

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

Zoom Meeting held on 19th January 2021

Title - 'The Primary Prevention of ACEs - Preventing them before they happen'

Convenor: Gail Ross MSP (SNP)

Secretariat: George Hosking, WAVE Trust

In attendance:

MSPs:

Gail Ross, MSP (SNP)

Rona McKay, SNP

Alex Cole-Hamilton, Lib Dem

Speakers

Jackie Tolland, Parent Network Scotland

Ryan McShane, WhoCares? Scotland

Maree Todd, Children & Young People Minister

George Hosking, CEO WAVE Trust

Other Attendees:

Ríobárd Ó Broin, office of Gail Ross MSP (Rob Byrne)

Anthoulla Koutsoudi, WAVE Trust

Alana Davis, British Psychological Society

Alex Williamson, 70/30 Ambassador

Anne Wilson, Children's Health Scotland

Bailey-Lee Robb, MSP, Scottish Youth Parliament

Chloe Riddell, Children First

Councillor Elspeth Kerr, Glasgow City

Helen Minnis, University of Glasgow

Janine Rennie, Wellbeing Scotland

Jay Haston, 70/30 Ambassador and ACE Social Hub

Jordan James Linden, N. Lanarkshire Council

Karen Law, 70/30 Ambassador

Linda Davidson, Strathclyde University

Michelle Wilson, Children's Health Scotland

Natalie Jane Thomas, 70/30 Ambassador

Rachel Love, NSPCC

Susan McKellar, Scottish Women's Convention

Tracey Jenkins, GCVS

Minutes of last meeting and Matters arising

These were approved (proposed by Janine Rennie, seconded by Tracey Jenkins)

Matters arising: – one more meeting will be arranged before the May election, in March, with John Swinney being invited to take part.

Speaker 1: Jackie Tolland, Parent Network Scotland

PNS deliver peer to peer parenting support and training in local communities. All parent facilitators have been through the programme.

Jackie explained that when working with parents, our own stuff comes up. PNS work in a creative, supportive and compassionate way. They have delivered parenting toolkits to 114 parents. There are two outcomes of their ACEs work. Firstly, to minimise impact of ACEs on selves and kids, develop resilience and protective factors, have better understanding; and secondly, to give parents tools to mitigate ACEs, and show different ways to parent their kids and empower them be more nurturing towards their kids.

They support parents who have experienced ACEs themselves. Feedback is very good; there is a report which they can share.

When Covid happened they decided not to deliver the toolkit online – Now all sessions are from Capacitor (used internationally)

PNS continue to deliver Parenting Matters where they can be face to face. In a room, parents talk more. Their hands can be held, and the facilitator can stand alongside them. The work is trauma-informed – the leaders are not therapists but their work is therapeutic.

The organisation has 16 parent group leaders and are training more. They will be trained in the ACEs toolkit and the Wellbeing Toolkit. Parenting Academy is being launched in May – it is about training in the community.

The whole success is because of parents themselves doing the training, not feeling judged and not feeling shame.

Speaker 2: Ryan McShane

7th February 2002 was the day I was born and the day I first experienced adversity, but I experienced adversity whilst in the womb as my parents couldn't cope, even with services. My life from day 1 to age 9 was chaotic. My ACEs would happen in clusters. It would take several clusters for police and social work to become involved. Domestic abuse and violence were common. My older sister is 10 years older than me. My younger brother and I were seen as more vulnerable than my siblings. These impacts are going to be lifelong. I feel the consequences to this day.

I went into various forms of placements in the care system where I felt I was going to distant family members. As I got older I realised that this wasn't fair on me.

School was a place to escape the chaos for a few hours. Even so, I was falling behind, my grades began to slip. I was misbehaving and even venturing away from home for a few days as I had family in Glasgow. I caused arguments at home but it was my way of simply surviving the adversity. School report; 'Ryan seems to put other people off when doing their work'. My classmates had ACEs. Teacher said 'In this class we're all good people'.

I survived from day to day. My last cluster of ACEs were on 24th February 2011.

John Swinney today reinforced the point that we should be having ongoing dialogue about the wide range of adversities that children and young people face daily.

I knew from early on that I could speak for Scotland. At school, I was part of the Eco Council, pupil committee, and school goalkeeper. I always had it in me to help other young people.

School committees were headed by male teachers who did not allow children to take the credit. This got me angry and I still am angry thinking about it. Meetings involving young people should be inclusive.

