Local Government Association

Case study

Adverse experiences in childhood

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Birmingham City Council

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‘ACEs Birmingham’ supports a multi-agency services approach to previous or current adverse experiences in childhood (ACEs),aiming to assist services to identify ACEs and enable individuals to overcome their impact.

ACEs are linked to long-term impacts on an individual’s health, wellbeing and life chances. A growing body of research is revealing the extent to which experiences and events during childhood, such as abuse, neglect and dysfunctional home environments, are associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to disease such as diabetes, mental illness, cancer and cardiovascular disease and ultimately to premature death.[1]

The ten adverse childhood experiences include five direct ACEs[2]:

1) sexual abuse by parent/caregiver
2) emotional abuse by parent/caregiver
3) physical abuse by parent/caregiver
4) emotional neglect by parent/caregiver
5) physical neglect by parent/caregiver

and five indirect ACEs:
1) parent/caregiver addicted to alcohol/other drugs
2) witnessed abuse in the household
3) family member in prison
4) family member with a mental illness
5) parent/caregiver disappeared through abandoning family/divorce.

Commissioning

Commissioning

The Birmingham Health and Wellbeing Board developed the ‘ACEs Birmingham’ approach as a response to the strength of evidence of a negative life course impact that untreated adverse childhood experiences can have for individuals. The health and wellbeing board initiated the ‘ACEs Birmingham’ approach drawing on the experience of West Midlands Police, which in turn, had taken learning from the South Wales Police Force:

> ‘Given the links of ACEs to an increased risk of violence and crime and associated high risk health behaviours, there is a clear alignment with policing and public health harm prevention priorities, with potential for early intervention work with the most vulnerable and at risk individuals and families.
> Supported by a 2015 Home Office Innovation Fund, Public Health Wales and South Wales Police launched a public health approach to policing. The goal was to tackle the root causes of crime and help break generational cycles of adversity, developing systems over two years

[1] Police and Public Health: Innovation in practice – an overview of collaboration across England. A paper to support the October 2016 summit: ‘creating a shared purpose for policing and health’. P15. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/567535/police_and_public_health_overview.pdf

[2] Adverse Childhood Experiences (ACE) Safer Communities Through Stronger Partnerships 20 March 2017. Public Health England presentation by Dr Barbara Paterson, Deputy Director, Health and Wellbeing

to analyse early indicators of harm, which will allow the police and other partners to identify those who may be particularly vulnerable.

Under the arrangement the Police and Crime Commissioner for South Wales, South Wales Police and Public Health Wales committed to sharing analysis and evaluation, developing an evidence-based approach to the prevention and reduction of ill-health and crime, and better targeting and evaluation to improve police and public health services provided to the public.' (Police and Public Health; p15[3])

See Appendix 2 for a description of the West Midlands Violence Prevention [Police and Public Health] Alliance.

'ACEs Birmingham' is now spearheaded by Andrew Coward, GP and West Midlands Combined Authority ACE Lead, and Dennis Wilkes, Birmingham Assistant Director of Public Health.

Service objectives

The aim of the 'ACEs Birmingham' approach is to introduce routine enquiry of adverse childhood experiences into frontline specialist practice, in services supporting adults, children and young people, and/or families. 'ACEs Birmingham' offers a set of guiding principles and a framework that aims to change the natural history of the impact of these experiences in three ways:

1) Tertiary prevention using routine enquiry to identify past or present experiences with the intent of allowing people to make change. This results in better therapeutic responses and outcomes in the future.
2) Secondary prevention using routine enquiry earlier in the development of the impacts on health and wellbeing/emotional health mood or behaviour, this is commonly in children and young people at school. The responses of adults in school to these concerning behaviours can reinforce the adverse impacts. The development of an emotional health early help system around school students, families, and staff is intended to enable early help to be given before the impacts escalate or become embedded.
3) Primary prevention extends the principles and understanding to the whole school environment (physical, policy, disciplinary, culture) and all members (teaching, non-teaching adults, all students). The intention is to engineer a space that will reduce the impact of any previous experiences before impacts become explicit and enable a safe space in which to practice ways to enhance all individual's resilience.

