

The Scottish Parliament Cross-Party Group for the Prevention and Healing of Adverse Childhood Experiences (ACEs)

Committee Room 2, Scottish Parliament, 29th May 2019, 6-8 pm

Welcomes and introductions

MSPs who attended:

- Gail Ross, SNP MSP for Caithness, Sutherland and Ross
- Rona Mackay, SNP MSP for Strathkelvin & Bearsden
- Emma Harper, SNP MSP for South of Scotland

Other attendees:

- Marian Flynn, CELCIS
- Mary Glasgow, Children 1st
- Suzanne Zeedyk
- Mark Ballard, Children 1st
- Nicki Lawrence, Barnardo's Scotland
- Shelby Brown, Barnardo's Scotland
- Ryan McShane MSYP, Scottish Youth Parliament/Who Cares? Scotland
- Bailey Lee Robb, MSYP, Scottish Youth parliament
- George Hosking, WAVE Trust
- Anthoulla Koutsoudi, 70/30 Campaign
- Owen Thompson, office of Gail Ross MSP
- Jillian Adie, Salveson Mindroom
- Anne Wilson - Childrens Health Scotland

Apologies:

- Jenny Gilruth, Liam McArthur, Liam Kerr, Anne McDonald, Nicola Wylie, David Mitchell, Debbie McCall

Minutes of 27th March meeting agreed and discussion around actions arising:

Minutes of the meeting were agreed

Matters arising

1. Maree Todd, the Minister for Children and Young People, has replied to the letter sent to her.
2. We are awaiting further information from the Minister for Mental Health on how the additional £32m for mental health will be spent.
3. Dame Denise Coia has stood down as chair of the mental health taskforce, due to ill health.
4. We will write again to the Minister asking about progress with the mental health taskforce and the replacement for Dame Coia.

Guest Speaker Presentations: Children and young people

Marian Flynn, CELCIS

Marian described the many links between ACEs and looked-after children – both formally looked-after children and those on the edge of care or who were formerly in care. She addressed the issue by looking at three stages.

1. The positives of the narrative re ACEs
2. Some words of caution
3. Two particular issues

Positives

The research on ACEs is very compelling. It has engaged people and raised awareness of entrenched social issues. It has created a shared language across multiple disciplines. People have taken it to heart and changed practice. It has created a shift from “what’s wrong with you?” to “what happened to you?”

Cautions

Firstly, there is a tendency to talk about ACEs in isolation, to the neglect of issues such as poverty and structural inequality. The focus can be on the negative, rather than on child development and what helps children to flourish. Conclusion: we need a more sophisticated narrative.

Secondly, there is a tendency to focus on events and scores. This neglects the developmental age at which adversity occurred, its duration and its context. It’s about what happens in families and their relationships. In emerging adulthood, entry into care can lead to multiple moves of location and discontinuity of relationships.

We should distinguish between single incidents of trauma and complex developmental trauma, especially when inflicted by figures of trust.

If a child has a severe traumatic event, but strong support around them, they cope better. Looked-after children often don’t have that support.

A third issue is how messages are heard. Looked-after children tend to blame themselves for what has happened to them. We should move on from a deficit focus. Children are more than the trauma they have experienced.

ACE research shows that mind, brain and body are all linked. But these are often talked about in separate strains. The issues are not brought together for looked-after children. GIRFEC tries to do this, with different disciplines getting together, but it is not a real multi-disciplinary, holistic approach.

Particular issues

1. The ACE narrative is really strong. It demonstrates the need for a prevention agenda, plus mitigation for those who have already suffered ACEs. What does this mean for looked-after children? Are there enough family-orientated support systems for early problems and issues? Are there kinship carer opportunities and support? Do we assess the child’s need early enough?
2. Do we pay enough attention to adolescents and their needs? They have particular needs, such as preparing them for where they are going in life and understanding

where they came from. What does this mean for looked-after children, families and carers?

Mary Glasgow, Children 1st

Mary opened by noting that this was the 20th year of the Scottish Parliament. We should celebrate how far we have come in this time. ACEs have helped to shift our narrative about children and what they need.

