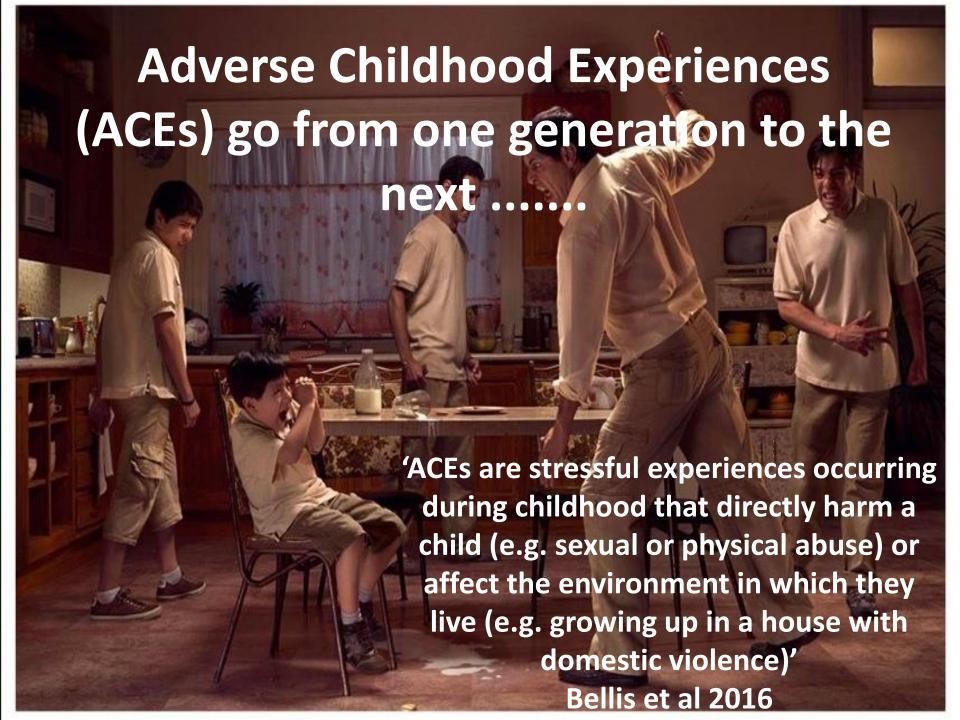


Adverse Childhood Experiences (ACEs) in Wales

Profiadau Niweidiol Mewn Plentyndod yng Nghymru

Charlotte Waite
Director, Young People & Family Services, Solas

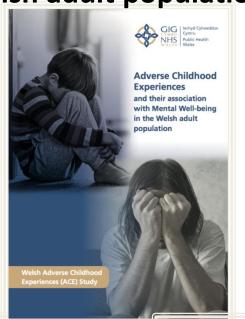


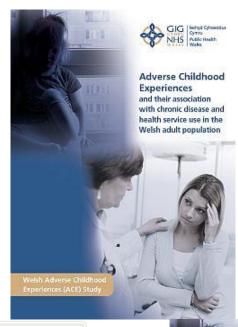
Adverse Childhood Experiences (ACEs) and their impact on healthharming behaviours, mental well-being and chronic disease & health service use in the Welsh adult population

Welsh Adverse Childhood Experiences (ACE) Study

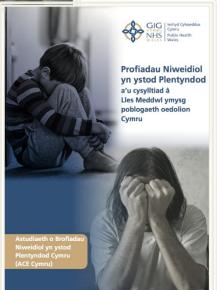
Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population

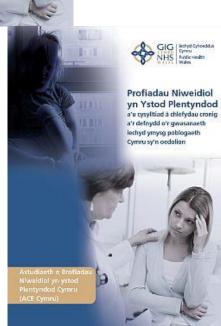
ALCOHOL USE, DRUG USE, VIOLENCE, SEXUAL BEHAVIOUR, INCARCERATION, SMOKING AND POOR DIET











### How many adults in Wales have been exposed to each ACE?

#### CHILD MALTREATMENT





Physical abuse 17%



Sexual abuse 10%

#### CHILDHOOD HOUSEHOLD INCLUDED



Parental separation 20%



Domestic violence 16%



Mental illness 14%



Alcohol abuse 14%



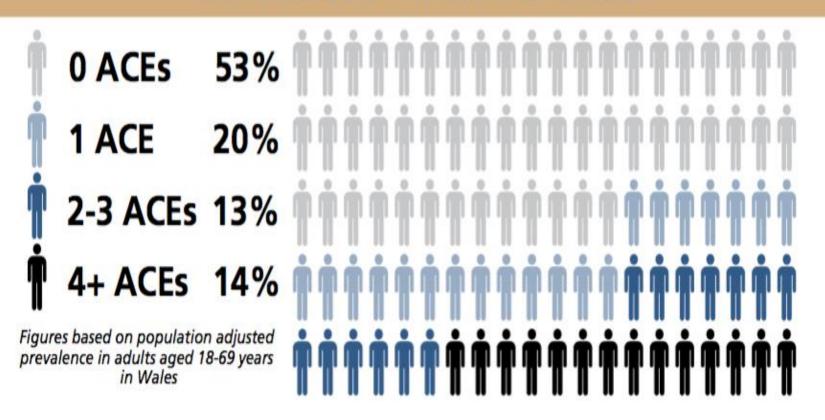
Drug use 5%



Incarceration 5%

### **Prevalence**

For every 100 adults in Wales 47 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.