All three of these intend to reduce the likelihood of future children experiencing multiple adverse experiences and break the intergenerational cycle of inflicting the same experiences.

See Appendix 1 for a description of the 'ACEs Birmingham' Preventative Framework approach.

[3] Police and Public Health: Innovation in practice – an overview of collaboration across England. A paper to support the October 2016 summit: 'creating a shared purpose for policing and health'. P15. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/567535/police_and_public_health_overview.pdf

Context

The services are commissioned by the NHS, Birmingham City Council and West Midlands Police in their own right for specific specialist purposes. The framework implementation is, however, an individual organisational commitment.

Strategic alignment

Birmingham City Council and One Care One Partnership (Birmingham and Solihull Sustainability and Transformation Partnership) share a common vision and priority of improving health and wellbeing outcomes for children, young people, and families.

Partnership working

Those involved so far include adult and children's mental health services, adult and children's substance misuse services, Birmingham Children's Trust, schools and the Birmingham Education Partnership, NHS Commissioning, Birmingham Early Help and Safeguarding Partnership, Birmingham Safeguarding Children Board, West Midlands Police, Youth Offending Service, children's voluntary services in Birmingham, Think Family, and public health.

Service aim

Target service users

1) Adults as parents with specialist service needs, children and young people in care, need of protection, excluded from school or on the edge of exclusion from school.
2) Young adults and children and young people with concerning behaviours early in their presentation.
3) Schools as systems and communities.

Aims for service users

The intention is to change the natural history of the impact of previous adverse experiences and improve outcomes for health and wellbeing.

Service outcomes

Performance indicators/target outcomes

The outcome measures of the Birmingham Early Help and Safeguarding Partnership.

Achievements to date

Too early to measure.

Lessons learnt

A critical learning point for this approach is to avoid framing it too dependently on the evidence of impacts in order to avoid 'chasing the ACEs'.

Next steps

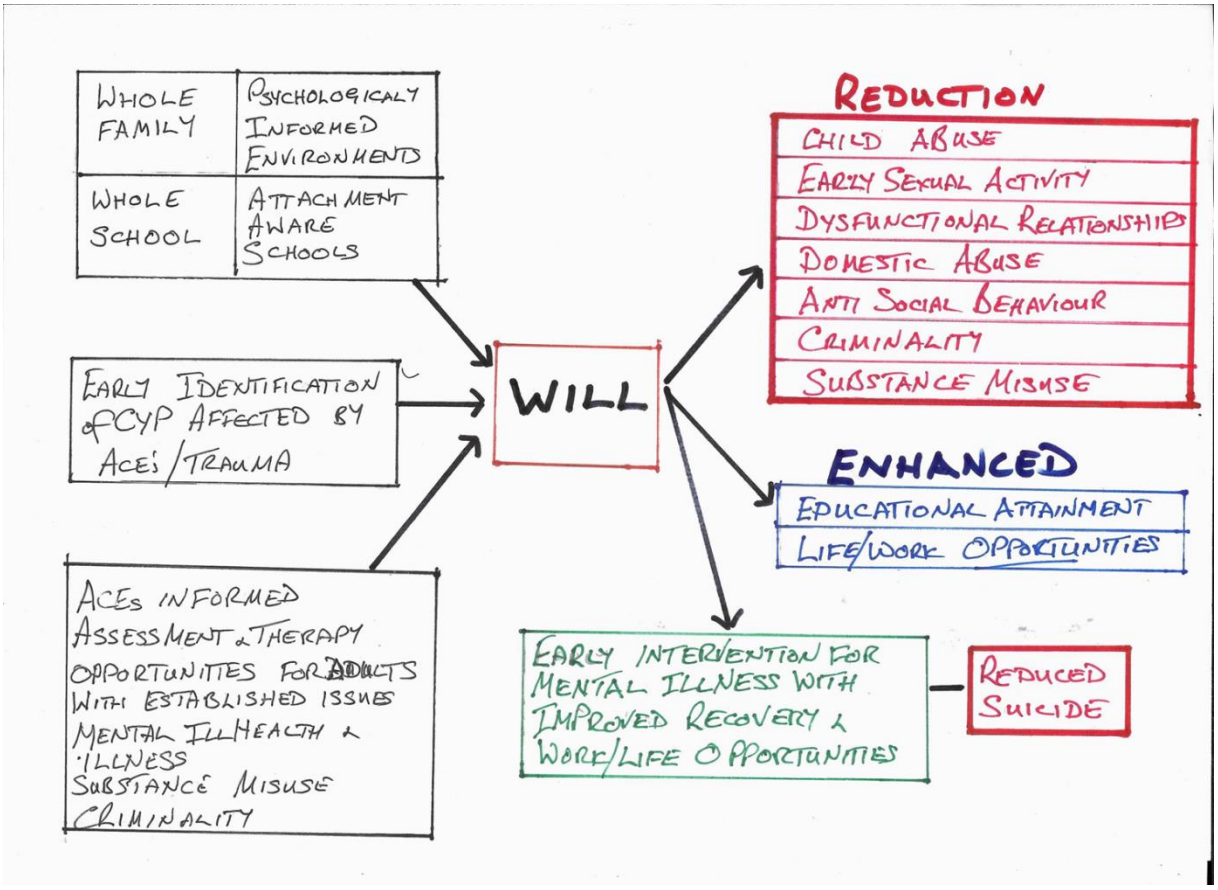
The next steps are to increase the explicit use of the framework with an increased use of a common language for understanding in 'assessing need' and sharing the insights.

