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Evaluation of the Rock Pool Adverse Childhood Experiences (ACEs) Recovery Toolkit Programme

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Executive Summary

Introduction

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that children can be exposed to whilst growing up. ACEs can include, but are not limited to, physical, verbal and sexual abuse, physical and emotional neglect, exposure to domestic violence, parental separation or divorce, or living in a home with someone affected by mental illness, substance abuse, or who has been incarcerated.

Exposure to abuse or household dysfunction during childhood has been associated with increased risks for multiple health harming behaviours, and poor health and social outcomes in adulthood. A recent systematic review found that compared to individuals with no ACEs, those who experienced four or more were approximately: twice as likely to be overweight or obese, have diabetes or be physically inactive; two to three times more likely to smoke, have heavy alcohol use, poor self-rated health, cancer, heart disease or respiratory disease; three to six times more likely to report sexual risk taking, mental ill health and problematic alcohol use; and, more than seven times as likely to report problematic drug use and interpersonal and self-directed violence.

There is also evidence to suggest that there are clear intergenerational links to exposure of ACEs and that some parents who experience ACEs may expose their own children to adverse experiences too.

Not all children who are exposed to ACEs will necessarily experience negative health outcomes. Contextual and protective factors such as supportive peer relationships can increase resilience. The 2009 World Health Organisation (WHO) report prioritised the prevention of child maltreatment and addressing ACEs to improve public health. Globally, work is being undertaken to produce a framework for measuring the impact of ACEs across populations. The increased knowledge about the prevalence and impacts of ACEs is leading to resilience-based training and ACE-informed practices being implemented in some public health departments, communities and education.

The ACEs Recovery Toolkit Programme

The ACEs Recovery Toolkit was produced by Rock Pool for people working with individuals or groups who have experienced ACEs. The toolkit is designed for use by facilitators working with parents, families and young people, following a two day training workshop provided by Rock Pool. The toolkit aims to educate and inform parents/carers about the impact of ACEs on them and their children. The toolkit uses a trauma informed psycho-educational approach to facilitate learning and practical methods for parents developing their resilience and strategies to reduce the potential impact of ACEs on children. The aims of the ACEs Recovery Toolkit are:

- For participants to better understand the impact living with ACEs may have on them and their children, and the tools to mitigate the impact of ACEs.
- For participants to have increased self-esteem and develop strategies for building resilience and that of their children.
- For participants to have increased understanding and implementation of healthy living skills.

In 2017/18 the ACEs Recovery Toolkit was piloted across Sefton, Knowsley and Liverpool local authorities. The Public Health Institute (PHI) at Liverpool John Moores University (LJMU), were commissioned to undertake an evaluation of programme. The evaluation aimed to understand the process of implementing and delivering the programme, and short-term impacts.

Evaluation methods



Training observation and 14 training surveys completed (12 facilitators and 2 strategic stakeholders)



Analysis of secondary data using scales collecting at the beginning and end of the programme to measure parents wellbeing, resilience and self-esteem



5 focus groups and 7 interviews with 39 parents (30 parents during the programme and follow up engagement with 9 parents). 4 case studies developed to explore individual parent journeys.



3 focus groups, 5 paired interviews with 19 stakeholders (facilitators and strategic stakeholders) during and following programme delivery, and 3 interviews with referral agencies

Evaluation findings

Key evaluation findings

- The programme was implemented differently across Knowsley, Liverpool and Sefton, with different infrastructure and referral pathways in place
- Parents accessing the programme had a high number of ACEs (76% had 4 or more ACEs) and many had multiple and complex needs
- Whilst many parents had accessed other forms of support, the programme was the first time they had received any support directly linked to ACEs
- Parents engaged well with the programme (19 completed the programme in Knowsley and 15 in Sefton) with larger groups proving more successful. Group dynamic was important for delivery and peer support
- Support for accessing the programme including a crèche for childcare and taxi service was seen as imperative for attending
- Facilitators were able to deliver the programmes as planned, however it was reported as resource intensive and some recommendations were made around making some resources more accessible
- Parents expressed a desire for further support and wraparound support, and aftercare provision
- Parents enjoyed the focus of the programme and benefited from using practical skills that they learnt
- Outcomes for parents included increased knowledge and awareness of their own and their children's ACEs, and the impact on children, increased support networks, reduced isolation, improved self-esteem and wellbeing, increased resilience, increased confidence in parenting skills, and improved relationships with their children. Outcomes reported for some children included being happier and more engaged with school

Please see the appendix 5.2 for highlighted key findings relating to the RTK Toolkit and programme.

In Knowsley, there was a parenting panel established and facilitators were already delivering parenting programmes meaning the infrastructure was in place for them to begin recruiting and delivering the programme. During the evaluation period, three programmes were run. The first programme was launched in February 2018, this programme ceased at session seven due to low attendance and therefore was not fully delivered. The second programme ran from September to December 2018 with 10 parents completing the programme. The third programme was delivered in early 2019, with nine parents completing the programme. All attendees were female.

In Sefton, facilitators were already working with parents, but not in a group or programme setting. The first programme was launched in May 2018 with eight parents completing programme one. The second was delivered at the same time as Knowsley’s second programme during September to December 2018, with seven parents completing the programme. Again, all attendees were female.

In Liverpool, there was no existing infrastructure to roll out the programme and therefore a significant amount of planning and implementation was required. Once the implementation plan and referral process was developed, a launch event was held in July 2018, and organisations working with parents, children and families were invited to attend. The event gave an overview of ACEs, the programme and the referral process. Liverpool also planned to deliver two programmes in parallel with one another from September 2018, unfortunately due to low referrals received, the programmes were unable to go ahead as planned.

Liverpool	Knowsley	Sefton
<ul style="list-style-type: none"> • 4 facilitators trained • 1 launch event Jul 2018 • 2 programmes developed to run Sept – Dec 2018 • Programmes placed on hold in Oct 18 as part of a strategic review 	<ul style="list-style-type: none"> • 4 facilitators trained (2 delivered training) • 3 programmes delivered • Programme 1: Feb – May 2018 (programme ended week 7) • Programme 2: Sept – Dec 2018 (10 parents completed) • Programme 3: Jan-Apr 2019 (9 parents completed) 	<ul style="list-style-type: none"> • 4 facilitators trained (3 delivered training) • 2 programmes delivered • Programme 1: May – Jul 2018 (8 parents completed) • Programme 2: Sept-Dec (7 parents completed)

Programme accessibility and engagement

Liverpool, Knowsley and Sefton had different infrastructures in place meaning that the implementation and delivery of the programmes differed. The referral process in each of the areas highlighted the importance of buy in from partner organisations, to support referrals to the programme, identification of course readiness for parents and for ongoing support for parents accessing the programme. This required resource and lead in time for facilitators to work with organisations to develop relationships and pathways. This also highlights the importance of the strategic buy in from partners to embrace, support and promote new approaches and pilots.

