



Adverse Childhood Experiences

Public Health
Annual Report
2018

Glossary

Adverse Childhood Experiences	Adverse Childhood Experiences (ACEs) are stressful or traumatic events that happen in childhood. They can include things that affect a child/young person directly (such as abuse or neglect) or indirectly through the environment they live in. ACEs can be single events or long-term or repeated experiences.
Binge drinking	Drinking a large amount of alcohol over a short amount of time, usually with the intention of getting drunk. Often defined as more than 6-8 units of alcohol in a single session.
Substance misuse	This can include alcohol or drugs. It is the “continued misuse of any mind-altering substance that severely affects a person’s physical and mental health, social situation and responsibilities ¹ .”
Domestic abuse	“An incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer ² .”
Emotional abuse	Emotional or psychological maltreatment of another person. This could include intimidation, threats, criticism, control, undermining or making people feel guilty.
Health inequalities	“The unjust and avoidable differences in people’s health across the population and between specific population groups ³ ”.
Hormone system	A collection or network of hormone producing glands in the body. Hormones regulate many different bodily functions such as growth, reproduction, sleep and mood.
Immune system	A collection of cells, tissues and organs in the body which fight disease and protect against infections.
Mental health	The state of a person’s psychological and emotional well-being.
Neglect	“The ongoing failure to meet a child’s basic needs ⁴ ”. This can include inadequate food, clothing, shelter or supervision.
Physical abuse	Deliberately hurting someone to the extent that injuries are sustained
Post-traumatic stress disorder	This is a type of anxiety disorder which can be caused by extremely frightening or distressing events. Symptoms include flashbacks, nightmares, irritability and guilt.
Prevalence	The number of people who are affected by a disease or who share a particular characteristic at one point in time
Safeguarding	This means protecting adults and children from abuse, harm or neglect. Local authorities, schools, and healthcare services all have a duty to safeguard people in their care.
Sexual abuse	This is when “someone is forced, pressurised or tricked into taking part in any kind of sexual activity with another person ⁵ .”
Statutory services	These are services which are funded/ provided by the government. They include the National Health Service (NHS) and social services.
Third sector	This umbrella term covers community or voluntary organisations which do not aim to make a profit and are not government run. These can include charities, social enterprises and self-help groups.
Trauma	Occurs when a person experiences or witnesses a physically or emotionally harmful or life-threatening event. It may be a single incident or a prolonged or repeated experience (known as complex trauma). How someone is affected by a traumatic event depends on the trauma, their support network, their personality and previous life experiences.
Wellbeing	“The state of being comfortable, healthy or happy ⁶ ”.

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Foreword

“Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood.” ^{7(p.22)}

Ensuring that every child has the best start in life is one of the central aims of the Health and Wellbeing Strategy for Cumbria. The things that happen during pregnancy and childhood can have a lasting impact on physical and mental health throughout life⁸. Experiences during the early years are crucial for shaping brain development, facilitating learning and developing emotional wellbeing (shown in Figure 1)⁸. Investing in services that ensure that babies and children are well supported in loving, secure and stable relationships will therefore not only help to create happy, healthy childhoods, it will also lay the foundations for long and healthy lives.



Figure 1: Infographic showing the importance of giving every child the best start in life. Source: Public Health England⁸

In the 2017 Public Health Annual Report, I briefly drew attention to the influence that Adverse Childhood Experiences (ACEs) could have on long term health and wellbeing and recommended that “Bay Health and Care Partners and North Cumbria Health and Care should incorporate emerging evidence and practice regarding Adverse Child Experiences to support children, young people and their families.” In the past year there is no doubt that the profile of ACEs and Trauma Informed Care has grown in Cumbria, with a number of significant learning events taking place across the County.

This year’s report therefore builds on last year’s brief mention of the subject to focus entirely on the effects of childhood adversity on health and wellbeing throughout the life course. It starts by describing what ACEs are and the impact that they can have on both individuals and the wider society and attempts to estimate the scale of the problem in Cumbria. It then goes on to explore what can be done to prevent ACEs and to mitigate against their effects. Finally, it identifies the work that is being done across Cumbria to address this problem and makes recommendations for future strategy.

Given how common ACEs are I am very aware that many people reading this report will have personal experience of them, and some may be affected by the content of the report. Appendix 2 contains a list of services and organisations that can offer support. While this may be a challenging subject, in many ways it is a story of hope: reducing the impact of ACEs is possible, and support is available. I hope that this report can contribute in some way to stopping people from suffering in silence.



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Adverse Childhood Experiences

What are Adverse Childhood Experiences (ACEs)?

The term 'Adverse Childhood Experiences' (ACEs) can be used to describe a wide range of stressful or traumatic events that happen during childhood. They can be single events or repeated experiences. Much of the literature on this topic concentrates on ten specific categories of adversity (shown in Figure 2). These categories can be separated into three main groups; neglect, abuse and household challenges. ACEs in the first two of these groups can cause direct emotional or physical harm to children, while those in the third group can cause indirect harm through their effect on the home environment.

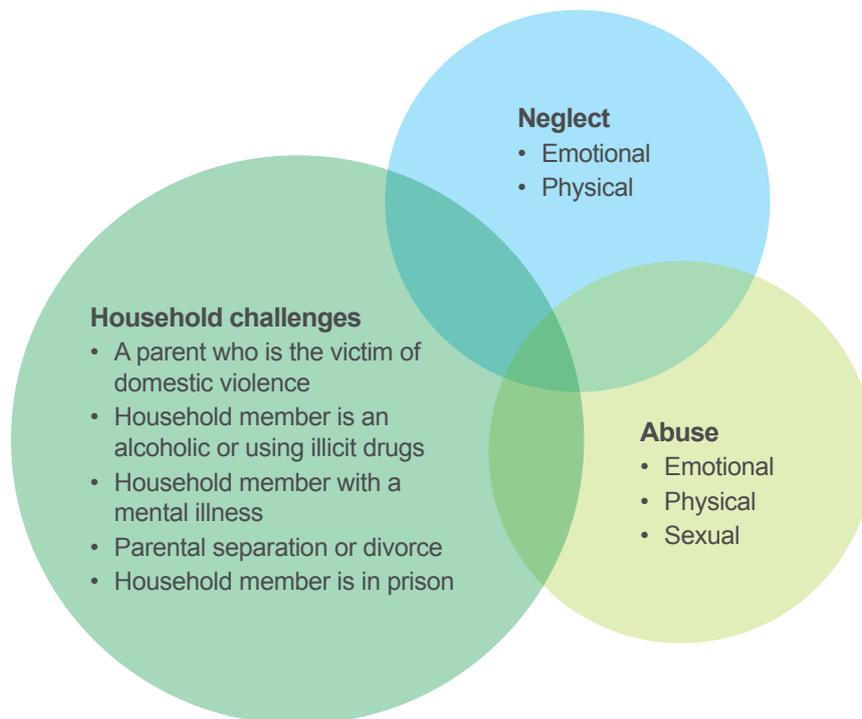


Figure 2: The ten categories of ACEs (separated into three groups) that have been studied in the most detail in terms of their effects.

The list of categories shown in Figure 2 is not exhaustive. There are many other types of childhood adversity that are not included, but that have the potential to have equally damaging effects. Examples of these include financial difficulty, bereavement, family conflict, bullying and serious childhood injury or illness. Much less is known about the ways in which these other types of childhood adversity affect long-term health and wellbeing because their impacts have not been studied in as much detail⁹.



How common are ACEs?

The evidence suggests that ACEs are common in many countries around the world¹⁰⁻¹², and the United Kingdom (UK) is no exception. A large survey comprising of 3,885 adults in England conducted in 2013 showed that just under half (48%) had experienced at least one of the ACEs listed in Figure 2 (excluding neglect) while they were growing up, and 9% had experienced four or more (shown in Figure 3)¹³. These figures are broadly similar to those obtained in other studies conducted in the United States of America (USA), Wales, and other European countries¹⁰⁻¹².



Figure 3: The percentage of adults reporting ACEs in a national survey of English Households. Source: Bellis et al¹³

The same English survey found that different types of childhood adversity were more common than others (shown in Table 1). For example, while almost one in four of those contacted had experienced parental divorce or separation, only one in twenty-five had grown up in a household where someone had used illicit drugs.

ACE		Percentage of people
Abuse	Verbal	18.2%
	Physical	14.8%
	Sexual	6.3%
Household environment	Domestic violence	13.1%
	Alcohol abuse	9.7%
	Drug use	4.1%
	Mental illness	12.0%
	Parental separation or divorce	24.3%
	Household member in prison	4.3%

Table 1: The percentage of English adults surveyed who reported having suffered from the ACEs listed¹³.

It is important to note that most studies that have tried to estimate the prevalence of ACEs have done this by asking adults to report childhood adversity retrospectively. This is likely to result in an underestimation of the true figures because people are more likely to under-report adversity than report events that didn't happen¹⁴.

In Cumbria, the precise number of people who have experienced ACEs is not known. However, if we apply the proportions discussed above, it may be that over 188,000 adults currently living in the county have grown up with at least one ACE, and over 36,000 have been exposed to four or more. Furthermore, it could be that 46,000 children currently living in Cumbria will experience at least one ACE before their 18th birthday.

Data relating to the prevalence of abuse, neglect and to some of the factors that can alter the home environment are also available for Cumbria (shown in Table 2). Although these figures do not necessarily represent the number of children in the county being exposed to ACEs, they can provide a valuable insight into the potential scale of the problem. Table 2 also includes the number of looked after children in Cumbria. This is relevant to ACEs because it has been estimated that 60% of looked after children have been exposed to abuse or neglect¹⁵.

Indicator	Year	Cumbria	England
Children subject to a child protection plan (by 31st March per 10,000 children under 18)	2014/15	34.8 ¹⁶	42.9
Number of children with a child protection plan	2018	624	-
Children in need due to abuse or neglect (per 10,000 children under 18 years)	2017	231.0 ¹⁶	172.9
Domestic abuse-related incidents and crimes (recorded by the police. Per 1000 adults over 16)	2016/17	18.6	22.5
Long-term mental health problems (% of adults over 18 responding to GP survey)	2016/17	5.7 ¹⁶	5.7
Parents in drug treatment (rate per 100,000 children aged 0-15)	2011/12	110.4 ¹⁶	110.4
Children looked after by the local authority (rate per 10,000 children under 18 years)	2015/16	71.1 ¹⁶	60.3
Number of looked after children	2018	690	-
Marital breakup: % of adults	2011	11.5 ¹⁶	11.6

Better than the
England Average

Similar to the
England Average

Worse than the
England Average

Table 2: Figures relating to the prevalence of ACE-related indicators in Cumbria (compared to the England average). Source: Public Health England where stated¹⁶. Otherwise data collected locally.

Why are ACEs important?

