

Inspiration from ACE Interrupters in Great Britain

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*Sharing the stories of individuals who have
made a remarkable difference to those affected
by Adverse Childhood Experiences (ACEs)*
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Sharing the stories of individuals who have made a remarkable difference to those affected by Adverse Childhood Experiences (ACEs)

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Contributors: Interviews were undertaken and written by Emma Clark.

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The ACE interrupters we meet in this book are from across England, Wales and Scotland and were interviewed between May and November 2019. Where appropriate, some names have been changed to protect anonymity.

If you are affected by any of the issues raised in this book and would like further information or support, please contact your GP in the first instance. Alternatively, you may want to seek support from the following organisations:

- **NSPCC** is a major UK charity specialising in child protection and the prevention of cruelty to children. The NSPCC's purpose is to end cruelty to children. Help for adults concerned about a child: Call 0808 800 5000 or text 88858. If you are an adult that experienced abuse as a child, the NSPCC can also provide help and advice.
- **Victim Support** is a national charity giving free and confidential help to anyone affected by crime. Call 0808 168 9111.
- **Samaritans** If you are in crisis, or something is getting you down, the Samaritans can be contacted 24 hours a day, every day of the week. Call 116 123.
- **Relate** is a counselling service working to promote health, respect and justice in couple and family relationships. Call 0300 003 0396.
- **Mind** provides advice and support to empower anyone experiencing a mental health problem. It campaigns to improve mental health services, raise awareness and promote understanding. Call 0300 123 3393 or text 86463.

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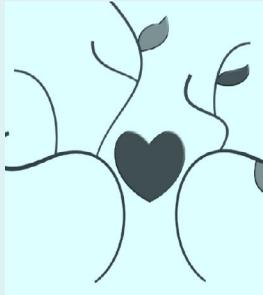
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Introduction

For many, it will come as no surprise that adverse childhood experiences or ACEs (Box 1) can have a lifelong impact on the behaviour, health and life course of individuals. Those working with children and families will be aware of how chronic childhood trauma from abuse, neglect, or living with circumstances such as domestic violence, can result in children careering into a problematic adolescence, and later an unhealthy, unproductive and sometimes criminal adulthood. Sadly, those with a legacy of ACEs may never reach their true potential. All too often they go on to have children who also suffer ACEs, meaning toxic childhood trauma is passed from generation to generation.

“I thought maybe I am crazy, maybe I am so delusional about my ability as a parent because I had nothing to compare it to”

Lily, page 13

However, it is also apparent that many individuals who suffer ACEs do manage to flourish, going on to live happy and healthy lives. Escaping the impact of a traumatic childhood is often aided by support, direction and hope from a trusted individual – sometimes acting alone, often as part of a broader service. This book collects together stories of such pioneering individuals. Known as ACE interrupters, these are people who have helped prevent ACEs, reduced their impact on children, or supported adolescents and adults whose health and life course prospects were otherwise diminished as a result of their childhood experiences. These are real stories of real people; the challenges they have faced and continue to face; their achievements and the goals they continue to strive for. Whilst sometimes shocking, saddening or even infuriating, it is hoped that these stories will also be heart-warming, reassuring and ultimately inspiring. In these stories, we see how passionate individuals can be responsible for considerable change to improve the lives of others.

“We’ve got to do a lot more to keep these children part of society, it’s too easy to write them off”

Eileen Shannon, head teacher,
Victoria Road PRU, London, page 16

Box 1: What are adverse childhood experiences or ACEs?

ACEs is a collective term used to describe suffering physical, sexual or emotional abuse or neglect as a child, or growing up in a household affected by domestic violence, substance use, mental health issues or substantive problems with criminal justice.¹ ACEs was a term first used by Dr Vincent Felitti in the US in the 1990s - he found that many of his patients who were failing to control their weight were suffering from unresolved childhood trauma, particularly sexual abuse. Such patients reported that eating provided a coping mechanism and that their weight gain helped them feel safe from abuse.

Working with the US Centers for Disease Control and Prevention, Dr Felitti developed the first ACE Study to further examine these issues in a sample of 17,000 patients. They found strong relationships between the number of ACEs suffered in childhood and a wide range of health-harming behaviours as well as physical and mental health conditions experienced as an adult.² The ACE questionnaire has since been widely used in research across many settings and countries, including in England³ and Wales,⁴ leading to the creation of a large evidence base on the harmful impacts that ACEs have across the life course.

The occurrence of ACEs across the nations of the United Kingdom (UK) and in other countries around the world is alarming. Overall, about half of adults in the UK appear to have experienced at least one ACE while growing up, and more than 1 in 10 experienced in excess of four.⁵ Between 14% and 16% in England and Wales report a history of childhood physical abuse (Box 2). Although it is difficult to estimate how many children are currently exposed to ACEs, figures suggest that around 16% of children in England aged 0–5 years and 19% of those aged 6–15 years are presently growing up in a household with an adult that has been the victim of domestic violence, experienced mental illness or a substance use problem.⁶ An estimated 40,000 children in Scotland are the victims of child maltreatment.⁷ Across England, Wales and Scotland, over 100,000 children each year are affected by having a parent in prison.⁸ These figures may considerably underestimate the true extent of childhood adversity, which is not limited to the ACEs outlined in Box 2. Increasingly the impacts of experiences such as bullying, death of a parent or sibling, exposure to community violence or war, and living with adverse economic conditions are recognised.^{9–11}

Box 2: The percentage of adults exposed to ACEs in England and Wales^{3,4}

	ACE type	Adults in England	Adults in Wales
Child maltreatment	Verbal abuse	17%	20%
	Physical abuse	14%	16%
	Sexual abuse	6%	7%
	Emotional neglect	-	7%
	Physical neglect	-	4%
Childhood household included	Parental separation	23%	25%
	Domestic violence	12%	17%
	Mental illness	12%	18%
	Alcohol abuse	9%	13%
	Drug abuse	4%	6%
	Incarceration	4%	4%

“When I was about four to five, my dad was an alcoholic and my mum worked full time. She was never home, it felt like she never interacted with me, she didn’t love me, she didn’t care about me”

Chloe, page 39

“I was always scared. I could never take in what anybody was telling me”
Kevin Neary, founder of Aid & Abet, Edinburgh, page 27

To ensure we continue to see the people behind these statistics, a few courageous individuals in this book also share their life-stories, discussing the ACEs they personally experienced while also highlighting the resources they drew upon for support (Lily, Kevin and Chloe relate their stories on pages 13, 27 and 39).

The impact of ACEs can be immediate and visible if a child is harmed by physical abuse or shows signs of physical neglect that may potentially result in the need for medical treatment,^{12,15} but not all affected children come to the attention of supportive services. The impact of ACEs on child mental health includes very young children and can increase rates of childhood anxiety and physical symptoms, such as headaches, skin complaints and digestive problems.¹⁴ Children who have poorer mental health and behavioural issues, such as hyperactivity or problems managing relationships, are more likely to regularly miss or even be excluded from school.¹⁵ Even when in school, children who are suffering adversity at home can find it harder to trust and engage with teachers and peers; many will have behavioural problems. In Wales, nearly 30% of individuals with no ACEs reported that as a child they always had a teacher for personal support.⁴ Among those with multiple ACEs, the figure is less than 10%. Lack of trust in educational and other services can further isolate individuals from the very professionals responsible for providing support.

“It gets you thinking about if x, y and z has happened to that young person, then I don’t condone what they’ve done, but I understand why and because I understand why, I can do something to help”
Chief Inspector Jack Rowlands, Metropolitan Police, London, page 49

“We always ask the pupil who is struggling, ‘Who’s the member of staff who you’ve got the best relationship with?’ and then we arrange daily check-ins with that member of staff”

Rob Green, assistant head teacher, Pencoed Comprehensive School, Wales, page 10

Box 3: Perceived service supportiveness and disclosure of ACEs to a professional

The Welsh ACE and Resilience Study finds that individuals who have been exposed to four or more ACEs have lower expectations of services and employers being supportive to them than individuals who have experienced no ACEs.⁴ For example, the proportion of respondents who thought that social services would be not at all supportive if they needed help from them increased from 8% in those with no ACEs to 19% in those with four or more ACEs.⁴

Studies suggest that few adults who have experienced ACEs have ever spoken to health professionals about these experiences.¹⁶ When a large general practice in Lancashire, England, piloted routinely asking patients about their ACEs, two thirds (67%) of patients with ACEs reported that this was the first time they had told a professional or service about them.¹⁷ Asking service users if they have experienced ACEs may provide opportunities for those individuals to better deal with their experiences, but the actual impacts of such ACE enquiry on individuals’ health is not yet fully understood.¹⁸

Many of our ACE interrupters describe helping children to become more resilient (Box 4), particularly when their home environment is toxic and they need someone to make them feel safe and supported. With such resilience and support, individuals can thrive despite their ACEs. Some even achieve fame by channelling the impacts of their adverse experiences into sporting excellence, music or other creative arts.^{20,21} More often, those who have suffered ACEs may be drawn to caring health, social and educational careers, motivated by a need to prevent similar suffering in others.²²

Those who have experienced the impact of childhood traumatic events often never tell a professional about their experiences – even as an adult (Box 3). The stories captured here introduce professionals who go the extra mile to engage individuals affected by childhood adversity, establishing themselves or their service as a trusted resource. The difference a trusted individual makes to a child’s life can be profound.¹⁹ The opportunity to escape from persistent threats in the home environment, even for a while, allows some children to relax and recover from a highly emotional state of feeling threatened, learn trust and develop hope for the future. Key relationships can become protective factors that allow individuals to turn toxic stress from ACEs into something more manageable and less damaging to their immediate and long-term health (Box 4). This may not undo all the problems caused by ACEs but can help to dramatically reduce the risk of harmful coping strategies such as substance use, and improve the child’s mental wellbeing.⁵ A bond with a trusted adult can also provide an alternative to potentially destructive relationships with gangs or those taking part in other anti-social behaviours.

“These kids, you give them hope, you persevere with them and you show them love, it’s extraordinary the response that you get”

Iain Smith, defence lawyer, Livingston, page 7

“If you’ve not met yourself, i.e. if you’ve not challenged your own trauma, you will struggle to help someone else”

Mel Berry, former captain of the Wales women’s rugby team, page 33

The idea that the direction of people's lives can be set in childhood is by no means new. However, what science has added in recent years is just how much influence childhood conditions cast over people's lives and for how long. A child suffering multiple ACEs is much more likely to leave school with no qualifications.²³ Later in life, they are more likely to binge drink, smoke or be involved in violence.²⁴ As adults, those with four or more ACEs are 20 times more likely than those with no ACEs to be incarcerated.²⁵ Perhaps more surprisingly, even in middle age, the legacy of a traumatic childhood can considerably increase the risk of chronic diseases like cancer and heart disease.²⁴

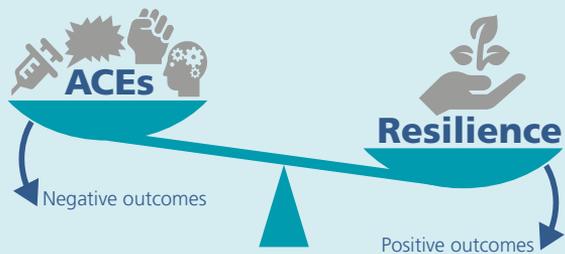
The cost to individuals suffering ACEs is enormous, in many cases depriving them of what could be a happier, healthier and more productive life. The costs to society as a whole are also becoming increasingly apparent, as is the potential for benefits to individuals and society if ACEs are addressed. Across Europe and North America, the annual costs of the health harms resulting from ACEs are estimated at more than \$1.3 trillion per year – equivalent to at least \$1,200 per year for every person that lives in North America and Europe.²⁶ So much hardship could be avoided, and so much money saved, if more was invested in preventing ACEs and delivering the types of support and initiatives that are captured in this book.

Built on the successes of people like those interviewed in this book, our views and our responses to those who are suffering or have suffered childhood trauma are changing. Approaches that risked isolating or further punishing those with ACEs are being superseded by a more enquiring attitude, which asks why a child is behaving badly, what might be the underlying cause of mental and physical health conditions seen in children and adults, or how someone has ended up in the criminal justice system. The tools to prevent ACEs, build resilience or address the damage created by ACEs are also emerging.^{27,28} ACE-related programmes in schools, in primary care and with frontline police are already showing promising results, and what was once the initiative of a few trailblazers is increasingly becoming the practice of many.²⁹⁻³¹

The stories in this book serve as a reminder of how some lives start off on difficult and destructive paths; how by being kind and curious we can become better at understanding behaviours; and how all of us in society have a part to play in helping these individuals to find healthier and happier outcomes.

Box 4: What is resilience?

Resilience is the ability to overcome serious hardship and can be visualised as a balance or a seesaw, with protective factors – which build an individual's resilience – counteracting the harmful impacts of ACEs. Protective factors or sources of resilience can be built at an individual, family or community level. Protective factors during childhood can include having a relationship with an adult who is supportive and trusted, or regularly taking part in sports.



Adapted from <https://developingchild.harvard.edu/science/key-concepts/resilience/>

“Everybody is interested and it’s got such a price tag attached to it, in terms of the cost to society”

Liz Gregory, joint head of child and family psychology service, NHS South East Wales, page 45

“If there are the right protective factors around that child, they will have a better chance”

Pattie Santelices, strategy officer, City of Edinburgh Council, page 36



Iain Smith

– the revolutionary

**Criminal defence lawyer,
Keegan Smith Defence Lawyers, Livingston**

During the spring of 2018, Iain Smith's friends were growing increasingly concerned about his eccentric behaviour. Iain, a Scottish criminal defence lawyer, had recently stumbled upon some research on childhood trauma and how it affected development of the brain. "They thought I was mad and that I was having a mental breakdown," he says dryly. "One of my friends texted me to ask if I was feeling okay." The evangelical zeal with which Iain was broadcasting his new knowledge also bemused his colleagues in the criminal justice system. "They would think, 'This is a bit odd, you're a bit odd' – I sensed that from judges and I still sense it from judges." To some extent, his friends and colleagues were not far off the mark. Iain had undergone something of a conversion. He describes his discovery as a genuine lightbulb moment.

The scales fell from Iain's eyes in March 2018 – he had found himself in an education centre in Wester Hailes watching James Redford's documentary, *Resilience*. The film explores the science behind adverse childhood experiences (ACEs) and the long-term effects of toxic stress on the brain and the rest of the body. After the screening, it dawned on Iain that the ACEs research was applicable to his own clients – young men and women whom he regularly defended in the law courts for drug charges, breaches of the peace, petty theft, assault and other such offences. "This is about my clients who are not only the perpetrators of crime but actually the victims of neglect, of crimes to some extent, like being abused," he says. "And this was an explanation as to why these angry, resentful, anti-authority young people would creep into my world and often stay there." Most would re-offend and almost none overcame their drug addictions. "As it turns out, addiction wasn't really the issue – the issue was the trauma, what was hiding underneath and how they coped with it."

.....
*"... Addiction wasn't
 really the issue – the issue
 was the trauma ..."*

The research on ACEs provided a missing piece in the puzzle. For years, Iain had assumed his clients were following in the path of parents and grandparents, ground down by poverty and the communities they lived in. Now there was a more complex explanation. He realised his clients may have been stuck on a path of self-destruction since childhood, their brains biologically affected by their dysfunctional upbringing. "Their stress response is such that they would rather medicate themselves on heroin to take away the trauma they suffered [which] is more logical than saying, 'I'm going to copy Mum and Dad'." This new knowledge did not sit well with Iain. "I felt for 25 years I had failed the people I thought I was trying to help," he says flatly. "I never felt they were bad people, but I thought there was an element of choice... whereas now I think a lot of it is not controlled."

As a young lawyer, Iain trained at a prestigious Edinburgh law firm before deciding to set up his own partnership, Keegan Smith Defence Lawyers. He grew up in Livingston and was the first person in his family to go to university. From a young age, he took a keen interest in human nature, often wondering why "nice children" in his class sometimes bullied the other kids. "People become criminal lawyers because they care about people," he says. "They care about people who are the most marginalised in society, the downtrodden, the homeless, broken people, people who are

often the hardest to like and in the greatest need of love.” For all of his soul-searching, Iain has a keen sense of humour, often undercutting his more serious observations with a timely one-liner. At one point, he describes himself as “this cheeky little prick of a lawyer” bent on challenging the establishment to take a trauma-informed approach to criminal justice.

Iain’s lightbulb moment fuelled a period of intense research, where he attended conferences, watched documentaries and read several books, despite recently discovering he was dyslexic. “Although I don’t like reading, I forced myself to read fairly complex literature on the science behind ACEs.” He absorbed new ideas from US paediatrician Nadine Burke Harris and the Canadian physician Dr Gabor Maté. “I wanted to immerse myself in it because I realised... if we’re clever about this and we offer to help people, then we could revolutionise the justice system.” It was a bold conclusion – one that has driven his crusade to educate everyone around him, including judges, prosecutors, social workers and even senior figures in justice system – anyone who would listen and a few who did not.

On a micro level, Iain changed the way he practised as a criminal lawyer. Nowadays, his mantra is to signpost his clients to other agencies or charities whenever possible and to do everything in his power to prevent them from re-offending. “Before court individually with clients, I would listen harder, be a bit nosier, would be asking more questions about what’s happened to you to get to this point.” He strives to create relationships with his clients, building up trust, which has resulted in many of them confiding in him. “I have, over the past year, probably around 12 clients who have told me they have been sexually abused – two or three of them who never told anyone else, male and female.” Teenage clients who drink to excess, take drugs, or have experience of the care systemⁱ set off alarm bells as the chances of them having ACEs are statistically high.

Iain believes this greater level of vigilance has brought about visible changes in the young people he represents. “These kids, you give them hope, you persevere with them and you show them love, it’s extraordinary the response that you get.” Since he changed his practice, he has reduced the re-offending rate among his clients and consequently watched his income from the Scottish Legal Aid Board decline. “I might make 10, 15 thousand pounds out of a client who is a prolific offender, every year, but now they’re not doing that, which is good.” However, with his commercial head on, Iain recognises that this model does not make good business sense, particularly for younger lawyers who are still looking to establish themselves. With this in mind, he met with the Legal Aid Board to explore ways of using mentors with experience of trauma to guide career criminals out of the system, rather than placing the onus on lawyers.

Not that Iain is about to let anyone off the hook. He is emphatic about the need for the key players to take a more compassionate approach to criminal justice. Since agitating for change, he has noticed that background reports on his clients by social workers have become more proactive about naming ACEs. “We as professionals, we are required to change – we as lawyers, we as social workers, we as judges, we need to alter our behaviour, how we treat people with dignity and respect, before we can expect the people who are hurt and damaged to change.” He cites the example of a 19-year old boy who failed to comply with a community payback order and was forced to appear before a judge. Prior to the hearing, Iain discovered the man was homeless and struggling with a drug addiction, but was in fact trying to turn his life around with the support of several charities. In light of this, Iain audaciously asked the judge to praise the boy for his efforts so far, rather than punish him

ⁱ In Scotland, a third of young offenders identified as having been in care at some point in their life, according to the Scottish Prison Service.³²

(his boldness elicited gasps from court). He recounts the judge's reply: "I'm not going to praise him; I'm thinking about jailing him." Nevertheless, Iain managed to secure bail.

