



Adverse Childhood Experiences Pilot Programme Sefton

Rockpool Recovery Tool Kit

Leeann Doolin
Alison Lovelady
Steve Maguire

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1. Background

1.1: Summary

Globally there is increasing research examining how experiences during childhood have a long-term impact on our health. Chronic stressful experiences in childhood or toxic stress will increase the risk of adopting harmful behaviours which could include smoking, substance misuse, obesity, risky sexual behaviours. Research from Dr Robert Block the former President of the American Academy of Paediatrics stated “Adverse Childhood Experiences are the single greatest unaddressed Public Health threat facing our nation today”. Michelle Kelly-Irving, French National Institute for Health and Medical Research (INSERM), also highlighted for women, in particular, the likelihood of an early death increased with the amount of trauma they suffered in childhood, compared to those who had not faced any adversity,

With this in mind Sefton wants to develop knowledge and understanding around the prevalence and impact on parents who have experienced adverse childhood experiences.

Sefton Council is committed to developing and delivering Early Intervention and Prevention services across the borough. As part of the workforce development strategy 4 practitioners have been trained through commissioning from Sefton Public Health in the Rockpool ACE’s Recovery Tool Kit.

Sefton Council in partnership with Knowsley and Liverpool has adopted the Adverse Childhood Experiences (ACE) toolkit which provides an evidence based assessment of the impact of childhood trauma. These can include emotional abuse, sexual abuse, physical abuse and emotional neglect.

The recovery toolkit developed by Rockpool will be piloted and evaluated through John Moores University Public Health Institute.

1.2: What are ACEs

ACE’s as highlighted through Rockpool recovery toolkit are

- “Adverse Childhood experiences (ACE’s) are stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction such as witnessing domestic violence or growing up with substance misuse, mental health and parental discord or incarceration.
- More than half of the English population has experienced one or more ACEs, although this varies according to the type of ACE. Those who experience four or more adversities are at a significantly increased risk of poor health outcomes across the life course compared to those with no ACEs.

1.3: National Data

More than half of the English population has experienced one or more ACEs, although this varies according to the type of ACE. ACEs Connection www.acesconnection.com found that 67% of the population has at least one ACE; and one-eighth of the population has more than 4.

Those who experience four or more adversities are at a significantly increased risk of poor health outcomes across the life course compared to those with no ACEs.

1.4: Rockpool Recovery Tool Kit

The ACE recovery toolkit will be used to identify adults with high ACE scores who have experienced multiple adverse experiences, which may lead to not only poor health and social outcomes but are also at higher risks of exposing their own children to adverse experiences.

- The recovery toolkit has been developed to educate parents on the impact of ACE's on them as individuals and that of their children.
- The programme is recommended for parents to participate in single gender groups.
- 10 parents will be identified across Integrated Youth Support service (IYSS) to participate in the 10 week pilot programme.
- The toolkit pilot programme will be facilitated across Sefton, Knowlsey and Liverpool in April 2018.

10 parents will be identified across IYSS to participate in the 10 week pilot programme.

2. Sefton ACEs Pilot Group

2.1: Target group

- 12 females with 4 or more ACEs would be the target group for Sefton.

2.2: Recruitment/ Retention

- 13 participants were referred to the programme through case workers from Targeted Youth Prevention, Youth Offending Team, and Children's Social Care.
- 12 participants completed ACE assessments through home visit.
- 10 participants engaged in week 1
- The facilitators have been able to sustain 8 participants
- 7 participants completed the course.

2.3: ACE assessment analysis

Given the sensitive nature of some of the find your ACE assessment questions it was imperative that home visits were introduced for each of the participants referred to the

programme. Each visit/interview lasted approximately 1 hour and a range of tools were used inclusive of the find your ACE assessment to determine suitability for the programme.

Table 1: Find your ACE score assessment questions and group responses.

