Policy Paper October 2019

Adverse Childhood Experiences (ACEs):

Holding the child's hand in prevention and early intervention for children and families.

Prevention & Early Intervention Network

Promoting positive outcomes for children, families & communities

Executive Summary

Adverse Childhood Experiences (ACEs) have a detrimental impact on health and wellbeing throughout life. The World Health Organisation (WHO 2011) identifies ACEs as a major public health priority and estimate that 250 million children globally fail to reach their potential due to early childhood adversity. While the immediate effects of ACEs on a child's health results in poorer health and behavioural outcomes, the longer-term consequences also place children at a greater risk of developing health-harming and antisocial behaviours during adolescence in addition to mental illness, disease and disability during adulthood (Bellis et al. 2014).

The United Nations Convention on the Rights of the Child (1989) requires all Member States to promote, protect and fulfil the rights of children and states that protecting children from maltreatment is fundamental to ensure the best possible health and development outcomes. The devastating effects of ACEs has led to a call for the recognition of the impact of childhood adversity across medical and educational sectors and for the need to intervene earlier to ameliorate negative outcomes. Furthermore, the long-term social and economic costs associated with ACEs are also substantial due to increased use of health and social care services. Supporting families through the provision of evidence-based, integrated, early interventions are therefore recommended to reach the most vulnerable children.

This position paper arose out of a consultation process with the ACEs sub-group of the Prevention and Early Intervention Network (PEIN) which aims to influence policy, practice and discourse on how best to provide effective interventions that will improve outcomes for disadvantaged children and families.

Principles and recommendations in an Irish context

Principle 1: We need an understanding of the impact of aces in an Irish context

RECOMMENDATIONS:

- Research on childhood adversity in Ireland needs to be undertaken to inform government policy and practitioners on the nature, prevalence and impact of ACEs in Irish society and subsequently develop a national ACEs strategy.
- Establish and fund a research working group to establish an ACEs footprint (Spratt, 2019) for Ireland. This footprint can be used to compare our data to that of other jurisdictions by drawing on existing research (Growing Up in Ireland (GUI) / The Irish Longitudinal Study on Ageing (TILDA) and other sources) and conducting new research to fill in any knowledge gaps.
- Once the research base of the Irish ACEs footprint has been established, develop a standardised Irish ACEs questionnaire that is culturally specific and trauma-informed and develop an ethically robust approach to screening populations with particular vulnerability to ACEs, which includes integral supports. Identifying ACEs early and offering appropriate and timely supports to children who experience multiple adversities is crucial to minimise their long term negative consequences.

- Build on the progress and innovation of existing proven and promising programmes and approaches, and support their replication more widely.
- Build on and replicate the Infant Mental Health Networks already established to further develop capacity in the workforce.

Principle 2: Trauma is everybody's business

RECOMMENDATION:

- Raise awareness that prevention and early intervention are the preferred approaches to addressing ACEs through a strategic and multi-faceted communications strategy, which targets healthcare, social care, early years, child protection, family support, education, and mental health sectors as well as families and communities.
- Expedite the commitment in First 5 to support parents by placing importance on wellbeing and mental health strategies. This can be established through a national strategy focusing on capacity building of parents in relation to perinatal and infant mental health that is matched with a professional understanding, so the language used across services and departments is universal and understood. This should be supported by proven models of family support, for example the Solihull Model (Johnson and Wilkson, 2012) and the Community Mothers Programme (Katharine Howard Foundation 2019). Parent capacity building and home visiting programmes are critical elements of a robust support and intervention mechanism.
- Providing inter-generational support for parents and children to prevent ACEs.
- Facilitate parents in having their voices heard as key partners in supporting their children's health and wellbeing as well as in the design, delivery and review of services.
- Build better solutions through including children of all ages in developing the policies and practices that are there to serve them.
- All services should have relevant and sharable data gathering and evaluation arrangements in place and be transparent about their impact on children and their families.
- Incorporate mindfulness in early childhood and school curricula.
- Acknowledge the economic as well as the health and wellbeing benefits of adopting a prevention and early intervention approach and allocate resources accordingly, working with the Prevention and Early Intervention Unit of the Department of Public Expenditure and Reform to incentivise Government Departments and State Agencies to give greater priority to prevention and early intervention.

