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## **The arrival of the ACEs movement in Scotland: policy entrepreneurship and critical activist responses**

**Gary M. Walsh**

### **Abstract**

This paper combines conceptual and documentary analysis to critique the recent introduction of ACEs (Adverse Childhood Experiences) in Scottish social policy, highlighting the role of the ACE-Aware Nation 'movement' and its positioning of the ACEs model through its campaigning activities. Consideration is given to the role of a sophisticated network of policy entrepreneurs and the commercial and political interests at play. Reflection is offered on the critical activist responses to this campaign that seek to highlight the socio-economic and political underpinnings of childhood trauma, which are largely absent in the ACEs model. The argument is that these policy developments amount to a recent turn to the ACEs model as a simplistic solution to complex social problems – a solution that is shown to be ultimately flawed in several respects. This analysis reveals the contradictions, conflicts and confusion that have emerged within the ACEs discourse, caused in the main by heuristic thinking and the conceptual inadequacies, misuses and misunderstandings of the ACEs model. The paper concludes that policy makers and practitioners should exercise caution in their appraisal of the ACEs model and the associated movement in Scotland.

**Keywords:** ACEs; ACEs model; Policy Entrepreneurship; Education; Trauma-informed; Heuristic Thinking

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## **Introduction**

The importance of ensuring children's safety and wellbeing, the prevention of childhood abuse, and the recognition of the potential long-term effects of early childhood adversity, is generally accepted. Many questions remain, however, in relation to the practices and policies that should be implemented to tackle these intractable issues. It is argued, for instance, that the 'early intervention' agenda can be used for political and financial gain, while blaming parents and families for social and political problems (Gillies, Edwards and Horsley, 2017). In this paper, I examine the recent turn to Adverse Childhood Experiences (ACEs) in Scotland, focussing on the promotion of this agenda, and its interpretation and uptake in social policy and education. I argue that the ACEs approach has gained the status of a heuristic model with alleged pedagogical and transformative value, resulting in a problematic simplification of complex issues.

The paper begins with an introduction to the emergence of the ACEs model in the United States of America (USA) and the United Kingdom (UK) and the criticisms levelled against it; such as the model's failure to recognise or address the social, economic and structural causes of trauma, and the risk of stigmatising children and families. Following this, I examine how the ACE-Aware Nation 'movement' came to prominence in Scotland and how it has positioned the ACEs model through its campaign. I show that a sophisticated network of policy entrepreneurs played a central role in the promotion and uptake of this approach in Scotland, and that financial gain and a philanthrocapitalist business-focussed worldview underpins the promotion of this agenda. Thus, I argue that the positive intentions of what became known as the 'ACEs movement' (Walsh, 2018) risk being undermined and co-opted by those with commercial and political interests. I substantiate these claims by drawing on grey literature such as web pages, responses to Freedom of Information requests issued by the Scottish Government and news items.

Following this, I reflect on the emergent critical activist response to these developments. I show how proponents of the ACEs agenda are not open to critical perspectives, and how the ACEs model leads to a divisive discourse with potentially harmful misunderstandings. I discuss the circumstances surrounding the removal of a resource known as the 'ACEs tracker' from the Education Scotland website as an example of how the ACEs movement led to confusion and potentially harmful applications. I conclude that the case for the implementation of ACE-based policy in Scotland has been driven by a network of policy entrepreneurs with varying levels of relevant expertise, who are committed to business and market-oriented solutions to childhood suffering, and that policy makers and practitioners alike should exercise caution and circumspection in their appraisal or usage of the ACEs model.

## **Summary of the ACEs model and its criticisms**

Adverse Childhood Experiences, at a basic level, are traumatic events that occur in childhood. It has been shown that ACEs are strongly correlated with lasting effects on physical and mental health, increasing the risk of serious illness and early death. In this paper, I consider ACEs to have gained the broader status of a heuristic model – one that invokes heuristic thinking characterised by simplification and judgemental shortcuts such as adopting the opinions of others – as opposed to careful attention, critical thinking and intensive reasoning (Chaiken, 1980). According to Chaiken and Ledgerwood (2012), heuristic thinking focusses on easily understood cues such as the perceived charisma, likeability or expertise of communicators, and the establishment of a group consensus, all of which can imply correctness. This can result in judgements and intentions being quickly formed in the absence of critical thinking. This mode of processing information is 'what we do when we do not

have much ability or time to think about something and want to make a reasonable decision as quickly as possible' (Chaiken and Ledgerwood, 2012: 247).

Heuristic thinking, I argue, is an unintended consequence that has come about, in part, owing to conceptual confusion and misuses of ACEs research detailed below. ACEs are no longer presented as a mere description of specific adverse childhood events but as a powerful evidence-based lens with pedagogical and transformative value (Frigg and Hartmann, 2020). This lens is purportedly strong enough to support meaningful understandings of complex issues such as trauma, relationships, life trajectories, endemic social problems and corresponding solutions in policy and practice – a premise that, as I show below, is ultimately flawed. Nonetheless, the sudden popularity of the ACEs model means that it should be afforded serious consideration and critiqued as a wide-ranging and influential model, and not just a statement of common sense along the lines of 'childhood adversity can have lasting effects and should therefore be prevented'.