Number	Assessment questions asked	Response
Q1	Did a parent or other adult in the household often very often swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?	10
Q2	Did a parent or other adult in the household often or very often push, grab, slap or throw something at you? Or even hit you so hard that you had marks or were injured?	8
Q3	Did an adult person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal or vaginal intercourse with you?	5
Q4	Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other or support each other?	10
Q5	Did you often or very often feel that you did not have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	5
Q6	Were your parents separated or divorced?	10
Q7	Was your mother or stepmother: often or very often pushed, grabbed, slapped or had something thrown at her? Or sometimes often very often kicked, bitten, hit with a fist, or hit with something hard? Or even repeatedly hit for at least a few minutes or threatened with a gun or knife?	6
Q8	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	8
Q9	Was a household member depressed or mentally ill or did a household member attempt suicide?	7
Q10	Did a household member go to prison?	6

The Find your ACE score assessment responses indicated that:

- **83%** of participants reported that a parent or other adult in the household often very often used verbal abuse and often feeling vulnerable that they would be physically abused.
- **67%** of the participants reported that a parent or other adult in the household often or very often pushed, grabbed, slapped or threw something at them. Or even hit them so hard that they had marks or were injured physically.
- **42%** of participants stated that an adult person at least 5 years older than them touched or fondled them or touched their body in a sexual way. This included attempting or actually having oral, anal or vaginal intercourse with them.
- **83%** of the participants reported that they often or very often felt that no one in their family loved them or thought they were important or special. They further indicated that their family didn't look out for each other, feel close to each other or support each other.
- **42%** stated that they often or very often felt that they did not have enough to eat, had to wear dirty clothes, and had no one to protect them. They also highlighted that their parents were too drunk or high to take care of them or take them to the doctor if required.
- **83%** of the participants stated that their parents were separated or divorced.
- **50%** indicated that their mother or stepmother was often or very often pushed, grabbed, slapped or had something thrown at her. Or sometimes often very often kicked, bitten, hit with a fist, or hit with something hard. Or even repeatedly hit for at least a few minutes or threatened with a gun or knife.
- **67%** of the participants lived with someone who was a problem drinker or alcoholic or who used street drugs.
- **58%** highlighted that a household member was depressed or mentally ill or a household member attempted suicide.
- **50%** of the participants stated that a household member did go to prison.

Chart 1: Find your ACE Score

Chart 1 above gives a visual representation of the responses to each of the questions asked.