The parents accessing each of the five programmes delivered across Knowsley and Sefton had complex needs and many had experienced negative outcome due to their ACEs and had received support from

a number of service in the past. However, this was the first time that these parents had engaged with support specific to ACEs, and in most cases the first time they had engaged in a programme that focused on them. For those for whom ACE scores were available, the majority (76.3%; n=29) had four or more ACEs. It is therefore important to consider the programme model, does it provide early intervention or more specialist support, and can it provide both?

Parents engaged well with the programme, with larger groups (12 maximum recommended) proving more successful and easier to deliver, and group dynamics seen as an important factor for success. Both parents and facilitators felt that longer sessions were required, with two hours proving difficult to accommodate the session, alongside logistics of settling in at the start of the session, and debriefing and ordering transport at the end of the session. This was seen as particularly important for parents who did touch on past experiences and found this distressing.

“When you’re trying to get as much out of the course as you are and people have to rush off because they have either got to work or pick the kids up from school.....they’ve got really upset and emotional and then they’ve got to put on a brave face to pick the kids up and that can be really difficult” (Parent)

Resources

The implementation and delivery of the programme was resource intensive, in terms of preparation for sessions including session resources and activities, and logistic planning of venues, transport and childcare facilities. As was capacity for the facilitators to undertake the home visits, deliver the sessions and provide safeguarding support to the parents. It was highlighted by facilitators and parents that facilitators need to be committed and experienced to deliver the programme and build trust to engage with parents. Facilitators from each of the three areas benefited from supporting one another

“If it was the wrong person it wouldn’t work at all...it’s not just like a job description...they’ve got to have certain things in their personality. Honestly, otherwise you wouldn’t open up to them” (Parent)

and sharing experiences and learning and this peer support was seen as important, especially during implementation phases. In terms of session resources, facilitators did not deviate from the toolkit where possible, but did supplement session plans with their own resources, acknowledging that facilitators need to be experienced in delivering parent programmes in order to have the confidence to do this.

Using a trauma informed approach

Potential referral organisations expressed concerns of exploring past traumas with individuals who did not have the appropriate support around them to help them cope. It is important to acknowledge here that the ACEs Recovery Toolkit is not designed to explore and attempt to deal with those traumas, neither does it encourage parents to disclose and share past traumas. The training, using a trauma informed approach, recommends that facilitators should actively prevent disclosures to avoid re-traumatisation.

“It’s been hard though as well to be honest. My head has been absolutely up the wall this week with all kinds of different things in my head. I think it was that what made me aware of, you know what I mean, it just brought stuff out” (Parent)

However, as the facilitators acknowledged, people will want to share, and the parents themselves focused on the programme bringing up emotional issues from the past they had not previously dealt with, which they found difficult. The facilitators needed to make safeguarding referrals and follow up with parents following disclosures. The concerns from the referral organisations highlight a need for wraparound support for individuals, highlighting the importance of embedding the programme within wider structured support and a multiagency framework.

Things happen week after week and as much as you want to be able to put those things into practice. You are the way you are and it's hard to change" (Parent)

This wider support network is particularly important for programme aftercare and the challenges that the parents highlighted in sustaining the outcomes they had achieved. The parents benefited from multiple outcomes and experienced positive impacts during and immediately following the programme, as evidenced in the evaluation engagement during the programmes and at follow up. However they did express concerns maintaining these changes in the longer term.

"I think too many courses and too many times agencies are in and out of their lives. As soon as that certain amount of time is over that's it. Supports gone. And that's what they're living with all the time. Supports gone all the time. Its cycles. I think for this to develop it's got to be sustainable somewhere, it's got to be" (Facilitator)

Knowledge and awareness

A significant impact of this programme was the increased awareness for the parents, in terms of their understanding of their own ACEs and the impacts this may have had had or could have for them, and in terms of the impacts for the

"A lot of social workers judge you by your parenting. But with ACEs you see the reasons behind why your children are the way they are" (Parent)

children. The parents benefited greatly from acknowledging their ACEs and understanding the links between their

"The way we were treated, growing up and then you sit and think the way you're treating yours now, and you're comparing it then. That's what I have done. I've gone home and compared the way I was brought up to the way I am bringing my baby up now, and recognising where I'm going wrong and all that" (Parent)

"Life changing is what it is" (Parent)

"It's like a tool isn't it? You learn something different each week. You take something different each week" (Parent)

emotions and behaviour, with many of them describing a 'lightbulb' moment of realisation. This sparked a recommendation for everyone to be educated around ACEs, with many parents believing that they would have been treated differently and provided with greater support if other their own parents and professionals such as social services

"It's understanding why your kids are behaving in that way which then gives you a better understanding of, you see it different. You see the way their behaviours different. Instead of going wow what's he flipping for? You can be like, right, let's go back a bit. Obviously he's flipping for a reason" (Parent)

and schools had more of an understanding of ACEs and the impacts for individuals who have experienced ACEs.

A benefit of this programme was the realistic goals and practical tools and skills that the parents learnt to help them cope and deal with situations more effectively. They were able to take elements of the programme and try out techniques at home reporting that they were successful. This meant that the parents could see the theory working in practice with real tangible differences to them, which not only empowered parents, but also increased their self-esteem and parenting confidence.

Impacts for parents and children

The evaluation provides evidence for a range of outcomes experienced by the parents accessing the programme including increased social and support networks, improved mental health and wellbeing, and improved communication skills. The group work provided the parents with a safe environment to come together, which provided a great source of peer support through parents supporting one another and sharing experiences. This also provided some isolated parents with the opportunity to get out and meet new people. With some parents going on to volunteer at other groups, being able to share their lived experience with newer members to the groups.

