

Strategic Statement on Adverse Childhood Experiences (ACEs)

Our aim is to strengthen and coordinate responsiveness to ACEs in Liverpool to build an ACE-resilient city where children are less likely to experience ACEs, where children and families have support and resilience through adversity and where adults are supported to mitigate the potential impact of their own ACEs on their own health and wellbeing and that of their families. Ultimately our aim is for children and families to have longer, healthier and happier lives.

Strategic Aims

- To build an ACE responsive city: to prevent children being impacted by ACEs, to ensure children and their families have support and resilience through adversity and to ensure adults have support and resilience against the potential impacts of their ACEs.
- To communicate the critical importance of this approach and to gain support with reference to evidence surrounding the impact of ACEs locally on people and on the delivery and future sustainability of public services.
- To identify and influence existing local partnerships and services that are essential to this approach and have responsibility to respond to ACEs.
- To use evidence, intelligence and insight to inform a strategic plan that results in measurable responsiveness to ACEs across a range of settings (services, workplaces, education, communities, police, local authority, NHS, third sector etc.).

Purpose

The purpose of the Strategic Statement is to set out the collective commitment of all key partners across Liverpool to recognise and respond to the critical importance of Adverse Childhood Experiences in determining the current and future health and wellbeing of the population. A prevention based framework is proposed with the aim of establishing key opportunities to prevent children being impacted by ACEs, to ensure children have support and resilience through adversity and to ensure adults have support and resilience against the potential impacts of their ACEs. Capitalising on these opportunities requires responsiveness to ACEs and participation in this strategic approach from a range of key stakeholders from commissioners and planners through to front line professionals from a range of disciplines as well as from communities.

The strategic statement is driven by the intent to improve the education, employment, health and emotional wellbeing outcomes of Liverpool children, young people and families and is informed by Liverpool's Children and Young People's Plan, Health and Wellbeing Strategy and within the context of Liverpool's ambition to be a 'Child Friendly City'.

The full strategic statement will:

- Set out the critical importance of a coordinated and collaborative strategic response to ACEs;

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- Utilise a life course approach operating across levels of prevention;
- Form the foundation of a city wide ACEs action plan to operationalise the required response based on the following **key recommendations**:
 - The approach must be collaborative and multi-agency across key stakeholders working with children and families (including the parent or future parent cohort within adult services) and include the perspective of local communities
 - Commissioners and local leaders need to work jointly to create the conditions for evidence based, collaborative/multi-agency working around ACEs
 - The landscape of providers responding separately to ACEs need to be explored and a better aligned and defined ACEs approach should be developed
 - Communities and professionals need to be supported to understand the importance and impact of ACEs and the ways in which they can be survived and overcome
 - Development of stakeholder workforces is an essential element.

Liverpool's Local Intelligence on ACEs:

In the absence of a recognised ACEs intelligence set, the following represent a collection of available relevant indicators:

- Liverpool's percentage of children in need due to abuse, neglect or family dysfunction (82.2%) is higher than the English average (67.3%) and 4th highest in the North West region;
- In Liverpool, 10.2% of all families are lone parent families and 10.8% of all new births are registered by one parent only, the latter is the highest in the region;
- The rate of children in need due to abuse or neglect in Liverpool is 270.9 (per 10,000), which is considerably higher than the national average (181.4);
- In Liverpool, the proportion of children being looked after because of family stress, dysfunction or absent parenting (11.2 per 10,000) is amongst the higher rates in the North West;
- Though latest estimates are somewhat out of date, in 2011/12 there were around 200 Liverpool children whose parents were in alcohol treatment and approximately 285 whose parents were in drug treatment services. As rates, both these measures are comparatively high, but the drug indicator is considerably so;
- It is estimated that 10.4% of Liverpool's children aged 5-16 suffer from mental health disorders. This is amongst the highest prevalence in the country, the highest observed nationally being 11.0%;
- In Liverpool, 378.7 (per 100,000) children aged 10-14 are admitted to hospital for self-harm, this increases to 660.5 for children aged 15-19;
- Data for 2016/17 shows Liverpool schools to have one of the worst rates of pupil absence seen in the country – 5.4% compared to 5.7% for the worst performing area nationally.

Conclusions from Research Evidence and Local Intelligence/Insight:

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- ACEs are a cross cutting priority that influence a range of outcomes across the life course and these outcomes are the focus of input from a broad range of services and professionals;
- Children and families in Liverpool are exposed to relatively high levels of ACEs based on comparison with North West and National rates;
- There may be more local data on ACEs within existing local databases (e.g. CAMHS, Families Programme, Healthy Child Programme, Children's Centres etc.) that could inform a deeper understanding of local needs;
- There is little evidence to indicate that services are utilising data systems to track infant development, health and wellbeing outcomes, to identify families that could benefit from adversity-targeted early intervention initiatives and/or to monitor impact;
- Awareness of the wider impact of ACEs in Liverpool is mixed/partial;
- Awareness of the function of protective factors (e.g. attachment, resilience) is fair/good;
- Most professionals working with children in Liverpool are aware of where to signpost to services that respond to individual ACEs but don't formally ask about ACEs or offer any other evidence based response (e.g. trauma informed)

Liverpool's Strategic Response to ACEs

Liverpool's strategic response to ACEs will generally focus on the following approaches (discussed in greater detail on the full Strategic Statement):

- a) Understand Local Needs
- b) Support for Parents, Families and Children to Prevent Intergenerational Recurrence of ACEs
- c) Reducing the negative impact of ACEs for children and young people
- d) Creating resilience in adults and children
- e) Developing trauma-informed workforces and services
- f) Increasing societal awareness and supporting action across communities, changing culture.

Liverpool's ACE Delivery Group

An ACEs delivery group has been established in Liverpool with the aim of developing and coordinating a strategic response to ACEs. A range of stakeholders representing CCG, Local Authority Children's Services, CAMHS, Public Health, Children's Health Services, Education, Merseyside police, Higher Education/Research have come together with agreed Terms of Reference to review local intelligence/insight and evidence base (including good practice) to inform the approach.