

D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

The Life Journey of Trauma and What Next?
Tuesday 1st March 2022

D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

Arrival questions: if you have a spare few minutes,
please complete the short online survey
<https://survey.alchemer.eu/s3/90430928/Arrival>

SPEAKER

Karen Dawes

Trauma Informed Educator

Office of the Police & Crime Commissioner

HOUSEKEEPING

- If the fire alarms sound please exit via the nearest emergency exit
- Please put your phones on silent
- Stay safe, respect others. There are optional masks available at the venue reception and hand sanitisers throughout the venue
- Share on your socials #PCCTraumaConf

SPEAKER

Donna Jones

Police & Crime Commissioner

Hampshire & the Isle of Wight

SPEAKER

Professor Mark Bellis

Director

*World Health Organisation Collaborating on
Investment for Health & Well-being
Public Health Wales*

ACEs COVID and Trauma- informed Responses



Professor Mark A. Bellis

Director of Policy and International Health

World Health Organization Collaborating Centre on Investment for Health and Well-being,
Public Health Wales, United Kingdom

Email: m.a.bellis@bangor.ac.uk; Twitter @markabellis



PRIFYSGOL
BANGOR
UNIVERSITY



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



World Health Organization
Collaborating Centre on Investment
for Health and Well-being

What is an Adverse Childhood Experience

Physical abuse

Sexual abuse

Domestic violence

Parental separation

Emotional neglect

Physical neglect

Mental ill health

Alcohol problem

Parental death

Homelessness

Suffered
USA

1+ ACE

62%

4+ ACEs

16%

England

Wales

48%

50%

9%

14%

Social I Mental well-being (UK Data)

- Mental distress up from 18.9% (2018-19) to 27.3% one month into lockdown
- National well-being (GHQ-12) score worsening trends across COVID
 - Changes greatest in young adults and people living with young children

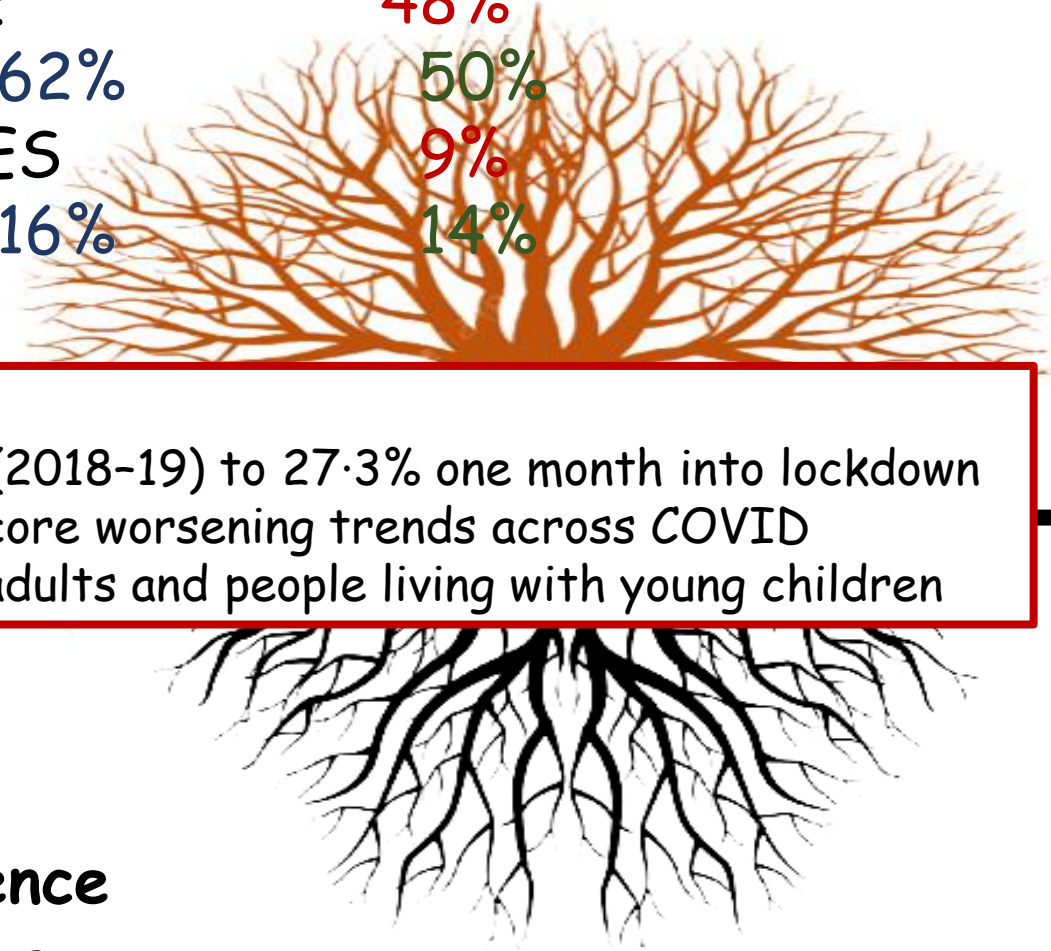
Discrimination

Poor housing

Local Violence

Lack of Opportunity

Adverse Community Environments



Child Abuse Hospital Admission - first 14yrs of life

(Cohort Study, Lancet Public Health, 2018)

Integrated individual level, Anonymised Public Services data (sub-population n=253,717), Child abuse hospital Admission first 14 yrs of life

- Most Deprived Quintile (vs least) ↑94%
- Family Mental Health Disorder ↑55%
- Household member alcohol admission ↑39%
- Maternal Age <18 years ↑130%

↑2000%

Cluster - **Mental ill health, Alcohol problem, poverty, young maternal age and maternal smoker**



Pandemic- Accelerating the Cycle?

↑ Child Safeguarding Practice Review & ↑ NSPCC calls across the pandemic

Increased exposure to ACEs related to:

- ↑ Parental stress from social distancing, school and childcare closures
- ↑ Exposure to domestic violence and emotional abuse
- ↑ Increases in smoking and vaping
- ↓ Sleep quality

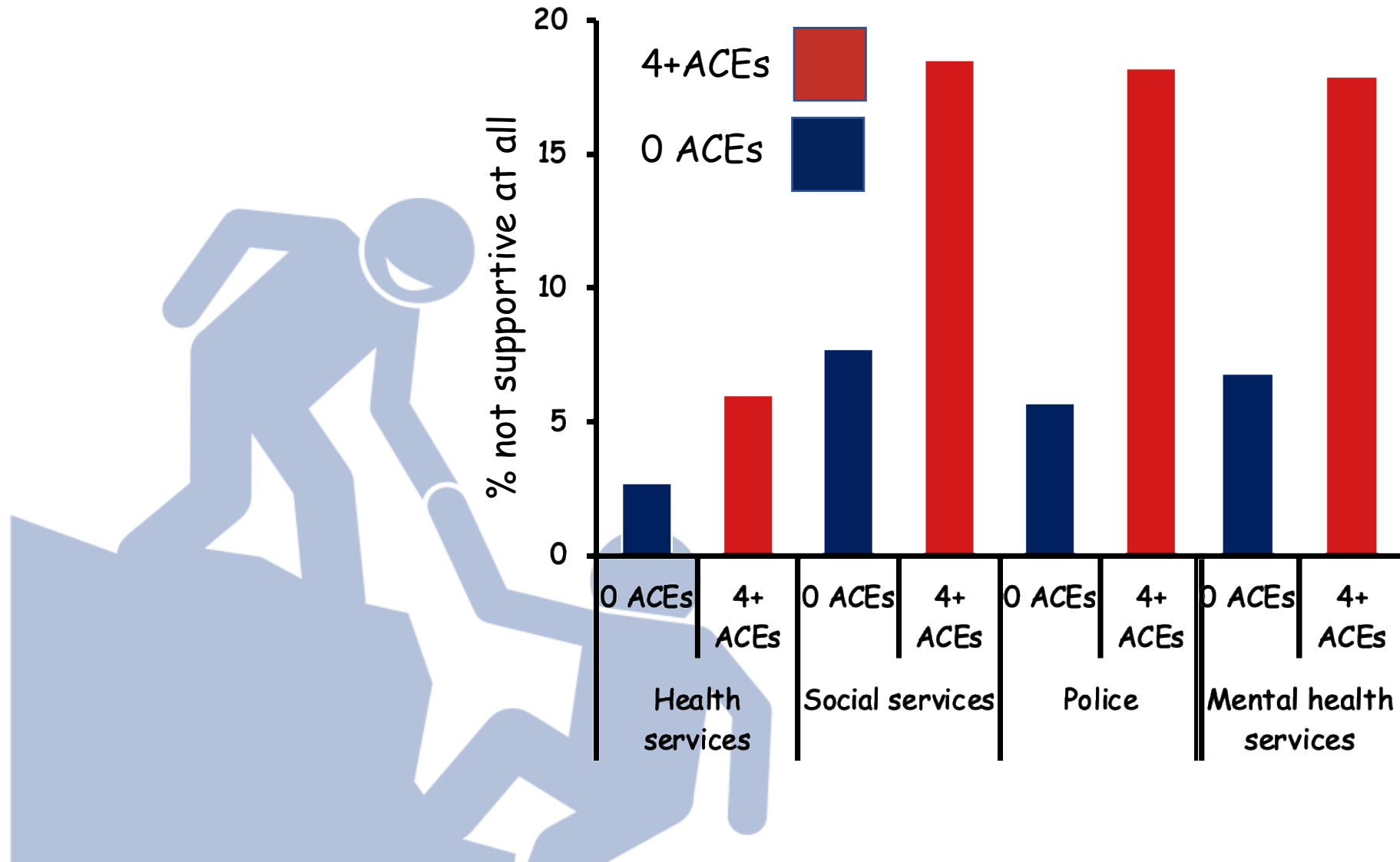
Stronger links between COVID-19 distress & negative parenting in parents with ACEs.
Greater risk of mental illness in health staff with ACEs during the pandemic*



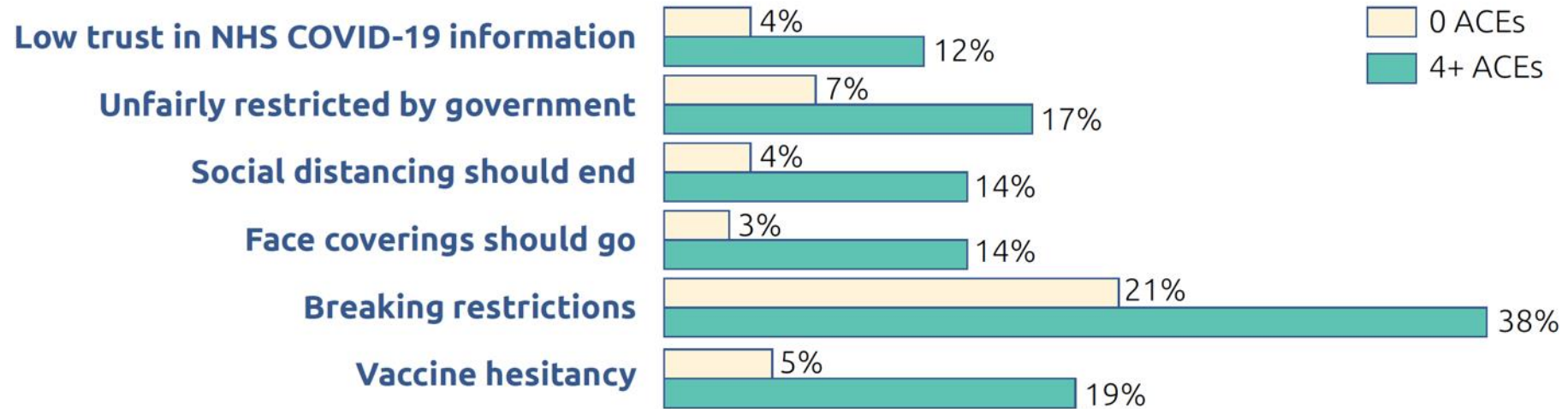
*Distress caring for COVID-19 patients (focus on history of childhood sexual abuse)

Calvano et al, 2021; Browne et al, 2022; Smith et al, 2021; Hail et al, 2021; Fernandez-Arana et al, 2021

Perceptions of services being not supportive at all

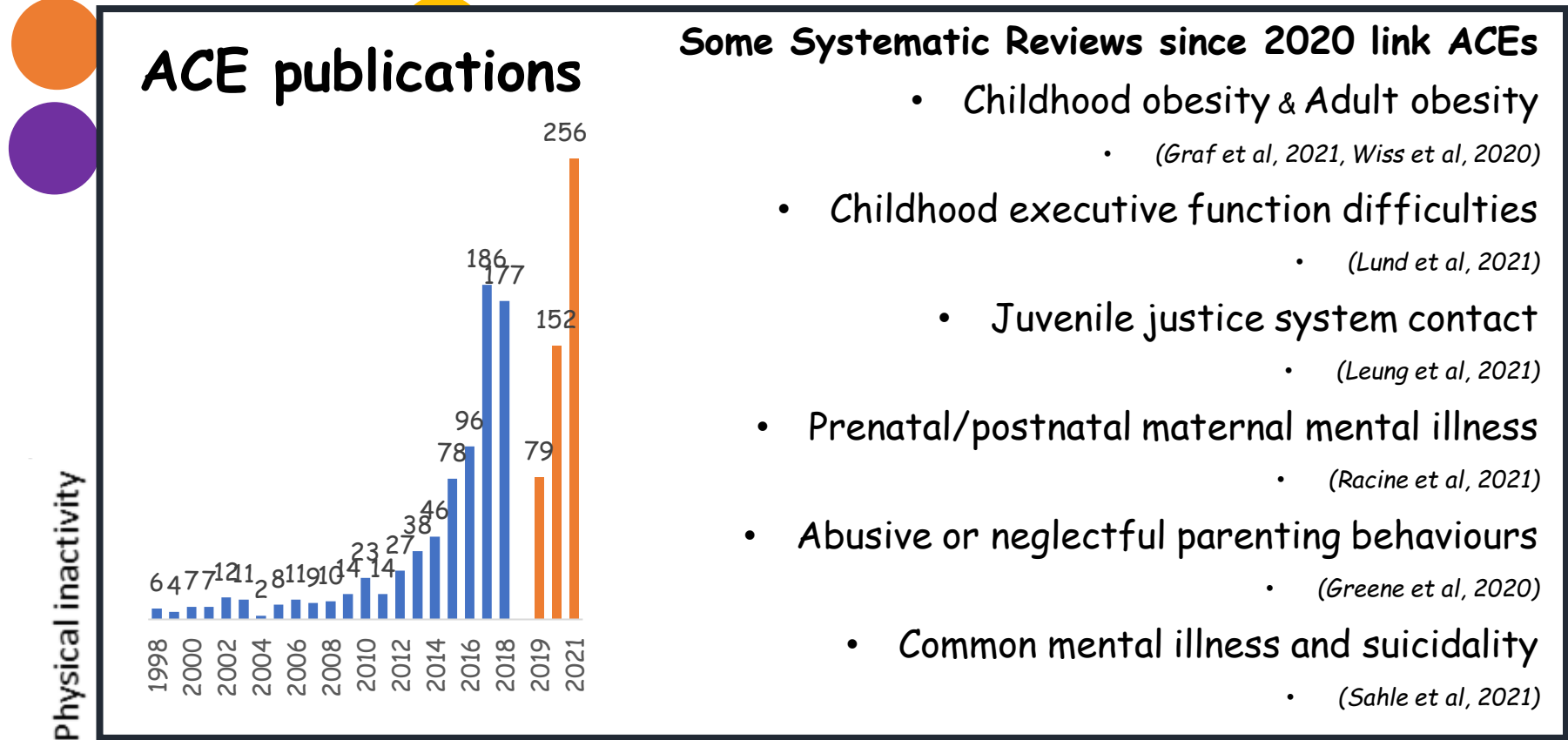


ACEs, Attitudes to COVID-19 restrictions & vaccine hesitancy a cross-sectional study



Increased risks of health outcomes in adults with four or more ACEs (compared with 0 ACEs)

● Mental health
 ● Substance use

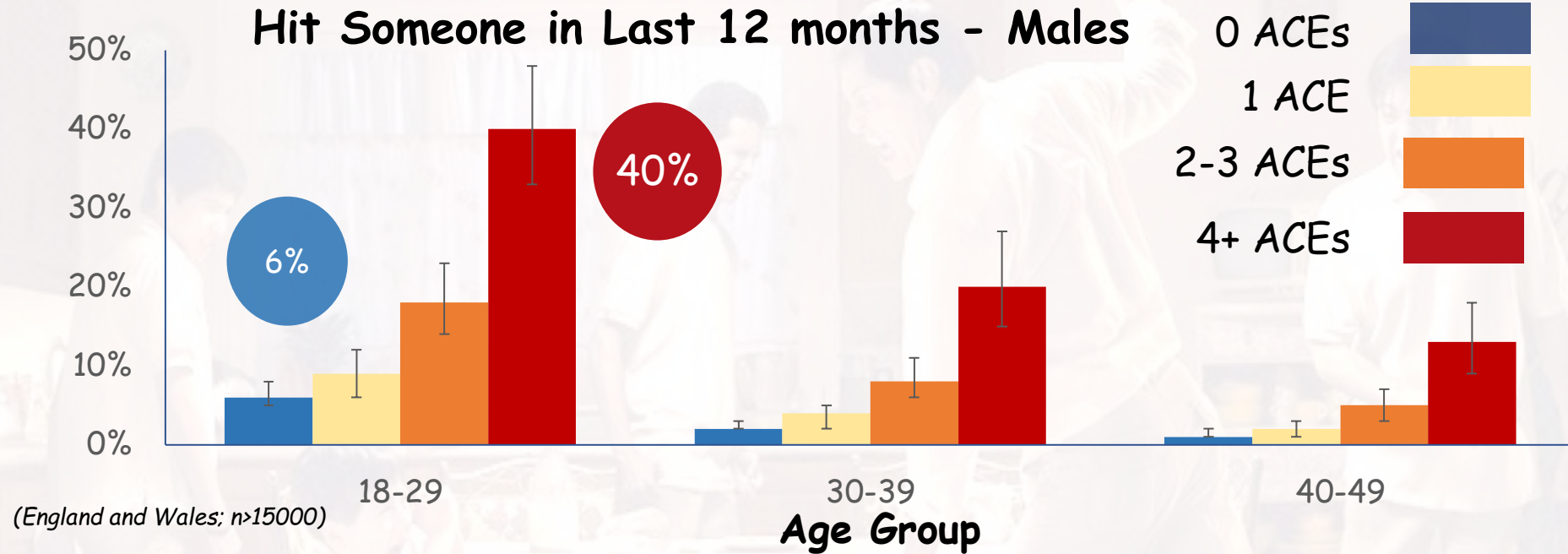


Some Systematic Reviews since 2020 link ACEs

- Childhood obesity & Adult obesity
 - (Graf et al, 2021, Wiss et al, 2020)
- Childhood executive function difficulties
 - (Lund et al, 2021)
- Juvenile justice system contact
 - (Leung et al, 2021)
- Prenatal/postnatal maternal mental illness
 - (Racine et al, 2021)
- Abusive or neglectful parenting behaviours
 - (Greene et al, 2020)
- Common mental illness and suicidality
 - (Sahle et al, 2021)

