

USING THE IMPACT OF CHILDHOOD ADVERSE EXPERIENCES TO IMPROVE THE HEALTH & WELLBEING OF BIRMINGHAM PEOPLE

A HEALTH & WELLBEING BOARD TASK & FINISH GROUP

Dr Dennis Wilkes

Assistant Director of Public Health

THANKS TO THE CONTRIBUTORS

Alison Holmes	Catherine Evans	Paul Patterson
Alison Moore	Claire Rigby	Salma Ali
Andrew Coward	Doug Simkiss	Sandra Passmore
Andy Wright	Geoff DeBelle	Sian Warmer
Anna Robinson	Liz Webster	Simon Inglis
Aqil Chaudary	Louise Bauer	Tony Stanley
Bel Sixsmith	Maria Jardine	
Natomie Reid-Lyon	Paul Drover	



Compared with no ACEs, those with 4+ ACEs were:

3x more likely to be a **current smoker**
3x more likely to have had sex **under 16 years**
6x more likely to have **used drugs**
10x more likely to be **problem drinkers**
49x more likely to have ever **attempted suicide**

INDEPENDENT OF POVERTY



If they had no ACEs problems could be reduced by:



Smoking
22%



Early Sex
21%



Drug Use
36%



Problem Drinking
51%



Suicide
83%

Aged 18-25 years

WHAT SHOULD WE DO?



Based on [saves-the-children.mx](http://www.saves-the-children.mx)

ADVERSE CHILDHOOD EXPERIENCES

PHYSICAL ABUSE

SEXUAL ABUSE

VERBAL ABUSE

PARENTAL SEPERATION

DOMESTIC VIOLENCE

MENTAL ILLNESS

ALCOHOL ABUSE

DRUG ABUSE

INCARCERATION

WHOLE FAMILY	PSYCHOLOGICALLY INFORMED ENVIRONMENTS
WHOLE SCHOOL	ATTACHMENT AWARE SCHOOLS

EARLY IDENTIFICATION
OF CYP AFFECTED BY
ACEs / TRAUMA

ACES INFORMED
ASSESSMENT & THERAPY
OPPORTUNITIES FOR ADULTS
WITH ESTABLISHED ISSUES
MENTAL ILL HEALTH &
ILLNESS
SUBSTANCE MISUSE
CRIMINALITY

WILL

REDUCTION

CHILD ABUSE
EARLY SEXUAL ACTIVITY
DYSFUNCTIONAL RELATIONSHIPS
DOMESTIC ABUSE
ANTI SOCIAL BEHAVIOUR
CRIMINALITY
SUBSTANCE MISUSE

