Growing Stronger

Addressing Adverse Childhood Experiences

Liverpool: A city that builds prevention from and protection for Adverse Childhood Experiences

ACEs strategy
March 2024

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Strategic Statement on ACEs

Our aim is to strengthen and coordinate responsiveness to ACEs so that Liverpool is a city that actively works to prevent Adverse Childhood Experiences, and support those who may have experienced ACEs across their life course.

A city that:

- prevents children being impacted by ACEs,
- ensure children and families have support through and protection from adversity
- ensures adults are supported to mitigate the potential impact of their own ACEs on their own wellbeing and that of their families

This purpose of this Strategic Statement is to set out the collective commitment of all key partners across Liverpool to recognise and respond to the critical importance of Adverse Childhood Experiences in determining the current and future health and wellbeing of the population.

It forms the foundation of a city wide ACEs action plan to operationalise the required response cross sector and across all levels of leadership.

It considers:

1. Definition of ACES – including local context

The term Adverse Childhood Experiences was first used in an American study by Dr Felitti and his colleagues, published in 1998.[1]. The study was designed to understand how childhood experiences affect adult health. [2] It identified a link between a person experiencing adversities in childhood and their physical and emotional health, life choices and behaviours into adulthood.

The study identified 10 Adverse Childhood Experiences (ACEs)

However, there remains no definitive definition of ACEs and research, while ongoing, has continued to include factors outside the home such as neighbourhood violence, coercive control, bullying, discrimination and homelessness. [3]

[1] Felitti, V. J., Anda, R. F., Nordenberg, D., & Williamson, D. F. (1998). Adverse childhood experiences and health outcomes in adults: The Ace study. *Journal of Family and Consumer Sciences*, *90*(3), 31.

[2] Felitti VJ. The Relation Between Adverse Childhood Experiences and Adult Health: Turning Gold into Lead. Perm J. 2002 Winter;6(1):44-47. doi: 10.7812/TPP/02.994. PMID: 30313011; PMCID: PMC6220625.

[3] Adverse Childhood Experience and Trauma, Scottish Government Factsheet https://www.gov.scot/publications/adverse-childhood-experiences-aces/pages/aces-research/

Karatekin C, Hill M. Expanding the Original Definition of Adverse Childhood Experiences (ACEs). *J Child Adolesc Trauma*. 2018;12(3):289-306. Published 2018 Nov 12. doi:10.1007/s40653-018-0237-5

Cronholm, P.F., Forke, C. M., Wade, R., Bair-Merritt, M.H. Davis, M, Harkins-Schwarz, Lee, M., Adverse Childhood Experiences: *Expanding the Concept of Adversity, American Journal of Preventive Medicine,Volume 49, Issue 3,* 2015, Pages 354-361,ISSN 0749-3797, https://doi.org/10.1016/j.amepre.2015.02.001. (https://www.sciencedirect.com/science/article/pii/S0749379715000501)

Following a consultation with 74 young people aged from 12 – 21, 99 adults and 163 cross sector workforce members, the ACE project identified additional adversities currently facing our Liverpool community that will be used as the definition of "Expanded ACEs" facing our Liverpool community for the purposes of the strategy.

. Additional Adversities in the household, as identified by our Liverpool community.

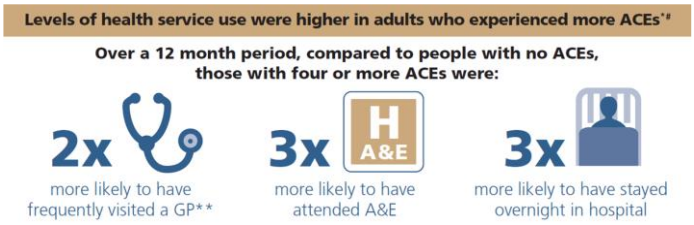
Additional adversities in the environent, as identified by our Liverpool community