The term Adverse Childhood Experiences was first used in a seminal study known as the 'ACE study' (Felitti et al, 1998) conducted in the USA. The study was carried out by researchers from Kaiser Permanente (an American health care provider with an operating revenue in 2018 of \$79.7 billion) and the Centers for Disease Control and Prevention (a health protection agency with a budget in 2020 of \$6.6 billion). The ACE study focused on emotional, physical, and sexual abuse; neglect; and household dysfunction such as domestic violence, substance abuse, mental illness, divorce, and parental imprisonment. These experiences were found to be pervasive and the long-term effects of cumulative ACEs were especially serious; with an 'ACE score' of four or more on the 10-item scale significantly increasing the risk of substance abuse, mental health issues, suicide and health conditions including organ disease, cancer and early death.

The ACE study is considered a landmark in epidemiological research that served as a catalyst for increasing public and political attention to the long-term consequences of childhood trauma. By positioning childhood trauma as a public health problem, a hidden epidemic, and a cause of rising health costs; the study led to an increase in trauma-informed approaches in public services including health, education, policing, social work and the justice system (Vericat Rocha and Ruitenbergh, 2019). Since its publication, the self-report questionnaire from the ACE study has been incorporated into guidance from the World Health Organisation (Butchart and Harvey, 2006), there are thousands of scientific publications on ACEs (Kelly-Irving and Delpierre, 2019), and ACEs policy commitments have been made by the Scottish and Welsh governments (Scottish Government, 2019a; Welsh Government, 2017) and health agencies (NHS Education, 2018; NHS Health Scotland, 2019).

Robust criticisms of the ACEs research model and misapplications in practice have also emerged. The model itself and the resulting shift towards trauma-informed approaches have been criticised for failing to recognize or address the complexities of social, economic and structural causes of trauma such as poverty, housing, racism, environmental pollutants, neighbourhood violence and other socioeconomic conditions (Taylor-Robinson, Straatmann and Whitehead, 2018; McEwen and Gregerson, 2019). A systematic review of ACEs research by Walsh and colleagues (2019) found that out of approximately three thousand papers, only 6 attempted to explain ACEs with reference to childhood socio-economic positioning, in stark contrast to child maltreatment research literature where this link is well established. This amounts to what I describe as a significant blind spot in ACEs research literature. Interestingly, this issue is recognised by Public Health Scotland (2020:13), who stress the importance of recognising 'the interaction between poverty and inequality and childhood trauma'; although it is unclear why the ACEs model is chosen as the evidential basis to address this issue, given that this precise interaction has been shown to be largely ignored in ACEs research. These criticisms are especially relevant as deprivation has been shown to increase the risk of

adversity in childhood (Lewer et al, 2019); and socio-economic measures to improve housing, income, transport and other 'upstream interventions' have been shown to reduce exposure to ACEs (Blair, Marryat and Frank, 2019; Courtin et al, 2019).

White and colleagues (2019) provide a comprehensive critique of the ACEs model, arguing that it is deficit-based as it locates social and political problems within families, allowing social conditions to escape critique. They describe it as a 'chaotic concept' – an abstraction that conflates different issues, divides processes that should be considered indivisible, leading to problems in the development of related policies and interventions, with significant limitations in the body of evidence and the measures used. This is congruent with other research suggesting that little has been done to improve the definition and conceptualisation of ACEs since the model was first developed (Afifi et al, 2020). White and colleagues (2019) recognise that the creation of the model and the resulting policy implementations are well-intended. However, like many authors cited here, they agree that the simplistic nature of the ACEs model can obscure the role of socio-economic circumstances while posing other risks such as stigmatisation and pathologising children, parents, and families. By limiting itself to parent-child relations, adversity in the household, and a biological explanation of risk, the ACEs model forms an alluring political and moral narrative that privileges interventionist state activities, while concealing other options that might be considered if a 'social model' of support for families was adopted (Featherstone and White, 2018).

The emergence of the ACEs model has led to an increased emphasis on trauma-informed approaches in education. While there is an array of definitions, a trauma-informed (or trauma-sensitive) approach is generally understood as one that realises and addresses the signs and impact of trauma, promoting recovery while seeking to avoid re-traumatisation (Maynard et al, 2019). Critics argue that, in practice, trauma-informed approaches in education can be implemented in a reductionist way that fails to address the intersections of trauma and social justice (Gherardi, Flinn and Jaure, 2020; Kelly and Walsh, forthcoming), without sufficient consideration afforded to the ethical implications of prioritising the regulation and control of 'negative' emotions over their exploration and expression (Vericat Rocha and Ruitenbergh, 2019). A systematic literature review of trauma-informed approaches in schools was conducted by Maynard and colleagues (2019). The researchers searched for studies that assessed the effects of trauma-informed approaches, as defined above, using a suitable study design conducted in school settings during the previous ten years. Despite the broad criteria used, the search resulted in an 'empty review' as no studies met the inclusion criteria. The authors concluded:

We simply do not have the evidence (yet) to know if this approach works, and indeed, we also do not know if implementing trauma-informed approaches in schools could have unintended negative consequences for traumatized youth and school communities (Maynard et al, 2019).

Notably, Anda (one of the authors of the original ACE study) and colleagues recently accepted many of the criticisms levelled against what they see as misapplications of the ACEs model (Anda, Porter and Brown, 2020). They stress that the principal methodological device in ACE studies – the 'ACE score' – should be limited to the purposes for which it was originally designed, namely, epidemiological research and public health surveillance. They confirm that ACE scoring is 'a relatively crude measure of cumulative childhood stress exposure that can vary widely from person to person' (Anda et al, 2020: 1) and is therefore unsuitable for screening, or for informing decisions about services, treatment or care. The ACEs Aware initiative and the Centre for Youth Wellness in California operate routine screening for ACEs as a route to services and treatment with or without symptoms (Purewal et al, 2016). Anda and colleagues (2020) warn that if ACE scoring is used in this

way it could have harmful consequences for individuals including stigmatisation, discrimination, creating anxiety, misclassifying risk, withholding necessary services or steering clients towards unnecessary services.