ENHANCED

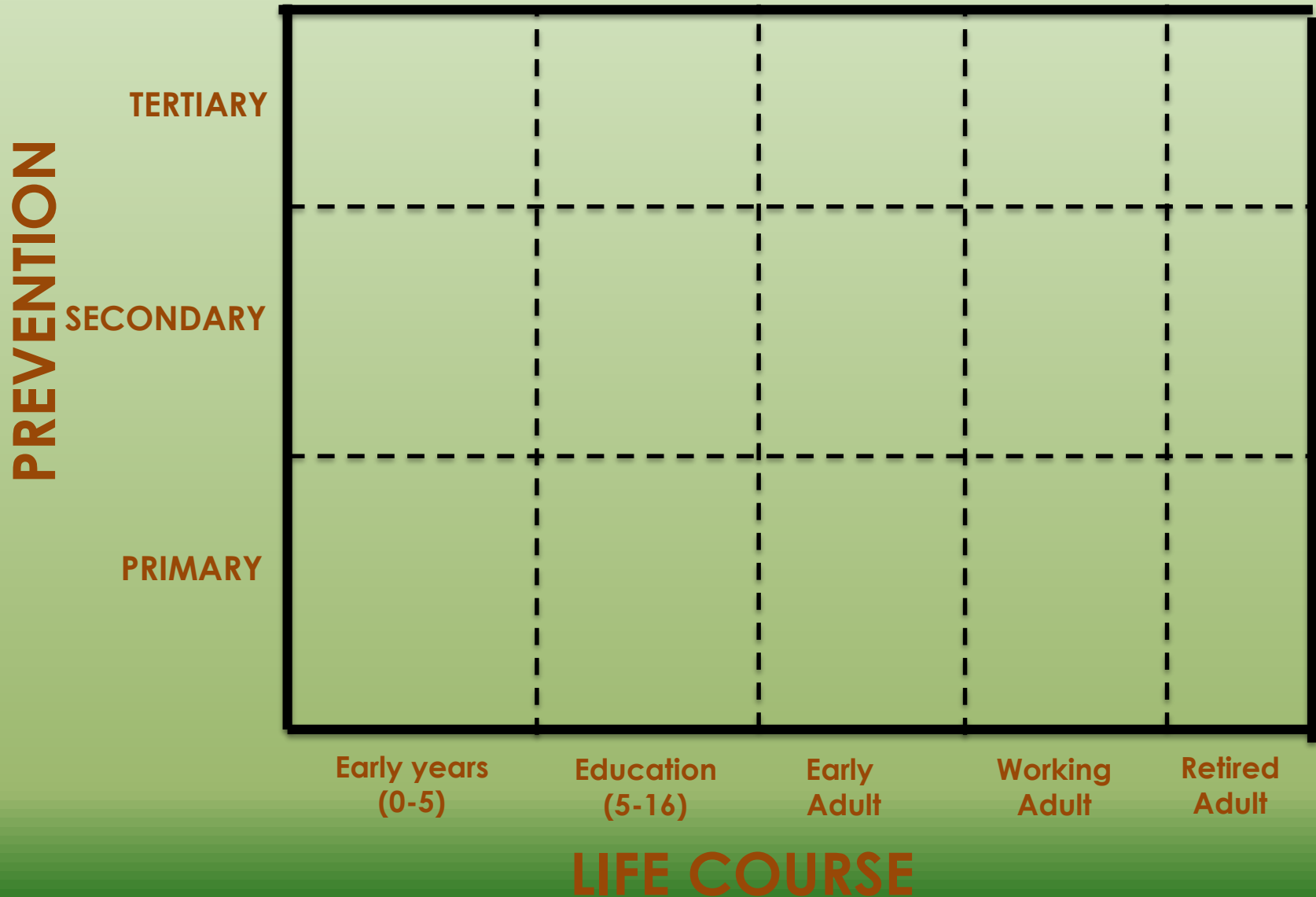
EDUCATIONAL ATTAINMENT
LIFE/WORK OPPORTUNITIES

EARLY INTERVENTION FOR
MENTAL ILLNESS WITH
IMPROVED RECOVERY &
WORK/LIFE OPPORTUNITIES

REDUCED
SUICIDE

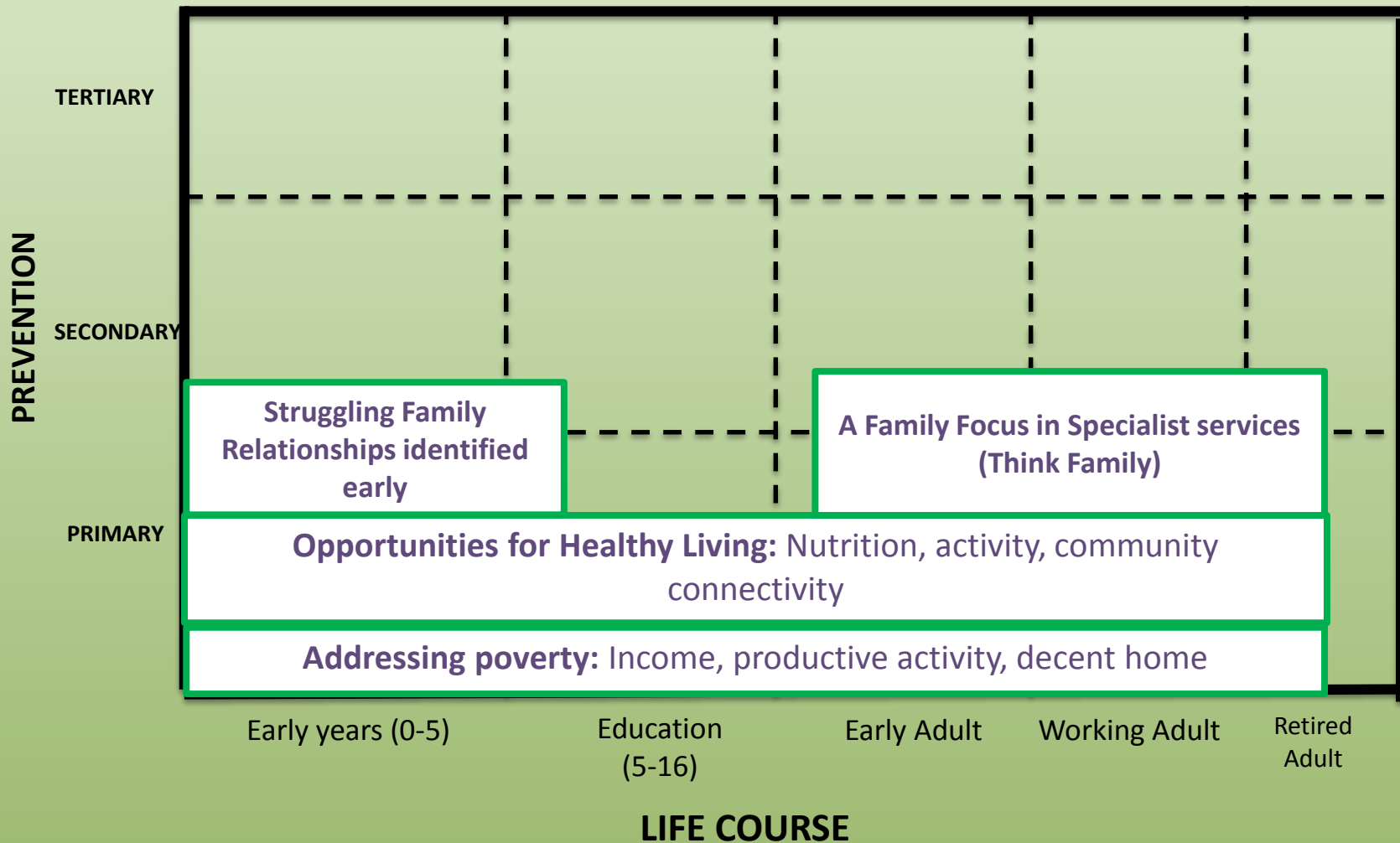
1. *Prevent the likelihood of these experiences occurring **and the consequences therefore avoided**;*
2. *Identify children who have already had these experiences at an early stage **in order to reduce the medium and long term impacts** for the child and the family;*
3. *Identify children and adults who have already had these experiences resulting in emotional and/or physical illness **in order to improve their response to therapy thereby improving their therapeutic outcomes.***

THE TERRITORY FOR CHANGING THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES



IMPORTANT PRINCIPLES

- 1) Routine enquiry is not a validated screening tool and should not be used on a general population to identify those with aces
- 2) Those with 4+ aces should not become a target group for intervention
- 3) Routine enquiry can be used to improve insight into the genesis of reported concern/difficulties