2. Implications and Costs

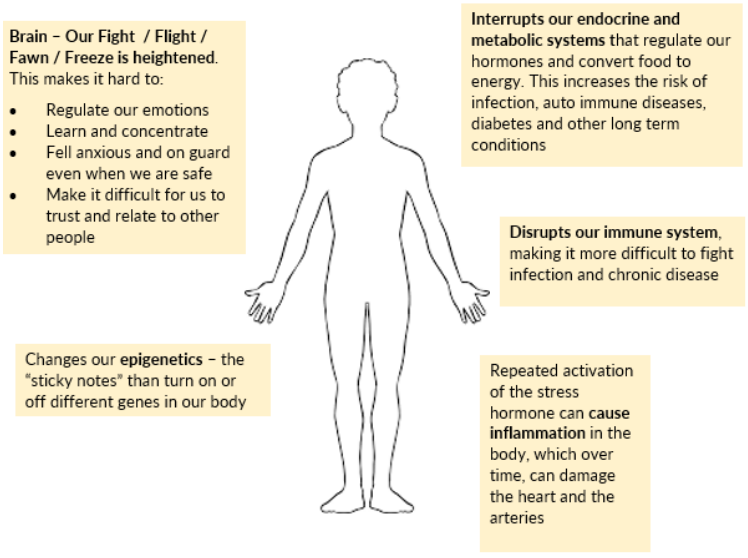
Not everyone who has experienced ACEs suffers as a consequence, especially if they also have a number of positive childhood experiences to build healthy relationships and resilience.

However, there is a strong body of research that indicates a broad spectrum of increased risk to health, health harming behaviours and lower socio – economic outcomes across the life course for those who have experienced ACEs.

Adults who have experienced 4 or more ACEs:



Health Harming Behaviours	Risk
Smoking	2 times more likely
Alcoholism	7 times more likely
Heroin / crack use	9.7 times more likely
Been hit in the past 12 months	5.2 times more likely
Have hit someone in the past 12 months	7.9 times more likely
Behaviour and attainment difficulties in school	32 times more likely



Health problem	Risk
Heart disease	2.9 times more likely
Cancer	1.6 times more likely
COPD	Almost 4 times more likely
Type 2 diabetes	4 times more likely
Depression	4.6 times more likely
Suicide	12.2 times more likely

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[4] Bellis MA, Hughes K, Leckenby N et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Med. 2014, 12

[5] https://numberstory.org/the-science-of-aces-2/

The cost of Adverse Childhood Experiences on the health, social care and education and criminal justice sectors is significant. With no specific indicator for England, we know that the cost is estimated at 24.6 million Disability-Adjusted Life Years (DALYs) and $581 billion for the WHO European region (equivalent to 2.7% of Gross Domestic Product). [6]

This strengthens the argument for the critical importance of a coordinated and collaborative response to ACEs set out in this strategy.

A significant proportion of the people we work with in our health, social care, judicial and educational sectors will ***be*** or ***have*** experienced ACES.

What we see as health harming, disruptive, or non-engaging behaviors are often coping mechanisms for unmet trauma and adversity as we try and cope with things that have happened to us. We need to rethink our approach to the health and social care system to treat both the symptom and the cause.

[6] Bellis, M., Wood., S., Hughes., K.,, Quigg, Z., Butler., N., (2023)" Tackling Adverse Childhood Experiences, State of the Art and Options for Action" Pubic Health Wales https://www.ljmu.ac.uk/-/media/phi-reports/pdf/2023-01-state-of-the-art-report-eng.pdf

3. Local and National Context

3a. National Context

Adverse Childhood Experiences are prevalent nationally and globally. A study in 2014 indicated that across England, 48% of adults had experienced at least one ACEs, and 9% four or more.[7] However, these figures are likely to have increased as a result of significant societal pressures including the pandemic in 2020-2021 and the cost of living crisis in 2022 -2023. A population scale survey of ACEs in Scotland in 2019, indicated that the prevalence of ACEs was higher, with 71% experiencing 1 ACEs, and 15% 4 or more.[8]

Movement towards addressing adversity and trauma, and improving the early lives of children has moved on significantly post pandemic.

In November 2021, the UK government published The Best Start for Life – a vision for the first 1001 critical days. This policy established the network of family hubs and set out the need for a more cohesive, better trained workforce that offered a welcoming service to families, with information and data readily available.

In November 2022, the UK government released a working definition of trauma informed practice.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'.

The ACES response in Liverpool sets out how we can respond to this as a community.

However, national and local policy on ACEs remain a gap in the policy landscape.

[7] Bellis MA, Hughes K, Leckenby N et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Med. 2014, 12(1):72.
[8] Scottish Government. The Scottish health survey. 2019 edition. Edinburgh: Scottish Government, 2020

3b. Local context

This strategy sets out a commitment to work to the goals of the Council Plan 2023 – 2027, https://liverpool.gov.uk/councilplan with specific reference to:

Pillar 4 "Healthier lives for children and adults" (4.4, 4.5, 4.6 and 4.7)

Pillar 2 "High Quality and Inclusive Skills and Employment" (2.1, 2.2, 2.3)

Pillar 3 "Thriving Communities" (3.2)

And includes a commitment to:

- take decisions with our communities and consider shared insight and intelligence to develop effective and sustainable services
- utilise our diverse community assets, including the skills, knowledge, capacity, resources, experience and enthusiasm of local groups and people
- listen to, and work with, local communities to ensure they are all safe, resilient and welcoming.
- Promote equality
- Listen to young people

In the absences of an ACEs data set for Liverpool, the following indicators demonstrate the prevalence of ACEs in Liverpool and the health, social and education need that can arise from such prevalence:

- Child poverty. 28.9 % of children live in relative poverty compared to 20.1% nationally, 20.2% of children live in absolute poverty, compared to 15.1 percent nationally and 18.7% of households are in fuel poverty compared to 13.2% nationally
- Lower median income £23, 476, compared to £33, 820 nationally
- Persistent absence from school. 18.4% of primary and 29.1% of secondary aged school children missed 10% or more of learning in the 2022 – 2023 academic year. This is significantly above the national increase, and almost double pre pandemic levels of 10.5% for primary and 15.5% for secondary
- Violent crime – sexual offences is 3.7 / 1000 compared to 3.0 / 1000 in England as a whole. The rate in Liverpool has increased by 1.3 / 1000 since pre pandemic in 2019, compared to an increase of 0.4 in England lginfom.local.gov.uk 2022

- Young people aged 10 – 17 first time entrants into the youth justice system in Liverpool in 2022 is 149 / 10000 compared to 211 / 10000 nationally. However the gap has closed between the Liverpool and national rates from 152 in 2019, to 62 in 2022.
- 62% of the Liverpool population live in the 20% most deprived areas in the country, 2023
- 27% of adults in Liverpool are inactive, compared to 25% nationally, 2022
- The number of adults in Liverpool who are diagnosed with type 2 diabetes (28555) or pre diabetes (23291) is nearly 9% of the adult population, 2023
- Attainment and progress 8 scores in high school are lower than the national average
- Estimated number of alcohol dependant adults living with children in Liverpool in 2018 – 2019 is 5 per 1000 of the population compared to 3 per 1000 in England, with an unmet treatment need of 80% (https://www.ndtms.net/resources/public/Parental%20substance%20misuse/North%20West/NW_Liverpool_2019-20_Parental_substance_misuse_data_pack.html)
- Unemployment and workless households:19.3% compared to 13.% in Great Britain in 2022. (nomis)
- Number of 18 – 24 year olds not in education or training is higher than national average
- Domestic abuse – nearly 30% of women and girls in Liverpool will face violence or abuse, 2022
- Significantly higher rates of respiratory diseases than England as a whole. Emergency admissions for adults for asthma in 2022 were 66.6 per 100 000 in Liverpool and 44.4 / 100 000 in England. Emergency hospital admissions for COPD all ages in 2020 /21 in England were 133.5 / 100 000, but in Liverpool, indicators suggest it was 263 / 100 000
- Children who started to be looked after due to family stress or absent parenting: rate per 10,000 children aged under 18, 2017, 9.3 England, 11.2 Liverpool

(data obtained from phar.liverpool.gov.uk using Dfe, NOMIS, ONS and Office for Health Improvement and Disparities. Public Health Profiles https://fingertips.phe.org.uk)

Information from the Oxwell survey highlights how some ACEs are currently being faced by our young people. The survey asked about education and health related issues, not ACEs directly, but the following correlations can be drawn:

Growing up in a household where there is	Findings from Oxwell
Physical abuse (physical harmed by a member of the household	10% yes 6% prefer not to say
Sexual abuse (inappropriate touch from an adult)	9% yes or prefer not to say
Substance abuse	80% have used cannabis, 57% within the last few months 10% years 10 – 13 have taken something to get high / self medicated
Poverty (additional come up in focus groups)	35% of students often or sometimes worry there won't be enough money to meet the families need and rates of households where there is hunger, use o food banks, cold and damp and no internet is higher than national rates

ACE – growing up in an environment where there is:	Findings from Oxwell
Environment / neighbourhood that is unsafe	Rates of feeling unsafe in neighbourhood is higher than national average
Discrimination – overt, cover and structural	Schools deal with racism well – 75% primary, 51% sixth form, 4-% secondary
Exposure to online harm	43% have seen images of self harm
Socio – political events	39% worry about climate change

In addition we know that projections for the health of the city are predicted to worsen. State of the City : Liverpool 2040 report tells us that unless changes are made, the city's residents are facing:

- spending **more than a quarter** of their life (26.1%) in ill health
- a **fall in women's life expectancy** by one year and a **fall in women's healthy life expectancy** by four years
- an increase of up to **38,000 more people living with major illness**, defined as at least two long-term conditions such as high blood pressure, cancer, diabetes, asthma and chronic kidney disease
- **double** the number of adults experiencing **depression**
- the health issues most common in **children** will be related to **mental health, obesity and child poverty**

The State of the City report advocates the need for systemic changes to the system in order to address the root causes.[9]

This strategy sets out the case that ACEs are a significant driver to the poor health of the city, and need to be tackled across the system to address the root causes and make positive changes.

