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'ACE's: An opportunity or a set-back?

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#quickeningssteps



Plan for this presentation

- ACES – Research and findings
- Scotland: An ACE aware nation
- ACES – an opportunity or a set back?
- What is good evidence?
- Pregnancy and individualised risk
- Parents and infant determinism
- ‘Cruel optimism’ vs. ‘the organisation of hope’?

ACES

Adverse Childhood Experiences (ACES) are a relatively recent way of conceptualising the effects of harm in childhood.

Findings from large scale survey data collected 1995-1997 (n = 17.337). Self-reporting by adults in California:

‘We found a strong dose response relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults... The findings suggest that the impact of these adverse childhood experiences on adult health status is strong and cumulative’ (Felletti *et al.* 1998; 251).



ACES: The call for prevention

UK ACES studies came later.

Findings from survey of 1500 adults in one U.K. area. Retrospective self-reporting. Strong preventative message.

‘Further work is needed to understand the components of successful programmes necessary elsewhere, especially in countries with universal healthcare systems or limited health assets. However, sufficient evidence is already available for governments to prioritize and invest in ACE-preventing interventions. Too often the focus is on addressing the consequences of ACEs rather than preventing them in the first instance’

(Bellis *et al.* 2014; 89).



Scotland: An Ace Aware Nation

‘The ten widely recognised ACEs, as identified in a US study from the 1990s, are:

Abuse: physical, sexual, verbal

Neglect: emotional, physical

Growing up in a household where:

there are adults with alcohol and drug use problems

there are adults with mental health problems

there is domestic violence

there are adults who have spent time in prison

parents have separated’

(Scottish Government, 2018).



Growing up in Scotland

Reflecting on the ACE 'Growing up in a household where there are adults with alcohol and drug use problems' through Growing up in Scotland (GUS) findings.

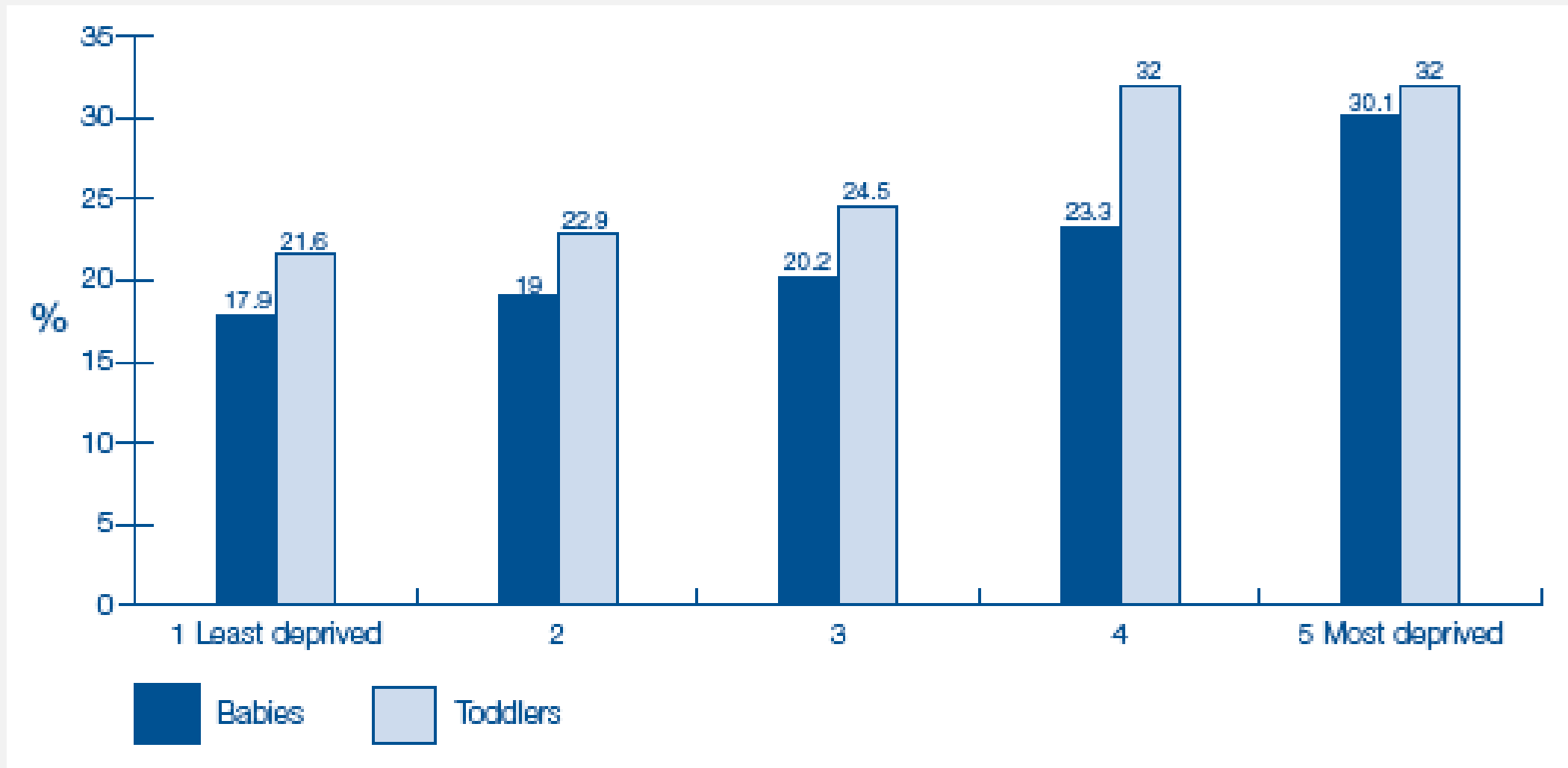
The following chart comes from the report in the 'first sweep' of data, which was based on 2 cohorts of in total almost 8,000 children.

