About the Access Evidence series

This report is the first of the Access Evidence series produced by CES. The aim is to produce evidence informed resources to support frontline practitioners, working with children, young people and families.

These resources have been co-produced with frontline practitioners, who have been involved in both the design and the production phases. Access Evidence is a series of evidence reviews that aims to contribute to the creation of a common understanding and a common language for practitioners across a range of services.

CES would like to acknowledge the contribution of the Access Evidence Practice Advisory Group in the development of this summary and implications for practice. The Practice Advisory Group includes youth workers, teachers, early childhood care and education professionals, Gardai, social workers, psychologists and researchers from Ireland and Northern Ireland.

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Background to this summary

This summary outlines the learning from research literature about childhood adversity. It is written for frontline practitioners who work with children and young people in schools, community and social work settings.

In this summary you can read about:
- What is meant by adversity
- How adversity affects children
- What helps children to cope with adversity
- What practitioners can do to support children experiencing adversity.

Many children may experience some form of adversity, from parental separation or divorce, to homelessness, poverty or child abuse and neglect. While adversity can have lasting implications on children throughout their lives, some protective factors which can help children to cope with adversity also emerge. Practitioners who come across children and young people in their work can play an important role in recognising adversity, intervening early and supporting children and their families to deal with its effects.
What do we mean by adversity?

Adversity may be defined as ‘a lack of positive circumstances or opportunities, which may be brought about partially by physical, mental or social losses or experiencing deprivation or distress.’

The experience of adversity can also depend on the length of time involved, the severity of the adverse circumstances, whether single or multiple events occur, and the length of time from the occurrence of adversity to the presumed outcome.

The term ‘structural adversity’ is used to describe a relatively static condition which persists over a long period (for example poverty) while more transient events, such as experiencing illness, may involve episodes of adversity over a shorter time. The term ‘multiple adversities’ also appears, which refers to exposure to one or more adverse events.

Adverse events in childhood fall under the eight broad headings illustrated on the opposite page.
How many children experience adversity?

The range of definitions and terms used to describe adversity in the literature means that it is difficult to measure how many children are affected. Assessing the number of children and families who may experience multiple adversities is also challenging.

A number of reports and agencies in Ireland and Northern Ireland provide information on the rates of different forms of adversity. These include child protection reports published by Tusla, the Child and Family Agency and the Child Protection Register in Northern Ireland, government department reports, Census data, the Courts Service, family support services and NGOs.

Research can help in identifying who may be vulnerable to experiencing adversity, and when. Social inequality plays a role in determining what groups experience multiple rather than single adverse events. Children may be more likely to experience adversity at particular stages of their lives. School transitions have been identified as a particular risk period for children.

The ACE (Adverse Childhood Experiences) study is a large study conducted between 1995 and 1997 in a sample of 17,000 people in the USA. Approximately two-thirds of individuals reported that they had experienced at least one type of adversity in childhood.
What is the impact of adversity on children and young people?

It is difficult to draw conclusions about the impact of adversity as studies generally focus on specific populations, and different outcomes.

Different types of adverse events can have different consequences for children. Transient events can vary greatly in their severity while extreme events may result in post-traumatic stress. **Cumulative harm** refers to the accumulated impact or risk of negative outcomes when children are exposed to prolonged or multiple adverse events. **Hidden harm** is a term used to describe children living with, and affected by, substance use.

The ACE study found that 87% of respondents who had been exposed to one type of adversity reported being exposed to at least one other type. Children who experience any kind of adversity are more at risk of experiencing others. Exposure to multiple adversities is more likely to have a negative impact on children as they grow up.

There may be effects on mental health, social and personal outcomes, physical health, as well as on the likelihood of anti-social behaviour. Experiencing adversity can also involve long term economic costs to individuals, families and society.
Experiencing extreme forms of adversity, such as sexual abuse in childhood can result in a number of profound internalising behaviours (e.g. withdrawal, somatic symptoms, self-harming behaviours, anxiety, depression, low self-esteem) and externalising behaviours (e.g. aggression, hyperactivity, illegal behaviour, substance abuse, frustration, suspicion and lack of trust in others) as well as sexualised behaviour and educational attainment problems. The impact of adversity in childhood may last well into adulthood.

