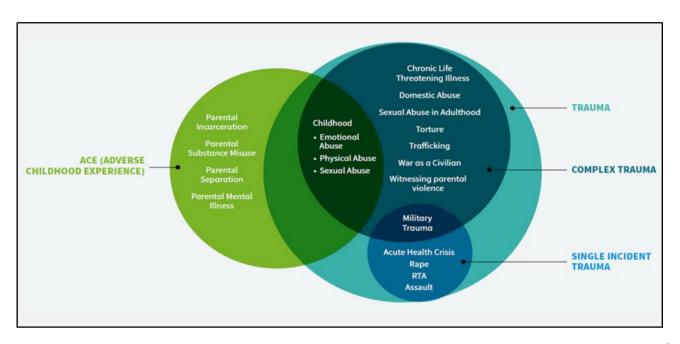
ACE and trauma-informed practice: A shared lexicon for Lancashire and South Cumbria Summary

Why do we need a shared lexicon?

The terminology around trauma, Adverse Childhood Experiences (ACEs) and Resilience can be complex and overlapping.



From Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce, NHS Scotland, 2017¹

To support organisations in Lancashire and South Cumbria to become ACE-aware and Trauma-Informed, a multi-disciplinary group of staff working across health and social care developed this shared lexicon, which describes some of the key terms used in ACE and Trauma based practice.

The aim of developing a shared lexicon is to establish a set of descriptions that are used within training of practitioners across agencies in Lancashire and south Cumbria. Harmonising language in this way will help to create consistent provision and experience for the communities we work with.

Using local, national and international sources, the following descriptions and explanations of ACEs, Trauma and Trauma-Informed Practice were developed. The wording of each was developed using principles of plain English and readability and tested for usefulness with a range of practitioners.

A full version of this report, including further details of the approach and methodology used, can be obtained by contacting publichealth@blackpool.gov.uk

¹ https://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainingframework.pdf

What are ACEs?

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that happen in childhood and can affect people as adults. They include events that affect a child or young person directly, such as abuse or neglect. ACEs also include things that affect children indirectly through the environment they live in. This could be living with a parent or caregiver who has poor mental health, where there is domestic abuse, or where parents have divorced or separated. ACEs can be single events, long-term or repeated experiences.

Why are ACEs important?

ACEs are very common; about half of all people will have experienced one ACE, and about one in ten will have experienced four or more.

Research shows the more ACEs that occur in childhood, the higher the chances of adults having poor mental health and also physical conditions such as cardiovascular disease, liver disease and cancer. Having more ACEs also increases the likelihood of engaging in health harming behaviours in adulthood such as smoking or using drugs or alcohol, or being involved in crime.

A lot of people do not develop problems despite having ACEs. Things that improve the chances of staying well despite experiencing ACEs include relationships with trusted adults and physical activity in childhood. In adulthood, protective factors include community engagement, and supportive employers and services.

Many organisations are recognising the impact of ACEs, how they can be prevented and how to help people who have had them to live well.

Trauma and Trauma-Informed Practice

What is trauma?

Trauma is a term for a wider set of experiences or events that can happen at any time of life and includes some of the adversities in childhood known as ACEs. Trauma describes the psychological impact of experiencing or witnessing a physically or emotionally harmful or life threatening event. It may be a single incident or prolonged or repeating experiences. Trauma can affect people long after the event(s), by causing anxiety, depression or Post Traumatic Stress Disorder (PTSD). It may affect the way people relate to others or deal with day-to-day stresses. Long term activation of stress responses can also have effects on physical health. How someone is affected by a traumatic event depends on the trauma, their support network, their personality and previous life experiences.

Trauma Informed Practice:

Trauma Informed Practice is a way of working that recognises

- that anyone using a service may have experienced trauma or ACEs a
- that people with a history of trauma may be less likely to engage with services
- the importance of relationships in preventing and recovering from the effects of trauma and ACEs.

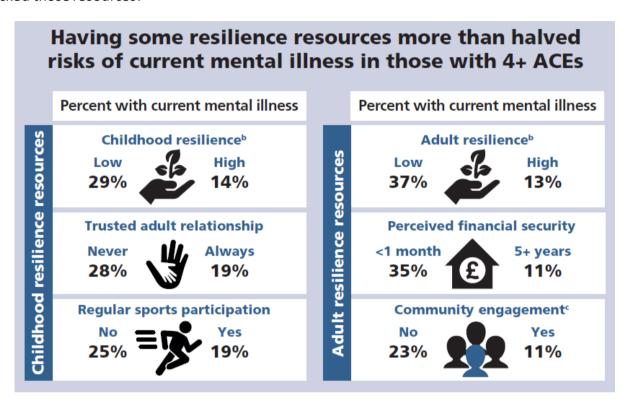
A trauma-informed workforce understands that trauma may impact the way clients cope with stresses or interact with staff and others. They ask "What's happened to you?" rather than "What's wrong with you?" They incorporate this understanding of trauma into all policies and areas of practice, and they actively try to prevent re-traumatisation.

Trauma-Informed Practice aims to:

- Create physically and emotionally **safe** spaces
- Work transparently and establish trust
- Give people choice and control over their care
- Help people to **heal** and develop healthy coping strategies
- Work in **collaboration** with service-users, **respecting** their experience and **co-producing** policies and materials wherever possible
- Create a culture of **compassion** within the organisation.

Resilience

Resilience is an important concept within the narrative around ACEs and Trauma-informed practice. A recent analysis from The Welsh Adverse Childhood Experience (ACE) and Resilience Study showed that people with four or more ACEs who had certain "resiliency" attributes or resources in childhood or adulthood were less likely to suffer from mental illness as an adult compared with those who lacked those resources.



The effect of resiliency factors on mental health in adults. From the Welsh Adverse Childhood Experience (ACE) and Resilience Study (Hughes, K. et al. 2018)²

The way in which the word resilience is used can differ considerably between organisation and by geography, and it can refer to individuals or to whole communities. A robust appraisal to find a definitive explanation of resilience was outside the scope of this work. We recommend however, that when discussing Trauma and ACEs, that the concept of resilience and protective factors is used to highlight the importance of taking a strength or assets-based approach.

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² http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20(Eng final2).pdf