The data comes from face-to-face interviews at home with their 'main carer' (99% = mother).

<https://www.gov.scot/publications/growing-up-scotland-study-following-lives-scotlands-children/>



Figure 9-E Percentage who consume five or more units of alcohol on one occasion at least two or three times a month or more often by sample type and area deprivation quintiles. Source: Growing up in Scotland Report 2007.



Scotland: An Ace Aware Nation

‘As well as these 10 ACEs there are a range of other types of childhood adversity that can have similar negative long term effects. These include bereavement, bullying, poverty and community adversities such as living in a deprived area, neighbourhood violence etc.

We are committed to addressing all types of childhood adversity, and this is anchored in our long-standing, national approach of Getting it right for every child’

(Scottish Government, 2018).



ACES – opportunity or set back for early years?

Does the ‘science’ of ACES strengthen our existing knowledge about the impact of significant harm in early childhood?

Or does it seek to individualise problems that we know to be structural and societal?

Will the impact of becoming an ‘ACE aware nation’ be to prevent suffering or to further embed inequalities and discrimination by ‘positioning poor mothers as architects of their children’s deprivation’ (Edwards *et al.* 2015)?



ACES – opportunity or set back for early years?

‘The ACES approach is not a neutral, evidence-based diagnosis. Rather it reflects certain presumptions and is driven by particular agendas and interest groups (for example, what has been labelled the ‘First Three Years Movement). The ACES approach, as with other attempts to diagnose and label sections of the population as deficient, has the potential for damaging consequences for the children and adults who are said to possess such deficiencies. Further, **viewing social issues through the prism of ACEs may well inhibit our ability to identify and respond to human needs**’ (Edwards *et al.* 2017; 1. Emphasis added).



Evidence by Wendy Cope

“A great deal of anecdotal evidence suggests that we respond positively to birdsong.”

– scientific researcher, Daily Telegraph, 8 February 2012

Centuries of English verse

Suggest the selfsame thing:

A negative response is rare

When birds are heard to sing.

What’s the use of poetry?

You ask. Well, here’s a start:

It’s anecdotal evidence

About the human heart.





An Ethnography of Pre-birth Child Protection

Methods: One year of fieldwork
in one urban Scottish local
authority.

Research Questions

How do social workers and parents navigate the process of pre-birth child protection assessments?

