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**Adverse Childhood Experiences (ACEs)**  
**Scottish Government Event**  
**Bellahouston Academy**  
**26<sup>th</sup> March 2018**



year of young people  
bliadhna na h-òigridh  
2018

**getting  
it right**  
*for every child*

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# Introduction

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On 26th March 2018 the Deputy First Minister hosted an event on Adverse Childhood Experiences (ACEs) with the First Minister, the Cabinet Secretary for Communities, Social Security and Equalities, the Cabinet Secretary for Health, the Cabinet Secretary for Justice, the Minister for Childcare and Early Years, and the Minister for Employability and Training, and Scottish Government officials. The event was held at Bellahouston Academy in Glasgow, involving a wide range of people who are involved with and have an interest in progressing the ACEs agenda in Scotland, including Year of Young People ambassadors.

The purpose of the event was to reflect on what progress has been made to date on ACEs and discuss the next steps that need to be taken by Government and collaboratively across different sectors and organisations. This event was intended to build on the [2017-18 Programme for Government](#) commitment to prevent ACEs and support the resilience of children and adults in overcoming early life adversity, and the momentum of increased interest in ACEs following screenings of the 'Resilience' documentary across Scotland. It involved short speeches by the Deputy First Minister, the First Minister, Professor Sir Harry Burns, and Kim McGuigan (Community Justice Scotland Consultant), followed by roundtable discussions involving all participants.

This report provides a summary of the issues discussed.

# Opening speeches

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The **Deputy First Minister** welcomed the wide-range of stakeholders to the event and the opportunity to further build connections across sectors and services. He emphasised the importance of the ACEs agenda in Scotland and the opportunity to build on the discussions about ACEs taking place across Scotland to drive progress on early intervention and prevention. The Deputy First Minister stated that this event was intended as an opportunity to ‘take stock’ of progress on this journey so far.

The **First Minister**, reflecting on the powerful impact the ‘Resilience’ documentary had on her, stated that the ACEs research and evidence is too powerful for anyone to ignore. She highlighted the opportunity to build on this evidence base to address the entrenched and well recognised challenges facing Scotland and urged everyone to do more to identify and take truly preventative steps. The First Minister emphasised the importance of considering and tackling ACEs, stating that ACEs is one of the most important discussions currently taking place across the Scottish Government.

**Professor Sir Harry Burns** told the audience about the origins of the original ACE study and Felitti’s initial, accidental realisation that many of those attending his obesity clinic had been sexually abused in childhood. This ultimately led to Felitti’s partnership with Anda and the thorough investigation of childhood experiences and their relationship with health and wellbeing in adulthood. Sir Harry emphasised that when children learn not to trust adults this has wide-ranging damaging impacts, including on their ability to learn. He cautioned that care needs to be taken at all times to ensure people who are already traumatised are not further traumatised or re-traumatised by the interventions intended to help them.

**Kim McGuigan**, Community Justice Scotland Consultant, shared her own childhood experiences and the later impacts this had in her life. She reported that she had regularly found it hard to get support at the right times, but ultimately had been able to change things for the better. Kim reflected on the importance of being given a second chance and thinking about this across our services, in particular the justice system. She spoke about the transformational impact of supportive relationships and the important role that mentoring had played in helping her.

## Table discussions

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Following the opening speeches, the Deputy First Minister invited all event participants to discuss, at their tables, what is required to progress the ACEs agenda. Each of the discussion themes and Chairs are detailed in the table below. Although tables were organised by theme, participants were invited, as far as possible, to make connections across themes, services and sectors.

Discussion Theme	Chair
<b>Children and families</b>	<b>Maree Todd MSP</b> Minister for Childcare and Early Years
<b>Education</b>	<b>John Swinney MSP</b> Deputy First Minister & Cabinet Secretary for Education and Skills
<b>Looked after children and young people</b>	<b>Fiona Duncan</b> Chair of the Independent Care Review
<b>Employment and skills</b>	<b>Jamie Hepburn MSP</b> Minister for Employability and Training
<b>Communities, housing and social justice</b>	<b>Lesley Fraser</b> Director for Housing and Social Justice
<b>Health</b>	<b>Shona Robison MSP</b> Cabinet Secretary for Health and Sport
<b>Justice</b>	<b>Michael Matheson MSP</b> Cabinet Secretary for Justice

Across the table discussions participants reflected positively on the fact that addressing ACEs is gaining broad cross-sector interest and support, as well as high-level government recognition and commitment. The importance of the broad approach of the [Scottish ACEs Hub](#) was also recognised.