Four weeks later, the young man appeared at the Edinburgh Sheriff Court, armed with reports Iain had obtained from social workers, the NHS, the housing department and the charities. The reports revealed how the young man sustained broken ribs by age of eight months, suffered family neglect, witnessed his parents' alcohol and drug addictions, as well as domestic violence, and was introduced to heroin at the age of 14 by his mother. "I was ready to go guns blazing with this judge," recalls Iain. However, the judge told Iain to sit back down and then spent 10 minutes praising the young man for his attempts to sort his life out. She also allowed him to go back on the community payback order. Afterwards, the young man told Iain, "That's the first time anyone has said something nice about me."

The incident is a small victory in Iain's battle to win hearts and minds. As part of a "top-down" approach, he has written articles in the *Journal of the Law Society of Scotland* to spread the word about the impact of ACEs and presented at conferences. With a group of like-minded professionals, he tried to persuade the Judicial Institute – a body responsible for training judges throughout Scotland – to stamp its authority on the ACE campaign (the training judges apparently took what he said on board). Iain also lobbied the Scottish Sentencing Council to consider the impact of ACEs when setting guidelines for sentencing – there have been some amendments about weighing up the "circumstances" of the offender, a concession perhaps to the ACE movement in general. Finally, Iain was instrumental in setting up a West Lothian ACEs Hub to promote collaboration between the education, health and justice sectors.

In March 2019, he scored a PR coup by persuading Community Justice Scotland to bring over two judges from the US to share their ideas about *procedural justice*. This is where judges preside over courts with compassion, treating defendants with respect and dignity. In a tightly packed schedule, Judges Ginger Lerner-Wren and Victoria Pratt presented their views at three conferences, including an event at the Faculty of Advocates, attended by several Scottish high-court judges and sheriffs. The media coverage was positive, although there were some mutterings behind the scenes about the Americans "telling us what to do".

At times, Iain admits to feeling lonely and demoralised. "There is continued resistance to small people like me telling big people what to do." Despite the setbacks, he remains relentless in his efforts to create an ACE-aware justice system. Almost two years on, friends and colleagues no longer believe he is heading for a nervous breakdown. Clients, meanwhile, see him as a father figure – "I don't seek to do that, but some of them might not have another adult role model who gives out praise." One prolific offender even reduced him to tears after Iain's mother passed away. "He pulled me uncomfortably close and said, 'I'm sorry about your mum, wee man.'" At the memory, Iain's mouth twitches and he glances down at the floor. "This guy, this 'monster', has taken the trouble because he cares," he says. "He was a prolific heroin addict, he's done terrible things, he's spat on police, but I don't see him that way." When the revolution comes, it will be one of mutual care and compassion.

Iain would like to pay tribute to Tina Hendry, a former police officer who campaigned to increase awareness of childhood trauma in Scotland. Sadly, Tina passed away in February 2020. It was at the Wester Hailes screening of the film Resilience that Iain first met Tina. He recalls how she cross-examined him, sceptical of his motivation for attending the screening: "What's in this for you?" she asked. Taken aback, I managed to stutter, "I just want to help folk." Iain describes Tina as having an incredible influence on him.



Rob Green

– pastoral at heart

Assistant head,
Pencoed Comprehensive School, Wales

Everything shifted for Rob Green when he became a father. His career, prior to parenthood, had been focused on teaching information technology and setting up data-tracking systems in schools. He was good at what he did and got promoted quickly, but found he didn't enjoy the systems work. "There was always something missing," Rob says. "I can't describe it – it wasn't as fulfilling." A close colleague advised him to diversify into wellbeing, to pick up experience dealing with conflict between pupils. "When I started to go into wellbeing, I was a father as well," says Rob. "Being a parent really does change you because that's somebody's child that you're dealing with." He now has five daughters of his own, as well as a pet dog. "Don't ask," he jokes, "I've got a teenager down to a three-year old."

“... I'm a people person more than anything else ...” As assistant head of Pencoed Comprehensive School in south Wales, Rob has found a job that fulfils his need to nurture. "I could never do another role now," he says. "That is where my skillset is – I'm a people person more than anything else." With the support of head teacher Edward Jones, Rob has made wellbeing a priority at the school, introducing programmes to tackle challenging pupil behaviour, attendance and mental health issues. The school also signed up to a pilot training scheme to understand the impact of adverse childhood experiences (ACEs) on some of its pupils. The pilot to roll out and evaluate training in Welsh secondary schools is an initiative by the ACE Support Hub.ⁱⁱ

Pencoed School, a mixed comprehensive in Bridgend, has about 900 pupils, aged between 11 and 18. Its catchment area includes the small town of Pencoed and the countryside beyond. In 2016, about 15% of its pupils were eligible for free school meals, below the national average of 17.4% for secondary schools, according to Estyn, the Welsh education inspectorate. "It's a lovely school, lovely pupils, lovely parents," says Rob, who initially worked at Pencoed as head of IT, before leaving in 2011 to join the senior leadership team of a boys' school in Barry. He returned to Pencoed as assistant head in 2017. "When I came back, it dawned on me the big impact that mental health was having on inhibiting our pupils," he says. "It really interested me and we did have pupils when I looked into it who did have a few ACEs."

One of Rob's first tasks was to address the dysfunctional dynamic between a group of girls. "A lot of my time last year was dealing with relationships between girls," he says. "They didn't have resilience, self-respect or respect for others." One stood out – she was one of the worst-behaved pupils in school. Within a matter of months, however, this same pupil was participating in assembly, representing the school council and delivering a pupil manifesto. She owes

“... They didn't have resilience, self-respect or respect for others ...”

ⁱⁱ The ACE Support Hub has received £1.2 million funding over three years from the Welsh Government to promote systems change that transforms public services, and Welsh society, to be ACE-aware and trauma-informed. Training is offered to all schools in Wales.

her transformation to “girl power” – or more specifically Pencoed’s girl-power programme designed to deal with resilience and relationship issues.

This particular girl was exceptionally bright but had experienced a number of ACEs. “A clever child who misbehaves, they are the hardest type of pupil, they really are,” says Rob with a chuckle. “But this year there’s not been one incident of anything, not even low-level.” Helping to turn this pupil’s behaviour around was hugely rewarding. “I’ve got such a soft spot for her, but she doesn’t know that. I’m tough on her because I really see the potential in this girl and I think she’s great, she’s got
 that edge to her.” Other girls from the programme have gone on to
 “... *It’s about empowering them to lead ...*” work with children from local primary schools, developing a film
 about resilience. “It’s about empowering them to lead,” he says.

In the summer of 2018, as part of the secondary school pilot, the ACE Support Hub delivered training to 20 key staff in Pencoed’s pastoral team, who then cascaded it to the rest of the staff. Rob believed it was vital to up-skill *all* members of staff during the training, even non-teachers. “We always ask the pupil who is struggling, ‘Who’s the member of staff who you’ve got the best relationship with?’ and then we arrange daily check-ins with that member of staff,” he explains. “But it may not be staff trained in emotional literacy, it may not be the head of year, it could be anybody, it could be a lunchtime supervisor who is their go-to person.”

The training involved four sessions, including emotional coaching and how to deal with a pupil in crisis. “It was hard-hitting and the staff didn’t realise the impact that ACEs could have on our pupils,” he recalls. Afterwards, he put together case studies, based on real pupils at the school, for staff to discuss confidentially during an inset day. “We asked, ‘How do we handle this pupil [with multiple ACEs]’... and so staff teased out how we could manage that pupil.” One teacher, who had worked in some tough schools, told Rob it was the best training she’d ever had. “Those who are pastoral at heart did buy into it,” he says.

For Rob, the most resonant part of the training was emotional coaching and an awareness of how the brain works – “how a child *is* if they’ve got a number of ACEs and the fight, flight or freeze mode and the fact that they’re always in that mode”. Emotional coaching puts the emphasis on teachers showing curiosity and empathy. “Shouting at pupils does *not* work,” he stresses, “it’s acknowledging, it’s being calm, restorative.”

As a result of the training, the school has developed initiatives to improve its care of children with ACEs. The girl-power programme is one example, along with a new buddy system to link up pupils joining the school with sixth formers, and a martial arts class to boost pupil self-esteem. Staff are also making a conscious effort to “move from the negative to the positive”. An existing rewards system at the school has been re-oriented to focus on positive behaviour. “There used to be in assembly, the pupils who had the least number of behaviour points – the expectation was that they were expected to misbehave,” says Rob. “That’s been scrapped and we’ve moved to achiever points so everything has a more positive spin.”

However, the jewel in the crown is a prospective pupil wellbeing hub, due to open in the new academic year. This will be a refuge for pupils who don’t feel able to attend lessons – they can self-

refer themselves to the hub, or teachers may refer them. “Where they’ve got barriers to learning because of pastoral or ACEs issues, then they can work in a particular room,” says Rob, who has spearheaded the project. “We can unpick what the issues are and put in the necessary support.” As

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“... We can unpick what the issues are and put in the necessary support ...”
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a dog-lover, Rob also hopes to hold pet therapy sessions at the hub. His own pet, a fluffy white Cavachon (“I wanted a Lab, but I’ve got five daughters, they chose the dog”) has proved an inspiration. “Dogs are so good for low mood and de-escalating situations.”

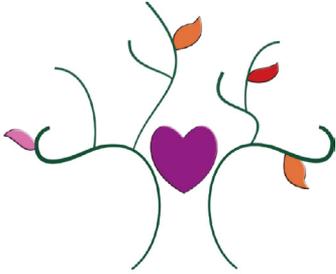
Though it is difficult to measure wellbeing, there have been a number of improvements in exclusion rates and attendance. Prior to the ACE training, 175 days were lost due to pupil exclusions in 2016/17. Last academic year, the days lost were 75 – this drop has been one of Rob’s proudest achievements. Attendance has also seen a half a percent improvement from 94.1% in 2016/17 to 94.6%. “To go up half a percent, it doesn’t sound like much but that’s massive in attendance,” says Rob. “We’ve had the most challenging year we’ve ever had in terms of attendance – we’ve had pupils who have come for the first day and haven’t attended since.” With these types of pupils, the school organises home visits and uses creative strategies to get them back into school.

“I’m thinking of one lad in particular who had so many exclusions, I was surprised he was still in school when I joined,” says Rob. Adopting a flexible-learning approach has encouraged this boy, with multiple ACEs, to come into school more often. “His attendance went from 30% to right up, right up,” says Rob. “He had a passion for working on his grandmother’s farm – that’s what he wanted to do.” The school allowed the boy to come into school on set days and do science instead of going to other lessons. Although Rob acknowledges this boy may not get all his exam results, he describes him as a different child to how he was. “We may not have caught him enough academically but definitely pastorally, which is lifelong learning and school’s not for everybody.”

Over the past two years, Pencoed School has undergone massive change. “We can’t keep changing,” says Rob, “there’s been a big shift, now it’s about holding the line.” He admits “one or two staff” have resisted the new training but he remains undaunted. “We’ve had to remind them that children make mistakes, that there are reasons why she’s behaving in a particular way; it’s about not lowering expectations.” At heart, Rob is an optimist, trained in the art of resilience. “The next day, you start again, carry on, you know – fresh start.”

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“... The next day, you start again, carry on, you know – fresh start ...”
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Improving the behaviour of disruptive pupils continues to motivate him. “They are my favourite types of pupil,” says Rob, with something close to pride. “That’s what gets you out of bed in the morning, it’s making that difference.” He still expresses surprise at how his career has taken him down a different path, away from IT and into wellbeing. “But you’ve got to enjoy what you’re doing,” he says. “I am very fortunate to be in the school I’m in. When I came back here, it’s like coming home. It’s fulfilling, no day’s the same.”



Lily

- Supermum

Single mother of four children, Barnardo's volunteer

This abstract image was designed especially for Lily. The tree represents her personal growth – the heart symbolises Lily while the leaves on the tree are for each of her children.

At first Lily ignored the calls on her phone. She assumed they were spam, but her mystery caller turned out to be the local radio station telling her she had won a *Mum of the Year* hero award. It was a defining moment for Lily, a single mother of four who had battled for years to convince social services she was a competent parent. On winning the award, she initially felt “a little bit fraudulent” – a reaction rooted in her own insecurities. “Part of me wanted to take

it to social services and put it on their desk,” she says teasingly, “just to prove a point.” Sitting in a quiet café, Lily laughs at the memory. In fact, she laughs a lot for someone who has been through several adverse childhood experiences (ACEs) as well as a large dose of adult trauma.

At 37, Lily is fresh-faced, vivacious and outwardly confident. She is a prime example of someone who has dug deep and found the strength to overcome multiple obstacles in her path. Her life-story demonstrates that ACEs need not define your destiny. Lily grew up in an unhappy household, abused by her parents, until she came home one day, aged 15, to find the locks had been changed and all of her possessions were strewn across the garden. “I pretty much moved out from there.” Later she faced custody battles with an abusive partner, societal prejudice and an ongoing struggle to find a diagnosis for her son’s complex additional needs. “I have four children with three different dads,” she says. “Instantly people go, ‘Oh right, okay, there we are.’ But it wasn’t like I slept around or they weren’t long-term relationships. They didn’t work out for lots of reasons.”

The story of Lily’s ACEs begins with her parents’ dysfunctional relationship. She was the third of four children. Growing up, she was feisty and suffered physical abuse at the hands of her father, while her mother inflicted emotional abuse. “They had their own problems,” she says. “I can’t tell you where it all stemmed from but they had their issues with regards to abuse within the relationship.” In one incident, Lily upset her father and was sent to bed in disgrace with no dinner. “He woke me up in the early hours and stuffed a sock in my mouth and beat me with a trainer,” she says, her words speeding up as she recounts the memory.

“... I can’t tell you where it all stemmed from but they had their issues with regards to abuse within the relationship ...”

When Lily was 12, her mother announced she was leaving home. “Her words were, ‘I’ve done my time now, I’ve brought you all up, it’s time for me to do time for myself,’ and she left.” Lily’s father was away in the Falklands with the RAF so the family was temporarily looked after by her grandmother – “She didn’t stay very long; she wasn’t a maternal person either.” When Lily’s father returned, he started a relationship with an 18-year old whom he later married. Lily’s two older brothers had already moved out, but she and her younger sister remained at home with their new stepmother. “I was about 15 – it sounds a bit like a Cinderella story – I had my chores and that was my place, as well as being at school and looking after my sister.” Lily’s stepmother – who was only five years older – was emotionally manipulative and found fault with everything she did.

After Lily left home, she found succour in her relationship with a childhood sweetheart. At 17, she fell pregnant; they got married and moved in together. Unfortunately, the relationship petered out although the two of them have remained close friends. Lily's younger sister, who was struggling to cope with the family dynamics at home, came to live with Lily and her two-year old son. "I kind of thrive on this – not fix things – but do the right thing and make it better for somebody," she says.

Lily met her next partner aged 22. "He was very charming, very lovely, I was very drawn in... Coming from the background I came from, for someone to be charming and woo you, it's very attractive when you've kind of yearned and longed for that." They had two boys together, but Lily soon discovered that he was having affairs behind her back. When she confronted him, he became abusive. After six years together, their discord reached a climax when he attacked her in the house while the boys were asleep in bed. Lily decided she and her sons were better off without him. "I didn't want my children to look back at their childhood and think how rubbish it was... they deserve better."

Two months after the split, Lily returned home from celebrating a friend's birthday. "He was lying in wait for me, in the early hours of the morning in the dark. He forced his way into the house – where my sister and her partner were babysitting for me – attacked the three of us, smashed up our mobile phones, threw me over a bannister." Her ex-partner was later convicted of two counts of assault and battery, as well as two counts of criminal damage, while being put under a restraining order. He was given 200 hours of community service, narrowly escaping a prison sentence.

Once the restraining order had lapsed, Lily faced years of trawling through the courts to gain custody of her children. She believes her former partner hoodwinked social workers into thinking she was incapable of looking after her sons because of her family background. It led to some of her bleakest hours. "There was a moment when I thought maybe I am crazy, maybe I am so delusional about my ability as a parent because I had nothing to compare it to... but thankfully I never settled for it."

To bolster her case, Lily agreed to go on various parenting courses.

"I did everything they asked of me – if they asked me to jump through a hoop, I jumped through a hoop." She took the high road, learning what

she could to support her kids. "Don't get me wrong I had my dark moments when I wanted to stamp my feet and have a tantrum, but that wasn't going to help anybody." Ultimately, the parenting classes taught her she was doing a better job than she realised. "I learnt to be confident in my decisions and also that I wasn't my parents, which was lovely to know." She eventually won custody of her sons, with strict visitation rights for their father, who had physically abused the younger son. Her ex-partner has since distanced himself from the family and no longer sees his children.

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*"... I learnt to be confident
in my decisions ..."*
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During this time, Lily's younger son was growing increasingly troubled. When Lily sought help, social services were initially focused on the family's litany of adverse experiences. "The first thing they did was bring out this tick-box – 'Oh, there's a domestic violence background, she's from a split family, she comes from an abusive background' – all those ACEs were taken into account and used as the tool to direct me." Although adverse experiences can increase the risk of poor outcomes, they should not necessarily be seen as the cause of a problem.ⁱⁱⁱ At this point, Lily feels

ⁱⁱⁱ In Wales and in Scotland, ACE training made available to all professionals aims to reduce stigma and encourage them to consider that whilst ACEs increase the risk of poor outcomes, they are not always the direct cause of a condition or problem. ACEs should also be considered within the wider context, including family and community.

her son's complex neurological needs were overlooked. With the support of the children's charity Barnardo's,^{iv} she persevered in her conviction that there was something else going on. Her son was eventually diagnosed with an autistic spectrum disorder (ASD), episodes of psychosis and chronic anxiety. "Barnardo's pretty much saved our lives," she says. "They listened and stood by me." Her son's condition is still under investigation – she is currently raising money through private donations to see a specialist in Birmingham to query a potential neuro-immune disorder.

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“... Barnardo's pretty much saved our lives. They listened and stood by me ...”

Towards the end of 2018, Lily reached her lowest ebb. A subsequent relationship with the father of her fourth child – a daughter – had broken down two years earlier because he was unable to cope with her son's issues. At nine years old, her youngest son had been excluded from primary school and was devising ways to commit suicide up to 15 times each day, either by overdosing or hanging himself. Lily was forced to monitor him constantly, grabbing sleep whenever she could. "He is very bright and very loving, but he just can't control his outbursts of violence and anxiety – they take over him and the remorse afterwards just destroys him." Her son would beg her to let him die so that he could no longer hurt anyone. By November 2018, some respite came in the form of a place at a specialist school. Although she is now better at managing her son, his behaviour remains volatile and unexplained, as the mottled bruises on her arms testify.