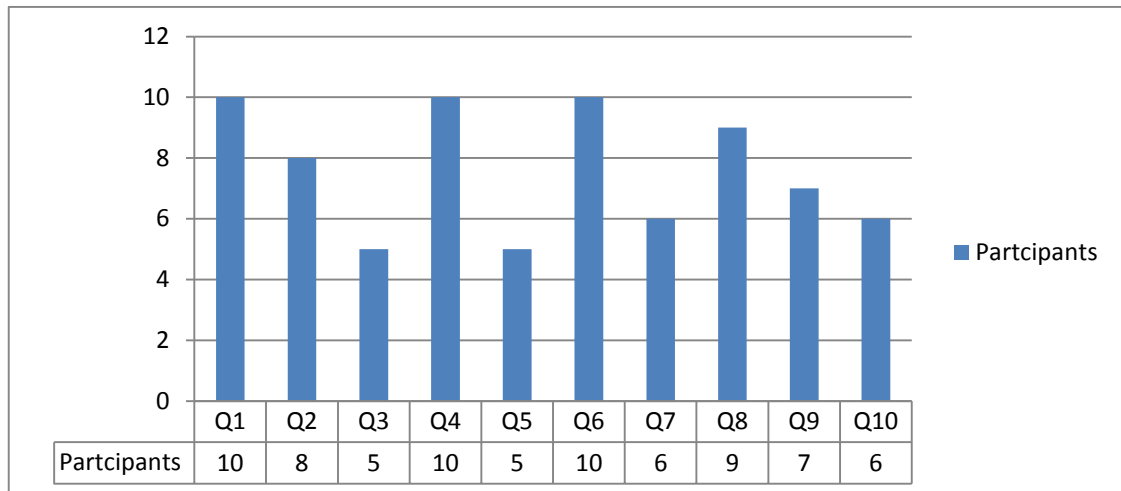


Chart 2: Find your ACE score for participants

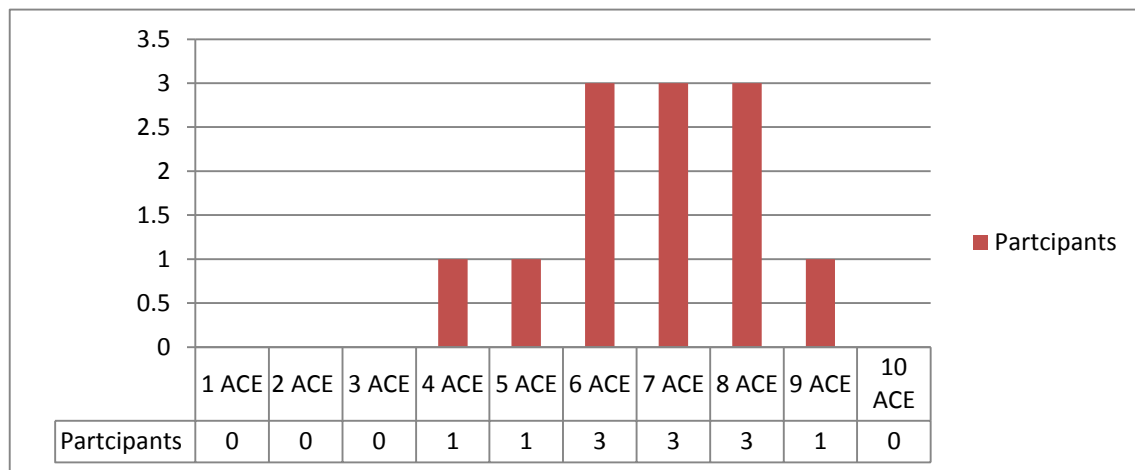
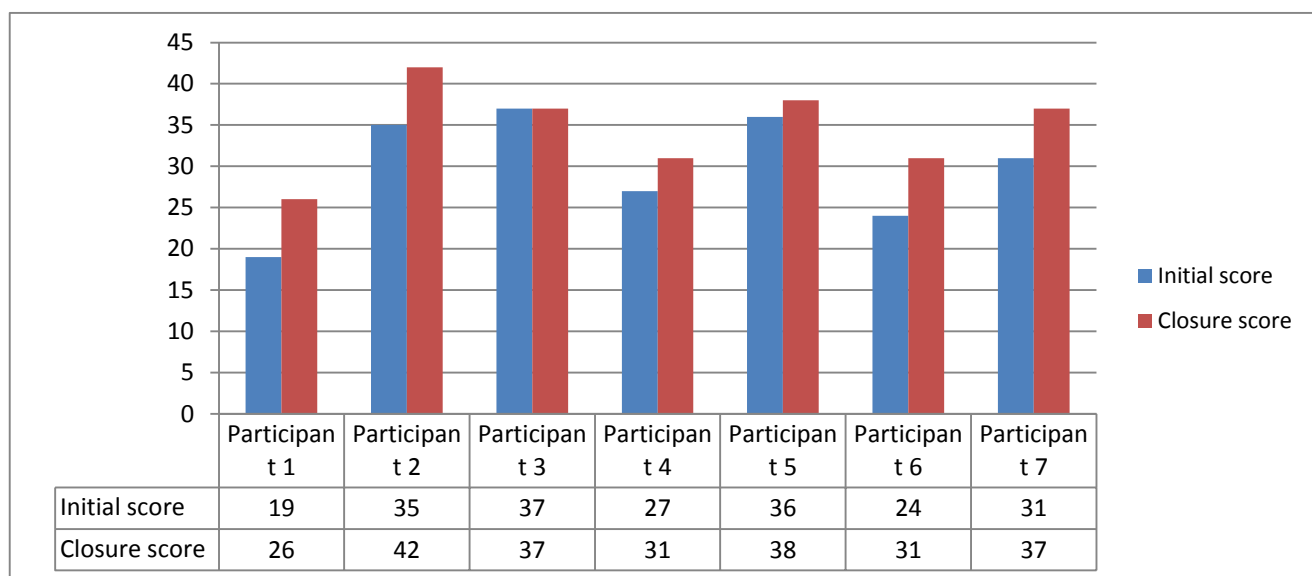


Chart 2 indicates and demonstrates the number of ACE's found as part of the assessment process. 1 of the participants had 4 ACE's, 1 had 5 Aces, 3 participants had 6 Aces, 3 participants had 7 ACE's 3 participants had 8 ACE's and 1 participant had a total of 9 ACE's. The results indicated that all participants were suitable for the programme as the bench mark indicates 4 or more.