There was recognition that a lot of existing and new policy development is supportive of this agenda, for example: the Health Visitor pathway is focused on improving early intervention; there is now a presumption against short prison sentences which will help to reduce parental imprisonment; there will be benefits for children and families from Minimum Unit Pricing on alcohol; the Domestic Abuse Bill will have positive impacts for children; and the Pupil Equity Funding is empowering head teachers to support interventions to address ACEs. In order to drive progress on addressing ACEs, however, there were calls for a wide-range of further action and change. There were a number of key cross-cutting issues raised across the discussion tables, these were:

- **Whole system/ joined-up approach**
- **Development of adversity and trauma-informed services**
- **Workforce development**
- **Holistic family support**
- **Preventing and mitigating ACEs for children and young people**
- **Embedding relationships**
- **Empowering communities**
- **Societal awareness raising and reducing stigma**

A summary of the key issues discussed on each of these themes is detailed below.

## **Whole system/ joined-up approach**

“There should be no wrong doors. This is everyone’s job...”

- There is a need to ‘join the dots’ across services and foster a culture of shared responsibility and better co-ordination of support for people and families (i.e. not just referrals but active facilitation of links).
- No single agency or organisation can provide the solution - a collective response is needed that looks at the whole landscape in Scotland. The ACEs evidence offers a common language to help break down barriers between organisations etc.
- A universal, public health approach to addressing ACEs should be adopted and there should be consideration about the role the new Public Health body will play.

- All relevant policies and services should consider whether ACEs are a contributory factor and/or whether the policy impacts on them (i.e. whether the policy will help to prevent or mitigate ACEs).
- The government should encourage leaders to challenge their organisations to do things differently. Could the government identify a cohort of ACEs champions or ambassadors?
- The event demonstrates commitment to a whole system approach, but action is needed to join-up services more effectively (current funding mechanisms, structures and approaches to accountability can introduce/ maintain barriers to joining up).
- Important to join-up public services and third sector and to recognise the key role of third sector services (e.g. counselling, outreach) and the way these can complement public services (e.g. supporting children who are not engaging in school), but services require consistent, longer term funding.
- Services should be designed and delivered in a much more joined-up, responsive and flexible way. In particular, with clearer, more consistent and earlier entry points for services for people and families at risk (e.g. speech and language problems in toddler boys which can cause problems in the longer term).
- Embedding the Getting it Right for Every Child approach should break silos, enable multi-agency working and offer greater flexibility when supporting children, but there remain too many examples of a 'silo' mentality.

“Integrated Children’s Services Plans offer an opportunity, as they should involve all partners: teachers, libraries, social workers, police, NHS, third sector etc.”

## **Development of adversity and trauma-informed services**

“If the whole system can be trauma-informed, there is more chance it can meet the needs of all individuals.”

- Attitudes towards people who have been impacted by adversity and trauma need to be more compassionate and understanding (getting to the root cause of issues), and services should be prepared to offer more second chances.

- All policies and services should aim to ‘do no more harm’ and avoid potentially exacerbating the impact of ACEs for those affected; requires a more informed approach.
- In some cases the present culture is one of ‘reward and punishment’, but nurturing principles should be more widely adopted such as trust, kindness, empathy and dignity.
- Although services should acknowledge the impact of adversity and trauma on people and the challenges they have faced, they should promote a strengths-based approach across universal services (whether that’s education, health, justice), supporting recovery and resilience.
- All children should recognise their schools as a safe environment. Taking an adversity and trauma-informed approach has implications for the whole school workforce and culture (e.g. ensuring appropriate language is used by all staff, questioning practices such as losing ‘golden time’ and recognising that children may not have their PE kit or homework because of difficult home circumstances).
- We also need to think about adversity and trauma-informed places (e.g. work undertaken in Leeds to make it a ‘child friendly city’ and ensure all their services - including refuse, transport and hospital services - are trauma-informed and focused on supporting children).

“All services need to ask: ‘Is what we’re doing promoting resilience?’ ”

## **Workforce development**

“We need to equip all those who deliver services with a clear understanding of the impact of ACEs and the skills to help the individuals they are supporting”.

- Workforce development is crucial to developing a adversity and trauma-informed system this involves training and capacity building, and importantly, nurturing and supporting the wellbeing of the workforce to enable people to deliver services in an informed way.
- Training on attachment, ACEs, and nurture is important for the whole workforce (e.g. early years staff, all people working within a school, doctors, judges and police etc.)
- Many of Scotland’s workforce will have personal experience of childhood adversity and this may influence how they react to issues presented by children or adults, so we need to support our workforce with addressing that.