Appendix one

The 'ACEs Birmingham' Preventative Framework

The Birmingham Health and Wellbeing Board developed a framework for preventing and addressing adverse childhood experiences (ACEs) based on a common and shared understanding of the mechanism of the impact and the benefits of preventing ACEs experiences. This is summarised in Figure 3.1.

Figure 3.1: The benefits of adopting the adverse experiences in childhood preventative framework.



Types of prevention

There are three preventative opportunities which can occur along the whole of the life course. These are:

a) **primary prevention,** when the likelihood of these experiences occurring is significantly reduced and the consequences therefore avoided

b) **secondary prevention,** when those who have already had these experiences are identified soon after the experience in order to reduce the likelihood of the medium and long term impacts occurring

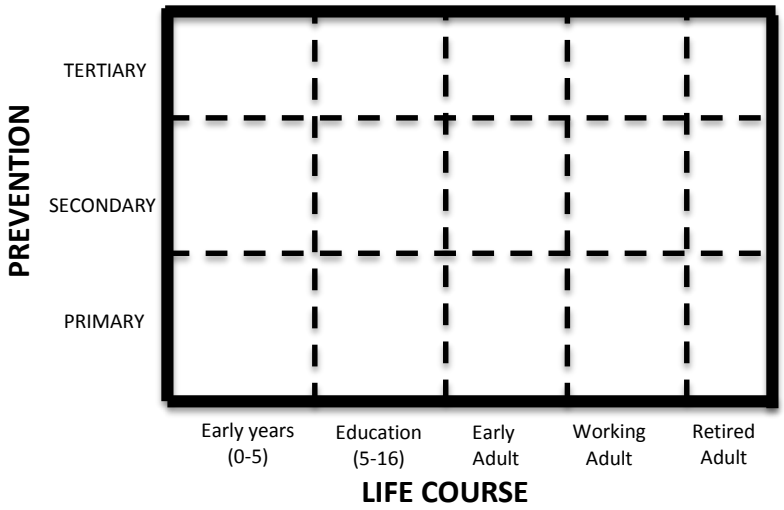
c) **tertiary prevention,** when those who have already had these experiences and are struggling with the longer term impacts on relationships and/or emotional and/or physical illness are identified in order to reduce that impact and aid recovery.

