Adverse Childhood Experiences (ACE) Global, National and Local perspectives

Northamptonshire Health and Wellbeing Board development session: ACE from research to implementation

9 March 2016
Dr Barbara Paterson
Deputy Director, Health and Wellbeing, PHE East of England Centre
How our study evolved

- PHE/DsPH meeting – DPH concerns re ‘toxic trio’ 2014/15
- Learned about ACE study in Blackburn and Darwen
- Jointly funded and commissioned ACE study with PHE and Hertfordshire, Northamptonshire and Luton 2015
- ACE steering group
- Dissemination event 10 May 2016
- Increasing interest in ACE across the UK during this time.
Global

- Started in USA Prof Vincent Felitti co-founder in 1980s
- Studies in 21 European nations by WHO
- Studies in 21 US states annually
  https://www.cdc.gov/violenceprevention/acestudy/
Global (2) European Study of ACEs (18-69 yrs)

Compared with no ACEs, those with 4+ ACEs were:
- 3x more likely to be a current smoker
- 3x more likely to have had sex under 16 years
- 6x more likely to have used drugs
- 10x more likely to be problem drinkers
- 49x more likely to have ever attempted suicide

INDEPENDENT OF POVERTY

If they had no ACEs problems could be reduced by:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>22%</td>
</tr>
<tr>
<td>Early Sex</td>
<td>21%</td>
</tr>
<tr>
<td>Drug Use</td>
<td>36%</td>
</tr>
<tr>
<td>Problem Drinking</td>
<td>51%</td>
</tr>
<tr>
<td>Suicide</td>
<td>83%</td>
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</tbody>
</table>

Aged 18-25 years

Bellis et al. 2014, n=10,696 individuals
## National – ACE studies

<table>
<thead>
<tr>
<th></th>
<th>Northamptonshire, Hertfordshire and Luton</th>
<th>Blackburn with Darwen</th>
<th>English National Study</th>
<th>Welsh National Study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sample Size</strong></td>
<td>5,454</td>
<td>1,500</td>
<td>3,885</td>
<td>2,028</td>
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<tr>
<td><strong>ACE Prevalence (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>56.9</td>
<td>53.0</td>
<td>53.6</td>
<td>54.4</td>
</tr>
<tr>
<td>1</td>
<td>18.0</td>
<td>19.1</td>
<td>22.7</td>
<td>19.0</td>
</tr>
<tr>
<td>2-3</td>
<td>16.2</td>
<td>15.6</td>
<td>15.4</td>
<td>13.0</td>
</tr>
<tr>
<td>4+</td>
<td>9.0</td>
<td>12.3</td>
<td>8.3</td>
<td>13.6</td>
</tr>
<tr>
<td><strong>Age (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>20.6</td>
<td>23.9</td>
<td>21.0</td>
<td>30.4</td>
</tr>
<tr>
<td>30-39</td>
<td>22.5</td>
<td>21.3</td>
<td>19.9</td>
<td>14.2</td>
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<tr>
<td>40-49</td>
<td>20.6</td>
<td>21.9</td>
<td>20.5</td>
<td>17.8</td>
</tr>
<tr>
<td>50-59</td>
<td>17.0</td>
<td>14.9</td>
<td>18.0</td>
<td>17.5</td>
</tr>
<tr>
<td>60-69</td>
<td>19.3</td>
<td>18.0</td>
<td>20.7</td>
<td>20.2</td>
</tr>
<tr>
<td><strong>Sex (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>44.7</td>
<td>39.8</td>
<td>45.0</td>
<td>49.8</td>
</tr>
<tr>
<td>Female</td>
<td>55.3</td>
<td>60.2</td>
<td>55.0</td>
<td>50.2</td>
</tr>
<tr>
<td><strong>Ethnicity (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>80.6</td>
<td>69.2</td>
<td>86.3</td>
<td>96.6(^1)</td>
</tr>
<tr>
<td>Asian</td>
<td>13.0</td>
<td>24.7</td>
<td>7.9</td>
<td>3.5(^2)</td>
</tr>
<tr>
<td>Other</td>
<td>6.5</td>
<td>6.1</td>
<td>5.7</td>
<td>-</td>
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<tr>
<td><strong>Deprivation Quintile (%)</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>28.5</td>
<td>5.5</td>
<td>20.1</td>
<td>21.7</td>
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<tr>
<td>2</td>
<td>20.2</td>
<td>10.2</td>
<td>19.5</td>
<td>19.4</td>
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<tr>
<td>3</td>
<td>20.8</td>
<td>8.1</td>
<td>19.7</td>
<td>19.4</td>
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<tr>
<td>4</td>
<td>20.0</td>
<td>14.4</td>
<td>19.9</td>
<td>18.7</td>
</tr>
<tr>
<td>5</td>
<td>10.5</td>
<td>61.8</td>
<td>20.7</td>
<td>20.7</td>
</tr>
<tr>
<td><strong>Compliance Rate (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>64.7</td>
<td>70.4</td>
<td>53.5</td>
<td>49.1</td>
</tr>
</tbody>
</table>