Despite these notes of caution and critique, the ACEs model has gained significant influence among practitioners and policy makers. Kelly-Irving and Delpierre (2019), reflecting on the apparent attractiveness of the ACEs model, suggest a number of reasons for its popularity and subsequent misuses. These include the 'novelty factor' and the catchy term, the inexpensive method of data collection and a disproportionate reliance on biological explanations over those developed in social and political sciences. While I agree with this analysis and consider it to be a further indication that ACEs have become a heuristic model, I would add that the role of policy entrepreneurs – political actors who promote policy agendas (Mintrom, 1997) – in securing the place of ACEs in government policy is an important feature of the turn to ACEs in Scotland. I now use the ACEs 'movement' in Scotland as a case study for this claim.

### **The arrival of ACEs in Scotland: the role of policy entrepreneurship and commercial interests**

In this section, I advance two claims. Firstly, I show that policy entrepreneurs have played a central role in the promotion and uptake of ACEs approaches in Scotland. Secondly, I argue that financial gain and a business-focussed philanthrocapitalist worldview, which Gillies and colleagues (2017) argue are significant features of the 'early intervention' agenda in the UK, similarly underpins the promotion of the ACEs agenda in Scotland. Philanthrocapitalism is described as an amalgam of an area of public policy such as education or health with 'moral notions of social philanthropy' (Gillies, Edwards and Horsley, 2017:61). When philanthrocapitalism gains such influence – particularly in the absence of scrutiny – it risks undermining democratic accountability, ceding moral authority to those who may have business acumen or other abilities, but who may not have specific expertise in the relevant area of public policy in which they are intervening (Clark and McGoey, 2016).

Social relationships can lead to the circulation of ideas and the legitimation of certain discourses, the emergence of new policy actors and policy networks, and eventually the ability to influence what counts as policy (Ball, 2008). The network of ACEs policy entrepreneurs in Scotland, I suggest, are those associated with ACE-Aware Scotland (hereafter AAS). This initiative was created by individuals from two private enterprises, connected baby Ltd and TIGERS Ltd (Training Initiatives Generating Effective Results). The founder of connected baby Ltd. is a private consultant and trainer and a former academic researcher with expertise in the communicative abilities of babies, while the Managing Director of Tigers Ltd. has a background in business, retail, and nursery management.

The arrival of the ACEs model in Scotland is summarised on the AAS website (see <http://aceawarescotland.com/vision>) as an expression of 'public hunger for ACE-Awareness' with people 'flocking' to see screenings of the *Resilience* film (discussed below). It emphasises that childhood distress increases the risk of serious health problems and Health Harming Behaviours (HHBs) such as substance use, poor diet, violence, and imprisonment. ACEs research is presented as a 'ground-breaking' area that prompts 'striking new ideas' about how to tackle 'obstinate social challenges' in Scotland from HHBs to academic attainment; and ACEs allows us to move out of denial 'if we can summon up the courage to act' (ACE Aware Scotland, no date). These claims are lacking in evidence and are generally presented without emphasising the important qualification that ACEs are not determinants of poor outcomes and that such health problems are not necessarily caused by ACEs (Science and Technology Committee, 2018). Research has shown that ACEs are highly significant in the increase of risk to health at population level; but that most individuals, including

those who have suffered four or more ACEs, do not engage in correlated HHBs, and that HHBs are often exhibited by individuals who have not experienced any ACEs (Bellis et al, 2014).

Promotion of the ACEs ‘movement’ in Scotland is characterised by urgent claims and the evocation of grassroots activism. This conceals the coordination of a promotional campaign via social media and the mobilisation of high-profile supporters. Publicity was enabled by a ‘national tour’ of the *Resilience* film which promotes the ACE study and celebrates the work of ACE experts in the USA. According to connected baby’s promotional advert for the ‘Scottish Tour of Resilience 2017’, the tour included a screening at the Scottish Parliament (see <https://youtu.be/BOH7t2IKKrk>).

The *Resilience* film is praised in the USA with claims that it ‘compels interventions that create opportunities for growth and recovery in populations exposed to traumatic stress’ (Edwards, 2018: 436). Davis and Quarrell (2018), having watched a screening in Scotland, review it from a children’s rights perspective. The cultural context is relevant here as USA remains the only UN member state that has failed to ratify the United Nations Convention on the Rights of the Child (UNCRC); whereas it was ratified in the UK in 1991 and the Scottish Government has recently announced their intention to incorporate UNCRC into Scots Law (Gadda et al, 2019). Davis and Quarrell (2018) are concerned by the film’s portrayal of heroic middle-class professionals, deployed to ‘fix’ children from communities living in poverty, ‘telling’ them how to control their emotions and behaviours without considering the views of the children involved. They share the aforementioned concerns around misuse of the ACE score, noting that the film shows large audiences completing ACE questionnaires without consideration of the associated risks for labelling individuals and communities. They caution that the film may prompt educators to use ACE scoring in their practice. This was a prescient warning given the developments involving the ‘ACEs Tracker’ promoted by Education Scotland, discussed below. The authors also raise a concern about a burgeoning ‘industry of middle-class consultants using such films to exploit children for financial gain’ (Davis and Quarrell, 2018:n.p.) – a theme I develop here.