There is increasing evidence to suggest that the damaging effects of childhood adversity can be deep and far reaching. In fact, ACEs were described by the former president of the American Academy of Pediatrics (Robert Block) as *“the single greatest unaddressed public health threat”* that we face today¹⁷. ACEs not only have the potential to cause immediate physical and mental harm to children, but can also have a lasting impact on health, wellbeing and behaviour throughout the life-course⁹. Evidence suggests that adults who have previously been exposed to four or more ACEs are significantly more likely to suffer from a wide range of physical and mental health problems compared to those exposed to none (shown in Figure 4). These include obesity, diabetes, heart disease, cancer, stroke, depression and sexually transmitted diseases (STDs)^{9,12,18-21}. In addition, they are also more likely to experience divorce, financial difficulty, unemployment, incarceration, and to be a perpetrator or victim of violence^{10,22,23}.

Compared to people with no ACEs, those with *four or more* ACEs are:

Twice as likely to die prematurely²¹

Twice as likely to develop cancer²¹

Three times more likely to develop type 2 diabetes²¹

Four times more likely to develop lung disease²¹

Six times more likely to have a stroke²¹

Six times more likely to suffer from mental illness²⁰

Nine times more likely to experience feeling suicidal or to self-harm²⁰

Figure 4: Increased risk of disease in adults who have experienced four or more ACEs: results from two studies conducted in England and Wales.

It is likely that some ACEs (or combinations of ACEs) have the potential to cause more harm than others, but because most studies concentrate on the relationship between ACE 'score' (i.e. the number of ACEs experienced) and adverse outcomes, this is difficult to quantify accurately. In addition, there is little evidence to show how variables such as the length of exposure or age at exposure affect impact^{23,24}. It is also important to note that although there is a great deal of evidence to show that ACEs are associated with a wide range of health and social problems, it is very difficult to prove that they actually cause them. Furthermore, it should be stressed that not everyone who experiences childhood adversity goes on to develop mental or physical health problems as a result²³. In fact, there is emerging evidence to suggest that traumatic events during childhood can improve empathy and compassion in adulthood²⁵.

How do ACEs harm long-term health and wellbeing?

The fact that ACEs can affect long-term mental health is not surprising, but the exact mechanism through which they also affect physical health is not straightforward. One theory is that ACEs damage health and wellbeing through their impact on what is known as *toxic stress* (shown in Figure 5)²⁶⁻²⁸. This term is used to describe a situation in which children are exposed to extreme, prolonged or repeated stressful events in the absence of supportive, protective relationships²⁹. This chronic stress results in the persistent production of stress hormones, which in turn have the potential to influence the developing brain, immune and hormone systems^{22,30-32}. In this way, ACEs can affect the way in which individuals learn, form relationships, regulate emotions, respond to stressful situations and fight disease^{19,22,27,30,32,33}.

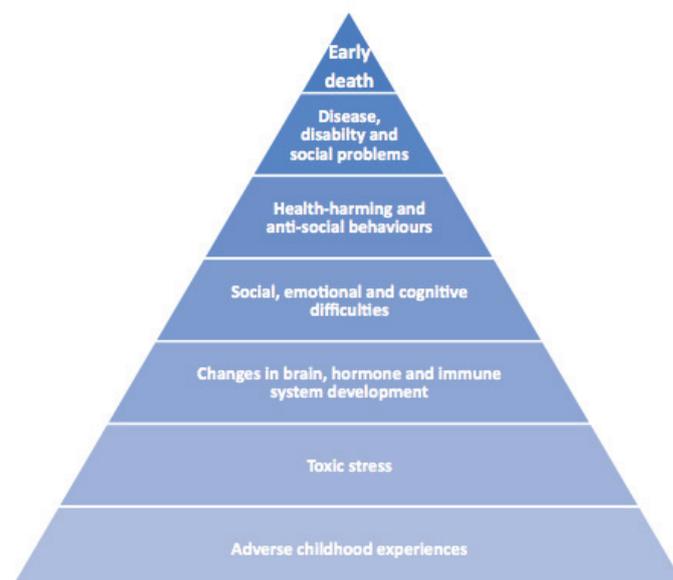


Figure 5: The mechanism through which ACEs may affect health and wellbeing. Adapted from: Felitti et al¹²

The second way in which ACEs are thought to affect health is through their impact on health-harming behaviours. These are often adopted as ways of coping with previous trauma¹⁹, and can include smoking, drug misuse, overeating, and unprotected sex. Studies have shown that people who have been exposed to four or more ACEs are significantly more likely to adopt these health-harming behaviours than those who have experienced none (shown in Figure 6)^{10,12,13,19,22}. This in turn puts them at greater risk of developing a range of physical, mental and social problems.

Compared to people with no ACEs, those with *four or more* ACEs are:

Twice as likely to binge drink

Three times more likely to smoke

Twice as likely to have a poor diet

Eight times more likely to have been involved in violence in the past year

Eleven times more likely to have been in prison

Eleven times more likely to have used heroin or crack cocaine

Figure 6: Health harming and antisocial behaviours relating to ACE exposure in England. Source: Bellis et al¹³.

ACEs do not just affect the individuals who are directly exposed to them. The increase in substance misuse, violence and crime associated with ACEs means that their negative effects can be felt throughout society. In addition, there is evidence that adults who have experienced ACEs themselves are more likely to expose their own children to them¹⁰. This can lead to a vicious cycle of adversity and poor health being passed down through generations¹⁰.

Why focus on ACEs in Cumbria?

Tackling ACEs in Cumbria has the potential to bring about far reaching, lasting improvements in the health and wellbeing of the whole population. It would not only help to make childhoods happier, it would also make lives healthier. Modelled estimates suggest that in England preventing ACEs altogether could lead to significant improvements in a wide range of public health problems such as smoking, binge drinking, drug use, obesity and violence (shown in Figure 7).

Preventing ACEs could reduce levels of:

Early sex (before age 16) by **33%**

Unintended teen pregnancy by **38%**

Smoking (current) by **16%**

Binge drinking (current) by **15%**

Cannabis use (lifetime) by **33%**

Heroin/crack use (lifetime) by **59%**

Violence victimisation (past year) by **51%**

Violence perpetration (past year) by **52%**

Incarceration (lifetime) by **53%**

Poor diet (current; < 2 fruit & veg portions daily) by **14%**

Figure 7: The estimated amounts by which a range of public health problems could be reduced if ACEs were prevented. Source: Bellis et al¹³

In turn, this would reduce the number of people suffering from conditions such as type 2 diabetes, lung cancer, heart disease and stroke. Furthermore, given the strong relationship between childhood adversity and the development of child, adolescent and adult mental health problems³⁴, preventing ACEs and mitigating against their effects could have a significant impact on mental health outcomes throughout the county. This could go some way to reducing the individual and collective burden caused by conditions such as depression and post-traumatic stress disorder (PTSD) as well as suicide³⁴ and is of particular importance in light of the number of people affected by mental health disorders. Recent evidence suggests that around one in eight 5-19-year olds had a mental disorder in England during 2017³⁵, and that one in six adults have symptoms of a common mental health disorder at any one time³⁶. A national survey in 2014 also found that the proportion of people over the age of 16 reporting previous self-harm or suicidal thoughts has increased over the last decade³⁶.

Table 3 gives an idea of the current numbers of people in Cumbria who are exposed to unhealthy lifestyles or who are experiencing some of the physical or mental health problems that are linked with ACEs. While it is difficult to accurately predict the amount by which these figures could be reduced if ACEs were prevented, we can use some of the estimates in Figure 7 to obtain ballpark figures. To take smoking as an example, assuming that 16% of people currently smoke as a direct result of their ACEs, approximately 9,400 adults in Cumbria may never have taken up the habit if their ACEs had been prevented (or their effects mitigated against). Bearing in mind that about half of all lifelong smokers will eventually be killed by their addiction, and that smoking is the primary cause of preventable illness in England (accounting for 4% of all hospital admissions in 2016/17^{37,38}), the impact of that would be substantial.



	Indicator	Year	Cumbria	England
Education	GCSEs achieved % (5 A*-C incl. Maths and English)	2015/16	56.2	57.8
	Children achieving a good level of development by end of reception: %	2016/17	68.5	70.7
Sexual health	Sexually transmitted disease diagnosis rate (per 100,000 population)	2017	432	743
	Under 16s conception rate (per 1000 females aged 15-17)	2016	3.5	3.0
Smoking	Smoking in adults: %	2017	14.5	14.9
	Lung cancer registrations (per 100,000 population)	2014-16	72.7	78.6
Alcohol	Adults binge drinking on heaviest drinking day in past week: %	2011-14	22.6	16.5
	Hospital admissions for conditions related to alcohol (All ages per 100,000 population)	2016/17	676	636
	Deaths from liver disease considered preventable (per 100,000 population under 75 years)	2014-16	15.1	16.1
Drug misuse	Cannabis use in the past month: %	2014/15	2.9	4.6
	Estimated prevalence of opiate and/or crack cocaine use (per 1000 population aged 15-64)	2014/15	8.9	8.6
	Referrals into UNITY drug and alcohol service for Cumbria (number of people)	2016/17	2,527*	-
Violence	Hospital admissions for violence (age standardised per 100,000 population)	2014/15-2016/17	28.5	42.9
	Violence against the person offenses (per 1000 population)	2016/17	14.6*	20.2
Diet and obesity	Adults meeting the recommended '5-a-day' on a usual day: %	2016/17	60.8	57.4
	Adults overweight or obese: %	2016/17	62.4	61.3
	Estimated number of patients with a diagnosis of type 2 diabetes	2017/18	28,506*	-
Mental health	Primary school pupils with social, emotional and mental health need: %	2018	1.60	2.19
	Secondary school pupils with social, emotional and mental health need: %	2018	1.59	2.31
	Long term mental health problems (% of GP survey respondents over 18)	2016/17	5.7	5.7
	Suicide rate (age standardised per 100,000 population)	2014-16	13.0	9.9

Better than the
England Average

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Table 3: Table showing the number of people in Cumbria who are exposed to lifestyles or experiencing health problems which are commonly associated with ACEs (in comparison with the England average). Source: Public Health England¹⁶ (data denoted by * has been collected/estimated locally).

Reducing the prevalence of ACEs in Cumbria could also reduce health inequalities in the county. While ACEs can be experienced by anyone, children who live in the most deprived areas, and those who are from poor families are at the highest risk^{23,39}. In England, one study found that the number of adults who had been exposed to four or more ACEs ranged from 4.3% in the least deprived areas to 12.7% in the most deprived (shown in Figure 8)¹³. This means that the burden of ACE-related ill health is borne disproportionately by the most disadvantaged in society.