While Lily is wary of the preconceptions sometimes associated with ACEs, she argues that an awareness of trauma should be used in schools as a preventative tool. Her older son – a 13-year old – is a top-set student, a member of Youth Parliament and an advocate for young carers. Nevertheless, Lily worries that something in the future could tip him off balance. "This kid has ACEs – it may not look like it – but you must all know just in case he ever falls off. There has to be a safety net." She is also mindful of her own childhood and how no one stepped in to help. In the early 1990s, a concerned teacher described Lily as a "very quiet, vulnerable little girl" in her school report. The observation went unheeded.

Lily remains pragmatic about her own resilience, saying she doesn't have the luxury of falling apart. "I'm not this super strong rhino hide, there is that soft centre." She draws comfort from her "glorious" children and a tight circle of friends – they leave bread and milk on her doorstep when she cannot leave her youngest son's side. Despite everything, Lily finds time to volunteer for Barnardo's, offering support to families who have been through similar experiences. "It's important for me to get out there and hold someone's hand and get them through adversity because there was no one holding my hand when I really needed someone." She hopes one day to become a family support worker or something similar. "Now I just want to change the world," she declares with another laugh, recalling her earlier ambition to be an accountant. "And it turns out it's a little bit of a calling." Her hero award from the radio station – tucked safely in a drawer out of her son's reach – could be the start of a new journey.

Since this interview was conducted, Lily's father died suddenly. She says she always expected to feel relieved when he died, but in the event she didn't feel anything. "I was neither sad nor happy; it was just the ending of a chapter."

^{iv} Barnardo's is a charity that works with vulnerable children, young people, families and communities across the UK. For more information on their work, visit www.barnardos.org.uk.



Eileen Shannon

– the children’s advocate

**Head teacher,
Victoria Drive Primary Pupil Referral Unit, London**

In most careers there are moments of change, forks in the road or choices to be made. With Eileen Shannon, the turning point came when a friend of her 15-year old son was fatally stabbed on Oxford Street in London. “He was murdered, it made the news,” she says quietly. “My son carried his coffin, it was pretty grim.” In the aftermath of the stabbing, local boys were repeatedly stopped and searched by police. “My son was articulate and when he was stopped and searched, he’d be asking the reasons why.” What worried Eileen was the plight of the boys who couldn’t express themselves appropriately. “My son’s friends were reacting, fighting back and then they would be charged for fighting a police officer. I knew if we didn’t help these children find their voice and be articulate, they would get themselves into more trouble.”

This unfortunate series of events prompted Eileen to re-consider her priorities as a teacher. Having taught in mainstream education for over 25 years, she decided to switch her focus to helping children with complex needs. After a few false starts, she joined a pupil referral unit (PRU) because its model was designed to keep the children enrolled at their own primary schools, rather than channelling them into a specialist school. “At a PRU, we can keep them in the mainstream,” she says, “we address their mental health needs.” Eileen started at the Victoria Drive Primary PRU, based in Wandsworth, London, in 2010. She became an acting head in 2015 and was promoted to head teacher a year later.

The PRU works with pupils referred from local primary schools, either on-site at Victoria Drive or in their own setting. The children have experienced social, emotional and behavioural difficulties and are sometimes at risk of exclusion from their schools. Many have been affected by domestic violence, gang affiliation or knife crime. “I’m driven because I don’t like what’s happening to young people in London and growing up in London is very tough,” Eileen says. “I grew up in Glasgow – you think Glasgow is tough? London is tougher.” Calm, softly spoken and a little formidable, Eileen has earned plaudits for her tenacious leadership and her work to keep pupils safe. A 2017 letter from the educational inspectorate, Ofsted, judged the Victoria Drive PRU to be “outstanding”.

The unit has assimilated an awareness of adverse childhood experiences (ACEs) into its general approach to dealing with childhood trauma, augmenting techniques such as cognitive behavioural therapy and early intervention programmes. “My primary concern is the child,” says Eileen. “Every case is complex, but there will be absolutely ACEs involved somewhere as part of the complexity.” As an example, she mentions a child who is with the unit full-time. The boy told a mentor at his school that he had been physically chastised at home, an allegation that was rejected by his mother. During the summer holidays last year, the family flew abroad, before returning to the UK without him. “He is now back,” says Eileen, “but he is more troubled and traumatised than ever.”

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“... Every case is complex, but there will be absolutely ACEs involved somewhere as part of the complexity ...”
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Over the years, the unit has built up a reputation as a trusted resource in the community, supporting diverse pupils with complex needs, but also coaching mainstream teachers on how to

manage challenging behaviour in the classroom through an outreach programme. “About two or three years ago, we got 37 referrals to the PRU for four and five-year olds, which isn’t a great start to your education,” says Eileen. The establishment of a nurture network to up-skill teachers in local schools – where PRU staff model language and support strategies – has seen that figure fall to five or six referrals. “If you are in trauma, or you’ve got ACEs, it’s very difficult to learn so we have to address those needs before we can get the children learning...” she adds.

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“... We have to address those needs before we can get the children learning ...”

The PRU staff owe their knowledge of ACEs to training led by the unit’s resident family therapist, Terri Fresko (pictured), who is part of child and adolescent mental health services (CAMHS). The CAMHS team also delivers training to teachers at local schools supported by the PRU. “Very much our message is that this challenging, complex behaviour is just symptomatic of the children’s unmet needs,” says Eileen. “There is a reason why the children are acting out in such a way – so it’s really helping teachers and support staff to reflect and identify those needs because then they are going to be less judgemental of the child.”



Terri Fresko

Terri, a thoughtful and unflappable presence at the PRU, says the ACE research has provided a common language for teachers, parents, special educational needs coordinators (SENCOs) and staff from other agencies. “It gives a language to what we call developmental trauma and it changes the way we disseminate information.” Terri’s mission is to spread the word about ACEs among professionals in her network, using career development days as well as schoolwide presentations. “It’s a multi-pronged approach, informing people about children’s mental health and how dependent that is on context and experience,” she says.

A knowledge of ACEs also opens up treatment options and avoids the temptation to misdiagnose children with other disorders, such as autistic spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD). The behaviour of children with ACEs, such as aggression and poor impulse-control, can be confused with symptoms of these disorders. “When you’ve got ASD or ADHD, it closes down hope and takes parents off the hook and disempowers them,” Terri says, suggesting the system is geared towards diagnosis and can push parents in a particular direction to access financial incentives or disability allowances.

On the back of such ACE awareness, the PRU has adapted its practice to encourage pupils to express how they are feeling via an emojis board. “That informs us as to how the afternoon might go,” says Eileen. The PRU also employs a raft of intervention programmes to protect its most vulnerable children. For example, there is a “football beyond borders” session on a Friday morning that uses football to teach youngsters resilience, teamwork and how to understand the rules of society. The children selected to take part – girls and boys – are often siblings of gang members or have mixed inappropriately with older teenagers on their estates and are at risk of being groomed.

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... There is a “football beyond borders” session that uses football to teach youngsters resilience, teamwork and how to understand the rules of society ...

On Tuesday mornings, there is an anger-management group for children who have experienced ACEs, run by Dr Diana Goldsmith, a resident clinical psychologist. “We talk about ACEs and we encourage them to bring up any stressful events in their current lives during the sessions,” says Diana, a Canadian who came to the UK to work in the NHS. “We don’t use the phrase ACEs but a lot of the boys like to talk about parental separation and we’ve had one of the boys bring in that his mum is being spoken to very disrespectfully by her new boyfriend.” This issue has been followed up by safeguarding professionals.

Eileen makes a point of recruiting people to her team who are optimistic and prepared to act as powerful advocates for the children. During Diana’s job interview, Eileen asked how she would make the sessions fun (a question suggested by one of the children). Although the question floored other candidates, Diana came up with creative solutions. “Diana’s got cauliflower brains,” says Eileen, “she’s got balloons with negative thoughts in them – that’s how you engage the children.” Watching Diana at work, it is clear her methods are a hit. The boys in her class excitedly sniff calming potions they have made by mixing essential oils in a water spray. “It is really helpful to calm down as a mindfulness activity,” Diana tells them. There is also a teaching assistant on hand to help, someone Diana describes as instrumental to the group’s progress. “He is able to discuss his own background of having difficulty in school and how he manages his own anger and emotions,” says Diana. “For a lot of them, they are yearning a male role model and it has been really helpful having him there.”

Eileen is protective of her staff, describing them as wholly committed to the children. “There is hope that change can happen, you hold onto that belief even when you’re being spat at, bitten, whatever awful things are happening.” For many of the pupils, it is about re-inventing themselves as a good child, she says. Diana, relating an activity where the children create Russian dolls to exhibit their own positive attributes, adds: “There is so much negativity in their lives right now – they’re having a difficult time concentrating in the classroom, they feel that they’re not good enough, they’re having a stressful time in their household... they need a little encouragement and support with their own strengths.”

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“... There is hope that change can happen, you hold onto that belief even when you’re being spat at, bitten ...”
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In October 2018, a government report on alternative educational provision described the Victoria Drive PRU as a “well-established” model. The report cited the PRU’s belief that “improvement in pupil behaviour cannot be achieved out of context” with a need to address environmental issues such as school and family. Eileen explains that teachers at the unit keep parents involved, often having “open and quite tough conversations” with them. The family therapist, Terri, also runs an ACE-informed “Stressbusters” group for parents, encouraging them to understand how their own experiences might inform their parenting. “It was the idea that being a mother to a child here is very stressful, it took the heat off,” says Eileen, “but it did help them change their thinking.”

Outcomes for the unit are positive. “In Wandsworth, we’ve had no permanent exclusions from any of the 63 primary schools this year,” says Eileen. Statistically, the borough would expect to have about 24 permanent exclusions. In addition, during the last three to four years, year-six children supported by the Victoria Drive PRU have been tracked as they progressed into secondary school. Of the 30 or 40 pupils monitored, only three were re-referred to the secondary-level Francis Barber PRU in Wandsworth. “They were all children in the care system,” Eileen says. “We haven’t cracked it for the ones who are in care.”

Evidently, Eileen carries a wide emotional load. She has empathy for the teachers in local schools when they feel humiliated by their pupils' disruptive behaviour; she is also worried the younger, less experienced teachers are not equipped "to deal with some of these horrendous things". But it is the wellbeing of the children that animates her most. Mid-conversation, her words peter out as the boy who is with the unit full-time grows distressed in the corridor outside. "He's a very troubled young man," she murmurs. Faced with the daily challenges of her job, she remains undaunted. "I feel that we've got to do a lot more to keep these children part of society, it's too easy to write them off, especially young children." In essence, Eileen Shannon is the embodiment of her own recruitment policy – fearless, compassionate and a powerful advocate for the children of Victoria Drive.



Jain Boon

– creative activist

Freelance theatre director, Wales

There is something quietly prophetic about Jain Boon. She has spent her 35-year career working as a theatre director with young people, often taking her company of actors on a profound journey of the soul. The themes that preoccupy her are invariably trauma-related, but her creative practice is based on collaboration, choice and creating a safe space for her young actors to work in. Ultimately, Jain’s message is one of hope and resilience. She is also an effective communicator, compelled to educate actors and audiences alike about the effects of trauma on the body and adverse childhood experiences (ACEs).

It wasn’t always that way. “As a child, I had no voice,” Jain says. “My parents were busy running their guesthouse, first in Scarborough and then in Blackpool. I felt unloved and invisible.” She realises now that she spent her childhood in a permanent state of fear. “School was a refuge, not a place to learn in,” she says. “My brain was offline.” For years afterwards, she was estranged from her parents, although she was eventually reconciled with her mother. “Now I know I was loved, but they couldn’t express it.”

These formative influences left their mark. “Ensuring young people got a voice was very important to me,” she explains.

At school, she developed a love of drama thanks to her

English teacher. “She just let people play in the classroom

and used to get us up acting in front of the class.” Stints in youth theatre eventually led her to

drama school. As a freelance director, she wears many hats, tutoring at the Welsh College of Music

and Drama and at a summer school for young people in the care system. She is also responsible

for pastoral care at RawFfest, a Welsh festival of arts for young people. On top of that, she is a

trainer for the Arts Council of Wales and for the ACE Support Hub, which is funded by the Welsh

Government.^v Through Jain’s work in schools and youth theatre, she has become a *de facto* ACE

ambassador for young people.

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“... Ensuring young people got a
voice was very important to me ...”
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Being kind to others has always been a personal credo. Sitting in the café of the Welsh College

of Music and Drama, Jain recalls how her mother was also kind and joyful, despite being a

very anxious person. In 2015, Jain had a lightbulb moment that illuminated her past as well as

her preoccupation with hard-hitting theatre, including years spent looking at domestic abuse.

“Suddenly I realised all the work I was doing was trauma-related and I was relating it to my

own life as well.” The catalyst for this moment was her research into ACEs while applying for a

US fellowship based around working creatively with trauma. She didn’t get the fellowship, but

everything she learnt as she filled in her application form set her off on a new path.

^v The ACE Support Hub is a Welsh Government-funded initiative to share knowledge and transform systems with the goal of creating an ACE-aware and trauma-informed nation.

First, Jain read the landmark 1998 ACE Study in the US,¹ authored by Dr Vincent Felitti and Dr Robert Anda. She was particularly intrigued by the mistake Dr Felitti made in his consulting room, prior to the study, while interviewing an overweight patient. A bungled question revealed a link between his patient's obesity and her experience of sexual abuse as a child. Jain then discovered Professor Mark Bellis' research on ACEs for Public Health Wales, before eventually collaborating with the ACE Support Hub. "They were setting up the hub and looking for people to work with them."

In association with the hub, Jain has supported the development and implementation of ACE-awareness training for people working in the youth sector, such as youth workers and the probation service. In particular, she has devised creative exercises

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"... It's thinking about other people so you stop thinking about yourself..."

for the training programme, geared towards making participants feel less self-conscious and more engaged. For example, she encourages people on the course to walk around the room and share facts about each other. "It's thinking about other people so you stop thinking about yourself," she says. "You're thinking *curiously* about the people you're with." One woman who was initially sceptical of Jain's approach later reported how she took the exercises back to her organisation and used them as ice-breakers.

Some of the professionals are inspired by these sessions to sign up to become *change champions* within their own organisations. Jain teaches a higher-level *train-the-trainer* module which shows them how to put ACE-awareness into practice in the workplace. "For instance, how do we put pen to paper and start to look at things around safety," she says. "How do you look after your staff and make sure they feel safe."

In her informal ambassador role, Jain talks directly to a range of young people, including school children, university students and police cadets, about the impact of ACEs. For example, through her pastoral work at RawFfest, she quizzed young people about what they wanted from policymakers and fed back her findings to the ACE Support Hub. "Their big thing was that ACE-awareness needs to be on the school curriculum."

Jain feels a keen sense of duty to share her knowledge of ACEs. "Trauma is stored in the body, not in the event itself, in terms of what happens to our physiology," she says. "In a life or death event, all that energy gets trapped in the body and we need to find ways of releasing it slowly. If it releases too quickly, it becomes chaotic." She sees theatre as one way of releasing these stories and an opportunity to open up a conversation with the audience. "I want them to think that's me too or that's my friend." It's no surprise that Jain identifies as a creative activist, empowering people to heal. "I've never been in theatre to entertain. I was always very political – in the 1980s with Thatcherism and the miners' strikes."

Two years ago, she worked on an ACE-influenced project with a group of third-year drama students at the University of Wales Trinity St David on the Carmarthen Campus. They put on a public production, entitled *Stronger than you think*. "It was my choice to theme it around ACEs," says Jain, "but the content was co-devised by the students – life-story work, a reflection on their own lives." She asked her students to come to the rehearsal room armed with their own research into ACEs and the power of resilience. "I'm not the expert," she says. "I wanted to give people the opportunity to find out for themselves and share that knowledge."

Jain explains that the key message of the piece was that ACEs did not define us, even though they could lead to mental health issues. “I was eliciting their stories by asking questions and these things came tumbling out of them.” Together, director and students developed a set of rules – the content would be co-constructed and any stories would stay in the rehearsal room unless permission was given for them to be used in the production. “I work with a set of trauma-informed principles – safety, choice and collaboration,” says Jain. “There is an unspoken rule in theatre that the director has the final say but that absolutely goes out the window when you are working with people’s stories.”

Photographer: Jemie Caldwell



Building trust during rehearsals

Troubled father/son relationships emerged during the rehearsal process, as well as a disintegrating relationship between two people who were feeling “emotionally bruised”. Two students who had fallen out in Freshers’ week were completely different people by the end of the project. “They were picking up on each other’s stories,” explains Jain.

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... Two students were completely different people by the end of the project ...
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The students also talked about travelling from “darkness to light” and sharing that journey on stage. During the production, a young man delivered a poem about an encounter with a horse and how it saved him from drowning himself – “It cuts me like a knife to admit a horse saved my life” – while a young woman narrated her own story spontaneously each day, holding hands with a friend. “A physical representation was not working for her so we threw it out the window,” recalls Jain. “She decided she’d prefer to tell a straight story of the time she tried to kill herself, sharing her story, saying it was okay not to be okay.” The student concluded her piece with: “Be proud of your journey, I’ll be honest, one of the reasons I’m still here is I want to know how *Game of Thrones* ends. And sometimes that’s all it takes.”

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“... Telling a story is discharging traumatic energy, toxic stress ...”
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The rehearsal process – building trust through physical work and fostering a feeling of collaboration – was the bedrock for the production. “I think we can do things in the theatre that you can’t do in real life,” observes Jain, “like getting to know each other in a safe place.” For Jain, the experience was poignant and a chance to honour what had happened to these young people. “Telling a story is discharging traumatic energy, toxic stress,” she says. The emphasis, however, was on resilience. “In *Stronger than you think* there were some high ACE scores in the room,” she says, “but we were looking at symptoms of the story, the aftermath of the experience. If you were talking about killing yourself, we didn’t ask why. We said, ‘Wow, look at your journey! You’re still here.’ We really wanted to hear stories of survival, of them rising above their ACEs and finding their potential.”

The audience too was complicit in this process. Jain explains how the company gave people in the audience – other students, school children, mainly young people – permission to leave the room if they found moments in the production “too triggering” or emotionally charged. “There were some graphic scenes but it’s about what you read into it, whether you are deeply connected to that experience,” she says. “There were also arresting moments of love and connection.”

For Jain, the most important outcome of any ACE-awareness exercise is self-care. “It’s all about people’s potential. If people have got the skills to take care of themselves and others, and regulate their nervous system, they will flourish.” She is also adamant that awareness isn’t only for a certain kind of person. “Who needs to know it? It’s all of us,” she says. “It’s all our business to seek out how the training applies to our work; it gives us a common language.”