I had 10 years of foster care. It shaped the man I am today. Not everyone gets positive placements. I feel guilty that others don't have advantages that I had. My foster parents had me and my little brother. With them I experienced love, respect, equality, opportunity and I felt valued. My foster carers were trauma-informed and trauma responsive.

Whilst we are on our way to becoming a trauma informed nation, it's my view that we need to have **more** discussions about trauma responsive services. I believe we need to have a comprehensive review of how our services support children and young people with ACEs.

'Support us with us, not just to us'

Responses need to be lifelong not just immediate, not just plaster solutions.

My journey to why I think lived experience is essential in decision making. UNHCR itself calls for collaboration. Children are our future. Decisions about us without us may have detrimental impacts on us later in life. Who knows - some of us may be the future government picking up the pieces.

The missing piece to childhood adversity - document/Toolkit.

Bailey-Lee Robb, as a MSYP, brought forward a motion on ACEs to the Scottish Youth Parliament in 2018. When it became official SYP policy Bailey-Lee and I became close allies.

70/30 still achievable, with the right policies.

Other areas I would have liked to mention are (1) the criminal justice system and how we could change ours by using Barnhaus system used in Scandinavia; (2) corporate parenting, the 2014 Act; (3) Marcus Rashford's free school meals campaign; and (4) Covid impacts.

Ending on a positive:

- I spoke at the UN representing Scotland's Young People and buzz of ACE Aware Nation Conference in Glasgow that same weekend. The Minister was there with us that day.
- Scotland's well on its way, we've achieved a great deal.

Speaker 3: Maree Todd, Minister for Children & Young People

- Thank you for inviting me to speak to you about the Government's approach to the primary prevention of ACEs.

- We first published our commitment to addressing ACEs in our Programme for Government in September 2017. It is anchored in our commitment to children's rights and our long term, national approach of Getting it Right for Every Child (GIRFEC) as well as better support for adults affected by early life adversity.
- We are committed to embedding an understanding of ACEs across all of Government and working collaboratively to drive progress across Scotland. In our Programme for Government in 2019/20, we set out four key areas where we're taking action to address ACEs and we continue to build on these:
 - **Firstly**, providing inter-generational support to parents, families and children to prevent ACEs occurring in the first place. The **second** area is providing the right support, at the right time for children, young people and adults who have experienced ACEs, to reduce the negative impacts as soon as possible and to help build their resilience. Our **third** area of action is developing a trauma-informed workforce and service responses for children and adults. Finally, the **fourth** area of action we have committed to is raising awareness across all of society and supporting action across communities.
- In addition to these four areas, we are working as a government to address the social and economic circumstances in which people live. We know that social inequalities, such as poverty or gender inequality, can influence the levels of childhood adversity and people's ability to overcome that experience. And again, these are likely to be exacerbated by the pandemic.
- However, my main focus this evening is on the first of those four specific commitments and we know that the best thing to do is to prevent childhood adversity from happening in the first place, as far as possible. For that reason, preventing and responding early to adversity and trauma is a key focus across a range of our policies. And I thought it might be helpful for the Group if I set out some of those key actions the Scottish Government is taking across a range of policy areas:

Family support

- Initial funding of £4 million will be invested in the Promise Fund to make some early progress to support early intervention and prevention work across Scotland in line with implementation of The Promise. And one of the immediate actions in relation to family support is that families should know what support is available to them and how to access it. The National Family Support Directory, developed in collaboration with key partners including the third sector, is now available to families on the Parent Club website.

Health Visiting

- We have provided phased funding to Boards for 500 additional Health Visitors since 2014/15. Funding of £20 million per annum is now base lined to NHS Boards and families now have enhanced access to Health Visitors through the core home visiting programme focusing on children under five. This provides more support for children and families, particularly during the first year of a child's life.

Family Nurse Partnership

- Launched in 2010, over 8,500 young mothers and their new-borns have received valuable support through the innovative Family Nurse Partnership programme for young first-time mums. The intensive, two-and-a-half year home visiting programme is led by specially trained nurses and midwives and has around 3,000 active clients. Family nurses support mothers to give their baby the best start in life, whilst also supporting their mental health and confidence, housing, education and employment. The programme received funding of £14.6 million in 2019/20.