What are the long term effects?

The long term effects of experiencing adversity in childhood depends on a number of factors, with exposure to multiple as opposed to single adversities associated with more negative long-term outcomes. Experiencing ‘four or more’ adversities is often used as a cut-off point for high levels of childhood adversity and these children can be at risk of very poor outcomes. The effects can also be dependent on the type, severity and duration of exposure to adversity. Longitudinal studies report that experiencing adversity in childhood is associated with a significantly increased risk of physical health and psychological difficulties in later life. The long-term impact of adversities is also affected by certain mediating factors which can increase the likelihood of negative outcomes. For example, difficulties in personal relationships - which may themselves be a result of childhood adversity - contribute to the link between child sexual abuse and depression in later life.

What are the short term effects?

Different forms of adversity can have very different effects on children in the short term. Studies on children experiencing educational disadvantage show increased literacy difficulties and poorer performance in school. Socially disadvantaged children are more at risk of having poor communication skills and significant language delays, difficulties that may become more pronounced as children progress through the educational system. Research in the USA indicates that children exposed to more transient forms of adversity such as parental separation or divorce may experience impact on a range of behavioural, academic and wellbeing outcomes. However, the risk posed by this type of adversity depends on the nature of the parental relationship, with children growing up in the context of a high-conflict parental relationship faring better if their parents separate rather than stay together.
While the impact of adversity has profound implications for children in the short term and as they grow up as adults, a number of protective factors can help children to deal with the experience and consequences of adversity. A protective factor is an attribute, situation, condition or environmental context that works to buffer an individual from the likelihood of negative effects of a particular problem. A warm and nurturing family environment is an example of a protective factor. Resilience emerges consistently as a protective factor. Resilience is the ability of cope or adapt to stress or adversity. Positive identity factors such as self-esteem and self-efficacy also seem to act as potential protective factors. The concept of ‘social capital’ recognises that social connections, contexts and resources can help to build resilience and act as protection against adversity.

While resilience can help children and young people to cope with adversity, it may not compensate for instances of exposure to extreme and dangerous multiple adversities. Resilience is not an individual trait and depends on a number of conditions, which may not be in place for all children. Exposure to poverty, disadvantage and social inequality may reduce children’s ability to develop resilience.

Frontline practitioners can expect to come across children and young people who are experiencing some form of adversity. Understanding the potential impact of different forms of adversity is important, as practitioners can assist in mitigating the negative effects of adversity in childhood.

What helps children and young people to cope with adversity?

A PROTECTIVE FACTOR IS AN ATTRIBUTE, SITUATION, CONDITION OR ENVIRONMENTAL CONTEXT THAT WORKS TO BUFFER AN INDIVIDUAL FROM THE LIKELIHOOD OF NEGATIVE EFFECTS OF A PARTICULAR PROBLEM.
Implications for practitioners

In this section we look at:

- What practitioners can do to identify and recognise children and young people at risk of experiencing adversity
- How practitioners can support children and young people to help them to cope with adversity.

A number of factors in children’s lives influence how they cope with and manage adversity, including extreme or multiple adversity. They include the **environment** (i.e. home, school, club or other settings), the **people** in their lives (i.e. parents, family members, teachers and other professionals), the **experiences** they have (i.e. their educational and social development) and the **connections** in their lives (i.e. how these factors interact).

By being aware of and paying attention to these four sets of factors, practitioners can identify and recognise the presence of adversity, support children in developing resilience, facilitate appropriate interventions and make connections with other relevant practitioners and services. Some examples of possible implications for practice are included under these four headings.

Supporting children and young people experiencing adversity can be challenging. Practitioners’ own personal experience of adversity can influence how they understand, identify and assess it. Practitioners may themselves require access to support as they assist children and families to cope with adversity.
The home, school and other environments play an important and complementary role in children’s social-emotional development and positive self-identity. For example, children’s achievement in school can be improved if they are supported to develop relationships and friendships.

