

ACTION ON ACES

Gloucestershire



Our strategy

OUR VISION

is a resilient Gloucestershire where communities and organisations are acting on ACEs.

OUR MISSION

is to build communities and organisations that are aware of ACEs, talk about ACEs and take action on ACEs. We will build a social movement that recognises the potential lifelong impacts of adversity in childhood and takes action to stop childhood harm.

OUR VALUES

Communities and organisations acting together will be able to:

- Prevent ACEs
- Build resilience against long-term harm from ACEs

There is always hope: the potential negative effects of ACEs can be overcome.

“I am not what happened to me. I choose what I become.”

Maya Angelou

About this strategy

In November 2017, Gloucestershire's Health and Wellbeing Board held a special meeting on the impact of **Adverse Childhood Experiences (ACEs)** and resolved to bring organisations together to develop an informed, county-wide approach.

In January 2018, the **ACEs Panel** was formed, bringing together representatives from local voluntary sector organisations and statutory agencies to develop a strategy for Gloucestershire. This strategy explains what we will do to prevent, intervene early, and overcome the effects of ACEs. It provides a framework for local communities and organisations to consider the role they too can play in asking about and acting on ACEs. It also supports county-wide, ACE-informed ways of working, that protect children from the things that harm them and help break the cycle of ACEs by ensuring children have supportive adults and the life skills they need.

The strategy seeks to celebrate the good work that is carried out every day across the county by parents, foster carers, trusted adults, teachers, early years, youth workers, sports coaches, community groups, early help practitioners, social workers, police officers, faith groups, health workers, housing providers and many more. The hope of the ACEs Panel is that readers of this strategy will be able to understand how an ACEs approach could add value and be built into existing approaches where appropriate, as well as providing a common language for talking about adversity and resilience.

The strategy has been ratified by the Gloucestershire Safeguarding Children Board, Gloucestershire Safeguarding Adults Board and Safer Gloucestershire. It works alongside the Children, Young People and Families Partnership Framework.

This is a living document and will be reviewed by the ACEs Panel, which reports directly to the Health and Wellbeing Board. Community groups and voluntary sector organisations have been involved in its development.

The full strategy – including references and links to further resources – is also available to download at www.actionaces.org

Councillor Roger Wilson

Chair, Gloucestershire Health and Wellbeing Board



Understanding ACEs

ACEs are specified traumatic events occurring before the age of 18. They can include direct experiences, such as sexual, physical or verbal abuse and emotional and physical neglect, and indirect experiences such as parental separation, substance misuse, mental illness, incarceration or domestic abuse.

Nearly half of people in England experience at least one ACE, with around 9% experiencing four or more ACEs. The more ACEs a person experiences, the higher the risk of poorer health and social outcomes later in life. People with six or more ACEs die on average 20 years younger than people with no ACEs.

Being exposed to ACEs in childhood can change the way your brain develops and can therefore increase the risk of developing health-harming behaviours. 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) and ultimately early death, as well as negative social outcomes, such as low levels of education, poor employment prospects and involvement in criminal activity. ACEs are strongly associated with the development of long-term conditions and a substantial increase in the use of health and care resources.

Find out more about ACEs on our website www.actionaces.org

THE MORE ACEs
A PERSON EXPERIENCES,
THE HIGHER THE RISK
OF POORER HEALTH
AND SOCIAL
OUTCOMES LATER
IN LIFE

“If you can put the science
into the hands of the general
public, they will invent very
wise actions.”

Laura Porter, Co-founder of ACE Interface

ABUSE:



Physical abuse



Sexual abuse



Emotional abuse

NEGLECT:



Physical neglect



Emotional neglect

HOUSEHOLD ADVERSITIES:



Mental illness



Substance misuse



Incarceration



Parental separation



Domestic abuse

Building resilient communities

Resilience is the ability to adapt well in the face of adversity. Developing resilience through access to a trusted adult in childhood, supportive friends, positive attachments and being engaged in community activities has been shown to improve outcomes even in those who experience high levels of ACEs. This relies on active, thriving and resilient communities. It is vital that we link this strategy to existing local approaches to community resources.