Scottish Child Payment

- In addition to the ongoing work of our Child Poverty Delivery Plan, I am delighted that the Scottish Child Payment for under 6s opened for applications in November 2020. Delivery of our biggest benefit to date (it could support up to 194,000 children this financial year) to a timetable of under 18 months, is unprecedented in the UK. It demonstrates the priority that the Scottish Government has placed on tackling child poverty and helping to reduce the stress and insecurity experienced by those on low incomes, including children.
- In the time I have left, I would like to talk about our **National Trauma Training Programme**. The pandemic has increased both the risk and the impact of trauma, particularly for people already affected by inequalities and adverse childhood experiences. But although we are dealing with so much uncertainty, one crucial constant that remains is the power of connections and relationships.
- Together, we have an opportunity to transform how we understand and respond to trauma in Scotland. We want a Scotland where people are not blamed or punished for adverse experiences, which are beyond their control. A Scotland where a survivor is not made to feel shame or stigma for the trauma they have suffered. But instead, a Scotland where people experience empathy and are empowered to access the services they need to help support their recovery and to build or strengthen trusting relationships with others.
- The Scottish Government's ambition, shared by COSLA, is for a trauma-informed workforce and services across Scotland, supported by our National Trauma Training Programme. To make this shift to a trauma-informed Scotland, it is essential that our workforce also feels valued, supported and 'well'. And that has never been more of an issue than right now where we have seen the tremendous challenges that our workforce are having to face, particularly in the health and social care sector but also in all our public services, including schools and early learning and childcare settings. This is why it is so crucial that we continue to work together, across professional boundaries, to enable the transformational change to a trauma-informed society and culture that we all want to see.
- In conclusion, I am confident that the work that the Scottish Government is taking forward across education, health and justice, for example, are all taking us firmly in the right direction in addressing childhood adversity. But we know that there is more work to do. And that was the case even before Covid. I am looking forward to listening and

learning from everyone here this evening and for further partnership working as we work together to drive progress on addressing childhood adversity.

Speaker 4: George Hosking

George opened by reviewing the importance of attunement, the quality of sensitive interaction between a parent and a baby. He cited numerous reports, Scottish, UK-wide and American which have all highlighted the critical importance of getting this right. Good attunement is a positive step to secure attachment. He outlined how secure attachment, which is enjoyed by about 60% of children, makes it more likely that a child will have self-confidence, emotional self-regulation and good relationship skills throughout life.

Conversely, insecure attachment, for the remaining 40 of children, means there is a higher likelihood of poor relationship skills, and a host of possible negative Sequelae including poor emotional self-regulation, lack of trust, mental health issues, and aggression.

Disorganised attachment, often associated with prior abuse or neglect, is experienced by 15% of children in the general population and much higher levels in deprived communities. It signals much higher risk for serious negative outcomes including disruptive behaviour in pre-school and school, being taken into care, mental health problems and violence.

Turning to the PCPS (Parent-Child Psychological Support) programme, which has been running for over 20 years in Spain and 15 years in Ireland, what he found most attractive About this programme was that in studies in both Spain and Ireland, it has been shown to reduce levels of both insecure and disorganised attachment by half. If we could replicate these results in Scotland, it would have a stunning impact on child outcomes, and make a major contribution towards GIRFEC.

He then described the essentials of the programme, which is currently being implemented in the London Borough of Camden. It is a universal preventive programme, clinic-based, delivered by a flexible mix of health visitors, psychologists and speech and language therapists. Parents and families visit the clinic 6 times between when the baby is 3 and 15 months of age for 60-90 minutes per visit. The programme picks up development issues, physical, or emotional, very early, and helps parents resolve these such that 90% of children are progressing in line with global developmental expectations by 15 months. In London it costs less than £200 per baby.

George finished by sharing enthusiastic feedback about the flexibility and impact of the programme from four Irish nurses who had each worked on the programme for over 10 years, and three managers from Camden who had seen the programme in operation in Spain. The word 'amazing' occurred several times, and the Head of Early Years in Camden said *'I was blown away by what I saw. The differences in children's responses at the beginning of their contact, and at the Strange Situation assessment at 15 months, was so clear. I was very impressed by the programme and its effects. Everything was much organised and very calm. The parents clearly enjoyed it. The quality of interaction between the psychologist (who led the video interaction guidance sessions) and the parents was very high ... [In this country] we wait for problems to develop, and then we bring in psychologists and experts to support the family. Instead, this programme brings them in at the beginning. It helps parents to become the best parents that they could possibly be. It puts the expenditure before, not after.'*

Further information on the programme, including a copy of the presentation, can be obtained from WAVE Trust. Gail Ross said the results of the programme are so impressive, she will draw it to the attention of the First Minister.

