

In conversation:

Kicking off our special early years edition, Aberlour CEO SallyAnn Kelly (left) and developmental psychologist Suzanne Zeedyk (right) discuss whether the Adverse Childhood Experiences approach is too narrow – or offers the potential for real societal change

Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including but not limited to domestic abuse, physical, sexual or emotional abuse, neglect, parental abandonment, or a member of the household having alcohol or drug problems, mental health conditions or being in prison.

SallyAnn: I believe we need societal level change not only to prevent ACEs, but to better aid recovery and healing for those who do experience childhood adversity. I am really encouraged that there has been a commitment from the Scottish Government to aim to address childhood adversity in its widest sense and that included within that frame of reference is a clear statement regarding the potential impact of structural inequality.

But there must be greater recognition that tackling childhood adversity cannot be achieved by focusing only on adversity happening within and from family interactions (as the ACE studies do) and a clear understanding that we need to focus on those structural inequalities such as poverty and discrimination.

Right now, 240,000 children in Scotland live in poverty. There is broad agreement that lifting children out of poverty acts as an effective buffer to the risk of toxic stress on families, as it serves to improve relational health between families and their children and reduces exposure to trauma. Yet, we still don't appear able to grasp that decisive action in this area is one of the single most effective preventative

measures that we have at our disposal. It concerns me that much of the discussion around ACEs misses out these important issues.

The ACEs approach categorises childhood adversity into types of abuse, neglect and household dysfunction, and then allocates an individual ACEs score. However, these categories do not cover every potentially traumatic event a child could experience. In the original ACEs study conducted in the United States during the 1990s – on which the ACEs approach is based – the participants were overwhelmingly white and college educated.

There was no consideration in the study of the impact of structural inequalities or the discrimination faced by women and refugee, BME and LGBT communities. I, in common with many others, believe this presents a significant gap in the reach of the ACEs approach. It does not, though, mean that we shouldn't use the research, but that we should display caution. If we are to address all forms of childhood adversity then we need to make sure we are inclusive of all communities in how we do that.

Are ACEs overplayed?

Suzanne: I agree. Many of the pressures on families that exacerbate and cause trauma derive from societal causes: poverty; insufficient family support; pressures that prevent work-life balance; poor housing; violence; cultural ideas about gender, race, class and children's rights. We need society-level changes that place relationships at the centre of absolutely everything we do.

The film *Resilience* has had a massive impact on our thinking in Scotland. As one of the people who brought that film to Scotland in 2017, alongside Tina Hendry, that impact has been a surprise to me. An ACEs framework was not new to Scotland. Many people had been discussing it since Chief Medical Officer Harry Burns and the Violence Reduction Unit first brought it to our attention in 2005. However, once the film was available, interest in it and in ACEs exploded. Two years on, tens of thousands of Scots have seen the film. I tell this story because I now wonder if that film has been almost too impactful. It is only one hour long and can only tell a part of the ACEs story, but many people remain unaware, as yet, of that wider story. We can only get to that deeper level of awareness by having more conversations. The film *Resilience* is a conversation-starter, nothing more. We are now each responsible for getting curious about what else there is to learn about ACEs.

It is true, as SallyAnn says, that the original ACEs Study in 1998 focused on family factors, and the original triangular model that is now familiar to many people seems to emphasise those. But 20 years of scientific research have been undertaken since then, yielding hundreds of additional papers. Many have now emphasised societal factors, like poverty, violence, inequality, racism, living in a war zone. Others have highlighted family and personal factors, such as bereavement, bullying, periods of hospitalisation, household moves, and care experience. New forms of the ACEs survey have been developed, some of which contain more than the common 10 items and some that contain fewer.

So, it isn't accurate to say that ACEs studies haven't focused on contextual factors. Indeed, one of the organisations leading on public education, ACEs Too High, describes ACEs as "falling into three large categories": 'adverse childhood experiences', 'adverse community experiences' and 'adverse climate experiences'. SallyAnn sees the debate as growing from the

failure of ACEs studies themselves to sufficiently consider these contextual factors. I think the problem lies not with the ACEs research, but with the public's insufficient awareness of the wider body of scientific work. A good place to begin is the 2018 NHS Highland Report entitled *ACES, Resilience and Trauma-Informed Care*.

We have a challenge on our hands, and it is one we must find a way to tackle. As a country, we are trying to find ways to act on an area of science that is still in development. This is not unlike the challenge that society faced as evidence emerged of the impact of cigarette smoking. Should we have waited as long as we did to develop anti-smoking policies? The question we are facing as a society right now is: how long should we wait to develop new policies on the basis of evidence we currently have about toxic stress? We have decided we need to act now, on the basis of what we do know. I think that is the right decision, given that people's lives are at stake. But it means that we will need plenty of curiosity and conversation.