The promotional activities and events organised by AAS culminated in a major conference featuring Nadine Burke Harris as the keynote speaker. Harris is an American paediatrician, California’s first and current Surgeon General, founder of the ACE Aware initiative and the Centre for Youth Wellness critiqued by Anda and colleagues (2020). Ticket prices for the conference were £109 (unreserved) and £149 (reserved). It was later claimed by the organisers that the conference attracted approximately 2,500 attendees (Zeedyk, 2018) which would mean that ticket income alone was in the region of £270,000 to £370,000 for this event. The organisers appear to have secured additional finance from various sponsors, with the publicly funded NHS Scotland listed as one of two ‘Gold Sponsors’ (see <http://aceawareScotland.com/ace-aware-2018>). It is possible that this was in-kind sponsorship in the form of dissemination of promotional materials – this information is not provided.

The total profit made from this conference has not been disclosed, nor has the amount of public money used to fund it, but this clearly speaks to the concerns alluded to above in relation to specific consultants and private businesses gaining financially from ACEs. A Freedom of Information (FOI) request sent to the Scottish Government requested ‘[all] correspondence with NHS Scotland, Education Scotland, Police Scotland and local authorities relating to existing or planned spending on the ACEs agenda’ (Scottish Government, 2019b:n.p.). There was no such information provided in relation to Education Scotland, Police Scotland and local authorities. It was reported separately in the media that Police Scotland’s Ayrshire division ‘had become trauma-informed at a cost of less than £5,000’ (Marshall, 2019). This is despite cautions that research and evidence in relation to trauma-informed policing and the use of the ACEs model in policing is in its infancy (Bateson,

McManus and Johnson, 2020:141), and the use of the ACEs model in the criminal justice system risks mis-framing the meaning and contexts of trauma and its relationship to crime (Anderson, 2019). The FOI release provided information in relation to NHS Scotland, however an exemption was applied in respect of some elements as the '[release] of this information could prejudice the commercial interests of an individual or organisation' (Scottish Government, 2019b:n.p.). As a result, it is not known whether these commercial interests related to the sponsorship of the ACE Aware Nation conference. However, the release shows that £1450 was provided for the conference to facilitate 'youth participation'. This confirms that public funds were used to support the event over and above any monies received from the NHS sponsorship, although the total amount remains undisclosed.

In relation to general Scottish Government spending on the ACEs agenda, the FOI release confirms that £50,000 was provided for a 'pilot project of routine enquiry of childhood adversity with adults across six GP practices' with the aim 'to develop a model of ACE enquiry in general practice, and to evaluate this to help inform potential future roll out of the approach' (Scottish Government, 2019b:n.p.). The release confirms that an undisclosed payment was made to a training provider who created the REACH model (Routine Enquiry about Adversity in Childhood). REACH has already been piloted in healthcare settings elsewhere with mixed results. Findings indicate initial support for the acceptability of ACE Enquiry among patients and practitioners, cautioning that further research and evaluation is needed before wider implementation due to a lack of supportive evidence (Hardcastle and Bellis, 2018), and concerns that it could be risky or unethical to use the approach with some patients (Quigg, Wallis and Butler, 2018). There is no evidential basis to support the wider rollout of ACE enquiry, with fundamental questions remaining about follow-up services being available for individuals affected, the limited scope of the standard ACE model, and whether the benefits of routine enquiry outweigh the financial costs (Finkelhor, 2017; Ford et al, 2019).

The FOI release provides some details of costs associated with 'Scottish Government posts with responsibility for promoting the ACEs agenda' (Scottish Government, 2019b:n.p.). Using the timescales and salary grades provided, I calculate that these salaries amount to a minimum of £238,000 between July 2017 and April 2019. Adding this to the expenditure mentioned above, the total amount of Scottish Government spending from July 2017 to April 2019 was a minimum of £300,000. While these are sizeable amounts of money to put towards a small pilot study and an area of research and policy that lacks supportive evidence, it is important to put these figures in perspective. £300,000 equates to roughly 0.24% of the Scottish Government mental health budget from 2017-2019<sup>1</sup>. This may not be a significant proportion in relation to government spending, however it shows that ACEs policy entrepreneurship has successfully secured a public policy commitment on ACEs and a potentially lucrative income stream for enterprises selling ACE-related services. It should also be noted that these figures relate only to Scottish Government direct spending on this agenda. These figures do not include any usage of the £750 million Attainment Scotland Fund or the Pupil Equity Fund to address ACEs (Scottish Government, no date); the Scottish Government's Families and Communities Fund (£16m annually which includes ACEs and trauma-informed support as one of five priority areas) (Corra Foundation, no date); or the costs associated with a network of 35 'Community ACEs hubs' and an associated Regional Hub Network in Scotland (Public Health Scotland, 2020: 33). A full investigation, which goes beyond my purposes here, would be required to ascertain the full details.