Principle 3: An understanding of aces should be explicitly embedded into policy and be a whole-of-government priority

RECOMMENDATIONS:

- The Irish policy response to ACEs needs to build on the First 5 Strategy, BOBF and the Sláintecare Report.
- An ACEs and trauma-informed approach needs to be underpinned by a commitment to integrated cross-agency collaboration aimed at the prevention of ACEs and the amelioration of their effects (Spratt, 2019). This needs to be a rights-based approach underpinned by UNCRC.
- PEIN to continue to inform and engage with policy makers on ACEs findings.

Principle 4: All related professional trainings are aware of the aces findings - have a shared language around aces and becoming trauma informed

RECOMMENDATIONS:

- A strategy to develop a trauma-informed workforce for all work impacts on children and families, through the provision of preservice professional training and continuing professional development on ACEs research and its implications for practice.
- Work towards all staff working with children, families and adults having a shared language in relation to ACEs, trauma informed practice and prevention and early intervention.
- Invest in a workforce which is of sufficient size and skills-mix to address the needs of all children on a timely basis and which has the necessary supports and competencies to provide consistent, evidence-based, quality, child-sensitive, culturally-appropriate services to children and their families.
- Promote awareness and understanding of ACEs within adult services, and develop practice and supports aimed at minimising their impact in later life. National Hidden Harm Project (Tusla & HSE 2019).

Introduction

Prevention is defined as 'providing a protective layer of support to stop problems from arising in the first place or from getting worse'; **early intervention** is defined as 'providing support at the earliest possible stages when problems occur'.

The **Prevention and Early Intervention Network (PEIN)** brings together 33 evidence-based practice, advocacy and research organisations seeking to improve outcomes for children, young people and families and to promote quality in prevention and early intervention. Over the past decade many of our members have been internationally at the forefront of effective prevention and early intervention programmes and approaches; in the design, development, evaluation and implementation.

Our members are increasingly engaged in and influenced by the emerging discourse on Adverse Childhood Experiences (ACEs) and its significant relevance in an Irish context.

There have been screenings around the country of the film 'Resilience- The biology of stress and the science of hope'. This explores the now seminal research by Felitti et al (1998) whose findings revealed possibly one of the most important public health discoveries of a generation, namely the link between adversity experienced in childhood and the increase in early mortality and morbidity across a person's lifespan. It is the view of PEIN that this conversation needs to enter the Irish political arena so that national policy recognises and responds to ACEs.

It is imperative that prevention and early intervention are recognised as the most efficient and cost effective means of promoting health and wellbeing and at reducing long term demands on services. In particular, PEIN recommends an integrated ACEs-aware trauma-informed approach that raises awareness of ACEs and their impact, and to ensure that all agencies engaging with young children and their parents understand their role in reducing ACEs and mitigating their effects.

The purpose of this position paper is to look at how the evidence of ACEs can support PEIN's work in advocating for prevention and early intervention and how an ACEs framework can foster stronger internal and external connections between agencies and government departments.

PEIN believes that although experiencing ACEs increases the likelihood of comorbidity and mortality, it is not the only determining factor in health outcomes. That is, despite the early years being critical in terms of determining life trajectory and outcomes, effective interventions can and should be made at any stage across the lifespan to mitigate the consequences of adversity experienced in childhood.

PEIN aims to influence policy, practice and discourse on how best to provide effective interventions that will improve outcomes for children and families, especially those who experience disadvantage.

PEIN believes:

- That prevention and early intervention is the only way forward in facing the challenges that ACEs present, by providing the protective strategies required.
- That there is a need to develop a multidisciplinary and interagency approach that is ACEs-aware and trauma-informed, and that works in a systematic way to prevent ACEs and ameliorates their effects.

