## **ADVERSE CHILDHOOD EXPERIENCES (ACEs)**

### **Further Information**

To get involved in this movement please contact:

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Find out more on the MSP website at www.manchestersafeguardingp artnership.co.uk

What Are We Doing?

outlines our plans.

city by 2025.

Following our pilot project in

Harpurhey we are rolling out ACE

awareness training & developing

trauma informed approaches across

Manchester. We have a strategy that

Our ambition is for Manchester to

become a trauma informed

### What are ACEs?

Adverse Childhood Experiences (ACEs) describe a wide range of stressful or traumatic experiences that may occur up to the age of 18.

The original ACEs study in the late 1990's referred to ten specific categories of exposure including:

- Abuse emotional/physical/sexual
  - Neglect emotional/physical
- Household e.g. DVA, substance abuse, mental illness, parental loss.

Other types of adversity exist eg. poverty, homelessness, bullying, discrimination, separation from care giver to foster care or migration.

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### Why Do They Matter?

ACEs are common - in the UK nearly 50% of people have experienced at least one ACE, with 9%-12% experiencing 4 or more ACEs.

There is a dose response relationship between ACEs and the development of poor physical, mental and behavioural health.

> Experiencing 4 or more ACEs is associated with significantly increased risk for 7 out of 10 leading adult causes of death, including heart disease, stroke, cancer, COPD, diabetes, Alzheimer's and suicide.

### What Do We Know?

Exposure to intense, frequent, or sustained stress; without the buffering care of a supportive adult; can lead to long-term changes in our brains and bodies, such as an increased risk of developing high blood pressure or infection and autoimmune

> become shaped for offensive and defensive purposes.

In the face of interpersonal trauma, all the systems of the social brain

### What Can We Do? Why Is This

Look 'behind the behaviours' and consider what the root cause of the presenting behaviour may be.

Use protective factors to build resilience e.g. secure attachment, opportunities for positive activities and supportive networks.

Adopt a trauma-informed approach with a focus on 'what happened to you?' instead of 'what's wrong with you?'

Consider how to apply the core principles of trauma-informed practice: Safety - Choice - Collaboration - Empowerment -

# **Important To Manchester?**

Manchester residents have poorer health outcomes and a lower life expectancy than people living in other areas of the country. We have one of the highest rates of premature deaths in the country and high infant mortality rates.

Health services alone cannot improve people's health and reduce health inequality. We owe it to our residents to change the way we work and do something differently to improve their health and reduce inequality across all age groups.



More information can be found on our website at www.manchestersafeguardingpartnership.co.uk Contact us at manchestersafeguardingpartnership@manchester.gov.uk