



Cultural Relativism is Dead: Children & Societies Flourish Where Global and Local Values Merge & Shape Public Policy

Benjamin Perks

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Jubilee Centre for Character and Virtues

University of Birmingham, Edgbaston, Birmingham, B15 2TT United Kingdom

T: +44 (0) 121 414 3602 F: +44 (0) 121 414 4875

E: jubileecentre@contacts.bham.ac.uk W: www.jubileecentre.ac.uk



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Benjamin Perks

Representative/Senior Fellow

United Nations Children's Fund/Jubilee Centre for Character & Virtues

This paper argues that parenting, education and environment in childhood drive civic and ethical behaviour in adulthood everywhere. Adverse Childhood Experiences (ACEs) including neglect, violence and dysfunctional parenting derail civic and ethical development and flourishing of individuals and of society in equal measure in all countries and communities.¹ World Health Organisation research has spectacularly illustrated the similarity of ACE prevalence globally, across disparate societies-regardless of culture-and is now entering mainstream discourse and policy making globally.

Previous efforts of international development collaboration focussed on survival, protection and access to basic services. The current United Nations Sustainable Development Goals (SDGs), for the first time in history, provide policy space and momentum to go beyond survival and enable communities and individuals to flourish and thrive. Although Aristotle described the major elements of human flourishing or eudaimonia a long time ago, recent science has given an evidence base that has created both democratic demand and political will to promote eudaimonia across societies. This is why the SDGs include global commitments to promote sound early childhood development policies, to end violence and neglect in childhood and to teach global citizenship (also known as character education or social and emotional learning) in schools.

The fact the 193 member states could come together and agree on these interventions is testimony to a growing recognition that the very nature of human development and the values which bind societies together are based upon the same building blocks everywhere. While the cultural difference between a rural traditional community and an urban liberal community or a religious and secular community are obviously profound, the propensity of each of those communities to flourish are dependent on the same criteria including the absence of crime, violence, injustice and the presence of good health, opportunity

¹ <https://www.cdc.gov/violenceprevention/acestudy/index.html>

and sense of community. This paper cannot address issues like governance or oppression, but rather the pathways through which people come to engage in behaviour that prevents themselves as individuals and the societies we live in from flourishing. It calls for a common language, movement and purpose to seize the opportunity of the SDGs to promote human flourishing everywhere.

We now know there is a direct link between adverse childhood experiences and likelihood of criminality and propensity for violence and addiction. In the definition of ACEs that we use, poverty is not included. It is also important to note that ACEs are prevalent in similar measure across races. Linking ACEs to criminal, violent or addictive behaviour can be white collar or blue collar. Any discussion about ACEs should be free from blame, stigma or class/race-based prejudice. Throughout this paper I will use data to illustrate the universality of ACEs. None-the-less, the higher the ACEs experienced, the less likely the individual is to flourish and the more likely they are to be involved in crime or violence.

Recent research on Adverse Childhood Experiences (ACEs) has shown they are much more prevalent than policy makers previously imagined and are distributed within a similar range across continents, classes and races. The World Health Organisation and Centre for Disease Control have designed a questionnaire which asks adults how many, if any, of the following 10 ACEs they experienced during childhood: Sexual, physical or emotional violence, emotional or physical neglect or growing up in a household affected by mental health, addiction, crime, domestic violence or traumatic family break up. They then give each respondent a score for the number of ACEs they have experienced.

In addition to the ACE research carried out with the support of the World Health Organisation in multiple middle and low income countries and led by governments in high income countries such as the US or UK, there is also an additional study done by Centre for Disease Control and UNICEF in several African and Asian countries known as the Violence Against Children (VAC) study. There is as yet no international consolidation of the data from these studies, but in a quick mini-meta review for this paper

I counted ACE and VAC surveys from at least 33 countries and 32 US States. These included the UK², Canada³, China⁴, Russia⁵, Brazil⁶, Poland⁷ and countries in Africa⁸ and Asia^{9 10}.

