Adverse Childhood Experiences (ACEs):
Considering an ‘ACEs Informed Approach’ for Gloucestershire

1.0 Purpose

This discussion paper aims to:

- explain what Adverse Childhood Experiences (ACEs) are;
- highlight what is known about the extent of the problem locally and nationally, along with the severe potential negative health and social outcomes;
- outline the evidence for what works in preventing and ameliorating the impact of ACEs;
- highlight relevant work already going on in Gloucestershire; and
- outline next steps for considering an ‘ACEs Informed Approach’ for Gloucestershire.

Note: an ‘ACEs Informed Approach’ would not necessarily require the development of new strategies or interventions, but rather consideration of how existing services can be fine-tuned, and how agencies can work together to utilise an improved understanding of the impact of adversity and how this can be prevented or ameliorated.

2.0 What are ACEs and what problems can they cause?

There is now a robust evidence base linking adverse childhood experiences (ACEs) to severe negative health and social outcomes across the life course, including the leading causes of illness and death in the UK. This evidence came initially from large population studies in the US (Felitti et al., 1998), and has been replicated in studies in many different countries all over the world, including England (Bellis et al., 2014) and Wales (Bellis et al., 2015).

Adverse Childhood Experiences (ACEs) are traumatic events occurring before the age of 18. There are ten ACEs; five which relate directly to the child and five which relate to the parents / household.

<table>
<thead>
<tr>
<th>Box 1: the Ten Adverse Childhood Experiences</th>
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<tbody>
<tr>
<td><strong>Child</strong></td>
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<tr>
<td>Physical abuse</td>
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<tr>
<td>Sexual abuse</td>
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<tr>
<td>Emotional abuse</td>
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<tr>
<td>Physical neglect</td>
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<tr>
<td>Emotional neglect</td>
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Evidence shows that ACEs can increase an individual's risks of developing health harming behaviours (see infographic at appendix 1). These behaviours then lead to an increased risk of poor physical and mental health later in life (including cancer, heart disease, diabetes, depression and anxiety) as well as negative social outcomes, such as domestic violence, low levels of education, incarceration, and ultimately early death.
This video produced by Public Health Wales explores ACEs and their impact across the life course from the point of view of one family: https://vimeo.com/189604325

ACEs are strongly associated with the development of long term conditions as well as a substantial increase in the use of health and care resources. In the Welsh ACEs study, participants up to the age of 69 years with four or more ACEs were at least twice as likely as those with none to be diagnosed with long term conditions or experience an episode of ill health, including: Type 2 diabetes, stroke, cancer, coronary heart disease, liver or digestive disease and respiratory diseases (see infographic at appendix 2).

Where ACEs occur in family settings, there is a high risk of intergenerational transmission, contributing to a cycle of disadvantage and health inequity. The World Health Organisation has described the impact of ACEs as a global crisis, driving both current and future high levels of demand and poor outcomes across the health, education, care and criminal justice sectors (World Health Organisation, 2009).

3.0 How many people are affected by ACEs?

3.1 UK

National studies of the prevalence and impact of ACEs have been conducted in England and Wales, supported by a number of smaller regional studies. Around 50% of the UK population experience at
least one ACE, with around 12% experiencing four or more ACEs (Bellis et al., 2014 and 2015). A dose – response relationship exists where the more types of abuse and adversity a person experiences, the higher the risk of harmful health and social outcomes later in life, with individuals experiencing four or more ACEs at highest risk of poor health and social outcomes, dying on average 20 years younger than individuals with no ACEs (Felitti et al., 1998).

3.2 Gloucestershire

While Gloucestershire is often considered as a population with better health outcomes than average, distinct pockets of deprivation and poor health prevail across the County. It is likely that the prevalence of ACEs in Gloucestershire is similar the UK figures in the paragraph above.

An initial audit of the prevalence of ACEs has been conducted by Gloucestershire Police in a small cohort (42) of high risk young people engaged in the Great Expectations and Aston Projects. This found that:

- 69% of the cohort had experienced 4 or more ACEs;
- 29% of the cohort had experienced 8 or more ACEs; and
- the average number of ACEs experienced across the cohort was 5.3.

This audit was conducted on the basis of what professionals knew already rather than directly asking the young people, and so in reality it is likely that there are young people who experienced more, undisclosed, ACEs.