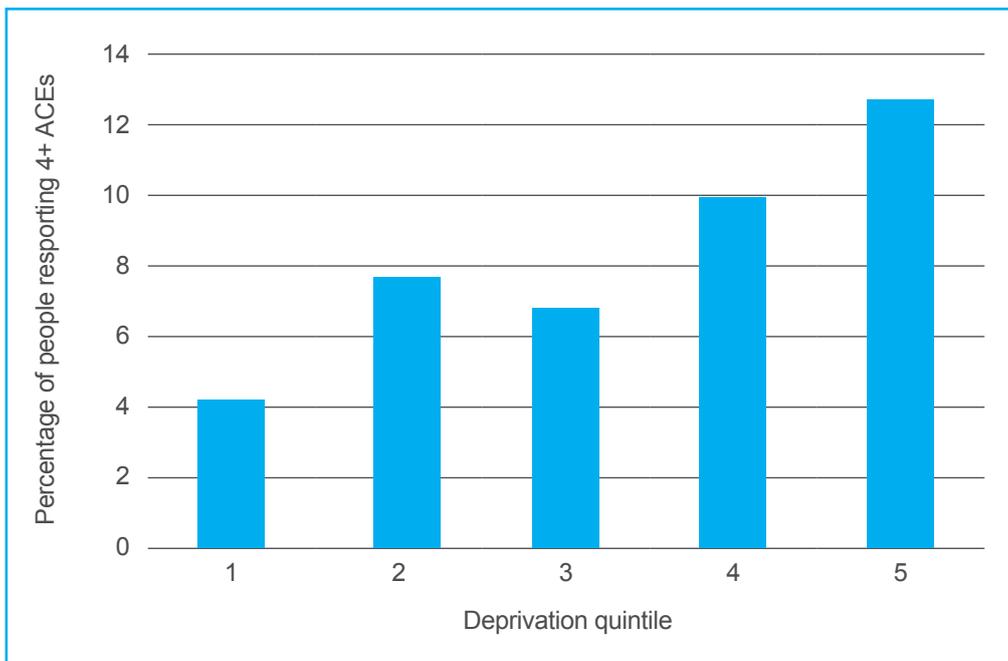


Figure 8: Graph showing the percentage of adults who reported having experienced four or more ACEs according to level of deprivation (1 = least deprived and 5 = most deprived areas). Source: Bellis et al¹³

Preventing ACEs also has the potential to reduce pressure on a wide range of services across the county and could lead to substantial cost savings^{10,40}. The resulting improvements in mental and physical health are likely to reduce demand on the National Health Service (NHS). This would reduce hospital waiting times and improve access to general practice. In support of this, studies conducted in both the USA and UK have shown that adults who have previously experienced childhood adversity have significantly more contact with primary and secondary care services compared to those who have not^{10,19,40-43}. In addition, levels of healthcare use can be seen to increase in line with the number of ACEs experienced⁴⁰. The results of one of these studies is shown in Figure 9.

Compared to people with no ACEs, those with *four or more* ACEs are:

Twice as likely to have visited their GP over the last year

Twice as likely to have visited A+E over the last year

Twice as likely to have had more than ten teeth removed

Three times more likely to have stayed a night in hospital

Seven times more likely to have been diagnosed with a sexually transmitted disease (STD)

Figure 9: The results of a study conducted in the South of England showing increased service use in people who have experienced four or more ACEs. Source: Ford et al¹⁹

In addition to easing pressure on the NHS, a reduction in ACE-related anti-social behaviour and violence would lighten the burden on the criminal justice system and improve the environment in which people live.

It is difficult to predict accurately the potential cost savings associated with preventing ACEs, and it is impossible to quantify the emotional cost to victims. However, in a report produced for the National Society for the Prevention of Cruelty to Children (NSPCC) in 2017, the lifetime financial cost of non-fatal child maltreatment (abuse or neglect) in the UK was estimated to be around £89,390 per victim, although this is likely to be a conservative estimate⁴⁴. Importantly, although this figure takes into account the projected costs of healthcare, unemployment, special educational support, criminality and social care, it does not include the cost of obesity, type 2 diabetes, cancer or drug use. Due to large gaps in the data, it is also based on a number of assumptions, and should therefore be seen as a rough guide rather than a definitive amount.

What can be done about ACEs?

The good news is that many ACEs can be *prevented*. This can be done through the provision of services that address the needs of children and their families, but also requires wider societal changes and the provision of safe, stable and nurturing relationships and environments for children to grow up in⁴⁵.

For adults and children who have already experienced ACEs, it is important to remember that they do not need to be a 'life sentence', and that their potential adverse effects can be *mitigated against*. Protective factors during childhood (discussed below) can cushion against the impact of ACEs, and these are things that can be provided through the collective efforts of parents, communities and professionals. In addition, people who are already suffering from the adverse effects of ACEs can be supported to overcome their challenges, enabling them to go on to lead long, healthy and fulfilled lives despite the odds.

Importantly, a 'whole system' approach is needed for preventing ACEs and mitigating against their effects. Interventions are required across a wide range of organisations (the police, schools, the NHS, councils, community and 3rd sector groups), and as such coordinated and cooperative working is required. Strategies should be universal (aimed at the whole population), while also focusing additional efforts towards vulnerable and marginalised groups.

Figure 10 presents the case of Mr S, a resident of Cumbria, who describes how ACEs have affected his life so far and the ways in which he has been able to minimise their impact going forward.

Mr S.* is 61-year-old business man living in Cumbria. He experienced all ten of the ACEs listed on page 3 before the age of 15 and spent much of his childhood in care. This has had far reaching effects across all aspects of his adult life. It has affected his physical and mental health, as well as his relationships, education and employment. He has been married three times, fathered eight children, lived in 34 different houses, had in excess of 25 jobs, and has been declared bankrupt twice. He has suffered with depression and chronic pain. As a child, he learnt to trust no-one;

“My trust button was not just broken; it was completely missing from my brain”⁴⁶ (p.10)

And the coping mechanisms he developed to deal with repeated trauma have stayed with him into adulthood;

“From being a toddler to a man of 50 plus years, I lived in a state of hyper-vigilance, viewing every encounter with human beings as a potential bear in the forest moment that I had to quickly control, fight or flee. An exhausting and all-consuming way to live that has almost broken me on a few occasions [...]. I have attempted suicide and I have had regular suicidal thoughts. I lost all confidence in myself and my abilities.”⁴⁶ (p.44)

More complex coping mechanisms continued to develop throughout my life as I adopted different lifestyles and personas [...]. My adult life has been lived at one hundred miles an hour [...]. The faster I lived, the easier it was to ignore my nightmares.”⁴⁶(p.45)

Over the last few years, Mr S has become more aware of the impact that ACEs can have on people’s lives. This has enabled him to make better sense of his own life, and to understand some of the difficulties he has faced. It has also inspired him to tackle the problem of ACEs across Cumbria by improving awareness and providing “Working with ACEs” training for healthcare, education and frontline professionals. He has also received support and treatment for his physical and mental health problems through the collective efforts of his family, his GP, therapists, the police and mental health services, and as a result, his life is improving.

“ACEs are not a convenient excuse for my reckless adult life and behaviours, but they go a long way in explaining how they are connected [...]. I feel like I am now slowly re-emerging as the good, loving, caring, and productive creative person I was meant to be [...]. ACEs are no longer defining my future and ACEs are not my destiny.”⁴⁶ (p.62)

**This case study is based on a real person, but the name and some details have been changed to protect anonymity*

Figure 10: A pseudonymised case study based on a Cumbrian resident which illustrates some of the difficulties associated with ACEs, and how these can be tackled. Source: ACEs in the shadows⁴⁶.

There are currently no national guidelines relating to how best to tackle ACEs, although a parliamentary enquiry looking into evidence-based early years interventions has recently been published⁴⁷. The authors report that approaches to improving outcomes for ACE survivors vary across the country and suggest that the government should “set out a clear national strategy to empower and encourage local authorities to deliver effective, sustainable and evidence-based early intervention”⁴⁸. They recommend improving knowledge about ACEs and their possible effects amongst professionals, encouraging the use of data to assess the impact of early intervention initiatives, and using evidence to increase the chances of successful programme implementation⁴⁹.

Until a national strategy is developed, an overarching plan for addressing ACEs in Cumbria is needed. The pentagon model (shown in Figure 11) has been used across Lancashire and South Cumbria as a framework for improving population health in a number of different areas. It can be used to categorise interventions which have the potential to prevent ACEs and reduce their impact, and provides the opportunity to identify any gaps in service provision and to ensure a system-wide approach to tackling ACEs across the county and throughout the life course. The following chapters of this report considers what can be done with regard to ACEs within each level of the pentagon framework.

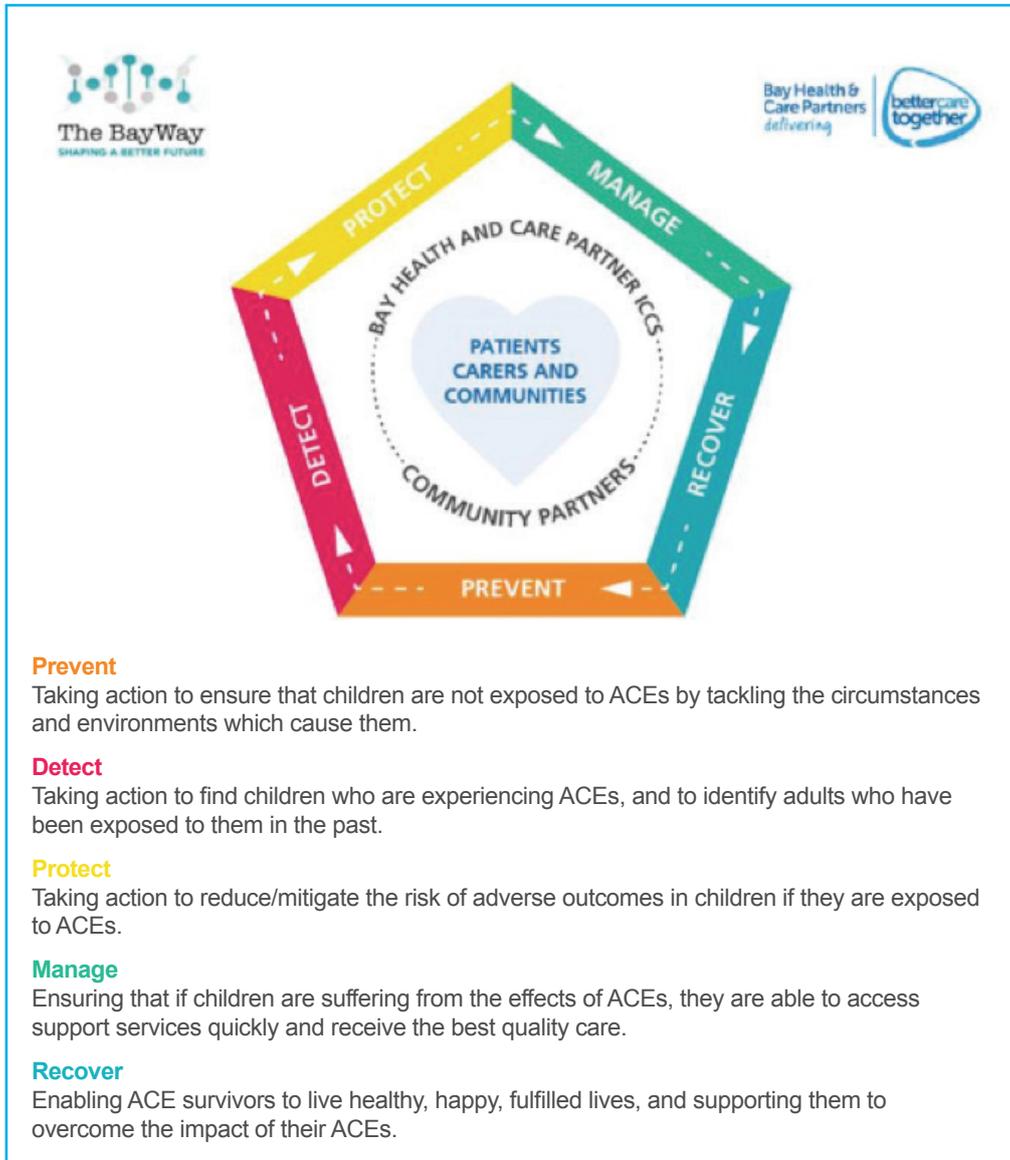


Figure 11: The pentagon model which could be used to structure an approach to tackling ACEs across Cumbria.