[9] Ashton., M., 2024 "State of the City: Liverpool 2040" retrieved from https://liverpool.gov.uk/media/y45lmvvm/health-in-liverpool-2040.pdf

4. Liverpool's Response

4a. Strategic Aims and Recommendations

This strategy forms the foundation of a city wide ACEs action plan to operationalise the required response based on the following **key recommendations:**

- The approach must be collaborative and multi-agency across key stakeholders working with children and families (including the parent or future parent cohort within adult services) and include the perspective of local communities
- Commissioners and local leaders need to work jointly to create the conditions for evidence based, collaborative/multi-agency working around ACEs
- The landscape of providers responding separately to ACEs need to be explored and a better aligned and defined ACEs approach should be developed
- Communities and professionals need to be supported to understand the importance and impact of ACEs and the ways in which they can be survived and overcome
- Development of stakeholder workforces is an essential element

The recommended approach will then meet the following **strategic aims:**

• To build an ACE responsive city: to prevent children being impacted by ACEs, to ensure children and their families have support and resilience through adversity and to ensure adults have support and resilience against the potential impacts of their ACEs.

• To communicate the critical importance of this approach and to gain support with reference to evidence surrounding the impact of ACEs locally on people and on the delivery and future sustainability of public services.

• To identify and influence existing local partnerships and services that are essential to this approach and have responsibility to respond to ACEs.

• To use evidence, intelligence and insight to inform a strategic plan that results in measurable responsiveness to ACEs across a range of settings (services, workplaces, education, communities, police, local authority, NHS, third sector etc.).

4c. **An ACEs delivery group** has been established in Liverpool with the aim of developing and coordinating a strategic response to ACEs. A range of stakeholders representing CCG, Local Authority Children's Services, CAMHS, Public Health, Children's Health Services, Education, Merseyside police, Higher Education/Research have come together with agreed Terms of Reference to review local intelligence/insight and evidence base (including good practice) to inform the approach. The group is inspired by the strength of evidence surrounding ACEs and their impact as well as the potential protective and preventative scope of a coordinated strategic response across a range of outcomes. A significant driver has also been the voice and lobby of Children and Young People in Liverpool who have identified and demonstrated that ACEs represent their number one priority for improving health and wellbeing in Liverpool. This was powerfully demonstrated by the direct challenge vibrantly offered by Liverpool's Children and Young People during the 2019 NOW festival of children and young people's mental health and emotional wellbeing. The voice of children, families and adults impacted by ACEs will continue to be represented across this programme of work and coproduction will feature centrally.

ACESterringGroup_TOR.docx

4c.. **Project Plan**

In April, 2023 funding was granted for an 18th month project to actualise the aims of this strategy and a project plan established and ratified by the steering group.
The planned outcomes aim to meet the recommendations and aims set out in this strategy.
Project Plan:

ProjectPlan_updated March24.pptx

Findings from consultation

Consultationfindings.pptx

By the end of the project, Liverpool will:

- Have a policy and framework that defines and supports the response to ACEs cross sector
- Have a workforce confident to identify and discuss ACEs
- Have a workforce that is ultising a cohesive, multi faceted ACE framework
- Have a workforce that understands the impact of their own ACEs on their practice
- Have a population that is aware of ACEs and activated to build resilience and access support
- Have a cohort of trained professionals to educate families about ACEs from a strength based model
- Have a body of resources for professionals to utilise when training and working with families to prevent and support ACEs
- Have a cohort of ACE aware and resilient adults who can support themselves and each other to prevent ACEs and end the intergenerational cycle in their own families

4c. Key recommendations for further work

There remains a gap in the local policy context that would establish a cross sector commitment to and cohesive response to ACEs.

Findings from the consultation undertaken by the project, highlighted the need for a city wide policy that adds accountability and guidance for best practice across the sectors. Feedback indicated that the policy should include:

- A commitment to considering family and social needs, no matter the presenting problem
- Multiple points of intervention that address breaking the cycle
- The voice of community partnership
- Consideration of equity of opportunity
- Have funding and accountability attached – and feeds into commissioning across the city
- Sustainability
- Inclusivity

It is recommended that the steering group continue to seek governance for this strategy so that further work in response to this critical area of health, education and social policy can be coordinated and have sustainable impact.