- Scotland's workforce needs to be supported to respond appropriately to people's experience of ACEs and trauma, supporting a shift from asking (and thinking): 'What is wrong with you?' to: 'What has happened to you?'
- Training and support is required across the whole workforce, so we need to make it consistent and avoid 'siloes' professional training (e.g. consider place-based training for all relevant professionals).
- Good practice should be shared between organisations and services about how best to equip and support staff to work in an adversity and trauma-informed way. However, it is also about investment and capacity (e.g. the case load of many staff is too high to allow for such a way of working).
- Resources and leadership within services and organisations is needed to support the whole culture and empower staff to have the conversations required, and have support they can access as employees or enable those they're working with to access further support where needed (otherwise the workforce will lack confidence to raise issues relating to ACEs).

#### **The role of employers:**

- Employers need to be better informed about ACEs to help them support their staff wellbeing and best meet the needs of the people they serve; as well as ensure they are maximising the pool of talent they employ by removing prejudice (e.g. in recruitment procedures) and supporting people into the workforce (e.g. by employability and training programmes).
- The role of employers across private, public and third sectors needs to be considered and there is more to do to help the business community understand ACEs. Using language businesses understand (e.g. resilience, turnover, productivity etc.) is important for making it as relevant to them as possible.
- Suggestions for facilitating employers to recognise their role in relation to addressing ACEs and trauma included: incentivising employers to work in this way, having a conference for employers to raise awareness of ACEs and their role, and having young people act as ACE Champions in schools and workplaces to raise awareness.

## Holistic family support

“Services need to be more flexible to wrap around the child/family; families should be asked what they really need more often.”

- There is a need for more holistic support for families, which holds a child’s needs and rights at the centre whilst working with the whole family (family-centred approaches).
- ACEs provides a language to help parents understand what is happening, but needs to be done in a careful way which is respectful of people’s experiences and provides a nurturing conversation about change and provides ACE-informed support.
- If more consistent, relationship-based support is provided to families there is a greater likelihood that relationships within the family will improve.
- We need to look at how we manage the risk to a child but also work with parents and families. The focus should shift towards supporting families and their broader context (e.g. family support network, communities) rather than, for example, removing the child.
- Capacity and resources are required to build relationships and support, so that children and families are not ‘passed from pillar to post’ – this requires better co-ordination of services and active facilitation of links between services (more than just a referral).
- Schools (both primary and secondary) can help engage with and support parents to enable them to meet the needs of their children (e.g. parents may need support with their ability to self-regulate and their self-confidence. Some parents need opportunities to talk about positive aspects of their child and only currently get called into school when things are not going well).

## Preventing and mitigating ACEs for children and young people

“Prevention and early intervention needs to be pushed even deeper into the heart of all policy around children and young people.”

- There needs to be a strong focus on preventing ACEs across Scotland; putting children’s rights at the heart and centre of all that we do.
- The significance of child poverty and inequalities need to be incorporated into any approaches to prevent and address ACEs (e.g. the importance of Child Poverty Act).

- Children and young people should be involved and integral to identifying their support requirements and more broadly to shaping policy and service design.
- More needs to be done to support children and young people already affected. Encouraging a cultural aspiration to 'break the cycle' wherever and whenever the opportunity presents itself, rather than waiting until they become new parents.
- Children and young people need to be supported to understand and recognise that their life experiences impact on their development and that many of these experiences, and their related trauma, is not the norm or acceptable.
- Avoid adding to adversity and trauma for children and young people with ACEs (e.g. school exclusions, taking children into care, school placement moves for looked after children, sibling separation and imprisonment of parents/carers all need to be considered carefully).
- Kindness and compassion towards our children is needed across our services and communities. This is about affecting a whole culture change (e.g. embedding nurture principles throughout a whole school is needed rather than taking a narrow focus, on attainment, for example).
- Recognise that it can be hard for many children initially when people are being kind and compassionate. Some children may respond adversely and need help to overcome that.
- We need to help professionals and all those in the lives of children know that the way they relate and communicate with a child makes a difference; every single interaction and connection with a child matters.
- We must not forget the hopeful message that many children affected by ACEs go on to be resilient and powerful people.

“We need to work out what we can do differently universally and in the care system so that interventions happen as early as possible and prevent further adversity.”