Prevent

“Taking action to ensure that children are not exposed to ACEs by tackling the circumstances and environments that cause them.”

The gold standard in terms of tackling ACEs (and their adverse effects) is to prevent them from occurring in the first place. To do this, it is important to understand more about the things that could increase the risk of childhood adversity. These can be split into (i) the environment in which families live and (ii) parent and family factors. It is important to note that these factors only increase the risk of ACEs and that the presence of any one of them does not necessarily mean that children will experience adversity.

The family environment

There is some evidence that the socio-economic circumstances in which children grow up in affect their risk of experiencing adversity. As mentioned previously, ACEs appear to be more common in children who live in poverty^{23,39}. There could be a number of reasons for this, but some suggest it could be related to increased levels of parental stress caused by low incomes or unemployment²³. Children who live in deprived areas are also more likely to experience ACEs. The World Health Organization (WHO) suggests that this could be due to a clustering of factors common to these communities such as unemployment, poverty, domestic violence, substance abuse, poor health, antisocial behaviour and crime¹⁸. In addition to these socio-economic factors, research suggests that parental isolation can increase the risk of child maltreatment, possibly through its effect on stress and the reduced availability of positive role models or supportive relationships^{18,23}.

Easing the financial burden experienced by the poorest families in our society could therefore help to prevent ACEs, as could providing more emotional support for parents who are isolated or struggling to cope financially. In addition, strategies that aim to reduce levels of deprivation, tackle inequalities and build connected communities that are safe, supportive, pleasant places to live are likely to be hugely beneficial.

Parent and family factors

A number of parent and family factors can increase the risk of ACEs occurring. Studies show that young parenthood, low educational attainment, poor parenting skills, unemployment and dysfunctional family relationships can all increase the risk of child maltreatment¹⁸. In addition, parents who have themselves faced childhood adversity are more likely to experience mental health problems, to abuse substances, to be incarcerated or to be violent, and are therefore more likely to expose their own children to ACEs.

Strategies that aim to prevent ACEs should therefore focus on building strong, supportive families, improving social networks for parents and nurturing good parenting skills. They should also ensure that support is provided for parents who have experienced ACEs themselves or who are struggling with mental health problems, substance abuse, domestic violence or relationship difficulties.

The Healthy Child Programme (HCP) is a national programme which aims to maximise the health and wellbeing of all children from birth to 19 years. In Cumbria, Health Visitors deliver the 0-5 years element of this, while a team of Public Health Nurse Practitioners work with schools to support them to identify and address physical and mental health and wellbeing needs and promote lifestyle improvement. The Health Visitors have a minimum of five contacts with children (and their families) before they reach the age of 2 and a half. These contacts (alongside routine Midwife visits before and after birth) provide an ideal opportunity for harmful household environments to be identified and tackled *before* they cause problems for the children involved. Enquiry about domestic violence, drug and alcohol use, mental health problems, criminality and relationship difficulties are all carried out routinely during these visits. Once problems are picked up, the appropriate support can be given, and parents can be signposted to additional services (examples of which are shown in Figure 12).

Drug and alcohol misuse

- **UNITY:** NHS team providing peer support, rehabilitation, detoxification and methadone
- **The Well:** Third sector organisation offering peer support, therapy, counselling, employment training and social activities
- **CADAS:** Third sector organisation offering support and advice

Mental illness

- **First step:** NHS talking therapies for mild to moderate depression or anxiety disorders
- **Community Mental Health Service:** NHS treatment for severe and enduring mental health problems
- **MIND:** Third sector organisation offering information, support and counselling for mental health issues
- **Growing Well:** Third sector organisation for adults with mental health problems based near Kendal on a working farm

Domestic violence

- **Freedom Project (West Cumbria Domestic Violence Support):** Work with victims of domestic abuse, as well as perpetrators and their families. Provide information, support and mentoring,
- **Barrow Women's Community Matters:** Third sector organisation offering a wide range of courses, support groups, activities and appointments. Support for anything, including domestic violence, abuse and mental wellbeing.

Relationship difficulties

- **Relate:** UK-wide organisation with centres across Cumbria who provide a range of relationship counselling services.

Figure 12: Examples of adult services available in Cumbria. Further information about these services can be found in Appendix 2.

Health Visitors in Cumbria also work with parents to help them to develop and sustain strong attachments with their children, to support infant feeding and to encourage positive relationships. They therefore have a central role to play in helping to minimise the risk of ACEs, but their efforts must be supported by a range of other interventions which target the underlying causes of childhood adversity (shown in Figure 13).

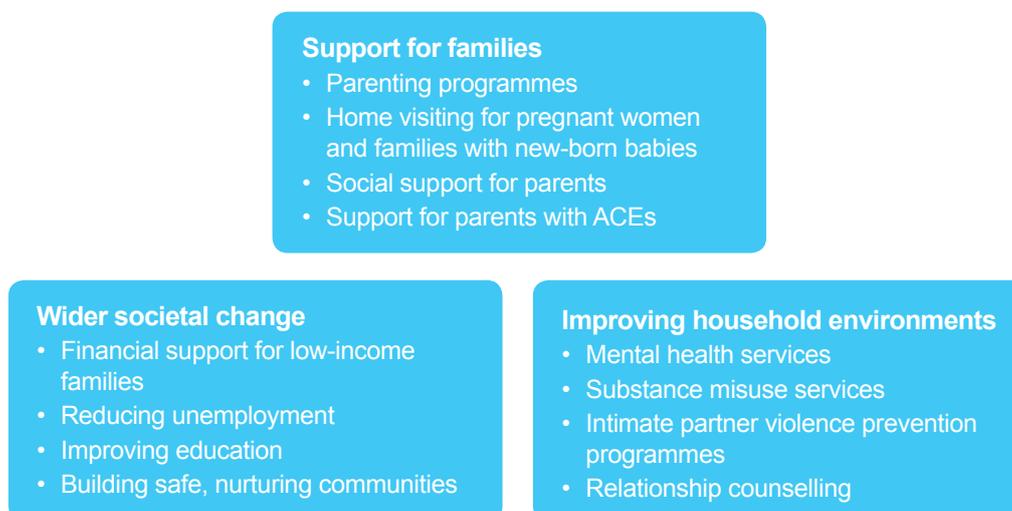


Figure 13: The building blocks for a better future: the ways in which ACEs could be prevented

Detect

“Taking action to find children who are experiencing ACEs, and to identify adults who have been exposed to them in the past.”

This section focuses on the ways in which we can identify children in Cumbria who are experiencing ACEs, as well as adults who have experienced them in the past. This is important, since it is only once we are aware of a problem that we can start to address it.

Improving awareness of ACEs

Unfortunately, not all childhood adversity can be prevented. Therefore, robust systems are needed to identify children who are currently experiencing ACEs, and adults who have been exposed to them in the past. The first step towards this is to ensure that individuals, communities, professionals and organisations are **ACE-aware**. This means understanding what ACEs are and how they can impact on health and wellbeing. Improving knowledge about ACEs could help individuals affected by childhood adversity to make more sense of the challenges they have faced throughout their lives and empower them to make changes. It also has the potential to improve empathy and understanding among professionals and the wider community and to improve patient care.

Despite this, studies suggest that knowledge about ACEs amongst healthcare professionals is generally low^{43,50}. In Cumbria, steps have already been taken to address this and a variety of organisations and groups (including the general public, police, schools, healthcare professionals and the 3rd sector) have undergone ACE awareness training in a number of different formats.

Bay Health and Care Partners held a shared learning event on ACEs in early 2018, and following on from this, a multi-disciplinary ACEs conference was held in October 2018. A conference on ACEs was also held in October 2018 at Rheged in Penrith for North Cumbria healthcare professionals. The event launched partnership discussions around developing a North Cumbria approach to ACEs, and subsequent strategy meetings have been organised.

In addition, there has been a recent initiative to organise free showings of the film “Resilience: The Biology of Stress and the Science of Hope” across Cumbria. This has been organised through the crowdfunding efforts of a local grassroots organisation “The Cumbria Resilience Project”, which was founded by an ACE survivor and is supported by a group of multi-disciplinary volunteers. Since July 2018, it has been shown in healthcare settings, schools and community spaces to over 500 people.

Identifying children affected by ACEs

An awareness of ACEs and their potential adverse effects could help professionals to identify children who are being exposed to them (or who have been exposed to them in the past). Once potentially vulnerable children have been identified, the appropriate level of support can then be put in place.

Professionals working in adult services have an important role to play in identifying children who are experiencing adversity. There is an opportunity for those involved in drug and alcohol, criminal justice, domestic abuse and mental health services to consider whether there are any children in contact with the adults they are working with, and to ensure that those children are supported appropriately.

Asking adults about ACEs

Obtaining information about whether adults have been exposed to adversity in childhood (and are suffering from the consequences) may be crucial for providing the right level of support and care. Evidence suggests, however, that unless people are asked about ACEs, they are unlikely to disclose them⁵¹. **Routine enquiry** (simply asking) about ACEs is a strategy that can be adopted by healthcare professionals to address this. It aims to improve understanding of a patient and their problems and can therefore help healthcare teams to tailor treatment appropriately⁴³. It also helps to normalise conversations about trauma and can provide a therapeutic intervention in itself by giving people a chance to talk about childhood adversity⁴³.