When asked if she would have done anything differently, she responds with a sigh. “I wish I’d known about ACEs years ago. I’m now 56 years old – if only I’d known my own story,” she laments, before pulling herself up short. “But maybe there’s reason for it, maybe I’m ready to know it now.” Within her ACE-related work, she describes *Stronger than you think* as her proudest achievement. After the production, she coached another group of students to perform rehearsed readings of the play at conferences held by the ACE Support Hub. “Even though they weren’t their stories – it was one step removed – the audience really emotionally engaged because they were universal stories of young people’s journeys through mental health – a pathway to wellbeing,” she says. “And that idea of seeing a group of young people on stage connecting with each other and giving that message that actually *we survive through relationships*.”

Jain has finished her coffee in the café and it is time to wind up. Does she have any future plans? “Still ensuring that young people and children know all this,” she says resolutely. “If it’s predictable, it’s preventable,” she adds, quoting Dr Anda from the US ACE Study. Then she laughs good-humouredly at herself. “I’ll keep banging on about it and people will say, ‘Oh God, here’s Jain again, talking about trauma!’” Her voice remains ever loud and clear.

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“... They were universal stories of young people’s journeys through mental health – a pathway to wellbeing ...”



Photographer: Jennie Caldwell

Students shared their life-stories in the production

This interview is in memory of Ashleigh Fazackerley, who died recently. Ashleigh was a student from the University of Wales Trinity St David and a collaborator in Stronger than you think.



Lindsey Watkins

– learning about caring

**Head teacher,
Millbrook Primary School, Wales**

Lindsey Watkins is a force of nature, a plate-spinner extraordinaire. During 12 years as head teacher at Millbrook Primary School, she has taken her teachers, pupils and parents on a journey to improve wellbeing and resilience. Not that she would cast herself in a starring role – she sees Millbrook’s happy progression as the product of partnership. “In order for any of us to achieve our goals, be it a doctor or a nurse meeting the medical needs of their patient, they need to look beyond that patient and work in partnership with the other agencies that may be supporting that person or their family members, and that’s what we’ve done in school.”

Millbrook Primary School, in Newport, south Wales, was formed in 2007 from the amalgamation of an infant and junior school. Lindsey was brought in as the new head with her conviction that only happy children are in a position to learn. “It was quite a different place then – there was tangibly in the air a need for care. I had quite a few behaviour issues within the school – I was needing to exclude, attendance was low, parental engagement was poor, drug-runners were hiding their stash behind the backs of school. You name every sort of problem you come across, and we probably experienced it.”

Lindsey is warm and bubbly but she plotted Millbrook’s regeneration with steely determination, taking the initiative to apply for grants and bring in consultants to train her staff. Her focus was on nurturing the children and mitigating the effects of any trauma or adverse childhood experiences (ACEs) suffered by her pupils. “Everybody [on my team] genuinely cares about children – it’s a very special place – but for us it was about starting to develop that basic innate care into knowledge and understanding and what the impact of trauma can be.”

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“... It was about developing that basic innate care into knowledge and understanding and what the impact of trauma can be ...”
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Most of Millbrook’s 200-odd pupils live in a housing estate close to the school, according to its 2016 report by Estyn, the Welsh education inspectorate. About 35% of pupils are eligible for free school meals, which is above the national average of 19%. On joining the school, Lindsey knew she would need to think differently if she was to restore morale. “My job is to educate children and to have them achieve their full potential but in order to do that they have to be in the right place, in terms of their wellbeing,” she says. “That has always been a belief of mine I guess, because of my own upbringing, my own journey.”

She describes herself as coming from a humble background. “Very loving family but not a family that had a lot of money. You know – father had two jobs, but we always had a roof over our heads, my mother was making my clothes.” Lindsey also experienced one or two ACEs herself, though she prefers not to go into detail. The subtext is that her resilience won out. Whatever she learnt during her own early years has informed her work to transform Millbrook into a happy environment.

Lindsey’s first step in 2009 was to land a professional-learning place on a grant-funded trip to New York. The purpose of the visit was to look at how schools in the Bronx, Washington Heights

and Harlem were closing the gap between deprivation and attainment. “It was absolutely an inspirational visit,” she says. Her key discovery was seeing how the schools removed barriers to learning by working in tandem with other agencies. This model placed mental health workers, doctors and dentists on school sites, liaising with a community school coordinator, who in turn freed up the school principle to focus on learning. “I came back thinking we need to do this in school, we need to share this story.”

While she was in New York, Lindsey also came across trauma-informed practice, or in other words an awareness that adverse experiences can affect a child’s ability to learn. All of these discoveries shaped Millbrook’s regeneration – the school motto became

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“... Our vision is built on the child being at the centre and the family being around the child and the community being around the family ...”

learning about caring and caring about learning. “Our vision is built on the child being at the centre and the family being around the child and the community being around the family,” explains Lindsey. “Very often a child’s adverse experiences come from something happening in that family, and something happening in that family often comes from something that is caused or is happening in the wider community.”

On her return to the day job, Lindsey lobbied the local authority to support her new ideas by allowing other agencies to share Millbrook’s dilapidated but large site. “We wanted partnerships to develop that would be co-located, that would be of mutual benefit to partners and the school and most importantly to the children and people within the community.” Currently, childcare practitioners, health visitors and play development workers are based at Millbrook, as well as Flying Start, a Welsh Government initiative to help young children get the best start in life. There is also a Families First team on-site to provide early support for children and families with additional needs. The team, which Lindsey describes as “citizen’s advice for families”, serves Millbrook and other local primary schools.

“They are truly partners,” she says of the agencies based at the school. “I don’t see them and they don’t see themselves as being anything other than part of Millbrook.” She cites the example of a child whose wellbeing was “incredibly poor,” creating a significant issue at the school. Having other professionals on hand to advise the staff and suggest support strategies was powerful, she says. “We got the right help for the child but if it hadn’t been for them, that child wouldn’t have been helped in the same way.”

In the early days, Lindsey brought in a consultant to train her staff to be trauma-informed. More recently, Millbrook completed modular training provided by the ACE Support Hub, which is funded by the Welsh Government. Such training is offered to all primary and secondary schools in Wales as part of the hub’s work to prevent and mitigate ACEs. Seeing the impact that one responsible adult can have in reducing the impact of an ACE particularly resonated with Lindsey. “We’ve seen that it affects brain development, we’ve seen it can affect somebody’s life chances – if one adult can intervene at an appropriate point, they can help turn things around. If all it takes is one adult, then imagine if I got everybody on my team thinking in that same way?” Millbrook and other local schools also attended a conference in Scotland to listen to the US paediatrician Nadine Burke Harris speak about her seminal work on ACEs. “We’re constantly learning and evaluating and evolving – really becoming a true learning organisation,” she says.

Millbrook’s staff have harnessed their awareness of ACEs to change the culture of the school.

Teachers consciously use kinder language, while children are encouraged to greet each other with a smile. In assemblies, Lindsey talks about what sort of person the children might want to be when they grow up. Last year, each class did some work on character traits, which culminated in a school vote on the top five traits. The winning characteristics were: kindness, resilience, respect, cooperation and honesty. “It doesn’t spell out a nice acronym but it came from them, they took ownership of it,” she says. The children are also invited to talk to members of staff about their feelings whenever they like.

Behaviour in the school has significantly improved. Lindsey no longer has any issues with exclusions. She had to do one fixed-term exclusion this year, whereas the previous rate had been 10 children or more a year. When she joined the school, three or four children were on the child protection register, but up until last year there were none. “You can’t eradicate problems – the prevention list has got bigger but the crisis list has gone to practically nothing.” Attendance has increased from 90% in 2007 to about 94.8%.

In line with its community focus, Millbrook and on-site agencies have worked with families, adapting the ACE-aware training package from the ACE Support Hub where appropriate. “I’ve done a few training sessions with small groups of parents,” says Lindsey. During the first session, one parent broke down crying when describing her personal circumstances. “What was really powerful about it was the actual course turned into a support network for her, such has been the change in the culture that the families rallied around her.” Other parents have also discussed their ACEs at these sessions, something that Lindsey would never have imagined possible.

The same nurture shown to the children is extended to parents. “The things that my families tell me, I feel bowled over and overwhelmed sometimes,” Lindsey says, “because they are telling me some of the most awful things and as a result of it, I’ve gone and done home visits.” Millbrook also runs a food bank at school to support families struggling to make ends meet. “We very much build those relationships so that they feel they can come and get things from us and tell us about things.”

Lindsey would love to see other schools creating resilient communities, though she warns it takes time to form lasting relationships. “Rome wasn’t built in a day. This journey has taken us 12 years to get to the point we’re at now,” she says. “When we’re dealing with people and lives, there are no quick wins.” She also points out that staff should be given time to digest and fully understand the ACE-awareness training. “You need almost to go away, think about it and then come back – so what have I learnt? And then you decide how to put it into practice.”

Unsurprisingly, Lindsey’s proudest achievement is the positive impact the school has had on the lives of its students. “For me it’s about enabling individual people to do something different.” She mentions a former pupil from the local high school who is going to study at Harvard University in the US next year. Millbrook helped this girl to overcome a number of adversities when she was younger. “That’s one of several stories and when you see something like that happening, that’s what it’s all about, making a difference.” For a moment Lindsey pauses, caught up in her own emotion. “It makes it worthwhile and it makes you want to do even more.” For all her achievements, it seems Lindsey’s journey at Millbrook has still got some mileage to run.

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“... *For me it’s about enabling individual people to do something different ...*”
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Kevin Neary

– wee big man

Volunteer for *Turn Your Life Around* and co-founder of charity *Aid & Abet*, Edinburgh

As a young teenager, Kevin Neary made a discovery that would set him off on a spiral of self-destruction. On a freezing cold night in November 1982, he and some other boys tried a bottle of sweet wine they had grabbed off the back of a van. In doing so, 13-year old Kevin broke his resolve never to touch alcohol. “I saw what alcohol done to people,” he says. “It was never a happy memory – parties, even neighbours in the street – there was always violence at the end of it.” He had grown up watching his parents become dependent on drink to cope with the pressures of life in a Glasgow tenement flat. Nevertheless, on that night in the school playing-fields, Kevin took a swig. “I felt I had arrived – feeling confident, taller with a stride in my step,” he recalls. “I wanted to keep that feeling for ever.”

Overhead the stars twinkled and with the wine inside him, Kevin no longer felt so cold. The experience awoke a yearning in him for the anaesthetising effects of alcohol. “When I drank alcohol, the best way I can describe it is when you’re in a swimming pool and you hear all the noise and you jump under the water and it goes [quiet]... It was the most beautiful experience.” It set in motion years of chaos; alcohol became a stepping stone to marijuana, prescription drugs, heroin, crack cocaine, methadone and repeated spells in prison. “I had to get out of me with these substances,” he says. “I lost my sense of self – who I really was.” It would take another three decades before he found a reason to live comfortably in his own skin. At the age of 40, while serving a prison sentence for assault and robbery, Kevin finally began the process of overcoming his addictions.

Nowadays he works with young people and acts as a volunteer for a project called *Turn Your Life Around*, run by the City of Edinburgh Council and Police Scotland. The project sends volunteers with adverse childhood experiences (ACEs) into schools to share their stories of resilience with staff and pupils. Kevin has also co-founded a charity, *Aid & Abet*, which supports people who have been involved in the criminal justice system. He is a big man with a gentle, self-effacing manner. On his hand, etched in black ink, is a Superman tattoo. His efforts to save himself – and others – from a vicious cycle of drugs and crime verge on heroic.

Kevin grew up in a household afflicted by poverty and unemployment. He says his parents didn’t know how to communicate with each other; their relationship often degenerated into domestic violence. “My parents were the most loving and caring parents on the planet, however they were unintentionally responsible for my adversities.” Looking back, he believes he had attachment issues with his mother. “Though she loved me, I wanted 100% love and she was giving me 70%.” Kevin was the youngest of seven kids, with twins above him. Two more children would follow.

As a four-year old boy, Kevin witnessed a knife fight in the street outside his home when two men set upon his dad. “It was just chaos, I always say that was my first childhood trauma.” There was blood everywhere, including all over his mum. One of his brothers jumped up and looked through the window, shouting, “My dad’s dead!” As it turned out, Kevin’s dad was able to defend himself and ended up taking one of his assailants to hospital. All Kevin remembers, however, is feeling frozen with fear.

During his time at primary school in West Lothian, he failed to thrive. “I was always scared... I could never take in what anybody was telling me.” With hindsight, he realises part of his brain was shut down due to toxic stress, making it hard to concentrate.

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“... I never had any best mate stuff. I felt incapable of having relationships through a lack of trust ...”
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He vividly describes the panic he felt when his classmates were reading a book aloud. “They’re all reading a paragraph and the next person’s reading and the next person’s reading – and I’m looking for words – where do I find it? – and it’s coming to me next and I’m sweating through my neck.” Desperate to avoid embarrassment, he would create a distraction. “So the teacher’s thinks I’m misbehaving – which I am – but I’m trying to get out the classroom.” His tactics included kicking over chairs or tormenting the child next to him. Unfortunately, this often earned him the belt^{vi} – a three-tailed strap used to strike the palm of a misbehaving pupil. Sometimes, he would receive the belt three or four times a day and it would inflict blisters on his lower arm.

His disruptive behaviour continued into secondary school. He felt picked on by the teachers because his parents could not afford to buy him a school tie. “So I would play truant all the time,” he says. “I used to go and hide by myself – I remember hiding in our flat, in our close – that was probably my safest times.” Although he had “associates,” he was seen as a loner. “I never had any best mate stuff... I felt incapable of having relationships through a lack of trust.”

By the time Kevin reached 14, he had been kicked out of school. He started smoking marijuana at 16 and soon caught the attention of the police for breaking the law and getting into street fights. Using money from a milk round, he bought alcohol and later prescription drugs. At 17, he committed his first offence – brandishing a broken bottle at a police officer – before ending up in a young offenders’ institution. “The aggression came out through alcohol because you’re in a place to be more assertive,” he says. “Sober, I was the scariest guy on the planet.”

Aged 21, he served his first sentence in an adult prison, before re-offending at least 10 more times over the next couple of decades. Most of his offences were alcohol-related, although his biggest offence – the assault and robbery – occurred in his late thirties while he was on heroin. “That ended up with the police at my door, trying to shoot me.” His mental state was so poor, he wanted the police to shoot him dead. “I had no relationships, I had let everyone down through a heroin addiction, I had lost everything.” Fortunately, a police negotiator persuaded him to come out of the house. Kevin remembers walking onto the street to find half a dozen cops with guns trained on him. He looked at each of them, but felt nothing. When he glanced down, he saw red dots floating on his chest – laser sights from the guns. “At that point, I kinda woke up.”

The turning point came in prison. As well as taking 120 mg of methadone to manage his addictions, Kevin was able to buy heroin and crack cocaine inside. He remembers phoning his dad to get money to pay the dealers. “He was so angry that I slid down the wall in tears in the hall, in front of the other prisoners,” says Kevin. “I was ashamed at what I was putting him through and I knew I had to stop.” He resolved to stick to his methadone prescription and quit the other drugs. “The biggest robbery I ever committed was robbing my parents of their peace of mind.”

Fortuitously, around this time, a prison officer took a personal interest in Kevin’s welfare.

^{vi} The belt was banned as a punishment in Scottish state schools in 1987.

Unusually, this officer addressed Kevin by his first name and asked to come into his cell for a chat. It was the first time anyone had intervened to help Kevin, who was now 40 years old. “He could see I wasn’t a bad guy.” The prison officer suggested he try cognitive behavioural therapy (CBT) and arranged for his methadone dose to be given out early in the morning so that he could attend. “Again that was another change that someone was doing something for me.”

The CBT gave Kevin insight into his thoughts, feelings and actions. “This is when it hit me like a tsunami.” He realised his perception of everything – the lens through which he saw the world – was tainted by fear, causing him to react defensively. It proved to be quite an epiphany. “That’s where I found my purpose in life,” he recalls. “I says to this prison officer I need to take this into schools.” Kevin was gripped by the idea that he could prevent other children who misbehaved from experiencing the same nightmare. By sharing his story, Kevin hoped to demonstrate that the choices the kids made could lead to unforeseen consequences. “Because all the guys I knew at school who led the same life as me are dead.”

The prisoner officer was sceptical. “He says to me, ‘Kevin, you’ll never work in schools – you’re a heroin addict, you’re an armed robber.’” Undaunted, Kevin went back to his cell and “cried like a baby” because he had found a reason to live. He was motivated to clean up his act and came off the methadone. A family reunion followed and he revived his relationship with his 12-year old son. It remained a slippery road – he relapsed after leaving prison, leading to three months of rehabilitation. Later, this drove him to set up Aid & Abet, to provide greater support for ex-prisoners on release.

In 2016, Kevin was seconded from Aid & Abet to a police mentoring scheme to divert 16 to 25 year olds away from crime. In turn, this led him to Pattie Santelices, a strategy officer with Edinburgh Council, who was seeking volunteers for her *Turn Your Life Around* programme. Kevin’s volunteer work often makes him feel emotional, particularly when he watches schoolchildren re-interpreting his story through drama or filmmaking. “Some may be having great lives and some may be living in difficult times but at least the message from me was chase your dreams and never let anybody tell you you’re not good enough.” Years later he crossed paths with the prison officer and told him what he was doing – “He was like, ‘No way, big man!’ and I says, ‘Aye,’ and he was dead chuffed.”

Kevin was introduced to the concept of ACEs through his involvement with the Scottish Violence Reduction Unit.^{vii} “I’ve been speaking about ACEs for years and didn’t know,” he says, “it’s just a shit life – do you know what I mean?” His new knowledge helped him to understand there was no one to blame for his adversities. “It wasn’t anybody’s fault, it wasn’t my mum’s fault,” he says, referring to his attachment issues. Kevin has come a long way since his cold night on the school playing-fields. “I am grateful for my past because otherwise I certainly wouldn’t be sitting here,” he says, “but I wouldn’t encourage people to go on that journey.” As he packs up to leave, the Superman tattoo peeps out from under his sleeve. Kevin jokes that the “S” icon stands for super-sensitive, but officially it represents hope and endurance.

For more information on the Turn Your Life Around programme, see our interview with Pattie Santelices from the City of Edinburgh Council (page 36).

^{vii} The Scottish Violence Reduction Unit is a national centre of expertise on violence. Part of Police Scotland, the unit targets violence wherever it occurs, whether on the streets, in schools or in homes.



Kath Bevan

– educational visionary

**Assistant director, professional learning,
Education Achievement Service, Wales**

National wellbeing has become a hot topic in Wales over recent years. With the upcoming launch of a new curriculum in 2022, the education sector has a particular role to play in overhauling the culture of its schools. One of the curriculum's key planks is health and wellbeing – a strategy to enable children to become capable learners and ultimately lead fulfilling lives.³³ Kath Bevan, assistant director for an educational consortium of schools in south-east Wales, finds herself at the forefront of this wellbeing reform. With her brief to cover equity, excellence and wellbeing, she develops strategies to support vulnerable learners in her schools, as well as able and talented children. “It’s making sure that the quality of teaching meets all the needs of the learners,” she says. “And that schools have the systems in place to support some of the most vulnerable learners who turn up to school when they’re facing unbelievable challenges but can’t quite cope with sitting in that classroom.”