This paper is a call to action, to use the evidence of ACEs and to connect it with existing research on prevention and early intervention in Ireland to enhance and roll out existing proven and promising approaches.

What are ACEs?

The original ACEs study (1998) explored the link between adversity experienced in childhood and the increase in morbidity across the lifespan and early mortality rates. (Felitti et al., 1998)

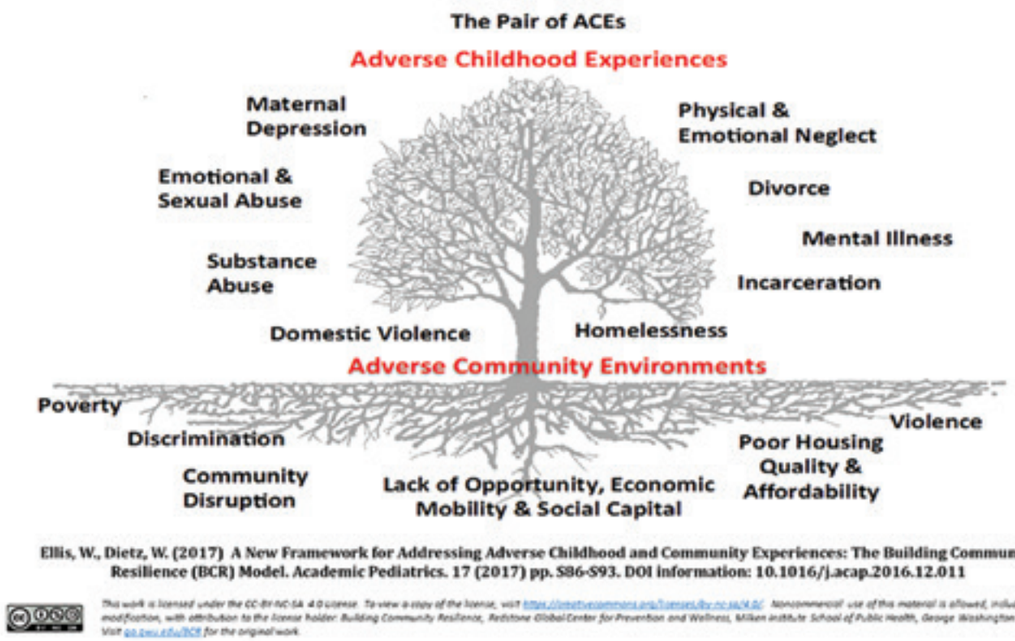
The World Health Organisation (2019) defines ACEs, as some of the most intensive and frequently occurring sources of stress that children may suffer early in life; 'These include multiple types of abuse, neglect, violence between parents or caregivers, other kinds of serious household dysfunction such as alcohol and substance abuse, and peer, community and collective violence. The ten categories of ACEs are as follows:

Figure 1: Types of ACEs.

Taken from - https://www.liverpoolcamhs.com/aces/what-are-aces/.

It is important to consider the implications of wider environmental factors such as poverty, discrimination and homelessness. These are also adversities that are experienced by children and families daily, impacting negatively in a similar way to those listed above. This infographic captures the breadth of adversity that is currently acknowledged:

Figure 2: Factors Influencing ACEs



The Importance of the Early Years

Research has shown that early childhood experiences are fundamental to the development of strong mental and physical health, and they interact with genes to shape the architecture of the developing brain, (Centre on the Developing Child, 2010; Liming & Grube, 2018). We have known for years that brain and neurological pathways in the prenatal period and in the first 1000 days of life affect our physical and mental health and wellbeing for the rest of our lives and we understand the associated risks of poor-quality experiences and environments. (Tierney and Nelson, 2009; Moore et al, 2017).

According to Bellis et al (2014, pg. 356) 'a child who survives abuse is also at increased risk of developing health-harming and antisocial behaviours during adolescence and increases in morbidity, mental illness and disability during adulthood; The magnitude of these effects is substantial. For example, 30% of the adult mental illnesses identified through World Mental Health Surveys in 21 countries were attributed to physical abuse in childhood or other adverse childhood experiences'.