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<sup>1</sup> Based on £53.2m (2017/18) and £70.2m (2018/19) - <https://www.gov.scot/publications/scottish-budget-draft-budget-2018-19/pages/8/> [accessed 21.06.2020]



The success of ACEs policy entrepreneurship is further demonstrated by the establishment of a Cross-Party Group (CPG): *Prevention And Healing Of Adverse Childhood Experiences* (see <https://www.parliament.scot/msps/the-prevention-and-healing-of-adverse-childhood-experiences.aspx>). A charity called Wave Trust is listed as an organisational member. According to the Wave Trust website (<https://www.wavetrust.org/pages/faqs/category/wave-team>), its founder is an economist, accountant, psychologist, clinical criminologist, traumatic stress counsellor and ‘one of the UK’s foremost experts on ACEs’. The founder once detailed his ‘epiphany’ on the roots of violence: writing in 1999, he makes the claim that his knowledge of business performance, cost and profit structures can be applied to the problem of child abuse (Gillies, Edwards and Horsley, 2017, chapter 5:3).

Gillies and colleagues (2017: 2-3) find that Wave Trust operates on the basis of ‘an unshakeable belief in the transformative powers of philanthrocapitalism’, a business-centred approach that eschews academic literature in favour of getting the job done, and a belief that ‘bad mothering is the origin of most evils in the world’. This combination of philanthrocapitalism and the targeting of so-called ‘troubled families’ is evident in a speech by a patron of the Wave Trust, Conservative MP Iain Duncan Smith, in support of the organisation and the approach of philanthropic ‘social investment’:

...120,000 of Britain’s most troubled families cost the state £75,000 in special interventions each year... £9 billion annually overall... it’s not only a drain on public funds, but also a tragic waste of human potential... As the Wave Trust has long advocated, we are starting with the family... we are opening up new funding streams based on payment by results... In all cases, it is about saying to investors: ‘You can use your money to have a positive impact on society, and you can make a return (Duncan Smith, 2013)

The Wave Trust founder appears to have considerable influence in the Scottish Parliament CPG meetings. Minutes show that he has been present at all 7 meetings held to date and that he was a guest speaker on 21 November 2018 on the topic of ‘Trauma-Informed Communities’ (Scottish Parliament, 2018). In his presentation he claimed that ACEs were the prime cause of severe disadvantage and that a national shift to a trauma-informed system characterised by ACE-awareness is the protection against such outcomes. He justified these claims by citing a report authored by the Director of Operations at Wave Trust. The report includes the key message that ACEs are a major cause of severe and multiple disadvantage in later life (Walsh, 2018) – an inaccurate claim that confuses cause and effect (Edwards *et al.*, 2017).

The account above demonstrates that the case for the implementation of ACE-based policy has been driven by a sophisticated and well-connected network of policy entrepreneurs with varying levels of relevant expertise, who are committed to business and market-oriented solutions to childhood suffering. The case for ACEs policy is far from conclusive in terms of evidence of its appropriateness or effectiveness, however this does not dissuade ACE policy entrepreneurs in their appeals to policy makers that ACEs will ‘drive the cultural change that is needed to facilitate trauma-informed practice and policy’ (Scottish Government, 2019b, Annex A: 13); and that decision makers in Scotland should consider the experience of Nadine Burke Harris in securing philanthropic support: ‘How does Nadine create a movement so strong that Google sponsor her \$1 million USD per year and how does she influence her network around her and create a culture that has now reached Washington?’ (Scottish Government, 2019b:19).

It would be naïve to claim that commercial interests have no place within the development of social policy. Neither am I claiming that all supporters of the ACEs movement share these interests. To the contrary, the ACEs movement is full of good intentions that seek to highlight the long-term effects of

childhood trauma, the importance of interpersonal relationships and compassionate understanding of difficult or disruptive behaviour in children (Walsh, 2018). My argument is that these good intentions are vulnerable to co-option by those with commercial and political interests. Such interests should not be the driving force of social policy on sensitive issues and, when present, they should be fully transparent and readily open to critique. Having substantiated my claim that a network of policy entrepreneurs with a philanthrocapitalist worldview has secured the place of ACEs on the policy agenda in Scotland, I now reflect on the emergent critical activist response to these events.

### **Critical activist responses to the ACEs ‘movement’**

Many academics and practitioners responded to the ACEs movement by engaging in what I term here as ‘critical activism’ in various ways. These actions include blog entries, public lectures, interventions in the press and on social media, and the creation of dedicated websites. Many of these interventions can be found on a website I created with colleagues – ‘Hopeful Childhoods’ (<https://hopefulchildhoods.wordpress.com/reading>) – and on the ‘Making Scotland an ACE informed nation’ website created by the Centre for Research on Families and relationships (<https://blogs.ed.ac.uk/CRFRresilience>). My involvement began when I contacted the ACE-Aware Nation 2018 conference organisers and keynote speakers via Twitter asking whether the programme included recognition or exploration of critical perspectives on ACEs and the potential risks of the approach. The responses I received, sent publicly on Twitter, suggested that there was no intention of exploring critical perspectives. When I asked if the social determinants of health (Marmot, 2017) would be discussed at the event, for instance, I was told that practitioners find this language ‘scary’ and that the focus would be on ‘kindness, empathy and cuddles’. When I followed this up with a suggestion that a ‘hearts and minds’ approach could be used, I was rebuked by the conference organisers. I was left feeling concerned by the mixed messages: the deterministic framing of ACEs accompanied by the idea that kindness, relationships, and compassion provided the answers to complex social problems; yet enquiring with valid concerns was not welcome. This mode of response to critique was further evident in some of the presentations delivered at the ACE-Aware Nation conference, as I have previously documented:

One speaker claimed that the ACEs movement is like a stampede and that critics should ‘join the herd or we will trample over you’. Another speaker, again talking about ACEs critics (such as myself, presumably), suggested that the movement should ‘condemn them. Let’s dance on their graves.’ Yet another speaker compared the ACEs movement to the IRA: ‘The IRA would say “you might see only one of us, but behind us there are thousands”. That is what the ACEs movement in Scotland should be about.’ (Walsh, 2019, n.p.)