Kath’s employer is the Education Achievement Service (EAS), a consortium of 234 primary and secondary schools, special schools and pupil referral units from five local authorities. The schools have come together voluntarily to raise educational standards across the region. The EAS also works in partnership with the ACE Support Hub to train its schools in an awareness of adverse childhood experiences (ACEs) and the impact they have on learning and mental health. Vulnerable learners – many of whom have experienced ACEs – include grant-funded children entitled to free school meals and those in the looked-after system. Kath believes that an awareness of ACEs is important because it reminds educators to consider why a child might be behaving in a certain manner. “Let’s just stop and think,” she says, “what have they been through and what we can do to get them back into a classroom, accessing quality learning, feeling good about themselves and leaving school with appropriate qualifications and experiences.”

Before joining the EAS, Kath worked as a head teacher for 10 years in a large multi-faith primary school in Newport. Within the school, 30 different languages were spoken, while a quarter of the school population were new arrivals to the country. “It was a very complex school but a delight to work in,” she says. Initially, she was seconded to the EAS for five terms, before becoming a full-time employee in September 2019. She was lured over by the opportunity to work within all sectors of education on the wellbeing agenda. “I strongly believe at the heart of every decision in the education sector, the pupil’s wellbeing has got to be addressed.”

Kath’s experience of being a head at a diverse primary school stood her in good stead. She was able to support her new EAS colleagues in ensuring their schools were also fully inclusive. Although she misses the daily contact with children and families, she enjoys developing policy for the consortium. “You have a different feeling of the impact you are making in this role than as a head teacher,” she says. As part of her work, she has designed a *wellbeing walk*, a review tool that enables schools to evaluate their wellbeing agenda and determine what further steps need to be taken. A key area within Kath’s strategy is building an awareness of ACEs across her patch.

More specifically, in partnership with the ACE Support Hub, Kath has rolled out a *train-the-trainer* programme to train up an ACE ambassador, known as a wellbeing lead, within each school. In turn, these wellbeing leads have been charged with implementing ACE-awareness in their individual schools. Over five school terms from 2018 to 2019, the programme delivered initial training to all the schools in the consortium. By July 2020, Kath’s goal is to have trained most of the schools in a second ACE module that encourages them to think about emotional coaching and providing safe spaces for their vulnerable pupils. There is also a third tier of staff training for schools that want to go into greater depth. This includes five hours of staff-development workshops covering the impact of attachment on brain development, building pupil resilience and focusing on the wellbeing of the educators themselves. Around 60 schools have completed these five further units and another 60 have signed up for training over the next academic year (2019/20).

“What we don’t want is ACEs to be on the school improvement agenda and then drop off because something else has come in,” Kath says. “We want to keep it on the boil – so really a staff-development opportunity [is needed] every term just to keep talking about provision within the school.”

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“... What we don’t want is ACEs to be on the school improvement agenda and then drop off because something else has come in ...”

With this in mind, she maintains a register of the schools that have been trained and where they are on their ACE journey so that none fall through the gaps. She also feels it is critical to run “mop-up sessions” for schools that lose their wellbeing lead for whatever reason and need further training.

The feedback from schools in the consortium has been largely positive – Kath was moved by the way staff engaged with the training. She has also found her work with individual schools looking to improve their provision really rewarding. Within the consortium, schools have shared good practice in order to improve support for their vulnerable learners. “The ACE awareness has given that opportunity – ‘Right, let’s look at what we have got, is it having the impact that we want it to have, or are there good case studies at other schools for us to go visit and bring knowledge of that intervention back into our school.’” Sharing within clusters – groups of primary schools that feed a particular high school – has helped pupils making the transition from primary to secondary. Kath explains how some of the high schools are gathering information from the primary schools to support their most vulnerable learners, setting up separate transition plans for the most challenging children.

Many of the high schools in the EAS consortium have set up their own wellbeing hubs to provide a safe environment for their vulnerable learners and to help them engage in school life. “Our secondary schools that are developing these hubs are seeing a decrease in exclusion rates and an increase in attendance rates,” Kath says. The hubs play a particular role in reassuring children transitioning from primary school, where they have often benefitted from intensive nurture and support programmes.

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... The hubs play a particular role in reassuring children transitioning from primary school ...

Currently, the secondary schools do not explicitly talk to their children about ACEs, although Kath sits on an expert panel at the ACE Support Hub where they are exploring the possibility of including pupil-led awareness in the new school curriculum. “If we’re breaking that generational cycle, at some point we need to think about delicately bringing it into the curriculum,” she says. This work is ongoing.

A handful of schools in the consortium did not initially recognise the importance of rolling out the ACE-awareness training. In these cases, Kath has reached out to the schools in question and used her knowledge to explain why they would benefit from the training. On the whole, however, ACE awareness has created its own momentum and she now finds herself being asked to deliver training to other sectors, such the youth service, wider staff in the local authorities and school governors.

A highlight for Kath was collaborating with the local police force to explore ways of working together. Like the schools in south-east Wales, Gwent police has been having its own ACE-awareness training.^{viii} “That has been really good – engaging with an extra agency,” Kath says. “We

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“... It’s having that joint strategy and understanding of the difficulties the families are going through in order to direct them to the appropriate support ...”
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all end up spending a lot of time with some of the most vulnerable families, but it’s having that joint strategy and understanding of the difficulties the families are going through in order to direct them to the appropriate support.”

She believes the ACE movement has gathered momentum across various public sectors – health, education and the police – because it has provided a safe label that addresses a range of experiences. “It has generated speed and interest because it is a raising-awareness opportunity for all public sectors and it’s giving those sectors a bit of a script when they are talking about some of their families,” she says. “It’s creating a bit more understanding and empathy – not sympathy – and I think it’s also raising all professionals’ knowledge and understanding of signposting to other agencies and support mechanisms.” Adverse experiences are not in themselves a new phenomenon – “it just pulls together a lot of what you know is going on in your families’ lives,” she says. Research on ACEs by Public Health Wales, generated by interviews with people living in Wales, has also been useful.

Her effort to drive ACE-awareness promises to have a national impact as key learning points from schools in the EAS consortium are being used to evaluate the train-the-trainer approach. This is influencing how it will be rolled out across other school consortia in Wales. “It has given us an opportunity of shaping it, looking at what goes well, having those honest conversations about feedback,” Kath says.

All of Kath’s work sits within a wider movement in Wales to boost children’s wellbeing. The Welsh education inspectorate, Estyn, published a thematic report on ACEs in January 2020, highlighting good practice in schools, including some in the EAS consortium.³⁴ A previous report from June 2019 found that around two-thirds of primary schools and a third of secondary schools in Wales were successfully supporting pupils to be happy, healthy and safe.³⁵ “I do think that it’s a wave that is just getting bigger,” says Kath. “Children are facing more challenges in starting school and it’s unpicking all the layers they’re experiencing and making sure you develop their resilience so that they continue to engage in their educational life.” Although she denies that her efforts are history in the making – “Gosh no, I wouldn’t go that far” – she acknowledges that society will benefit through increased awareness of ACEs and access to support in all of Wales’ schools.

^{viii} This training has been developed as part of a Home Office funded programme in Wales called Early Action Together (EAT). The objectives of the programme are to transform the police and criminal justice system into taking an ACE-aware and trauma-informed approach, with the emphasis on partnership working.



Mel Berry

– kind and curious

Director of *include*, a community hub for ex-offenders in Swansea, and former captain of the Wales women's rugby team

Mel Berry's high-flying career with the Wales women's rugby team took her around the world, allowing her to sample different cultures and communities. Over the years, there have been other journeys too – of personal growth and professional development. Since retiring as Wales captain in 2010, Mel has devoted herself to supporting people impacted by trauma. She has also battled her own demons, making a conscious decision four years ago to analyse the adverse experiences she went through as a child. To some extent, her training in trauma development is intertwined with her personal history. “You learn about it because it gives you an awareness about yourself,” she says. “If you've not met yourself, i.e. if you've not challenged your own trauma, you will struggle to help someone else.”

Returning to Wales in 2018, Mel has come a full circle, after growing up in Swansea as a child. She studied English literature at university in London during her rugby days, working all week and travelling back to Wales at the weekend to train and play. This gruelling schedule became her normality – “I'd never regret a minute of it,” she says. After retiring from the game, she worked in Scotland and then Yorkshire, pursuing her ongoing interests in the science of trauma and the power of sport to heal troubled minds. “I thought it was about time I came back to Wales and, in terms of my own personal journey through trauma, once you get to a place where you're settled, you feel you're in a place where you can give.”

Mel is generous with her time, juggling various paid and unpaid roles. Day-to-day, she manages *include*, a Swansea-based hub for ex-offenders and those with street vulnerability, such as sex workers, the homeless and people with complex addictions. She is also a trustee for the Panacea Project, a non-profit organisation that provides trauma-informed services to the public sector, and acts as a non-executive director for a careers app, called MiFuture. At the weekends she runs, often accompanied by her dog, for hours at a time. Her ambition is to run in every country – she has ticked off 94 so far – and her next challenge is a mountain trail from Slovakia to Poland.

During Mel's time on the rugby pitch, she predominantly played in the back row or as a centre, captaining the Welsh national team in 63 games, including two world cup tournaments. Unlike many high-level athletes, she has not struggled to adapt to life in retirement, saying her self-worth wasn't wrapped up in rugby. “My rugby career is part of me, but doesn't define me – if it did, I'd probably have more mental health challenges.” However, the sense of belonging and the experience of managing a squad have stayed with her. “I'm a huge believer that from every life experience, you take something away and that's what makes you grow.” Playing for a club in New Zealand for 18 months introduced her to an inclusive and nurturing culture, which aligned with her own ideas about the importance of building local relationships within a community.

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“... From every life experience, you take something away and that's what makes you grow ...”

Mel has managed the *include* hub since March 2019, after it launched in September 2018 as a trauma-informed organisation with an awareness of adverse childhood experiences (ACEs). “We consulted with the community and local people and those who are now our members as well – if they could have a space, what would it look like, what would they want,” she says. As a consequence, the hub is designed to be non-judging and relationship-led, which means “they come in and we treat them like people”. There is no rush to fix the problem or instigate a formal recovery programme. “It is their space. Everything we do is built around what they want and their recovery – for each and every one of them the recovery journey is different.”

The people who use the hub often lead chaotic lifestyles and are in need of social and emotional support. Initially, staff and volunteers focus on developing a relationship with the members to make them feel comfortable and safe. “We are trying to validate their feelings, to let them know it’s ok to be sad, angry, happy and then we can start to look at how we can support them and where their feelings come from.” The ultimate goal is to help members understand their emotions and what is happening in their brains. “In trauma, the first thing you disconnect with is yourself because the pain is too much and then you disassociate with others,” Mel explains.

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“... In trauma, the first thing you disconnect with is yourself because the pain is too much and then you disassociate with others ...”
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Members choose which activities the hub runs; the current roster includes yoga, mindfulness, boxing and mixed martial arts. More practical help – on housing, universal credit and addiction support – is also available. Although members sometimes progress and then “fall off the wagon just as quickly”, Mel finds her work rewarding and is heartened when people get back on their feet. “To be honest, we see it every day.”

During her career, Mel has delved into research on trauma, including work by the US psychiatrist Dr Bruce Perry and Canadian physician Dr Gabor Maté. While living in Scotland and Yorkshire, Mel imported her combined knowledge of sport and trauma into some challenging environments, including prisons, to help people with drug addictions and related issues. “I took that sporting landscape into populations and communities that many people would find too hard, whereas for me these are the kind of individuals I like to work with.” Her ideas on sport as a mechanism to heal derive from Dr Perry’s work on tackling trauma-induced stress.³⁶ Turning up to play, in the hope that it will improve wellbeing and resilience, is not enough, she says. “You actually have to do it with explicit intention.” This means that participants need to actively build relationships, see each other’s point of view and work together as a team.

Equally, Mel believes playing competitive sport allows the body to develop positive ways of dealing with toxic stress. “Within sport, you’ve got an environment where we can allow the feeling of stress to build in a safe environment because it’s not life or death,” she says. “Whereas people who have had a traumatic background, they always think they are on fight, flight or freeze.” Stress in sport can be predicted and controlled, opening up new pathways in the brain, she explains. “The brain circuits have been wired in a specific way over trauma – because that it is what trauma does – but [sport] starts to change those pathways into positive reinforcement.”

For people with addictions, physical activity can hit the same reward areas in the brain as alcohol or substance abuse, inducing feelings of pleasure. In her work at the *include* hub, Mel describes how members often experience a buzz at being outside in nature or playing football. “They go, ‘Oh right,

that's a similar feeling to what I got when I take... whatever the substance is." All of these sporting benefits – social and psychological – accumulate. "We're starting to change the pathways in the brain which then allows them to start to thrive and live, as opposed to just survive."

Mel's decision four years ago to tackle her own ACEs was a personal milestone. At the age of 34, she carved out time to reflect on her trauma, describing it as one of her most freeing experiences. "You can live quite an okay life, I mean you can plod along, but there's always been that thing where you've not felt whole because you've not consciously decided to understand yourself... so I decided to crack on and do that. It was the best thing I've ever done." Although Mel did not seek professional help, she made space in her life to deal with her experiences informally, using her own knowledge of trauma. "I ran a lot," she says with a dry laugh. The process was challenging and painful but she now understands herself better and attributes her resilience to protective factors – relationships with family and people she knows through her sports network. "They allowed my brain and myself to develop in a way that means I perhaps haven't ended up where many other people have."

In some ways, this journey of personal growth was necessary for her professional development. "For those who go into this field and want to work with those who have got complex needs, you have to look after yourself because if you don't look after yourself, you're not in any position to support people the best you can." At the hub, Mel ensures that her own staff find ways to release the stress of working with people who often have dysregulated emotions and feel suicidal. She encourages staff-members and volunteers to take 30-minute breaks, going for walks or riding a bike, to avoid becoming tired and emotionally drained. "We can only do what we can," she says.

The upsurge of interest in ACEs and trauma in Scotland and Wales over the past few years does not surprise Mel. "Higher levels of poverty, our mental health going through the roof, areas of disadvantage and austerity – when you look at all those – suddenly that's getting higher and higher so something has had to give," she says. "And people have had to start looking at how do we understand these behaviours?" Her biggest concern is that ACE-awareness becomes a fad or tick-box exercise, rather than an opportunity for genuine change. "It's got to be explicit intention and action, which is very different from awareness and that is what this is going to live or die by," she warns.

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“... Kindness, relationships, having empathy, respect for people – they can change someone, the way their brain functions and that doesn't cost money ...”

Mel's hope is that whole communities will be mobilised to make a difference by employing a more curious approach to people with complex needs. "Instead of seeing the behaviours as something that's wrong with them, actually being curious

about what's happened to them." On her Twitter account (@WelshieBerry), she uses the hashtag #bekind, a distillation of her own ACE-aware credo. "It's these informal interventions – kindness, relationships, having empathy, respect for people – they can change someone, the way their brain functions and that doesn't cost money," she says. To achieve this end, she believes policy-makers and experts have to disseminate their research on ACEs, enabling communities to find their own solutions. "The places where people are nurtured and nourished, the places where relationships are built, are within our communities," she says. It is a model she is pursuing at *include* and she herself is ideally placed to bridge that gap between knowledge and grassroots action.



Pattie Santelices

– a shoulder to cry on

**Strategy officer, health and wellbeing,
City of Edinburgh Council, Scotland**

For as long as Pattie Santelices can remember, people have come to her with their problems. “I don’t mind asking people questions,” she says. “I was always able to offer a listening ear and sit with other people’s distress.” In person, she fizzes with energy, combining strength of purpose with a keen sense of empathy – it comes as no surprise that people used to cry on her shoulder at parties. “Maybe there was something about me that meant people saw it as a secure base to tell me things.” At Edinburgh City Council, where Pattie now sits with a cup of tea, she has found her dream job promoting wellbeing and resilience across the city. Her role at the council also includes raising awareness of adverse childhood experiences (ACEs) in schools through an award-winning project called *Turn Your Life Around*.

At university, Pattie studied psychology – “I’ve always been passionate about this area” – before ending up at Edinburgh Council in 2007. She went to university with high hopes but was disappointed when her course included only one lecture on attachment theory – looking at the quality of emotional bonds between a child and its caregiver – and nothing on positive psychology. “I don’t remember being taught that the brain continues to change... or that your thinking influences brain science.” Pattie’s remit at Edinburgh Council covers mental health and wellbeing, children’s rights, child poverty and raising awareness of ACEs – her team supports the delivery of programmes, training and resources in these four areas. “In a weird way, all the training we’ve now written are the things I would have liked to learn at university,” Pattie says with a brief, gusty laugh.

The *Turn Your Life Around* (TYLA) programme – run in partnership with Police Scotland – uses a team of volunteers with experience of childhood trauma to communicate its key message: it is never too late to turn your life around. “Despite 50 years of research on resilience, which shows that the majority of people can turn things around in later life on a range of measures, you never really heard those stories,” explains Pattie. It seemed that schools – even if they knew about resilience factors – were still sometimes writing off children with ACEs because of their behaviour. To counter this missing narrative about the power of resilience, TYLA sends its volunteers into schools to share their life-stories about overcoming adversity. “What TYLA did was scoop up local people who were willing to share their story with a view to really cementing in staff and children’s minds that this point of time is not fixed,” she says, “that your history is not your destiny.”

The programme uses the volunteers as positive role models for the more troubled pupils who don’t always relate to their teachers. “I remember one child saying, ‘I know that the teachers say they believe in me but they’re not like me and they don’t know me,’” Pattie recalls. “The idea of putting these volunteers in with their stories was, ‘Oh, these are people who *know* and they are still saying you can turn it around.’” Volunteers talk about specific acts of kindness – such as a conversation where someone showed concern – small interventions that helped to get their lives back on track. Explaining the significance of these moments educates the children about being kind and empathetic towards each other. Finally, the TYLA programme encourages the pupils to discuss

their emotions. “They have an adult standing up in front of them saying I was scared, I was anxious, I was worried about this... and they are role modelling how to talk about difficult emotions.”

The volunteers – who are carefully selected – are given three days of core training, plus additional one-to-one support from Pattie’s team on how to structure their stories. Under the programme, each school is visited at least six times, initially so that the volunteer can become familiar with the environment. After the volunteers have related their stories, primary school children are encouraged to find creative ways of re-telling them through videos, drawings and drama, while the older pupils do follow-up work in class. Since the project began in 2016, more than 3000 staff, pupils and families have heard the TYLA stories. Over 80% of the secondary school children reported last year that they found the sessions useful, with some feeling more grateful for the people in their life and others becoming aware of how their current choices could affect the future. One pupil said, “There is light at the end of the tunnel.”