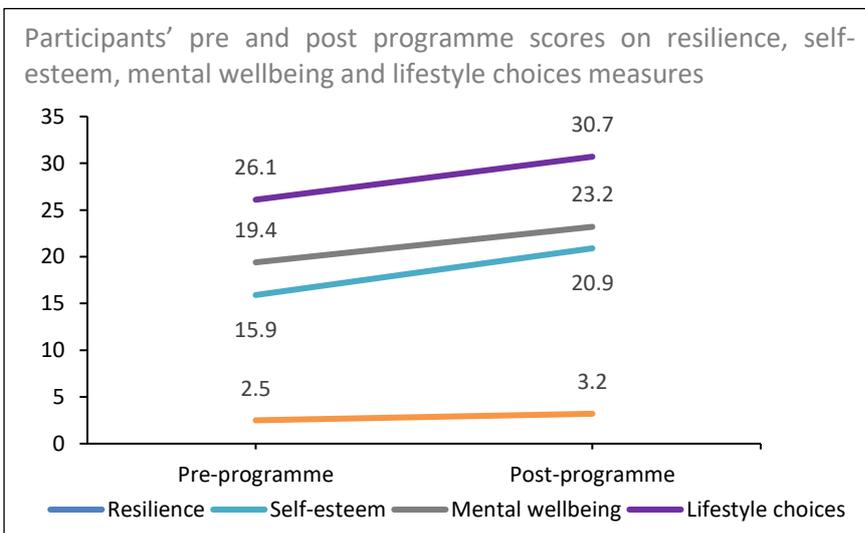
“In my case, for the parent I was working with, it couldn’t have been any more perfect timing and she has done really well and I think that the course has had a massive impact on her. Thank you” (Referral organisation)

“I took advantage...like the third, fourth week of watching the videos and it was me watching them, I thought you know what, take a leaf out of the ACEs book and concentrate on myself. And that’s what rebuilt me right up to fight the resilient side of it” (Parent)

Parents benefited from the programme focusing on them, acknowledging that they enjoyed taking some time for themselves and look after themselves which was not something they were used to. Furthermore, the quantitative analysis demonstrated a significant positive increase from pre to post assessments for self-esteem, resilience, healthy lifestyle behaviours and mental wellbeing (see graph below).The programme also evidenced a systemic impact, with children also reported as

“It’s brought out more confidence for me in the sense of communication and socialising” (Parent)

experiencing positive outcomes. The children of the parents accessing the programme benefited from improved relationships with their mothers. Parents reported children being happier that their parents understood them better, listened to them and spent time with them. Parents also

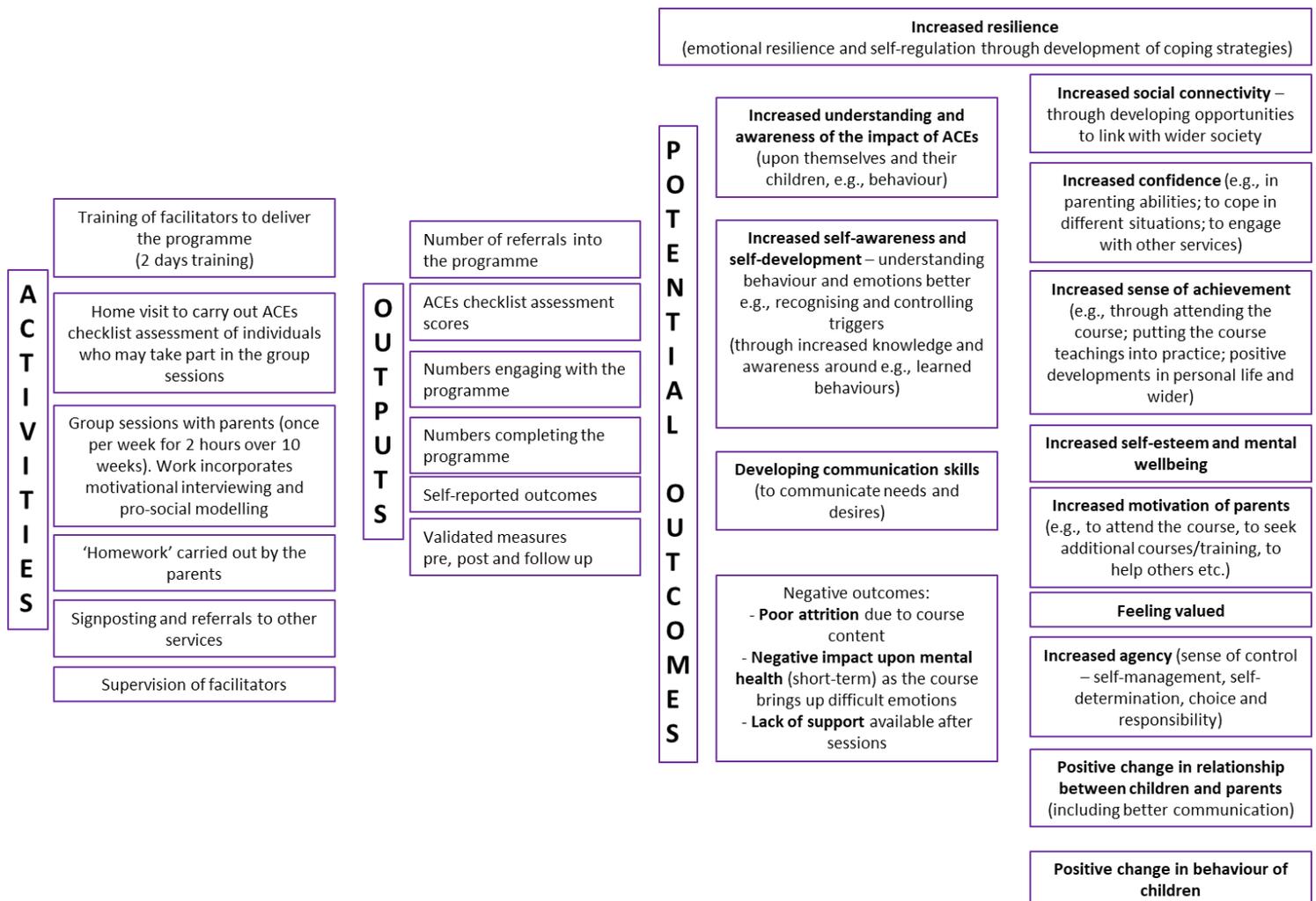


reported children feeling happier because they felt happier, demonstrating the systemic impact of the programme. Other outcomes reported for some children included being happier and more engaged with school.