Fostering resilience can be seen as a key determinant in a child's ability to cope with stress and adversity. The single most common factor for children who develop resilience is at least one stable and consistent relationship with a supportive parent, caregiver, or other adult. This relationship provides the child with responsiveness, scaffolding and protection that safeguard him/her from potential developmental disruption. It is important that caregivers are aware of the importance of their responsiveness and being attuned to their child's needs.

In a position paper from the Royal College of Physicians it is noted that investment in early interventions and services provides a greater rate of return than later interventions. Additionally, interventions can support parents/caregivers which in turn can lead to breaking intergenerational inequality and trauma. The paper highlights how early brain development can be disrupted by chronic or repeated stress in utero or in early life due to adversity. Short term impacts of ACEs can be seen in a variety of behavioural, health, cognitive and learning outcomes in children. It also suggests that the impact of ACEs manifests in adulthood as physical illnesses, mental health issues and respiratory/ inflammation conditions.

Every child in the state is entitled to two free preschool years. The national curriculum Aistear (NCCA, 2009) underpinning this, centres on four themes; identity and belonging, exploring and thinking, communication and well-being. These focus on developing 'positive dispositions' that become *'enduring habits of mind and action. A disposition is the tendency to respond to situations in characteristic ways' (Aistear, 2009, p.54). The dispositions cited include 'independence, curiosity, concentration, creativity, responsibility,* ***resilience****, patience, perseverance, playfulness and imagination'*. However, 'children's inborn dispositions vary and it is important to remember that adult-child interactions and relationships, and the experiences children are exposed to can have an impact on the development of positive learning dispositions' (NCCA, 2009, p.2.) Children who have experienced adversity will not have the same capacity to learn and develop to the best of their ability.

Spratt (2019) outlines the accumulated evidence which indicates that multiple agencies in the community can work in an integrated way to assist with both the prevention of ACEs and the amelioration of their effects (Hughes et al., 2017). The concept of ACEs provides an evidence base to enable the development of connections among the many service and community organisations that at present 'work in silos', based on specific types of problems, categories of services or geographical limits (Pachter et al., 2017, p.130). As an example, the Philadelphia ACEs Task Force is based on the ACEs evidence and bridges interdisciplinary and interagency restrictions through a community-based effort to reduce adversity and its consequences (Pachter et al., 2017). The Scottish Government funds ACEs hubs to progress national policy and practice to prevent ACEs and mitigate their negative impacts, (Scottish Government, 2017).