Looking at the data from 11 European, 12 African, 6 Asian, the US, Brazil and Canada (the 1st, 2nd and 5th most populous countries of the Americas) and the Solomon Islands, the first thing that is striking is the similarity in prevalence of ACEs. On average about 60% of populations have experienced 1 ACE. Some countries such as Brazil and Russia are closer to 80% and some such as the Wales and Serbia are closer to 50%. But almost all countries fall somewhere between 50 and 80%, most hovering around the 60% mark. Similarly the prevalence of 4 or more ACEs is on average around 15%, though some countries have less than 10% such as the Czech Republic and some have more than 20% such as Vietnam.

This is a relatively new form of research and relying on subjective responses to a questionnaire. There may possibly be higher levels of ACEs, potentially for example if the childhood span of the birth cohort questioned coincides with a drug or alcohol pandemic within a community. Most ACE research has occurred in the US where there is little difference in prevalence of 1 ACE in social class or ethnic groups. However, a link between prevalence and poverty is clear when it comes to 4 or more ACEs.¹¹ It is important to add that the first ACE study was conducted in the 1990s with a 17,000 largely white and middle class private health insurance subscribers with an average age of 55 which revealed similar levels of prevalence: around 60% for 1 ACE and 14% for 4.

²

[http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

³ <https://www.albertafamilywellness.org/what-we-know/aces>

⁴

http://www.academia.edu/24121998/Association_Between_Adverse_Childhood_Experiences_ACEs_and_Preterm_Birth_a_Case_Control_Study_in_Chongqing_China

⁵ <http://www.euro.who.int/en/countries/russian-federation/publications/survey-on-the-prevalence-of-adverse-childhood-experiences-among-young-people-in-the-russian-federation>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4710615/>

⁷ <http://www.euro.who.int/en/countries/poland/publications/survey-of-adverse-childhood-experiences-and-associated-health-harming-behaviours-among-polish-students-2018>

⁸ <https://www.togetherforgirls.org/violence-children-surveys/>

⁹ <https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/reports.html>

¹⁰ <https://www.ncbi.nlm.nih.gov/pubmed/20888640>

¹¹ Gilbert et al. 2010 Childhood Adversity and Adult Chronic Disease: An Update from Ten States and the District of Columbia. American Journal of Preventative Medicine. 48(3): 345-349

To contextualise the role of child protection services in addressing ACEs. In a country like Wales, the prevalence rate for 1 ACE is 50%, the prevalence rate for 4 ACEs is 14%, yet the total number of children who are child protection cases, on a register or in care, it is 1%¹². This final number does not include children who have come into contact with the law, however the overall point is that only a very small fraction of children affected by 1 ACE and certainly less than a fifth of those affected by 4 or more are addressed by child protection services. ACEs are not primarily a “social work response” issue, but rather a “mutli-sectoral prevention and mitigation issue” which includes health, education and policing working alongside social work.

In *The Better Angels of Our Nature*, Stephen Pinker presented a data-informed argument that violence is reducing in society as development improves and that this trend has been continuous throughout recent history. We perceive violence is increasing because of media reporting, legal cases and in many societies the breaking of the public taboo on violence, including sexual violence. There is fundamentally less war, but we are fundamentally more aware of it when it occurs. The reasons given for the decline in violence include several aspects stemming from the enlightenment and the advancement of rational discourse, commerce based on mutual interest, the empowerment of women and the rule of law. Complimentary to this is argument by the philosopher Peter Singer that the expansion and development of empathy to be a more far reaching driver of human development than it was previously because of the growth in human networks beyond family or tribe.¹³ This is encouraging for Aristotelian Virtue Ethicists and hard-nosed practitioners from the World Bank and UN Agencies alike because Empathy is a core character trait, or social and emotional skill that should be taught and caught in schools.