Research suggests that healthcare professionals sometimes find enquiry about trauma and adversity difficult^{43,52-54}. There can also be concerns about integrating routine enquiry into daily practice⁵⁵. This can be due to lack of confidence, time, resources, or concerns over their ability to tackle newly identified need^{43,53,55}. The Routine Enquiry about Adversity in Childhood (REACH) staff training programme (developed by Lancashire Care NHS Foundation Trust (LCFT)) was developed in order to address this. The main aims of the programme are to (i) improve ACE awareness (ii) encourage routine ACE enquiry and (iii) build confidence in healthcare professionals to manage ACE disclosure^{43,54}. However, leadership support is essential, and implementation is only recommended if organisations are ready to safely and effectively embed the programme and respond appropriately to disclosure⁴³.

REACH was initially piloted in a small group of mental health practitioners working in Blackburn with Darwen but has subsequently been rolled out to other health organisations as well as to drug and alcohol services, domestic abuse services and the police. An evaluation of the REACH programme in a North West general practice surgery carried out earlier this year, found that the initiative was viewed positively by practitioners and patients, although usual service pressures and time constraints were challenges to implementation⁴³. Importantly, there was no evidence of increased service demand or referrals after ACE enquiry⁴³. There are plans to roll out REACH training to General Practitioners (GPs) across South Cumbria (and the rest of the Morecambe Bay area) in 2019.

It is important to note that routine enquiry is about enabling healthcare professionals to achieve a better understanding of the patients they are currently working with and is not the same as screening for ACEs. Screening (which is used to identify people who may have an undiagnosed condition before they develop symptoms) should be used with caution for a number of reasons. Firstly, there is not yet enough evidence about how best to support patients picked up through screening, or about the potential harm it could cause^{24,43,56}. Secondly, simply collecting an ACE 'score' may be unhelpful since it does not predict need or identify what type of intervention is required (or if one is needed at all)²⁴. For example, someone who has been exposed to ten ACEs is not necessarily in need of more support than someone who has suffered from one. Finally, it would be almost impossible to develop an exhaustive ACEs 'checklist', meaning that many different types of childhood adversity could be missed²⁴.



Protect

“Taking action to reduce the risk of adverse outcomes in children if they are exposed to ACEs.”

Building resilience

Not everyone who is exposed to adversity in childhood develops toxic stress or suffers from the long-term consequences. The ability to overcome adversity and to avoid its damaging effects is known as **resilience**, and it can be a feature of individuals, groups or communities. Individual resilience is thought to convert toxic stress into more manageable stress²⁸ and therefore has the potential to protect against the health-harming consequences of ACEs. It also enables people to “bounce back” from adversity, allowing people to thrive despite the challenges they face throughout their lives²².

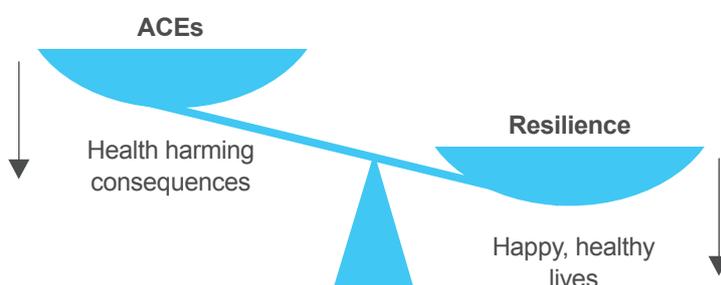


Figure 14: The way in which resilience can counteract ACEs and protect against their harmful effects. Adapted from Hughes et al²⁰.

A large study conducted in Wales found that among adults with four or more ACEs, those who had high levels of childhood resilience were 32% less likely to suffer from mental health problems at any time in their lives compared to those with low resilience²⁰. They also found that childhood resilience reduced the risk of mental health problems in adults who had not experienced any ACEs.

Even though some people may appear to be more naturally resilient than others, individuals are not born resilient. Instead, it is an asset which can be learnt or nurtured throughout the life course²². Evidence suggests that the most important factor for developing resilience in childhood is the presence of at least one stable relationship with a supportive parent or other trusted adult^{20,22,28,40,57}. Other research has shown that a mixture of individual, family and community factors can also be helpful (shown in Figure 15).

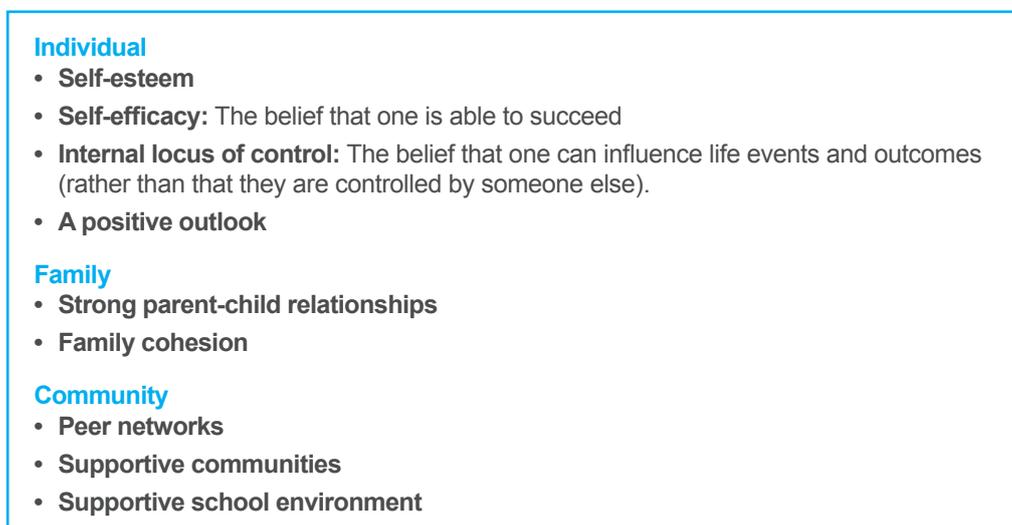


Figure 15: The individual, family and community factors which build resilience. Source: Harrop et al⁵⁸.

Resilience can also be strengthened during adulthood. Regular physical exercise, and other activities which reduce stress (such as practicing mindfulness meditation) can improve people's ability to cope with adversity⁵⁷. Participation in sports clubs or community groups along with financial security have also been shown to significantly increase resilience in adults²⁰.

Schools have a key role to play in building resilience among children and young people⁵⁹. Importantly, they provide a universal service, enabling all children to benefit from interventions and support. Evidence suggests that schools can promote resilience through encouraging positive achievements in school, promoting healthy behaviours, supporting parents and fostering protective pupil relationships with staff and peers⁶⁰. In Cumbria, the Public Health Nurse Practitioners work with schools to help them take action to improve the mental and physical health of children and young people across the board. Among their key priorities are promoting emotional health, positive digital wellbeing and reducing risk taking behaviour. Whole school community training and information sessions are delivered to staff, parents/carers, governors and young people. Topics include ACE-awareness, emotional resilience, mental well-being and positive relationships.

A number of third sector organisations also work in schools and with young people across the county. The Mindfulness in Schools Project is a UK-wide organisation which provides mindfulness training for teachers and pupils in several Cumbrian schools. Mindfulness is a tool that can be used throughout life to improve mental wellbeing. It involves making a conscious effort to focus awareness on the present moment, and to acknowledge feelings, thoughts and the environment. This can help people understand themselves better, and to gain more enjoyment out of life⁶¹.

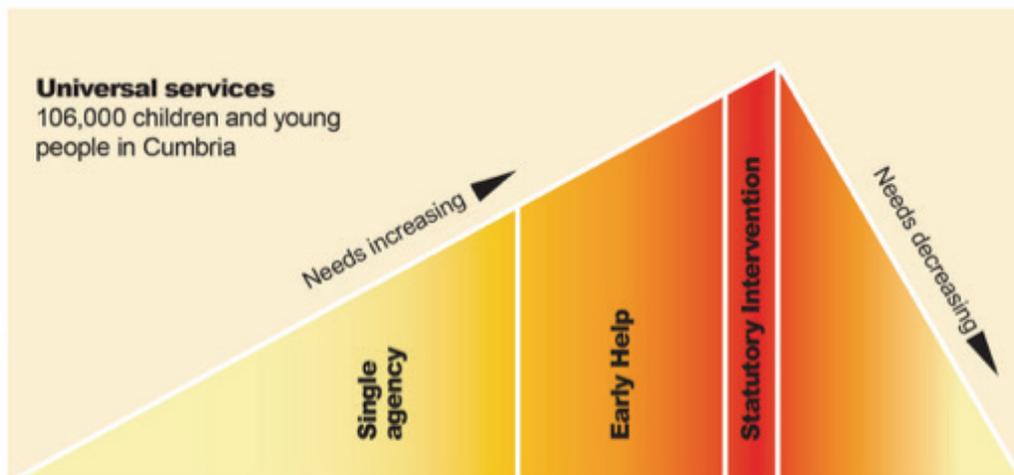
The West Coast Collaborative Emotional Resilience Project is funded by The Big Lottery Fund, and is supported by District Councils, Public Health and the NHS. The project is led and delivered by Cumbria Youth Alliance in co-production with young people and other partners. The project uses different ways of targeting those vulnerable young people aged between 14 and 24 at risk of poor educational attainment with low aspirations. Low self-esteem and confidence often feature, and the project focus is on building emotional resilience through positive experiences and peer education and motivational learning. The target is to reach and engage 3,000 young people in Cumbria's West Coast communities by 2021. The project also aims to improve collaboration between service providers on the ground and will be independently evaluated.

Safeguarding children

If a child is being actively exposed to ACEs, prompt action is required to either provide them with support, improve their circumstances or remove them from the situation. The Cumbria Safeguarding Hub is the single point of contact for members of the public or professionals to raise concerns about the welfare of a child. The hub is able to collate information from a number of different sources, allowing them to identify the level of need and decide on the most appropriate response in a timely manner. Figure 16 shows the different levels of safeguarding support available for children and young people living in Cumbria.

The Early Help services in Cumbria aim to provide prompt support for children whose needs aren't met by universal services or single agencies. The goal is to prevent escalation of the problem and in doing so, to reduce the risk of harm. It involves coordinated multi-agency working, and a 'team around the family' approach in order to identify need, and to work towards the achievement of desired outcomes. Early Help services for younger children (0-12 years) and their families are delivered through a network of Children's Centres across the county, while the Targeted Youth Support Service provides Early Help services for 11-19-year-olds.





Level of Need	Level of Support
Universal services	Available to all children and young people (such as primary healthcare and education)
Single agency	The needs of a child can be met through working with a single agency
Early Help	Multi-agency working, and a focused plan is needed in order to meet a child’s needs and prevent escalation to statutory intervention
Statutory intervention	Multi-agency intervention required to respond to complex needs in order to prevent serious harm

Figure 16: The levels of safeguarding support available to protect children in Cumbria. Source: Cumbria Local Safeguarding Children Board⁶²

Targeted services in Cumbria provide additional support for the county’s most vulnerable children, young people and families. The Strengthening Families Team works with children who are on a child protection plan, children in need and looked after children. In addition, the Focus Family project (part of the national Troubled Families Programme) works with the most challenging and hard to reach families. Among the eligibility criteria are:

- Adults due to be released from prison (or who have recently been released from prison) who have parenting responsibilities.
- Adults or children who have experienced domestic abuse.
- Families with significant financial problems.
- Young parents under the age of 19.
- Parents with mental health or substance misuse problems.
- Children subject to a child protection or child in need plan.