In terms of the staff, TYLA’s goal is to encourage them to see the child behind the behaviour. “If we have greater empathy and understanding about the reasons for the behaviour, then that will change our approach to supporting it and we’re less likely to take it personally,” says Pattie. “As the TYLA volunteers often say, ‘I did not wake up this morning and think I’m going to make my teachers’ lives a living hell.’” She warns there is no quick fix to change the behaviour of troubled pupils, but highlights the importance of helping them make sense of their experiences. “We need to normalise adversity, not necessarily some of the big-hitter ACEs, but setbacks, disappointments, failures, loss, all of those things that are going to happen to us,” she says. “And they don’t necessarily have to become trauma – even the big-hitters – because if there are the right protective factors around that child they will have a better chance.”

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“... The compassion they begin to feel for themselves has been really interesting but it has required a massive level of support ...”

One major learning point with the TYLA programme was the impact it had on the 14 volunteers themselves. Some found it challenging to confront their own ACEs. “We are literally taking them back to their childhood,” says Pattie. “One of the things we do is use photos from their childhoods to chart the story so they see themselves as a three-year old child and they think, ‘Oh my God, I was living that, and there’s that little wee soul and that was me...’ The compassion they begin to feel for themselves has been really interesting but it has required a massive level of support.” Her team subsequently made professional counselling available to the volunteers as part of the programme. Despite these difficulties, the volunteers have found the project worthwhile and bonded well as a group. In an evaluation, one said: “I really feel that I am beginning to gain acceptance and become the person I was always meant to be, connecting to the joy of life.”

This entire process, however, has proved time-consuming for the TYLA team. “You don’t need loads of funding to do this but the time is immense,” Pattie says. “It’s not just the training, it’s prepping all their individual stories, accompanying them to visits, taking them for a de-brief afterwards – you can have your whole day taken up by a one-hour input to a school.” For any local authority looking to implement a similar programme, she says it is imperative to understand the time commitments involved and to show a duty of care towards the volunteers.

In addition to the TYLA programme, Pattie has developed training in trauma-awareness and resilience for school staff. “We never try and do ACE on its own – it would always be trauma-

informed or ACE *and* resilience – we are actually careful not to do training on just ACEs.” For example, the team holds the licence for the acclaimed James Redford documentary on ACEs, titled *Resilience*, but encourages any school showing it to ask questions afterwards about resilience. In the awareness training, Pattie prefers to talk about “risk factors” rather than ACEs because she feels the original 1998 ACE Study in the US¹ only identified a narrow range of adverse experiences. “There is a plethora of risk factors – you’ve got maybe 20 I could list off the top of my head,” she says. These factors cover broader experiences such as poverty, social isolation, disability, being in care, ethnic minority, social media and bullying at school. One of her caveats is that schools should not use ACEs as a diagnostic tool, arguing that they are “the start of a discussion” and not about scoring children on their individual experience of trauma or pre-judging their potential life chances.

Pattie also feels that training on wellbeing has to be sustained; one session is not enough. “The thing is with resilience, mental health, trauma, all of these areas – people say, ‘Oh yeah, we’ve done that’ – a little bit of a tick – but there’s not that idea that you’ve got to revisit and revisit,” she says. “And you know why? It’s because ultimately it requires you to change – all of this stuff, if you want to make a difference, you have to look at yourself.” Her point is that staff need to reflect on their own mental health and cultivate their empathy skills before they are in a position to support the children. Otherwise, there is a tendency to apportion blame – “no, it’s their fault, they’re being cheeky, they’re being rude” – rather than understand what lies behind the problematic behaviour.

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“... Ultimately it requires you to change – all of this stuff, if you want to make a difference, you have to look at yourself...”
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As a possible solution to support staff on their emotional journey, Pattie advocates putting in place *supervision* for teachers – the opportunity to check in with a colleague to reflect and make sense of their work, particularly its more challenging aspects. Historically, this has only been made available to professionals in the health service and the police. “If something changes, it should be that, because if we don’t get it right by the adults who care for children, we won’t get it right for the kids.”

It is a lesson that Pattie learnt early on whilst supporting others. “I did have to be more careful with myself and recognise I couldn’t help everyone,” she says. Her own sense of resilience – for which she credits a loving and supportive upbringing – drives her work. “People who feel grateful for what they have, can understand the enormity of what other people have not,” she says, quoting Brené Brown, a US research professor who has studied empathy, vulnerability and shame.

Pattie’s TYLA programme recently won Education Initiative of the Year in a series of society awards organised by the Scottish newspaper, *The Herald*. However, the real accolades come from people touched by the programme – one member of staff commented, “When I’m working with children who are in a bad place, I will remind myself that the end of that child’s story hasn’t been written yet.” Pattie’s missing narrative about resilience is finding its audience. She herself remains fervently committed to her cause and the team she works with. “We know we make a difference, so what else can we ask for?”

To find out more about one of the TYLA volunteers, read our interview with Kevin Neary (page 27).



Chloe

– fighting demons

Single mother

In the spring of 2019, a Cardiff teenager stepped out onto a stage to share her life-story at a conference organised by the children's charity Barnardo's. Chloe was not a seasoned speaker, but a young woman who had struggled with depression and found herself pregnant aged 15. In front of a hundred-strong audience, which included the local mayor and a Welsh Government minister, Chloe spoke for 10 minutes about the adverse childhood experiences (ACEs) that had blighted her early life. "I'm trying to speak and then people start crying! 'Can you stop crying! You haven't been through this, I'm trying my hardest not to cry so I can do this for you people,'" she says, recalling her moments on stage. "It was a bit overwhelming, but after I done it, everyone stood up and clapped and I was proud of myself, I didn't think I could do something like that."

The conference was about finding good outcomes for families, based on current research around ACEs and trauma. During her presentation, Chloe talked about growing up with an alcoholic father, her experiences as a young mother and the heartbreak of splitting up from her partner following the birth of her daughter Ellie in 2017. At first glance, 19-year old Chloe resembles most other teenage girls – long hair, nicely made-up – but there is something in her eyes that hints at wisdom beyond her years. Her slight frame harbours contradictions, both fragility and strength. In a moment of defiance, she says: "I am a brick wall, hard as hell, you will need something strong to knock me down, but it could be anything as petty as not being able to do my eyebrows or not being able to get my phone working." Similarly, the resentment she feels towards her parents for an unhappy childhood is tempered by her gratitude for their ongoing support following the birth of Ellie.

By her own count, Chloe experienced multiple ACEs while growing up. While relating her life-story in a Cardiff café, she has the air of someone who has reflected on her past. (At school, history was her favourite subject – "I don't like this world, I like the olden days".) She begins with a pithy account of her early years: "When I was about four to five, my dad was an alcoholic and my mum worked full time. She was never home, it felt like she never interacted with me, she didn't love me, she didn't care about me so my dad would look after me and most of the time I would be in the pub where my dad would be getting drunk." As the relationship between her parents broke down, there were incidences of violence – she says her dad threw the TV remote at her mum and hit her in the face.

When Chloe turned six, her parents got divorced – for a long time Chloe felt this break-up of the family was her fault. Happy photos of her parents and older sister, taken before Chloe was born, convinced her she was to blame.

Following the divorce, her older sister went to live with a grandmother, while Chloe was "shipped" between her mum and dad. At school, she was bullied owing to a skin condition and at seven years old started to have suicidal thoughts, even daubing her wrists in red pen. By the time Chloe was 10, she was properly self-harming and suffering from depression. "I felt like I was not worth anything and that the family distanced themselves from me," she says. "I was kind of the black sheep."

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"... I felt like I was not worth anything and that the family distanced themselves from me ..."

She would come home from school and find her dad slumped drunk on the sofa. “He wasn’t one of those dads who said, ‘Has everything in school been okay?’” she recalls. “He’d say, ‘If you want food, cook your fucking self.’” Often her dad would be in bed by half six, leaving her unsupervised. “The reason I was such a naughty child was because he was so drunk... I thought, ‘Oh yeah, my time to sneak out the house and party – woo!’” From the age of 13, she was out clubbing, determined to fit in with an older crowd of friends. “That’s when I went down the wrong path because he was too drunk to know I wasn’t even in bed.”

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*“... He was too drunk to know
I wasn’t even in bed...”*
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And yet, in the same breath, Chloe maintains she is really close to her dad. “Me and my dad have a weird relationship, to be honest.” Memories of watching the rugby together in the pub brings a smile to her face. “We’re not even daughter and dad, it’s like we’re bro and bro.” She is a good mimic, adopting a gruff voice as she re-enacts her dad’s displays of affection: “That’s my girl!” Looking back, Chloe realises that he was likely suffering from depression himself and chose to mask it with alcohol. She describes him as a “good egg” when sober and says he has done a lot for her and Ellie.

At 14 years old, in drunken despair, Chloe overdosed on pills, including temazepan, paracetamol and epilepsy tablets. After collapsing at her best friend’s house, she was taken to hospital where she was put on a drip for five days as an antidote. “I was shaking and frothing at the mouth.” Her family came to the hospital in the early hours of the morning, at which point Chloe lost consciousness in her mother’s arms. She describes her suicide attempt as “a cry for help”. It was also a wake-up call for the family – “they realised how depressed I was”.

As a consequence, Chloe was referred to child and adolescent mental health services for counselling. Unfortunately, the therapy she received didn’t work. “I don’t think I was in the right frame of mind to get into a positive frame of mind,” she says. Aged 15, she discovered she was pregnant, shortly after her boyfriend, the father of the baby, left her for another girl. Nevertheless, the prospect of having her own child was a turning point. “From then, it just changed my life,” she says. “I had a reason to live, I had a reason to keep fighting depression, demons. Everyone told me I couldn’t do it, but I done it and I’m still doing it.” During her pregnancy, she worked two jobs back-to-back; she also sat – and passed – all of her GCSEs at a pupil referral unit, having been “kicked out” of her secondary school for disruptive behaviour.

During the pregnancy, Chloe’s sister and mum supported her both psychologically and financially. “I couldn’t thank them enough,” she says. “I was extremely depressed when I was pregnant and [my partner] left me – I literally cried for the whole nine months.” Despite this, she began to feel closer to her family, no longer the black sheep. “I was the world’s greatest person when I was pregnant – my family loved me, they done everything for me.” In hindsight, Chloe believes that both her suicide attempt and the pregnancy changed the way her mother saw her. “She started to understand more what was going on. I think, when she found I was pregnant, she knew this was the only thing that was going to keep me alive.”

After Chloe gave birth, she moved into a hostel and later transferred to a two-bedroom flat, part of a mother-and-baby unit supported by Barnardo’s. She got back together with Ellie’s father and for a brief period had the family she had always dreamed of. Unfortunately, when Ellie was 18 months old, her partner walked out again, plunging Chloe back into depression. During this time, she lived in constant fear of social services taking her baby away, but grew to trust two of the Barnardo’s

support workers – called Sharon and Sean. “I didn’t really like them at first, when they knocked on my door,” she admits. “I didn’t want them around – they done my head in. Leave me be, I want my own peace, I can live on my own, I don’t need you watching me.” However, with no one else to turn to, she sought help from the Barnardo’s staff. “I was crying my eyes out, I was bursting with tears and Sean looked at me and just started crying. He was like, ‘Oh my God, your nutshell’s just come off, Chloe’s back.’”

It had taken Chloe nine months to realise that the support workers were there to help, rather than judge, and were not about to take Ellie from her. “Sean walked down to Tesco’s and bought me a Yorkie bar because I was so depressed – they’re just good people,” she says. Sharon meanwhile took her out for coffee and cake to talk over her problems. More than anything, the building of these relationships helped Chloe to come to terms with the loss of her partner and her new role as a single mother. Eventually, after two years with the unit, Barnardo’s helped Chloe to move on, sorting out a council flat for her and Ellie in February 2019.

..... *... The dawning realisation that she hadn’t lived a normal life upset her ...* Barnardo’s also educated Chloe about ACEs, explaining that the mental abuse she suffered at the hands of her alcoholic father had given her a form of post-traumatic stress disorder. “If they talked about alcohol, I’d get this twinge in my face,” she says. “They literally explained my whole childhood trauma to me.” The dawning realisation that she hadn’t lived a normal life upset her, but eventually she saw it as an opportunity to help others who had been through similar experiences. She agreed to speak at the Barnardo’s conference to spread the word and thinks it’s one hundred percent useful for people to have an awareness of their own ACEs, despite the risk of being labelled.

Having been excluded from school herself, Chloe is passionate about the need to train teachers in ACE-awareness. “Schools do not give a crap about mental health,” she says. The idea of establishing school hubs to provide a refuge for children who are struggling gets her approval. “We never had that in our school – we just had, ‘Let’s go outside for a fag’ – you sneak behind F block, have a quick puff and then you go back in.”

Chloe is determined to protect her two-year old daughter from ACEs. “If she has her heart broken, lay in my arms, cry in my arms,” she says. “I never used to have that because my mum was never there and my dad was always drunk in bed. But I know I’ll be that person who has a clear mind for my daughter to make sure that her life is always perfect.” Chloe is still fighting depression and has recently come off her medication because it was giving her terrible side-effects. Her relationship with Ellie, however, remains a source of hope and resilience. “Even when I wake up and hear loads of voices in my head telling me I’m not worth it, I look at her and she just makes me feel better,” Chloe says, her voice tightening. “She is the love of my life.” As the interview winds up, her mood lifts at the prospect of collecting her daughter, who has been staying with family over the weekend. Coat on, Chloe practically skips out of the café, a young woman who has seen off her demons for another day.

..... *“... I’ll be that person who has a clear mind for my daughter to make sure that her life is always perfect ...”*



Jonny Matthew

– changing attitudes

**Criminologist and social worker,
youth justice, Wales**

Jonny Matthew is not an easy man to pin down. He has a busy schedule speaking at conferences, undertaking consultancy work and writing a blog, while also making time for his two adopted children and various hobbies. His passion, however, is helping young people in crisis – an impulse that has moulded his professional life as a social worker and a criminologist dealing with young offenders. “I am very kind of 100 miles an hour,” he admits. Currently, Jonny works as a forensic youth coordinator for FACTS,^{ix} a Wales-wide mental health service, and has recently completed a five-year project with the Youth Justice Board to test a trauma-informed approach to managing prolific adolescent offenders. The children he works with have complex backgrounds, including high incidences of adverse childhood experiences (ACEs).

At the root of Jonny’s restless energy is a reserve of empathy. One of his formative experiences as a teenager was sitting in the back of a police car in 1983. He had just had a verbal altercation with a police officer who gave him a “real dressing-down”. In the end, Jonny apologised. “Do you know what, I think this is one nil to him – I’m just going to take it on the chin,” he recalls with a chuckle. At the time, he recognised he was going down a wrong path and chose another route. His resilience won through, the fruit of a nurturing and loving background, he says. Nowadays, he tries to imagine how the teens he works with would have reacted in the same situation. “Punches would have been thrown, there would have been some sort of confrontation and there probably would have been a prosecution and everything that goes with that.”

In short, his moment of “adolescent silliness” put him in these kids’ shoes. Through his work, he has learnt that many of the adolescents he deals with are not developmentally equipped to get themselves out of trouble. “What they need is somebody who is willing to get in the back of the police car with them and argue the case for them, if you like.” On a personal level, he has helped his own adopted children overcome adverse experiences in their early lives, including neglect. “They’ve taught me a huge amount about the needs of children.” Over the years, there have been a few scrapes – he describes his kids as “a work in progress” – but parenthood has only reinforced Jonny’s awareness that many young offenders do not have anyone to advocate for them.

In 2013, Jonny was commissioned by the Youth Justice Board in Wales to trial a trauma-informed model on a stubborn cohort of young offenders who were re-offending even though the number of first-time entrants into the youth justice system was dropping off dramatically.^x “So the Youth Justice Board and the Welsh Government wanted to do something different with those kids to test a new approach,” he says. The idea was to use a model that Jonny had co-authored with his psychologist colleague Dr Tricia Skuse at the Hillside Secure Children’s Home in Neath, south Wales. The model grew out of their efforts to help children – usually at the home for a short spell –

^{ix} Forensic Adolescent Consultation and Treatment Service (FACTS), a tier-4 mental health service for young people who offend.

^x The number of children and young people entering the youth justice system in England and Wales decreased by 85% between 2007 and 2017. Over the same period, the re-offending rate for children and young people increased by four percentage points to 42.2%.⁵⁷

most effectively in the time available. “We took the view it was better to spend three months doing the right thing... building attachments and trust rather than trying to whiz them through a knife-crime programme or an anger-management programme.”

The youth justice project, known as Enhanced Case Management (ECM), became a collaboration between the Youth Justice Board, FACTS, youth offending teams, Welsh Government and the South Wales Police and Crime Commissioner. After Jonny and Dr Skuse had adapted their model for use in the wider community, they spent five years testing it with a number of youth offending teams across Wales. “The principles of it were an acceptance that offending is symptomatic rather than being the problem in itself,” Jonny says. “Children with normative developmental journeys tend not to find themselves in that group of kids who offend; those who do offend – the hypothesis was they were a much more complex group in terms of the background histories, histories of abuse, trauma, poor attachment and unresolved mental health.”

Jonny advocates assessing these children differently and planning support strategies – known as *interventions* – to moderate the impact of their ACEs. The ECM process begins with a multi-agency meeting bringing together all of the professionals involved with the child. They draw up a timeline to map out significant events in the child’s life, starting with recent offences but reaching back to past bereavements, school transitions, births of siblings, serious illnesses and the sort of household the child was born into – anything that might be developmentally important. “What you end up doing is galvanising the professionals through teasing out all of their information onto the timeline,” Jonny says, “galvanising them around a new understanding about the current behavioural problems.”

This timeline is accompanied by developmental mapping,^{xi} which looks at the maturity of the child, based on social, physical, cognitive and emotional domains. “You get a real epiphany moment often when people think, ‘Oh my word, this kid is 15, looks like they’re 17, but is functionally – in terms of emotional stuff – three or four.’” This volatile behaviour in a 15-year old looks “dangerous and can be criminalised” but is akin to a toddler having a tantrum. All of this information is fed into the Trauma Recovery Model,^{xi} designed by Jonny and Dr Skuse to match the child’s psychological needs with layers of interventional strategies. At the bottom of the pyramid, a need for structure and routine aligns with regular meals and bedtimes, while higher-level interventions include counselling and anger-management.

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“... This kid is 15, looks like they’re 17, but is functionally – in terms of emotional stuff – three or four ...”

Based on these findings, the professionals then design an initial plan to support the child. Later, a psychologist writes up a *formulation* – a clinical report – summarising everything discussed at the meeting. The case worker for the child on the youth offending team receives the psychological summary, which can be used as a point of reference for courts, schools and the child protection system. The ECM has been tested on a group of 65 children and is currently being evaluated in the hope that further funding will support a wider roll-out.

Although it is too early to tell if the project has had an impact on youth re-offending rates, Jonny believes there have been some positive indications. “Anecdotally, the evidence is as clear as the nose on your face that these kids are offending less, engaging more, breaching less, stabilising, getting back into education, planning work, resolving family crises and all the rest of it.”