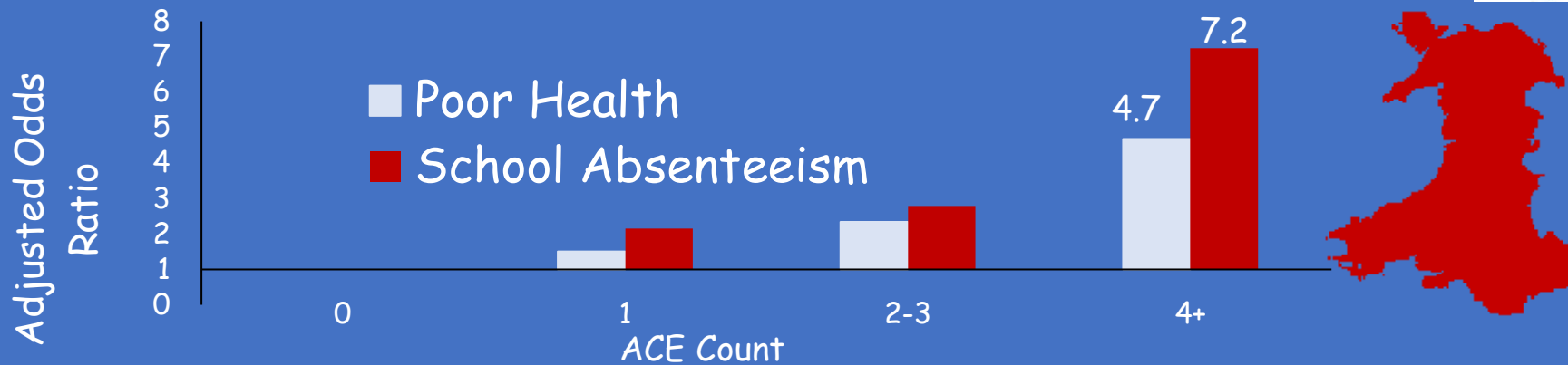
Suicide attempt

ACE Cycles



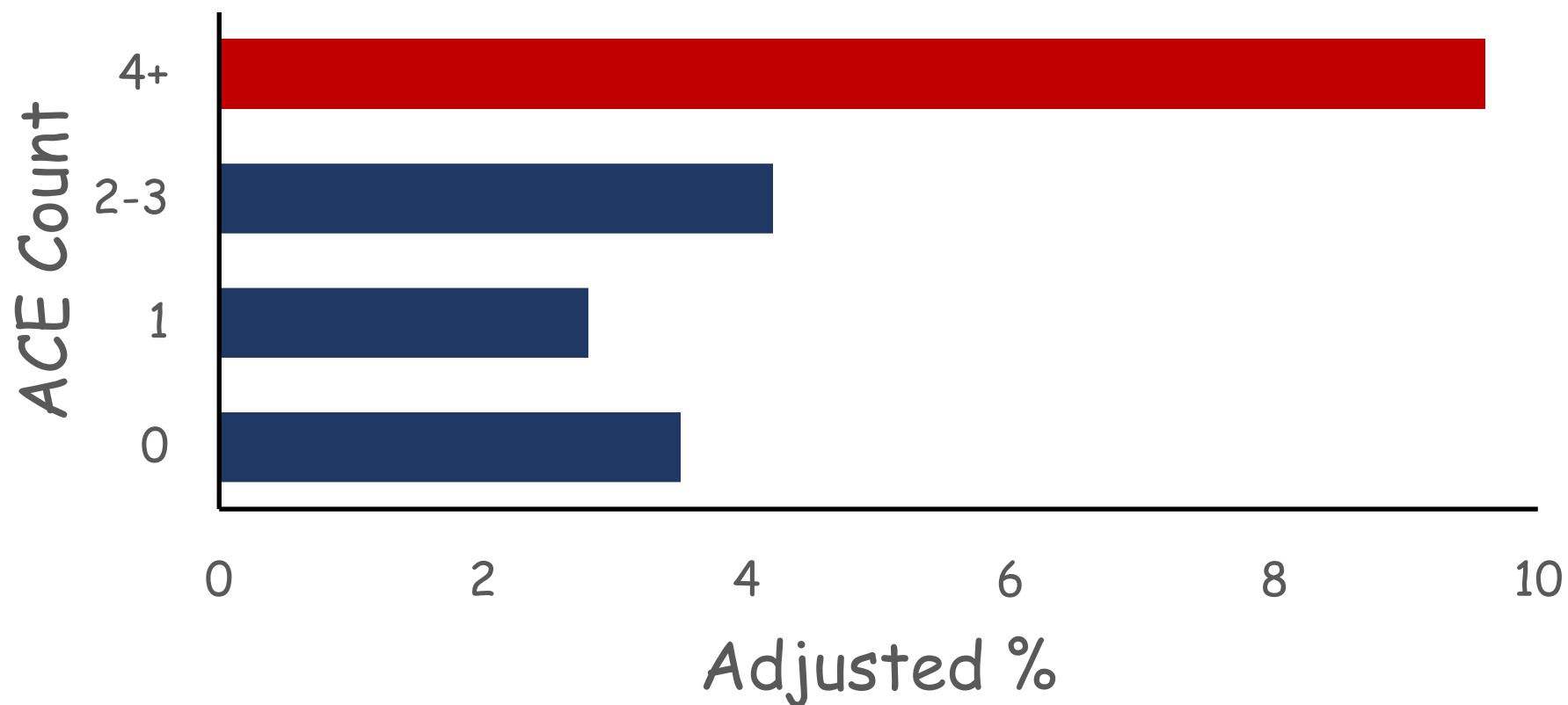
Odds - poor health and school attendance to age 18 years

(Corrected for deprivation)



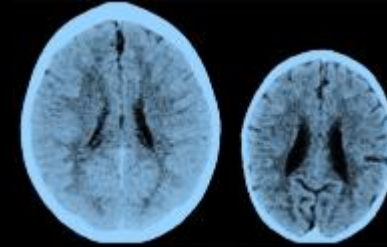
ACE Cycles

Maternal ACEs and their association with
Preterm Birth



Bio-molecular Developments

- Brain Development and Neglect



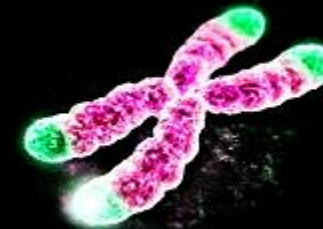
- Physical and Sexual Abuse

- Liver & Immune system changes - potentially adaptive to dealing with pathogens and damaged cells BUT
- Linked ↑Diabetes II, Cardiovascular disease



- Telomere length

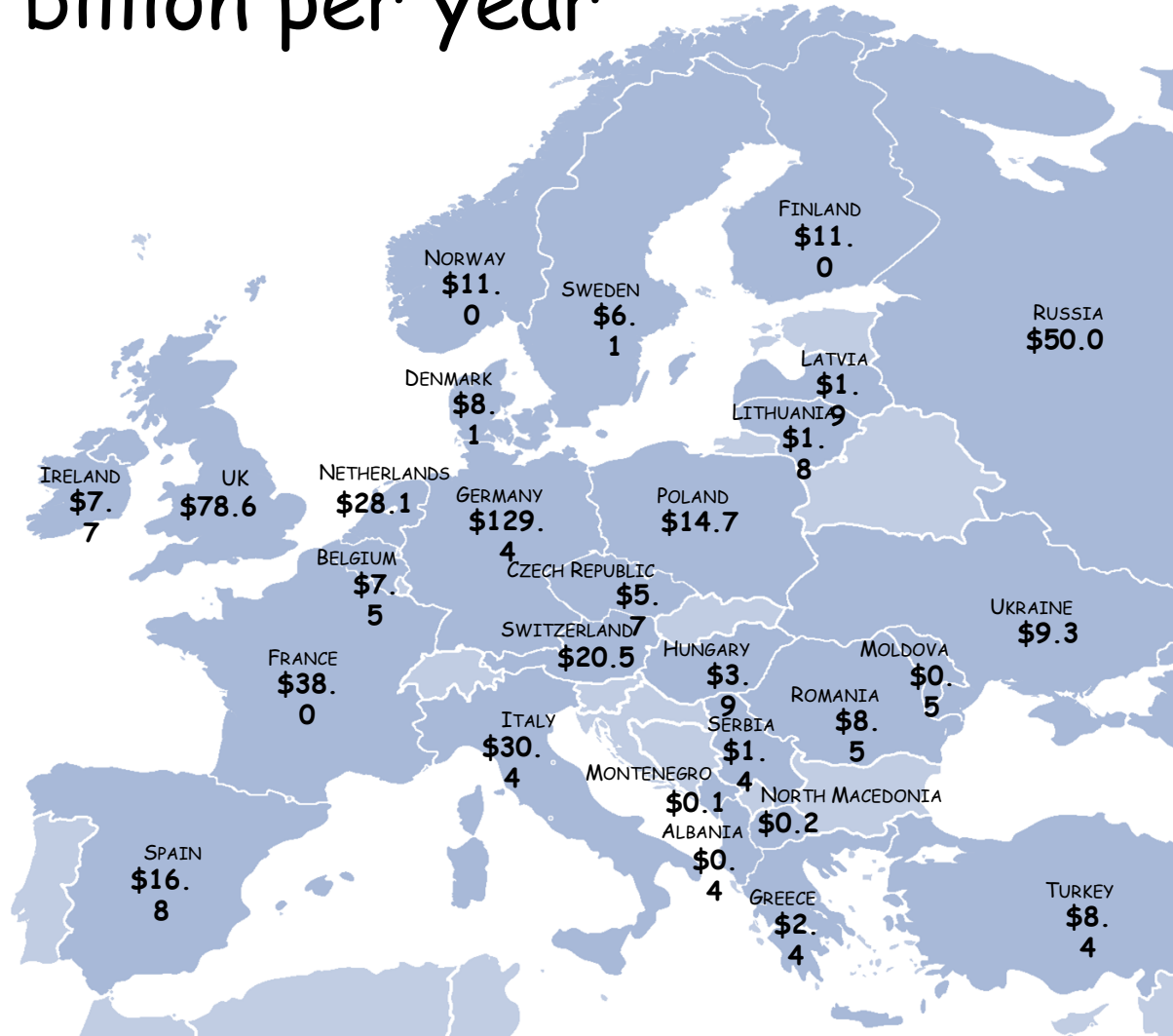
- Length is a marker of cell ageing
- Physical Abuse, Parental alcohol and drug use



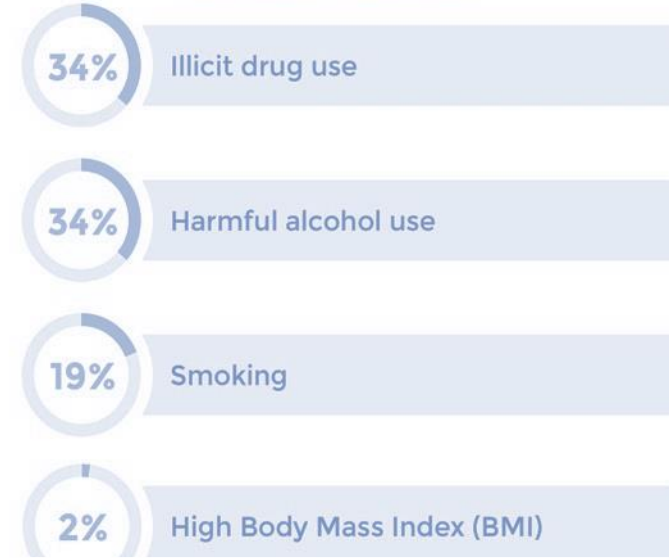
Health and financial costs of ACEs in 28 European Countries (Hughes et al 2021)

UK ONLY

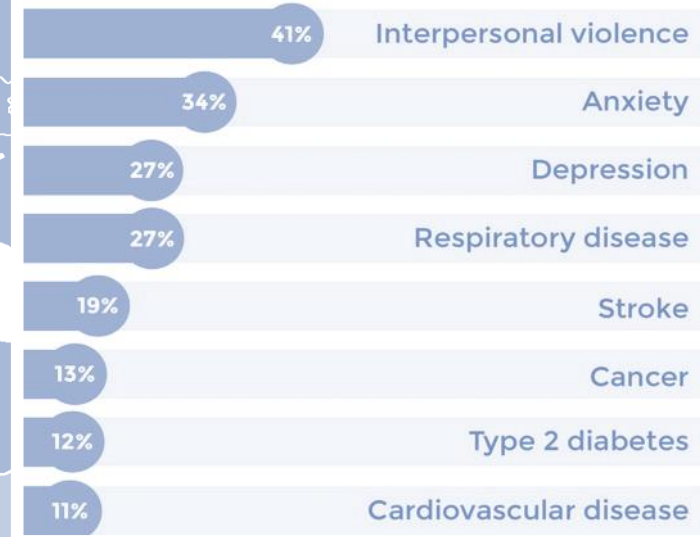
US\$
billion per year



Health risks



Causes of ill health

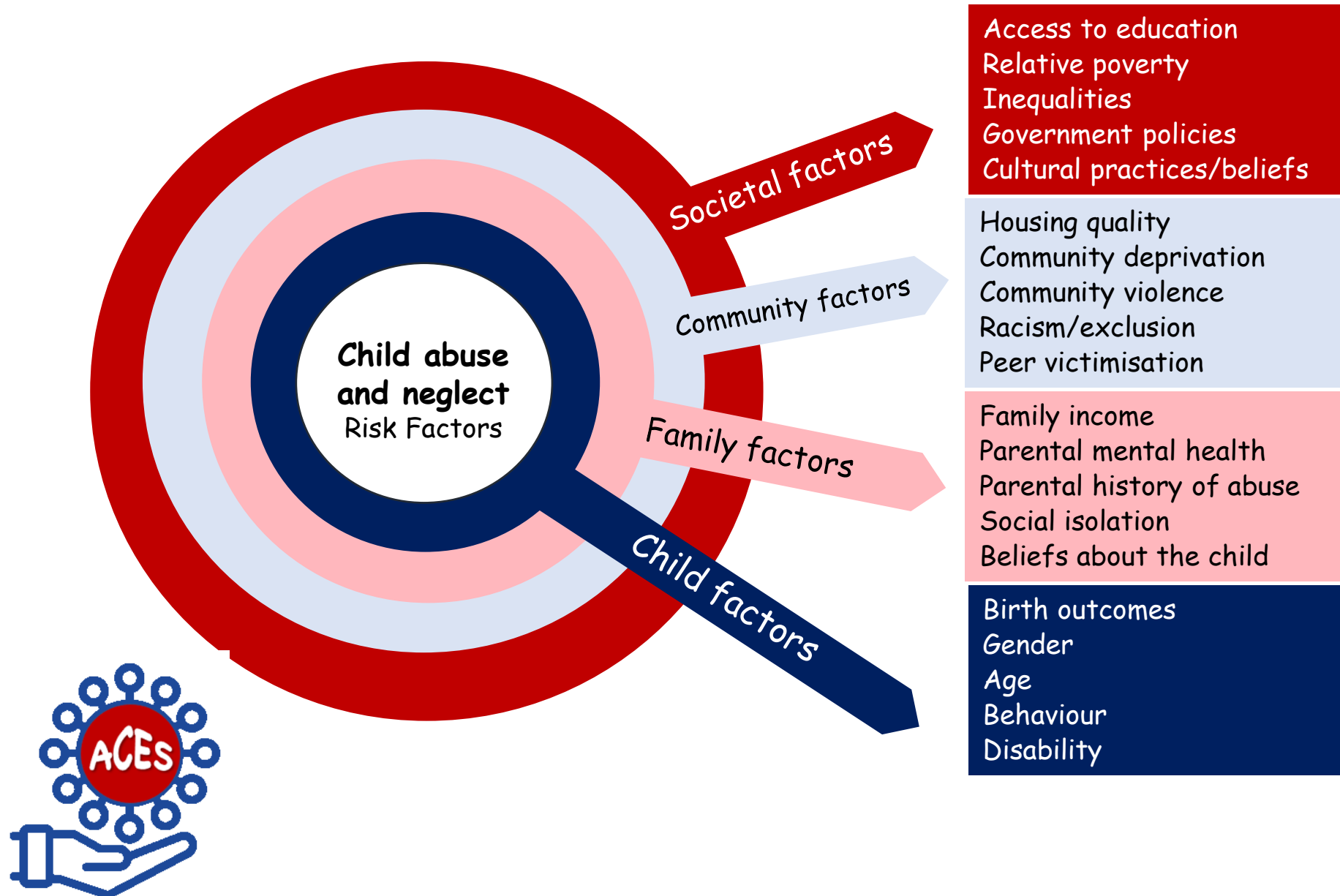


Tackling Adverse Childhood Experiences

- ACEs can be prevented and their consequences reduced at multiple levels
- **Parental support**
- Access to an always available trusted adult
- **Emotional control**



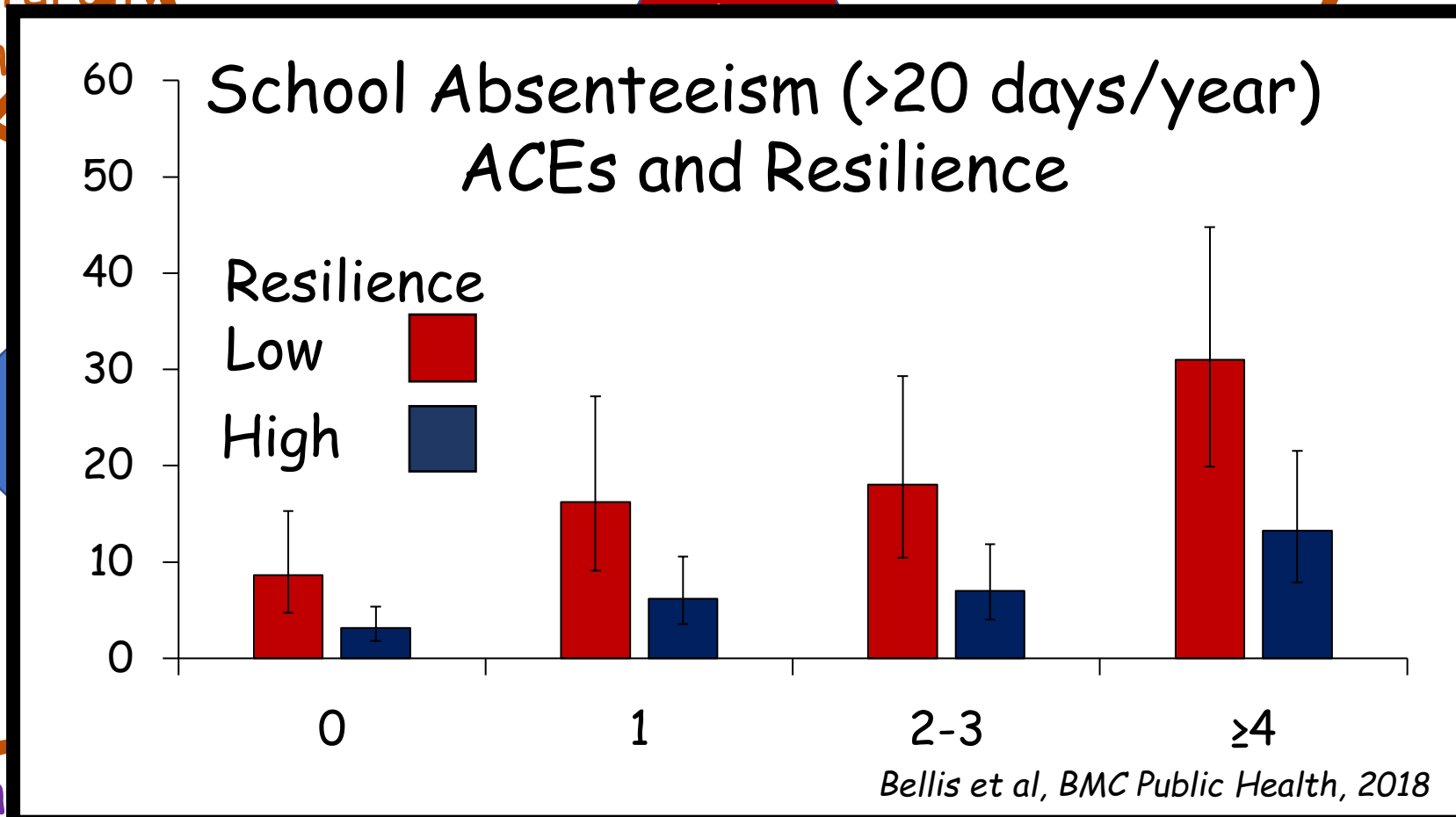
ACES - State of the ART WHO, 2022



Resilience

Culturally
Con

Always
le
ilt



Man
behaviour and
emotions

times

belonged
in my
school

help

our
and
overcome
Hardship

Supporting those suffering during a Pandemic
Pre-pandemic survey - around 3000 public sector employees in
Wales (2019) 67% seen ACEs information; 47% offered
training*



<https://youtu.be/x3LyFDDopm8>

*In last 18 months

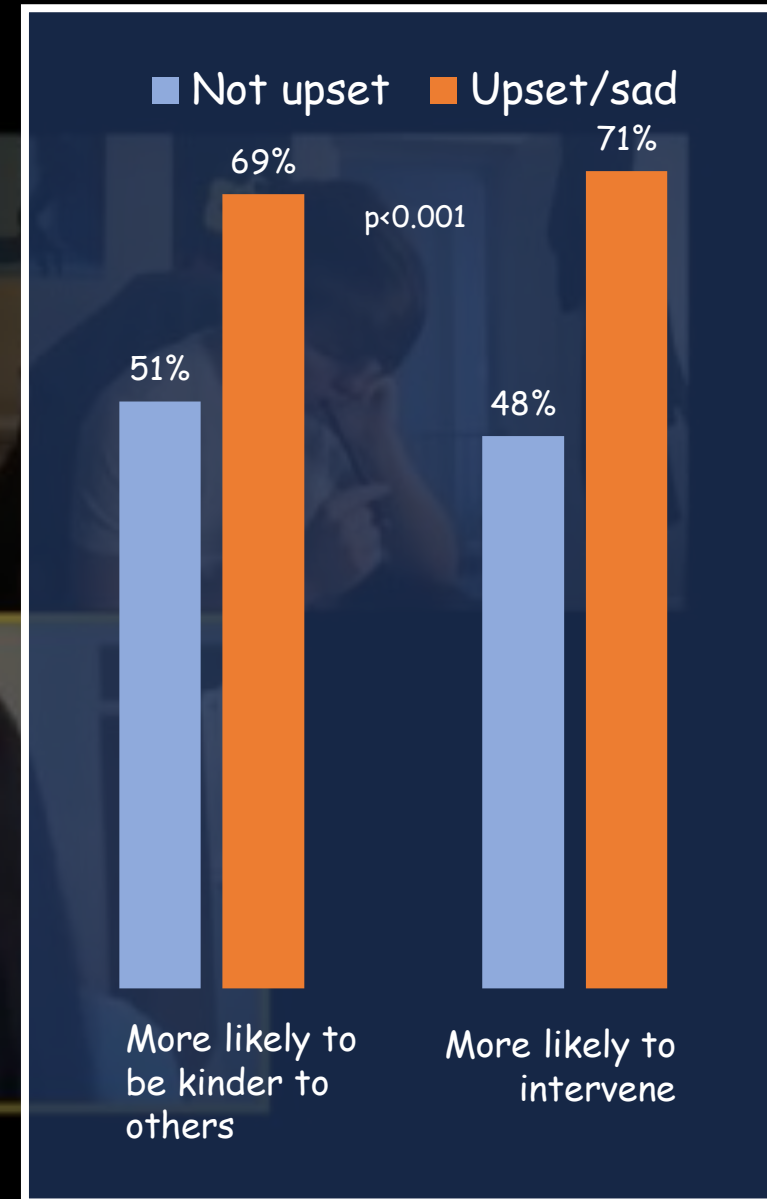
Evaluation of the #TimeToBeKind campaign