SallyAnn:

For me, the ACEs approach is useful only at a whole-population level and should not be used as a mechanism for either screening or routine enquiry of children. I believe that everyone who experiences adversity can flourish with the right support, that relationships are key and that it is possible for Scotland to become a country that recognises and responds to adversity in all its forms. For that to happen we need to see real system change and a fundamental shift to becoming focused on people and relationships across all of our systems, structures and organisations. Few people escape some form of adversity completely, and I believe we must ensure that we have the capacity and compassion as a society to support people who have experienced adversity in their lives.

This means understanding and recognising all forms of adversity that affect children, as well as the potential to experience trauma as a result of that adversity, and how we help people



to heal. This will require greater collaboration across all sectors, as well as more resource and investment, if we are to become a truly trauma-responsive society. We know that in countries where there are good relationships within society, where the value of human beings is separate to their capacity to create wealth and where human relationships are valued, there is the highest quality of life and lowest levels of adversity. This is the kind of Scotland we shall all aspire to create.

I believe there has been a failure to acknowledge the impact of social determinants of childhood adversity at a policy level. It seems that the ACEs narrative has been accepted by policymakers in a way that the poverty narrative has not. The ACEs approach does not effectively address the causes of adversity beyond what a child might experience at home or within the family. I firmly believe that poverty is the number one public health issue in Scotland today. The potential impact of poverty on people living with toxic stress over a prolonged period can be considerable, impacts on the quality of human relationships, and can heighten the risk of experiencing further adversity, trauma and pain.

We know the risk of child abuse or neglect increases significantly for children who are living in poverty and that poverty is an accelerator for other risks that a child might experience or be exposed to, such as domestic abuse, parental mental health issues or addiction. By taking steps to lift children and families out of poverty we can reduce or mitigate that risk. There is also a question to be asked about what part the state plays in perpetuating childhood adversity as a result of not effectively resourcing essential public services. At a time when the impact of austerity is still very real for our most disadvantaged families and communities, we can't ignore that many of the adversities children experience are a direct consequence of political decisions made in London and Edinburgh.

Suzanne: From my perspective, ACEs is an idea more than it is an approach or a methodology. It is an idea about the lasting, biological impact of childhood experience. Science has understood that relationships are protective and healing for at least 75 years, with the birth of attachment theory. But the many professionals possessing that knowledge have been unable to embed it in policy or to make it understandable for the general public. The languages of 'trauma', 'mental health' and 'early years' have also struggled. There is something about the ACEs language that enables non-experts to translate scientific insights into everyday conversation. I choose that word 'translate' deliberately. It was offered to me by a family support worker, who said that was why she valued "all the ACES stuff". It gave her a way to talk about things that she had understood for a long time but had not known how to describe to others.

I find this a sobering thought. It means that those of us who have understood the processes of trauma – researchers, academics, scientists, theorists, professionals – have not done a good enough job in communicating our knowledge to the public. We need to listen to those who are saying they find ACEs to be a helpful language. 'Ah-ha moments' are happening

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SallyAnn Kelly

often enough that I think we need to get much more curious about what's driving that. The tensions around this suggest to me that issues of power may be lurking unexamined within the debate, which brings to mind the astute observation from novelist Toni Morrison: "Definitions belong to the definers, not the defined."

It seems to me our country is talking about childhood trauma in a way it has never done before. The national conference in September 2018, where 2000 members of the public gathered to talk about how to make Scotland an "ACE-Aware Nation" was, for me, clear evidence of a shift. Notably, that event was hosted not by a publicly-funded body, but by two small independent organisations, TIGERS (Training Initiatives Generating Effective Results Scotland) and *connected baby*. A second conference, on the theme of trauma and addiction, was held this month [June 2019], with 1900 people attending. Indeed, there is so much conversation going on that controversial debate has emerged, arising from some of very points that SallyAnn and I have touched on. I welcome that debate, even when it is uncomfortable. It means we are digging deeper. And it means that more of the public are involved in the conversation than ever before.

ACEs is not just about 'those' communities of 'disadvantage' over 'there'. It is about all of us. It is about the kind of country we want to be. It is absolutely about poverty – and it is about more than poverty. It is about where we put our financial resources, and it is also about what can be achieved through paying closer attention to how we treat one another. Everyone deserves to have access to this knowledge, which is why I support the vision of an ACE-Aware Nation. And I agree with SallyAnn, we need more than awareness; we also need responsiveness. But in my experience, responsiveness flows naturally from awareness. The beginning of that shift can happen within a single hour. At the end of the *Resilience* film, the most common question I hear is: "Okay, what can I do? How can I help?"