## Embedding relationships

“It is vital to return a sense of hope to young people lacking hope or belief.”

- Strong and trusted relationships are one of the key ‘protective factors’ to prevent ACEs or help children and adults to mitigate and recover from ACEs; they can help support positive activities and aspects of people’s lives and longer-term resilience.
- Crucially, it is important that strong relationships are nurtured at the start of life in the early years and throughout life.
- Raise awareness about the significant importance of an ‘always available adult’ or ‘one good adult’ in a child’s life. Encourage people to think they can be the one who makes the difference; it doesn’t have to be a specialist, therapist or trauma expert etc.
- Consider how consistent and trusted relationships are supported within families (including extended families and grandparents), communities and across services (e.g. the important role of a teacher, police officer, family support worker, health visitor etc.)
- Resource and capacity is needed to help provide more opportunities for relationships to be built and maintained.
- People require consistent relationships and support for as long as it is needed (e.g. Family Nurse Partnership is centred on this) and there should be an aim to integrate such relationships into universal services. Recognising there are challenges where practitioners have large caseloads and limited time.

## Empowering communities

“Issues of ACEs have been around us for a long time, but we didn’t have the words for it. The research and ‘Resilience’ documentary have given us the words for it.”

- Children are affected by the environment in which they live. The role of community in conjunction with services, employers, and families is crucial in addressing ACEs.
- Where communities are more joined up, it is easier to spot problems more quickly and take action, so strengthening community cohesion is critical (including more opportunities for children to interact with adults in their communities).

- Raise awareness of ACEs and trauma within communities and empower people to listen, understand and help people in their community. Further promote and widen the conversation beyond professionals into communities. Suggestions included: support further screenings of the 'Resilience' documentary in communities. Increase collaboration with communities and young people; co-producing material/ methods to raise awareness, and learning from practice to date (e.g. CashBack for Communities).
- Schools can play an important role in connecting with families and communities and it is important to share good practice about schools that have connected well with their local community and share this nationally.
- Community Planning Partnerships can play an important role in this agenda by embedding a commitment to tackle ACEs in all aspects of community planning.
- Work with communities to address ACEs needs to take place alongside actions to address structural issues that drive poverty and inequality. The impact of poverty as a major stressor needs to be understood and addressed, but without stigmatising 'deprived areas'.
- Kindness within communities needs to be promoted to enable people to help each other. There are examples of this already happening in communities across the country. However, this requires increased capacity and staff (within public and private sector) being giving more autonomy to support such activity.

## **Societal awareness raising**

[“Prejudice and labelling is prevalent in Scottish society.”](#)

- Cultural attitudes towards children and childhood in Scotland can be quite negative and still tend towards reward and punishment, as well as stigmatised attitudes towards adults with ACEs (e.g. need to guard against the judgement of 'some people can overcome ACEs so why can't others?').
- Given what we now know about the impact of childhood experiences, we should encourage a warmer, more engaging, nurturing culture for children and influence the public to better understand the child rather than focusing on 'bad behaviour'.
- Implementation of new legislation (e.g. Domestic Abuse, Equal Protection) can be helpful in shifting public attitudes, but must be implemented carefully so as not to push problems 'underground'.

- Raising awareness of and anchoring our approach in children's rights can provide a focus to the cultural change required, in conjunction with increasing discussion of ACEs. This is an opportunity to develop a common language and help develop a positive sense of purpose.
- There is a need for greater involvement of young people in this agenda of changing societal attitudes and culture - the Year of Young People offers a great opportunity to do this.

“ACE awareness is a good starting point for a trauma-informed country. However, it's about building a resilient, strength based country especially for children: they are the future.”

# Closing the event

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“I feel so proud and hopeful that we are here. What we do next is what really matters ... If we get it right for children we get it right for all of us.”

The Deputy First Minister and Ministerial colleagues were grateful to all the participants for their engagement and providing such valuable contributions and to Bellahouston Academy for hosting the event. Participants shared their optimism that the ACEs agenda is being considered so seriously by government and a collaborative approach is being taken across a wide range of sectors. There was also caution, however, that the event was not an end in itself and needs to inform and progress action on ACEs.

The Deputy First Minister committed the Scottish Government to further dialogue with partners about ACEs and to delivering a range of policies and interventions that would build on the positive work that is already taking place.

He indicated this event was an important milestone on an agenda that would involve short, medium and long-term commitment.

“It’s made me feel very proud of being part of a country that takes this seriously. We really want the best for our children.”