81% more likely to keep an eye out for friends/family experiencing situations like those in the film

From watching

- 64% try to be kinder to others
- 68% made them upset or sad

Those emotionally affected were more likely to adopt kindness behaviours

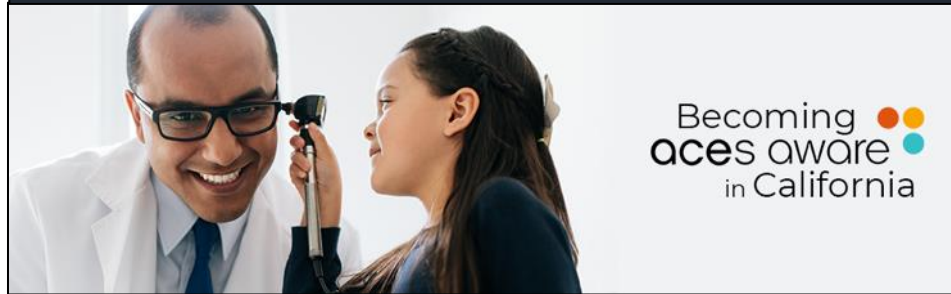


California's state-wide effort to reduce ACEs and toxic stress by half in one generation



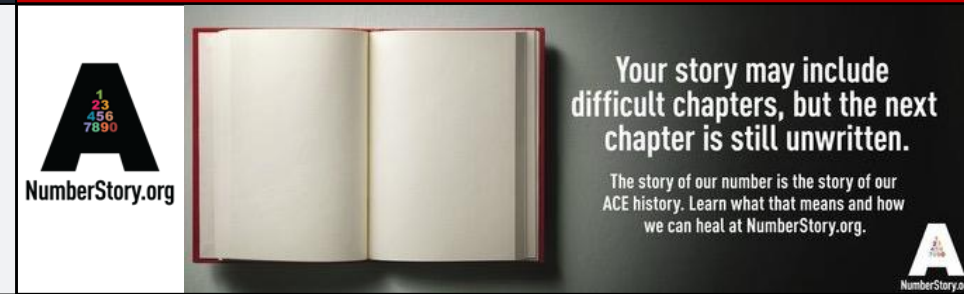
- Led by California Surgeon General Dr Nadine Burke-Harris
- Working across health, human services, education and non-profit sectors

Screening for ACEs

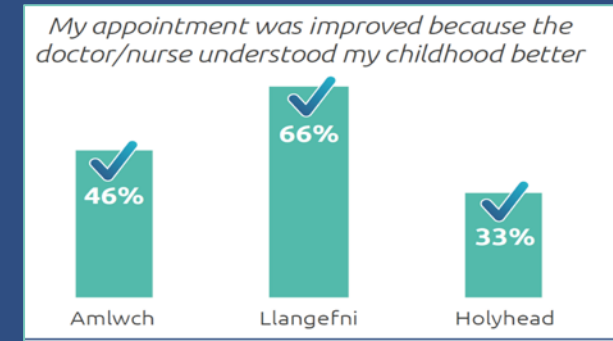
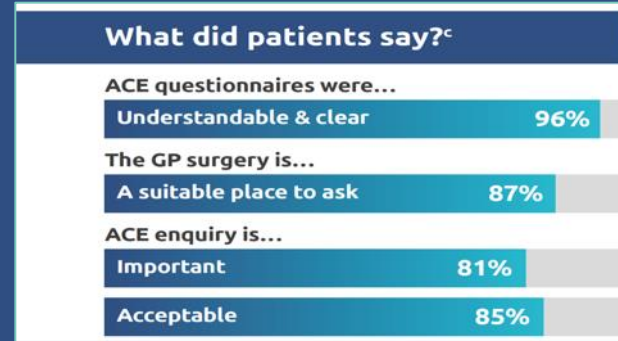


- Training, resources and finances to primary care providers to screen for ACEs and apply trauma-informed care
- \$29 payment for each ACE screening conducted

ACE Awareness campaign



- Creating awareness of lasting impacts of ACEs
- Providing practical tools for healing and prevention
- Encouraging people to:
 - Measure their ACE score
 - Understand impact on their life
 - Take control of their own destiny

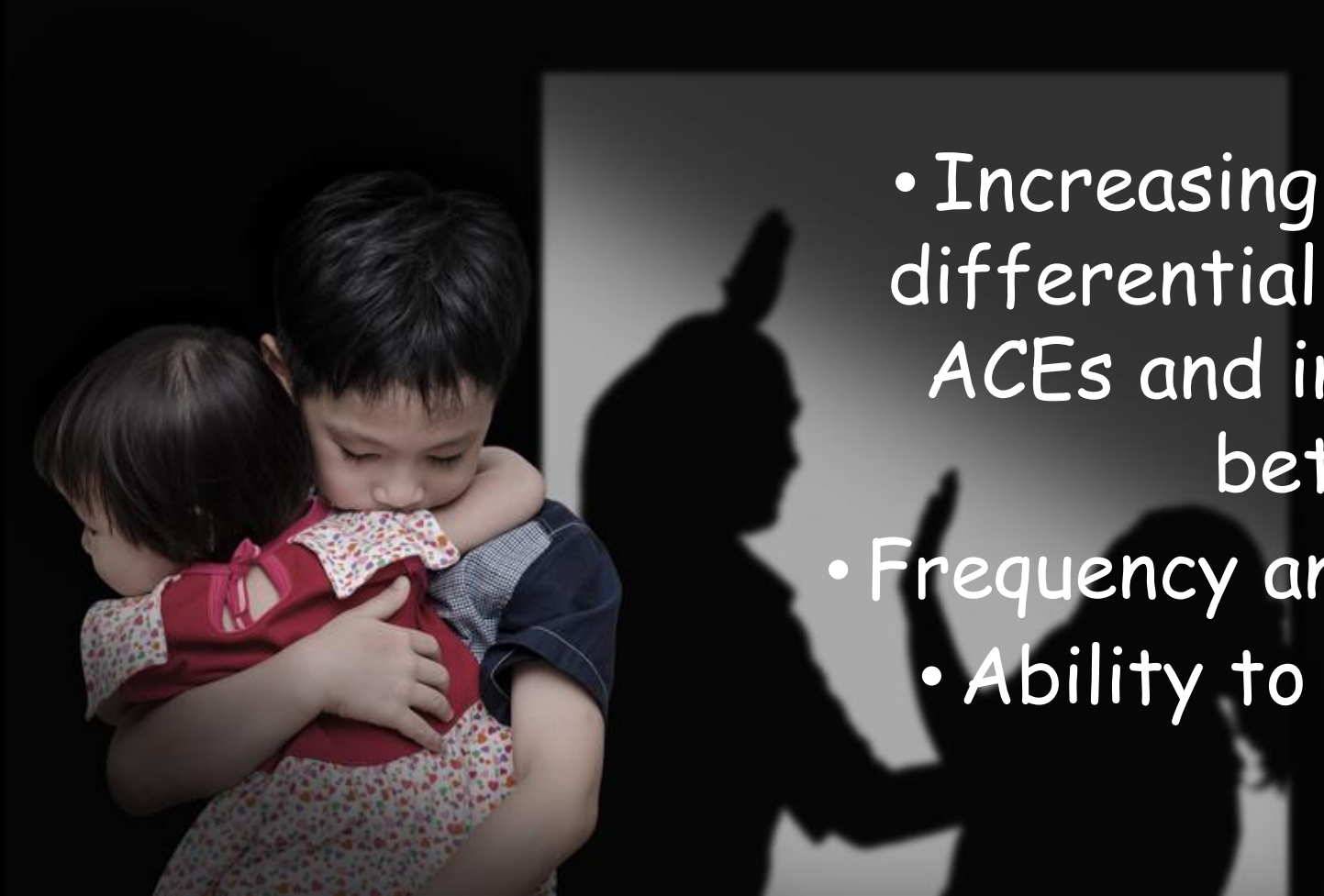


'Trauma-informed':
Identifying Key Language and Terminology
through a Review of the Literature

Authored by Dr Samia Addis, Tegan Brierley-Sollis, Vicky Jones, Dr Caroline Hughes



Are all ACEs equal?



- Increasing interest in differential impacts of ACEs and interactions between them
- Frequency and Severity
- Ability to counteract impacts

ACEs and Trauma Informed Responses

- Prevention should be the ambition, but Resilience and trauma informed support are essential
- COVID-19 likely to have increased risks to families and reduced resources to off set their impacts
- Major cause of ill health, anti-social behaviour and a large part of pressures on swamped public services
- Results do not take a lifetime to deliver but can last across generations
- Information and assets are required for good parenting
- Generic services and the public should understand ACEs and Trauma
- Plenty of questions about ACEs remain unanswered but none of them are a good reason to leave any

Understanding ACEs



youtu.be/YiMjTzCnbN



Professor Mark A. Bellis

*Director, World Health Organization
Collaborating Centre on Investment
for Health and Well-being
Public Health Wales*

[Email - m.a.bellis@bangor.ac.uk](mailto:m.a.bellis@bangor.ac.uk)

Twitter - @markabellis

Time to be Kind



www.aceawarewales.com/timetobekind



<https://youtu.be/x3LyFDDopm8>

D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

TIME TO REFLECT – Latest research on ACEs

<https://survey.alchemer.eu/s3/90430317/ACEs>

SPEAKER

George Hosking OBE

CEO

Wave Trust

Brain development in the early years and the opportunity to shape our world view

George Hosking, WAVE Trust

The life journey of trauma. What Next for Hampshire and the IOW?

St Mary's Stadium, Southampton, 1st March 2022

The WAVE Report 2005

Violence and what to do about it



Authors: George Hosking
Ita Walsh



Conception to age 2
– the age of opportunity

Addendum to the Government's vision for the Foundation Years:
"Supporting Families in the Foundation Years"

Understand causes of violence

Key Finding: Two components to Violence

1. The propensity to be violent (personal factors)
2. The triggers of violence (social factors)
 - longer period between puberty and beginning work
 - teenage alcohol consumption
 - growth of viewing media, modelling violent behaviour
 - reduction in stable marital relationships to provide consistent parenting
 - and many others ...

Social factors lead to violence ONLY when propensity is present

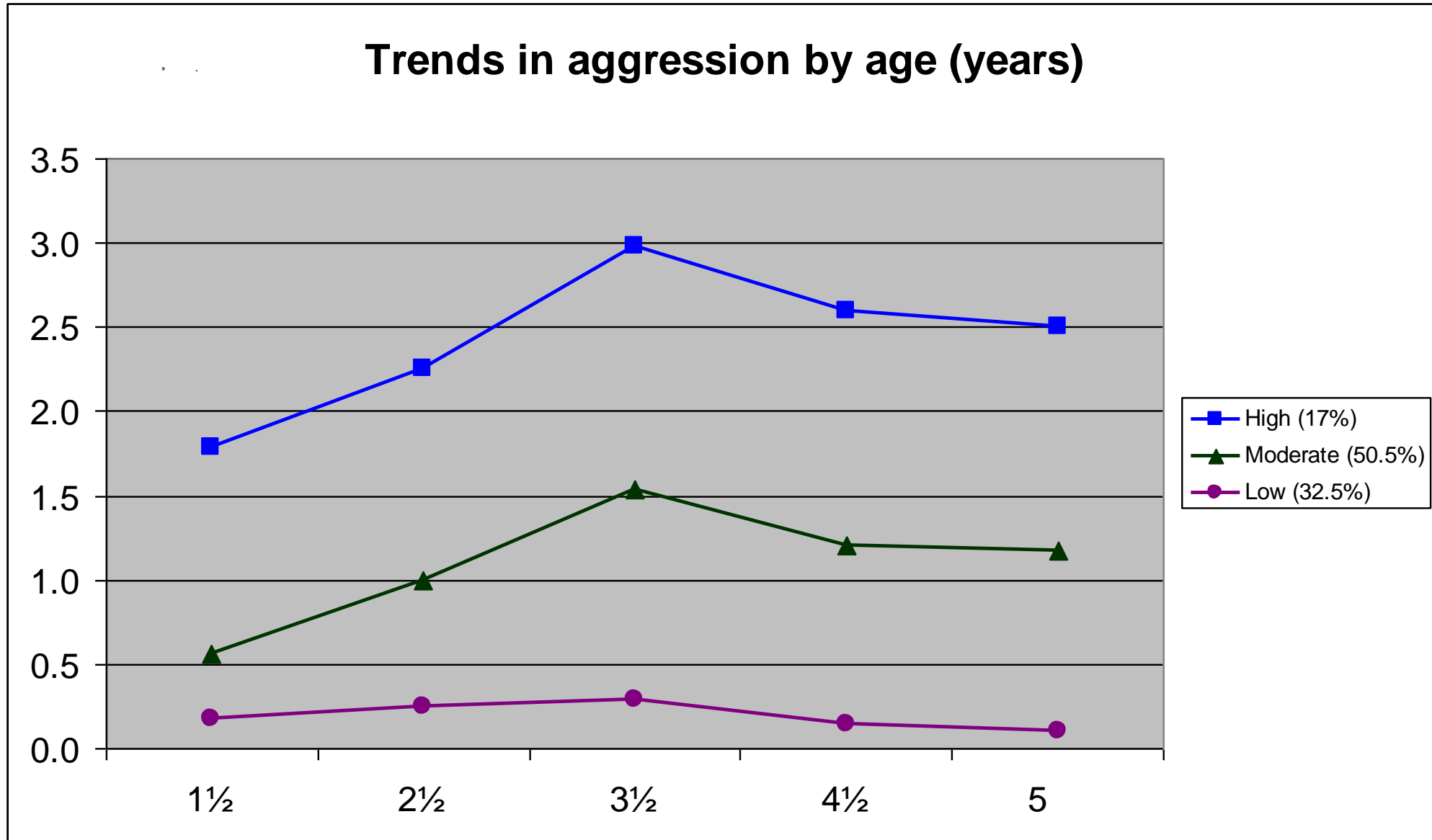
Pathways to crime - laid down by age 3?

Dunedin study of all children born in 1972

- At age 3, an 'at risk' group identified by nurses
- At age 21, 'at risk' males, compared with others:
 - 2.5 times as many with 2+ criminal convictions
 - 55% of their offences violent (18% others)
 - 47% abused their partners (9.5%)
- Fewer females conduct disordered, but those who were:
 - 30% of 'at risk' group had teenage births (vs. 0%)
 - 43% were in violent, abusive relationships

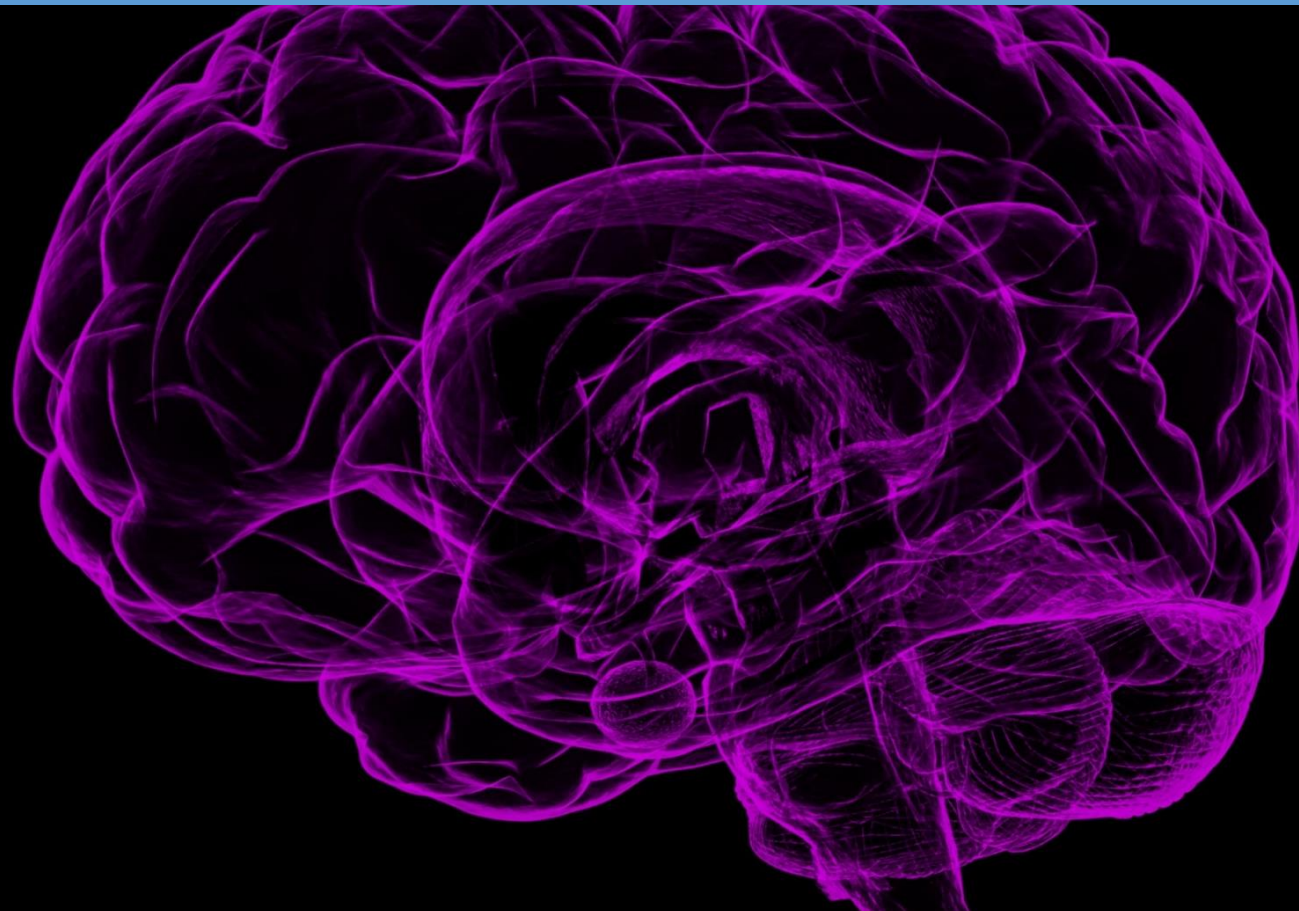
“Immature mothers, with no strong parenting skills and violent partners have already borne the next generation of ‘at risk’ children”

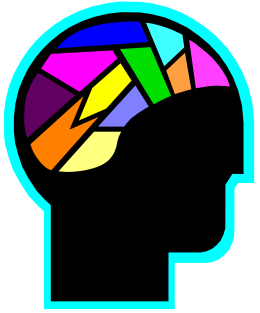
Pathways to violence by age 3



Brain development

How we grow and what affects us





The infant brain

- Works via neurons (brain cells) & synapses (connections)

At birth: 10 trillion synapses

Age 3: 200 trillion

- Too many to be specified by genes – formed by experience
- Sculpted: Repeated use hard-wired; superfluous eliminated
- Implies very rapid learning via early life experience – **more than one million new connections per second**



The infant brain

- Critical windows of time during which brain hones particular skills or functions
 - If a chance to practice a skill is missed during the window, a child may never learn it (or be impaired)
- Peak synapse creation in visual cortex at 3 months, over at age 2
- Auditory map formed by 12 months
- **Emotional brain largely created in first 18 months**

3 Year Old Children



Images courtesy of Dr Bruce Perry, Child Trauma Academy

Attunement

The crucial step towards attachment



The WAVE Report 2005
Violence and what to do about it

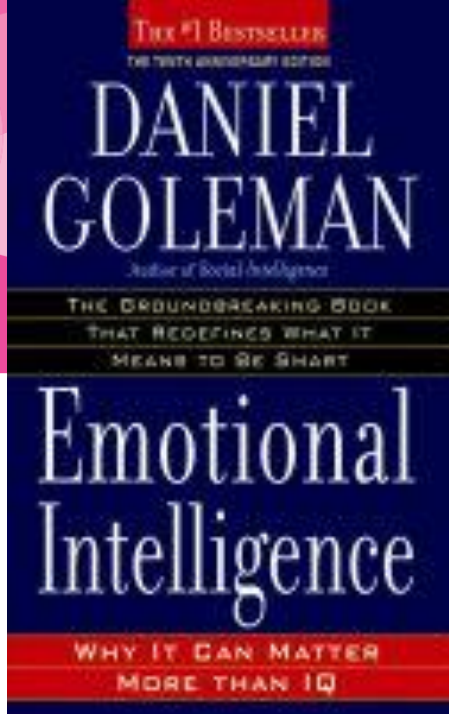


Authors: George Hosking
Ita Walsh

Early Intervention: Good Parents, Great Kids, Better Citizens

Graham Allen MP and
Rt Hon Iain Duncan Smith MP

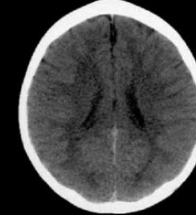
THE CENTRE FOR
SOCIAL
JUSTICE



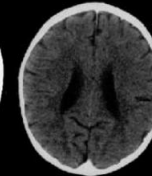
Early Intervention: The Next Steps

An Independent Report to Her Majesty's Government
Graham Allen MP

3 Year Old Children



Normal



Extreme Neglect

January 2011

HM Government



VIDEO INTERACTION GUIDANCE

A Relationship-Based Intervention to Promote
Attunement, Empathy and Wellbeing



Conception to age 2 – the age of opportunity

Addendum to the Government's vision for the Foundation Years:
"Supporting Families in the Foundation Years"

The 1001 Critical Days

The Importance of the Conception to Age Two Period



A CROSS-PARTY MANIFESTO:

Mark Durkan MP • Frank Field MP • Norman Lamb MP • Tim Loughton MP



All Party Parliamentary Group for
Conception to Age 2 - The First 1001 Days

Building
Great Britons

Conception to Age 2:

First 1001 Days All Party Parliamentary Group

February 2015

the promise



Independent
Care Review



Applying Nurture as a Whole School Approach

A Framework to support
the Self-Evaluation of Nurturing Approaches
in Schools and Early Learning and Childcare (ELC) Settings



Shaped by the carer's interaction style

- Alan Schore – 10-year immersion in thousands of scientific papers in neurobiology, psychology, infant development

“The child's first relationship, the one with the mother, acts as a template ... permanently moulds the individual's capacity to enter into all later emotional relationships.”