If we had ACE data going back many centuries, we may well see a dramatic decline in prevalence and it is likely that this is the best period of history for children to grow up in. Indeed, research on the numbers show that society which have developed measures to prevent or respond to ACEs, there are lower levels

¹²

[http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/3653c00e7bb6259d80256f27004900db/fc57159cf0046a8a80257c28004aa6ea/\\$FILE/Children%20and%20YP%20Profile%20Wales%20report%20-%20low%20res%20\(Eng\).pdf](http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/3653c00e7bb6259d80256f27004900db/fc57159cf0046a8a80257c28004aa6ea/$FILE/Children%20and%20YP%20Profile%20Wales%20report%20-%20low%20res%20(Eng).pdf)

¹³ <https://press.princeton.edu/titles/9434.html>

of prevalence. Because we don't have previous baseline data, we cannot unfortunately confirm these interventions have led to a decline. But randomised control trial and longitudinal studies have shown interventions can reduce the conditions that lead to intergenerational transmission of ACES, which I will touch on later in the paper.

The first conclusion of the ACE data and the Pinker argument is that family violence in reality is likely to be much less prevalent than it was previously, however it is much more prevalent than we ever thought it to be. . It is a chronic epidemic and there is no one reading this paper whose life is not affected by ACES in some way. That is because the second conclusion on the long term impact of ACES is as shocking as the first conclusion of prevalence. ACES transform lives for the worse.

In every corner of the world where ACE studies have been undertaken, it is clear that there is a dose response correlation between the number of ACEs you have experienced and the likelihood that you will not flourish. Throughout the entire life cycle as measured across a range of social wellbeing outcome indicators.

Perhaps the starkest illustration of the inter-generational transmission of violence, criminality and addiction is in the graph below from a 2015 study from Public Health Wales in collaboration with Liverpool John Moores University highlighted a high correlation between adults who experiences four or more ACEs and negative life outcomes¹⁴:

¹⁴

[http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

Compared with people with no ACEs, those with 4+ ACEs are:

- 4 times more likely** to be a high-risk drinker
- 6 times more likely** to have had or caused unintended teenage pregnancy
- 6 times more likely** to smoke e-cigarettes or tobacco
- 6 times more likely** to have had sex under the age of 16 years
- 11 times more likely** to have smoked cannabis
- 14 times more likely** to have been a victim of violence over the last 12 months
- 15 times more likely** to have committed violence against another person in the last 12 months
- 16 times more likely** to have used crack cocaine or heroin
- 20 times more likely** to have been incarcerated at any point in their lifetime

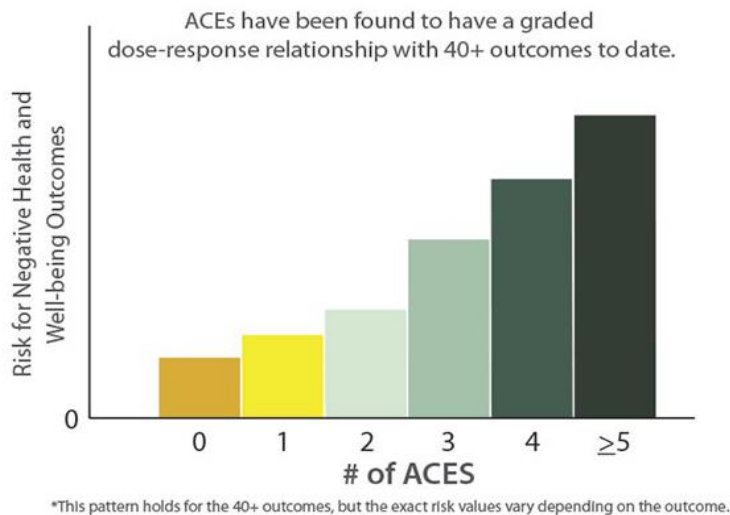
These findings highlight the intergenerational nature of violence, criminality and addiction in a way that was long assumed, but never proven through research. In my job I often speak with law enforcement officers serving in tough urban area affected by crime or in low level conflict areas and they explain that there are often only a few score of people in the community that are willing to commit extreme violence, that their parents were similar and they expect their children to grow up the same and that that small group can hold a community of tens or even hundreds of thousands in a state of insecurity. This is why ACE data is making so much sense to the UK police for example, in many areas such as Glasgow, London, Thames Valley and Gloucestershire and Wales, it is the Police leading multi-sectoral drives to address ACEs. The science is giving credible data to back up front-line professionals belief that violence is inter-generational.