d)

Primary prevention addresses the socio-economic influences of health and wellbeing as well as identifying the opportunities to avoid the adverse experience in the first place. The impact of poverty, and the social implications it has, was most recently marshalled by Marmot[4]:

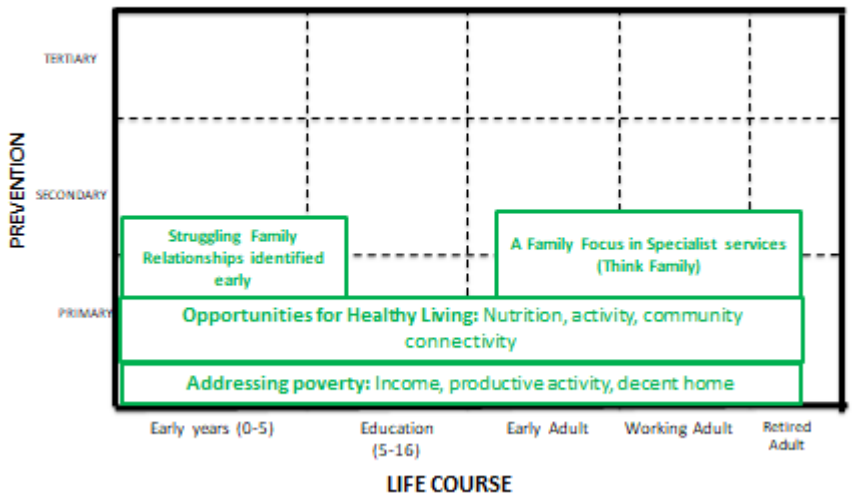
a) poverty and worklessness
b) poverty and housing quality
c) poverty and family relationships.

Figure 4.1: The Preventative Framework



The opportunities for primary prevention were discussed from many viewpoints and are summarised in Figure 4.2.

Figure 4.2: Opportunities for Primary Prevention of Adverse Experiences in Childhood



[4] Marmot M, Allen J, et al *Fair Society, Healthy Lives: A strategic review of Health Inequalities in England post 2010* London Institute of Health Inequity 2010

Poverty and its drivers were identified; as was the existence of opportunities for healthy living as a means of preventing ACEs by enhancing family health and relationships.

The early avoidance and/or identification of strained/struggling family relationships (parent-parent and parent-child) in the early years of childhood can be addressed by attention to preparation for parenting during pregnancy (especially the first pregnancy) and contact or support in the first year. This is a key characteristic of the developing Birmingham and Solihull local maternity system (BUMP) and Birmingham early years system.

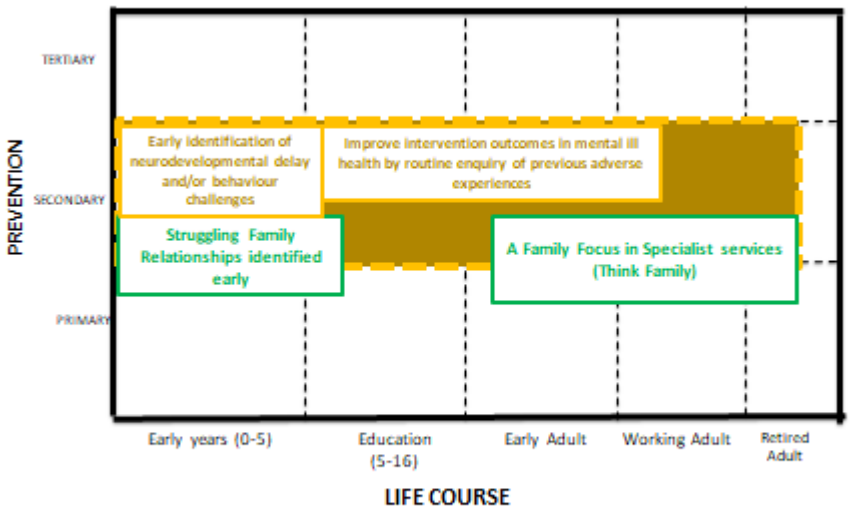
Similarly, there is the opportunity to prevent damage by parental behaviours, especially due to mental illness; recreational or prescribed drug use; alcohol, by adopting family centered approaches in adult specialist services.