^{xi} For more information on this approach, please see www.TRMAcademy.com

He concedes, however, that some have made slower progress – “you’re still chipping away, hoping sooner or later something will change”. His learning point is that the children need a relationship with a safe individual, both a critical friend and an absent parent, and that it takes time for this to get embedded. “What the model does is help people to hang in there doing stuff that doesn’t look like it’s working and then suddenly you see it because these kids take a long time to win over.” When the children do engage, progress is then quite rapid, he says. “They push you away and push you away, and you don’t go away – then you start to see it, which is a joy when it happens, but it’s quite hard in the interim.”

In the first trial, involving children under the supervision of three Welsh youth offending teams, there was drop-off in the seriousness of the re-offending, as well as the frequency, so Jonny is hoping to see the same pattern borne out in other trials. “I wouldn’t want to shout too loud from the roof-tops that we’ve fixed the problem – absolutely not – but I think we’ve shifted the practice in a very positive direction.”

What is significant, in his mind, is the changing attitude of professionals working around the children. During the timeline meetings, he often notices a change in language as staff switch from referring to the child as dangerous to “bless him – what chances did he have?” The construction of the timeline highlights what the child has been through, in terms of ACEs and other traumatic events. “[The professionals] kind of know this stuff but they don’t know the detail and they don’t empathise – what it does is push people that bit further down that empathy line and you get real lightbulb moments – tears sometimes.” Jonny acknowledges that the approach is resource-heavy in the early stages, but believes this re-energisation of staff is an investment worth making.

The danger of *not* taking a trauma-informed approach would ultimately create more victims, he argues. “If you address the causes that sit behind the offending, you increase the likelihood of reducing the offending... you prevent the production of new

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“... If you deal with the impact of the ACEs while the child is still a child, you also reduce the long-term health effects that the research suggests is there in the future ...”
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victims, but also you enhance the child’s future life chances,” he says. “If you deal with the impact of the ACEs while the child is still a child, you also reduce the long-term health effects that the research suggests is there in the future.” Jonny first came across research on ACEs following a national study conducted by Public Health Wales in 2015.⁵⁸ Although he was already aware of the issues around trauma and troubled children, he thinks the research had a powerful influence on the government. “What it did, which was brilliant, was that it nailed it to the floor empirically so that we had something we could wave at politicians and funders to make real changes.”

Jonny finds his work in youth justice “incredibly rewarding but exceptionally demanding”. Although his consultancy means he no longer has direct contact with the children, he is often in multi-agency meetings where there is a lot of professional and personal angst in the room. “The principle impact is how utterly awful some of these kids’ lives are and it’s just physically and emotionally exhausting.” Jonny and Dr Skuse make a concerted effort to support one another and talk through the effects of their work. As well as exercise and sleep, Jonny’s go-to remedy is sitting in his hot tub at home, where he is prevented from typing or using his phone. The stillness and the heat help to dial down his fidgety nature. It’s a small indulgence for a man bent on climbing into a metaphorical police car to argue the case for young offenders.



Liz Gregory

– passionate reformer

**Joint head of the child and family psychology service,
NHS South East Wales**

For years, consultant clinical psychologist Liz Gregory was a lone voice. She and her closest colleagues at the NHS child and family psychology service in south-east Wales felt they were swimming against the tide of received opinion. Early on, Liz recognised that clinic-based therapy – the traditional form of treatment for people with mental health issues – was inappropriate for some of the most vulnerable families on their patch.

“In the Welsh valleys, it might be three buses and a three-hour journey to get to a clinic, or they might be on a zero-hours contract and, if they have time off work, they lose their job,” Liz explains. “But there are other difficulties – psychological and emotional. For most problems, we use cognitive behavioural therapy and that requires you to attend regularly and do homework outside of the session. It’s got a huge expectation and what we’re saying is that some of our most vulnerable children and families aren’t in a place to do that.”

In particular, Liz was concerned about children who were unable to engage with therapy because they were exhibiting a fight, flight or freeze response to trauma in their daily lives. “Clinics don’t fit that population,” she says, “really highlighting an irony that our mental health [system] was arranged around a structure that couldn’t help those most at risk of developing mental health problems.”

Liz’s fight against what she saw as an increasingly medicalised way of understanding children’s distress, in a target-driven culture, eventually persuaded her to take a career break in 2013. She could only swim against the tide for so long without feeling completely defeated. “We went through some pretty tough times.” She temporarily left her job as joint head of the child and family psychology service and moved to Canada with her family. Three years abroad gave her time to reflect and absorb new ideas.

In 2016, she returned to the fray, re-energised with a more devil-may-care attitude. “I remember coming back to work and seeing what must have been a Public Health Wales document about adverse childhood experiences and I read it and was like, ‘Hallelujah, oh my God!’ I couldn’t believe it was out there in public knowledge, having been our mantra and passion and frustration for all those years.” New research on the impact of adverse childhood experiences (ACEs) brought everything into sharp relief. “Suddenly this research recognised what happens in your childhood makes a difference not only to your mental health but to your physical health too, so everybody is interested and it’s got such a price tag attached to it, in terms of the cost to society.”

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“... This research recognised what happens in your childhood makes a difference not only to your mental health but to your physical health too ...”

What followed was a crusade to transform child and adolescent mental health services (CAMHS) in south-east Wales. Conversations with senior colleagues – including her co-head Dr Rachel Williams – led Liz to develop a new model of tiered services, using an iceberg framework. The model pioneered a “whole systems” approach to mental health, utilising clinic-based therapies at the tip of the iceberg, along with community-based support lower down. It emphasised the need to understand children’s behaviour within the context of their families and community.

Liz’s aim was to engage families with multiple ACEs and intergenerational trauma; families who existed below the tip of the iceberg and struggled to access traditional clinic-based services. “What we know is 50% of children and young people who die by suicide aren’t known to mental health services – so they are under the iceberg,” she says. Going public with the new structure took courage. “I knew it was very controversial because it was challenging the dominance of the medical model.”

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“... 50% of children and young people who die by suicide aren’t known to mental health services ...”
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Though Liz steers clear of screening individuals for ACEs, seeing this as a population-level tool, she believes that events in a child’s life make a difference in terms of mental health. “Not every child arrives at school from a level playing-field,” she says. “If your school is a zero-tolerance type and your uniform is not clean and you’re late, it doesn’t care that your parent is in bed because they’re hungover and you’ve not got any clean washing and you’ve had to get your little sister to school first. Layers and layers of advantage for the child whose parent dropped them off with clean laundry versus the child who had to battle to get there.”

The ACE research, linking life experiences to mental and physical health, slotted in with Liz’s vision of a multi-agency approach and gave her the confidence in 2017 to take her ideas to the Gwent Partnership Board, an alliance of local authorities and health boards in south-east Wales. “I would say I’m driving a transformation agenda in children’s mental health and the ACE agenda is in there,” Liz says.

Following the backing of the partnership board, this transformation agenda attracted investment from the Welsh Government in late 2018. The funding provided enough “fuel-injection” to roll out new community-based services across all of Gwent’s five boroughs. The programme is ongoing and will take three to five years to implement. “I think everybody is feeling really buoyant and happy, having felt quite depleted and jaded,” says Liz, speaking of her colleagues today. “Wales and the NHS feels in a very different place and, from our perspective, a better place.”

Under the new iceberg model of services, a team called MYST (My Support Team) works with what Liz describes as “our most troubled young people”. These are children who are placed out-of-county in residential homes or are on the verge of a placement. Psychologists from MYST carry out *formulations* – clinical reports – that look at the young person’s whole story, creating a map of contributing factors, as well as ways to help. Intensive support workers then use that formulation to work with the young person within the community. “The therapy doesn’t happen in a room,” Liz stresses, “it happens on the beach or kicking a football or with a snooker cue.”

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“... The therapy doesn’t happen in a room, it happens on the beach or kicking a football or with a snooker cue ...”
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The Torfaen borough in Gwent, which trialled a MYST-style team for 12 years, now has fewer out-of-county placements than other boroughs, despite having the highest looked-after children's population. The team subsequently moved to Caerphilly, where it paid for itself by reducing the need for out-of-county placements (the cost of a placement is £5,000 to £15,000 a week). "You can't argue with that sort of data," says Liz.

New *early* intervention services, lower down the iceberg, include a family-focused team to support children with emerging behavioural and emotional difficulties who are still at home with their families. A formulation informs a shorter 12-week plan, which is delivered by a support worker, with the help of family – "Auntie next door, Gran up the road, the lollipop lady," Liz says, "drawing on the whole system around the child rather than the family going to clinic, hoping that someone is going to fix their kid, disappointed when they don't."

Another new service is the community psychology team, which is mapping community assets, such as local sports coaches and music activities. The aim is to help the community to address children's mental health. "There was a lovely example, meeting with the soccer team," says Liz, "and the coach said, 'This boy said to me his dad's in prison and he's upset about it and I didn't know what to say to him.' Day-to-day conversations that mean kids have opportunities to feel good about themselves."

A key tenet of the transformational agenda is giving families a say in the design of the new services. "Communities have to be facilitated to find their own solutions," she says. "It's about being alongside and supporting them and offering our expertise to a process as opposed to imposing our ideas of what community is – I feel really strongly about that." Her advice for others pursuing a similar agenda is simple: "Be clear about your values and stick with them; put children and families at the heart." She also believes that making a minor difference can instigate change, citing the words of entrepreneur Anita Roddick: "If you think you're too small to have an impact, try going to bed with a mosquito in the room."

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"... It's about being alongside and supporting them and offering our expertise to a process as opposed to imposing our ideas of what community is ..."

There have been several milestones in Liz's own journey, but one has particular resonance. During her time in Canada, her son was part of a performing arts school. One evening, Liz went to see a one-woman show in Toronto, entitled *Hold Mommy's Cigarette*. She expected something effete and glamorous; it turned out to be harrowing. "Oh my God, I was shaking, I felt like I'd been run over by a juggernaut. The emotional impact of that story was just enormous... a bit like seeing that ACE document, everything came together really."

The play was one woman's account of her traumatic childhood, filled with abuse, followed by her suicide attempt and the re-traumatising experience of being in care. "She had a dad who committed suicide, a violent stepfather who sexually abused her, one event after another." Liz got to know the performer – Shelley Marshall – and even wrote about the encounter in her blog, called *We need to talk about Children's Mental Health*. "I had been such a disciplined professional psychologist and here she was on stage achieving more than I had in my entire career in terms of the impact of trauma... People's stories are so much more powerful than anything you can write in a research paper."

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"... People's stories are so much more powerful than anything you can write in a research paper ..."

Liz's blog – “putting my head above the parapet” – has become a forum to share her thoughts on children's mental health. “What we just don't have time to do in clinical services is publishing research. So the blog has been my way of saying this is what we are doing and also testing the water.” With nearly 5,000 followers on Twitter, Liz also uses social media to drive awareness of her work. A pinned tweet from November 2018 encapsulates her joy at getting her CAMHS model properly funded after years in the wilderness:

Fantastic day. @WelshGovernment have announced funding to support our #partnership board's ambitious plans to transform #camhs

At a fundamental level, Liz follows her instincts although a confluence of child-development research – including data on ACEs – has provided crucial validation. “What we're talking about is love and relationships, attachment and what it is to be human,” she explains. “And thank goodness we've now got the research that says that.” With the transformation agenda underway, Liz Gregory is no longer a lone voice; she is preaching to the choir.



Jack Rowlands

– the boy from Croydon

**Chief Inspector,
Metropolitan Police, London**

Chief Inspector Jack Rowlands describes himself as many things – an evangelist for crime prevention, tenacious, the boy who grew up in Croydon. He has won awards for his pioneering work in the Metropolitan Police, namely Divert, a programme he founded to steer young people away from crime and into employment and training. His determination to address the impact of adverse childhood experiences (ACEs) is seen as inspirational by colleagues in the field. And yet, for all his achievements, he suffers from imposter syndrome. “It has taken a long time for me to accept this is what we are doing – as in the whole imposter-syndrome thing, where you go: ‘Is this really happening?’ I’m getting better at accepting that we’re making real change and that the Croydon boy has done this.”

Jack launched Divert in Brixton, London, in 2015 when he hit upon the idea of speaking to young people in police custody about their past lives and aspirations. These were young men and women who had been arrested on suspicion of a crime – some would be released with no further action while others would continue through the criminal justice system.

Uniquely, Jack saw custody as an opportunity to engage with them, rather than just a place of detention. He wanted to find a way to break the cycle, to prevent these young people from being re-arrested in the future.

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... Jack saw custody as an opportunity to engage with them, rather than just a place of detention ...

Divert was so successful that it attracted funding from the Home Office in October 2018 and was rolled out in five other London boroughs. Jack’s team includes programme managers, custody intervention coaches – who interview and support the young people – and partner organisations, like the Palace for Life foundation, a Crystal Palace FC charity. Jack has also developed Divert Youth, a similar programme for children aged 10 to 18 years old, aimed at getting them back into mainstream education or apprenticeships. Divert, meanwhile, targets young adults aged between 18 and 25 years old.

“We’re asking these young people to tell us about their story, what’s happened to them,” says Jack. “Having our whole team ACE-aware and trauma-informed enables them to make better judgements in the way we work with those young people going forward.” In the sterile but safe environment of custody, one gang-member opened up about being gay, while another young man told of how his abusive father kept him in the cupboard under the stairs. “The stories that people tell us are about abuse, neglect and maltreatment, the classic early years’ indicators, but sustained maltreatment – we’re talking: ‘I got used to not eating for three days.’” Jack describes his model as “thinking differently” about how to deal with crime and violence. He also hopes to prevent these traumatised young people – on the point of becoming of parents themselves – from potentially subjecting their own children to ACEs.

The results are striking. Between October 2018 and June 2019, the Divert team worked with more than 550 people across London, giving them information and guidance. Half of these youngsters went into employment and training. The re-arrest rate for people who have gone through the programme is under 10%, compared with a 28% re-offending rate for young adults in London

(measuring people who have been arrested *and* convicted). “What we try and do with Divert is bolt on always-available adults, start bolting on those resilience factors. The team picks people up at their lowest ebb, when they are sitting in a cell reflecting on what’s going on.”

Typically, a custody intervention coach would knock on someone’s door and ask if they would like “to talk about changing the direction of their life”. Jack gives the example of a coach called Angel, who introduced himself to Paul, a young man arrested in Brixton for assault. Paul spoke about wanting to develop his music skills – he had a passion for drumming. Angel enrolled Paul on a seven-week music programme with the London-based Grit School. “He had people who saw talent in him and seven weeks later he performed at Pop Brixton in a charity gig,” says Jack. “It was just unbelievable. For me, that is what we do all the time.” Asked how he feels when someone like Paul comes through the Divert programme, Jack says: “I get really emotional... Every time I meet someone who’s taken faith in the coaches, every time I see someone brought into custody and being introduced to the coach for the first time, it absolutely gets me.”

Jack’s awareness of ACEs has enabled him to channel his compassion for others more effectively. Before, working as a police officer, there weren’t many opportunities to go beyond the formality of the process. Asking questions now means he can respond differently. “If you told me you haven’t eaten in three days, then that’s terrible but perhaps that’s explaining why you’re being really aggressive with me at the moment.”

“There’s more to life than dealing with what’s in front of you,” he adds. “Think of the bigger picture. Being drawn to ACEs doesn’t give you all the answers, it’s not a panacea, but it gets you thinking about if x, y and z has happened to that young person, then I don’t condone what they’ve done, but I understand why and because I understand why, I can do something to help.”

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“... I’m very confident and very decisive – I believe in what I’m doing – but I’ve always had low self-esteem so I’ve had to manage that ...”
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Twice, Jack refers to himself as “C/D borderline” (alluding to his grades at GCSE and A-level) and as the cop who didn’t go to university. He had his own adverse experiences as a child and was definitely not engaged in his studies. By the time he joined the force, he wasn’t necessarily seen as someone with high potential. Watching him chat to his colleagues in the sleek environment of New Scotland Yard, it’s easy to see how he defied expectations – he has recently been promoted to chief inspector. Jack combines an empathetic manner with a boyish charm. Still, the imposter syndrome is an issue. He relates it back one hundred percent to his own ACEs. “I’m very confident and very decisive – I believe in what I’m doing – but I’ve always had low self-esteem so I’ve had to manage that.”

The lightbulb moment came by chance on a train journey. Jack was travelling into Croydon for a night shift from his home in Horsham when he happened to overhear a conversation between the broadcaster Dorcas Howe and George Hosking, founder of the Wave Trust, a charity that campaigns to prevent and reduce ACEs. They were talking about early years’ intervention, the science behind brain development and how the Metropolitan Police needed to do more around it. Eventually Jack went over to them: “I’m really sorry but I have just been earwiggling your conversation and I’m a frontline police officer and I’m really interested in what you’re doing.” The meeting was fortuitous. For the next two night shifts, Jack couldn’t stop thinking about what he had learnt. “I was just blown away.” George gave him a Wave report to read on violence and what to do about it (“obviously being Jack, C/D borderline, I just read the summary”). But Jack knew then he

was going to do something about it one day. “Divert definitely wouldn’t be here without George and without that meeting,” he says.

Witnessing the death of young people on the streets of London, during his time as a frontline officer, has also been a motivational factor. “There is something very hard to describe about seeing a young person’s life literally ebb away,” he says. “When someone is in front of you in the street and it’s pissing down with rain and they’ve been stabbed and the only hand they’re holding is yours, regardless of what that person has been involved in, there is a point when they look at you to say, ‘I know that’s it.’ And that happens to my colleagues *every day*.”

The cumulative effect of witnessing so much violence is something that concerns Jack. He believes frontline services have to understand the impact of their own toxic trauma – “the amygdala in a copper’s mind is very sharp, a knife could come from nowhere”. His next mission is to do more work within the police to create an environment where his colleagues have greater access to support. He would like to see trained therapists embedded in police stations, ready to offer a “hot debrief” after an officer has been on a tour of duty. “We do quite rightly have that occupational health support but it’s still at crisis point so it’s that old adage of ‘why do we have to invest in early intervention? Let’s wait for it to turn red before we deal with it’ – it’s that thing I’m so anti.”

Jack’s ongoing challenge is to change the culture within the police, to bang the drums about Divert being part of *crime prevention*, one of Sir Robert Peel’s founding principles of law enforcement. “Obviously I’ve got a lot of like-minded colleagues, but I’ve also got colleagues who don’t agree with Divert.” Jack explains that some colleagues think the job is solely about “nicking” people and enforcing the law, leaving the rest to the courts. “What I go back to is, surely you joined the job to make our society safer, surely you joined the job to make a difference?”

His advice to anyone considering a similar ACE-aware initiative is: “Don’t ask permission, just do it.” In the course of his policing career, some experiences have floored him, but he believes he has emerged stronger, with less fear of failure. “Be prepared to have challenging conversations,” he says, “but maintain your focus and your determination; by taking small steps you will get there.”

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“... Be prepared to have challenging conversations with everyone about what you want to do ...”