Twenty years ago young people were seen as a behaviour problem in Scotland. Scotland was more of an ASBO-aware nation rather than an ACEs aware nation. We have travelled far in our understanding of the impact of adversity and trauma and childhood and she celebrates that. Raising awareness in itself won't miraculously take us where we need to be but it has been an extremely useful start. The framing and conversations around ACEs have helped with creating and widening understanding of the impact of trauma in childhood in a way that organisations like Children 1st, with its 135-year history, have struggled to do. That is why, with all the complexity and legitimate questions surrounding the 30-year-old research, she celebrates the movement to spread understanding, reduce stigma and shame. Mary expressed the hope that we are starting a shift in the way we offer support to each other whether we are parents, or carers struggling in the child protection system, involved in the justice system or are so overwhelmed with our childhood experiences that we use substances to help us cope.

Moving from asking "what's wrong with you?" to "what is your story, what happened to you and how can we help you?" is a key example of how we could help move the whole system. If we really listened to the answers to those questions, we would offer much more effective solutions in a way which empowered people and engaged them in their own recovery journeys. When people are engaged with in this way, they don't feel stigmatised, they feel understood.

Mary said that she acknowledged the concerns that the original study was too narrow and might focus on personal troubles to the detriment of tackling structural public issues. It's 30 years old and is not the blueprint for the situation in Scotland 20 years on. However, she finds the insights the research offers hugely helpful. We must tackle all the barriers to children growing up safe in strong families, resilient communities and a fair country. We must prevent adversity in childhood related to abuse, neglect and violence and we must also tackle poverty and inequality. It's both and not either or.

Mary concluded by saying let's remember and celebrate how far we have come; let's embrace challenge and critique because people and families are complex, but remember it's their stories that matter; and let's develop ACE-aware, trauma-informed, rights-respecting services.

Suzanne Zeedyk, Connected Baby

Will the ACEs Movement be successful in bringing about practice and policy change? That was the question research scientist Dr. Suzanne Zeedyk, Founder of the organisation Connected Baby, sought to address in her presentation to the CPG.

Suzanne began by expressing her view that the two scientific frames of ACEs and attachment are dealing with the same core phenomenon. These are two different lenses and two different terminologies for understanding key elements of human development. In

particular, they highlight the importance of stable, emotionally available relationships for healthy human development and functioning.

She said that recognising this link is important for two reasons. The first is that acknowledging it lets us see the history of ACEs insights as stretching back not just 20 years, but 75 years. This link gives additional credibility, depth and impetus to the discoveries of the ACE Study. Secondly, most people will not be aware of this link, partly due to the two sets of terminology and partly because many people remain entirely unaware of the science of attachment. Indeed, we could take the history of ACEs insights back to World War I, when trauma and PTSD (then known as 'shell shock') first began to be studied scientifically. That would take us back 100 years. So the basis of ACEs discoveries has a long and robust history.

Suzanne posed the question why the ACEs frame has captured the public's interest when an Attachment frame did not. One possibility is that it is easier for adults to identify with the adult concerns highlighted in ACEs research (e.g., heart disease, liver disease, alcoholism, depression) than it is to identify with the childhood concerns highlighted in attachment research (e.g., separation, loss). Another possibility is that the film Resilience was an excellent tool in getting enough people talking about ACEs, from which cultural shifts can flow.

Suzanne said she believes that the start of the grassroots ACEs Movement in Scotland can be dated to the summer of 2017, when the film Resilience was screened around the country. That tour was not led by a public body, but by two small organisations: Connected Baby and ReAttachment. Nor was it originally conceived that the film would be screened in 25 communities, as was the eventual outcome. It was originally planned there was to be a single screening (in Glasgow, on 29 April 2017). However, social media interest led to requests for screenings in communities across the country, resulting in 25 screenings between April and July. Thus, the success of the film tour can be put down to public demand. Communities clamoured to know this information about trauma. This is a positive indicator of the potential for policy and practice change.

In fact, it could be argued that the demand for this information had been percolating in Scotland for more than a decade. Scotland first began talking about ACEs in 2005, when Harry Burns was appointed as Chief Medical Officer and when John Carnochan and Karen McCluskey established the Violence Reduction Unit. All talked often about ACEs. Indeed, Dr. Vincent Felitti (lead researcher on the ACE Study) visited Scotland in 2007 as keynote speaker at an international conference hosted by the VRU.

