

**\*English version below\***

The Welsh Government and many of our public services here in Wales and in the rest of the UK have become increasingly aware of the impact of Adverse Childhood Experiences (known as ACEs) on individuals throughout their lives.

Public Health Wales has published [research](#) showing how having had multiple negative experiences as a child, such as abuse, neglect or having parents who misuse drugs and alcohol, affects people's long-term physical and mental health, as well of course as their immediate impact on the child. This mirrors research previously carried out internationally, but now provides an evidence base for the Welsh population.

As a result the Government has funded projects which will help professionals become 'ACE-aware' when working with children and adults, and also try to prevent and tackle ACEs.

Some see ACEs awareness as vital. However, some have expressed concerns that this might just be a distraction from the core task of delivering high quality public services, especially as the insight that early trauma impacts on people long-term is not news to those who work with young people or adults in difficulty, such as foster carers, youth workers, social workers, therapists, homelessness officers and probation officers. Others see it as vital in ensuring that our services are shaped around the needs of our population, in the short and long-term.

In this paper I outline some potential problems and positive potential as I see it with the prevailing 'ACEs' talk in Wales at the moment. I then go on to argue how our increased knowledge of the impact of negative experiences on children can in fact strengthen our resolve to ensure that every child gets an equal chance to fulfil their potential.

### **Pitfalls**

Here are some potential problems with placing 'ACEs' as the driver of public policy for children:

1. There is a risk that all of children and their families' social problems are seen as down to their individual behaviour, such as violence, addiction, crime and separation. This could lead to us ignoring our necessary efforts to change the social conditions which can make many of those behaviours more likely, especially poverty, poor housing, discrimination and lack of prospects for the future. That environment adds considerable stress to family relationships. For me, social inequalities have got to be the number one agenda item for any progressive government.
2. There could be some real issues around labelling children in terms of '3 ACEs', '5 ACEs', etc., which is a fairly crude way to measure trauma. One devastating bereavement or incident of abuse might negatively affect some people for life, while for others it will have less impact on everyday functioning. Some children may have no identified ACEs at all, but still need support.
3. For the same reason I would be wary of gatekeeping access to services by counting 'ACEs'. I sincerely hope we don't go down that route in Wales.
4. There are issues around privacy that need some attention. How children and young people are asked about their experiences, and how that information is stored and shared in settings like schools and youth services, needs to be compliant with best practice guidelines, data protection law and children's rights to privacy.



## Potential

There are three great advantages for me in becoming an 'ACE aware' nation:

1. It could lead to a greater understanding of, and desire to help, children with the most challenging behaviour. An 'ACE aware' school for example, would be unlikely to instigate the super-strict, no-excuses rules that lead to higher proportions of children with disadvantaged backgrounds or who have experienced trauma being let down or even excluded from school.
2. There is a real potential to reconfigure our public services around the recognised needs of a population. Children and young people who have experienced multiple ACEs, and who may be continuing to live in difficult circumstances often struggle to access the services that could help them most, such as Child and Adolescent Mental Health Services. They may not have adults around them who are able to press for an appointment, or able to get them to a formal clinic. Public services can reshape services so that they are accessible to their local population and meet their needs.
3. Research shows us that the greatest protection from the negative impact of living with adverse experiences as a child is having at least one positive and consistent relationship with an adult. This should strengthen our resolve to help support strong relationships with extended family and communities and to support others who can provide this such as foster carers and youth workers.

## Children's human rights and ACEs

My office has published a document called [The Right Way: a Children's Rights Approach in Wales](#), which helps public bodies - from Welsh Government to individual schools - consider how they are ensuring that children in Wales are having full access to their 42 human rights under the [UN Convention on the Rights of the Child](#) (UNCRC). It is a very practical approach, that has already assisted public bodies and organisations consider what it is doing well and what else could be done. We have, of course, in Wales made a national commitment to embedding children's rights through Rights of Children and Young Persons (Wales) Measure 2011. I am keen to ensure that this is more than just a tick-box, but something that transforms children's relationships with our public services. The great advantage of children's rights is that they are universal, politically neutral (won't disappear if there is a change of Government), and provide a shared language between different professional groups and with children.