4.0 What works in preventing and addressing the impacts of ACEs?

Adverse childhood experiences do not define people; they are simply a tool to understand the potential risks an individual or population may face. It is possible to intervene to ‘interrupt the cycle of adversity’. This is well set out in this video from the US (the ‘ACEs primer’).

http://kpjrfilms.co/resilience/bonus-content/

While individuals that suffer ACEs have an increased risk of poor outcomes as adults, many individuals who experience ACEs do not encounter these effects. An individual’s ability to avoid harmful behavioural and psychological changes in response to chronic stress is known as resilience. Having a strong relationship with a trusted adult throughout childhood has been found to reduce the long-term negative impacts of childhood adversity (Ford et al., 2016).

Research shows that the key to addressing the impacts of ACEs is early identification; with evidence suggesting that people rarely disclose issues of childhood adversity or trauma voluntarily. It is estimated that if not asked directly by professionals, it can take individuals nine to sixteen years to disclose a history of adversity (Read et al., 2006).

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1 Police-led multi-agency projects to improve outcomes for at risk young people in Gloucestershire.
The importance of building ‘routine enquiry’ into childhood adversity in order to facilitate early intervention has been highlighted in a number of national policy documents. Both the *Future in Mind* report (NHS England, 2015) and the *Tackling child sexual exploitation* report (HM Government, 2015) included specific recommendations calling for the development of routine enquiry by health and social care services for childhood adversity.

Based on the evidence that routine enquiry about ACEs can improve outcomes, a number of models have been developed to support public and voluntary services to adopt routine enquiry. An example developed in the UK is the ‘REACH’ model, developed by Lancashire Care NHS Foundation Trust as a training programme designed to offer a practical framework for organisations and services to develop and adopt routine ACE enquiry. The ‘REACH’ model has been rolled out across the health and care system in Lancashire including health visiting, substance misuse, domestic abuse, children’s services, early help and mental health services. Qualitative evaluations of the model have shown that:

- Professionals, when adequately trained and supported, are confident in holding difficult conversations around ACEs, and feel the approach is valuable and can deliver improved outcomes.
- Routine enquiry does not appear to increase demand on services, but instead allow individuals already accessing support to have their needs more effectively met (Real Life Research, 2015).

### 5.0 Local context: relevant work already going on in Gloucestershire

ACEs are highly relevant for a wide range of organisations working to improve the lives of people across Gloucestershire. These include children and families’ services, education, health services, police, fire, third sector and many more. These organisations have the power to both prevent ACEs as well as ameliorate their effects by adopting an ‘ACEs Informed Approach’.

The robust evidence base for ACEs has the potential to complement and support much of the work already being undertaken by the County Council and its partners in Gloucestershire, particularly restorative practice and asset-based community development. Both approaches focus on building positive relationships, social capital and resilience, all of which have been shown to prevent, reduce and ameliorate the impact of ACEs (Centers for Disease Control and Prevention, 2017). In the USA, a number of areas are using the additional insights of ACEs to deliver more effective asset-based and restorative practice, specifically working with children.

Table 1 includes some early indications of work already going on in Gloucestershire that an ‘ACEs Informed Approach’ could build on. Clearly there would also be specific population groups to consider who are already known to have suffered ACEs, for example children in need, children on child protection plans, and children in care. There could potentially be links to the Ofsted Improvement Plan.

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2 ‘Routine enquiry’ refers to asking direct questions about somebody’s adverse childhood experiences when they present to services, rather than waiting for a disclosure.
**Table 1: A Potential Life Course ACEs Informed Approach for Gloucestershire**

<table>
<thead>
<tr>
<th>Life stage and focus</th>
<th>Relevant local context and/or opportunities</th>
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<tbody>
<tr>
<td><strong>Preconception</strong> (focus on prevention and building protective factors)</td>
<td>Better Births Local Maternity system working groups 2017-2022. Build into public health / preventive action including maternal mental health work streams and improvements in community midwife and health visitor transition. Asset Based Community development to develop community resilience and protective factors.</td>
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<tr>
<td><strong>Early years</strong> (focus on prevention and building protective factors)</td>
<td>Focus on attachment and school readiness. Working with public health nursing, children and families centres, early years, maternal mental health, early help, VIG/NBO provision, acute and community paediatrics. Using ACE-informed practice to support parenting programmes.</td>
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<tr>
<td><strong>Young people</strong> (focus on ameliorating effects)</td>
<td>Working with Police colleagues around Great Expectations / Aston Project. Widen to influence young person’s substance misuse and other services supporting young people exhibiting risk-taking behaviour. Youth Support / Youth Justice</td>
</tr>
<tr>
<td><strong>Adults</strong> (focus on ameliorating effects)</td>
<td>Family focus in specialist services (mental health, substance misuse). Health services (GPs, hospitals). Voluntary sector.</td>
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*Note: this list is not intended to be exhaustive*

Initial conversations have already been held with a range of key stakeholders across the County, and links to existing strategies would need to be further considered if this approach is endorsed by the Health and Wellbeing Board.