Shaped by the carer's interaction style

- Infant brain needs time to mature
- Baby regulates inner world by aligning emotional state of mind with caregiver
- Empathic attunement acts like emotional umbilical chord
- Methods: Eye gaze, facial expressions, non-verbal signals



Attunement and empathy

- Empathy begins with sense of “oneness” with the other – coming from attunement. Lack of attunement means empathy does not develop
- Low maternal responsiveness at 10-12 months predicted:
 - at 1.5 years: aggression, non-compliance, temper tantrums
 - at 2 years: lower compliance, attention getting, hitting
 - at 3 years: problems with other children
 - at 3.5 years: higher coercive behaviour
 - at 6 years: fighting, stealing

Attunement and empathy

- Empathy: the single greatest inhibitor of propensity to violence
- Established early by observation of parental reaction to suffering
- Babies show empathy by one-years-old – not all develop this
- Abused toddlers react negatively or aggressively to signs of distress
- Absence of empathy characteristic of violent criminals – worst psychopaths have no emotion at all

Attachment

How we connect with one another



Attachment types

- **Secure attachment:** c.60-65% of population. A child develops well and is secure when an adult is sensitive and attuned to the baby's communications and needs, providing consistent and predictable care. The child becomes confident and resilient.

Children need sensitive and responsive caregivers to develop secure attachment

- **Insecure attachment:** c. 35-40%, with three subtypes:
 - a) ambivalent – insecure
 - b) avoidant – insecure
 - c) disorganised



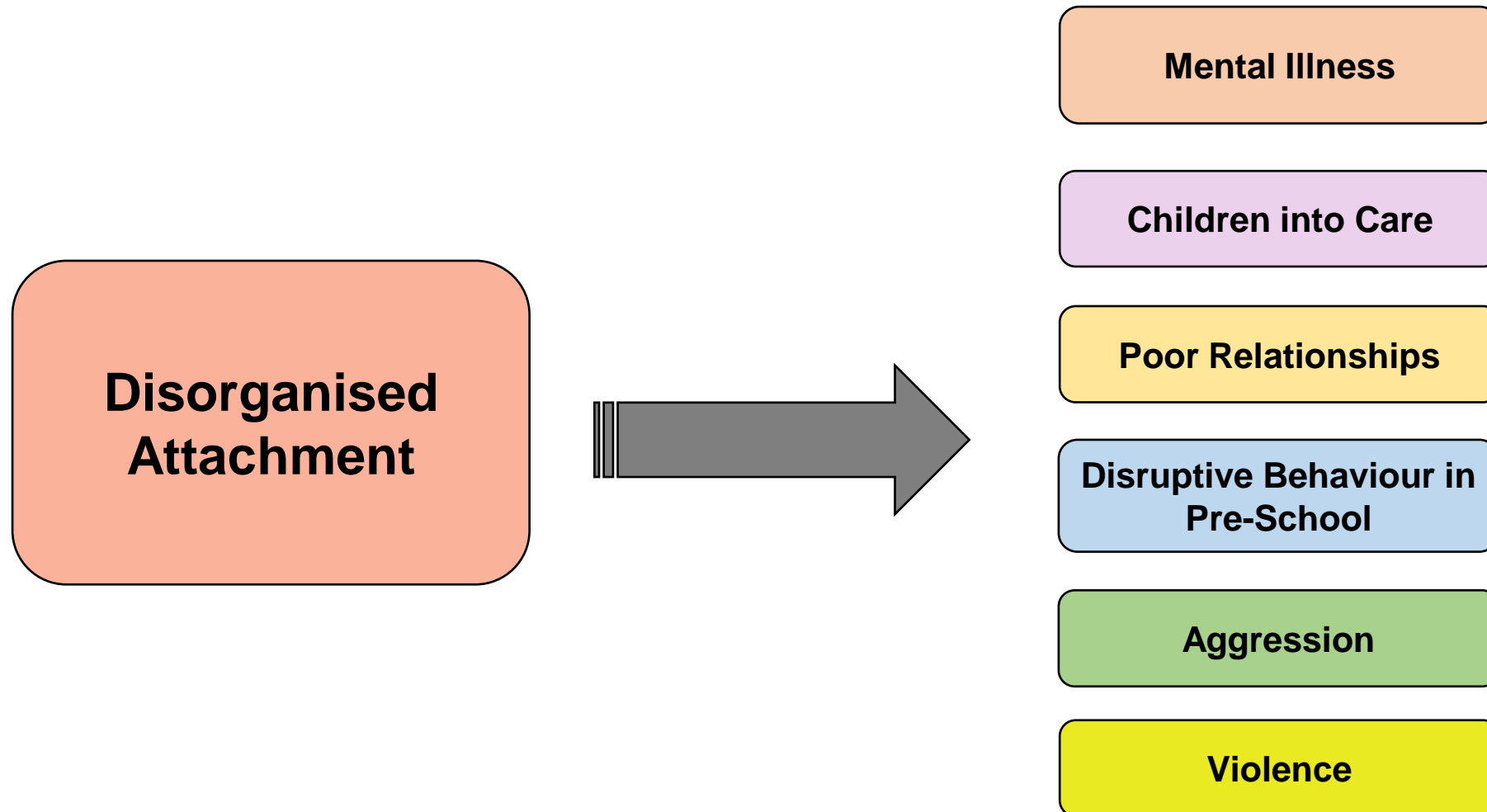
Sequelae of Insecure Attachment

| | |
|--|------------------------------------|
| Low self esteem and poor confidence | Antisocial attitude and behaviour |
| Aggression and violence | Depression |
| Lack of trust and affection in relationships | Hostile and aggressive at school |
| Susceptible to chronic illness | Pessimistic & negative |
| Lack of self control | Alienation from parents and others |

Disorganised attachment

- Worst form. Affects c.15% of general population – much higher rates in very deprived communities. Serious outcomes for later life.
- Occurs when person's experience of relationships so inconsistent or unreliable they were unable to develop a coping strategy
- Parent terrifies the child – but it's also them they look to for safety
 - Result: child becomes an adult who never feels safe in relationships
- Children display confusing mix of behaviour e.g. disorientated, dazed, confused, avoiding or resisting caregiver, or freezing when caregiver enters the room.

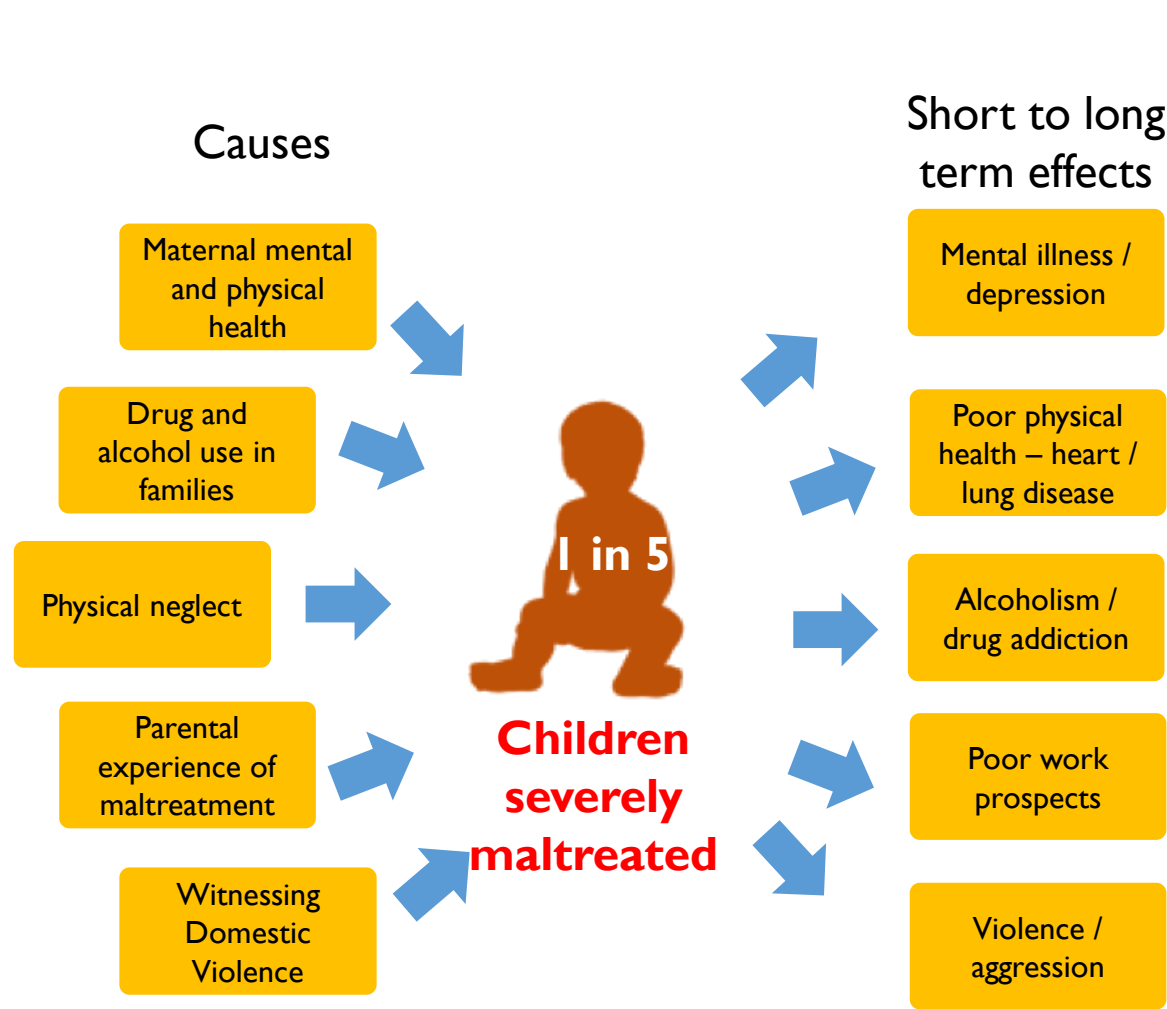
Disorganised attachment



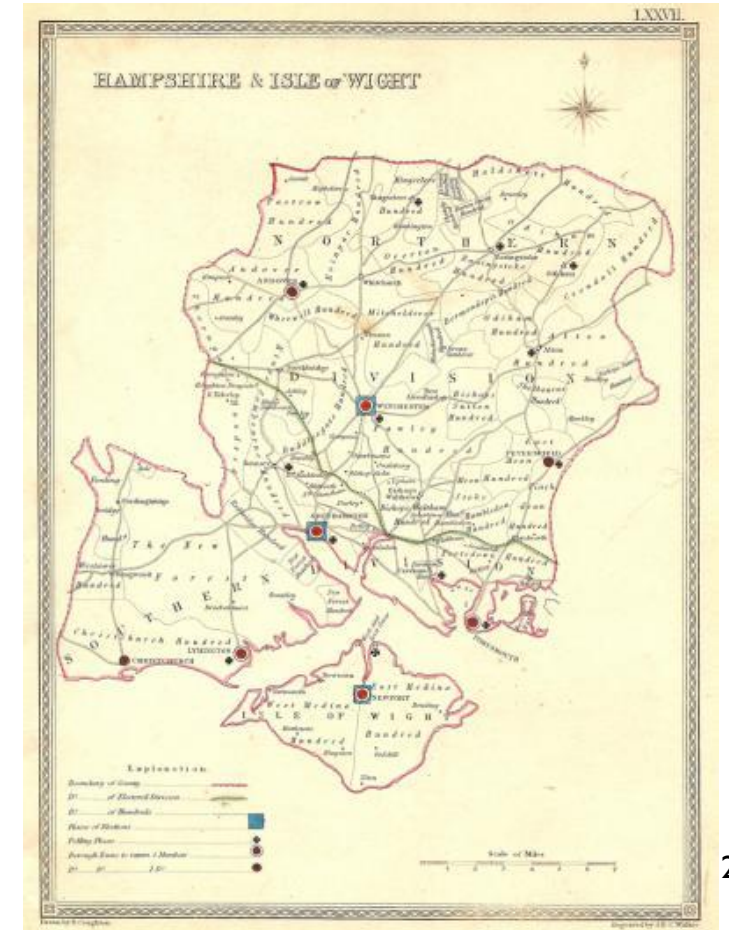
Children in Hampshire and the Isle of Wight

- Number of people in Hampshire and IOW, with Disorganised Attachment
 - 299,800
- Number of additional children with Disorganised Attachment each year
 - 2,863
- This means **55 new child victims every week**

Child Maltreatment



Cost of Child Maltreatment...£124 million pa



Article 19

UN Convention on the Rights of the Child

- I. States Parties shall take all appropriate legislative, administrative, social and educational measures to **protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment** or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

European report on preventing child maltreatment



Has child protection become a form of madness? Yes

BMJ 2011 ; 342 doi: <https://doi.org/10.1136/bmj.d3040> (Published 18 May 2011)

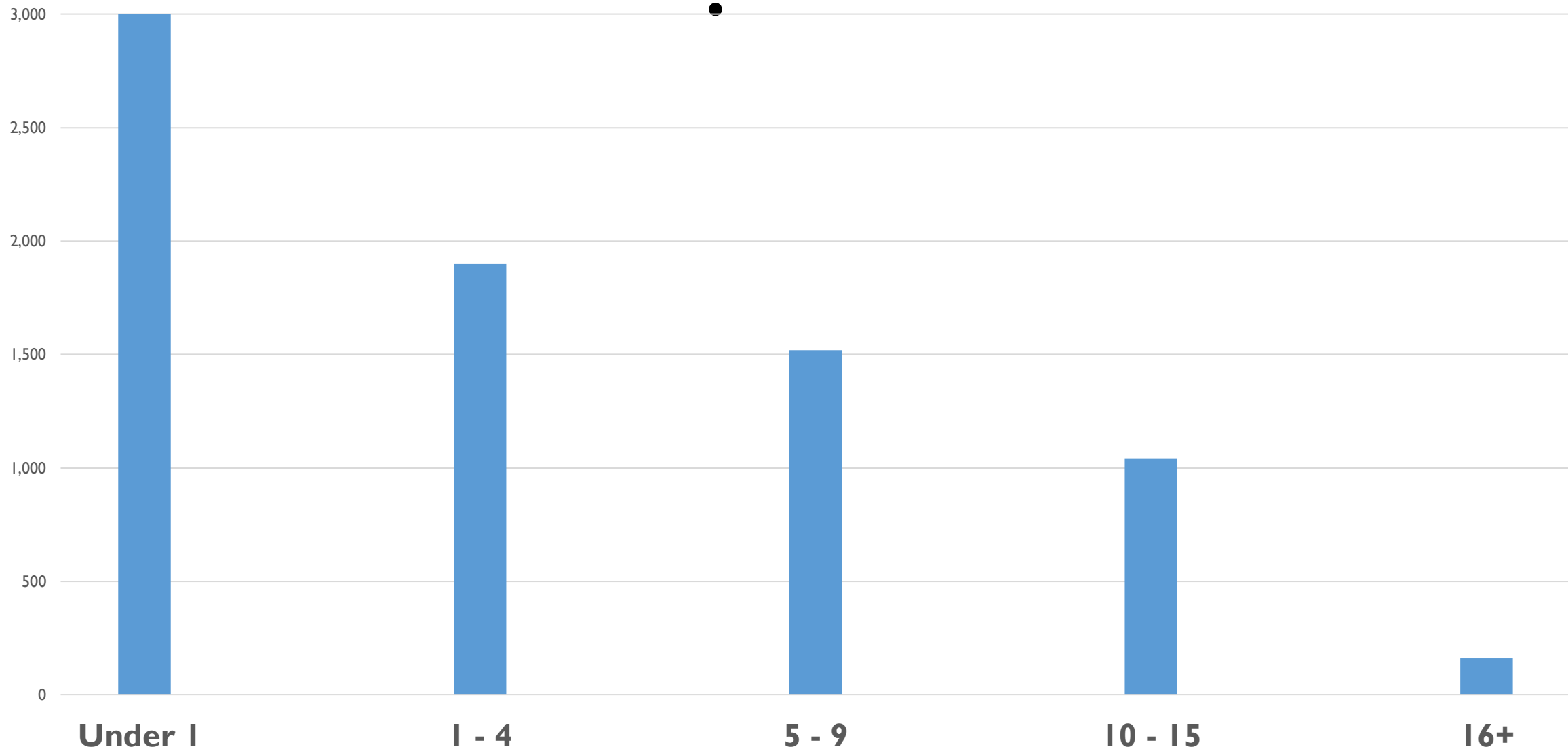
Alain Gregoire, clinical director for mental health and learning disability,

child protection processes fail to detect 90% of the cruelty experienced by children[1]

and let down high risk groups such as disabled children.[2]

... an almost delusional belief in the potential of ever more bureaucratic processes to protect our children from harm by detecting maltreatment and stopping it.[3]

Average number on child protection register (England)



**So what to do, to ensure we shape the
most healthy world view for
Hampshire's children?**



Age 2 to 18 –
Systems to protect children
from severe disadvantage
Ita Walsh, June 2018

WAVE 4-YEAR STUDY OF PATHWAYS TO SEVERE DISADVANTAGE

- Homelessness
- Drug & alcohol addiction
- Mental health problems
- Long-term unemployment
- Aggression
- Criminality

Prevent: Adverse Childhood Experiences
Implement: Trauma-informed Care



All Party Parliamentary Group for
Conception to Age 2 - The First 1001 Days

Building
Great Britons

Conception to Age 2:

First 1001 Days All Party Parliamentary Group

- **The cost of failing to deal adequately with perinatal mental health and child maltreatment has been estimated at £23 billion each year**
- **That is more than two thirds of the annual Defence Budget** going on a problem that is widespread and unchecked passes from one poorly parented generation to the next
- **Tackling it should be no less a priority for our politicians and our health and social care professionals than defence of the realm**



All Party Parliamentary Group for
Conception to Age 2 - The First 1001 Days

Building
Great Britons

Conception to Age 2:

First 1001 Days All Party Parliamentary Group

- **Poor attachment leads to poor social and physical development and behavioural problems**
- Often this leads to child maltreatment and then the whole destructive cycle can be played out again by the next generation of parents
- As many as 80% of maltreated children could have disorganised attachment
- **Society prospers, and is an enriching environment in which to live, according to the nature of its citizens. The more our citizens are healthy, well educated, empathic, prosocial, hardworking and contributing to the costs of society, the better society will flourish**



All Party Parliamentary Group for
Conception to Age 2 - The First 1001 Days

Building
Great Britons

Conception to Age 2:

First 1001 Days All Party Parliamentary Group

- As there is a rise in the proportion of citizens who are damaged, physically or mentally ill, poor at relationships, antisocial, violent or criminal, and placing a drain on society's resources, so the quality of society worsens
- The groundwork for good citizenship occurs in the first 1001 days
- A society which delivers this for its children creates a strong foundation for almost every aspect of its future
- A society which fails to deliver it generates enormous problems for the future in terms of social disruption, inequality, mental and physical health problems, and cost



All Party Parliamentary Group for
Conception to Age 2 - The First 1001 Days

Building
Great Britons

Conception to Age 2:

First 1001 Days All Party Parliamentary Group

- When the Scottish Parliament asked its Finance Committee to carry out a 9-month investigation on the benefits of an early years' prevention approach, the results were summed up in the Parliament by former Scottish Health and Economics Minister Tom McCabe thus: ***“We have heard evidence, stacked from the floor to the sky, that this is the right thing to do”***
- This message – and the need for Government to act on it - was echoed over and over again in the evidence presented to us



All Party Parliamentary Group for
Conception to Age 2 – The First 1001 Days

Building
Great Britons

Conception to Age 2:

First 1001 Days All Party Parliamentary Group

Conclusion 1 of our report is that, to deliver socially and emotionally capable children at age 2, **local policies need to be based on a commitment to primary prevention.** Evidence presented strongly indicates identification of need should take place before the child is harmed, not after

Conclusion 2 is that, **without intervention, there will continue to be high intergenerational transmission of disadvantage, inequality, dysfunction and child maltreatment.** This self-perpetuating system creates untold and recurring costs for society. The economic value of breaking these cycles will be enormous

Building Great Britons - Recommendations

Recommendation 1: Achieving the very best experience for children in their First 1001 days should be a mainstream undertaking by all political parties and a key priority for NHS England. Recognising its influence on the nature of our future society, the priority given to the first 1001 days should be elevated to the same level as Defence of the Realm

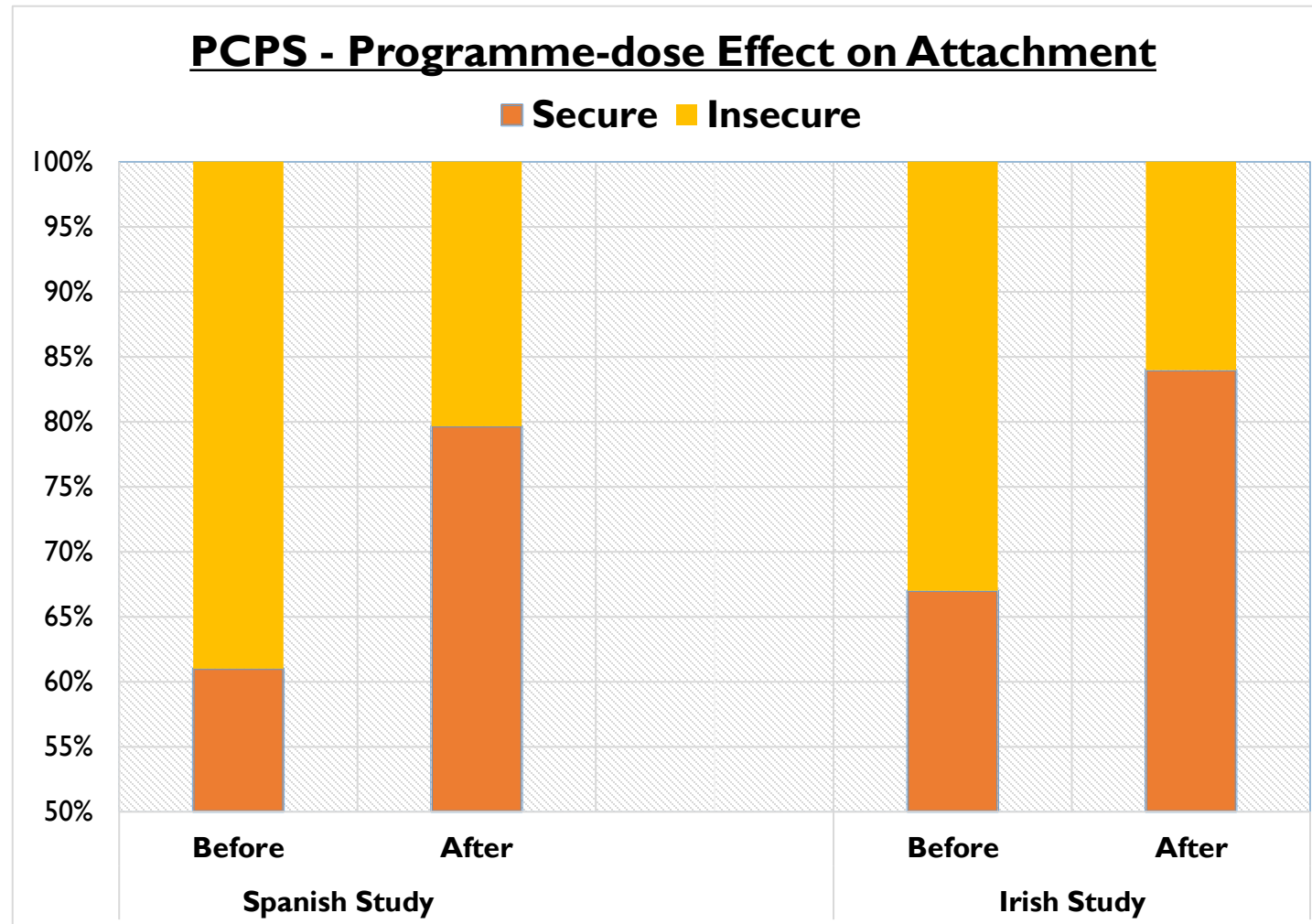
Recommendation 2: Require local authorities, CCGs and Health & Wellbeing Boards to prioritise all factors leading to the development of socially and emotionally capable children at age 2, by: adopting a '1001-days' strategy, and showing how they intend to implement it, within 5 years, in collaboration with their partner agencies

Building Great Britons - Recommendations

Recommendation 4: Hold Health & Wellbeing Boards responsible for ensuring that local authorities and CCGs **demonstrate delivery of a sound primary prevention approach** as outlined in Part II of this report

Recommendation 5: Build on the 'Early Help' recommendations of the Munro Review by requiring and supporting all relevant agencies in prevention to work together to **prevent child maltreatment and promote secure attachment.**

Parent Child Psychological Support (PCPS)



Disorganised attachment less than half predicted level

PCPS

Parent-Child Psychological Support programme



PCPS is a clinical-based programme to support healthy growth and development of infants, with particular focus on parent-child interactions, bonding, attachment and infant social and emotional development.

- It monitors and supports physical and cognitive progression
- It observes, analyses and records babies' relationships with caregivers
- It provides feedback about fostering healthy parent-infant relationships
- It is a space for parents to talk about their own well-being, allowing for the referral to and provision of additional services as required

Feedback from Nurses working on PCPS in Ireland

- ‘The PCPS training gave me an understanding of child development, relationship of child with parent, attachment and early intervention to **a much higher level of understanding than I’d received in previous trainings** in England or Ireland.’
- **We repeatedly saw a big change in babies between one visit and the next.**
- The benefits of the programme were huge, particularly because they **supported the emotional development of the child as well as the physical.**
- **‘Speech and language challenges were identified much more often, and more quickly.’**
- ‘From 3-18 months, at their Monthly Meetings, the nurses watched as **the [negative] scores of the most challenged families decreased time after time.**’

Feedback from Nurses working on PCPS in Ireland

- ‘Some families when they arrived looked okay. Yet we discovered hidden major emotional problems within the family ... **we steered them on the right pathway to secure attachment**’
- ‘**PCPS is much better at picking up abuse and issues of emotional development** than other methods of supporting or monitoring what is going on with babies and families’
- ‘It is **more exciting, so research based, so much more comprehensive in scope.**’
- ‘**If ten different women came to PCPS, there would be 10 different approaches** ... it’s such a flexible programme. It hears where the parent is at and therefore develops what is needed’
- ‘**PCPS reduces ACEs and reduces risk** at such an early age’
- ‘**PCPS isn’t an expensive programme. It is gold dust for outcomes**’

Feedback after three senior Camden Early Years managers observed the PCPS programme in Valencia

- Debbie: 'We have seen PCPS in operation both in Valencia, and in a small town en route to Alicante. **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 very 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.'
- Jane: 'I agree with everything that Debbie just said ... On paper it looked very complicated. Then, when I saw it, I realised **it would build on the existing child health programme. It was amazing – the support to parents, it was highly preventative. It is an amazing opportunity to improve outcomes**'.

Debbie: 'In England 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'.

SPEAKER

Charlotte Gatehouse
Specialist Health Visitor
Solent NHS

The Role of the Health Visitor in the Early Years and Trauma Informed Care

Charlotte Gatehouse, Specialist HV PIMH,
RGN, BSc, MSc

Solent NHS Trust (EAST), Portsmouth City



The Health Visiting Service; who are we and what do we do?

'Universal in Reach – Personalised in Response'

**4 Levels of
Health Visiting
service**

**Community
Universal
Targeted
Specialist**

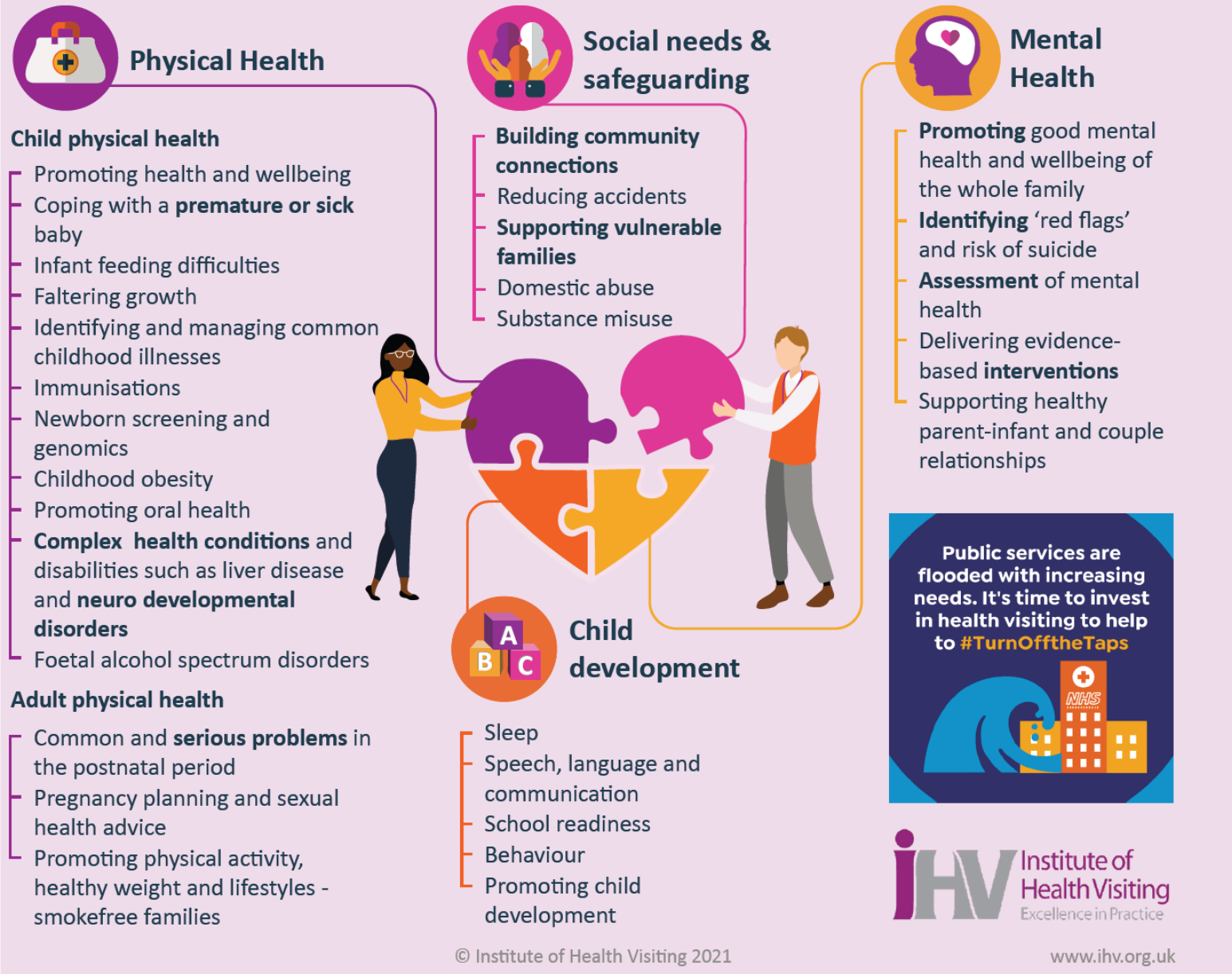
**5 Mandated
Contacts**

**Antenatal
New baby review
6-8 week contact
1 year contact
2 -2.5 year contact.**

6 High Impacted Areas

- 1. Supporting the transition to parenthood.**
- 2. Supporting maternal and family mental health**
- 3. Supporting breastfeeding**
- 4. Supporting healthy weight, healthy nutrition**
- 5. Improving health literacy; reducing accidents and minor illnesses**
- 6. Supporting health, wellbeing and development: Ready to learn, narrowing the 'word gap'**

The Health Visiting Service; who are we and what do we do?



The Health Visiting Service; who are we and what do we do?

| Enhanced Programme | Criteria | What? | Where? |
|---|--|---|--|
| Family Nurse Partnership (FNP) | 1 st time young parents <19 years. (ambition nationally is 24). | FN visits them regularly, from early pregnancy until their child is aged between one and two | ALL |
| Enhanced Child Health Offer (ECHO) | Tier 3 response. Criteria includes risks factors such as domestic abuse; substance misuse; adult mental health problems; attachment issues; adult learning disability; neglect; poor home conditions; previous T4 involvement. | Minimum of 8 contacts in the 1 st year and needs assessed additional visits as required. | Portsmouth, Southampton. IOW coming soon. |
| Step Programme | Child Protection Plan, Child in Need Plan, Looked After Children and Teenage mothers who are unable to be offered an FNP | Additional contacts according to need. | Hampshire (excluding Portsmouth, Southampton, IOW) |

Health Visiting: Holistic Needs Assessment



Trauma Informed Care and The Perinatal Period

Parents-to-be often reflect on their own childhood experiences and consider how they themselves were parented. This may be particularly challenging for those who have experienced attachment trauma as they consider good models of parenting and what their relationship with their own baby might be like.

During pregnancy and the perinatal period, women may revisit past experiences of trauma. These experiences can generate a range of responses and parents often disclose previous abuse or trauma for the first time during pregnancy or early parenthood.



(Blackpool Better Start 2021)

Trauma Informed Care and Health Visiting

SAFETY

TRUSTWORTHYNESS

CHOICE

COLLABORATION

EMPOWERMENT



Challenges to TIC and Health Visiting

- Staffing – loss of 1/3 of HVs nationally since 2015!
- Continuity of carer.
- Workloads and overwhelm (staff full up).
- Staff training needs, confidence and competence.
- Vicarious trauma
- Impact of the media and serious case reviews.
- Information sharing and integrated working.
- Impact of COVID and new ways of working



Summary

Health visitors visit every family with a new baby giving them a unique opportunity to recognise and support parents, both where there is current or a history of trauma, as well as where parents may be taking the trauma of ACEs experienced as children, into their new role as a parent.

We know that ACEs can affect how parents respond to their own children but, also that with the right training and a trusting relationship, health visitors have the opportunity help these parents to manage this early trauma either through direct work, or by referring them onto other local partners, thereby helping to reduce the risk of ACEs for the next generation.

(Dr Cheryll Adams CBE, Former Executive Director iHV 2019)

We know the impact of ACEs can be severe and long term. This is why it is important that we intervene as early as possible.

No single agency or organisation can provide the solution – a whole system approach is needed.

Health Visitors are an integral part of this system. Through our progressively universal service we are ideally placed to identify those who are or are at risk of experiencing trauma and / or ACEs.

Health visitors are trained in completing holistic assessments and are experts in their local community therefore being able to connect families with a range of support.





While some HV practices – such as reporting child protection concerns to social services– may have the potential to cause additional trauma or re-traumatisation to children and families, a trauma-informed approach will increase the likelihood that parents trust in us and our services, and encourage them to reach out for support at an early stage.

Acting in a trauma-informed way is therefore also a means of mitigating the risk of future trauma. A trauma-informed approach is an open, empathetic and empowering one, and in reality this is the type of good care HVs strive provide as part of their everyday practice and imbedded in our professional values.

(Sweeney 2021)

D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

TIME TO REFLECT - Our Early Years

<https://survey.alchemer.eu/s3/90430901/early>

REFRESHMENT BREAK

The conference will resume at 11:00

If you have an allergy or a dietary requirement please advise the catering team at the buffet

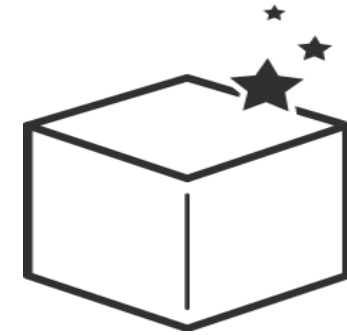
SPEAKER

Marie Gentles

Education Consultant & Behaviour Advisor

Magic Behaviour Management Ltd

Magic Behaviour Management LTD



Magic
Behaviour
Management

The importance of creating a safe environment in which a young person can feel safe and secure and how that can be achieved, including the need to first emotionally contain ourselves before we can successfully emotionally contain those in our care.

Gentle Guidance By Marie Gentles

42 years old

1998- 2002
University

2002
Mainstream &
marriage

2003/2008
1st child &
2nd child

2010
PRU/NG/SEMH

2016
Mum's dementia

2020
MBM - SA
DFE - SLE & BA

Sept 2021
BBC - Series 1

Nov 2021
OBE - Investiture

2022
Book/Series 2

Interesting facts

There have been a number of studies on the complex topic of nonverbal communication and most experts agree that 70 to 93 percent of all communication is nonverbal.

Current scientific estimates, are that 95 percent of brain activity is unconscious.



We are where we are

No blame, no shame

Perceptions

‘The way in which something is regarded, understood, or interpreted.’

Perceptions



What colour is this shoe?

Thought, feeling, action



No blame, no shame

Containment refers to the
experience of feeling held and
protected.

The Container

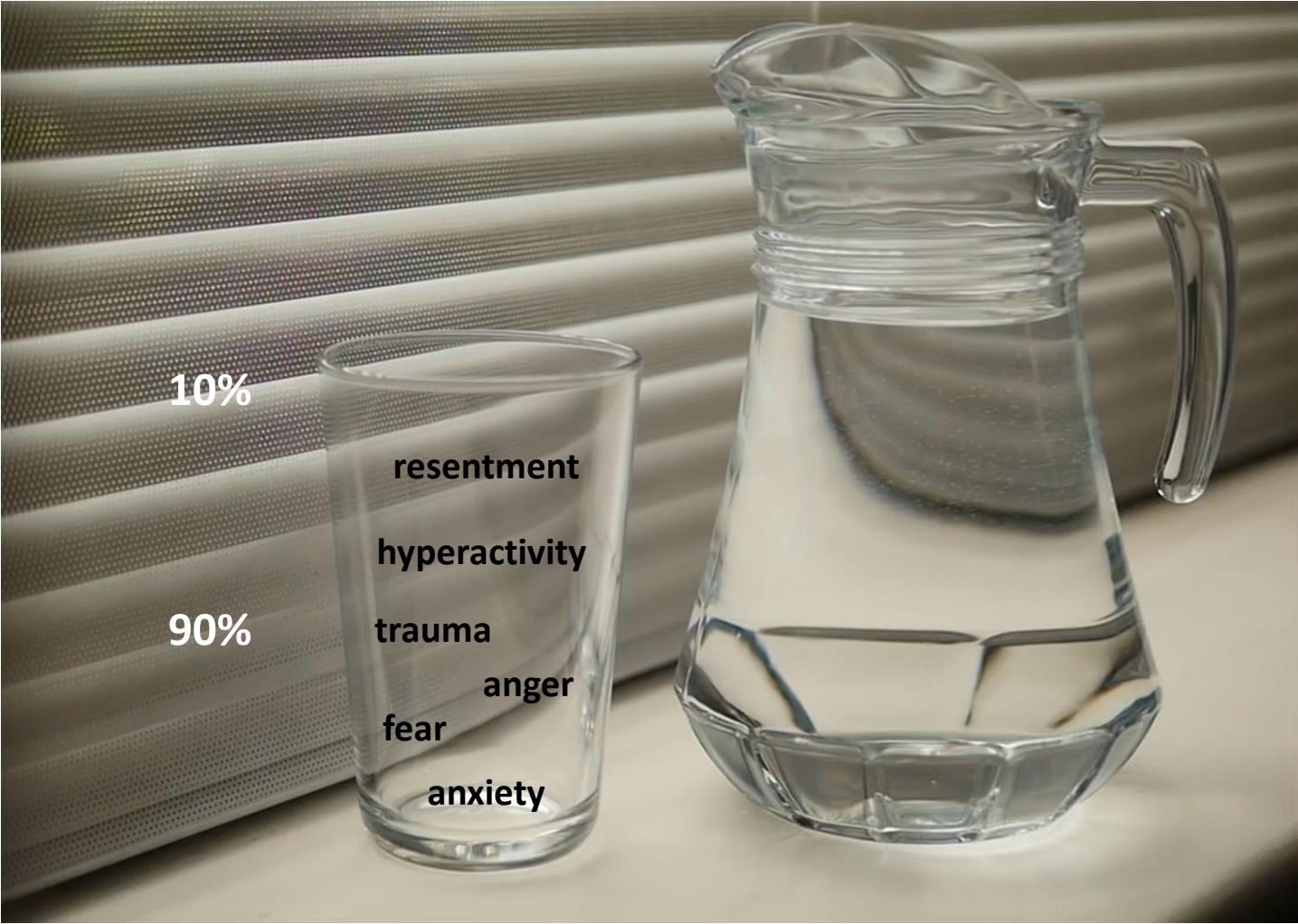


'The container'
(Adult)

Be aware of becoming emotionally full

Know what contains you

Filling up



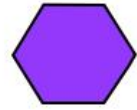
What does containment provide?



