish Government Review of PSE and ongoing Educational Governance reform.

What's your ACE score?

Fundamental to making Scotland a trauma and ACE aware nation is raising awareness of the prevalence of ACEs in the general population. Although there is no data for Scotland, in [Wales around 47%](#) of the population have at least 1 ACE and in [England the figure is 48%.](#)

We have included the basic ACEs screening tool used in the original study at the end of this briefing. We would encourage all MSPs to consider **calculating their own ACE score.** You can find out what your [ACE score means here.](#)

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