It is interesting to note that the ACE model originated in the USA – the only country in the world that hasn't ratified the UNCRC. In Wales, with our commitment to the UNCRC, we have the opportunity to place an ACEs lens within a positive children's rights framework against which we can understand children's experiences. Embedding rights into the delivery of our public services means that we are ensuring that as a society we are proactively taking steps to ensure young people have what they need to be happy, healthy and safe.

There are five simple principles in a children's rights approach. These are: embedding children's rights, non-discrimination and equality, empowerment, participation and accountability. I think they can provide a useful set of principles for ensuring that our raised awareness of ACEs in Wales fits with our commitment to the human rights of all children.



1. **Embedding.** This means ensuring that children's rights are written into policies, staff are trained in children's rights and there are visible displays about rights in waiting rooms and on classroom walls. This moves the conversation on from ACEs being about a *deficit* in children, or even worse something that is potentially wrong with them, to a more positive message about children's right to receive services that will help them fulfil their potential.
2. **Non-discrimination and equality.** This requires us to think about how our practices and policies may be excluding or disadvantaging those who have experienced trauma/ACEs. This might include children being removed from healthcare waiting lists because they 'did not attend' (were not brought), or being punished after expressing their trauma through disruptive behaviour in school. We should also be considering how poverty causes and compounds ACEs and think about how lifting more families out of poverty (and related aspects such as poor housing) will help children who have experienced ACEs and also prevent them.

Careful consideration will need to be given of any move to screen populations of children for ACEs. This can be helpful for a school or any other public service in order to plan how they respond to levels of ACEs, but can also raise important issues in relation to potential labelling, stigma, privacy and consent to collect and use data.

3. **Empowerment.** Many children who have experienced ACEs will feel particularly powerless. Children need to experience their rights (e.g. being cared for, listened to, kept safe) in order to be able to take them up. I have been told by teachers in Wales about the powerful impact on some children of being told that they have a right to be safe – that very message can be a revelation to some children. So empowerment means ensuring that children are equipped with the skills and experience to be able to confidently take up their rights.
4. **Participation.** We will build better solutions through including children in developing the policies and practices that are there to serve them. This works at a strategic level, and also at an individual level. If we are puzzling about how best to help a child or group of children, then one good way forward is to ask them and work together with them. We are lucky in Wales that we have a plethora of good experience in participation to draw on here: organisations can work with Young Wales, local authority youth forums, school councils, voluntary sector groups and the youth service to do this well when working on their policies.
5. **Accountability.** This final principle is crucial but often gets missed out. Many think that Principle 4, participation, is the whole of children's rights. Accountability means being transparent with children and their families about what we intend to do, how well we have done it, and what we plan to do next. It means letting children know what we did with the input they gave when they participated. It can, and should, mean transparency about budgets. This principle, like all of the others, is important for all citizens, but children under 18 are often not assumed to be an audience, so communications are not addressed to them. I think we should be talking to children about ACEs (in a careful and non-stigmatising way) and how we are committed to helping children recover from trauma.



## Conclusion

The increasing awareness of Adverse Childhood Experiences across our public services is to be welcomed. We need to harness this moment in time – as momentum builds towards a shared understanding of the impact of these experiences and a will to improve services across sectors, using the ACEs model as a tool to achieve these improvements through reconfiguration.

It is important to be mindful of the potential pitfalls, though, of the ACEs model. If we are not careful, a system which is led by the measurement of children's ACEs could mean that children deemed to have 'fewer' ACEs, or no ACEs at all are disadvantaged by diminished access to the services they need. Conversely, having had adverse experiences could become another label that negates individual responses to trauma.

To avoid the pitfalls, the way forward must be grounded in a human rights-based approach. The ACEs model can form a powerful part of a new, child-centred approach to supporting our children and young people, but I would urge that those services that work with those children and young people who need additional support to consider how the above 5 principles can guide their work when considering the role of the ACEs model in the delivery of services in the future.