The cost of ACEs and their impact on Physical, Mental Health and Wellbeing

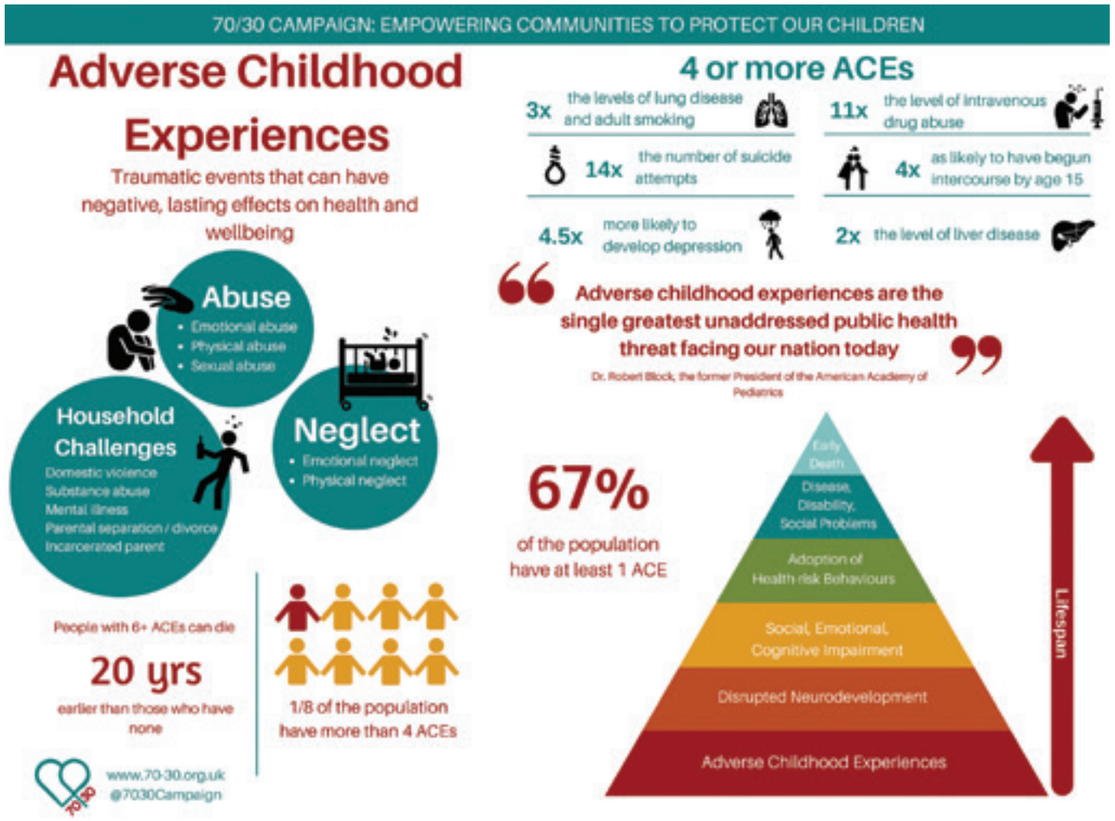
Professor James Heckman, Nobel laureate in economics and an expert in the economics of human development is an advocate for investment in early childhood. 'The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantages families.' (2008,289-324). Heckman demonstrates that short-term costs are more than offset by the long-term benefits through reduction in the need for special education, better health outcomes, reduced need for social services, lower criminal justice costs and increased self-sufficiency and productivity among families.

The empirical evidence arising from the ACEs study is that the greater the number of adverse experiences in childhood, the greater the likelihood of health problems in later life. Some commentators have observed these findings are a public health disaster 'hidden in plain sight' (Craig 2017).

According to Van der Kolk, our society is 'too embarrassed or discouraged to mount a massive effort to help children and adults to deal with the fear, rage, and collapse, the predictable consequences of having been 'traumatised'' (2014: pg. 350). Today in Irish society, a significant number of families are under increasing stress and strain (Nixon, Layte and Thronton, 2019). A range of interventions are required to address multiple needs and to affect the kinds of change necessary to build children's resilience, especially those facing adversity.

Van der Kolk and others have documented how exposure to persistent trauma can devastates a child's developing body, brain, coping strategies, personality and ability to relate to others. He concludes that 'child abuse and neglect is the single most preventable cause of mental illness, the single most common cause of drug and alcohol abuse, and a significant contributor to leading causes of death such as diabetes, heart disease, cancer, stroke and suicide.' (Van der Kolk, The Body Keeps the Score, 2014: p.353).

Figure 3: Impact of ACEs on Child Outcomes.



The role of PEI in preventing ACEs and minimising their impact

ACEs research indicates the need for a long term 'whole-of-government' public health approach to prevention and early intervention. 'The First 5, A Whole of Government Strategy for Babies, Young Children and their Families' (DCYA, 2018) looks at an effective early childhood system of supports and services and the Sláintecare Report (Department of Health, 2018) recommends the enhancement of public health approaches in general and child health approaches in particular. PEIN stresses the importance of joined-up thinking and connections being formed between the different Government departments (Health; Children and Youth Affairs; Education; Public Expenditure and Reform) and the various state agencies (HSE, Tusla and the Gardaí) in collaboration with the entire children's services sector (including early years, schools, youth services, community and voluntary organisations and private providers).