This infographic shows the different types of community connections that can contribute to building resilience. Each ring represents levels of influence that can have a positive impact on developing overall resilience. Within each of the rings lies the knowledge, expertise and skills of individual members, the friendships and supportive social networks that people develop; and the physical resources and facilities that can combine to enhance wellbeing.



Personal relationships



Community



Local facilities



Statutory services

MORE THAN
100 PEOPLE FROM
COMMUNITY
ORGANISATIONS
ATTENDED OUR FIRST
ACTION ON ACES
EVENT

ACTION ON ACES

Gloucestershire

ACTION 1

We will raise awareness and understanding of ACEs with communities and organisations through delivery of a co-ordinated local campaign

The campaign will be developed from this strategy and overseen by the ACEs Panel. A network of ACEs champions and figureheads across communities and organisations will be established in order to facilitate effective communication of key messages.

ACTION 2

We will implement training to equip communities and organisations to respond appropriately to ACEs

This training will build on the awareness campaign and aim to equip communities and organisations to respond effectively to ACEs. Wherever possible this will be built into existing training such as mandatory safeguarding training.

Research has shown that the key to addressing the impacts of ACEs is early identification; if not directly asked by professionals, it can take people nine to 16 years to disclose a history of adversity. The importance of including ACEs awareness to facilitate early intervention has been highlighted in a number of national policy documents, including Future in Mind and Tackling Child Sexual Exploitation.

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”

Margaret Mead, Author and Anthropologist

ACTION 3

We will continue our partnership work with communities and organisations to build resilience through encouraging trusted relationships and developing core life skills

Whilst people that experience ACEs have an increased risk of poor outcomes as adults, many people who experience ACEs do not encounter these effects. Someone’s ability to avoid harmful behavioural and psychological changes in response to chronic stress is known as resilience. There are many tools that are used to build resilience, such as Five Ways to Wellbeing. A recent study found that developing resilience through access to a trusted adult in childhood (such as a family member, teacher, sports coach or volunteer youth leader), supportive friends and being engaged in community activities, such as sports, reduced the risks of developing mental illness; even in those who experienced high levels of ACEs.

Evidence is emerging in many sectors about how to prevent, intervene early and overcome the effects of ACEs. There are opportunities to intervene across the life-course, starting before conception, moving into the early years, school years, and into adulthood. Whilst much of this evidence has come from the US, further work is now going on across the UK. Communities and organisations are becoming ‘trauma-informed’; changing the question from ‘What’s wrong with you?’ to ‘What’s happened to you?’.

“Every adult in a child’s environment has the opportunity to provide buffering, caring, therapeutic moments. Every one of us can seek to optimise the cumulative dose of these moments.”

Dr Nadine Burke-Harris, Paediatrician and Author of *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*



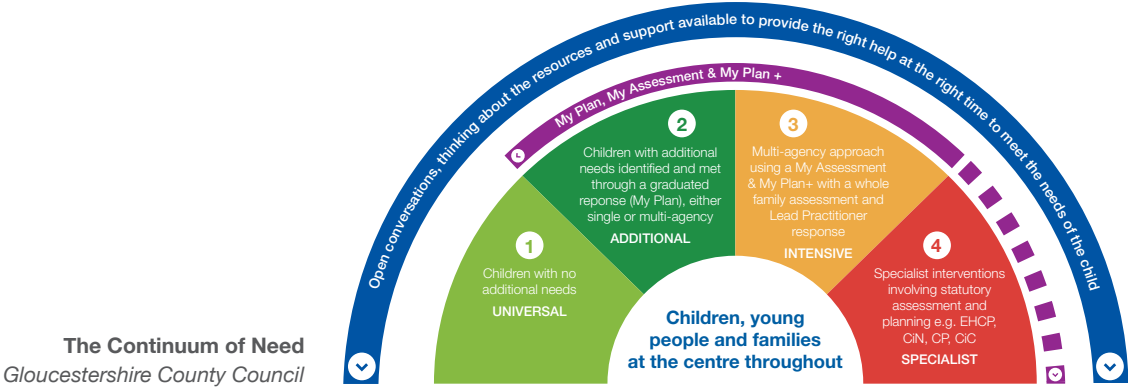
ACTION 4

We will develop relevant resources and information for people identified with ACEs who need signposting to further sources of support