**6.0 Next steps for considering an ‘ACEs Informed Approach’ for Gloucestershire**

The Chair of the Health and Wellbeing Board, Cllr Roger Wilson, has decided that the Special Meeting of the Gloucestershire Health and Wellbeing Board on 28th November will focus on ACEs, with a view to considering if this approach should be taken forward in Gloucestershire, whether it should be a priority for the Health and Wellbeing Board, and understanding how this approach can inform how services can be structured and commissioned.

The Gloucestershire Safeguarding Children and Adults Boards and the Safer Gloucestershire Partnership have also been invited to the meeting.
References


Ford, K., Butler, N., Hughes, K., Quigg, Z. & Bellis, M.A. (2016) Adverse Childhood Experiences (ACEs) in Hertfordshire, Luton and Northamptonshire, Centre for Public Health, Liverpool John Moores University, Liverpool


Appendix 1: ACEs and health-harming behaviours

ACEs increase individuals’ risks of developing health-harming behaviours

Compared with people with no ACEs, those with 4+ ACEs are:

2. times more likely to currently binge drink and have a poor diet
3. times more likely to be a current smoker
5. times more likely to have had sex while under 16 years old
6. times more likely to have had or caused an unplanned teenage pregnancy
7. times more likely to have been involved in violence in the last year
11. times more likely to have used heroin/crack or been incarcerated

Preventing ACEs in future generations could reduce levels of:

- Early sex (before age 16) by 33%
- Untended teen pregnancy by 38%
- Smoking (current) by 16%
- Binge drinking (current) by 15%
- Cannabis use (lifetime) by 33%
- Heroin/crack use (lifetime) by 59%
- Violence victimisation (past year) by 51%
- Violence perpetration (past year) by 52%
- Incarceration (lifetime) by 53%
- Poor diet (current: <2 fruit & veg portions daily) by 14%

The English national ACE study interviewed nearly 4000 people (aged 18-69 years) from across England in 2013. Around six in ten people asked to participate agreed and we are grateful to all those who freely gave their time. The study is published in BMC Medicine:

BMC Medicine 2014, 12:72

May 2014
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Appendix 2: ACEs, chronic disease and healthcare utilisation

Adverse Childhood Experiences, chronic disease and health service use in Wales

Adverse Childhood Experiences (ACEs) have harmful impacts on health and well-being across the life course. The Welsh ACE Study measured exposure to nine ACEs in the Welsh population and their association with chronic disease development and health service use in adulthood.

47% of adults in Wales suffered at least one ACE as a child and 14% suffered four or more

53% 20% 13% 14%

0 ACEs 1 ACE 2-3 ACEs 4+ ACEs

Proportion of Welsh adults suffering each ACE

- Verbal abuse: 23%
- Physical abuse: 17%
- Sexual abuse: 10%
- Parental separation: 20%
- Household domestic violence: 16%
- Household mental illness: 14%
- Household alcohol abuse: 14%
- Household drug use: 5%
- Household member incarcerated: 5%

Up to the age of 69 years, those with four or more ACEs were 2x more likely than those with no ACEs to be diagnosed with a chronic disease

For specific diseases they were:

- 4x more likely to develop Diabetes (Type 2)
- 3x more likely to develop Heart Disease
- 3x more likely to develop a Respiratory Disease

Levels of health service use were higher in adults who experienced more ACEs

- Over a 12 month period, compared to people with no ACEs, those with four or more ACEs were:
  - 2x more likely to have frequently visited a GP
  - 3x more likely to have attended A&E
  - 3x more likely to have stayed overnight in hospital

The Welsh ACE survey interviewed approximately 2000 people (aged 18-69 years) from across Wales at their homes in 2015. Of those eligible to participate, just under half agreed to take part and we are grateful to all those who freely gave their time.

Information in this infographic is taken from the third report on the Welsh ACE survey: Adverse Childhood Experiences and their association with Chronic Disease and Health Service Use in the Welsh adult population. This report and previous reports using the Welsh ACE survey data can be accessed on the Public Health Wales website.

Policy, Research and International Development Directorate, Floor 5, Public Health Wales NHS Trust, Number 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BE. www.publichealthwales.wales.nhs.uk Tel: +44(0)29 203 10460 November 2016

*After taking age, sex, ethnicity and residential deprivation into account. All data was self-reported. **Excludes Type 2 Diabetes, Stroke, Cancer, Coronary Heart Disease, Liver or Digestive Disease and Respiratory Disease. *Including reasons relating to pregnancy. **Visited a GP six or more times over the past 12 months.