This programme therefore has the potential to minimise the impact of a number of different ACEs by providing intensive, focused support to the families and children who need it the most. The expectation is that it will have helped around 3,380 families between 2015 and 2020.

Support is also available for children and young people who are on the edge of care. Cumbria County Council’s Edge of Care service provides respite and outreach to vulnerable children and families. The service includes three Advanced Emotional Wellbeing Practitioners, who work with children and families who need help with attachment, trauma and stress vulnerability, providing a range of interventions through direct and indirect therapeutic work. They utilise a range of evidence-based models, tools and techniques including Therapeutic Crisis Intervention (TCI) Therapeutic Life Story Work (TLSW), The Neurosequential Model of Therapeutics (NMT) and Playfulness, Acceptance, Curiosity and Empathy (PACE), all of which seek to address developmental and relationship trauma in a variety of ways.

The way that Early Help Services and 0-19 Healthy Child Programme Services are delivered in Cumbria is being redesigned. This provides an opportunity to develop a needs-based family hub model which will ensure that children, young people and their families have the right support at the right time. A fundamental aspect of the proposed model is the idea of 'proportionate universalism'. This means building a system that offers something for everyone, while making sure that those who need more get more. The model will also be strengths-based and grounded in the Signs of Safety methodology. This approach to child protection work enables practitioners to work collaboratively with children, young people and their families to identify current strengths or 'signs of safety' during risk assessment, and then to build on these to stabilise and strengthen the situation. It will provide the capacity for professionals to work directly alongside families and to help them to put change into practice.

The new design will be based on the THRIVE framework, which provides a structure for delivering services and enables a greater understanding of how needs can be met at different levels. It sets out four needs-based groupings, which are listed below.

- **Getting advice:** those having mild or temporary difficulties adjusting to life circumstances.
- **Getting help:** those who would benefit from early help or focused evidence-based interventions.
- **Getting more help:** those who would benefit from more intensive or longer-term interventions.
- **Getting risk support:** those who are unable to benefit from support or treatment, but who remain a significant concern⁶².

Once the level of need has been identified, services can be delivered accordingly. Fundamental to this approach is the empowerment of children, young people and their families to be involved in shared decision making about their care.



Manage

“Ensuring that if children are suffering from the effects of ACEs, they are able to access support services quickly and receive the best quality care.”

If children have been exposed to ACEs, and they are experiencing the adverse effects in terms of stress or mental health problems, early intervention and support is crucial²⁴. This section covers the ways in which we can support children living in Cumbria to overcome the impact of adversity, enabling them to fulfil their potential and to grow into happy, healthy adults.

Ensuring that mental health services across Cumbria are able to address the mental health needs of children and young people who have experienced ACEs is essential if their effects are to be mitigated against. Building on one of the key areas of activity identified by the Health and Wellbeing Strategy, a multi-agency Emotional Wellbeing and Mental Health Partnership group has been working towards improving the standards of mental health care for young people across the county and making it easier for them and their families to access help and support when they need it. They have the following vision:

“All our children and young people can access the support they need to achieve emotional wellbeing and mental health and have the ability and confidence to ride life’s inevitable ups and downs, now and in the future”^{63(p.3)}.

In order to deliver this, the Cumbria Children and Young People’s Resilience, Emotional Wellbeing and Mental Health Transformation Plan (2015-2020) sets out six main priorities and associated work streams (shown in Table 5).

Access	Ensuring children, young people and their families can access help when they need it
Crisis	Improving care for children and young people experiencing an emotional or mental health crisis
Care for the most vulnerable	Improving care for children and young people who are most vulnerable, including Looked After Children, those on the edge of care, and all those who experience trauma, abuse or neglect
Resilience	Building resilience, prevention and intervening early when problems emerge
Workforce	Training and development of the workforce
Engagement	Understanding children, young people and families’ needs and views and working with partners across the whole system

Table 5: The six priorities set out in the Cumbria Children and Young People’s Resilience, Emotional Wellbeing and Mental Health Transformation Plan. Source: Cumbria Children’s Trust⁶³

It also sets out the aim to roll out the THRIVE model (discussed above) throughout Cumbria by the end of 2019. Through this work, improvements have been made to children and young people’s targeted mental health services, and significant progress has been made towards stated goals since 2015. These include:

- Multi-agency ‘Early Help’ panels established in each district
- 1,285 people trained in suicide and self-harm awareness and 195 practitioners trained as Youth Mental Health First Aiders by July 2018
- Roll out of an Emotional Wellbeing and Mental Health Guide for Professionals
- Successful Mental Wellbeing in Schools conference
- Implementation of the Strengthening Families Team (see previous).
- Introduction of the Mindfulness in Schools Programme (see previous)
- Bereavement support network created for children and young people
- ‘Kooth’ on-line emotional and mental health support service commissioned (see below)

The Child and Adolescent Mental Health Service (CAMHS) provides NHS mental health assessments and treatments for all children and young people living in Cumbria. This service is being reviewed following changes to NHS Clinical Commissioning Group (CCG) boundaries in 2017, and a comprehensive CAMHS redesign project across the Morecambe Bay CCG area. Delivery arrangements will be realigned with Integrated Care System (ICS) footprints.

The CAMHS teams consist of a wide range of mental health specialists operating across four levels of support.

- For general emotional and mental health support (Tier 1 CAMHS), Cumbria County Council has commissioned Kooth.com, which is an online service for 11-18yr olds. This provides 24-hour access to help and advice for all children and young people living in the county, and also offers safe, confidential counselling 365 days of the year.
- At Tier 2, 'MyTime' was launched in 2016 and is the targeted primary mental health service for children and young people between the ages of five and nineteen. It provides support to those experiencing mild to moderate mental health problems through the use of mentoring, counselling, and other therapies, and also offers help to parents, families and professionals.
- The Tier 3 CAMHS service manages children and young people who have more severe, complex or persistent difficulties. These could include anxiety, depression, self-harm, eating disorders or Attention Deficit Hyperactivity Disorder (ADHD). Increasingly practitioners from the CAMHS teams are training jointly with practitioners from other services (e.g. Youth Offending, Action for Children and Barnardo's) to undertake additional trauma focussed courses to build skills and utilise a trauma recovery approach (discussed below).
- Tier 4 CAMHS are highly specialist clinical services aimed at very severe or complex mental health needs, and are commissioned from services outside of Cumbria.

Innovative ways of helping children who may be suffering from the effects of adversity are also being piloted in the region. The I-Matter project aims to empower parents and professionals (working in schools and healthcare) to help children who have challenging behaviours. Through a range of face to face and online training modules, the Kendal-based initiative attempts to improve understanding of such behaviours and highlights the importance of strong adult-child relationships in tackling them. This builds on the 'supportive adult' model discussed previously and provides practical support and advanced skills for parents.

'Safety Net' is an organisation that provides support and therapy to children and young people who have suffered domestic abuse and/or sexual violence, utilising a trauma-informed and holistic recovery approach to working with individuals or whole families. In West Cumbria they have been working in some schools to provide both universal and targeted emotional wellbeing and mental health support. They have delivered school drop-in sessions providing information and advice about advocacy and early help. This has been followed up with individual work with those young people who have emotional and practical needs, including self-care, on-line safety, coping with family life and socialising with friends.

In addition to these interventions, the South Cumbria My Time Primary Mental Health Worker has supported the development of a Champions Network to help practitioners across all settings with advice, training and information about resources and local support groups. There are now 140 active Mental Health Champions for children, young people and their parents and carers.



Recover

“Enabling ACE survivors to live healthy, happy, fulfilled lives, and supporting them to overcome the impact of their ACEs.”

Research has shown that people who have experienced ACEs are less likely to perceive public services as supportive compared to those who have experienced none²⁰. They are also more likely to be in need of health services and may require mental health support for problems such as depression or PTSD. This section considers how we can ensure that ACE survivors in Cumbria are able to access the care that they need so that they can overcome the impact of their ACEs.

Trauma informed services and care

In order to support adults who are suffering from the effects of childhood adversity, organisations not only need to be ACE-aware, but also to be ACE informed. This means integrating ACE-awareness into policies, procedures and practice in order to provide a supportive environment for ACE survivors, improve outcomes and prevent re-traumatisation. However, experiencing adversity is not limited to childhood: many people experience traumatic events as adults. For this reason, the concept of ACE-informed services can be broadened to trauma informed services. The key principles of trauma informed services are shown in Figure 17.



Figure 17: The key principles of a trauma informed service. Source: Sweeny et al⁶⁴.

Healthcare professionals can also take a trauma informed approach to patient care²². This involves re-framing their assessment of patients by asking; “what happened to you?” rather than “what is wrong with you?”²². Trauma informed care (TIC) is not intended to specifically treat ACE related problems, but instead it aims to minimise the barriers to healthcare that people may face as a result of their ACEs (and any other traumatic events)⁶⁵. It is a way of working that recognises that (i) anyone using a service may have experienced trauma or ACEs, and that (ii) people with a history of trauma may be less likely to engage with services. Figure 18 gives an example of how this might work in practice. For patients, TIC has the potential to improve perceived levels of support, increase engagement and help them to better understand how their symptoms relate to childhood adversity⁶⁶. For professionals, it could improve empathy, increase compassion and reduce stress⁶⁶.

“G.P., Dr James was aware that Ms B. had missed her routine cervical smear test. At an appointment to discuss her difficulties with low mood and anxiety, Dr James raised this while acknowledging that this procedure can be difficult for some. Dr James used trauma informed principles of ‘choice’, ‘collaboration’, ‘control’ and ‘safety’ to build ‘trust’ so that Ms B could manage the procedure as well as possible. Between them they agreed how they would do this and successfully did, a few days later. Ms B acknowledged the role that her experience of sexual abuse in childhood had played in her difficulties but that she would have greater confidence in her ability to manage this in the future.”

Figure 18: Example of TIC in practice. Source: NHS Education for Scotland^{65(p.10)}.

In Scotland, the Government has commissioned the development of a knowledge and skills framework in order to improve understanding of trauma and its effects across the entire workforce⁶⁷. It may be that a similar approach could be use in Cumbria, especially across general practice, smoking, alcohol, substance abuse, weight loss, mental health, sexual health and probation services. Embedding trauma informed approaches across health, education and social care is already a priority for the Lancashire and South Cumbria ICS Children, Young People and Maternity workstream, and in the north of Cumbria trauma-informed care is being incorporated into GP education sessions.