Evidence suggests that asking people about their experiences of childhood adversity does not appear to increase demand on services, but rather for people already accessing support to have their needs more effectively met. Evidence from the US shows that a group of people routinely asked about ACEs as part of health screening showed a 35% reduction in GP visits and an 11% reduction in emergency department visits.

A mapping exercise is underway to find out what further sources of support are available locally and we will share them on the Action on ACEs Gloucestershire website at www.actionaces.org, with signposting to local organisations and sources of help.

If the ACEs identified are current, it is important to use the existing safeguarding pathways within Gloucestershire and to consider the continuum of need.



ACTION 5

We will increase our understanding of the distribution of ACEs across Gloucestershire

Whilst it is likely that people in Gloucestershire have experienced similar numbers of ACEs to people in the rest of England, it will be beneficial to gain a greater understanding of how ACEs are distributed across the population.

ACTION 6

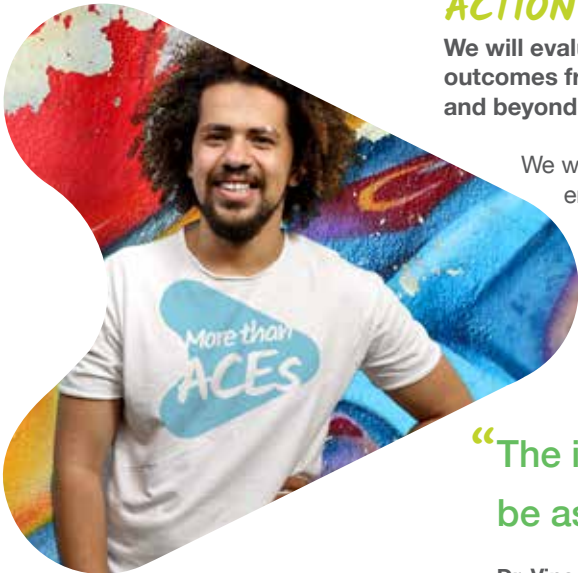
Organisations will incorporate ACEs informed approaches into relevant organisational policies, strategies and contracts

An ACEs informed approach needs to become embedded throughout multi-agency organisational thinking, giving people a common language with which to talk about the impact of trauma and adversity. Opportunities can be taken to build ACEs awareness into relevant policies, strategies and contracts, such as safeguarding policies and screening tools.

ACTION 7

We will evaluate interventions and share good practice and positive outcomes from ACEs work across Gloucestershire, the South West and beyond

We will share local good news stories as they arise. We will ensure that our learning from evaluations is shared in relevant publications and conferences. We will also ensure that we keep up-to-date with best practice and evidence emerging from elsewhere.



“The impact of a successful approach to ACEs might be as great as that of a major vaccine.”

Dr. Vincent J. Felitti, one of the world’s foremost experts on childhood trauma

Gloucestershire is already taking action on ACEs

Many communities and organisations across Gloucestershire are already working to prevent, intervene early and overcome the impact of ACEs, and build resilience. Several organisations have been using a 'trauma-informed' approach for many years.

An understanding of ACEs and the role of resilience will complement existing work already going on in Gloucestershire to build on positive relationships, social capital and resilience. This includes work such as restorative practice, strength-based approaches and asset-based community development.



Building resilience, providing hope



MEASURING PROGRESS

The strategy and its impact will be monitored by the Health and Wellbeing Board and partners. Communities and organisations signing up to the strategy will be encouraged to consider how they will chart their own progress and share their stories.

Go to www.actionaces.org for more information.

This is a summary of the full Action on ACEs Gloucestershire Strategy. To access the full document, including references, please go to www.actionaces.org

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