Routine

-

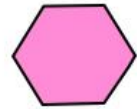
Emotional certainty



Expectations

-

Emotional security



Boundaries

-

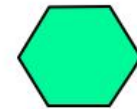
Emotional safety



Language

-

Emotional support



Reward

-

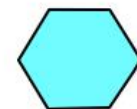
Emotional clarity



Effect

-

Emotional stability



Attachment

-

Emotional consistency



Behaviour as Communication

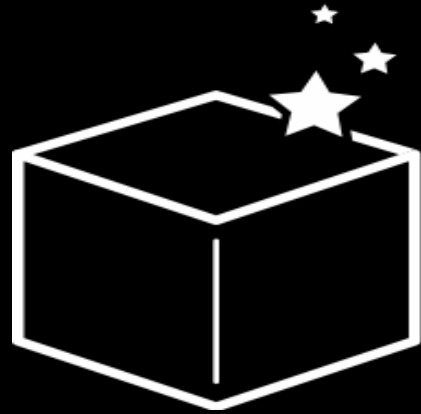


Next Steps

What contains you?

QUESTIONS?





Magic
Behaviour
Management



@magicbehaviour



mbmltd



www.magicbehaviourmanagement.com

info@magicbehaviourmanagement.com

D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

TIME TO REFLECT - Education

<https://survey.alchemer.eu/s3/90430909/Education>

Video here

Turn off the streaming

SPEAKER

Chief Superintendent David Powell

Hampshire Police

SPEAKER

Police Sergeant Jamie Sharp

Hampshire Police

SPEAKERS

Jo Majauskis, Zoe Jackson & Leigh Arscott

Trauma Informed Practitioners (TIPs)

Sue Penna

Rockpool C.I.C

D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

TIME TO REFLECT – Trauma Informed Policing

<https://survey.alchemer.eu/s3/90430916/TIP>

SPEAKERS

Supt Steve Burrige

Hampshire Police

Ros Hartley

*Hampshire & Isle of Wight Integrated
Care System*

Hampshire and Isle of Wight Integrated Care System

Update on System Design and Development

1 March 2022

Ros Hartley

Partnerships Director

Hampshire and Isle of Wight Integrated Care System

Steve Burrige

Superintendent

Hampshire Constabulary



The case for change

- Integrated Care Systems have been established to encourage the NHS and its partners to work differently by providing more care in people's homes and the community and breaking down barriers between services.
- ICSs also have the potential to drive improvements in **population health** and tackle **health inequalities** by reaching beyond the NHS to work alongside local authorities and other partners to **address social and economic determinants of health**.
- Evidence consistently shows that it is the wider conditions of people's lives that exert the greatest impact on health and wellbeing.
- The case for collaborative working in the health and care system has been strengthened by the experience of the Covid-19 pandemic

The core components of Hampshire & Isle of Wight ICS

The new statutory components

Integrated Care Partnership

The alliance of partners that sets the strategy for health and care in Hampshire & Isle of Wight and facilitates joint action to deliver that strategy .

Integrated Care Board

Responsible for strategic and operational planning to ensure the NHS delivers its part of the health and care strategy.

How we work together to improve care and outcomes in Hampshire & Isle of Wight

Four Place partnerships

Place partnerships in Hampshire, Southampton, Portsmouth and Isle of Wight.

Provider led local & at-scale collaboratives

Delivery system in which providers are responsible for integrated service delivery & improvement of health services.

HIOW Transformation Programmes

8-10 major ICS wide transformation programmes in which all system partners work together to transform health and care

Future ambitions and opportunities

- Ensuring the changes support multiagency partnerships that span the NHS, local government, police, fire & rescue, voluntary, community and social enterprise organisations and academic institutions. That the ICSs' new responsibilities for NHS resources and performance don't lead them to focus narrowly on the NHS in isolation
- Finding ways to work more closely with and alongside local communities as key partners to shape services and improve population health and wellbeing
- Prioritising the reduction of health inequalities by using analytics, research and data to build a picture of vulnerability across our geography to target interventions

ICS alignment with the TI concordat

- The concordat which we have signed places a strong emphasis on prevention through the mission statement –

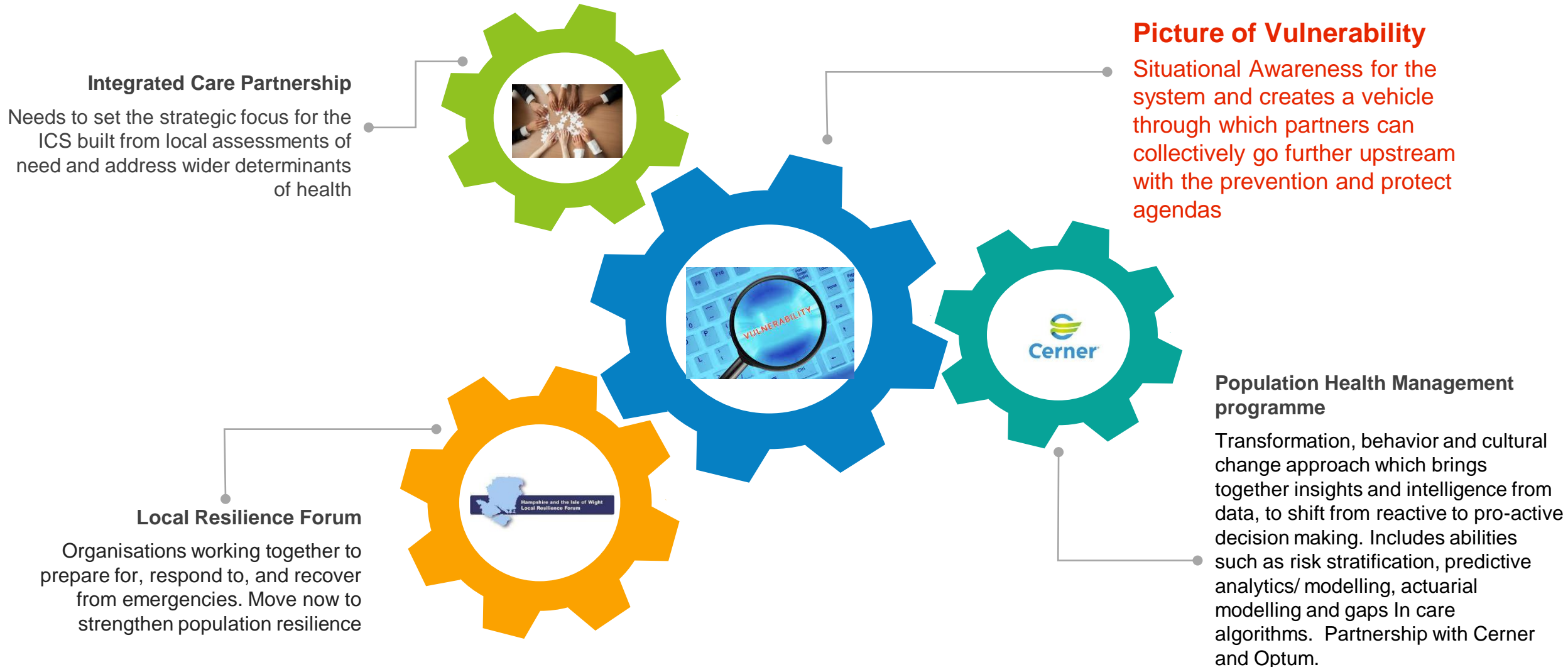
*Embed trauma–informed and restorative practice that promotes **early intervention and prevention** across all public services within Hampshire, Isle of Wight, Portsmouth and Southampton. Ensure all agencies work together, alongside vulnerable people, families and communities, with the **common aim of preventing** adverse childhood experiences and where they have already occurred, to **reduce the impact** of those experiences.*

- This resonates with the ambitions of the ICS going forward which is to go further upstream in tackling the inequalities in our populations that result in poorer outcomes

Building on Local Resilience Forum [LRF] work through Covid

1. What is the opportunity to harness the collaboration from COVID working and lock in a **culture** changes for the long term?
2. As we have heard legislation changes for Health partners will see the establishment of a new Integrated Care System with an expectation that partners work closer together with a focus on improving outcomes and tackling inequalities. Prevention, and **causation**.
3. LRF partners will continue to work together during specific incidents, but how do we ensure we are shaping resilience in our population by building a more joined up picture of our population to identify the **areas of vulnerability**.
4. How do we build in the existing Population Health Management work we have underway to help serve our strategic ambitions and **priorities** alongside the work of the OPCC

Potential model for building system resilience



Question – *How can this new way of working deliver the ambitions of Trauma Informed approaches ?*

D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

TIME TO REFLECT – Trauma Informed Policing

<https://survey.alchemer.eu/s3/90430916/TIP>

LUNCH

The conference will resume at 13:45

If you have an allergy or a dietary requirement please advise the catering team at the buffet

SPEAKER

Dan Greaves
Crime Director
Home Office

SPEAKER

Karen Dawes

Trauma Informed Educator

Office of the Police & Crime Commissioner

BREAKOUT SESSIONS

Followed by refreshments at 14:45

The conference will resume at 15:00

If you have an allergy or a dietary requirement please advise the catering team at the buffet

SPEAKER

Laura Porter
Co-Founder
ACE Interface

A large, stylized smiley face graphic composed of two thick, teal-colored curved lines. The top line forms the upper curve, and the bottom line forms the lower curve, with a smaller teal arc above the text. The entire graphic is centered within a white oval that has a thin orange border. The background of the slide is a solid blue color.

*Self - Healing
Communities*

Communities are Powerful

Self-Healing Communities overcome challenges by generating and drawing from healthy local social and cultural networks and practices.

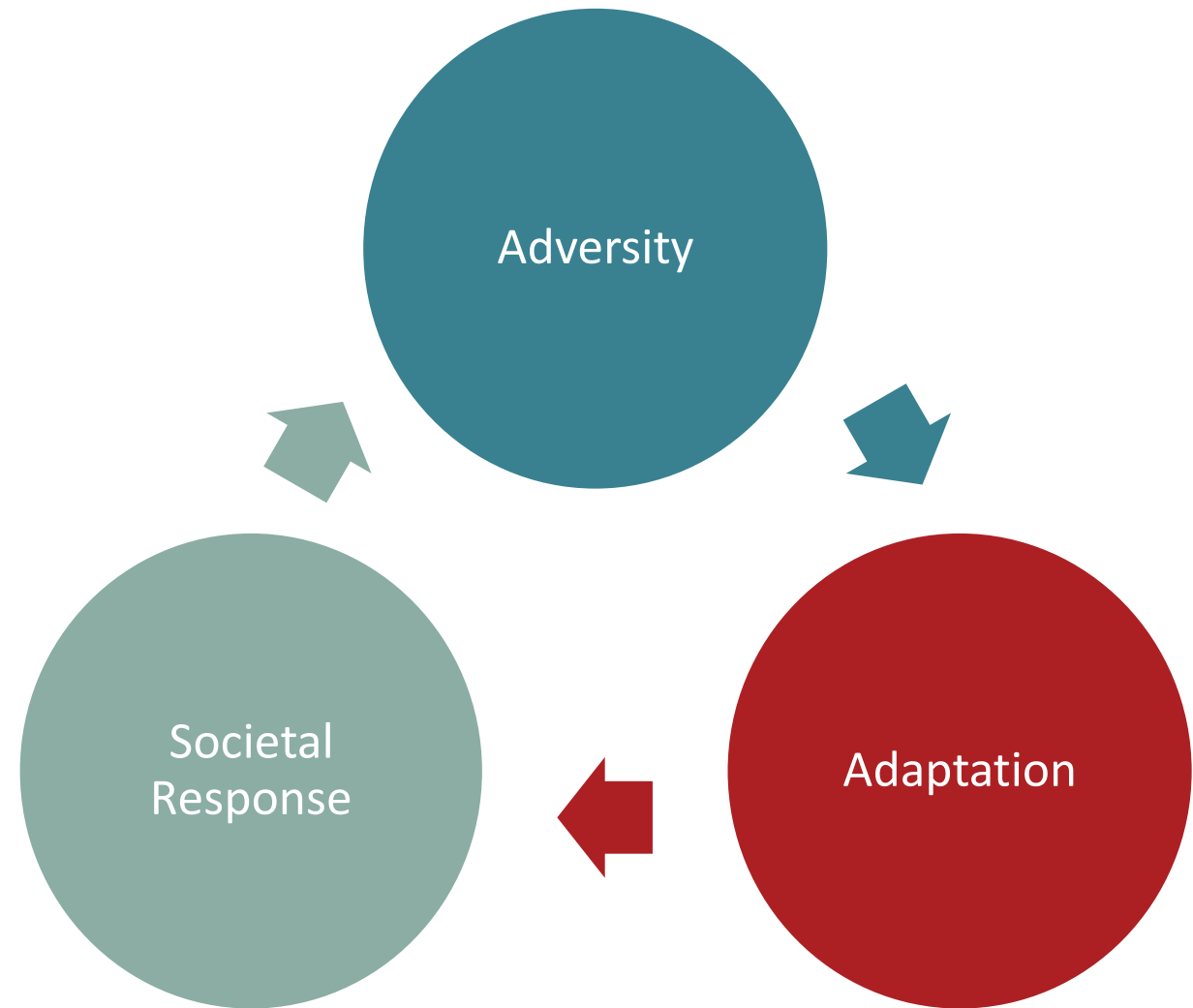
They improve peoples'

- connections
- shared responsibility
- collective impact of their efforts.



Communities are perfectly designed to deliver the status quo.

Once we understand the dynamics that contribute to status quo, we can change community and interpersonal responses & dramatically improve wellbeing.



Activity Cycle Provides Anticipatory Guidance

Supports Resident Leadership & Develops Four Community Capacities



- 1) Expand Leadership – Engage everyone who wants to help to act in their own sphere of influence.
- 2) Focus on dynamics that sustain problems.
- 3) Learning – cycles are used to fuel innovation.
- 4) Results-orientation – periodically step back to compare current and desired outcomes; make decisions based on desired future.

3 Principles – Appreciative Action

1. NEAR-Informed Engagement
2. Learning Communities
3. Hope and Efficacy



Juvenile Intervention Services

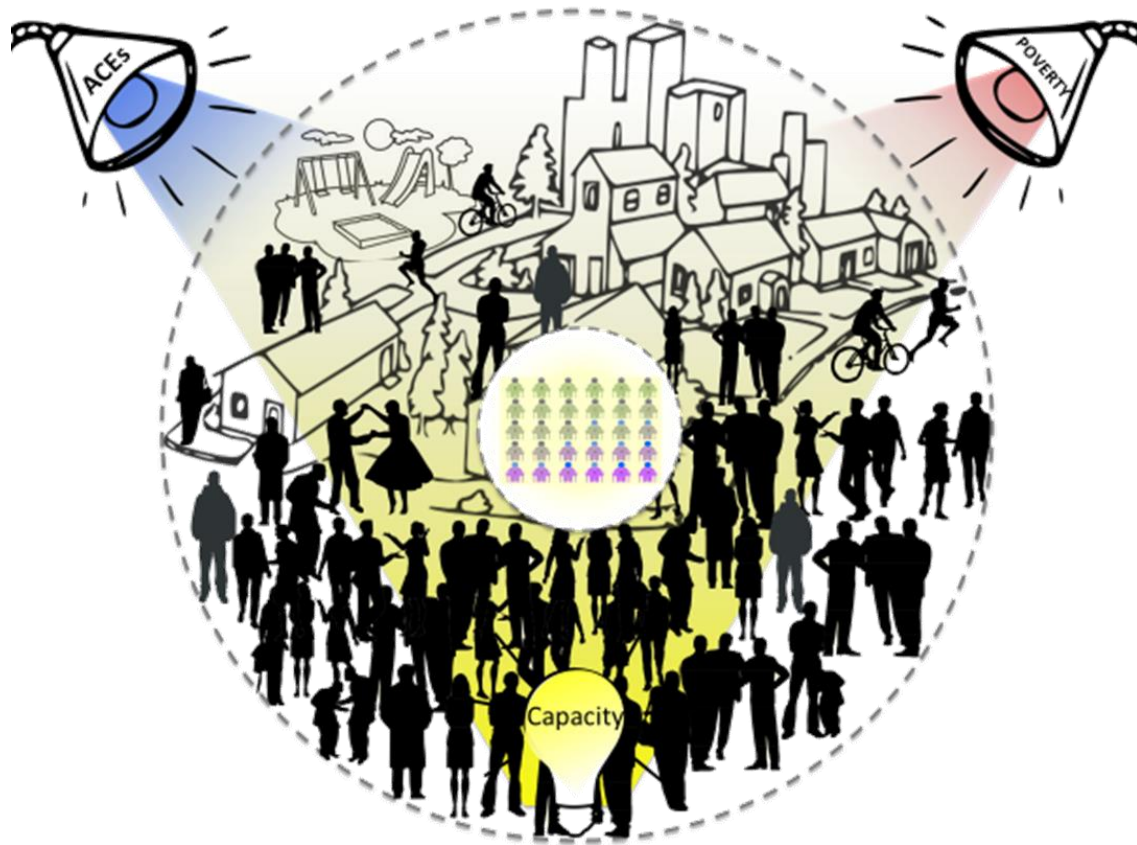


Contract: Family Assessment 72 Hours, Follow
Up 6 Months, No Arrest, Prosecution, Record



Principle: NEAR informed engagement

3 Principles -- Emergence



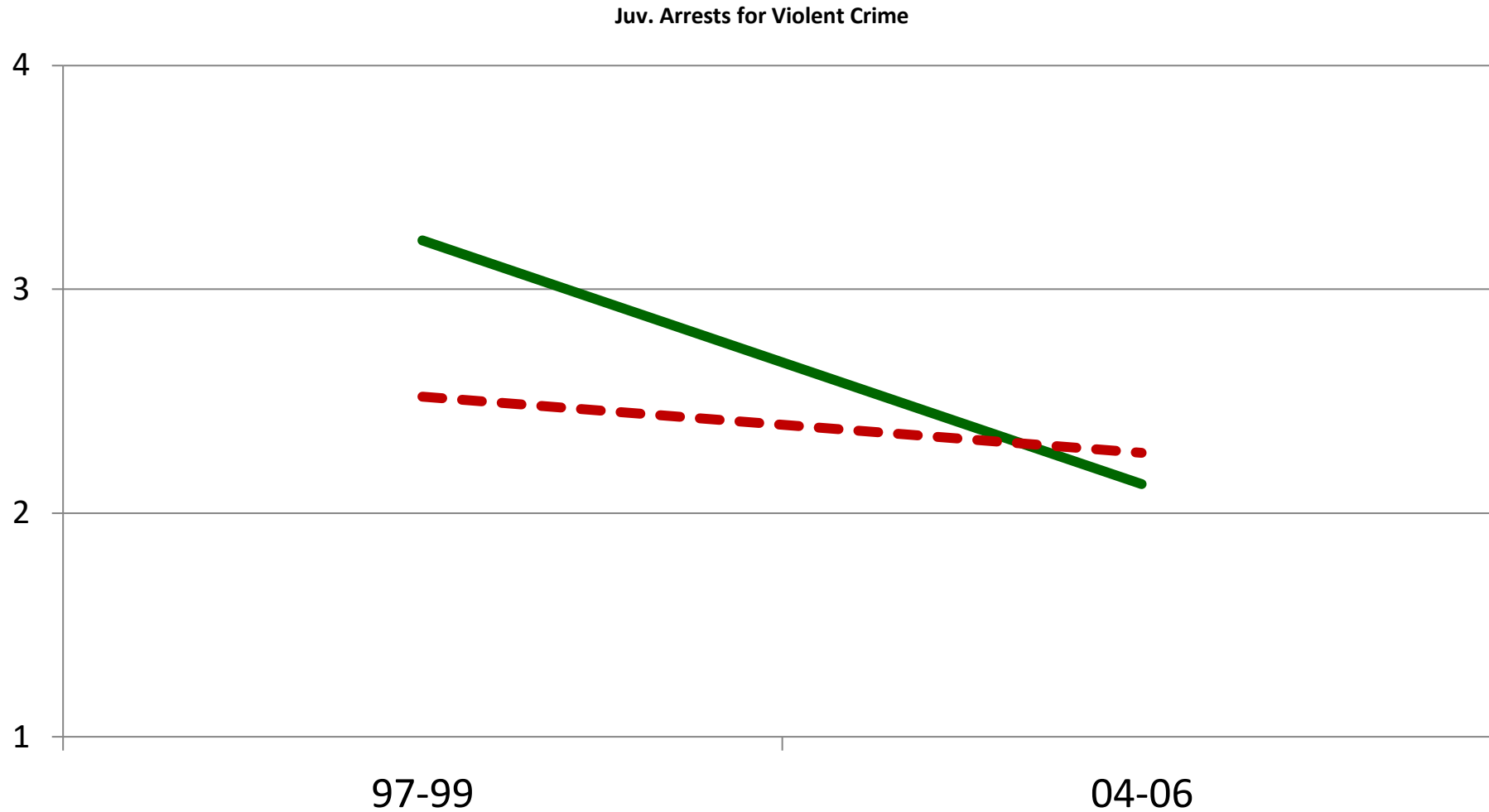
1. Inclusive leadership
2. Emergent capabilities
3. Right-fit solutions