Mental health support for adults

It is important to ensure that there is adequate support for adults who experience mental health problems as a result of their ACEs. Adult mental health services across Cumbria provide therapies and treatment for a wide range of mental health conditions, including anxiety, depression, eating disorders and PTSD. People with common mild to moderate depression, anxiety, anger or sleep problems can access the First Step service via their GP or through self-referral. First Step provides talking therapies such as counselling and cognitive behavioural therapy (CBT). Adults with more severe or enduring mental health problems can be referred to one of the Community Mental Health Assessment and Recovery Services, which are made up of teams of specialist nurses, doctors, social workers and psychologists. For people in mental health crisis there is the Crisis and Resolution Home Treatment team, which can provide emergency home assessment and treatment as an alternative to hospital admission.

Intensive support for adults

Since February 2017, a team of 29 Health and Wellbeing Coaches (HAWCs) have been providing intensive one-to-one support for adults throughout Cumbria. They work with individuals over the age of 16 who are facing crisis or who have multiple or complex health or social problems. Their aim is to improve health and wellbeing and reduce demand on statutory services by:

- Helping people to identify their own health and wellbeing goals and supporting them to work towards these.
- Helping people to tackle factors that are negatively influencing their health (such as unhealthy lifestyles, relationship difficulties and financial worries).
- Working with people to enhance personal resilience and empowerment
- Identifying sustainable sources of support
- Assisting people to engage with their local communities and social networks.

Importantly, the approach taken by the HAWCs is strength-based. This means focusing on an individual’s assets, abilities and resources instead of on their deficits, and therefore promotes independence, control and resilience. It is estimated that over 100 of the adults currently working with the HAWCs have experienced ACEs while growing up. Through this intensive support, it is hoped that some of the negative effects that people have experienced as a result can be mitigated against. Figure 19 presents the case of “Susan” to illustrate this valuable work.

Susan* is a 28-year old who lives with her partner and was referred to the HAWC team by her GP in August of last year. Susan suffered neglect and physical abuse as a child and was subsequently taken into care. As a teenager, she became addicted to drugs.

At the point of referral, she was drinking heavily, and suffered with anxiety (meaning that she struggled to leave the house). She had previously attempted suicide and was finding it difficult to manage financially. She was socially isolated, unemployed and had no structured routine.

After working with Tina, one of the HAWCs, Susan identified three initial goals:

- Gain confidence getting back into the community
- Develop a routine around remembering medication and appointments
- Obtain financial support with bills/debts/benefits.

Initial work centred on getting the pressing problems with finances resolved, and Tina supported Susan to understand the debt correspondence she had received, and then coached her through contacting and speaking to the relevant services.

After a number of sessions, Susan set herself the goal of walking her dogs daily by herself. She also bought a new diary and began using it for appointments and set reminders on her phone for medication. Different options were discussed for community integration, and these were coupled with Susan's new goals of good nutrition and exercise, volunteering and obtaining employment.

Susan was supported to enrol in a GCSE Maths course and started volunteering at a local charity. She began to feel able to leave the house alone whenever she needed, and her confidence soared. She started to receive counselling for her previous trauma and also attending CADAS to help with her drinking. Her diet improved, she started walking regularly, and developed her own strategies to keep herself mentally well. Two months ago, she applied for a paid job, and was successful.

**This case study is based on a real person who worked with the HAWCs, but names and details have been changed to protect anonymity.*

Figure 19: A pseudonymised case study illustrating the work of the HAWCs

Recommendations

Based on the findings of this report, this section sets out a number of recommendations for action to address the burden of ACEs across Cumbria. These are structured using the pentagon model described previously.

Overarching recommendation

1. A 'whole system' approach is needed for preventing ACEs and mitigating against their effects. Interventions are required across a wide range of organisations (the police, schools, the NHS, councils, community and 3rd sector groups), and as such coordinated and cooperative working is required. Particular attention should be given to ensuring that there is a consistent and joined up approach to tackling ACEs across the county.

Prevent

2. Early years contacts between families and healthcare professionals (including midwives, health visitors and early years providers) should be seen as an opportunity to prevent childhood adversity. Particular attention should be given to identifying potentially harmful family environments and to putting strategies in place to protect against these.
3. Ensure that all parents have the emotional and practical support that they need to bring up their children in safe, secure, nurturing environments. This is particularly important for families living in the most deprived areas of the county, and for those who are struggling financially.

Detect

4. Steps should be taken to increase ACE-awareness across Cumbria. This should encompass the general public, health and social care organisations, schools and the criminal justice system. There should be support for educational events, e-learning modules and face-to-face training for professionals.
5. Healthcare professionals who are providing long-term support to adults should be encouraged to routinely enquire about ACEs. This could include GPs and those working in mental health and substance abuse services. Adequate training and organisational readiness would be essential prior to implementation to ensure that this can be done safely and effectively, and that disclosure is responded to appropriately.
6. Services working with vulnerable adults should ensure that they routinely enquire about whether there are any children involved. This could include drug and alcohol, criminal justice, domestic abuse, mental health, and front-line medical services. Children identified as being at risk of harm should be referred to the appropriate support services.

Protect

7. Building resilient communities and individuals across Cumbria should be prioritised. Children and young people should have access to supportive, stable relationships with the adults around them. Policies should encourage exercise, participation in social groups and other activities which reduce stress.
8. Ensure that the upcoming redesign and recommissioning of public health services for children and young people, and its integration with Early Help services, takes a whole system approach that places families at its centre. The new model should be aligned with the THRIVE framework, support resilience, and be responsive to need.

Manage

9. Continue to work towards improving the availability of mental health care for children and young people across the county and make it easy for them to access help when they need it.

Recover

10. Health and social care organisations should adopt a trauma informed approach in order to remove barriers to access and prevent re-traumatisation. Healthcare professionals should also be trained in trauma-informed practice and encouraged to use this as a way of improving patient care and gaining a better understanding of their patients.

Review of recommendations from the 2017 Annual Report

“Bay Health and Care Partners and North Cumbria Health and Care should routinely monitor smoking at time of delivery and breastfeeding status as key performance metrics in order to give priority to improving these areas.”

There is still work to do to embed these measures as key performance metrics within the two health systems. However practical progress has been made in improving these areas despite this.

A comprehensive ‘Starting Well’ programme has been established in North Cumbria, looking at preconception, maternity and early years (0-3). Since February 2018, workshops on both breastfeeding and stop smoking in pregnancy have been held, which included a focus on data and performance. Improvement plans are now in place and being implemented. Key successes include: achievement of level 2 accreditation for breast feeding initiation across both hospital sites and breast-feeding initiation rates (measured by North Cumbria University Hospital Trust (NCUH)) increasing from 59.3% in April 2018 to 69.6% in August 2018.

Reducing smoking in pregnancy has been a priority for Bay Health and Care Partners (BHCP). They established a Women and Children’s Population Health working group in 2017, which has led to improvements in the way organisations work together and the use of key population health performance indicators. These include smoking at time of booking and at time of delivery. A Morecambe Bay smoking in pregnancy self-assessment workshop in November 2018 has helped to identify priority actions for reducing smoking in pregnancy. Further workshops are planned in 2019, which will include a ‘deep dive’ into infant feeding. Reducing smoking in pregnancy has also been identified as a priority across the Lancashire and South Cumbria ICS, through the Children, Young People and maternity workstream, the Saving Babies Lives Care Bundle, and the Better Births partnership.

In order to support smokefree pregnancies, NCUH and University Hospitals of Morecambe Bay NHS Trust (UHMB) have both recently been successful in securing training spaces for specialist stop smoking advice. NCUH has also secured training for Very Brief Advice (VBA) during pregnancy.

“A clear weight management pathway for children and young people should be developed and commissioned, with an emphasis on preventing overweight in early years and on supporting weight loss at primary school age.”

and

“A comprehensive adult weight management pathway should be designed and commissioned across Cumbria.”

These recommendations have not yet been fully implemented, though work is underway. The Public Health Team is working closely with the North East and Cumbria Commissioning Support Unit (CSU) and the North Cumbria CCG to develop an adult weight management business case, which is due to be completed by the end of 2018. The plan is then to go on to develop a children’s weight management pathway in 2019/20.

Healthy weight has also been identified as a priority by BHCP. Plans include building on the successful Morecambe Bay Mile a Day in Schools project (in conjunction with Active Lancashire and Active Cumbria), primary care in-reach into schools, and “cook and eat” projects.

“Bay Health and Care Partners and North Cumbria Health and Care should incorporate emerging evidence and practice regarding Adverse Child Experiences to support children, young people and their families.”

Progress has been made on this recommendation, as set out in this report. It is hoped that the evidence presented here will further improve awareness of ACEs and TIC and that it will be a catalyst for further action. The recommendations provide a framework through which a county-wide multi-disciplinary strategy can be developed.

“The fight against smoking tobacco appears to be in its end-game: we are on the verge of creating smoke free generations. All agencies across Cumbria should therefore commit to making 2018 the year they really tackle tobacco in whatever way they can.”

BHCP have established a smoke-free working group which aims to help Cumbria achieve the smoke-free aspirations set out in the Cumbria Smokefree Pledge. A joint work programme has been developed for 2019-2020.

All NCUH sites went smoke-free in March 2018 and are working towards the ‘Preventing Ill Health’ CQUIN during 17/18. As part of ongoing work to improve and develop pathways, North Cumbria Health and Care ICS also plan to focus on ‘lung health’ during the Winter of 2018. This will include detailed cost analysis modelling, asset mapping and population health (using population health management techniques).

A comprehensive communications programme has been delivered with a particular focus on Stoptober, and smoke-free guidance has been produced for workplaces (launched in June 2018).

“Invest to save interventions should be implemented to improve patient outcomes and reduce hospital admissions due to alcohol. This can build on the work already in progress in Bay Health and Care Partners and should support all of Cumbria’s residents.”

NCUH is working towards the ‘Preventing Ill Health’ CQUIN during 18/19, which includes providing brief interventions on alcohol to inpatients. In addition, an alcohol in pregnancy workshop was held in June 2018 and work is currently underway to improve consistent messaging around drinking alcohol before during and after pregnancy

In the south of the county, UHMB are sharing learning and resources from their Lancaster-based Hospital Alcohol Liaison Service (HALS) across the Morecambe Bay area. A business case to introduce a similar HALS team at Furness General Hospital (which will link into community alcohol services), is under development.

“Preventing ill health by risky behaviours – alcohol and tobacco should be expanded to improve Making Every Contact Count (MECC) delivery across health and social care workforces, building on the work already described in Starting Well.”

A proposal for Public Health to fund a county-wide ‘strength-based’ training programme, which would include key messaging around MECC, has recently been approved. An education provider will be commissioned to develop and deliver a training course on a rolling basis, which will include:

- Active listening/ 3 conversation approach
- Motivational interviewing
- Goal setting
- MECC (smoking and healthy weight)

“Bay Health and Care Partners and North Cumbria Health and Care should continue to work with RightCare to ensure integrated pathways are available following a fall. This pathway should include primary prevention referral routes and ensure that all services are evidence based and compliant with NICE guidelines.”