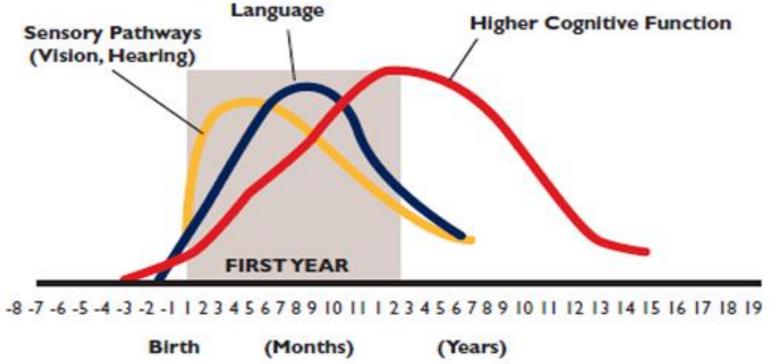


### The Increased Risk

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

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had or caused unintended teenage pregnancy
- 6 times more likely to smoke e-cigarettes or tobacco
- 6 times more likely to have had sex under the age of 16 years
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point in their lifetime

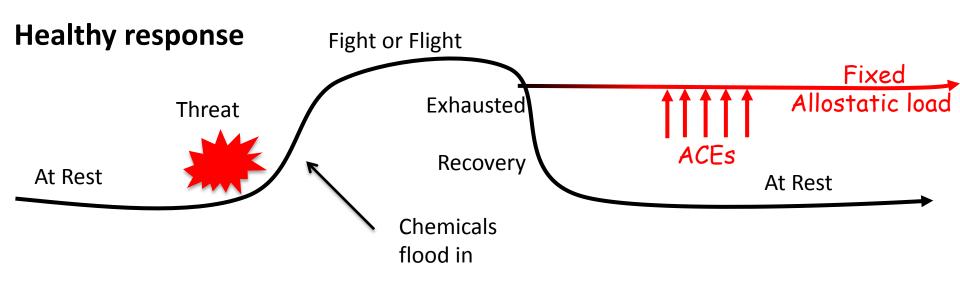
# The Critical Years - make the difference



Data source: C. Nelson (2000); Graph courtesy of the Center on the Developing Child at Harvard University

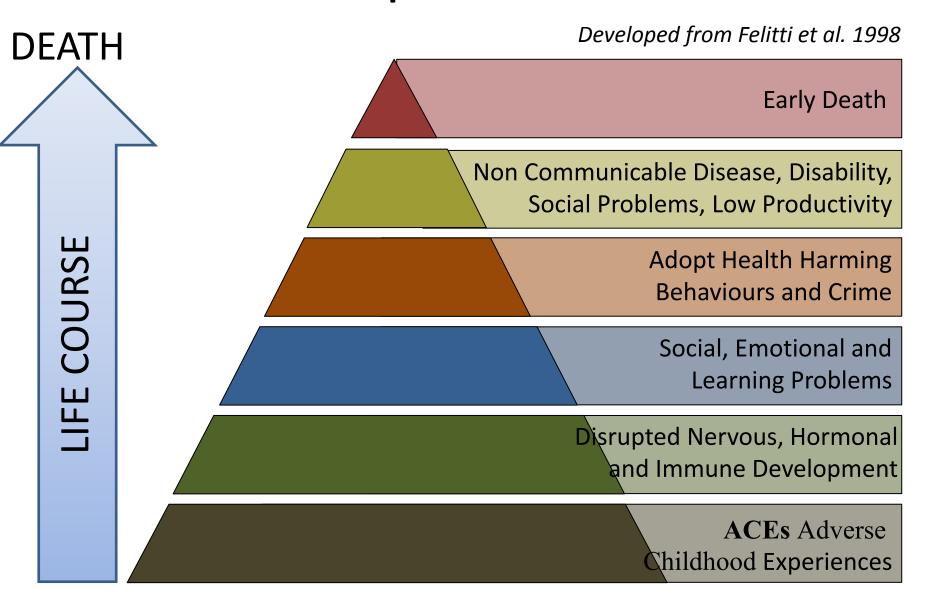
- In the first 2 years a baby's brain grows from 25% to 80% of its adult size
- Development continues in childhood learning empathy, trust and community

# Trauma response and the impact of ACEs on brain development



Chronic Stress from ACEs over-develop 'life-preserving' part of the brain.

