

## **HEALTH AND WELL-BEING BOARD**

### **5 DECEMBER 2017**

## **ADVERSE CHILDHOOD EVENTS (ACES)**

---

### **Board Sponsor**

Dr. Frances Howie, Director of Public Health

### **Author**

Liz Altay, Consultant in Public Health

(Please click below  
then on down arrow)

### **Priorities**

Good Mental Health and Well-being throughout life  
Being Active at every age  
Reducing harm from Alcohol at all ages  
Other (specify below)

Yes  
Yes  
Yes

### **Groups of particular interest**

Children & young people  
Communities & groups with poor health outcomes  
People with learning disabilities

Yes  
Yes  
Yes

### **Safeguarding**

Impact on Safeguarding Children  
An improved understanding of vulnerability would be expected to mitigate against harm to children.

Yes

Impact on Safeguarding Adults  
An improved understanding of vulnerability would be expected to mitigate against risk for vulnerable adults.

Yes

### **Item for Information and assurance**

### **Recommendation**

- 1. The Health and Well-being Board is asked to:**
  - 1) Consider and comment on the ACEs briefing presented to the Board.**
  - 2) Ensure that each organisation represented by the Board attends future ACE events and plays an active part in the formulation and delivery of action to prevent and respond effectively to ACEs across the life course.**

### **Background**

2. There is now a robust evidence base linking adverse childhood experiences (ACEs) to severe negative health and social outcomes across the life course. This

evidence came initially from large population studies in the US, and has been replicated in studies in many countries, including England and Wales.

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

<b>The Ten Adverse Childhood Experiences</b>	
<b>Child</b>	<b>Parents / household</b>
<ul style="list-style-type: none"><li>• Physical abuse</li><li>• Sexual abuse</li><li>• Emotional abuse</li><li>• Physical neglect</li><li>• Emotional neglect</li></ul>	<ul style="list-style-type: none"><li>• Mother treated violently</li><li>• Household substance misuse</li><li>• Household mental illness</li><li>• Parental separation or divorce</li><li>• Incarcerated household member</li></ul>

4. In the absence of protective factors, these experiences can cause toxic stress that damages the child's developing brain. This in turn leads to an increased risk of adopting harmful behaviours (such as smoking, misuse of alcohol and drug use, risky sexual behaviours, poor diet, low levels of exercise, violence and criminality). These behaviours then lead to an increased risk of poor physical and mental health later in life (eg. cancers, heart disease, depression) as well as negative social outcomes, such as domestic violence, low levels of education, incarceration, and early death.

5. 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, those with four or more ACEs were:

- 4x more likely to develop Type 2 diabetes;
- 3x more likely to develop heart disease;
- 3x more likely to develop respiratory disease;
- 2x more likely to have frequently visited their GP;
- 3x more likely to have attended A&E; and
- 3x more likely to have stayed overnight in hospital.

6. Where ACEs occur in family settings, there is a high risk of intergenerational transmission, contributing to a cycle of disadvantage and health inequity. As such, 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. Preventing and reducing this negative impact has the potential to not just deliver improved life-long outcomes for individuals and short and long-term savings for the public sector, but also to improve the life chances of future generations.

7. The October Health & Wellbeing Board development workshop addressing the emerging issues highlighted in the JSNA identified a number of poor or worsening outcomes that could be attributed to ACEs. It was acknowledged that we do not have a consistent or comprehensive approach to the identification or prevention of ACEs but significant activity and resources were being expended in tackling the later impact of ACEs across the system. It was noted that shared learning and

understanding across all partners was a pre-requisite to improving prevention and identification of ACEs.

8. It was agreed that an initial briefing on ACEs be presented at this Health & Wellbeing Board to raise awareness and understanding and that subsequent events should be held to develop this further, at strategic and operational levels, and across the life course..

### **Legal, Financial and HR Implications**

9. N/A

### **Privacy Impact Assessment**

10. N/A

### **Equality and Diversity Implications**

An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

### **Contact Points**

#### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

#### Specific Contact Points for this report

Liz Altay

Tel: 01905 846503

Email: laltay@worcestsershire.gov.uk

### **Supporting Information**

- N/A

### **Background Papers**

In the opinion of the proper officer there are no background papers to this report.