Secondary prevention equates to an early help response as a means of reducing the impact of recent ACEs on current health and wellbeing. The intention is to limit the damage to relationships, attachment, and future potential which would require more complex or specialist assistance later.

Figure 4.3 identifies the secondary preventative opportunities and particularly highlights the significant role that the early help system approach plays. The incorporation of routine enquiry for ACEs further supports this.

There is strong evidence that using Routine Enquiry for the ACEs opens therapeutic opportunities for swifter and more significant recovery from emotional distress, health harming behaviours, and destructive relationships. It prevents progression to serious mental illness and speeds recovery, a serious secondary preventative opportunity.

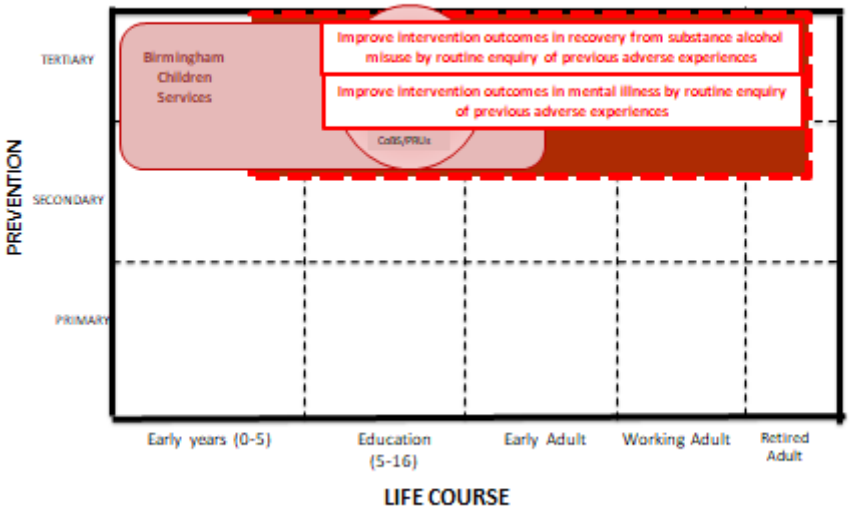
Figure 4.3: Opportunities for Secondary Prevention of Adverse Experiences in Childhood



Tertiary prevention seeks to identify when complex or specialist assistance can reduce the impact of ACEs on current ill health and wellbeing.

Figure 4.4 identifies the tertiary preventative opportunities and highlights the significant role that the specialist adult services and the police and criminal justice service play. Here again, routine enquiry for ACEs is helpful.

Figure 4.4: Opportunities for Tertiary Prevention of Adverse Experiences in Childhood



Implementation of the framework

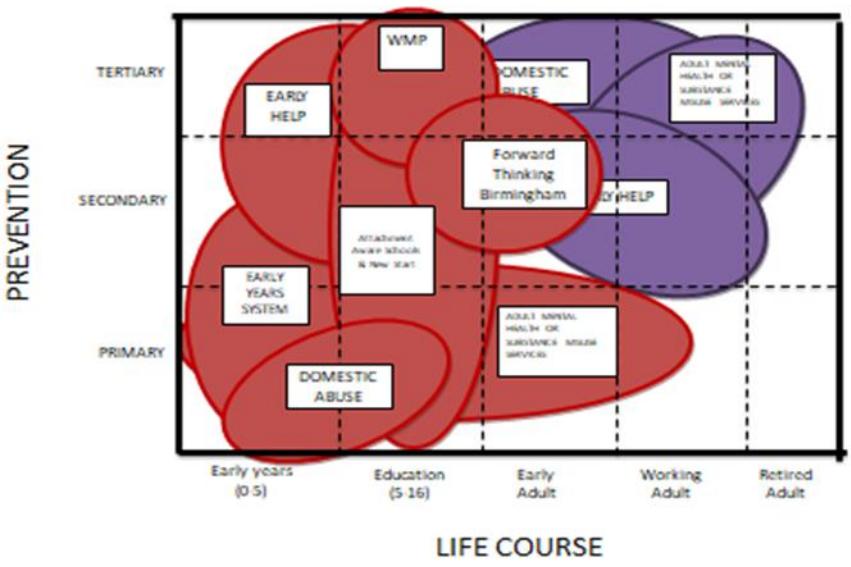
Pre-requisites for successful implementation of the Framework included**:**