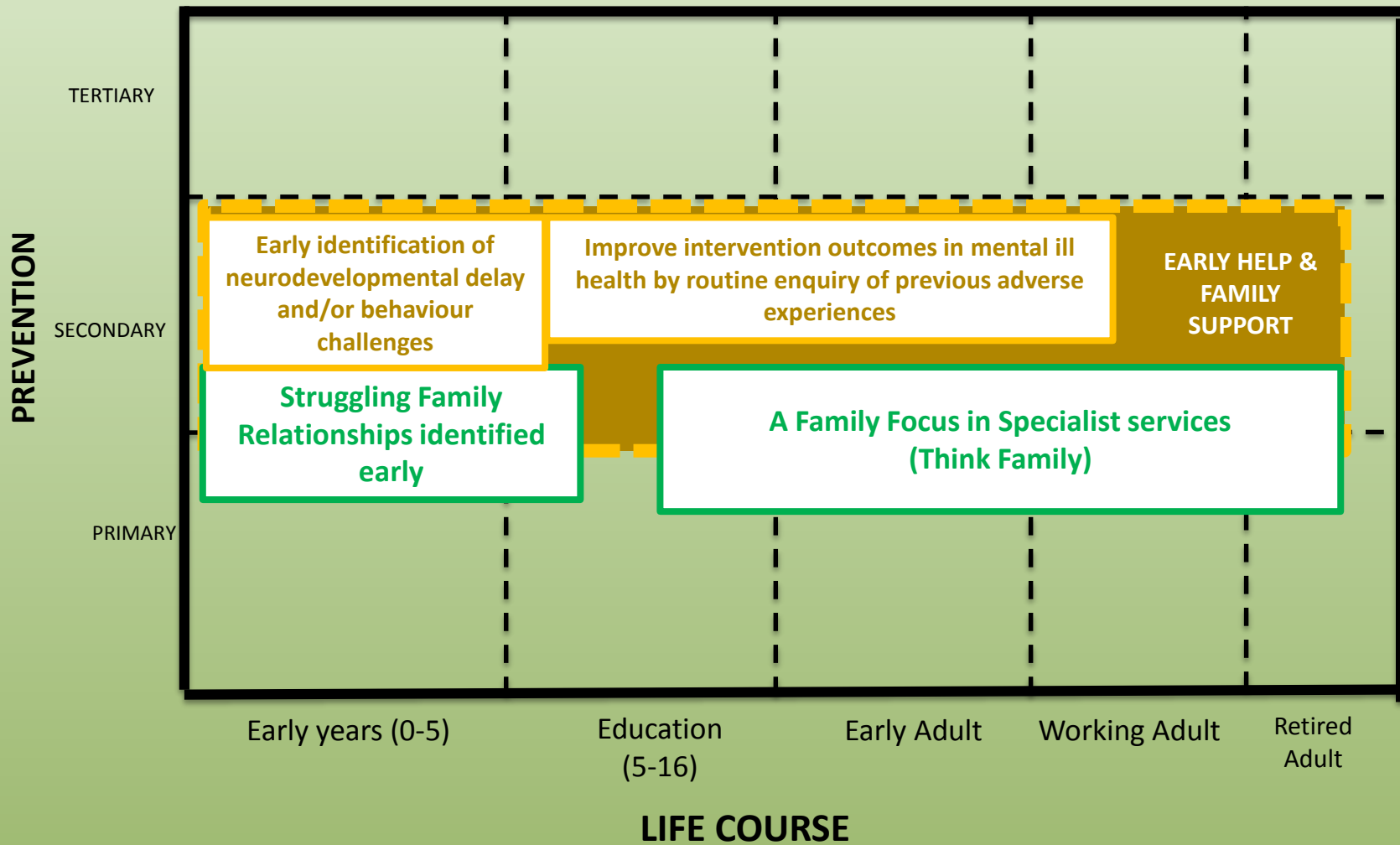
RECURRENT WIDER THEMES