### **Adverse Childhood Experiences ACEs - The Life Course**





### Police and ACEs

In one area of South Wales between 4th June 2015 and 18th November 2015 (24 weeks) 1,484 Public Protection Notifications were received by social services from the police

11% (167) Public Protection **Notifications** progressed





**Physical Abuse** 

89% (1,317)

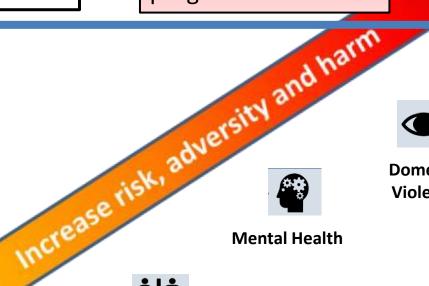
Public

**Protection** 

**Notifications** 

logged and

closed







**Drug Use** 



Separation



**Alcohol Abuse** 



Incarceration



**Verbal Abuse** 

## What if we prevented ACEs?

### Preventing ACEs in future generations could reduce levels of: -



Heroin/crack cocaine use (lifetime) bv 66%



Incarceration (lifetime) by 65%



Violence perpetration (past year) by 60%



Violence victimisation (past year) by 57%



Cannabis use (lifetime) by 42%



Unintended teen pregnancy by 41%



High-risk drinking (current) by 35%



Early sex (before age 16) by 31%



Smoking tobacco or e-cigarettes (current) by 24%



Poor diet (current; <2 fruit & veg portions daily) by 16%

# ACEs can last a lifetime . . . but they don't have To

Healing can occur

 Safe, stable, nurturing relationships and other protective factors heal

The cycle can be broken

## Protective Factors The building blocks of resilience

One or more stable, caring child-adult relationship

Feel you can overcome hardship and guide your destiny

Involved and connected

Equipped to manage your behavior and emotions

## Strategic Perspective: How can we respond?

- ACE informed organisations, staff and practice assessing all policies and services for the impact of ACEs on parents and their children
- Develop a universal & proportionate approach to identifying and responding to ACEs – recognising prevalence, escalating response with higher ACE score
- Steer investment towards first 1000 days of life earlier identification of and response to risk rather than harm; Social model of care in pregnancy
- Promote resilience and emotional literacy in schools
- Increased focus on parenting as a universal support
- Encourage broader engagement with all stakeholders to work towards an ACE informed society

## Operational Perspective: How can we respond?

- Consider ACE history of parents, in addition to assessing risk of exposure to the child – strong evidence that discussing previous ACE exposure with adults can have beneficial effect
- Consider use of routine ACE enquiry integrate into existing assessments
- Consider impact of ACEs in non-specific symptoms or behaviour
   in adults and children
- Develop clear referral pathways, maximising local system assets and protective factors
- Responsibility & permission to act, not just refer
- Consider how your service supports the core protective factors creating opportunities for resilience to develop

# Police Innovation Fund Project 3 Strategic Objectives



**Objective 1: Understanding** the current systems and processes for responding to ACE related issues and the opportunities for change from a wider perspective than just police



**Objective 2: Intervening** earlier using the opportunities and evidence identified for prompt, positive action that is efficient and effective



**Objective 3: Preventing** the root causes of crime in collaboration with key partners

- Poor housing is associated with poor physical and mental health
- Those living in social housing may experience poorer health outcomes than owner-occupiers
- People living in social housing are also more likely to be the poorest and often the most vulnerable members of society, and are more likely to be socially excluded than those in owneroccupied houses.



- Homelessness is made more likely by childhood disadvantage
- Homelessness in adulthood is associated with parental addiction, domestic violence and living in social housing or local authority care as a child
- Family relationship problems and lack of support networks are common amongst teenagers and young adults who find themselves homeless.
- During adulthood, homelessness is connected to unemployment, crime, addiction and mental health problems.



- Increase and improve early intervention and preventative activity when ACEs are evident in the home environment
- Work with housing providers and tenants to address vulnerability and risk through evidence based practice
- Mitigate and prevent the experiences of ACEs and the transference of these experiences to the next generation
- Principles of early intervention, prevention, collaboration and integration are integral
- Strongly align with the 7 well-being goals and the 5 ways of working set out in the Future Generations (Wales) Act 2015 and support the principles set out in the Social Services and Well-Being (Wales) Act 2014





- •Recognise how housing providers can intervene earlier and identify opportunities for prompt, positive action that is ACE informed.
- •Understand the prevalence of ACEs for those at risk of homelessness and how this can be prevented using an ACE approach.
- •Develop and test training and tools which provide staff with the skills and knowledge to enquire, intervene and respond to prevent the transmission of ACEs to the next generation

### **Project outcomes:**

- Better staff engagement and relationship with tenants and their families
- ACEs are identified routinely
- Reduced evictions
- Protective factors enhanced for identified families
- •Improved partnership working between health, housing and police
- •Future generations have improved access to life opportunities