“For me, the big thing has been about resilience. If I could take anything out of that course, it would probably be the resilience building. I’ve got to try and instil some resilience in [child], I’m anticipating there’s going to tough times ahead for [child] and I’m here to support him in any way I can” (Parent)

The model below shows the activities undertaken as part of the programme with anticipated and/or reported outcomes experienced as a result of the programme.

The ACEs Recovery Tool kit programme model (Knowsley, Sefton, Liverpool)



Recommendations

The evaluation of the Rock Pool ACEs Recovery Toolkit pilot in Liverpool, Knowsley and Sefton has provided important learning for parents, facilitators, commissioners and wider stakeholders around the process of implementing and delivering the programme and has evidenced the short-term impact of the programme for parents and their children.

The evaluation highlights the difficulties of implementing a programme across areas with different infrastructures and parenting support offers in place, and the complexities of engaging with and building support from partner organisations. The programme does highlight that with support in place to implement a programme, parents can engage well and benefit from the group work involved in the programme, with many positive outcomes experienced for parents and reports of outcomes for their children too. It does however need full partner support with wraparound support and aftercare provision for parents to ensure they are fully supported to understand the impact of their ACEs and move forward.

It is important that any further roll out of the programme is manageable, measurable and sustainable. The evaluation has made the following recommendations:

Recommendations for training and toolkit resources

- Facilitators expressed a desire for an extended training workshop to allow for a **questions and answers session**. The trainers should consider having this as an opportunity for facilitators, alongside **refresher training** for those facilitators with a significant gap between training and delivery.
- The three areas highlighted the importance of **sharing learning and good practice** during the pilot. Facilitators benefit from providing advice and being able to learn from one another. Further roll out should consider developing a network for trained facilitators to support one another. This could include a mailing list, discussion board and/or regular meetings. Regular opportunity for supervision is also important, especially when working with parents with multiple complex needs. A learning event for current and new facilitators could support this.
- Facilitators reported adapting handouts for parents with dyslexia and learning difficulties. Further programmes should consider providing **adapted resources suitable for different learning needs and literacy levels**.
- Facilitators reported deviating very little from the toolkit to support programme fidelity. However a number of supplementary activities and resources were used to complement some sessions. This highlights the **need for a flexible model** and for facilitators to have the experience and confidence to add to sessions. Further roll out could consider using shared learning and feedback from facilitators to incorporate these additional resources, which would be useful for facilitators with less experience of delivering parenting courses.

Recommendations for pathways

- A **structured referral process** is important in ensuring appropriate referrals are made and parents have a clear understanding of the programme. Any further roll out of programme should allow adequate time and resource for facilitators to build and maintain relationships with referral organisations.

- Home visits played an important role in identifying course readiness and ensuring parents understood the commitment required for the programme to support positive engagement. The home visit also provided the important opportunity of introducing parents safely to the concept of ACEs and therefore it is important that facilitators have the resource required to spend quality time with parents during the visit, and the time to answer questions, **better prepare them** and reduce any fears around participation.

Recommendations for implementation and delivery

- An **adequate budget is required** to support parents to access the programme. Further roll out needs to prioritise venues that are suitable to the needs of the programme and the parents. This includes provision of a crèche for childcare, local accessibility or travel support and appropriate technology including internet access to deliver the sessions.
- The pilot evidences that the programme is **resource intensive** for facilitators, in terms of preparation, delivery and safeguarding. It is important that facilitators feel supported to deliver this role, ensuring they have adequate time and resource to fully prepare and deliver sessions, with specialist support (e.g. from mental health services) available. This also needs to be taken into consideration for facilitators undertaking this role in addition to their day to day role, especially when working with a designated caseload.
- The importance of engaging **experienced skilled facilitators in parenting courses** to deliver the programmes should not be underestimated. The facilitators required important skills and commitment to the programme, which then impacted positively on the parent's experience. It is important that future facilitators also have this belief in and commitment to the programme and experience and skills to deliver the programme effectively.
- Parents benefited from the opportunity to support further ACEs programmes, this gave them the opportunity to share their learning from the programme, which further increased their skills and confidence, and gave new parents the opportunity to understand how the programme works from a **lived experience** aspect. Further roll out could include an opportunity for peer support, encouraging where appropriate, parents to engage and support groups on a voluntary basis.
- The pilot highlighted the need for a **structured aftercare process and exit strategy**. Parents benefited from a follow up session. Where resource allows, facilitators should consider the opportunity to hold a follow up group for parents to touch base and receive any signposting or referrals required for further support if needed. Facilitators should also consider adopting a follow up plan for parents who disengage from the programme.
- Parents benefited from working in a group; it reduced isolation and provided one another with **peer support**. Parents expressed a desire to continue to meet, but were unsure of how to do this without the organisation and travel support from facilitators. Parents could be actively encouraged to develop their own groups where possible and appropriate to do so. Facilitators could explore the potential of linking parents in to a venue for a regular coffee morning.

Recommendations for the wider workforce

- **Strategic and local partnership buy in** is essential for the successful delivery of a programme.
- It is important that the **skills built for facilitators** during training are utilised and continue to be used outside of the delivery of the programmes.

- The pilot has highlighted the potential for parents to revisit past traumas which required support during and after accessing the programme. It is important that the programme is not delivered in isolation or in place of ongoing **wraparound support**. The programme should not be delivered in place of external support that is required, especially for parents with complex needs. The programme should be delivered in collaboration as part of a package using a multiagency approach. It is important for wider partners and referral organisations to understand and commit to the programme to ensure this wraparound support is in place.
- The evaluation evidences the parents' increased knowledge and awareness of ACEs and the impact of them, alongside practical tools for them to put their new found knowledge into practice. The awareness raising prompted parents to ask why ACE awareness is not widespread amongst professionals and the general public. This highlights a need for **wider workforce training for professionals** in order to provide trauma informed support and care in varied roles and responsibilities. This could include professionals working with and supporting children and young people.
- With no male engagement, the evaluation of the pilot cannot provide evidence of effectiveness of the toolkit working with males. The wider workforce should consider strategies for **engaging more males** with programmes aiming to prevent and/or mitigate the impacts of ACEs.