International and Irish Policy Context for ACEs

INTERNATIONAL POLICY

Although not explicit, there are tangible links between ACEs and the UN Convention on the Rights of the Child (UNCRC), mainly that recognising and addressing ACEs and what children and families need, requires a rights-based approach.

Under the UN 2030 Agenda for Sustainable Development, signature countries, including Ireland, have committed to action to meet 17 global Sustainable Development Goals (SDGs) by 2030. Several of these goals support a focus on poverty, hunger, good health and wellbeing that would buffer the effect of ACEs and their risk factors (Ashton et al, 2016).

A recent evidence review by the Joseph Rowntree Foundation in the UK (2019) argues for a strategic policy goal which recognises the strong link between the socio-economic status of a family and a child's likelihood of being subject to abuse or neglect. 'It is essential that this association is framed as a public policy issue, a matter of avoidable social inequality, not as a source of shame and pressure on individual disadvantaged families,' (2019, p.3).

In England there are a number of strategic frameworks aimed at addressing ACEs alongside other social determinants of health. However, this has yet to translate to government policy and has resulted in a more fragmented approach at local level.

Drawing on a report by Mackie (2016), the Scottish Programme for Government commits to tackling adverse experiences in childhood, stating 'We will embed a focus on preventing ACEs and supporting the resilience of children and adults in overcoming early life adversity across all areas of public service, including education, health, justice and social work'.

The government of Wales published its own study in 2016 'Adverse Childhood Experiences and their association with Mental Well-being in the Welsh adult population' and this has informed policy in healthcare.

Cymru Well Wales established the Welsh ACEs Support Hub, which aims to help Wales become a leader in preventing, mitigating and tackling ACEs. The Hub is overseen by a cross-sectoral steering group, including representation from different sectors including education, health, housing and policing.

In the US there has been a significant amount of work about ACEs and trauma informed approaches to policy and practice. One agency notes that 'a program, organisation, or system that is trauma-informed, realises the widespread impact of trauma and understands potential paths for recovery… [It]…recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system… [It]…responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation,' (SAMHSA pg. 10: 2014). Fundamental to the trauma-informed approach is for mental health services to promote the linkage to recovery and resilience for those individuals and families impacted by trauma.

IRISH POLICY

First Five (DCYA, 2018), acknowledges the association between parents' interaction with their children and children's outcomes. It also outlines the influence of factors such as parental stress and depression on parents' interaction with their children. The strategy recognises early childhood as a time of rapid development and therefore vulnerability. In relation to mental health, the report names how the influence of chronic stress and trauma can affect the development of babies' brains. The report also names the effect of poverty in exacerbating this.

Sláintecare Report (Houses of the Oireachtas, 2017) emphasises the shift in care from hospitals to the community, providing an integrated and holistic approach to child health, and prevention and public health approaches. While it does not specifically mention ACEs, it looks at health through the lens of a life cycle approach which is relevant as ACEs have lifelong health consequences. The clear implication of this strategy is that a major contribution to the reduction in the level of illness in the adult population can be achieved by a combination of:

- Reducing children's exposure to Adverse Childhood Experiences, and
- Providing screening and early evidence-based interventions into the lives of children and families who are experiencing adversity.

Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020, (Department of Health, 2015) that adverse childhood factors tend to be interrelated and act accumulatively to increase the risk of mental health problems and suicide.

Wellbeing in Primary and Secondary Schools Guidelines, (Department of Education and Skills, 2015) highlights how schools can promote protective factors in relation to mental health, including positive relationships, a sense of security, effective classroom management, social and emotional skills education and high expectations of achievement.

Better, Outcomes, Brighter Futures – the National Policy Framework for Children and Young People 2014-2020 acknowledges implicitly that many health issues in later life can be linked back to adverse experiences in childhood (DCYA 2014). The five National Outcomes in the strategy all link to causative factors of ACEs. Schools, early years' services and other centres of learning can play an essential role in supporting children who have experienced or are experiencing adversity. The presence of 'one good adult', who is a positive role model or mentor, is shown to promote resilience in children (Rochford & Sheehan, 2016).