The Wales data also show a much higher likelihood of becoming a victim of violence if you have higher ACEs. Recent work in England has revealed that grooming gangs have a tendency to go after young women with low self-esteem and what psychologists call “ambivalent attachment” as an outcome of inconsistent, neglectful and chaotic parenting.

The Welsh data is similar to what we see across societies globally. Health departments across US states reveal a similar dose-response correlation between higher aces and worse outcomes in health,

wellbeing and decision making with regard to 40 different indicators¹⁵. The indicators include health outcomes but also behaviours related to addiction, criminality, mental health and unemployment.

Association between ACEs and Negative Outcomes



In addition to this large-scale epidemiological data, smaller studies have been led by United Nations agencies such as UNICEF and World Health Organisation and academic institutions, which shows the same correlation between high aces and poor life outcomes. Research from China shows a similarly graded link between ACEs and likelihood of alcohol abuse.¹⁶ While ACE studies from Malawi¹⁷ and the Solomon Islands¹⁸ showed a similar graded link between risky behaviours, such as multiple sexual partners and high ACE scores.

¹⁵ https://www.cdc.gov/violenceprevention/acestudy/ace_brfs.html

¹⁶ <https://www.sciencedirect.com/science/article/pii/S0895398808600628>

¹⁷ https://www.researchgate.net/publication/325043095_Adverse_Childhood_Experiences_and_HIV_Sexual_Risk-Taking_Behaviors_Among_Young_Adults_in_Malawi

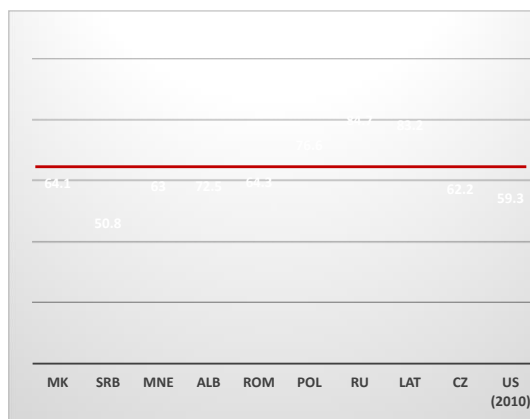
¹⁸

https://www.researchgate.net/publication/327165969_Adverse_Childhood_Experiences_Mental_Health_and_Risk_Behaviors_Among_Men_in_the_Solomon_Islands

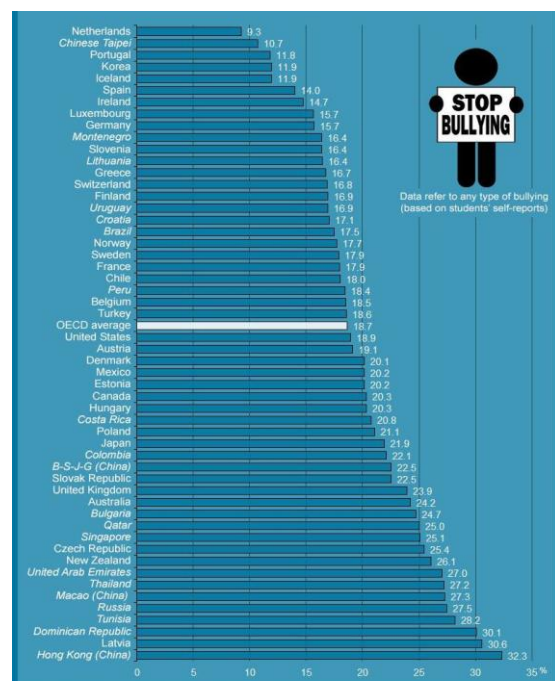
Psychiatric evaluations of 1000 detainees at Cook County Juvenile Detention facility in Illinois revealed that 84% of offenders had experienced two or more ACEs and that the majority of offenders had experienced 6 forms of childhood trauma.¹⁹ In a recent study in Macedonia on ISIS recruitment all teachers, without exception, cited lack of parental care as a major factor for driving children toward radical extremism.²⁰

Amongst children in school, if we take ACE data from WHO across Eastern and Central Europe and OECD data from the Pisa study, there is evidence of a correlation between higher than average ACEs and higher rates of school violence²¹. Coupled with the data from Wales showing a link between high ACEs and criminal and violent behaviour, this adds to a growing body of research showing the clear link between family and societal violence and criminal behaviour.