Recommendations for monitoring and evaluation

- The evaluation has demonstrated the importance of **capturing qualitative evidence** for the programme to map the journey for parents and evidence distance travelled. Further roll out should consider routinely capturing case studies.
- The pilot has evidenced the **wider impact of the programme**, specifically in terms of outcomes for the children of the parents accessing the programme. Wider roll out could consider incorporating this feedback into the routine data collection, through asking parents about changes for the children. Further evaluation should also explore the potential of including wider family members in the qualitative data collection through family interviews.
- Quantitative measures were utilised for the evaluation at pre and post-programme engagement to demonstrate distance travelled. Although larger sample sizes are required for more meaningful interpretation, it is important that further roll out of programmes continue to **routinely use measures** in order to build evidence and a sample size across programmes for parents to further evidence impact of the ACEs programme.
- It is important that **longer term impact** of the programme is evidenced through further evaluation and through further follow up engagement where possible with parents who engaged in the earlier programmes. Evaluators and/or facilitators could incorporate regular follow up interviews/calls with parents, for example every six months, however resource implications for this would need to be considered.

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1. Introduction

1.1 What are Adverse Childhood Experiences (ACEs)?

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that children can be exposed to whilst growing up (Bellis et al., 2014b). The first major study of ACEs was conducted in the United States by Felitti and colleagues, who investigated 10 types of childhood trauma which included both unhealthy home environments and harmful behaviours directed at the child (Felitti et al., 1998). ACEs can include, but are not limited to, physical, verbal and sexual abuse, physical and emotional neglect, exposure to domestic violence, parental separation or divorce, or living in a home with someone affected by mental illness, substance abuse, or who has been incarcerated. Some researchers have suggested other adversities in childhood which should be considered such as peer rejection, community violence, low socioeconomic status, and poor academic performance (Finkelhor et al., 2013).

1.2 Prevalence of ACEs

Studies of the prevalence of ACEs have been carried out across local (Bellis et al., 2013; Ford et al., 2016), national (Bellis et al., 2014a; 2014b; 2015; 2017), and European (Bellis 2014c) contexts. Prevalence of ACEs across studies at local, national and international contexts have ranged from: 0 ACEs 28%-60%; 1 ACE 18-29%; 2-3 ACEs 13%-33%; 4 ACEs 2%-14%. Approximately half of the English population have experienced at least one ACEs and 9% have experienced four or more (Bellis et al., 2014a). Children growing up in poverty and in disadvantaged areas are more likely to be exposed to ACEs (Allen & Donkin, 2015). The NSPCC estimates that nearly 25% of children and young people under the age of 17 in the UK have experienced some form of severe maltreatment in childhood (Radford et al., 2011). Moreover, 3% of under 11 year olds and 6% of 11–17 year olds had one or more experience of physical, sexual or emotional abuse or neglect by a parent or guardian in the past year (Radford et al., 2011). Individual ACEs are highly interrelated and tend to occur in clusters, meaning that those who experience any single form of adversity in childhood are likely to have suffered multiple other adverse childhood experiences (Dong et al., 2004).

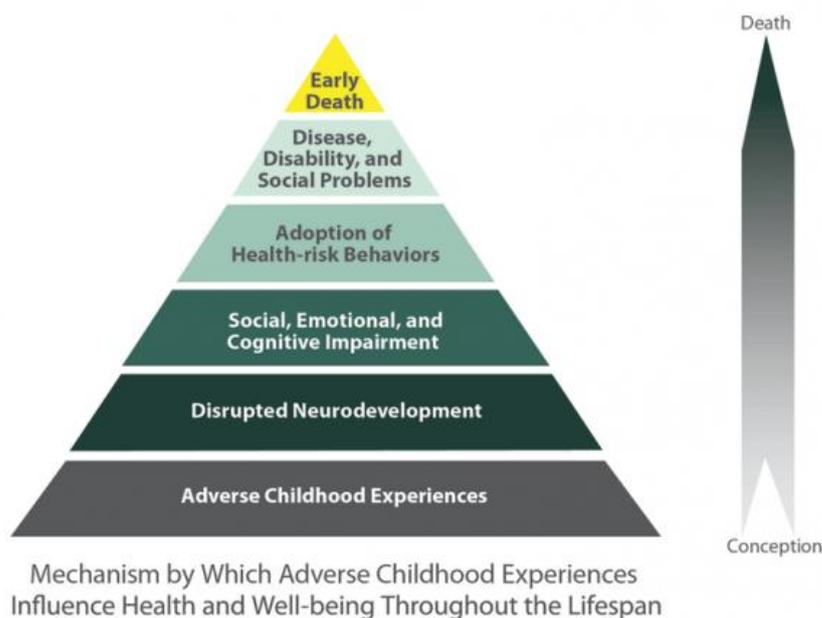
1.3 Impact of ACEs

Experience of ACEs has been associated with greater risk of a range of health harming behaviours, chronic disease and ultimately early death. For example, studies consistently link ACEs to smoking, alcohol and drug use, risky sexual activity and violence (Bellis et al., 2014; Anda et al., 2006; Hughes et al., 2016); and to conditions such as mental illness, sexually transmitted infections, obesity, heart disease, and cancers (Bellis et al., 2014, Anda et al., 2006; Felitti et al., 1998). Evidence shows that chronic traumatic stress during childhood can alter how a child's brain develops which can lead to changes in the nervous, endocrine, and immune systems. This can lead to 'progressive wear and tear' and long-term effects on biological aging and health. These effects in turn increase the risk of developing chronic health conditions and early death (Danese & McEwen 2012). Evidence from an English national study suggested that nationally 38% of unintended teenage pregnancy, 12% of binge drinking, 14% of poor diet, 23% of smoking, 52% of involvement in violence and 59% of heroin/crack cocaine use could be attributed to ACEs (Bellis et al 2014). Furthermore, results from the WHO mental health surveys suggest that 30% of adult mental illness in 21 countries are attributable to ACEs (Kessler et al., 2010). The links between childhood adversity, disrupted neurodevelopment, health risk

behaviours and chronic disease across the life course is depicted in the ACE pyramid (Figure 1) (Felitti et al., 1998).