2.4: Rosenberg's Self-Esteem Questionnaire

Chart 3: Rosenberg's Self-Esteem Questionnaire



As indicated through chart 3 all participants that completed the programme increased their self-esteem. The self-esteem questionnaire scores have enabled the facilitators to quantify observations and feedback from the parents throughout the 10 weeks.

2.5: RockPool Lifestyle Checklist

Aces RTK Lifestyles Checklist responses.

- ***I feel that I am a person of worth at least on an equal plane with others***

During the initial assessment stages 2 participants stated they strongly agree that they are a person of worth, 3 agreed with the statement and 2 disagreed. There was significant progression during the closing interviews in which 6 participants stated they are a person of worth and equal to others and 1 agreed.

- **I feel I have a number of good qualities**

At the initial assessment 3 participants strongly agreed they have good qualities, 2 agreed and 2 disagreed. At week ten 5 participants strongly agreed and 2 agreed. This demonstrated significant progression in how they viewed their qualities.

- **All in all I am inclined to believe I am a failure**

The response from question 3 indicated 1 participant agreed that they are a failure, 2 disagreed and 4 strongly disagreed. In week ten 2 disagreed and 5 strongly disagreed. The findings demonstrated that although the participants demonstrated a number of complexities nearly all identified in initial stages that they are not a failure.

- **I am able to do things as well as most other people**

The findings from question 4 highlighted 4 participants strongly agreed they can do things as well as most people, 2 agreed and 1 disagreed. In week ten 5 strongly agreed and 2 agreed.

- **I feel I do not have much to be proud of**

The finds from question 5 demonstrated that 1 participant strongly agreed they do not have much to be proud of 2 disagreed and 4 strongly disagreed. In week ten 2 disagreed and 5 strongly disagreed.

- **I take a positive attitude towards myself**

The findings from question 6 indicated 2 participants strongly agreed that they take a positive attitude towards self, 3 agreed, 1 disagreed and 1 strongly disagreed. Week ten demonstrated 4 strongly agreed and 3 agreed.

- **On the whole I am satisfied**

The findings from question 7 indicated that 6 participants agreed on the whole they are satisfied and 1 strongly disagreed. Although the initial findings demonstrated a sense of satisfaction there was some progression as week 10 highlighted 5 of the participants now strongly agreed and 2 agreed.

- **I wish I could have more respect for myself**

Question 8 highlighted that 4 participants agreed that they wished they could have more respect for themselves, and 3 disagreed. In week ten 2 agreed 5 strongly disagreed.

- **I certainly feel useless at times**

The findings from question 9 indicated that 5 participants agreed that they feel useless at times and 2 disagreed. In week ten 1 strongly agreed, 1 agreed, 3 disagreed, and 2 strongly disagreed.

- **At times I think I am no good at all**

The findings from question 10 highlighted 4 agreed that at times I think I am no good at all 1 disagreed and 2 strongly disagreed. In week 10 2 agreed 3 disagreed and 2 strongly disagreed.

2.5: Facilitation style

It was imperative for the pilot programme that the ACE facilitators adopted a range of facilitation styles to enable the participants to achieve the expected outcomes. Sefton ACE facilitators have a range of group work experiences, however delivery of a parenting programme adopting a trauma informed approach was a relatively a new concept. As a small team we had a range of acquired skills, competencies that complimented each other.