\(^1\) Including White British, White Irish, White Gypsy or Irish Traveller, White Other

\(^2\) Including Indian, Pakistani, Bangladeshi, Chinese, Other Asian and Other Ethnicities

Other BwD cannot be directly compared to the other studies as the prevalence rates have not been adjusted to account for the population demographics.
ACE span the life course and the system

Integrate /collaborate reduce silos

Build relationships

GP
CCG
Hospitals
Local Authority
Community
Voluntary sector
Mental Health
Education
PHE
NHS E
Troubled/Stronger Families
Targets and reporting
Jobcentre Plus
Housing, homeless
Adult social care
Children’s Services
Drug & Alcohol
HWB
Sexual & rep. health

Integrate /collaborate reduce silos
What’s happening around the country?

• PHE internal meeting Dec 2016
  • Spans most PHE priorities, incl. best start, mental health, health and justice, health inequalities.
  • role in supporting and co-ordinating work on ACEs across the public health system, incl work with partners

• A lot, some examples:
  • EoE – work progressing in Luton and Hertfordshire and promoting
  • West Midlands – implementing ACE informed approach stakeholder event Feb 2016, have WG and work with Police
  • NW ACE conference Jan 2017
  • Exploratory work across sectors in many areas
Wales

• Significant government commitment following ACE to fund the establishment of a Hub to tackle Adverse Childhood Experiences.

• Research agenda is being developed
  • Exploring ACE in the criminal justice system and breaking the generational cycle of crime though prevention and early intervention

• 2 year project funded by the Police Innovation Fund.

Mark Bellis and Kat Ford
So what - how can ACE be used?
1. **Advocacy**

- JSNA, H&W Boards, elected councillors
- Local data to inform local commissioning decisions
- Cross sector working and maximising assets
- **Consideration for:** Primary prevention, but also
  - Secondary prevention
  - Tertiary prevention
“Findings from ACE-IQ surveys can be of great value in advocating for increased investments to reduce childhood adversities, and to inform the design of prevention programmes.”

Primary prevention: Some examples Sethi et al, 2013

- **Nurse Home Visiting:** Improved parent skills, maternal support. Often younger, poorer, new mothers.
  
  Benefits: reduced child maltreatment and presentation for child injury.

- **Parenting Programmes:** Social worker/Nurse/Other improving parents’ skills, knowledge and confidence.
  
  Benefits: reduced child maltreatment and conduct issues.

- **Preschool Enrichment:** Social, emotional, educational skill development often with parenting skills.
  
  Benefits: reduced child maltreatment and violent offences, increased High School completion and employment in mid 20s.
ACE aware/informed services

- Helps to understanding the characteristics of a service/organisation’s clients
- Provides a shared language and understanding and has potential to transform systems
- Helps to talk about it and break trajectories
- Potential to improve pathways by referral to (most) appropriate services so people don’t ‘fall through the net’
- Emphasis on social network and resilience – ‘restorative services’.
- It is not routine enquiry
- It is not screening
- To be an ACE aware service you need a plan and have some level of staff training and support and pathways in place.
ACE aware or ACE informed services

• Some examples

USA housing association  Heather Larkin spoke on the use of ACE in the housing and homelessness sector. Understanding the characteristics of their clients, homeless people’s behaviours and risks. In social services she felt it transforms systems and provides a shared language and understanding. Social services been dealing with these issues for years but able now more able to talk about it and break trajectories. Emphasis on social network and resilience – ‘restorative services’.

School based awareness  Used by teachers dealing with behavioural, academic and truancy issues, case reports.
ACEs in Challenging High Schools

Example from Washington State Family Policy Council US

ACEs

1/3 of class had 4+ ACEs
Best predictor of health, attendance, behaviour
Educational success related more to ACEs than income

Change

Public Health and others inform staff about impacts of ACEs

- Enquiry – Why?
- Competency – resilience and developmental skills
- Attachment – caregivers relationships
- Self-regulation – control/share emotional experience
- Outcomes: 75%↓ fights, 83%↓ suspensions and ↑graduations
EmBRACE

Emotional & Brain Resilience to Adverse Childhood Experiences
School adoption of ACE principles;

Creation of an EmbrACE working group of teachers sharing good practice and able to lead by example.