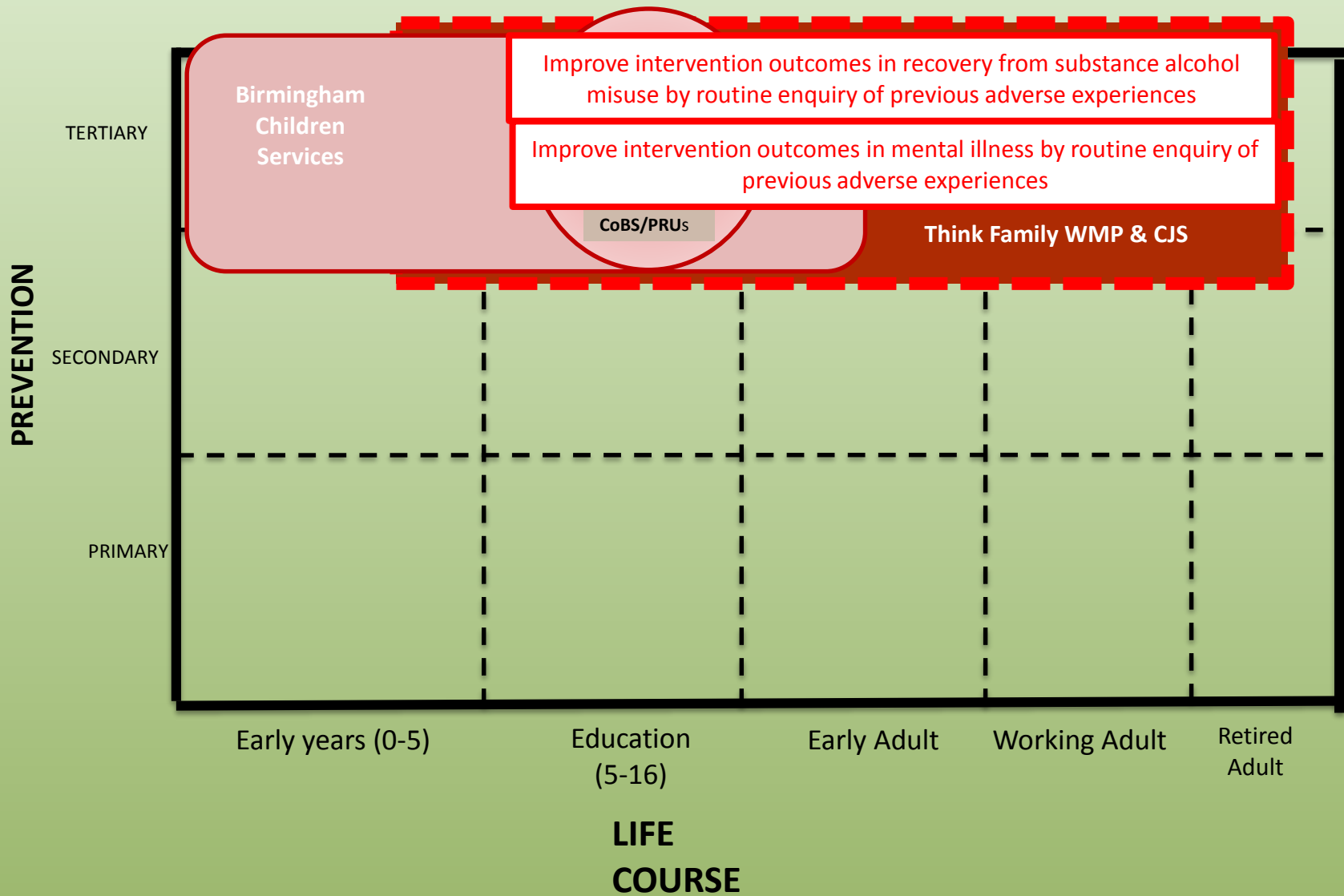
Particularly the combinations of:

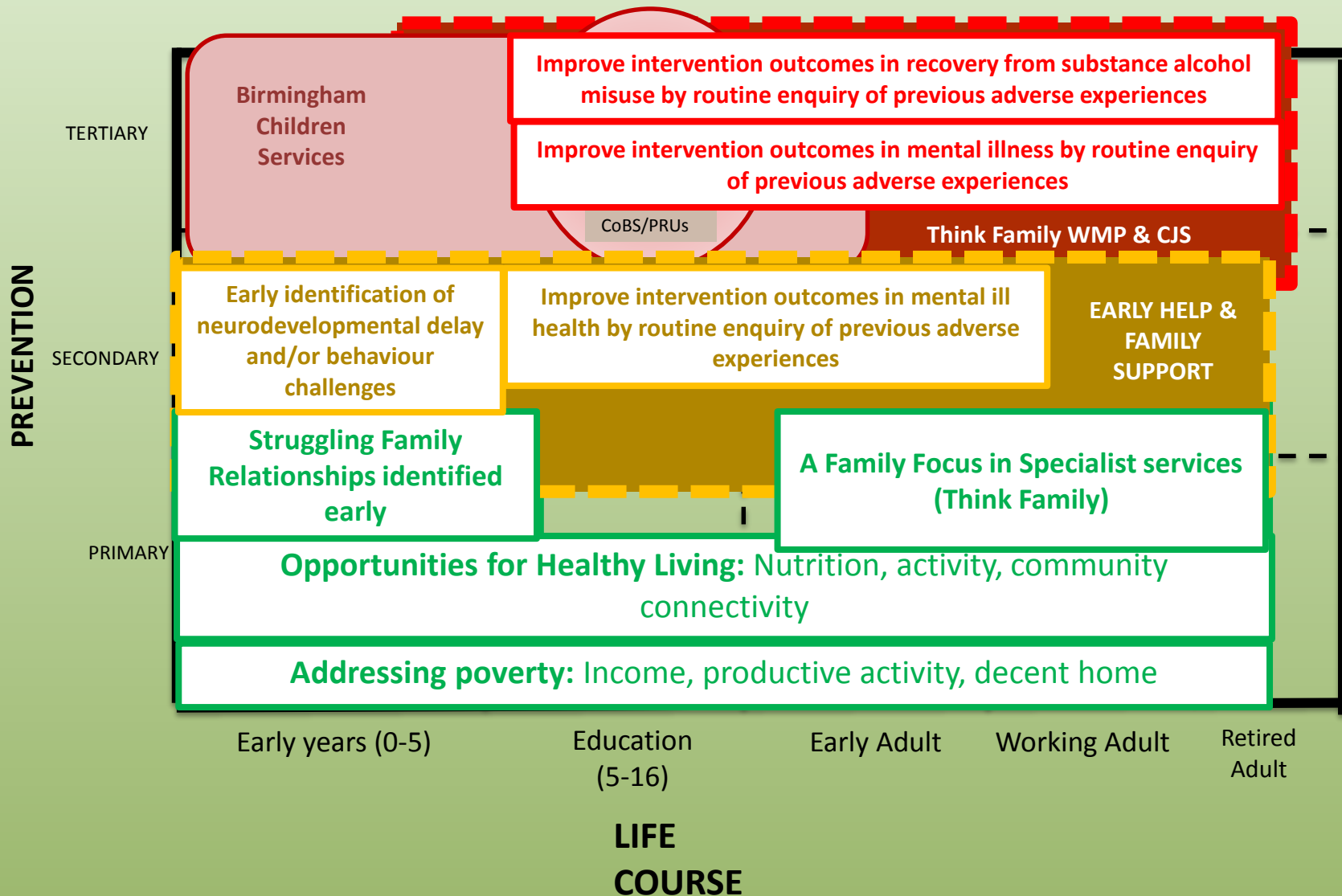
Poverty and work

Poverty and housing quality

Poverty and family relationships







ALIGNING OURSELVES SYSTEMATICALLY TO TAKE THESE OPPORTUNITIES TO REDUCE THE IMPACT

5.1: CULTURAL CHANGE

ALIGNING OURSELVES SYSTEMATICALLY TO TAKE THESE OPPORTUNITIES TO REDUCE THE IMPACT

5.1: CULTURAL CHANGE

5.2: PRIMARY PREVENTION

ALIGNING OURSELVES SYSTEMATICALLY TO TAKE THESE OPPORTUNITIES TO REDUCE THE IMPACT

5.1: CULTURAL CHANGE

5.2: PRIMARY PREVENTION

5.3: ALIGN THE LOCALITY EFFORTS FOR
EARLY HELP

ALIGNING OURSELVES SYSTEMATICALLY TO TAKE THESE OPPORTUNITIES TO REDUCE THE IMPACT

5.1: CULTURAL CHANGE

5.2: PRIMARY PREVENTION

5.3: ALIGN THE LOCALITY EFFORTS FOR
EARLY HELP

5.4: ROUTINE ENQUIRY IN RELATED
SPECIALIST SERVICES

ALIGNING OURSELVES SYSTEMATICALLY TO TAKE THESE OPPORTUNITIES TO REDUCE THE IMPACT

5.1: CULTURAL CHANGE

5.2: PRIMARY PREVENTION

5.3: ALIGN THE LOCALITY EFFORTS FOR
EARLY HELP

5.4: ROUTINE ENQUIRY IN RELATED
SPECIALIST SERVICES

5.5 EVALUATE