- Parenting programmes can support parents to help their children to deal with adversity. Parenting programmes can help parents at home to promote consistency in care approaches and attachment at an early stage. A strong parent child attachment lays a foundation for social and emotional development and the ability to cope with challenges. Attachment provides a sense of security which helps children to develop relationships outside of their home.

- Home visiting programmes can respond to adversity by taking a prevention and early intervention approach. Home visiting programmes can help to promote safety in the home, encourage positive parenting and recognise when support is needed, or when a child, parent or family is at risk.

- Schools, sportclubs, community health settings and other universal services used by children and young people should signpost information on what services to contact in the event of a crisis at home. Caregivers, children and young people may not know where to find relevant information, or may be reluctant to use smartphones or other technology in case their search activity is recorded.
People

All adults in a child’s life can be a source of support and can promote resilience in children and young people. Consistency is an important feature in children’s relationships with adults, and can help children to cope with adversity.

- The presence of ‘one good adult’, who is a positive role model and source of support is really important. This person might be a family member, a practitioner or other significant adult in the child’s life. The presence of one caring adult can help children develop the skills that form the basis for success in education, work and life.

- The presence of a consistent care giver, or approach in care can help to identify problems early and intervene when they arise. Practitioners who listen, who are caring and empathetic in their encounters with children and build good rapport and trust are more likely to spot problems early on. Consistency can be promoted by allocating key workers, year heads and tutors to particular groups of children in education, community and high support settings.

- Mentors for children can play an important role in providing support, building trust and promoting resilience. Formal mentoring roles like key workers, liaison officers and case workers have a particular value. Informal mentoring can also help if it provides consistent support.
Experiences

Practitioners can support children to cope with different experiences they can also watch out for the presence of adversity, and identify children at risk at an early stage.

• High expectations for achievement are important for children. All adults in a child’s life should have high expectations and encourage and support children’s efforts and achievements. Expectations are among the most important influences on various aspects of development, but especially in school performance. The success children experience in school even in one area of learning can have an impact on their social skills and subsequently on their behaviour.

• Practitioners should watch out for sudden or marked changes in the behaviour of children or young people. Challenging behaviour (e.g., disruptive, aggressive or violent episodes), or changes in behaviour, where an outgoing child may suddenly become withdrawn, can be warning signs. Practitioners need to pay attention to these changes, and to track and investigate the behaviour if it continues.

• Big changes and transitions present challenges and opportunities for children and young people. While managing change is an important life skill, children need help to manage major transitions, for example moving school (primary to post-primary) or changes in family circumstances (for example in the case of divorce/separation of parents).

• Extracurricular activities and hobbies can help children develop skills which build confidence, promote feelings of control and the ability to manage adversity. This has a positive impact on other aspects of children’s lives including achievement as well as social and emotional development.
The connections between adults and services in a child’s life are important. Children benefit where services and supports in their lives are working together.

- **Practitioners should be aware of other support services working with families.** Reviews of serious child abuse point out that complex needs and risks in families and children escalate when practitioners and services do not work together or share information. Practitioners should explore the services that families are using and have a good knowledge of other services, networks or structures that may be relevant to a particular situation.

- **Screening procedures and assessments should identify children at risk of experiencing multiple adversities.** Studies show that some adversities, such as domestic violence, may increase the risk of exposure to others. Developmental or other existing screening procedures at initial referral provide an opportunity to identify more than one adversity and to intervene early for children at risk.

- **Whole school approaches can help to foster resilience and well-being and in turn enhance academic achievement.** Whole school approaches work particularly well for children at risk. For example, breakfast clubs or mental health and wellbeing promotion programmes which are organised using a whole school approach for all children mean that individual children do not feel singled out.
Practice implications were developed by CES together with a Practice Advisory Group. Practitioners on this group included youth workers, teachers, early childhood care and education professionals, Gardaí, social workers, psychologists and researchers.

The longer literature review includes a number of additional resources and further reading material that may be of interest to practitioners, and is available from the CES website.

To read the literature review and for further information on programmes, tools and resources visit www.effectiveservices.org.
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