Consistency of approach and reinforcement of school behaviour and de-escalation techniques.

Amendment of whole school policy to embed ACE approach.

Whole school well-being survey to identify areas of specific focus and supplement existing PCSHE curriculum, pastoral and behaviour management systems.

Blackburn
2. Routine enquiry about childhood adversity (REACH)

The practice of routinely enquiring about ACE is rare and if you don’t ask you won’t be told. Respond, plan, reduce impact.

- Services where prevalence of ACE expected to be high eg
  - Mental Health
  - Drug & Alcohol
  - Sexual and Reproductive Health services /Teen preg.
  - Criminal Justice system

- Antenatal and 0-5 years (universal)
  - Is it risk factors for the child (Healthy Child Programme) PP
  - Is it risk factors in the parents – secondary prevention & PP
• **Hypothesis**
  • Disclosure helps plan appropriate interventions, person can understand impact of ACE and so better H&W outcomes.

• **Evidence**
  • USA – adult medical practice – medical evaluation plus trauma orientated components – 35% ↓ doctor consults and 11% ↓ ER visits compared to the year prior.
  • Promising work in NW England re effective implementation and positive feedback from staff/patients

• Gaps in knowledge – no RCT, does it improve H&W outcomes?
REACCh Model

Organisational readiness
Readiness checklist and org. buy in

Change Management - systems and processes to support enquiry

Training Staff - hearts and minds & how to ask and respond appropriately, follow-up support

Evaluation and research

Warren Larkin and Lesley Banner, Lancashire Care NHS Foundation Trust
Pathfinder projects

• Evaluations funded by DH in:
  • Child and adolescent mental health
  • Sexual Assault Referral Service (SARC)
  • Substance misuse service (YP)
• The work will include:
  • developing a training manual and an organisational readiness audit for implementing routine enquiry.
  • A new tool for enquiring with young people will be evaluated.
  • A feasibility exercise on national data collection for CSA and CSE.
• Funded by NHSE GP pilot has commenced.
A Better Start
A Better Future for the Children of Blackpool

- Using Trauma informed care changes everyone’s habit of mind from “What’s wrong with you?” to “What happened to you?”
- Trial routine enquiry within children’s social care teams

Clare Law, Development Manager
Centre for Early Child Development
Explanatory Framework – A better start Blackpool

CONTEXT
- Macro system
- Community
- Family factors
- Parental capabilities
- Parental stressors

DEVELOPMENT
- Pregnancy
- Healthy Gestation & Birth
- Birth to Three
- School Readiness
- Childhood
- Adolescence
- Adulthood

Genetic potential
Working with Police

• Many partnerships evolving across the country

• Early Action Prevention & Adverse Childhood Experiences – Lancashire Constabulary – presented at the recent North West ACE conference.
Working with the WM Violence Prevention Alliance to

• Facilitate the implementation of schools based primary prevention programme across the region,

• MVP (Mentors in Violence Prevention) - a peer leadership programme which focuses on building resilience, relationships and shaping a respectful culture.

• Proposal through WMVPA to employ ‘ACE Coordinators’ to work with partners across the system, equipping them add value to their services through using ACE. Coordinators will provide training and advise on practice

Support health settings to

• Undertake work to prevent violence and harm, and identify harm earlier through proactive identification

• Implement a scheme whereby GP practice staff are trained to identify domestic violence and refer to a DV worker linked to the practice; working with acute partners

• (initially UHB and HEFT) to test having voluntary sector workers in A and E to pick up and work with patients where there are underlying factors of violence & vulnerability behind their attendance and working with dental colleagues in HEE to build CPD modules to equip dentists to identify and respond to patients affected by DV.
ACE should not be considered an isolated ‘project’, rather part of a whole system approach to help understand and improve health and wellbeing.
Monitor and evaluate any next steps

• Opportunities to collectively and individually monitor the impact of the ACE report (eg participatory action).

• Opportunities to evaluate any implementation of REACH/ACE informed services.

• Help build the evidence base locally / nationally / internationally.

• Consider a joint research funding application once next steps are further developed.
Acknowledgements

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• Whitton Park Academy

• Clare Law, Development Manager, Centre for Early Child Development

• Dr Warren Larkin, Consultant Clinical Psychologist, Lancashire Care NHS Foundation Trust.

• Lesley Banner, REACh Programme Lead, Lancashire Care Foundation Trust

• West Midlands PHE Centre