Crucially, the more ACEs children suffer the greater their risk of poor outcomes in later life. A systematic review of studies on ACEs by Hughes and colleagues (2017) also showed the increased risk for a range of adverse outcomes, for individuals with 4 or more ACEs compared to those who had none. Compared to individuals with no ACEs, those who experienced four or more were approximately: twice as likely to be overweight or obese, have diabetes or be physically inactive; two to three times more likely to smoke, have heavy alcohol use, poor self-rated health, cancer, heart disease or respiratory disease; three to six times more likely to report sexual risk taking, mental ill health and problematic alcohol use; and, more than seven times as likely to report problematic drug use and interpersonal and self-directed violence (Hughes et al., 2017). A nationally representative survey of English residents, found that after adjusting for sociodemographics, ACE count predicted all investigated health harming behaviours. Compared to individuals with no ACEs, those who had experienced 4 or more ACEs were: 2-3 times more likely to smoke, binge drink and have a poor diet, 4-6 times more likely to have an unintended teenage pregnancy, early sexual initiation, and have used cannabis, approximately 7 times more likely to have perpetrated or been a victim of violence, and more than 10 times more likely to have used heroin or crack cocaine or ever been incarcerated (Bellis et al., 2014). Further, findings from the same cohort demonstrated that disease development was strongly associated with increased ACEs, with individuals with 4 or more ACEs (compared to those with none) having a 2.8 times higher rate of developing any disease before age 70 years (Bellis et al., 2014).

Figure 1. Impact of Adverse Childhood Experiences across the life course (Felitti et al., 1998)



Globally, over the past decade, significant work has been undertaken to produce a framework for measuring the impact of ACEs across populations and implementing population level surveys (Anda et al 2010; World Health Organisation, 2018). The evidence base for the association between adversities in childhood and adverse outcomes in later life is now firmly established across a range of local,

national and international populations. Studies have also estimated how addressing childhood adversity could affect the reduction of a range of health harming behaviours, which contribute to the heavy burden of global chronic disease. A national study of the English population (Bellis et al., 2014) estimated that if all ACEs were eliminated, major reductions in health harming behaviours would follow, including:

- Lifetime heroin/crack cocaine use by 59%
- Incarceration by 53%
- Past year violence perpetration by 52%
- Past year violence victimisation by 51%
- Lifetime cannabis use by 33%
- Unintended teenage pregnancy by 38%
- Current binge drinking by 15%
- Early sex (before the age of 16) by 34%
- Current daily smoking by 17%
- Poor diet by 14%

Across England and Wales, health service utilisation has also been shown to be higher in those who have experienced adversity compared to those who have no ACEs. Having spent ≥ 1 night in hospital over the last 12 months had a slightly higher relationship with 4+ ACEs than no ACEs, as did having spent ≥ 6 nights in hospital over the last 12 months as highlighted in one recent study (Bellis et al., 2014). Another study (Ford et al., 2016) found that for both emergency department attendance and overnight hospital stays, the incidence of health care use more than doubled between 0 and 4+ ACE categories. These findings suggest that by preventing and addressing early childhood adversity, the demand on strained healthcare and other social services can be reduced.

Across the United Kingdom, preventing and responding to ACEs has rapidly been prioritised in local and national policies. Across Blackburn with Darwen there is growing recognition that early intervention and collaborative working are essential to reducing the impact of ACEs. Examples of work done across the borough to reduce the occurrence of ACEs, mitigate their impacts, and to build resilience amongst those who have already experienced ACEs include: raising awareness of ACEs; embedding ACE-informed practices in a number of settings (e.g. schools); requiring the reporting and recording of ACEs in certain services (e.g. substance misuse); and routinely enquiring about ACEs (Blackburn with Darwen Council, n.d.). Public Health Wales have produced a series of reports examining the prevalence of ACEs in the Welsh adult population and their impact on health and well-being across the life course. Public Health Wales are also working with public services and the voluntary sector in a national agenda to prevent ACEs by building resilience across the life course (Hughes et al, 2018). ACEs are also high on the agenda in Scotland; in 2017 the Scottish government set out its commitment to preventing and mitigating ACEs (Scottish Government, 2017). Further, NHS Scotland coordinates a Scottish ACEs Hub to influence policy and practice by raising awareness and understanding about ACEs and mitigating their negative impacts.

Across the United Kingdom, various stakeholders have started to develop and/or implement interventions aiming to prevent or mitigate the impacts of ACEs. The increased knowledge about the prevalence and impacts of ACEs is leading to resilience-based training and ACE-informed practices being implemented in some public health departments, communities and education. For example, Rock Pool have worked with South Wales Public Health and South Wales Police to develop training for

front line police officers (Rock Pool, 2018). Routine enquiry about adversity in childhood has also been piloted and evaluated in several areas across England and Wales. ACE enquiry aims to move professionals away from responding to ad hoc disclosures of childhood adversity, towards sensitively and routinely enquiring about ACEs with all eligible clients. Such interventions are generally focused on responding to the impact of ACEs on adults current functioning and health and wellbeing. However, not all children who are exposed to ACEs will necessarily experience negative health outcomes (Meadows et al, 2011). Whilst studies have identified a strong, graded relationship between ACEs and a range of adverse outcomes, recent research has demonstrated that such risks can be substantively mitigated by childhood resilience, such as access to a trusted adult (Bellis et al., 2017b). Parent child relationships play a crucial role in mitigating the impact of ACEs on later life outcomes. However, there is evidence to suggest that there are strong intergenerational links for exposure to ACEs, with parents who experience ACEs at increased risk of exposing their own children to adverse experiences too (Allen & Donkin, 2015; Kaufman & Zigler 1993). A study by Le-Scherban and colleagues (2018) found that higher numbers of parental ACEs were associated with higher odds of poor child health status. Children of parents who have experienced ACEs are at high risk of experiencing ACEs themselves, and are less likely to have access to trusted adult support to build resilience and mitigate the impact of ACEs. Preventative work which focused on addressing parental ACEs and in order to increasing parental resilience and could provide them with the tools to impart resilience and support to their own children; and this may have a crucial role in preventing and mitigating the impact of ACEs for the next generation challenging the intergenerational cycles of adversity.