- What do the face-to-face interactions between social workers and parents consist of in practice?
- What are the activities that social workers undertake in order to make an assessment pre-birth?
- How do parents respond to and make sense of pre-birth child protection assessment of their families?
- What do social workers understand the purpose of pre-birth child protection assessments to be?



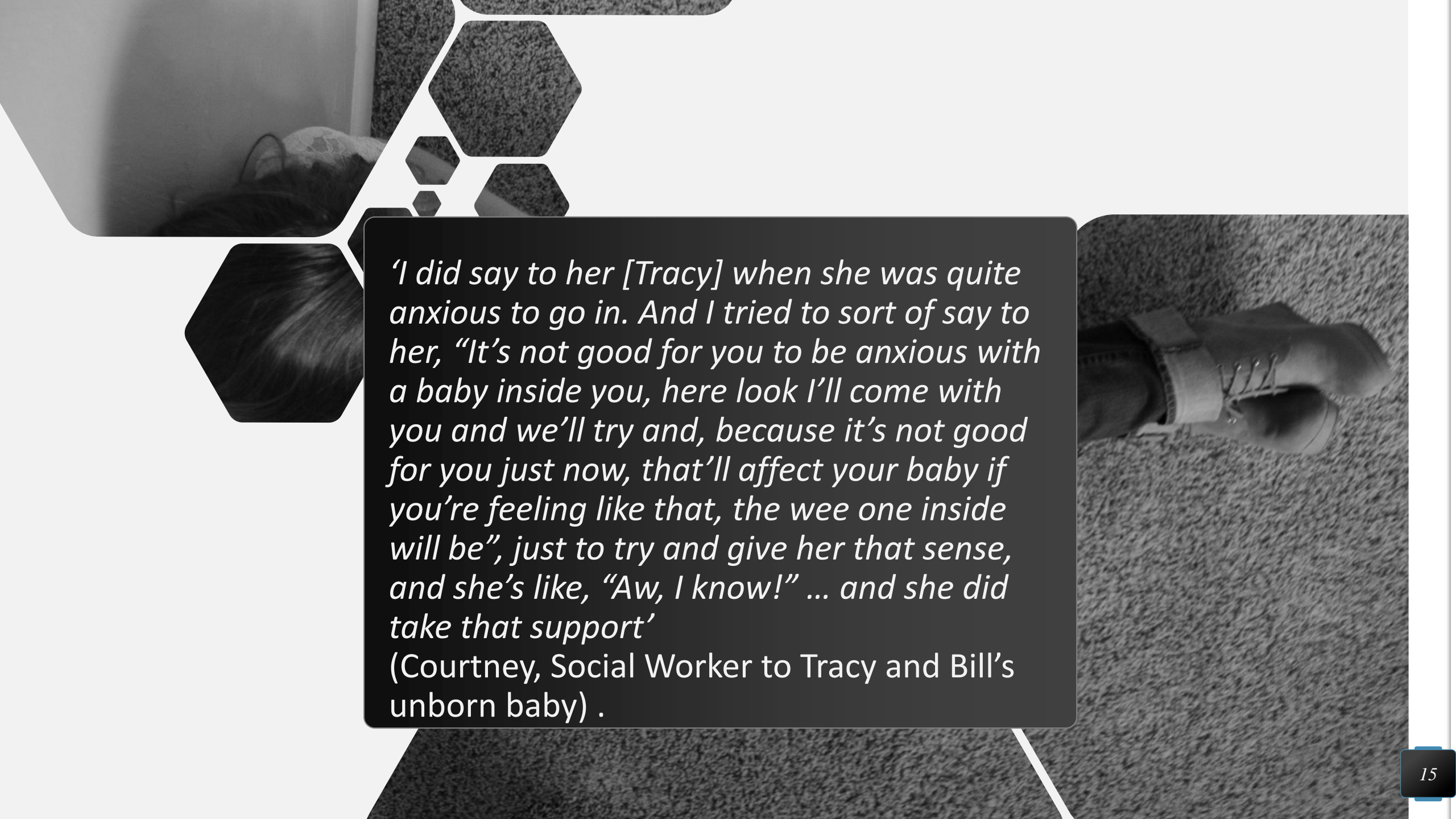
Research Context

Fieldwork took place between the autumn of 2014 and of 2015, this was before 'ACE's had the current impact they have in Scotland.