SallyAnn: It is true that people's response to trauma is unique and will be shaped by their own relationships and experiences. We therefore need to understand that there is no single approach to responding to trauma and that we need to relate to the individual to understand what would be helpful to them and be flexible enough, within

the context of a predictable, compassionate and trusting relationship, to support them. We don't require to know all of their experiences of trauma because that in itself does not take us closer to effectively supporting them to regulate and start the process of healing. I believe attributing individual ACEs scores is problematic and risks labelling people by simply cataloguing all their negative life experiences without an informed and compassionate discussion about what their strengths or gifts might be. It is a fundamentally deficit-based approach, and also, unhelpfully, can conflate trauma and adversity. They are not the same thing. Understanding how to prevent both adversity and trauma is what matters most.

Creating a supportive and compassionate Scotland means a clear commitment across our society towards valuing and acknowledging human relationships as the real agents of healing and positive change. A child's response to any traumatic event is what matters more than their ACEs score. Their recovery is best aided and supported by the strength of the human relationships they have. What is important is how we help and support that child to heal and recover, and how we change the narrative away from ACEs to one of hope and the possibilities for every child to flourish.

I agree with Suzanne that it is encouraging and positive to hear the discussion and debate around ACEs that has taken place in recent years, and it is hugely reassuring to hear these conversations in the context of public and social policy development here in Scotland. The ACEs movement should be applauded for moving the conversation on from 'what is wrong with this child?' to 'what has happened to this child?'. It is time for all of us to move further and really think deeply about an approach which both honours our people and properly addresses the inequalities and prejudice that remain a scar on our society. We need to reach a place where we can authentically ask 'how can we help you?' and be trusted enough to support the person in their recovery.

If we are to support those affected by all forms of childhood adversity to recover and heal, we must apply a wider understanding of the causes of childhood adversity than is recognised by the ACEs approach. And if we are to prevent against childhood adversity of all types, we must recognise not only the role of individuals, families and communities, but also that of society and the state. We need to rethink the role of the state and recognise that often it can be the cause of social harm. Relationship-based practice is key to how we change that, but we must focus not only on our individual relationships as practitioners with children and families but also on relationships within and across all of our communities and professions. We must reframe the relationship between the state, public services and society. Only then will we be able to begin to shape policy and effect change across the whole of public life to allow us to become a truly adversity and trauma-responsive country.

Suzanne: Whether or not there is systemic change as a result of the ACEs framework has little to do with that framework. It has to do with us. We are the obstacle to systemic change. There have been plenty of opportunities before in our history to create systemic change and we continue to struggle with that. The question is whether an ACEs frame can help in new ways

or will merely further hinder us; I believe it can help.

Knowledge of the ACEs framework is empowering people to take action that buffers distress – here, now, today, in this moment. It enables individuals who don't feel able to solve big problems like structural change to make a difference in little moments. The framework lets us concentrate on today and tomorrow – helping a child who is living in adversity today, while fighting to bring adversity to an end tomorrow. If the ACEs frame doesn't force us to choose between the political and the personal, perhaps the primary point of difference between SallyAnn and I is one of emphasis? She is focusing especially on structural change, and I am focusing especially on inter-personal change. Perhaps the ultimate question is whether an ACEs frame can indeed support change at both levels? I believe it can.

I appreciate that some of my colleagues are worried that the ACEs' focus on stress within human bodies could excuse governments from focusing on societal solutions. But that is already happening in the absence of an ACEs frame. The recent report by the UN's Special Rapporteur on Extreme Poverty and Human Rights concluded that the UK Government's recent policies have led to the "systematic immiseration of millions across Great Britain". That has little to do with any scientific frame, but rather with the moral status of our country's values.

I have hope. The knowledge that has come from an ACEs frame is making people more insistent, more confident and more compassionate. More of us are demanding relational practices and policies. I know that all the scientific details have not yet been resolved. I also know I have never before seen a cultural response to childhood distress like the one the ACEs Movement is generating. I'm giving this a shot because I don't think a better opportunity for change will come along in my lifetime.

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Suzanne Zeedyk

Thank you to SallyAnn Kelly and Suzanne Zeedyk for taking part in and sharing this conversation.

> 2019 is A Year of Conversation. Find out more at ayearofconversation.com

> Suzanne Zeedyk will lead a residential on ACEs on behalf of Children in Scotland on 18 July. Find out more on page 39