School bullying



At least 1 ACE score



Data refer to any type of bullying (based on students' self-reports)

¹⁹ Karen M./ Abram et al North Western University Post Traumatic Stress Disorder in Youth in Juvenile Detention Archives of general Psychiatry 61 April 2004

²⁰ http://www.analyticamk.org/images/2018/CVE-EN-FINAL-WEB_272e4.pdf

²¹ Combining data from <https://www.oecd.org/pisa/PISA-2015-Results-Students-Well-being-Volume-III-Overview.pdf> and https://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/. The latter was compiled by the author for this paper

The study of adverse childhood experiences and its impact on adult health and behaviour is relatively new and sits at the intersection of psychology, epidemiology, paediatrics, neuroscience and biology. There is an emerging consensus on the reasons why there is such a dose response link between adversity and the absence of flourishing in adulthood The American Academy of Paediatrics (AAP) suggest that periods of prolonged stress without respite in the home result in “toxic stress” or chronic activation of the stress response system²². Research shows that it is not just violence and chaos that creates toxic stress but also emotional coldness from the parent. This is because children are biologically programmed to seek strong bonds and attachments from birth for love and stimulation, but also for protection. As a species we are extremely dependent on parents for protection in early childhood. When the emotional attachment is absent, children see it is a threat and it activates the stress response system. This was also a finding of the prior research on attachment in psychology which revealed that while neglected children often stop showing outward signs of emotional need, their heart rate and cortisol levels are high ²³

Toxic stress derails normal development of all major systems of the fragile and evolving body and brain of the child. The impact affects the neurological, cardiovascular, immune and endocrinology systems and the way that genes are expressed. One of the impacts of toxic stress is that the body and brain is flooded with the stress hormone cortisol. Research showed that children who had been adopted in Canada but had spent their first year in a state of extreme neglect in children’s homes eastern Europe had much higher levels of cortisol than those who had been adopted earlier or who lived with their biological parents. This despite the fact that the high-cortisol children had spent most of their life in the adopted family.

Crucially for values and human flourishing, toxic stress also over-activates the amygdala region of the brain and the human fight or flight response and de-activates the executive function, impulse control and learning capacity of the brain. Children with high ACEs are likely to have problems with concentration, self-soothing and remaining calm and concentrated in the classroom. They are also likely

²² <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/ACEs-and-Toxic-Stress.aspx>

²³ <http://alfredadler.edu/sites/default/files/Graham%20MP%202015.pdf>

to over-estimate the presence of danger and therefore are more prone to over react and make poor choices in the face of challenges such as perceived “disrespect” from peers or even adults.

This is particularly true during adolescent brain development-when personality and values begin to take shape and underpin individual identity, but also when there is a mismatch between mature impulse response and immature impulse control systems.

The UK Police are increasingly using ACEs to understand and prevent criminal behaviour such as drugs trafficking across country lines or urban knife crime.²⁴ It is widely assessed that criminal gangs or violent radical organisations on the one hand, and organised groomers and human-traffickers on the other-prey on young people from high ACE backgrounds. Knowing that there is a neurobiological pathway for high propensity for being a perpetrator or victim of violent crime has led to new levels of collaboration across police, health, social work and education sectors.

The purpose of this paper is not to suggest that neurobiological pathways of intergenerational transmission of ACEs are the sole determinant of ethical decision making, failure to flourish or criminality. As Peter Singer says understanding the impact of biology on ethics helps us to understand more about which are the biological and which are rational elements of our moral principles.²⁵ However we can recognise that ACEs may drive bad ethical choices because the amygdala hijacks normal functioning of the brain and makes the body hyper alert to danger and the body is flooded with cortisol as the result of unaddressed and chronic elevation of the stress response system throughout childhood. ACEs therefore narrow the possibility-in terms of Aristotelian ethics-of adults doing the right thing at the right time in the right way. In an Aristotelian definition of human flourishing, the data seems to show people with high ACEs mostly do not flourish, and that is the same everywhere regardless of culture. Therefore, to promote human flourishing we need to have global policies that reduce ACEs and toxic stress I would like to demonstrate three key ways in which we can achieve this.