Related discourses around 'the first three years', 'neuroscientifically informed' ideas about infant development, and the idea of attachment beginning *in utero* were prevalent.

The pressure for practitioners to make the right decisions for potentially vulnerable babies was very apparent.



A collage of images. On the left, there are several hexagonal shapes containing images of a person's hair. On the right, there is a large image of a hand holding a baby. At the bottom right, there is an image of a person's feet wearing boots on a carpeted floor.

'I did say to her [Tracy] when she was quite anxious to go in. And I tried to sort of say to her, "It's not good for you to be anxious with a baby inside you, here look I'll come with you and we'll try and, because it's not good for you just now, that'll affect your baby if you're feeling like that, the wee one inside will be", just to try and give her that sense, and she's like, "Aw, I know!" ... and she did take that support'


(Courtney, Social Worker to Tracy and Bill's unborn baby) .

The Context for the Current Conversation

‘Some of the debate about interactions between individual-level and environmental level risk factors has been aided by the rise in social scientific concentration on cumulative life health and epigenetics scholarship that links life-course outcomes to the time in the womb or even to the mother’s lifetime experiences... Scholars, however, have recently called-out such research for its inclination towards deterministic and mother-blaming language... in a long history of society blaming mothers for all kinds of children’s health problems’

(Waggoner, 2017; 20).





'And like she's a really anxious woman. I mean she wouldn't even go into the foodbank herself. But within all that, how can she keep a baby safe? You know be able to prioritise a baby?'

(Courtney, Social Worker to Tracy and Bill's unborn baby, talking in a research interview about accompanying Tracy to the local foodbank to request food)

'She said, "Look this is my bairn" and aye she says, "does my bairn no' count? Of course my grand bairn counts but what about my kid tae?" And that is a good point tae, it's all about... this kid, but is my life no important as well? And I have said that loads of times eh? Of course the bairn's life is well important. Obviously when she comes it's mair important than mine. In my eyes, being mummy. But my life's equally as important as the next person's'

(Tracy, expectant mother).

'I don't feel like I've been treated even as a human'

(Morven, expectant mother).

How do we understand parents through an ACES framing of the early years?

Macvarish *et al.* have argued that ‘when family life is presumed to be the origin of all social phenomena, political concern for the child inevitably problematizes the behaviour of parents’

(Macvarish *et al.* 2015; 252).

Are parents partners in early years work or part of the infant ‘environment’?



‘Infant determinism is a strong policy song. It is arguably currently enjoying a reinvigorated and enthusiastic cantillation, but other stories are silenced, and possibilities lost in its entrancing, utopian cadence’

(Featherstone *at al.* 2018, 31).



Lost in translation?

Richardson *et al.*s 4 caveats on the application of scientific research to social policy on pregnancy:

1. Animal studies do not directly translate to humans.
2. Paternal effects matter.
3. There are a complexity of factors – intrauterine exposures are only one. Genetic, lifestyle, socioeconomic and environmental factors all interact.
4. Society plays a major role – many intrauterine stressors correlate with social gradients of class, ethnicity and gender.

‘This points to the need for societal changes rather than individual solutions. Although remembering past excesses of 'mother-blame' might dampen excitement about epigenetic research in developmental origins of health and disease, it will help the field to improve health without constraining women's freedom.... in a long history of society blaming mothers’

(Richardson *et al.* 2014).



‘Cruel optimism’ vs. ‘the organisation of hope’?


‘If you are a country with poorly developed social systems, do something. It will make a difference. If your country is on the way, do more. And if you are in the Nordic countries, do it better. Do something. Do more. Do it better’


Marmot (2016; 346).






Thank you for listening. Questions?

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<http://publichealthy.co.uk/good-intentions-but-the-right-approach-the-case-of-aces/>

You can find a short briefing on Ariane's doctoral research findings here:

<https://drive.google.com/file/d/1lh13wotQyCGirDyg3Nx9S6BPeeEY2aZd/view?usp=sharing>