I became aware of many other interactions, on and off social media, in which people were left feeling alienated or stigmatised by the ACEs discourse or shunned when their personal story did not fit the established ACE narrative. I should note at this point that many of the comments I am critiquing were made by people who have otherwise done excellent work and for whom I continue to have a great deal of respect. The main question for me, on reflection, is not why concerns and criticisms of the ACEs model tend to be vilified in this way. The question is, what is it about the ACEs model itself that leads to such a divisive discourse, replete with potentially harmful misunderstandings? My conclusion is that this is owing to a combination of the extremely emotive and difficult nature of child abuse, coupled with the ‘chaotic concept’ of ACEs (White et al, 2019), the tendency towards heuristic thinking, and the affiliative pressures caused by the influence of policy entrepreneurship.

There was a broad range of presentations and other statements made at the AAS conference, including affirmative messages relating to the need to recognise the experiences and perspectives of trauma survivors; the importance of poverty; and the protective role of interpersonal relationships; albeit with some inconsistencies therein. For example, it was recognised that poverty matters a great deal, but that the ACEs movement is ultimately concerned with personal relationships (Glasgow, 2018). This focus on relationships in the context of poverty is reflected in policy guidance: writing about tackling the attainment gap in education using the ACEs model, NHS Scotland are explicit that the focus of their guidance 'is not on direct measures to influence children's material circumstances, rather on responding to the relational and emotional impacts of childhood adversity' (NHS Health Scotland, 2017: 7).

As another example of critical activism: a tweet I shared about ACEs on 14 October 2018 (after the AAS conference) resulted in robust criticism of an 'ACEs Tracker' and, laterally, the removal of this resource from the Education Scotland website. I had questioned the promotion of the tracker, which was presented on the website as a best practice exemplar, asking if it was an example of 'ACE awareness'. The tracker involved ticking boxes next to pupils' names in categories such as lateness, addiction, poverty, abuse, literacy and numeracy levels, with staff encouraged to consider 'who would be best placed to source information about your children?'. This tweet attracted many comments and a valuable discussion of the tracker, which appeared to receive unequivocal condemnation, including from supporters of the ACEs agenda. Concerns were raised during this discussion that the approach could result in stigmatisation, incorrect assessments and breaches of children's privacy and rights.

I asked AAS to publicly confirm their position in relation to the tracker, the practice of ACEs tracking/scoring and the datafication of childhood trauma, however there was no response to my numerous requests. There was a suggestion from an expert academic not only for Education Scotland to remove the tracker but to explain why its use should be considered unsafe – I agree that this would have been a useful exercise. The discussion developed in the days after the initial tweet, until the morning of 19 October 2018 when Education Scotland announced on Twitter that its entire website was offline owing to 'technical issues'. When the website came back online, the ACEs Tracker had disappeared without explanation. I submitted an FOI request to ask about its removal from the website. The response revealed that my tweet and the resulting discussion on Twitter had provoked an email exchange among Education Scotland staff and the Executive Team, and ultimately the decision to remove the tracker (Scottish Government, 2018, see 'related documents'). The emails revealed uncertainty about who had developed and uploaded the tracker. There was an instruction that 'press lines' (2018:16) should be prepared in the event of media attention and a suggestion that an internal 'lessons learned' exercise should be carried out (2018:17). One staff member (name redacted in the FOI response) wrote that they 'will be delighted if this case study is removed at last' (2018:12). Another staff member (redacted) commented that 'the ACEs tracker was entirely inappropriate' and that it 'had previously been flagged to [Education Scotland] by the NHS' (2018:17). This episode, I argue, further demonstrates the confusion brought about by the introduction of the ACEs model, addressed by critical activism in Scotland.

## **Conclusion**

In this paper, I have sought to document the emergence of the ACEs agenda in Scotland and the critical activist response to the movement. I argue that the ACEs model invokes heuristic thinking characterised by simplification and judgemental shortcuts, resulting in the obfuscation of complexity in the understanding of trauma, socio-economic circumstances and related policy responses. I have shown how a sophisticated network of policy entrepreneurs with varying levels of relevant expertise

have played a central role in the promotion and uptake of this approach in Scotland, and that financial gain and a philanthrocapitalist, business-focussed worldview underpins the promotion of this agenda. I argue that the result of this policy entrepreneurship has been a public policy commitment to the ACEs model and a potentially lucrative income stream for enterprises selling ACE-related services. I find that the good intentions of supporters of the ACEs movement are vulnerable to co-option by those with commercial and political interests. I conclude that policy makers and practitioners alike should exercise caution and circumspection in their appraisal or usage of the ACEs model.