Need for cultural change – relevant local partner agencies and the public needed a common understanding of the [trauma] impact of ACEs, particularly in terms of the development of attachment. A consequence of this would be a cultural shift towards a trauma -informed approach by services in relation to individuals (clients and staff) struggling with the consequences of ACEs. This shift is needed at three levels to be effective, strategic, managerial and frontline.

The cultural change needed underpinning with ‘locality based multi-agent learning’ at tactical and operational level. This approach was found to improve locality relationships and trust in capabilities and judgments between services. There were also reports of an increased trust in services by families when using this multi-agent learning approach in the Birmingham Think Family programme.

Primary prevention – is clearly wider than the remit of the agencies represented in the task and finish group but it did attempt to visualise different agencies contribution to the preventative framework, Figure 5.1.

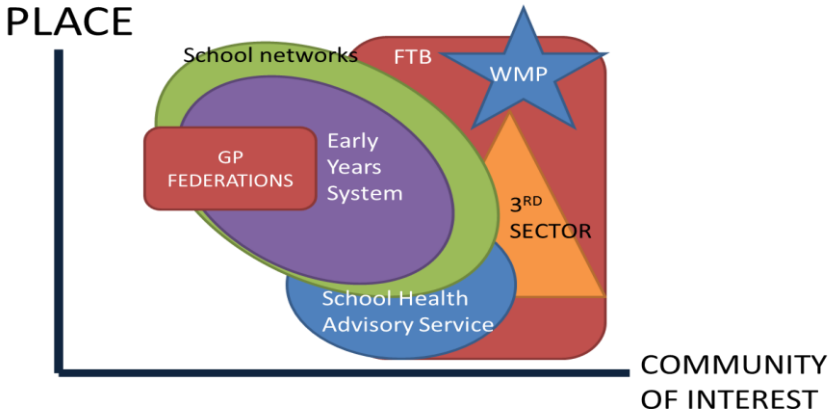
Figure 5.1: The Agency Opportunities for Preventing ACEs Identified in Birmingham



Secondary prevention – the early help system approach was an overarching influence shaping the opportunities for secondary prevention and within that a locality focus would augment and strengthen any additional benefit of the 'locality based multi-agent learning'.

The Locality focus was important in developing local connectivity and trusted relationships between partner professionals and with families. This was complex because as well as a place-based model it included 'communities of interest', both socially and professionally focused. Some of these are identified in Figure 5.2

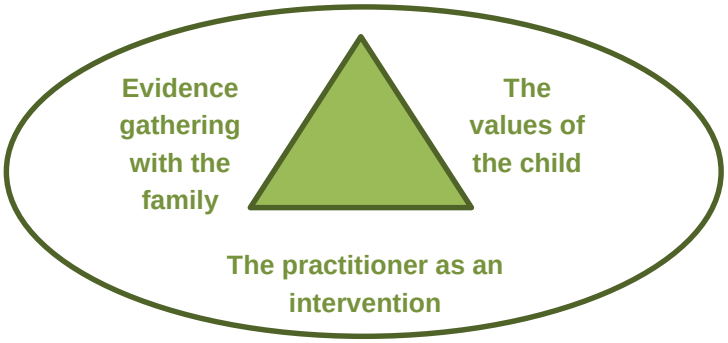
Figure 5.2: Balancing Geographical Place with Communities of Interest



Tertiary prevention – these are delivered by specialist services for children and young people, particularly looked after children and care leavers, and adults. The use of the routine enquiry tool in this cohort of people, whose experiences and achievements are most likely to be driven by ACEs, is anticipated to inform and improve support for them in their recovery.