1.4 Rock Pool ACEs Recovery Toolkit¹



The ACEs Recovery Toolkit (RTK) was produced by Rock Pool (information provided here is taken from the RTK manual; © Penna and Passmore Ltd) for people working with individuals or groups who have experienced ACEs. The toolkit is designed for use by facilitators working with parents, families and young people, following a two day training workshop provided by Rock Pool. The toolkit aims to educate and inform parents/carers about the impact of ACEs on them and their children. The toolkit uses a trauma informed psycho-educational approach to facilitate learning and practical methods for parents developing their resilience and strategies to reduce the potential impact of ACEs on children. The aims of the ACEs Recovery Toolkit are:

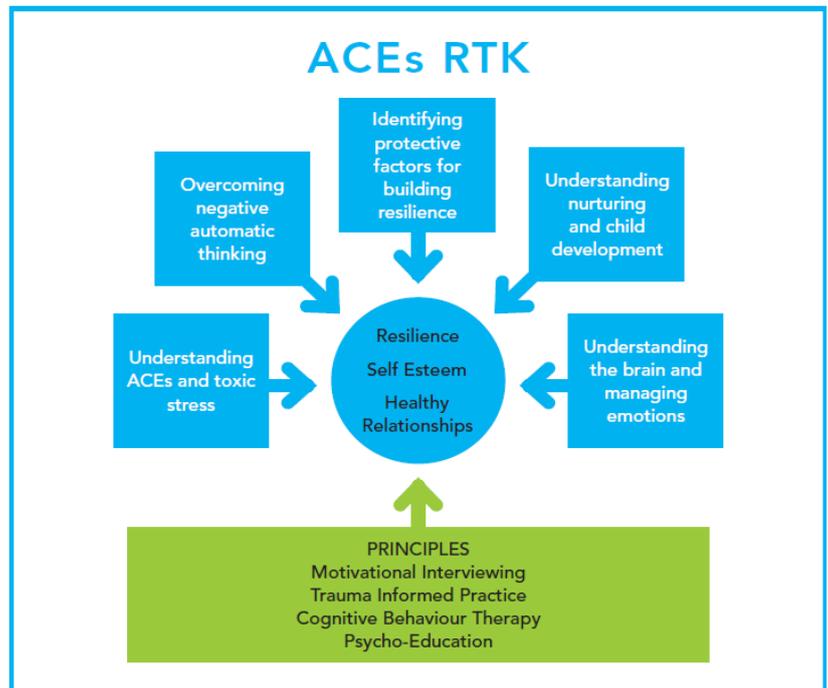
- For participants to better understand the impact living with ACEs may have had on them and their children and the tools to mitigate the impact of ACEs.
- For participants to have increased self-esteem and develop strategies for building resilience and that of their children.
- For participants to have increased understanding and implementation of healthy living skills.

¹ The Rock Pool ACEs Recovery Toolkit (RTK) © Penna and Passmore Ltd. trading as Rock Pool, Cornwall, England.

An introduction to the theoretical underpinning of the ACEs RTK²

The ACEs RTK (information provided here is taken from the RTK manual; © Penna and Passmore Ltd) is a trauma informed toolkit that has been written for agencies or individuals who are working with individuals who have experienced ACEs that have resulted in emotional trauma. It is designed to assist individuals to look at ways to develop positive lifestyle coping strategies and uses a psychoeducational approach/model to facilitate learning.³ This model has three key components – hope, agency and opportunity (Consultant Psychiatrists South London et al., 2010):

Principles intrinsic to the ACEs RTK (p.4)



RTK manual; © Penna and Passmore Ltd

1. **Hope** is seen as a central aspect of Recovery, essential to sustaining motivation and supporting expectations of an individually fulfilled life.

The ACEs RTK promotes an increase in understanding of the protective factors⁴ to reduce the impact of ACEs for participants and their children and so offers hope to clients for the future. The ACEs RTK provides information on, developing resilience, understanding child development and strategies for becoming nurturing parents.

2. **Agency** refers to people gaining a sense of control. Through recovery service users can take control over their own problems, the services they receive, and their lives. It is concerned with self-management, self-determination, choice and responsibility.

By using a trauma informed approach/psycho-educational model the ACEs RTK and programme delivery aim to support clients to gain agency by providing them with the knowledge to take control of their own destinies. It provides information to enable participants to develop protective factors such as remaining socially connected and being able to utilise concrete support which enhances their agency within the wider community.

3. **Opportunity** links with social inclusion and thus people's participation in a wider society.

The ACEs RTK encourages and provides strategies to help connections with communities that are potential sources of support for the participants. Individuals with high ACEs can often be socially

² The Rock Pool ACEs Recovery Toolkit (RTK) © Penna and Passmore Ltd. trading as Rock Pool, Cornwall, England.

³ This is used in mental health work to refer to the education offered to people who suffer from a psychological disturbance.

⁴ Specific protective factors include: having parents who are resilient; knowing how to positively attach and be nurturing; being socially connected; having concrete support; to have knowledge of parenting and child development; and, to understand the social and emotional competence of children.

excluded or part of unhelpful networks that reinforce the childhood trauma they have experienced. By linking the protective factors of connectedness and support the ACEs RTK enables participants to explore new opportunities to live healthier lives.

The ACEs RTK uses motivational interview skills to enable individuals to make informed choices to move forward for themselves. This includes the principles of expressing empathy, developing discrepancy, avoiding arguments, rolling with resistance and supporting self-efficacy (Miller & Rollnick, 2002). With this, a consideration of behaviour change is also applied, specifically looking at Prochaska, Norcross and DiClemente's Cycle of Change (Prochaska et al., 1994), and pro-social modelling, which is seen to compliment motivational interviewing (Cherry, 2005).

Content and aimed outcomes of the ACEs RTK⁵

The toolkit includes information to educate and inform parents of the impact of ACEs on themselves and their children; protective factors that can help to reduce the impact of ACEs; and practical methods for parents developing the resilience they need for themselves and their children. This includes teaching skills of self-soothing, self-trust, self-compassion, self-regulation, limit setting, communicating needs and desires and accurate perception of others.

The programme can be run with individuals and couples⁶ and in mixed or single gender groups; and is run over 10 weeks (2 hours each week), during which time a number of topics are covered:

- Understanding and living with ACEs
- Understanding toxic stress and strategies to manage it
- Developing parental resilience
- Understanding attachment
- Nurturing parenting styles
- Managing emotions
- Developing strategies to reduce the potential impact of ACEs on children

There are also a number of hoped for outcomes for participants of the ACEs RTK to have:

- The tools to mitigate the impact of ACEs on themselves and their children.
- Strategies to continue to develop their family's resilience.
- Increased self-esteem.
- The knowledge and tools to be able to implement healthy lifestyle choices.

1.5 Evaluation aims

The Public Health Institute (PHI) at Liverpool John Moores University (LJMU), were commissioned by Sefton, Knowsley and Liverpool local authorities to undertake an evaluation of the pilot of the Rock Pool ACEs Recovery Toolkit. The evaluation aimed to understand the experiences and outcomes of the programme for facilitators and for the parents accessing the programme. Specifically the evaluation aimed to explore how the programme was implemented across the three areas, including the facilitator and barriers to implementation and delivery, and the impact for the parents and their wider families.