## References

- ACE Aware Scotland (no date), Making Scotland the First ACE-Aware Nation [online]. Available: <https://aceawareScotland.com/wp-content/uploads/2018/08/ACE-Aware-Media-Herald-31072018.pdf>
- Afifi, T.O., Salmon, S., Garcés, I. et al (2020), 'Confirmatory factor analysis of adverse childhood experiences (ACEs) among a community-based sample of parents and adolescents', *BMC Pediatrics*, 20:1, pp. 1-14.
- Anda, R. F., Porter, L. E. and Brown, D. W. (2020), 'Inside the Adverse Childhood Experience Score: Strengths, Limitations, and Misapplications', *American Journal of Preventive Medicine*, 59:2, 293-295.
- Anderson, S. (2019), 'Rethinking adverse childhood experiences', *Howard League for Penal Reform, Early Career Academics Network Bulletin*, April 2019, Issue 41.
- Ball, S. J. (2008), 'New Philanthropy, New Networks and New Governance in Education', *Political Studies*, 56:4, pp. 747–765.
- Bateson, K., McManus, M. and Johnson, G. (2020), 'Understanding the use, and misuse, of Adverse Childhood Experiences (ACEs) in trauma-informed policing', *The Police Journal: Theory, Practice and Principles*, 93:2, pp. 131–145.
- Bellis, M. A., Hughes, K., Leckenby, N., Perkins, C. and Lowey, H. (2014), 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England', *BMC Medicine*, 12:72.
- Blair, A., Marryat, L. and Frank, J. (2019), 'How community resources mitigate the association between household poverty and the incidence of adverse childhood experiences', *International Journal of Public Health*, 64:7, pp. 1059–1068.
- Butchart, A. and Harvey, A. P. (2006), *Preventing child maltreatment: a guide to taking action and generating evidence*, Geneva: World Health Organisation.
- Chaiken, S. (1980), 'Heuristic versus systematic information processing and the use of source versus message cues in persuasion', *Journal of Personality and Social Psychology*, 39:5, pp. 752–766.
- Chaiken, S. and Ledgerwood, A. (2012), 'A Theory of Heuristic and Systematic Information Processing', in van Lange, P. A. M., Kruglanski, A. W., and Higgins, E. T. (ed.), *Handbook of Theories of Social Psychology: Volume 1*, London: SAGE Publications Ltd, pp. 246–266.
- Clark, J. and McGoey, L. (2016), 'The black box warning on philanthrocapitalism', *The Lancet*, 388:10059, pp. 2457–2459.
- Corra Foundation (no date), *About the Families and Communities Fund* [online]. Available: <https://www.corra.scot/grants/families-and-communities-fund>
- Courtin, E., Allchin, E., Ding, A. J. and Layte, R. (2019), 'The Role of Socioeconomic Interventions in Reducing Exposure to Adverse Childhood Experiences: a Systematic Review', *Current Epidemiology Reports*, 6, pp. 423-441.

- Davis, J. and Quarrell, C. M. (2018), 'Oh Dear Me, A Childhood 'Thrawn' and 'Chided', Requires An Education System Less Ill-Divided!', *The People's Republic Of Escotia*, 27<sup>th</sup> February 2018. Available: <https://peoplesrepublicofescotia.com/2018/02/27/oh-dear-me-a-childhood-thrawn-and-chided-requires-an-education-system-less-ill-divided/>.
- Duncan Smith, I. (2013), *Wave Trust: early intervention* [online]. Available: <https://www.gov.uk/government/speeches/wave-trust-early-intervention>
- Edwards, C. C. (2018), 'Film Review Resilience: The Biology of Stress & The Science of Hope (2016) by James Redford (Director)', *Child and Adolescent Social Work Journal*, 35:4, pp. 435–437.
- Edwards, R. et al. (2017), 'The Problem with ACEs', *Edwards et al.'s submission to the House of Commons Science and Technology Select Committee Inquiry into the evidence-base for early years intervention*, EY10039. Available: <https://blogs.kent.ac.uk/parentingculturestudies/files/2018/01/The-Problem-with-ACEs-EY10039-Edwards-et-al.-2017-1.pdf>
- Featherstone, B. and White, S. (2018), *Protecting children: A social model*, Bristol: Policy Press.
- Felitti VJ, Anda RF, Nordenberg D, et al. (1998), 'Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults', *American Journal of Preventive Medicine*, 14:4, pp. 245–258.
- Finkelhor, D. (2017), 'Screening for adverse childhood experiences (ACEs): Cautions and suggestions', *Child Abuse & Neglect*, 85, pp. 174–179.
- Ford K, Hughes K, Hardcastle K, et al. (2019), 'The evidence base for routine enquiry into adverse childhood experiences: A scoping review', *Child Abuse & Neglect*, 91, pp. 131–146.
- Frigg, R. and Hartmann, S. (2020), 'Models in Science', *The Stanford Encyclopedia of Philosophy*, Spring 2020 Edition. Available: <https://plato.stanford.edu/archives/spr2020/entries/models-science>.
- Gadda, A. M., Harris, J., Tisdall, E. K. M., Millership, E., & Kilkelly, U. (2019), Human rights' monitoring and implementation: How to make rights 'real' in children's lives. *International Journal of Human Rights*, 23:3, pp. 317–322.
- Gherardi, S. A., Flinn, R. E. and Jaure, V. B. (2020), 'Trauma-Sensitive Schools and Social Justice: A Critical Analysis', *The Urban Review*, 52, pp. 482-504.
- Gillies, V., Edwards, R. and Horsley, N. (2017), *Challenging the Politics of Early Intervention: Who's 'Saving' Children and Why*, Bristol: Policy Press.
- Glasgow, M. (2018), From Connection to Purpose [online]. Available: <https://youtu.be/W8y1buEqL9E>
- Hardcastle, K. and Bellis, M. (2018), *Routine enquiry for history of adverse childhood experiences (ACEs) in the adult patient population in a general practice setting: A pathfinder study*, Wrexham: Public Health Wales NHS Trust.
- Public Health Scotland (2020), *Ending childhood adversity: A public health approach*, Edinburgh: Public Health Scotland.