Key elements to effective intervention – at all levels, include:

- Professionals having time for **reflective practice**. The experience of Think Family and Family Nurse Partnership models strongly supports the need for collective learning and individual supervision time.
- **Assertive support** based on **trusted relationships**. Trusting relationships foster family change. This has been the theme of a number of the effective evidence based programme evaluations.[5]
- **Evidence-based interventions**. Some programmes may need to be commissioned across the city while others are more agency or community specific.
- **A common model of practice and assessment.** The current Birmingham 'Right Service Right Time' framework was used and the 'Signs of Safety' model was incorporated into a 'common assessment'. In addition the Royal College of Paediatrics and Child Health evidence-based practice model was introduced drawing on the three elements of:



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Performance monitoring – robust and formal evaluation of both what works and what works the different localities is important as a means of facilitating change and maintaining benefit for the city's citizens and communities. Its importance should not be underestimated in identifying the benefits realised; and the assurance to the system of the benefit of the adopted direction of travel. Evaluation has been a planned component of any developments put in place and concentrate on outcomes and changes for families, distance travelled towards their own goals expressed in their terms. However, it is not the same as target/indicator driven performance management.

Concluding summary

The Birmingham Health and Wellbeing Board's **'**ACEs Birmingham' Preventative Framework is based on multi-agency agreement on the following summary points:

- The evidence of impact of ACEs is strong. Acting on the evidence requires aligned multi-agency commitment.

[5] Wilkes D *Early Interventions to Improve the Health & Wellbeing of Children & Young People of Birmingham.* Birmingham Public Health 06 August 2013

- The preventative framework approach will focus attention and strategic direction to reduce the impact of ACEs on individuals and communities.
- The Health and Wellbeing Board will broker the strategic drive for primary preventative effort.
- The Early Help and Safeguarding Partnership will use the evidence to establish a common cultural understanding of the impact of adverse experiences in childhood and nurture locality multi-agent learning to embed it.
- The Early Help and Safeguarding Partnership will broker an action learning set of specialist services to identify the opportunities and benefits of using routine enquiry of ACEs in their client groups.
- The Early Help and Safeguarding Partnership will align its outcomes workstream to take account of the impact of the preventative focus and its implications.

Appendix two

West Midlands, Violence Prevention Alliance[6]

Violence is a public health issue. Living without the fear of violence is a fundamental requirement for health and wellbeing.[7]

The West Midlands Violence Prevention Alliance (the Alliance) is a collaboration by organisations in the West Midlands sharing the priority of 'preventing violence', with the core underpinning principle that violence is 'preventable and not inevitable'. Furthermore, that violence is a public health issue, and through taking a public health approach to prevention, work is guided by the evidence of what works in tackling root causes.

The Alliance was established by Public Health England West Midlands and West Midlands Police, to drive forward the focus, across services and their staff, on supporting individuals and families to build safe and healthy lives which are resilient: violence prevention. The initiative commenced in 2015 with Public Health England West Midlands and West Midlands Police producing a report, using health and criminal justice data, which outlined the evidence-based public health response to supporting violence prevention across the West Midlands Police Force area.[8]

The report used a strong evidence-base and shared intelligence to identify where violence was most likely to occur, who the victims and perpetrators were, and the costs and consequences. Importantly, it heralded a new collaborative approach between public health and police in the West Midlands – building a combined understanding and undertaking a coordinated response to prevent and respond to the risk factors associated with violence.