The facilitators adopted key roles, responsibilities and functions which included

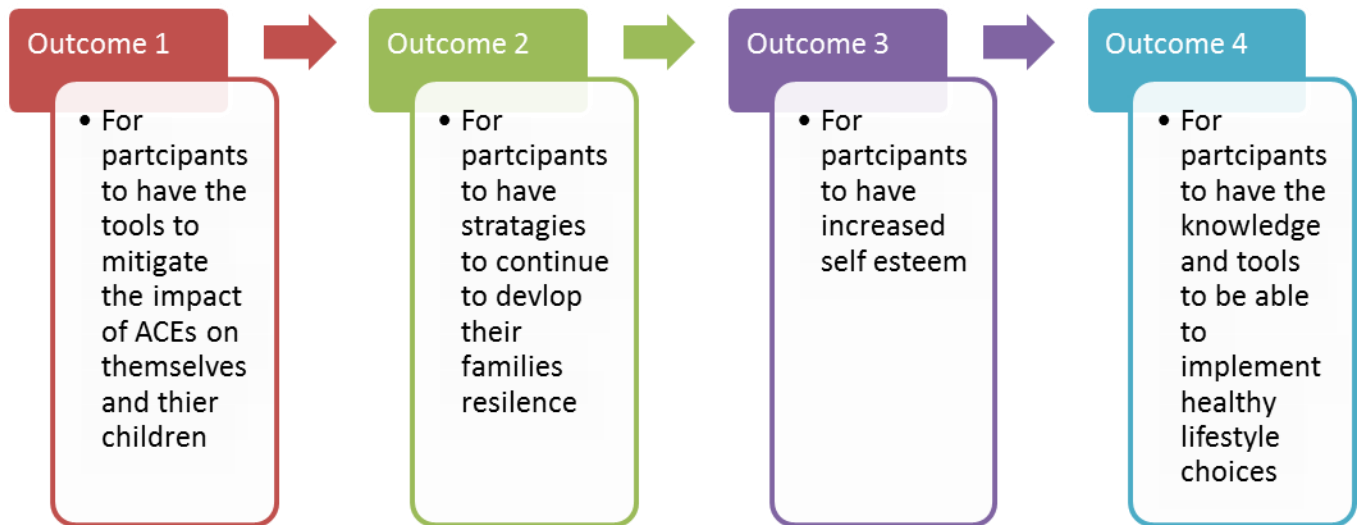
- Weekly planning meetings to assess, plan, do, and review each session in the resource handbook and allocated tasks required.
- Developed task and finish interventions approach to preparation, planning and delivery.
- Completed visits to venues to explore suitability and crèche facilities.
- The characteristics adopted would involve the development of a trusting relationship with the participants and each other.
- Clear and consistent group agreements were established to promote understanding of trauma informed approach.
- Interpersonal skills demonstrating empathy and understanding at all times
- Individual time out was provided for issues relating to the programme content and this was followed in to ensure effective after care.
- Practical support was provided inclusive of transport, lunch, and resources to aid positive lifestyle choices.
- Consistent communication was maintained through text message and phone calls to promote high attendance.
- Congruence and transparency from facilitators was crucial as people who have been through trauma can detect when others are not on the level with them.
- Consistently value the participants by listening, reflecting back, noticing and affirming progress and effort. Through knowledge of participants refer to this will be of interest to you, do you recognise this. Be aware of “lightbulb moments” when the participants demonstrate understanding and are able to make that connection to their own circumstances.
- Value the strength of the group and demonstrate that, look for change and reinforce their achievements. Discuss protective factors and build on them.
- Holistic approach which is person centred in group and uses cognitive behavioural techniques through the homework set.
- Create a belief in the process of change, commitment to hope and aspiration. Have faith and belief in people taking control of their own situations.
- Help them to form good connections which will lead to sustaining the impact of the course.

- Have knowledge of external factors which affect circumstances and practical issues which we can help with.
- Partner agencies were incorporated into the programme content to develop community resilience, extended support network and sustainable outcomes.

3. Findings

3.1: Impact of intervention

- **Diagram 1** ACE Recovery Tool Kit outcomes:

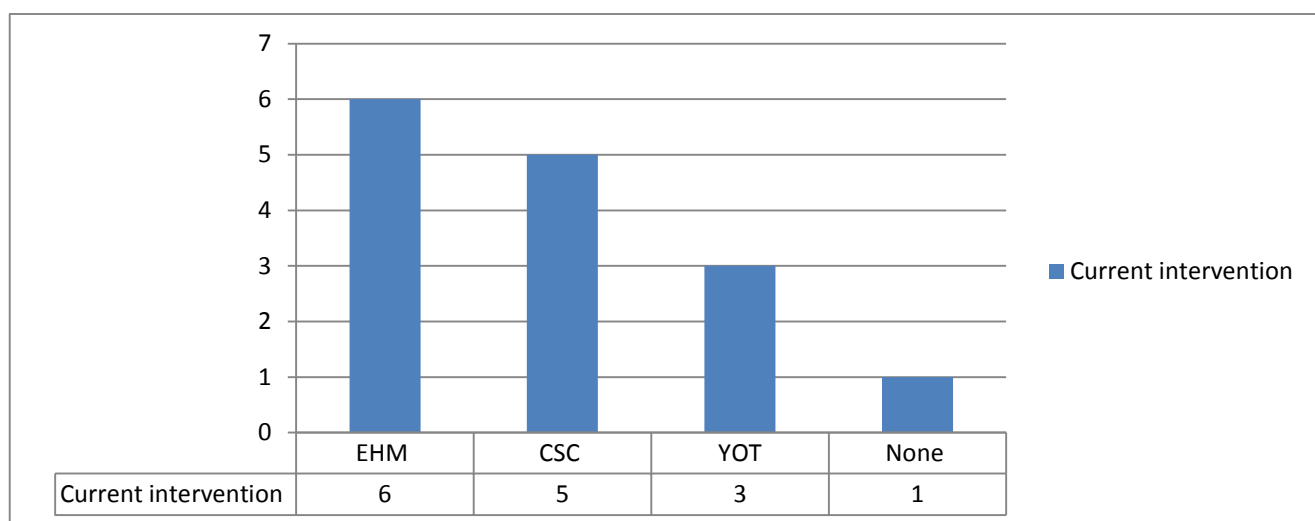


3.2: Service involvement for ACE participants

	EH Episodes	YOT	CSC episodes
Participant 1: (Ref 579338)			
Before engagement	3	0	13
After	0	0	0
Participant 2: (Ref: 60031)			
Before engagement	2	1	6
After	0	0	0
Participant 3: (Ref: 575999)			
Before engagement	1	0	0
After	0	0	0
Participant 4: (Ref: 576000)			
Before engagement	1	1	2
After	0	0	0
Participant 5: (Ref: 53441)			
Before engagement	3	1	9
After	0	0	0

Participant 6 (Ref: 575430)			
Before engagement	1	0	5
After	0	0	0
Participant 7 (Ref: 579484)			
Before engagement	0	2	4
After	0	1	0
Participant 8(Ref: 196037)			
Before engagement	3	1	12
After	0	0	0
Participant 9: (457840)			
Before engagement	2	0	1
After	0	0	0
Participant 10(Ref: 350868)			
Before engagement	3	1	6
After	0	0	0
Participant 11 (Ref: 369109)			
Before engagement	1	0	1
After	0	0	0
Participant 12 (Ref: 326290)			
Before engagement	1	0	4
After	0	0	0
Total			
Before	21	5	63
After	0	0	0

- **Chart 4:** Participants current intervention based on level of need



3.3: Case study 1: Early Help level 3 ACE Score: 8 out of 10

Case study: *The Morris family was referred to the ACEs Programme through their Lead Practitioner under Early Help. Kerry Morris is 49 and has 4 children Peter 22, David 18, Hannah 16 and Andrew who is 25. Kerry was subjected to previous DV and subsequent stalking by her ex-partner. She has experienced both physical and emotional abuse during her marriage. She has since split up with the child's father John and the children see their father sporadically. Kerry has part time employment but has a number of debts and is at risk of financial exclusion. She is in receipt of some benefits however a benefits check would ensure she is claiming all available benefits.*

Both children had behavioral problems in school and both were at risk of permanent exclusion. Leon was associating with gangs in the community and engaging in low level ASB. He was engaged with CAMHS but did not attend all appointments as he did not feel it was beneficial.

Hannah is engaging in self-harming behaviour and is not known to Mental Health Service's. She is displaying high levels of anger towards peers, family, teaching staff etc. Both children have a good relationship with their mum; however boundaries in the home are inconsistent.