A falls pathway has been developed and was launched across Morecambe Bay in May 2018. Integrated Care Communities (ICCs) are now adopting this and working on local plans to implement projects which identify people at risk of falls. BHCP continue to link with Rightcare and are doing (or planning) a number of pieces of work to prevent falls and to reduce the problems associated with them. These include education campaigns, assessment tools and guidelines for management.

“Bay Health and Care Partners and North Cumbria Health and Care should increase the number of dementia champions and friends across organisations to ensure high quality care and improve outcomes for patients with dementia. Dementia Design standards should be considered for implementation within appropriate settings, especially during the course of refurbishments.”

Training sessions aimed at improving dementia awareness and increasing the number of Dementia Friends are continuing to happen across Cumbria and the Morecambe Bay area. These have taken place in a number of different settings, covering a wide range of staff working in general practice and in hospitals. To date, 1,512 sessions have been run across the region, and there are estimated to be 175 Dementia Champions and 20,720 Dementia Friends (who have completed either face-to-face training or online training). Dementia design standards are now being considered in all new refurbishments to ensure that healthcare settings in the county are dementia friendly.

“Bay Health and Care Partners and North Cumbria Health and Care should actively promote the model of person-centred care as being at the heart of the new approach to delivering health and cares services in the County.”

The county-wide ‘strength-based’ training programme mentioned above aims to promote person-centred care. In addition, the Lancashire and South Cumbria ICS is one of a number of areas in England rolling out the Personalised Care Programme over 2018/19. This aims to embed person-centred working across a wide range of services, meaning that people will have more choice and control over the way they receive care.

“The data on place of death should be actively monitored and consideration given to setting a goal of increasing the proportion of people dying at home or in a hospice setting.”

Place of death is being recorded across Cumbria, but there are currently no targets set relating to the proportion of people dying at home or in a hospice. It is hoped that these numbers will increase naturally through the integrated work being undertaken. The Morecambe Bay End of Life Care Group is working to ensure that all people who die in Morecambe Bay are treated with dignity, respect and compassion at the end of their lives. Among the group’s key priorities are:

- To ensure that services provide the opportunity for patients to talk about their wishes in relation to their own end of life care.
- To ensure that these wishes are recorded, and that systems are in place for this information to be shared appropriately.
- To make sure that those caring for people during the last years of life are well supported throughout this time, and through their bereavement.

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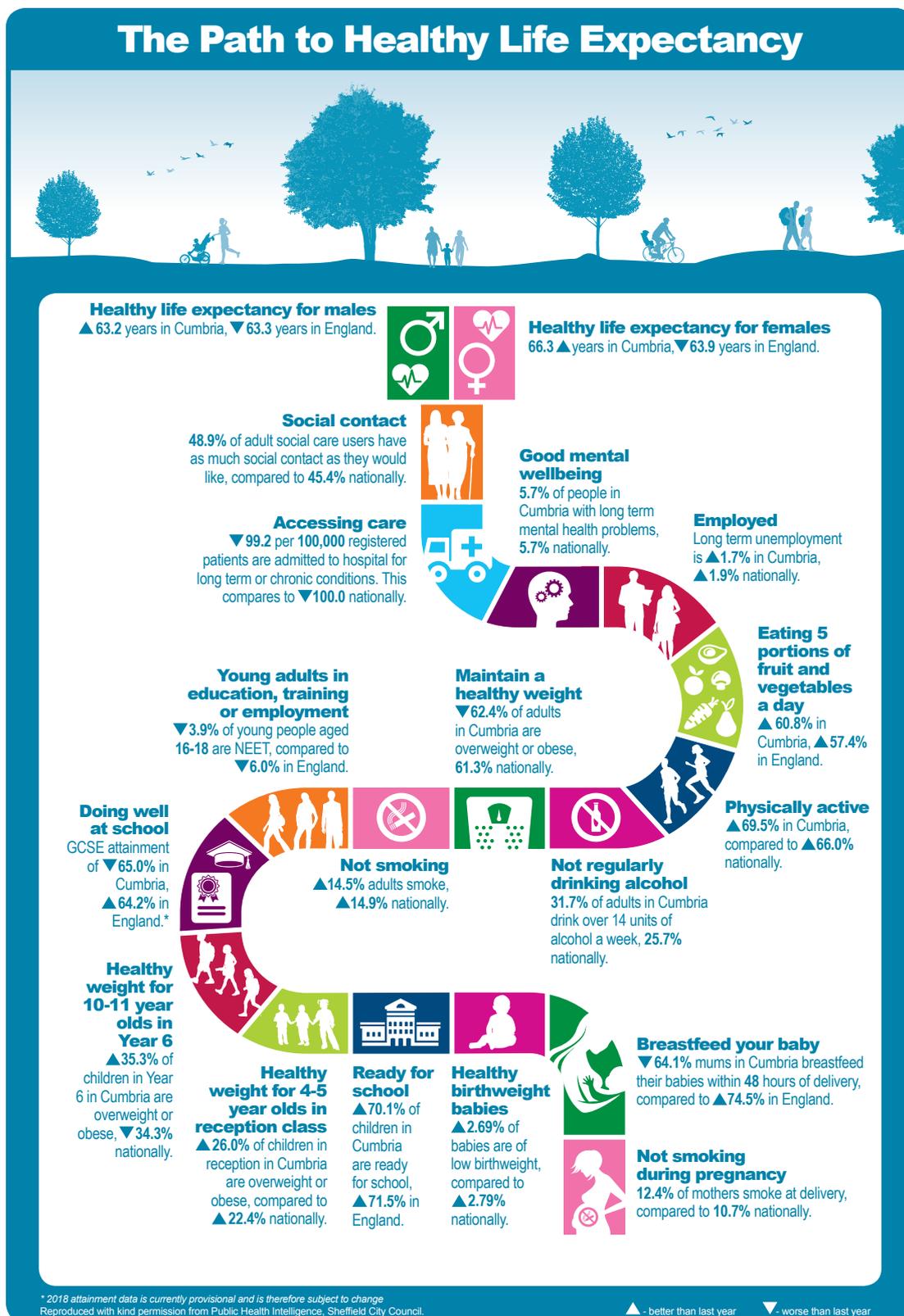
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Appendix 1

In 2017 the Annual Report introduced a new “Pathway to Healthy Life Expectancy” to illustrate important indicators that contribute to a healthy life expectancy across the life-course, and committed to reporting on these figures annually. This figure provides the latest data for Cumbria and England, with an indication of whether figures have improved (▲) or worsened (▼) since the last measurement.



Appendix 2

Listed below are some useful contacts in case further support or information is needed.

The Cumbria Resilience Project

This Cumbria based voluntary group provides ACE training and has a licence to show the film 'Resilience: The Biology of Stress and the Science of Hope' for free. Further information about their work can be found at www.adversechildhoodexperiences.co.uk

The Cumbria Safeguarding Hub

If you are a member of the public, and have serious concerns about a child in Cumbria, the safeguarding hub can be contacted on **0333 240 1727**.

The NSPCC

This national charity runs a wide range of initiatives which provide support for children and their families. They have a 24-hour helpline number: **0808 800 5000**, which can be used to report serious concerns about a child. Further information at www.nspcc.org.uk

NAPAC

This national charity offers support to adult survivors of child abuse and training for people who support them. They can be contacted through their support line on **0808 801 0331**. Further information at www.napac.org.uk

Survivors UK

This UK-wide charity provides support for men who have been sexually abused. Further information can be found at www.survivorsuk.org

Alcoholics Anonymous

This national organisation provides support for people whose drinking is causing problems and who wish to stop. They can be contacted on **0800 917 7650**. Further information can be found at www.alcoholics-anonymous.org.uk

UK Narcotics Anonymous

This is a national society or fellowship of recovering drug addicts. In Cumbria, members meet regularly in Carlisle, Barrow-in-Furness and Kendal to help each other stop using drugs and stay clean. They can be contacted on **0300 999 1212**. Further information can be found at www.ukna.org

UNITY

This is the NHS alcohol and drug recovery service for Cumbria. Their services include peer support, rehabilitation, detoxification and methadone. They have bases in Barrow-in-Furness, Carlisle and Eden, Kendal, Whitehaven and Workington. Further information and contact details can be found at www.gmmh.nhs.uk/unity

The Well

This third sector organisation offers peer support, therapy, counselling, employment training and social activities to people recovering from drug and alcohol addiction in North Lancashire and Cumbria. They can be contacted on **01229 829832** or through info@thewell2.co.uk Further information can be found at www.thewellcommunities.co.uk

CADAS

This is a third sector organisation which offers support and advice to people recovering from drug and alcohol addiction, and their families. They have centres based in Carlisle, Whitehaven, Barrow-in-Furness and Kendal and can be contacted on info@cadass.co.uk Further information can be found at www.cadass.co.uk

MIND

This is a national third sector organisation which has branches in Carlisle, West Cumbria, Kendal, Ulverston and Barrow-in-Furness. They provide information, support and counselling for a wide range of mental health issues. They can be contacted on **0300 561 0000**. Further information can be found at www.mindincumbria.org.uk

Growing well

This is a third sector organisation providing support for adults with mental health problems. They are based on a working farm near Kendal, where people can get involved with growing and cooking organic vegetables. They can be contacted on **01539 561777** or **07903 013648** or through info@growingwell.co.uk Further information can be found at www.growingwell.co.uk

Freedom Project

This third sector project is run in association with West Cumbria Domestic Violence Support and covers Copeland and Allerdale. They work with victims of domestic abuse, families and perpetrators, providing information, support and mentoring. They run a helpline on **07712 117986** or can be contacted through hope@freedom-project-west-cumbria.org.uk. Further information can be found at www.freedom-project-west-cumbria.org.uk

Barrow Women's Community Matters

This third sector organisation offers a wide range of courses, support groups, activities and appointments for women. They provide support for anything, including domestic violence, abuse and mental wellbeing. They can be contacted on **01229 311102** or through reception@womenscommunitymatters.org. Further information can be found at www.womenscommunitymatters.org

Relate

This UK-wide organisation has centres across Cumbria and provides a range of relationship counselling services. They can be contacted on **0300 100 1234** or more information can be found at www.relate.org.uk

Victim Support

This national charity provides support and advice to anyone affected by crime. They run a support line on: **0808 168 9111** and have a local Cumbria team who can be contacted on **0300 3030157**. More information can be found at www.victimsupport.org.uk

Samaritans

This national charity provides a free 24-hour helpline to support people in crisis or who want to talk something through that is getting them down. Their helpline number is **116 123**, or for more information visit their website at www.samaritans.org

Women's Aid

This national charity works with survivors of domestic abuse and provides training for professionals. They have a 24-hour helpline on **0808 2000 247**, and a range of online support services at www.womensaid.org.uk

Stop smoking services

Support for people who want to stop smoking is available throughout Cumbria. Telephone the stop smoking helpline on **0300 013 3000** or text "pharmacy stop your postcode" to **80011** to find your nearest service.

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