Hope Tours

Principle: Right-fit solutions

Juvenile Arrests for Violent Crime



97-99

04-06

Juv. Arrest for Violent Crime

97-99

04-06

FPC Funded (n=28)

3.22

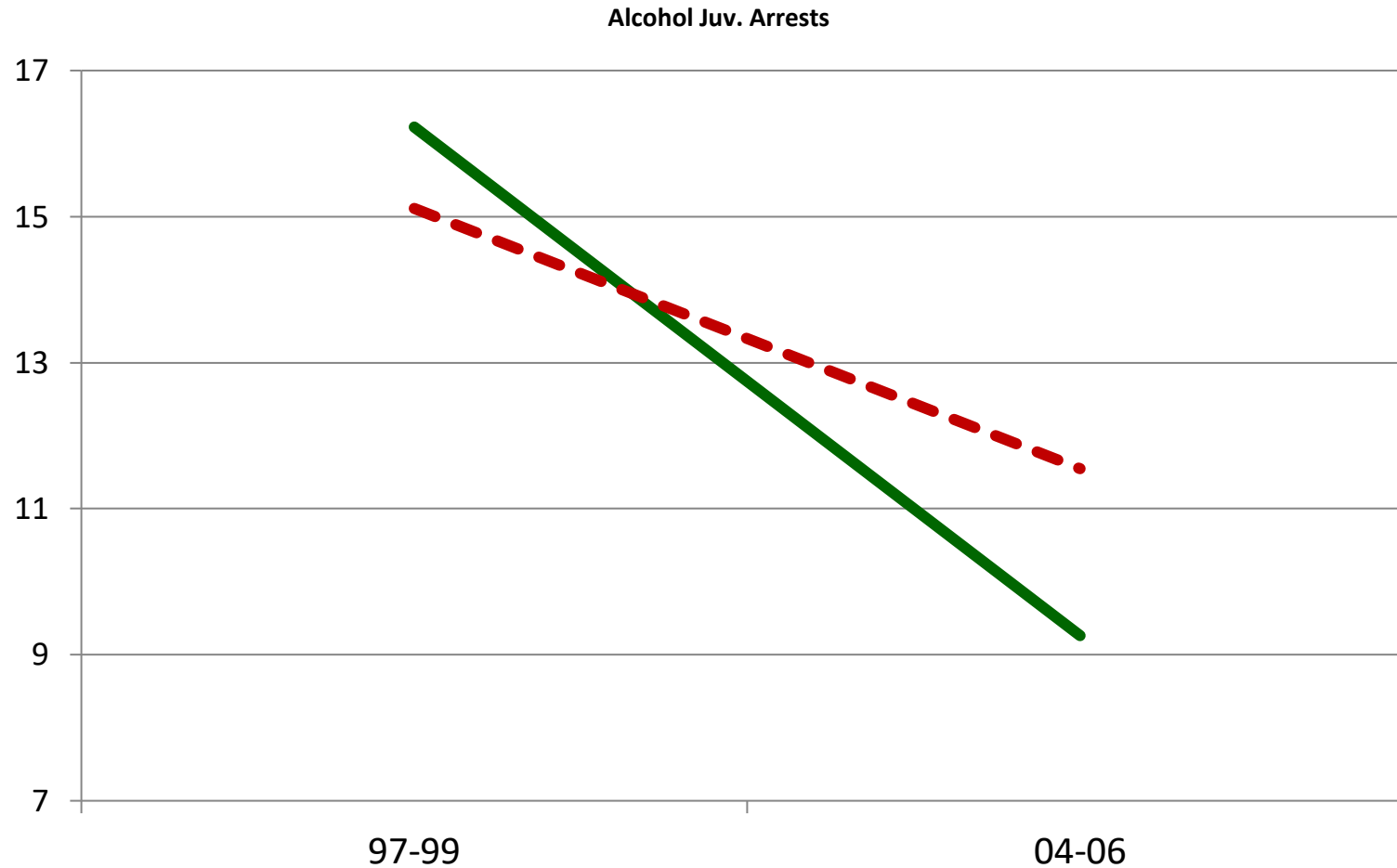
2.13

Non-Funded (n=10)

2.52

2.27

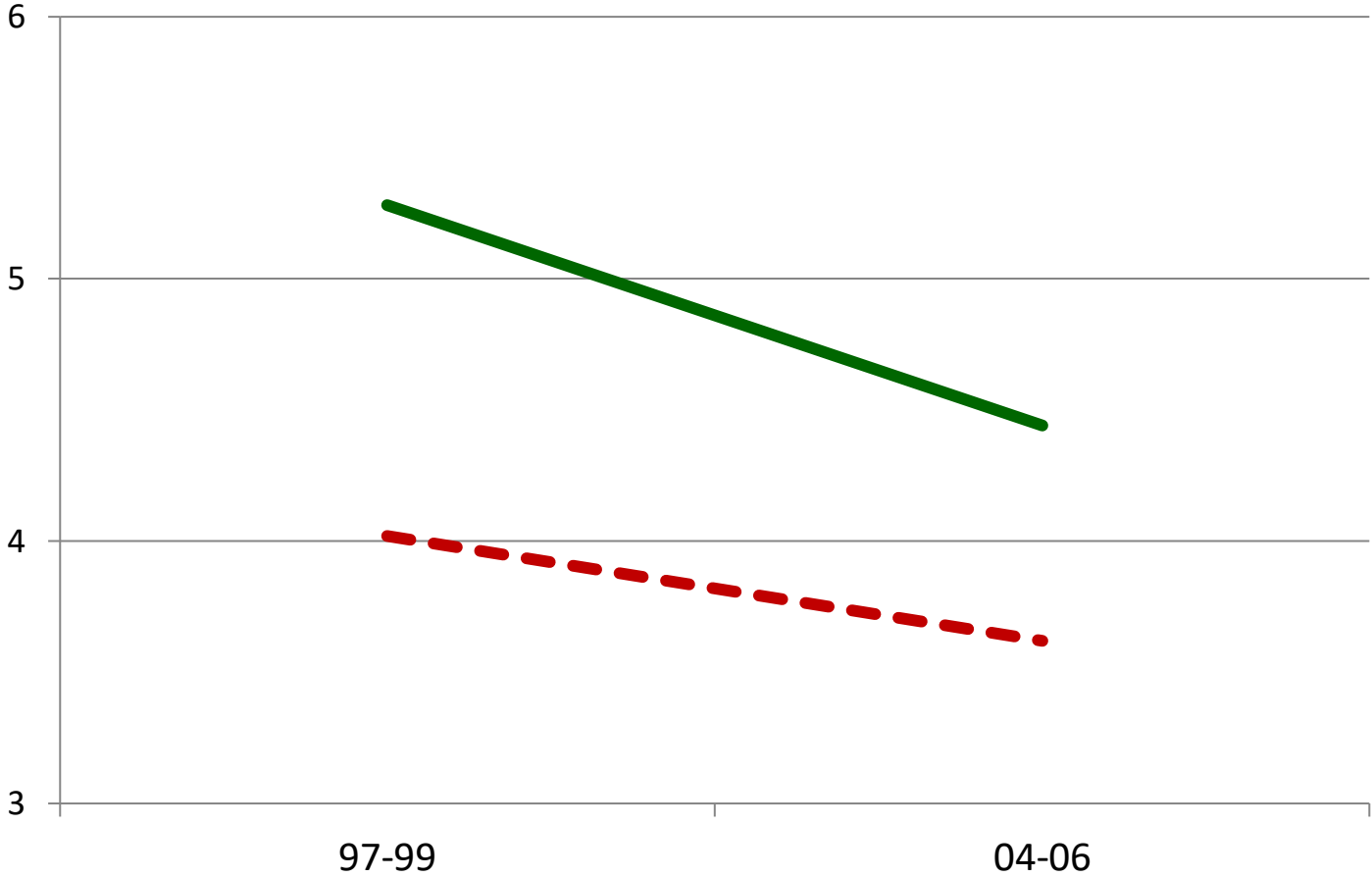
Juvenile Alcohol Arrests



| | Alcohol Juv. Arrests | |
|-------------------|----------------------|-------|
| | 97-99 | 04-06 |
| FPC Funded (n=28) | 16.23 | 9.26 |
| Non-Funded (n=10) | 15.11 | 11.55 |

Juvenile Drug Arrests

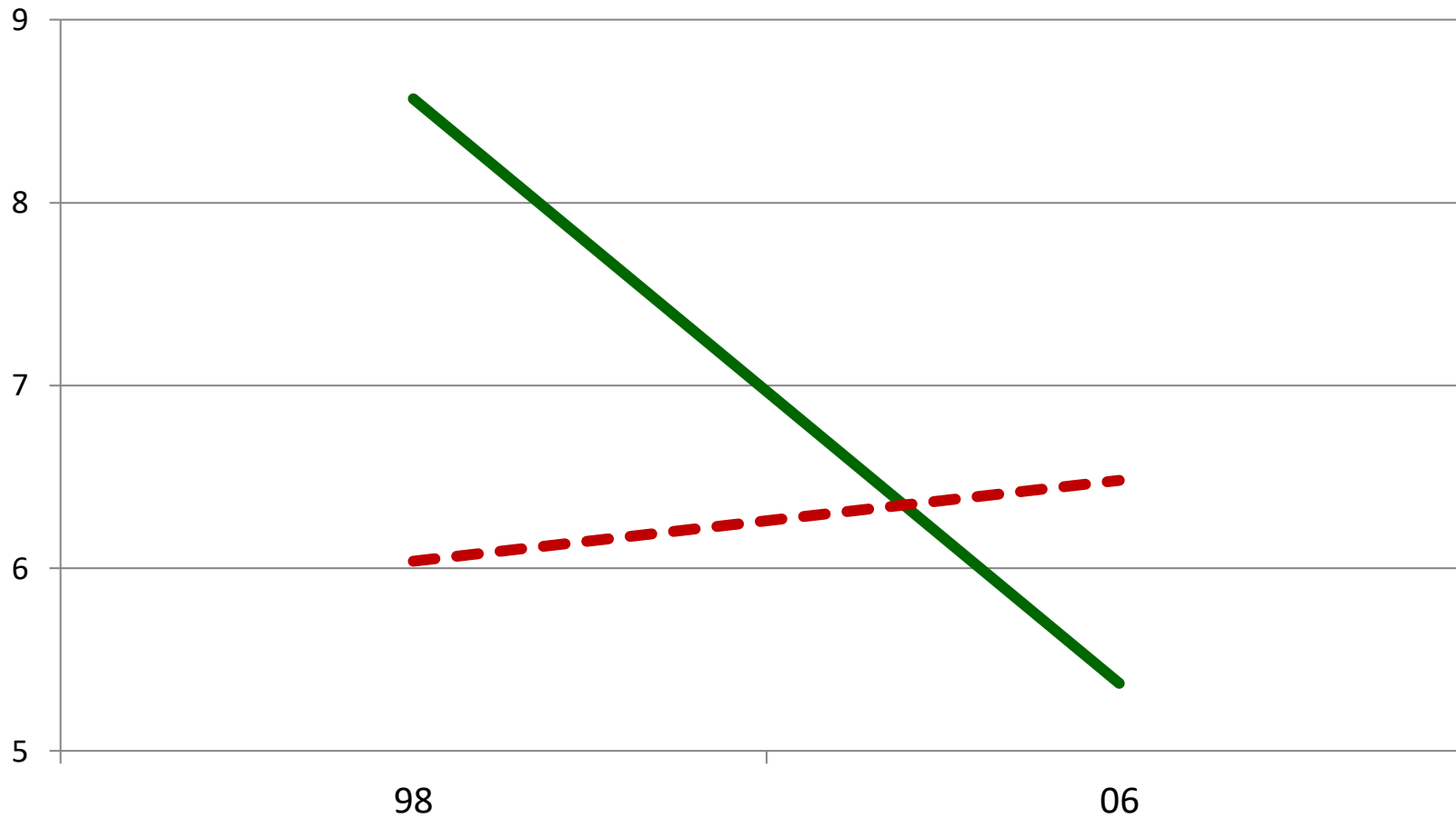
Drug Juv. Arrests



| | Drug Juv. Arrests | |
|-------------------|-------------------|-------|
| | 97-99 | 04-06 |
| FPC Funded (n=28) | 5.28 | 4.44 |
| Non-Funded (n=10) | 4.02 | 3.62 |

Dropping Out of High School

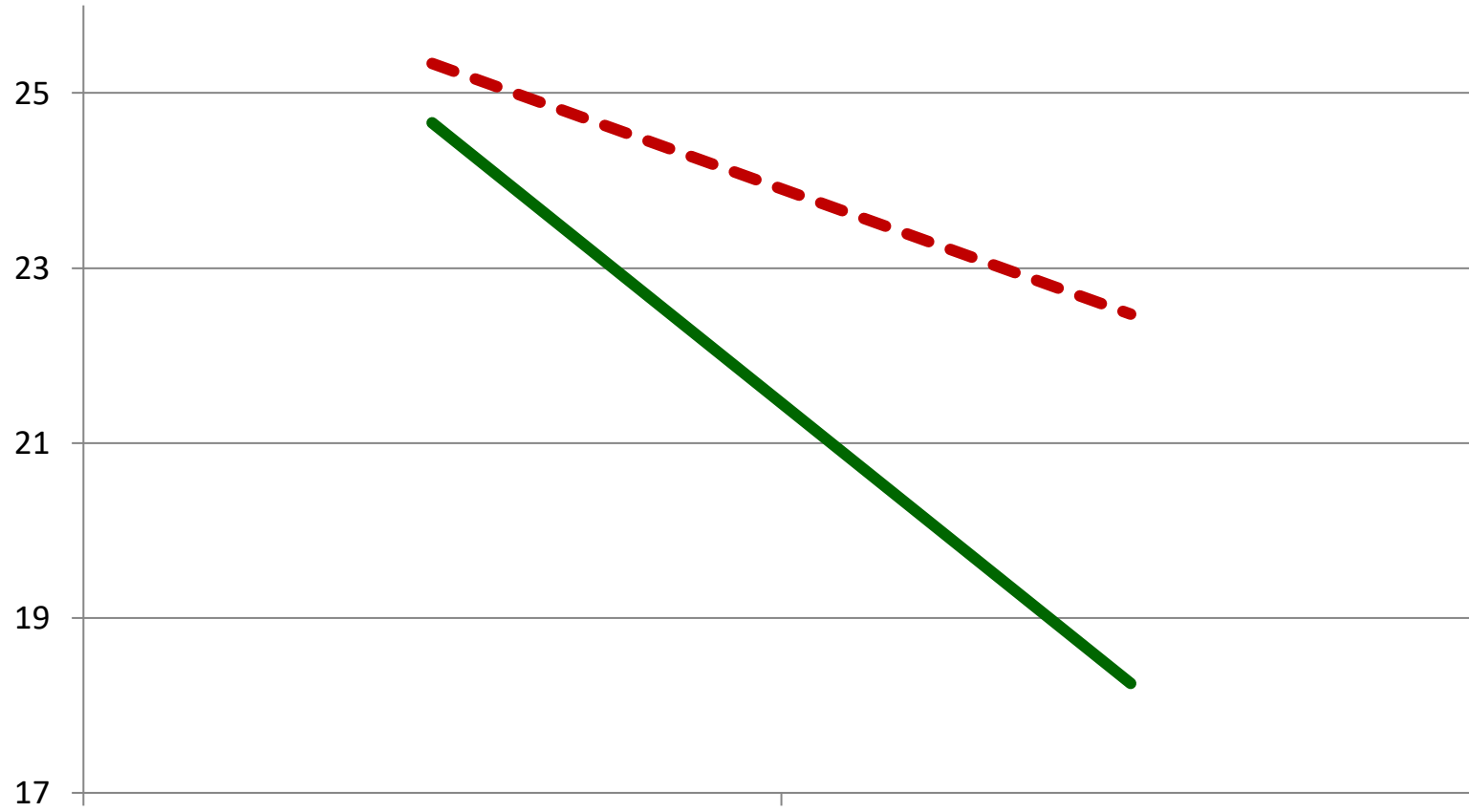
Yearly H.S. Drop-out



| | 98 | 06 |
|-------------------|------|------|
| FPC Funded (n=28) | 8.57 | 5.37 |
| Non-Funded (n=10) | 6.04 | 6.48 |

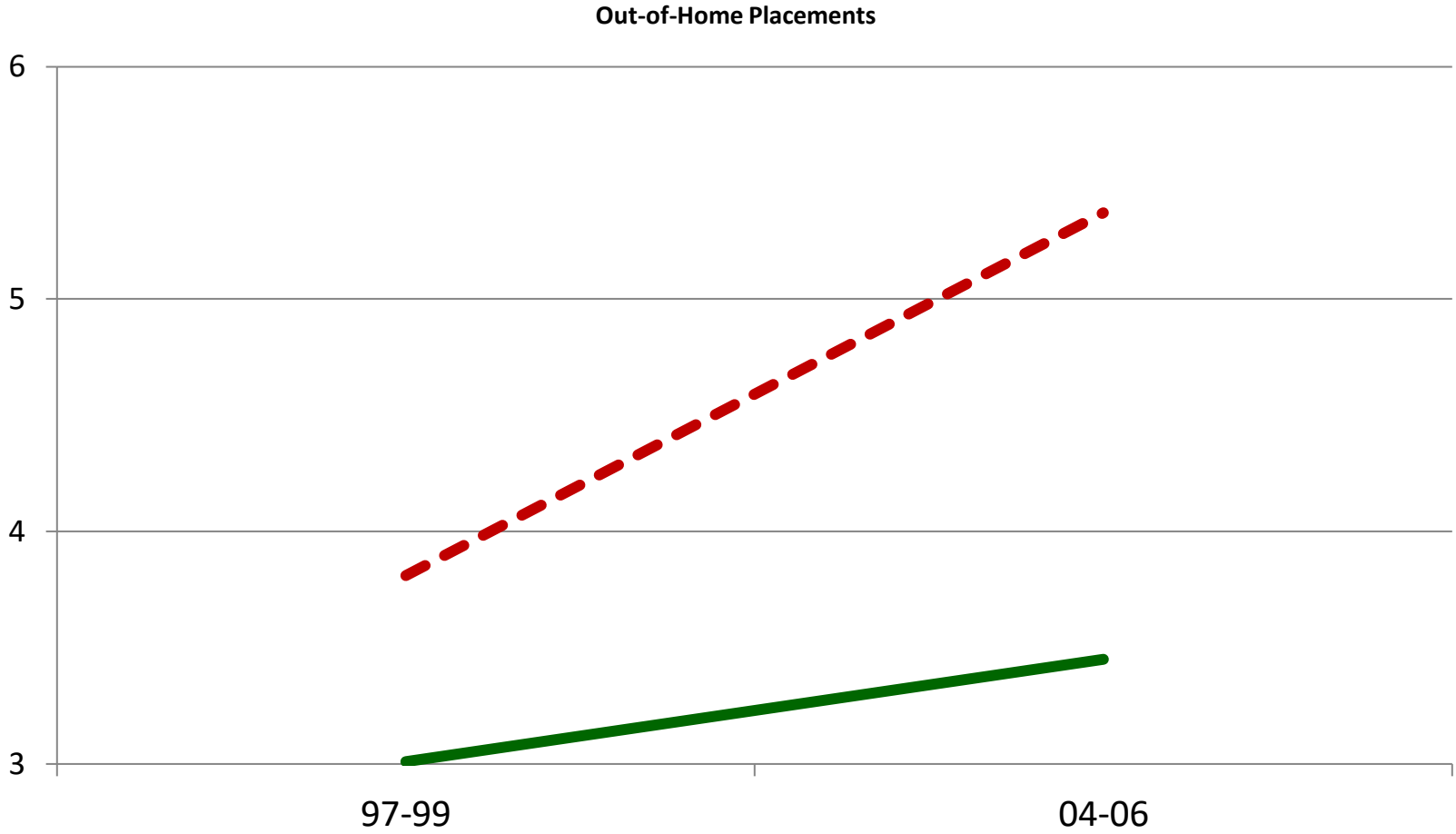
Dropping Out During High School

Freshman to Senior Drop-out



| | 98 | 06 |
|-------------------|-------|-------|
| FPC Funded (n=28) | 24.66 | 18.25 |
| Non-Funded (n=10) | 25.34 | 22.47 |