Open discussion

Gail thanked the speakers, and stressed that preventing ACES before they happen should be a main focus of this CPG.

George was asked how many families have been through PCPS. In Camden, once it is rolled out throughout the borough, there will be 2,500 births per annum, with uptake of 70-80% expected. The cost of the programme is about £200 per baby, with the research evaluation built into this cost.

Maree was asked about pre-birth support. She described early support for birth mothers at risk of having their child taken away. She also referred to the universal support of, for example, NHS antenatal classes and health visitor. She also mentioned the strong early years' services in Scotland e.g. Early Learning (part of her portfolio) which can be accessed by/for 2 year olds. Lots of good work, both targeted and universal, is going on. Maree Todd said that projects work well when there are strong relationships which help people to navigate services. She also referred to the strong targeted services which support families in need.

The Third Sector has played a key role during the pandemic, working alongside people we needed to reach quickly.

One of the audience, a social worker of 35 years of experience (did not catch the name), who has protected many children from harm, and she has also run an Early Years' Service. She knows the level of need in Scotland. Rather than a limited universal service, backed by numerous targeted services, she strongly recommended a strong universal service, like the Dutch Model, rather than have a universal service of limited scope. Further, so many families have a series of targeted services which are offered then withdrawn then offered then withdrawn. She recommended that we invest in core family services from pregnancy, not services that meet the needs of only a small percentage of population.

Marie agreed that strong core services are essential, and said many local areas have these. She said we need to make it easier for people who need help, and provide help to people on how to navigate to the help that we need. Covid has brought out the message that there needs to be greater support to enable families to find the help they need.

George pointed out that PCPS is a universal service with targeted support built into it. Its Monthly Meeting brings together both universal and targeted services to create a joint strategy of support for each family in need of extra support. This support is implemented in between the 3-monthly visits. The family does not need to seek the services. Thus both of the previous concerns are answered.

A conversation about poverty began in the Hatbox. Gail said we can't open that up as we don't have the time – it's a big conversation.

Gail asked Ryan to explain 'trauma responsive' as he referred to it in his presentation. Ryan said that you can be trauma-informed but the response part is about the actions which

follow. Being trauma-aware is only the beginning. The benefits of wider support for challenged families such as his own, is more than just monetary. He credited the Scottish Government for its actions on child benefit. He said it goes back to what George was saying about Ireland and PCPS. That approach works. We are an ACE-aware and Trauma-informed Nation, but we need action to follow that up. "This is what we are going to do". We can always talk, but action needs to be delivered on the ground.

We know trauma-informed responses work. As a child of the state (the care system) he said that the state does not do enough. We need to protect children. He said that we need to act and deliver on the ground.

This views was backed by further speakers.

On the issue of Trauma-informed, Maree said that one of the first things she learned as a new Minister was that when we are not trauma-informed, we heap more trauma on the traumatised person. This is a fundamental shift in thinking by the Government, e.g. in how we treat children via the change in the age of criminal responsibility. Instead of just seeing a perpetrator, we see a child who needs help. They are likely to have suffered trauma prior to getting in trouble. The response needs to take account of that.

Responding to a chat function comment by Karen Law, she also said that 'we take a broader view of ACEs in Scotland, for example, bereavement and bullying' and encouraged everyone to 'start where you are and do what you can'

Any Other Business

Gail thanked the speakers, saying she had found the evening inspirational. She asked George if he could share the PCPS PowerPoint slides with everyone, and to see what we could do with them.

She also said that while Maree may respond to that, Gail said that after what she had heard about PCPS, she wishes to write to the First Minister and ask if we can look at the programme in Scotland.

George mentioned that there is interest in testing PCPS in Drumchapel in Glasgow, backed by the local Director of Public Health, the local health visitors, and local MSP Bill Kidd.

Parliament will be in recess from the last week in March. Gail asked Bailey-Lee and the Scottish Youth Parliament to take over running the final CPG in this session of Parliament, on a date to be arranged in March (17th).

Actions

1. Gail Ross to speak to First Minister about PCPS
2. George to share PCPS slides with everyone
3. Bailey-Lee Robb to organise next CPG meeting with the Scottish Youth Parliament and Ryan