Healthy Ireland (DoH, 2013) details interventions to combat many of the health issues correlated to ACEs including cardio vascular disease and mental illness. It discusses initiatives to address many health behaviours such as alcohol use and smoking, which are also associated with ACEs. The strategy outlines the importance of early intervention, the impact of social determinants on health and the need to reduce health inequalities.

A Vision for Change (2006, DoH) proposes a holistic approach to mental illness and recommends an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems. It is based on the underpinning principle that a population health approach to mental health requires that the needs of the total population should be considered. This approach acknowledges that there are a range of factors influencing mental health, including physical, psychological, social, cultural and economic. It suggests that mental health is influenced by how supportive or unsupportive the environment is and the richness of experience it facilitates.

It highlights the importance of protective factors including secure attachment, positive early childhood experiences, and a positive sense of self and basic needs being met. It suggests that childhood neglect is a risk factor, which we now know to be true, (National Scientific Council on the Developing Child, 2012).

Overall, the Irish policy landscape is well populated with implicit references to Adverse Childhood Experiences, the need to identify, respond to and prevent them. Now is the right time for Irish policy to address ACEs and their lifelong impact in an explicit rather than an implicit way.

In Conclusion

ACEs have the potential to affect everybody; they are evident in all socio-economic demographics, personal relationships and are of relevance to all professional disciplines and services working with children, families and communities. There is irrefutable evidence of the health, social and emotional impact of childhood trauma. We need to work towards having ACEs-aware trauma-informed policy and services committed to implementing a universal and integrated cross disciplinary approach.

The aim is that all children and young people have a secure, stable and caring home environment; that they are safe from abuse, neglect and exploitation; that they are protected from bullying and discrimination; and that they are safe from crime and antisocial behaviour. In such a context, exposure to ACEs can mitigated of even eliminated. As we work towards that however, we must acknowledge the evidence, learn from others and collectively enhance our approach to managing difficulty.

References

Ashton, K., Bellis, M. & Hughes, (2016) *Adverse childhood experiences and their association with health-harming behaviours and mental wellbeing in the Welsh adult population: a national cross-sectional survey* https://doi.org/10.1016/S0140-6736(16)32257-7 [accessed 30/08/19]

Bellis, M. A., Hughes, K., Leckenby, N., Jones, L., Baban, A., Kachaeva, M., Terzic, N. (2014). Adverse childhood experiences and associations with health-harming behaviours in young adults: surveys in eight eastern European countries. *Bulletin of the World Health Organization, 92*(9), 641–655. doi:10.2471/BLT.13.129247 [accessed 26/06/19]

Brocklesby, S, (2019). A national review of the Community Mothers Programme; Katherine Howard Foundation available at http://www.khf.ie/wp-content/uploads/2019/04/National-Review-of-the-Community-Mothers-Programme-Full-Report-FINAL-18-_04_19.pdf [accessed 26/05/19]

Centre on the Developing Child (2010). The Foundations of Lifelong Health Are Built in Early Childhood. Retrieved from www.developingchild.harvard.edu

Craig, C, (2017) *Hiding in plain sight: Exploring Scotland's ill health* available on http://sceptical.scot/2017/11/hiding-plain-sight-exploring-scotlands-ill-health/ [accessed 30/08/19]

Department of Health (2015) *Ireland's National Strategy to Reduce Suicide 2015-2020.* Dublin:DoH available at https://www.healthpromotion.ie/hp-files/docs/HME00945.pdf [accessed on 26/05/19]

Felitti, V.J., Anda, R.F., Nordenberg, D, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACEs) study. *American Journal Preventative Medicine.* 1998; 14: 245-258 Available on https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext#seccestitle150 [accessed 05/05/19]

Harvey, B, (2014) *The Case for Prevention and Early Intervention.* Prevention and Early Intervention Network available on https://www.pein.ie/2018/01/25/the-case-for-prevention-and-early-intervention-april-2014/ [accessed26/05/19]