So, will the ACEs Movement be successful in generating policy and practice change? Suzanne's view was that this depends on how willing we are to recognise human suffering. Looking upon suffering motivates change. The challenge is that human suffering is often denied, because it is too hard to face, especially that of children's suffering. That was the point made in the 1950s when attachment researcher James Robertson made his film about the suffering experienced by children in hospital, due to the standard practice of separating children and parents by infrequent visiting hours.

The explicit naming of ACEs such as domestic violence, a parent in prison, sexual abuse, emotional neglect allows (even forces) the acknowledgement of suffering. An ACEs frame confronts us with childhood suffering and then alerts us to its impact (e.g., heart disease,

liver disease, diabetes, cancer, etc.) through the physiology of the stress system. The public embrace of this link is encouraging. It suggests we are perhaps more prepared to confront childhood distress than we were in the past (for example, when children were strapped at school, until the late 1980s).

But, she warned, there is no guarantee. It is always easier for individuals and societies to shy away from human suffering. And there is also a growing critique about ACEs methodology and conceptualisation that could distract us from shining a light on suffering. But she expressed her hope that the sense of a movement has now embedded sufficiently within Scotland that it will lead to the wider practice and policy changes that the Attachment frame has been unable to achieve.

Suzanne concluded by saying she believes we must be bold and help these insights to reach the whole of the country. That is why she supports and leads the national conversation concerned with creating an ACE-Aware Nation.

Annual General Meeting

The annual general meeting took place at this point. Its minutes are recorded separately.

Open discussion

Emma Harper mentioned the discussion on drugs and alcohol at the Scottish Affairs Committee next week and engagement with the Deputy Convenor of the Health Committee at Westminster.

Ryan described speaking at a recent nurture conference in Glasgow. We talk about trauma-informed primary schools, but “no ball games” policies have not changed. Ryan told a story of growing up living in the Gorbals and rescuing footballs from the Clyde. He understood how these experiences would affect how he would grow up. The Scottish Parliament is a means to change lives for the future, but for this to happen we need young people to know about their rights. We need young people under 18 crowding these desks (i.e. the CPG).

Suzanne said it is about ideas. For example, young people with the idea that young people have the right not to be hurt. “Smoking causes lung cancer” is an idea. ACEs are an idea about the impact of children’s trauma. One idea is to remove all signs saying “no ball games”.

Ryan put forward the idea that we can be the [group?] which does something. The United Nations Convention on the Rights of the Child – put it into practice in Scotland. We are all people and we can be respected. Martin Luther King said “injustice anywhere is injustice everywhere.” It’s a good idea.

Mary told a story about her childhood experience in Wester Hailes, playing chicken running across the dual carriageway. There was nothing else to do on the estate. She equated that to Ryan’s story of taking risks rescuing footballs from the Clyde. She said it changes everything when we bring all services together, such as hospitals, schools and the health service.

Mark asked if we could hold more than one idea in our heads at a time. Can we address more than one issue at a time? Relationships and ACEs; systemic inequality; racial

discrimination. It is no use to a family to address only one issue. There are cross-cutting agendas.

George picked up Mary's point about bringing everything together and suggested that trauma-informed communities was an initiative which would achieve this. He described the World Health Organisation and City of Oslo invitation to cities and communities to join a European network of trauma-informed cities and communities.

Nicki said there is a fear "we don't know whom to refer to if they tell us about their trauma", but we don't need to have a service, we need to listen and understand.

Mary commented that there is a crisis in young people feeling overwhelmed and under pressure. This is not "mental health", it makes perfect sense to feel sad. Professionals must stop saying "we can't help, so don't tell us..." She described the film "Inside Out" about Sadness and Joy. Joy tries to contact Sadness and learns that Sadness matters too. Listening to the sadness turns it into joy.

Any Other Business:

Rona raised the issue of a possible BBC programme on ACEs, with interest from Panorama. What slant might be put on it? It was suggested that Gail, Rona and one other person should meet with the Director of Panorama. One concern is that the programme simply focuses on the violence.

Bailey Lee said that the Scottish Youth Parliament will write to all local authorities and ask for the removal of all "no ball games" signs on local authority property. The CPG was asked and expressed its support for this initiative.

Dates of Next Meetings: The next two meetings will be on 11th September and 27th November.