TF Outcomes *identified as result of EHA: Family involved in criminal or anti-social behaviour, family where children do not attend school regularly, family where children need help, family at risk of financial exclusion, family affected by DV and family with range of health problems.*

Recruitment: *Kerry engaged in a one to one session at home to assess suitability for the programme. She scored 8/10 ACE score and was keen to sign up for the programme. Feedback from session 1 was overwhelming **Voice of the parent:** "I have got a really good feeling about the course. It happened today and you 3 should be proud of yourselves. This is the only course that I think might help me. When you have been through DV in different ways you just connect and we know others troubles. I really enjoyed the course and saw people support each other. I understand about the pain of seeing your kids self-harm and what other people's kids go through".*

Outcomes: *Kerry has developed a range of tools to mitigate the impact of ACEs for herself and her children and gave examples of this throughout the course. She has developed strategies to continue to develop her family's resilience which has included supporting David 18 to gain employment and Hannah gaining an interview for a college placement. She has developed her confidence and her self-esteem as evidenced through Rosenberg's Self-Esteem Questionnaire. As a family she has developed tools and support network to promote her family's health and wellbeing which has included support through CAMHS for her daughter Hannah, and extended early help support inclusive of debt management, DWP, practical support with benefit entitlement and short term interventions such as food bank vouchers and travel expenses.*

- **Diagram 2:** Team around the family: Morris Family Early Help level 3



3.4: Case study 2: CSC level 4 ACE Score 9-10

Case study: The Kelly family was referred to the ACEs Programme through their case manager from the Youth Offending Team. Alison Kelly is 35 and has 3 children Lee 16, Michelle 14 and Harrison 8.

Alison was subjected to DV historically with Michelle’s father who had issues with drugs and alcohol; he sadly passed away in 2016. Michelle lives with maternal grandmother as does Lee who has no relationship with his biological father. Grandmother has her own health problems schizophrenia and heart related problems. Harrison lives with his father who has historically had issues with substances and criminality he does have regular contact with his mum Alison.

The family is currently open on CP plan and they have a range of services supporting them please see diagram. However although the family have extended support this has presented a number of challenges for Alison to manage.

Alison has a range of health problems including epilepsy, substance misuse and medical records indicate Alison may have a learning disability and it was recorded she had developmental delay when she was child.

Lee 16 and Michelle 14 are known to the YOT and currently not attending education. Both children use cannabis and both are involved in criminality in the community.

TF Outcomes identified as result of EHA: *Family involved in criminal or anti-social behaviour, family where children do not attend school regularly, family where children need help, family with adults out of work or at risk of worklessness, family affected by DV and family with range of health problems.*

Recruitment: *Alison engaged in a one to one session at home to assess suitability for the programme. She scored 8/10 ACE score and was keen to sign up for the programme. Feedback from session 1 “This is the first time I have seen other people in same situation and I don’t feel judged”. Alison also stated that the first home visit and how the programme was explained to her motivated her to engage.*

Outcomes: *Alison has developed a range of tools to mitigate the impact of ACEs for herself and her children and gave examples of this throughout the course. She has developed strategies to continue to develop her family’s resilience which has included understanding the impact that ACEs has impacted on her parenting capacity. She has also put in place activities with her children to create positive memories and begin to develop and rebuild relationships.*

She has developed her confidence and her self-esteem as evidenced through Rosenberg’s Self-Esteem Questionnaire. She is beginning to challenge using an assertive approach and sought support for an advocate to ensure her voice is not lost within the context of so many agencies being involved.

As a family she has developed tools and support network to promote her family’s health and wellbeing which has included accessing support for her substance misuse through ambition Sefton. Her last testing proved negative.

- **Diagram 3 Team around the family: Kelly Family level 4**



3.5 John Moores Evaluation

John Moores University Public Health Institute have engaged in a number of focus groups and interviews with the participants, services that referred participants and facilitators and a full report will be published next March 2019.