Heckman, J, (2008). *The Case for Investing in Disadvantaged Young Children,* CESifo DICE Report, ISSN 1613-6373, ifo Institut für Wirtschaftsforschung an der Universität München, München, Vol. 06, Iss. 2, pp. 3-8 available on https://www.econstor.eu/bitstream/10419/166932/1/ifo-dice-report-v06-y2008-i2-p03-08.pdf [accessed30/08]

Hughes, K., Bellis, M.A, Hardcastle, K., Sethi, D., Butchart, A., Mikton, C., Jones, L. and Dunne, M. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. [online] www.thelancet.com/public-health. Available at: https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext#%20 [accessed 20/05/19]

Johnson, R., Wilson, H. (2012) Parents' evaluation of understanding your child's behaviour, a parenting group based on the Solihull Approach. *Community Practitioner,* 85: 5, 29-33.) Available at https://research.birmingham.ac.uk/portal/files/25246241/Vella_et_al_Parents_Experiences_Solihull_Approach_Child_Post_Print.pdf [accessed 23/06/19]

Liming, K.W., & Grube, W.A. (2018). Wellbeing Outcomes for Children Exposed to Multiple Adverse Experiences in Early Childhood: A Systematic Review. *Child Adolescent Social Work* Journal 35: 317. Available on https://doi.org/10.1007/s10560-018-0532-x [accessed on 20/05/19]

Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). The First Thousand Days: An Evidence Paper. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute. Available on https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-September-2017.pdf [accessed 29/05/019]

NCCA (2009) *Aistear: the Early Childhood Curriculum.* Available on https://www.ncca.ie/media/3193/dispositions-3-6.pdf [accessed 26/08/19]

NHS Health Scotland (2017) *Tackling the attainment gap by preventing and responding to Adverse Childhood Experiences (ACEs): The Scottish Adverse Childhood Experiences Hub.* Available on http://www.healthscotland.scot/media/1517/tackling-the-attainment-gap-by-preventing-and-responding-to-adverse-childhood-experiences.pdf [accessed 30/05/19]

Nixon, E., Layte, R., & Thornton, M, (2019) *Growing Up in Ireland, National Longitudinal Study of Children- The Effects of Economic Recession and Family Stress on the Adjustment of 3-year-olds in Ireland.* Available on https://www.drugsandalcohol.ie/30280/1/Growing_up_in_Ireland_3-year-olds.pdf [accessed on 30/08/19}

Pachter, L M., Lieberman, L., Bloom,S.L., Fein, J. A. (2017) *Developing a Community-Wide Initiative to Address Childhood Adversity and Toxic Stress: A Case Study of The Philadelphia ACEs Task Force.* Available on https://www.academicpedsjnl.net/article/S1876-2859(17)30168-7/pdf [acessed26/05/19]

Spratt, T., Devaney, J. and Frederick, J., Adverse Childhood Experiences: Beyond Signs of Safety; Reimagining the Organisation and Practice of Social Work with Children and Families, *British Journal of Social Work,* 2019, p1 – 17

Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* HHS Publication No. (SMA) 14-4884. Rockville, MD available on https://store.samhsa.gov/system/files/sma14-4884.pdf [accessed 30/08/19]

Tierney, A. L., & Nelson, C. A., 3rd (2009). Brain Development and the Role of Experience in the Early Years. *Zero to three,* 30(2), 9–13. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3722610/ [accessed 26/05/19]

UN General Assembly, *Convention on the Rights of the Child,* 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3. Available at: https://www.refworld.org/docid/3ae6b38f0.html [accessed 1 October 2019]

World Health Organization (2018). Adverse Childhood Experiences International Questionnaire. Available on http://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences [accessed on 28/05/19].

Contact details:

Prevention and Early Intervention Network
Macro Community Resource Centre,
Green Street, Dublin 7, D07 X6NR

(01) 2530556
info@pein.ie
twitter.com/PEIN_Ire
www.pein.ie

Prevention & Early Intervention Network

Promoting positive outcomes for children, families & communities