Child Out-of-Home Placements

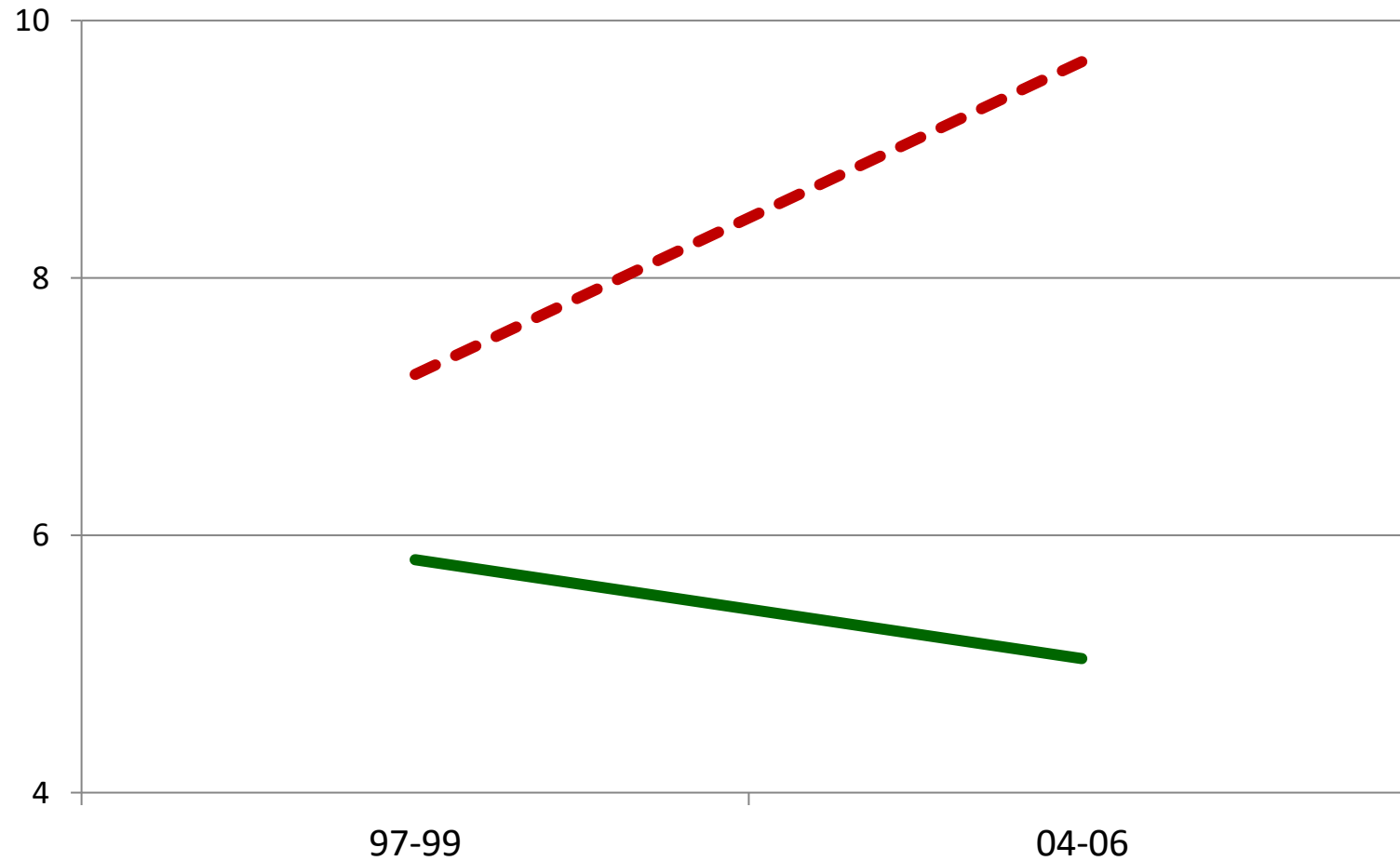


Out-of-Home Placements

| | 97-99 | 04-06 |
|-------------------|-------|-------|
| FPC Funded (n=28) | 3.01 | 3.45 |
| Non-Funded (n=10) | 3.81 | 5.37 |

Child Suicide

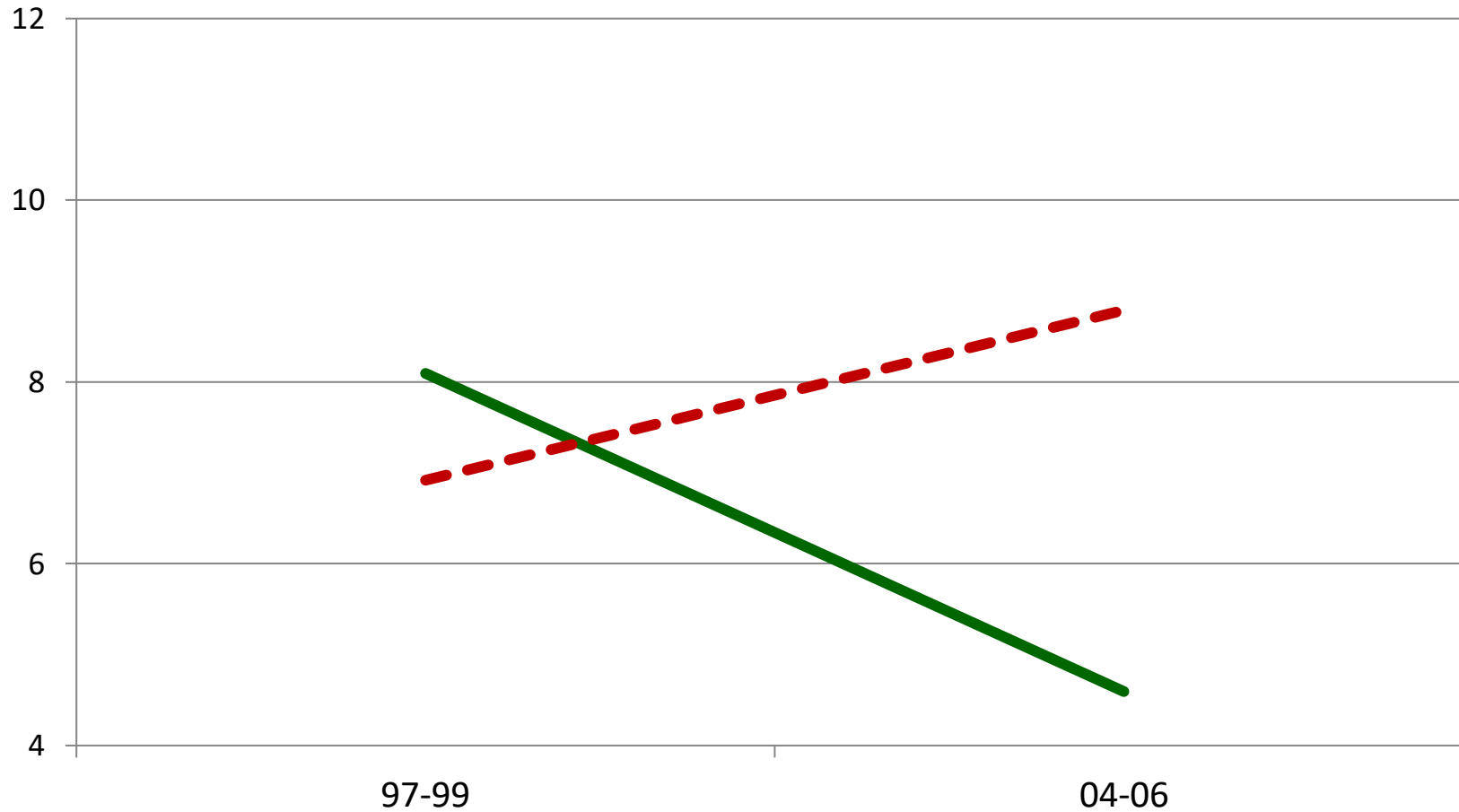
Large Communities



| | Large Communities | |
|-------------------|-------------------|-------|
| | 97-99 | 04-06 |
| FPC Funded (n=28) | 5.81 | 5.04 |
| Non-Funded (n=10) | 7.25 | 9.68 |

Births to Teen Mothers

Large Communities**



Large Communities**

| | 97-99 | 04-06 |
|-------------------|-------|-------|
| FPC Funded (n=28) | 8.09 | 4.59 |
| Non-Funded (n=10) | 6.92 | 8.79 |



Public Cost Avoidance

For a public investment of \$4m/year

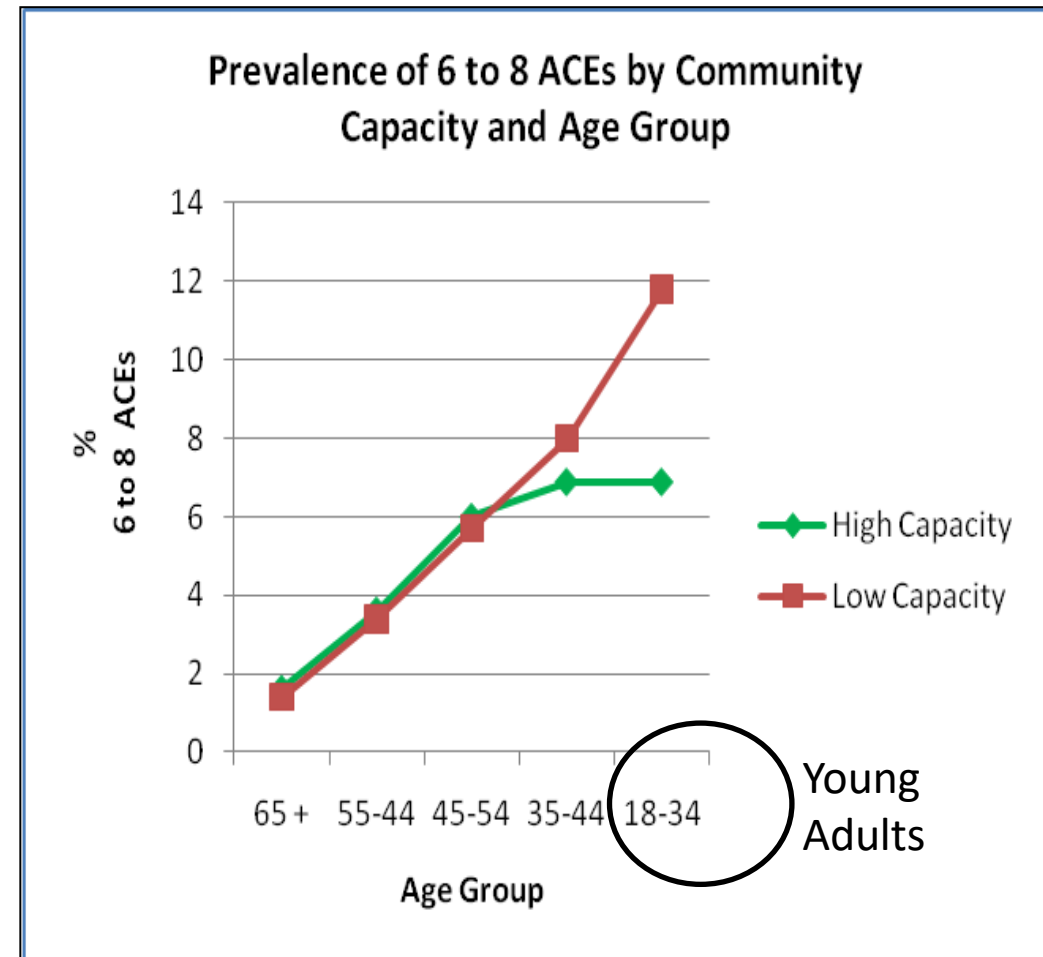
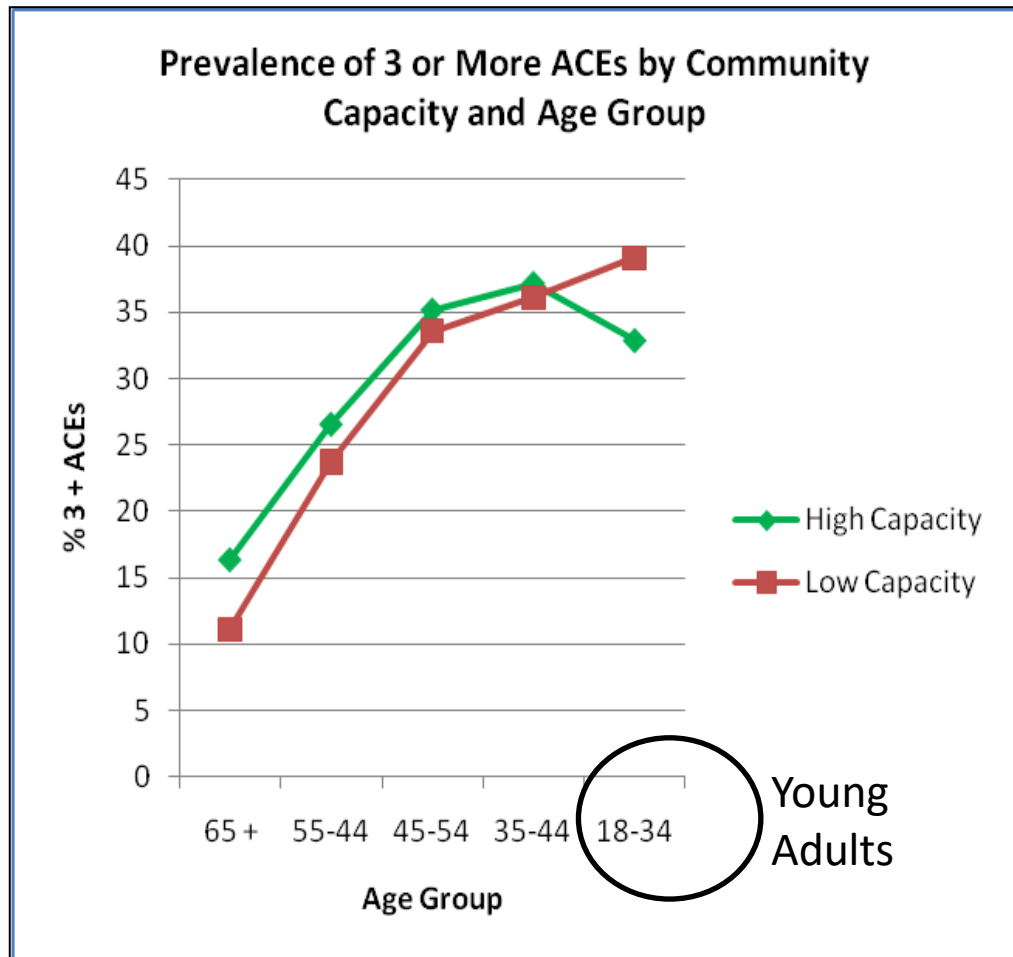
Conservative estimate for only

- Public health costs, teen pregnancy (ages 10-17)
- Out-of-home placement and health/mental health care, victims of child abuse or neglect served by the child protective service system
- Incarceration costs for Juvenile felony crime
- Reduced lifetime earnings associated with dropping out of high school, calculated as reduced public revenue for only long-term avoidance

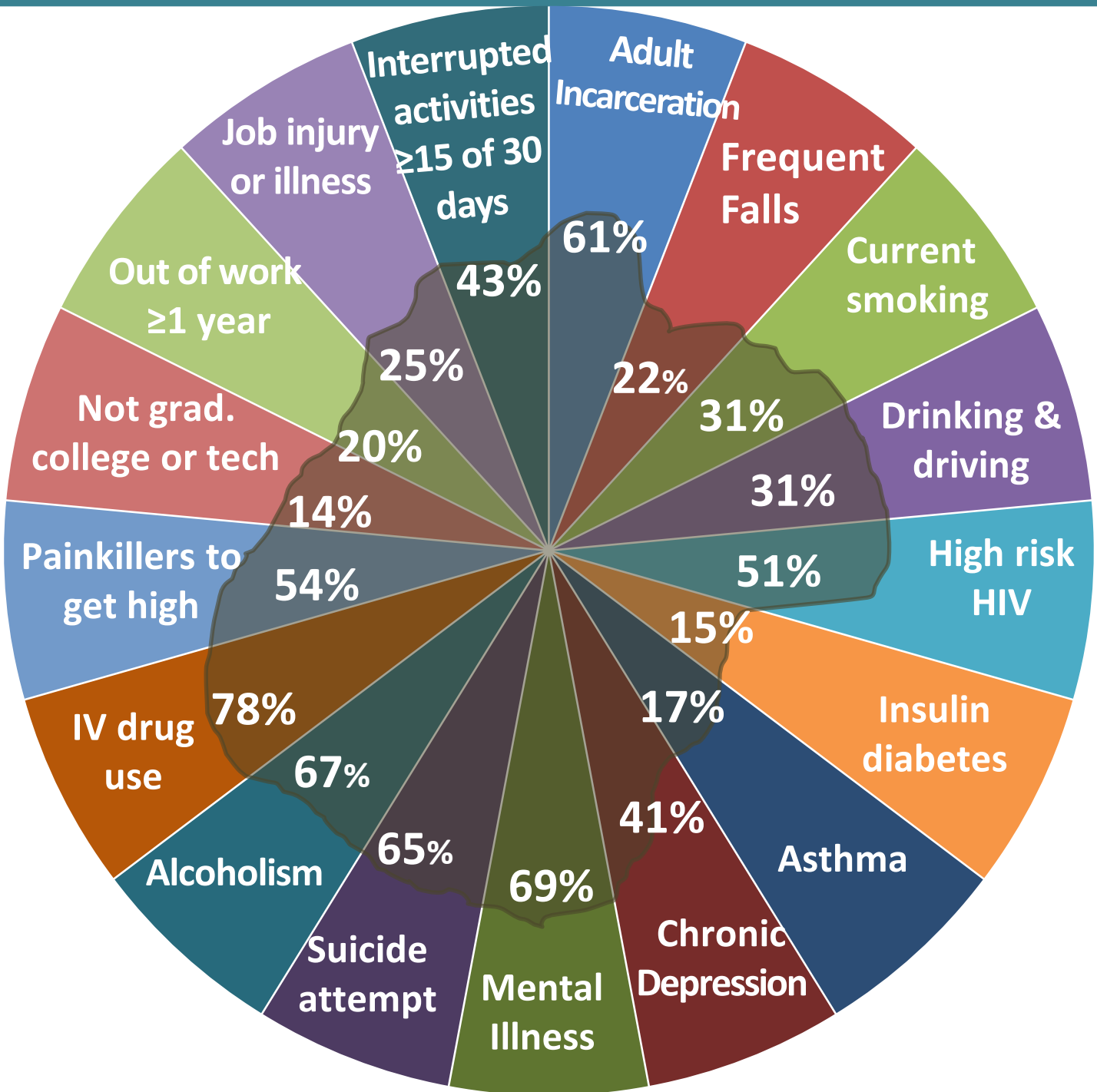
\$56m biennial cost avoidance (\$1/\$7 immediate ROI)

\$296m long-term cost avoidance (\$1/\$37 life-course ROI)

Higher Community Capacity (SHC Index Scores) Fewer Adverse Childhood Experiences (ACEs) - Young Adults



The Magnitude of the Solution



D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

TIME TO REFLECT – Self Healing Communities

<https://survey.alchemer.eu/s3/90430918/Self>

SPEAKER

Bessel van der Kolk

*President, Trauma Research Foundation
Professor of Psychiatry, Boston University School of Medicine*

D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

TIME TO REFLECT – The Body Keeps the Score

<https://survey.alchemer.eu/s3/90430923/Body>

SPEAKER

Jase Kenny
CEO

Office of the Police & Crime Commissioner

D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

Leaving questions: if you have a spare few minutes,
please complete the short online survey
<https://survey.alchemer.eu/s3/90430938/Leaving>

D O N N A J O N E S

MORE POLICE
SAFER STREETS

H A M P S H I R E & I S L E O F W I G H T

THANK YOU FOR ATTENDING TODAY
Tuesday 1st March 2022