3.6 Partner agencies

For participants to have strategies to continue to develop resilience for themselves and their families Sefton introduced a number of partner agencies and resources in for each session. The partner agencies and resources were based on the needs of the group members. The partner agencies and resources included

- Pamper kits in week 1 in which were linked to the home work, doing something nice for yourself.
- Spring well children Centre manager introduced a range of services in week 2 and potential volunteering opportunities.
- Sefton at Work signed all participants up in week 3 to their service with a range of follow up opportunities.
- Addaction discussed the aims and objectives of their service in week 4.
- DWP discussed and introduced their role and 1 of the participants engaged following week 4 with the service.
- Community information sharing leaflets were introduced in week 5 which enabled the participants to view a range of follow up services in the community,
- John Moores University Focus group were invited at week 6 in which results and findings will be shared March 2019.
- 4 participants were invited to participate in the Every Child Matters Forum in week 7 in which they shared their experiences of the Aces programme.
- Venus were invited in week 8 and all participants were given information on a range of programmes and support that is available to them through their service.
- Sefton Council Local Lead Ros Stanley attended week 7 and 10 to ensure the ideas and suggestions from the participants moving forward was captured.

4. Recommendations

4.1 Next steps

- Informed assessment that asks about ACEs and early identification of those who are at risk of ACEs using evidence-based approaches and screening tools such as EHA.
- Ensure that domestic abuse in the household are identified, addressed and the impact on children minimized. (Safe lives Dash risk Checklist).
- Identify and intervene where children may already be victims of abuse, neglect or living in adverse childhood environments early through the 0-19 offer.
- Ensure resources are targeted on identified need early and young parents who have Aces are identified and targeted.
- Develop locally responsive solutions through referral pathway which ensures all parents with ACEs are offered the ACE programme.
- Ensure that all practitioners have a shared vision and common skills and languages which puts the family at the heart of deciding and implementing solutions.
- Strengthen the capacity of universal preventive services in the identification of ACE's
- Workforce development action plan to incorporate Aces moving forward.

- Future training for professionals in locality model on trauma informed approach

Individuals who experience ACEs as children often will raise their own children in households where ACEs are more common. As highlighted through the research a cycle of childhood adversity can lock successive generations of families into poor health outcomes and life choices for generations. Preventing ACEs in a single generation or reducing their impacts can benefit not only those children but also future generations in Sefton and the pilot Programme is just the starting point.

The long term aim within Sefton is to embed this approach across organisations and develop a response that focuses on early identification adopting the ACE screening tool within MASH processes linked to level of need. Enhanced public and professional awareness is needed and promotion of evidence-informed specifications linked to pathways and monitoring.

ACE should not be considered an isolated 'project', rather part of a whole system approach to help understand and improve health and wellbeing, self-esteem and developing resilience.

4.2: Voice of the participants

The participants have expressed their desire to take the Aces vision forward in Sefton and developed a number of innovative ideas such as a focus group for young people, drop in service for parents and online support group. There is a commitment from Sefton to embrace the ideas and support the participants moving forward.



Feedback over the course of the programme

“I loved the pamper kit I got last week and I don't usually get presents so the pamper kit really did mean a lot”

“This is the only course that I think might help me. When you have been through DV in different ways you just connect and we know others troubles. I really enjoyed the course and saw people support each other. I understand about the pain of seeing your kids self-harm and what other people’s kids go through”

“This is the first time I have seen other people in same situation and I don’t feel judged.

“That video was like me when I was a child. I got pregnant when I was 15 my dad was in and out of prison for drugs and my mum was on drugs. I grew up battered but I got myself out of it. Getting pregnant made me change and although the video made me feel horrible I am using the past to move forward”.

“Tears are not a sign of weakness but a sign of being strong for so long”.

“I did try new strategy with my daughter last week, usually I would kick off but I didn’t I stayed calm and put boundaries in place.”

“This is definitely helping me progress to work. I wouldn’t have had information on volunteering without this course”

“I believe in everybody on this course and that we will all do well and we are all becoming brainier”

“Now feel that I am a free spirt and I am becoming happy with myself”.

“I tried the still face exercise with my 1 year old son and 14 year old daughter. The response that I got was my 14 year I seen anger for the first time and my 1 year old son was very emotional and was pulling towards me”

“That was a very insightful questionnaire I enjoyed that”.

“This course has made me stronger. I would have just cried without it”

“Because of my past that's why I do not show emotion I really do hope I can change this by being part of the programme. This course has helped me to be happy which I never thought I would be. I have let my guard down and been honest which I never used to be.”

“Maybe I drank so much to blot out our ACEs. I live with my ACEs now and deal with them one at a time.”