²⁴ <https://www.standard.co.uk/news/crime/looking-behind-the-crime-isn-t-soft-it-s-intelligent-policing-a3966601.html>

²⁵ Expanding Circle Peter Singer 2011 Ethics, Evolution and Moral progress Princeton University press

The first is primary prevention. This is achieved by breaking the taboo in societies about violence, neglect and dysfunctional parenting and ensuring maximum prospects for informed parenting.

Chronologically, in broad terms, most high income countries began to break the taboo on Adverse Childhood Experiences (though not using ACE language) in the 1980s for example in the UK with the Esther Rantzen BBC helpline for victims of sexual abuse and with the Kinora children's home scandal of 1980. In many middle income countries, the taboo-breaking process is currently underway and in low income or religiously conservative countries the theme remains taboo.

Another element of awareness is to teach child brain development and parenting in schools, to reinforce that knowledge during pre-natal visits and support post-natal home visits by nurses. Nursing visiting where the nurse can demonstrate secure attachment behaviours and positive parenting strategies can halt intergenerational transmission at the moment when the human brain is going through its most profound period of growth, the early years. The importance of the parent practising the behaviours with the support and guidance of the nurse is crucial. Often for new parents with high ACEs, for example for young women from state care backgrounds, having children in a supportive environment is the breakthrough which enables the parent to strengthen their attachment capability, self-soothe and overcome their own high ACEs background. This is important because the first step to preventing intergenerational transmission of ACEs is ensuring that the parent is okay, calm and without anxiety. Through longitudinal studies in Jamaica and the United States, Nobel prize winning economist Professor James Heckman demonstrated improved productivity, more health-seeking behaviour and reduced criminality amongst young adults who had received home visits decades earlier as babies yielded up to a \$ 17 return for every public dollar invested, and that this was the biggest return on public investment that any government can make.²⁶ This correlates with research done by the Overseas Development Institute which conservatively suggests that 8% of global GDP is lost through the long term costs of violence against children.²⁷

²⁶ <https://heckmanequation.org/resource/the-heckman-curve/>

²⁷

https://www.childfund.org/uploadedFiles/public_site/media/ODI%20Report%20%20The%20cost%20and%20economic%20impact%20of%20violence%20against%20children.pdf

The World Bank, UNICEF & WHO now cite the Heckman research to advocate for governments to create fiscal space for investment in perinatal care, parenting and also pre-school for three to six year olds. The pre-school component is also important in combatting ACEs because the absence of stimulation and presence of toxic stress at home in early childhood derails language acquisition and other key learning and concentration attributes which cannot be caught up later and further diminish the prospects of progressing through school thus exacerbating the negative impact of ACEs on human flourishing. Universal pre-school is crucial to mitigate the long-term impacts of ACEs.

The second policy intervention is building resilience. Studies from child survivors of the holocaust to present-day conflicts and ACE-based research has pinpointed resilience as the main antidote to toxic stress or chronic trauma²⁸. Resilience in childhood is about having “development assets which mitigate the impact of toxic on the brain and body. While the 2015 Welsh study had a dose response correlation between ACEs and poor life outcomes, it also had a dose response correlation of children with ACEs “bouncing back” from trauma if development assets were in place.²⁹

Development assets that build resilience are both biological and environmental. A child may have biological characteristics that protect the brain or body from the negative impacts of chronic activation of the stress response system through a process of self-soothing. There are many environmental factors, a lot of research of childhood survivors from the holocaust for example pinpoints ability to form and maintain relationships as a key determinant. Having a single positive relationship is perhaps the one determinant of resilience across all research³⁰. Other key aspects of resilience are things like belonging, purpose and a capacity to self-soothe. It has often been noted that children in state care or other high ACE situations are more likely to do better in life if they engage in sports. There are generations of bar stool pundits who have suggested that this is because such young people have had a chance to “channel their aggression positively” however through the research on resilience we probably now know that the

²⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2956753/>

²⁹

[http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

³⁰ <https://www.apa.org/helpcenter/road-resilience.aspx>

positive correlation with sports and overcoming adversity is rather about positive relationships, belonging and purpose. Another myth that the resilience research bursts is the concept of the resilient individual overcoming adversity through sheer, individual perseverance. In reality where resilience occurs, it is normally because of relationships, not the rugged individual operating by themselves.

Biological and environmental factors may not work alone, but when combined they can help children to overcome adversity and learn to flourish. Indeed, a good policy target for governments wishing to promote human flourishing would be to ensure that every child has at least one positive relationship with an adult in their lives. Sometimes this may need to be a teacher, a sports coach or social worker if the family is not able to provide such a relationship.

Thirdly, helping children to develop character traits and a language with which to navigate moral complexity and to build a sense of belonging in their communities and schools can mitigate the worst impacts of childhood adversity. The work that the Jubilee Centre at the University of Birmingham has been leading promotes cultivation of character & virtues in schools³¹. Character and virtues education are both taught and caught, part of a curriculum but also embodied in the wider ethos of the school. It seeks to produce moral emotions, inform motivation and guide conduct. To use Peter Singers framework of analysis mentioned previously, if resilience speaks to the biological determinants of ethical behaviour, character education speaks to the rational determinants. It encourages children to be metacognitive and self-aware, but also aware through civic virtue and empathy of the needs of others and the wider society. It encompasses civic, moral, performance and intellectual virtues and provides children with a language with which to navigate ethical dilemmas. In the best-case scenario, it may be about helping a neighbour, in the worst case it may be what do I do if the toughest kid in my neighbourhood asks me to hide a gun or transport drugs across county lines.

Character education is not targeted at Adverse Childhood Experiences specifically, its primary target is to help all children and all societies flourish, however if deployed well it can have a profound effect upon

³¹ <https://uobschool.org.uk/wp-content/uploads/2017/08/Framework-for-Character-Education-2017-Jubilee-Centre.pdf>

the children who are least likely to flourish. A way that this may work as a global model was recently undertaken in Montenegro with UNICEF and Jubilee Centre support. Parents, teachers and children collectively identify from a menu, the type of values and virtues they would like to see taught (and caught) in their school. The only pre-condition is that the virtues and values must be aligned with global UN Human Rights values and must be inclusive and relevant to all faith (including secular), cultural and linguistic communities. The model is then piloted, tested and adjusted over time.

For global policy makers, the key challenge is to consolidate the different narratives on the emerging field of character education, and the arguments and evidence which underpins them. Global education policy influencers such as the World Bank, OECD, UNICEF & UNESCO refer to social & emotional skills, character education, non-cognitive skills & global citizenship education-but they are often talking about similar things. A global discussion between partners that seeks to draw out culturally adaptable, evidence-based and globally applicable models of character education may help to harness resources and political will to make access to character education universal.

The purpose of this paper is not to dismiss the influence of culture or the relevance of rational choice in determining values and behaviour. However, the evidence of correlation between adversity and failure to flourish, and the costs for values and wellbeing across societies highlights how much closer we are to each other than maybe we thought we were and the redundancy of cultural relativism in explaining societal flourishing. The recent research on brain development, resilience and character provides a scientific evidence basis for much of what Aristotle taught us about *eudaimonia* and that has been crucial in building global political and democratic demand to promote human flourishing, prevent ACEs and mitigate their impact.

For the first time in history, the sustainable development goals provide policy space to make parenting, resilience, character education and violence prevention systems available globally by 2030. To maximise this opportunity, we need to build a global movement that can harness this knowledge into action everywhere and create common understanding across societies whilst maintaining the flexibility to graft these interventions on to local cultures and value systems. Through this approach we can create a world in which all children can have the opportunity to flourish.