- Kelly-Irving, M. and Delpierre, C. (2019), 'A Critique of the Adverse Childhood Experiences Framework in Epidemiology and Public Health: Uses and Misuses', *Social Policy and Society*, 18:3, pp. 445–456.
- Lewer, D., King, E., Bramley, G., Fitzpatrick, S., Treanor, M. C., Maguire, N., Bullock, M., Hayward, A. and Story, A. (2019), 'The ACE Index: mapping childhood adversity in England', *Journal of Public Health*, [published online ahead of print].
- Marmot, M. (2017), 'Social justice, epidemiology and health inequalities', *European Journal of Epidemiology*, 32:7, pp. 537–546.
- Marshall, C. (2019), *ACEs: Light bulb moment or magic bullet for social ills in Scotland?*, Scotsman, 11th February 2019. Available: <https://www.scotsman.com/news/politics/aces-light-bulb-moment-or-magic-bullet-social-ills-scotland-123254>
- Maynard, B. R., Farina, A., Dell, N. and Kelly, M. (2019), 'Effects of trauma-informed approaches in schools: A systematic review', *Campbell Systematic Reviews*, 15:1–2.
- McEwen, C. A. and Gregerson, S. F. (2019), 'A Critical Assessment of the Adverse Childhood Experiences Study at 20 Years', *American Journal of Preventive Medicine*, 56:6, pp. 790–794.
- NHS Education for Scotland (2018), *The Scottish Psychological Trauma Training Plan*, Edinburgh: Scottish Government.
- NHS Health Scotland (2019), *Adverse Childhood Experiences in Context*, Edinburgh: NHS Health Scotland.
- NHS Health Scotland (2017), *Tackling the attainment gap by preventing and responding to Adverse Childhood Experiences (ACEs)*, Edinburgh: NHS Health Scotland.
- Mintrom, M. (1997), 'Policy Entrepreneurs and the Diffusion of Innovation', *American Journal of Political Science*, 41:3, p. 738-770.
- Purewal, S. K. et al. (2016), 'Screening for Adverse Childhood Experiences (ACEs) in an Integrated Pediatric Care Model', *Zero to Three*, 36:3, pp. 10–17.
- Quigg, Z., Wallis, S. and Butler, N. (2018), *Routine Enquiry about Adverse Childhood Experiences Implementation pack pilot evaluation (final report)*, Liverpool: Public Health Institute (PHI).
- Science and Technology Committee (2018), *Evidence-based early years intervention: Eleventh Report of Session 2017–19*. London: House of Commons.
- Scottish Government (2018), *Removal of the ACEs tracker from the Education Scotland website: FOI release*, Available: <https://www.gov.scot/publications/foi-18-03023/>
- Scottish Government (2019a), *Protecting Scotland's Future: the Government's Programme for Scotland 2019-2020*, Edinburgh: Scottish Government.
- Scottish Government (2019b), *Various questions on Adverse Childhood Experiences (ACEs) agenda: FOI release, Information request and response under the Freedom of Information (Scotland) Act 2002*, FOI reference: FOI/201900000623. Available: <https://www.gov.scot/publications/foi-201900000623/>
- Scottish Government (no date), *Pupil attainment: closing the gap* [online]. Available: <https://www.gov.scot/policies/schools/pupil-attainment>

Taylor-Robinson, D. C., Straatmann, V. S. and Whitehead, M. (2018), 'Adverse childhood experiences or adverse childhood socioeconomic conditions?', *The Lancet Public Health*, 3:6, pp. e262–e263.

Vericat Rocha, Á. M. and Ruitenberg, C. W. (2019), 'Trauma-informed practices in early childhood education: Contributions, limitations and ethical considerations', *Global Studies of Childhood*, 9:2, pp.132–144.

Walsh, D., McCartney, G., Smith, M. and Armour, G. (2019), 'Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review', *Journal of Epidemiology and Community Health*, 73:12, pp.1087–1093.

Walsh, G. (2018), *The ACEs campaign: cause for worry or celebration?*, TES, 11<sup>th</sup> November 2018. Available: <https://www.tes.com/news/aces-campaign-cause-worry-or-celebration>

Walsh, G. (2019), *Adverse Childhood Experiences: a social justice perspective*, Centre for Research on Families and Relationships: Making Scotland an ACE informed nation. Available: <https://blogs.ed.ac.uk/CRFRresilience/2019/05/15/aces-a-social-justice-perspective/>

Walsh, I. (2018), *Age 2-18 – Systems to protect children from severe disadvantage*, Wave Trust [online]. Available: <https://www.wavetrust.org/Handlers/Download.ashx?IDMF=7d9dafce-104f-47a6-8ba4-5d20c1d27905>

White, S., Edwards, R., Gillies, V. and Wastell, D. (2019), 'All the ACEs: A Chaotic Concept for Family Policy and Decision-Making?', *Social Policy and Society*, 18:3, pp.457–466.

Zeedyk, S. (2018) Childhood trauma: Why I celebrate the ACE-aware movement's impact [online], Tes, 11th October 2018. Available: <https://www.tes.com/news/childhood-trauma-why-i-celebrate-ace-aware-movements-impact>

Welsh Government (2017), *Prosperity for All: the national strategy*, Cardiff: Welsh Government.