Key resources and interventions which followed, as part of the West Midlands, Violence Prevention Alliance included:

- influencing the West Midlands Police Force Strategic Assessment 2016/17
- establishing the West Midlands Injury Surveillance System
- preventative, resilience building programmes delivered in schools
- advocacy into the range of health partners, encouraging and supporting work which prevents violence and adversity
- staff posts held between West Midlands Police and Public Health England
- hosting conferences and seminars to educate partners in taking a public health approach to violence prevention, and in the impact which can be made across professions.

The 2016/17 Force Strategic Assessment 'Creating Safe and Healthy Futures', focused on the impact of ACEs – depicted through 'Craig's Story'; a hard-hitting and true life account which illustrates the impact of ACEs on future life chances and the urgent need for effective and coordinated early

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[6] Police and Public Health: Innovation in practice – an overview of collaboration across England. A paper to support the October 2016 summit: 'creating a shared purpose for policing and health'. P21. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/567535/police_and_public_health_overview.pdf

[7] Violence Prevention Alliance. West Midlands Violence Prevention Alliance 2016 [September 2016]. Available from: http://violencepreventionalliance.org/.

[8] Public Health England. Protecting people and promoting healthy lives in the West Midlands: an evidence based public health response to support violence reduction across the West Midlands police force area. 2015.

intervention. The assessment took a significantly different approach to previous years, focusing on the priority of responding to violence and adversity, and embedding a different approach in the force. The Alliance worked with partners to develop ACE-informed work across services, and with Public Health Wales to develop a UK approach to ACE-informed schools from an American evidence base, to complement the work already underway. The Alliance introduced a Mentors in Violence Prevention programme for use in schools in the West Midlands following from the success of the programme in Scotland and abroad (the Scottish Ministry of Justice has funded its roll out across Scottish secondary schools). This is a whole-school approach changing behavioural management approaches, changing the language used in school letters, timetabling time to focus on Mentors in Violence Prevention work through tutor time and timetabled lessons and establishing a proactively inclusive and positive school culture.

The Alliance has also developed an 'injury surveillance system' in order to understand the prevalence, causes and effect of violent injuries, many of which are not reported to the police but detected in health settings and to develop better partnership interventions in response to the intelligence. The aim is to draw in further data sources which help show a better picture of violence across the population. A parallel project was implemented to test the utility of ambulance data for violence prevention, and indications are that there is much 'new' data not held within police or hospitals. The data is used to create workbooks and analysis products which are circulated to partners such as community safety and licensing colleagues.

The Alliance has since expanded work with health partners, particularly by increasing the use of health settings as places to identify harm and vulnerability, and to link people into appropriate – often non-medical – pathways. The IRIS (Identification and Referral to Improve Safety) scheme is one example, improving the health care response to domestic violence and abuse.

As part of the Violence Prevention Alliance, West Midlands Police seconded a chief inspector to the Public Health England Centre the Alliance project manager post was a post funded by the West Midlands Police and Crime Commissioner. Key benefits of this collaborative workforce approach are:

- sharing of intelligence and police and public health analysts working together
- greater access for the police to public health expertise and stronger links with health services
- bringing together of organisational cultures and drawing on partners' strengths: the drive and 'reactiveness' of the police, combined with the focus on evidence, planning and sustainability from public health
- police looking at and utilising data differently to drive a prevention approach
- ability to work as a system, rather than separate organisations: 'stronger and better together'.

As member of the World Health Organisation (WHO) and its global network of violence prevention alliances, the Violence Prevention Alliance partner organisations sign up the following aims:

- create, implement and monitor a West Midlands regional action plan for violence prevention
- enhance the capability for collecting data on violence
- define priorities for, and support on research on, the causes, consequences, costs and prevention of violence
- promote 'primary prevention' responses
- strengthen responses for victims of violence
- integrate violence prevention into social and educational policies, and thereby promote gender and social equality
- increase collaboration and exchange of information on violence prevention.

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