In March 2019, the Football Association hosted an event at Wembley Stadium to launch Divert’s expansion across London. The Home Office was present, while the Mayor of London and the Assistant Commissioner (Metropolitan Police) sent personal apologies for not attending but wished Jack well. He remembers walking through Wembley’s arches and phoning his police mentor in complete disbelief. His mentor told him: “It’s now time for you to be impressed with *you*, time to stop the self-doubt, to completely and utterly believe in not just what you’re doing but fundamentally in who you are.” It was a turning point, someone calling time on his imposter syndrome.

Jack remains passionate about his belief that ACEs breed champions. “They do breed adversity obviously, but they breed exceptionally resilient champions that do things differently to anyone else, in their respective fields, whether it’s education, sport, policing or creative art. There is a similarity between people who make a real cultural difference to what they’re doing, to what their childhood was.” Jack probably wouldn’t accept the charge, but he could be describing his own journey from the streets of Croydon to the arches of Wembley Stadium.



Corin Morgan-Armstrong – the family man

Head of family interventions for G4S custody and detention services, HMP Parc, Wales

A mosaic featuring an Easter bunny and a girl watering her flowers adorns the front of HMP Parc Prison. These vignettes form part of a colourful mural designed to put young families at ease as they enter the prison to visit their loved ones. Inside the facility, children of prisoners can join a homework club, the Scouts or even the Fire Cadets service. HMP Parc is no ordinary prison – based in south Wales, it makes a special point of welcoming families through its doors. The man behind these innovations is Corin Morgan-Armstrong, the lead within G4S Care and Detention UK for a strategy that promotes good relationships between prisoners and their families.

Corin has spent the last decade of his 22-year career at G4S developing this family-friendly model at Parc, elements of which have been replicated across the world in other prisons. “The one aspect that kept flashing like a beacon to me was when prisoners were talking about their family and their children,” says Corin. “That’s when they were most engaged – irrespective of the nature of the offending, there was always an innate desire to mend things, in terms of their family.” By enhancing these relationships, the model aims to increase the prisoner’s wellbeing and reduce the risk of re-offending. Following release from custody, nearly half of adults re-offend within a year, according to the Ministry of Justice.⁵⁹ As a privately run, all-male prison, Parc has shared this model across G4S’ other prisons as well as the public prison service in the UK.

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“... *This approach of re-connecting prisoners with family works ...*”
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For children suffering the trauma of a parent in custody, the existence of strong family bonds can reduce the risk that they offend themselves in years to come – a concept known as *intergenerational transmission of crime*. One criminological study has found that 63% of prisoners’ sons go on to offend.⁴⁰ Having a parent in prison is seen as an adverse childhood experience (ACE), potentially affecting the child’s health and mental wellbeing into adulthood. Prisoners too have usually experienced a disproportionately high amount of ACEs during their early lives.

Corin joined G4S as a prison officer in 1996, after finishing a master’s degree in criminology at Cardiff University. Before focusing on the family-interventions strategy, he worked with prisoners in rehabilitation and behaviour programmes. In 2010, under his leadership, Parc became the first UK prison to stop the security department supervising family visits, handing the responsibility over to a prisoner-rehabilitation team. “At the time that was a radical step for a prison of this size and a private prison as well,” says Corin. The change, cited in Lord Farmer’s 2017 prison review on strengthening family ties, meant visits were seen as a chance to improve outcomes for the male prisoners rather than a security risk.

Corin, whose manner combines geniality with a hint of toughness, is both the brains and the heart behind the reforms at Parc. “There’re still plenty of people professionally who look at our mosaic and think it’s ridiculous and soft, and that’s not what we should be doing in prisons – I can understand that opinion, but it’s not based in any evidence,” he says. “This approach of re-connecting prisoners with family – where you can do it – works and it’s relatively quick to achieve successes and it’s relatively cheap.”

Compassion for the men in his care and an interest in academic research have driven Corin's work on family engagement. "If prisoners have family visits, they are 39% less likely to re-offend," he says quoting a 2008 statistic from the Ministry of Justice.⁴¹ "Most prisoners have visits – round about half in the UK – and visits have this enormous effect. That was the switch for me." In addition to reducing the re-offending rate and de-railing intergenerational offending, Corin's strategy has a third objective: to impact positively on the local community. "We are fundamentally a local jail so the majority of men who are here will be released into south Wales and local communities."

In 2010, Parc received funding from the Big Lottery to run a ground-breaking rehabilitation project called Invisible Walls Wales (IWW). This was designed to support prisoners and their families both in and outside the prison. Each prisoner in the programme was allocated a mentor to help him maintain his relationships and family bonds. The mentors also worked directly with the prisoners' partners and children, who often faced stigma and disadvantage because of having an incarcerated family member. The IWW project has since evolved into a more streamlined initiative, jointly funded by G4S and the Prison and Probation Service. Early evaluation of IWW indicates unemployment rates for prisoners in the scheme dropped from 80% on arrival at the prison to 25% on leaving. The number of prisoners' children experiencing attainment or attendance problems at school decreased from 43% to 12%.

IWW grew out of the work Parc had already done with families, including the establishment of a family intervention unit (FIU) in 2009 to support parent prisoners. Parc's homework club and youth award schemes are run by the FIU, along with regular parent-teacher meetings held on site. At these meetings, staff from different schools congregate in the prison visiting hall for an afternoon, along with families, to review the children's school work. "We are the only prison in the UK that runs parent-teacher events," Corin says. "Although a part of me is very proud that we are the only prison doing that, another part of me is horrified that we're *still* the only prison because it's not a particularly difficult thing to set up." The afternoon concludes with a certificate presentation for the children, irrespective of how well they are doing in school. "One of the fundamental functions of this intervention is positive motivation for the children – to be there with their teacher and their parents at the same time, receiving their certificate with everyone clapping," says Corin. "I don't think you can put a value on that."

More recently, Parc has hosted a research project by Bangor University and Public Health Wales, culminating in *The Prisoner ACE Survey*.⁴² The researchers interviewed 468 adults at the prison between February and June 2018, publishing their results the following year. A key finding was that 84% of prisoners at Parc reported at least one ACE, while 46% had suffered four or more ACEs. This compares with almost half of the males in the general Welsh population having at least one ACE and 12% reporting four or more ACEs. "It was fairly easy to dovetail the ACE agenda in with what we what we were already doing because culturally it all fits together," Corin says.

During the research, he was interested to discover if the new awareness of ACEs would encourage the prisoners to reflect on their lives. "There is quite a high proportion of men in here whose own fathers were in prison and who now have children," he says. "They are in the middle of an intergenerational bridge and realising the fact that I'm in prison now means statistically there's a possibility that my own children will end up in criminal justice." Corin calls this a "catalyst moment" where prisoners start to feel empathy, a quality they have usually switched off in order

to survive. “That’s what we pursue in our family model – we create the ingredients for prisoners to have that inner moment where they realise the impact of their choices and their behaviour upon their children.” Only then can the prisoners be encouraged to take a different direction in life.

Corin’s other concern was supporting vulnerable prisoners, particularly the younger men, through the interview process used to deliver the ACE survey. He imagined a scenario where prisoners would be “sitting in a cell on a noisy wing” after an interview, getting their heads around previous experiences and opening up old wounds. “It’s one thing to understand ACEs but I think it’s more important to understand what you can do about it and where you can get help to deal with what you have discovered about yourself.” This support has been extended to staff working at the prison. “I’ve got no qualms about saying I have five of those ACEs from my life,” Corin says. “Being in prison doesn’t mean you’ve got a monopoly on ACEs. It’s relevant to everyone.”

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“... It’s one thing to understand ACEs but I think it’s more important to understand what you can do about it and where you can get help to deal with what you have discovered about yourself ...”
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Data from the survey – such as a third of participants reporting that a member of their household served time in prison during their childhood – has not shocked Corin. He sees the research as something he can use to promote his family-engagement agenda as well as related strategies, such as violence reduction and preventing a high number of young adults leaving the care system from ending up in prison. “For many people, it would be shocking, but it’s another weapon to deploy to make the point and push things forward.” Changing the culture of the prison was the biggest challenge Corin has faced while developing his family-friendly strategy, persuading people from “the top down” to accept the rationale behind it.



Family-friendly mural at HMP Parc Prison

– or to head off negative behaviours such as self-harm and violence. “The more equipped you are in terms of your awareness and your emotional intelligence, you are going to be far more able to motivate prisoners and to de-escalate bubbling situations with individuals or groups because you are able to see around corners.”

Over the last year, Parc has adapted its training of prison officers to assimilate the new ACE research. “It’s a real advantage for us because new staff are coming in with a basic awareness of the ACE agenda and how that relates to prisoners,” Corin says. The dangers of having no awareness means staff could miss opportunities to engage positively with prisoners – by not understanding their backstories

– or to head off negative behaviours such as self-harm and violence. “The more equipped you are in terms of your awareness and your emotional intelligence, you are going to be far more able to motivate prisoners and to de-escalate bubbling situations with individuals or groups because you are able to see around corners.”

Despite Corin’s 22 years in the field, new research continues to absorb him, but he is equally motivated by the “personal stuff” – the impact his work has on the prison and the wider community. “That stuff is kind of addictive,” he says with a burst of laughter. “Just working in the prison environment can come with a lot of baggage, you can get burnt out by it, so the positive stuff really shines out.” Notwithstanding the baggage, his job satisfaction remains high. “There’s no question over the years, people I work with have been able to gently nudge or firmly place children on a completely different trajectory in life, from an almost doomed future,” he says. “There are not many professions where you can say that.”

Summary

So many of the people interviewed in this book are trailblazers in the field of tackling childhood adversity – role models who have already inspired others to examine how they can prevent ACEs and support those suffering their consequences. Increasingly more professionals are becoming aware of ACEs and the lifelong impact these and other adversities can have on individuals' behaviour and health. As we have seen in the stories shared by our ACE interrupters, awareness of ACEs is also beginning to reach more families and communities.

“It’s creating a bit more understanding and empathy – not sympathy”

**Kath Bevan, assistant director,
Education Achievement Service, page 30**

Across the UK, we are beginning to see the importance of ACE-prevention, resilience-development and trauma-informed services for both children and adults reflected in policy and practice. In Wales, the national strategy (Prosperity for All), recognises that every child should get the best start in life – stating “a series of adverse childhood experiences (ACEs) can have a devastating effect on development. This is why it is so important to lay successful foundations from the earliest age” (pp. 23).⁴³ The plan for health and social care in Wales is built on similar foundations (“We know

“If all it takes is one adult, then imagine if I got everybody on my team thinking in that same way”

**Lindsey Watkins, head teacher,
Millbrook Primary School,
Wales, page 24**

that factors in our childhood, particularly ‘adverse childhood experiences,’ have a significant impact on us as we grow up” – A Healthier Wales; pp. 9).⁴⁴ In 2017, the Scottish Government set out its commitment to preventing and reducing the negative impact of ACEs⁴⁵ and to addressing child poverty.⁴⁶ In both Wales and Scotland, ACE-support systems (e.g. the Welsh ACE Support Hub) have been developed to progress national action and share best practice.

With increasing focus on the importance of prevention, across UK nations police are also adapting their approach to tackling serious violence – fostering a public health approach that recognises how exposure to ACEs can be one of the catalysts for a life of violence and crime.⁴⁷ Consequently, the long-term solution to reducing crime is dependent on how we support and protect our children. From new directions in policy, changes in practice are emerging. In Wales, the Home Office funded Early Action Together Programme is delivering training to ensure that all frontline police officers understand how to help prevent ACEs, better support individuals who experience them and more effectively tackle anti-social behaviour resulting from a legacy of early adversity.⁴⁸ ACE training in schools and health systems, along with a national TV campaign,^{xii} means that as many as 75% of those working in Welsh public services have heard of ACEs and just under half have been offered training by their organisation.⁴⁹

In 2016, the Public Health Network in Scotland set out a range of areas where action was needed to address ACEs. Public Health Scotland co-ordinates a Scottish Childhood Adversity Hub to bring a range of sectors together to progress these actions and to advocate and support a public health approach to childhood adversity. An important development in Scotland in recent years has been the Scottish Government’s commitment to developing trauma-informed services and a trauma-informed workforce across Scotland. This is supported by investment in a National

^{xii} The national TV campaign was part of a wider public awareness-raising campaign – It’s time to be kind - delivered by the Welsh ACE Support Hub in June 2019. See <https://www.aceawarewales.com/timetobekind> for more information.

Trauma Training Programme,^{xiii} co-ordinated by NHS Education Scotland with application across all sectors. Police Scotland has developed training for probationary officers and various specialist departments including the Domestic Abuse Unit, Advanced Investigators, School Based Officers and Risk and Concern Hubs. The training provided gives officers awareness of trauma, ACEs and an understanding of how this can affect children and young people.

In England, the Children’s Commissioner has prioritised the protection of children from serious violence.⁵⁰ Giving every child the best start in life is also a key priority for Public Health England and centres on loving, secure and reliable relationships with caregivers. It is developing a national understanding of vulnerability and ACEs, based on evidence from data and research. This initiative is intended to inform working together across sectors and communities to ensure that every child grows up healthy, safe and is able to achieve their full potential regardless of where they live or their family circumstances. Equally, the Start4Life campaign aims to encourage parents from early pregnancy to become positive role models for their children. In addition, Public Health England supports the development of whole-school and systems approaches to mental health and wellbeing.⁵¹

Across all administrations,^{xiv} there are ongoing and accelerating efforts to:

- Prevent the occurrence of ACEs in future generations by improving support for parents and families;
- Mitigate the effects of ACEs by supporting positive relationships and building resilience among children and young people;
- Raise awareness of childhood adversity among professionals and develop trauma-informed approaches and services to support both children and adults;
- Educate communities and encourage and enable them to take action against ACEs.

A fully ACE-informed Great Britain with suitably trained public services is still some way off. However, for those inspired by the stories in this book, there are many places to find more information. An ACE animation provides a short four-minute story of a child growing up with ACEs, and how his life could have gone in two very different directions.⁵² One is to an unhealthy life and a tragically premature death. The other narrates how a little support for him and his parents at critical times resulted in a much better life, both for him and later his children. Importantly, this demonstrates how the right support offered to those who have already suffered ACEs can prevent such ACEs being repeated with their own children. This support is what so many of the people interviewed in this book provide on a daily basis. However, it is not only professionals who need to understand and respond to the challenges that ACEs present. Half of all the UK population suffer one ACE and over one in ten suffer four or more ACEs. Although individuals will respond differently to their experiences of childhood adversity, the totality of the challenge is too great for

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“Who needs to know it? It’s all of us, it’s all our business to seek out how the training applies to our work; it gives us a common language”
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Jain Boon, freelance theatre director, page 20

^{xiii} For access to universally accessible training resources developed through the National Trauma Training Programme, go to: <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>.

^{xiv} This book does not cover Northern Ireland but there is a substantive body of work already underway in this administration aimed at addressing ACEs. Those wanting more information on work in Northern Ireland should visit <https://www.safeguardingni.org/roadmap-developing-trauma-informed-nation>.

professional activity alone. Any individual can make a difference in a child's life and, as the national public TV campaign in Wales advocated,^{iv} there is always time to be kind. An animation by NHS Scotland also highlights the role that we can all play to prevent ACEs or support those currently suffering from them directly or due to the experiences in their past.⁵³

In the stories of Lily, Chloe and Kevin, we hear directly from those who have suffered ACEs. Whilst Chloe's experiences of mental health support earlier in her life were not positive, the relationships she later built with support workers were instrumental in helping her through personal crises and to carve out a better life for her and her daughter. Although it felt like nobody was there for Lily as a child, and opportunities to intervene were missed, as an adult the support provided by Barnardo's made a huge difference to her life trajectory. With someone to listen to her and support her, she found the strength to fight for her family and even the motivation to use her experiences to help others. Kevin experienced a similar calling, using his own story to try and divert young people away from destructive paths. Although the prison officer who recognised Kevin's potential and helped him on to a better path did not enter his life until he was in his 40s and already heavily engaged with the criminal justice system, the impact was still profound. Kevin's story highlights how beneficial the support of a single trusted adult – an ACE interrupter – can be at any point in the life course.

“We create the ingredients for prisoners to have that inner moment where they realise the impact of their choices and their behaviour upon their children”

Corin Morgan-Armstrong,
HMP Parc, G4S, page 52

Common themes emerge across the stories of our ACE interrupters. Many of these underline important basic principles, around which work with individuals who have suffered ACEs should be centred. Our ACE interrupters all emphasise the power of positive relationships, the importance of being compassionate, connecting with others, and having the dedication and patience to build trust, even when this takes some time. By asking questions, showing a genuine interest in the lives of others, and approaching this with an open-mind free of prejudice and preconception, we can re-engage our basic humanity and kindness. This allows us to take a different perspective and try to understand the person behind the behaviour – a key emerging theme. Through their stories, the ACE interrupters show us how important it is to work from a perspective of forgiveness. This kindness must also be extended to oneself. Individuals supporting those with ACEs must exercise self-care, prioritise their own wellbeing and be provided with the time, resources and compassion to cope.

As we have seen, ACE-awareness training forms a key part of many developing approaches, particularly within education. However, many of the professionals in this book recognise that there are no quick fixes for building such knowledge and skills. Training should be sustained over time and cannot be reduced to a tick-box exercise. ACE interrupters make the case for learning being supported over multiple sessions, and allowing participants time to digest and reflect on the content.

When working to prevent ACEs or mitigate their impacts, one thing our ACE interrupters all have in common is a recognition that wellbeing is at the centre of individual and family functioning; that it is integral for learning in childhood, or achieving economic and social productivity as an adult. Resilience and optimism are also corner-stones of ACE-informed action, with ACE interrupters sharing the belief that there is always the opportunity for positive change. The stories

in this book show in real terms the benefit of genuine engagement with communities and service users, as well as multi-agency collaboration and cooperation. In many cases, the importance of simply taking a first step is highlighted. Many of the achievements described here have taken time to come to fruition. To make a meaningful difference, individuals have had to exercise tenacity in winning the hearts and minds of colleagues, stakeholders and partners. Their stories are a cautionary tale about the likelihood of encountering resistance, but also a message of hope in demonstrating that people can be brought along on the journey.

Many of our ACE interrupters have experienced moments of epiphany; moments that bring purpose, direction and seemingly unlimited determination. Here we have been able to share the journeys of only a few of the many individuals whose efforts to tackle childhood trauma are played out every day in services, schools and communities around the UK. Sharing the personal stories of the inspirational people in this book is also a recognition of the work that so many others already undertake professionally or voluntarily to act as ACE interrupters in their own work places and communities. This book is a testament to what they already achieve and a glimpse at how much more could be accomplished if others are inspired to follow a similar path.

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“I wouldn’t want to shout too loud from the roof-tops that we’ve fixed the problem – absolutely not – but I think we’ve shifted the practice in very positive direction”

Jonny Matthew, criminologist,
youth justice, page 42
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