⁵ The Rock Pool ACEs Recovery Toolkit (RTK) © Penna and Passmore Ltd. trading as Rock Pool, Cornwall, England.

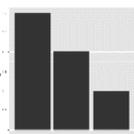
⁶ Caveats to provision of the toolkit: a) the ACEs RTK is suitable for couples, it is not suited to those who have identified ongoing domestic violence with coercive control. b) If it becomes clear during the ACEs RTK that undisclosed current abuse is occurring then a DASH [Domestic Abuse, Stalking and Honour Based Violence checklist] needs to be completed with the alleged victim and appropriate safety measures taken. If the abuse is historic it would be possible to continue.

2. Evaluation methods



2.1 Observation of training and stakeholder survey

The 12 facilitators and two strategic stakeholders received the ACEs Recovery Toolkit training, delivered by Rock Pool, during a two day training programme in November 2017. The PHI research team attended the last session of the training programme to observe and to implement the stakeholder training survey. The survey was designed to explore experiences of the training, understanding of ACEs and experiences of working with individuals with ACEs, and the perceived potential impact of the programme on parents and children. The survey also incorporated the ARTIC scale (Traumatic Stress Institute), a validated tool which explores readiness for and barriers to implementing 'Trauma Informed Care' interventions.



2.2 Secondary data analysis

The research team liaised with the ACEs workforce steering group and facilitators to make recommendations and support the development of an outcomes framework to evidence the impact of the programme; this included a number of measures already in place and part of the Rock Pool ACEs Recovery Toolkit. A series of validated measures were agreed to be collected pre and post intervention, with facilitators using the tools with parents at the first session (or during the home visit [see section 3.2]) and at the last session of each programme. The secondary data from the validated measures was then provided to the PHI research team for analysis. Quantitative analyses were undertaken in SPSS (v25) using descriptive statistics, frequencies and paired samples t-tests. The scales included:

- **Rosenberg Self-Esteem Scale:** 10-item measure that assesses self-esteem by asking the respondents to reflect on their current feelings (Rosenberg, 1989). Respondents rate how much they agree with each statement using a 4-point Likert scale, producing a score from 0-30, where a higher score indicates a higher level of self-esteem.
- **Brief Resilience Scale** (Smith et al., 2008): 6-item measure that assesses the ability to bounce back or recover from stress (Smith et al., 2008). Respondents rate how much they agree with each statement using a 5-point Likert scale, producing a score from 6-30. The total sum is then divided by the number of questions. According to the authors a score of 1.00-2.99 indicates low resilience; 3.00-4.30 normal resilience; and 4.31-5.00 high resilience.
- **The Warwick-Edinburgh Mental Well-being Scale - Short Version** (Tennant et al., 2007): 7-item measure that assesses respondents' mental wellbeing covering both feeling and functional aspects of wellbeing. Respondents chose the response which best describes their experience of each statement over the last two weeks, producing a total score from 7-35, where a higher score indicates a higher level of mental wellbeing.
- **The Rock Pool Lifestyle Checklist:** 22-item measure that identifies the factors in the respondent's life that could support them and their children. Respondents rate how often they engage in activities that may affect their resilience including: exercise, self-care, safety, positive thinking, sleep, nutrition and diet, alcohol and substance misuse, and relationships with family and friends. Total scores range from 0-44, where a higher score indicates more positive lifestyle activities.

- **The Readiness, Efficacy, Attributions, Defensiveness, and Importance Scale – Short Form (READI-SF)** (Brestan et al., 1999): 17-item measure that assesses parents’ readiness for and perceived importance of treatment (Proctor, 2017). Parents rate how much they agree with each statement using a 5-point Likert scale, producing a total score as well as two subscale scores. The two subscales assess parents’ openness to changing their parenting behaviour and the importance placed on current problems. Total scores range from 17-85, with a higher score indicating greater parental readiness to engage with services.



2.3 Engagement with parents

Five focus groups and seven interviews were conducted with 39 parents who undertook the ACEs Recovery Programme in Knowsley and Sefton. This included focus groups and interviews with 30 parents during their time on the programme, and a follow up focus group and interviews with nine parents up to two months after they had completed the programme. Engagement with parents explored their experiences of the programme, included accessibility, content and delivery, and outcomes they had experienced during and following attending the programme. The follow up engagement also supported the development of four case studies, which explore individual journeys and demonstrate distance travelled for a number of parents. Please note that the groups were unable to be delivered in Liverpool and therefore there was no engagement required with parents.

Knowsley			Sefton	
Group 1 Interview n=1	Group 2 Focus group n=7 & interview n=1 Follow up focus group n=4 & interview n=1	Group 3 Focus group n=8	Group 1 Focus group n=7 Follow up interviews n=3	Group 2 Focus group n=6 Follow up interview n=1



2.4 Engagement with facilitators

The research team also engaged with the facilitators throughout the planning, delivery and post-delivery of the programmes, through a series of focus groups and paired interviews. This included three focus groups and five paired interviews. When the Liverpool programme was unable to go ahead, an interview with strategic stakeholders was also carried out to explore and unpick learning from this. A further three interviews were also carried out with organisations that had made referrals to the programme. The stakeholder engagement explored the process and impact of the programme and model of delivery. Parent and stakeholder focus groups and interviews were digitally recorded, transcribed and analysed using thematic analysis (Braun & Clarke, 2006).

Liverpool

- Facilitator focus group n=3
- Strategic paired interview n=2
- Referral agency interview n=1

Knowsley

- Facilitator paired interview n=2 (programme 1)
- Facilitator paired interview n=2 (following programme 1)
- Facilitator paired interview n=2 (programme 2)
- Facilitator focus group n=3 (programme 3)

Sefton

- Facilitator focus group n=3 (programme 1)
- Facilitator paired interview n=2 (programme 2)
- Facilitator weekly feedback (programme 1)
- Referral agency interview n=2

3. Findings

3.1 Facilitator experiences of the training

Who attended the training and why

Over a two-day period a programme developer from Rock Pool trained 12 facilitators and two strategic stakeholders who work with individuals who have experienced ACEs across Knowsley, Liverpool and Sefton. Thirteen people said that they had been asked to attend by their team manager or line manager, with two of these stating that they had also volunteered to attend. They received an overview of the programme along with details for each of the two hour sessions for the 10 week programme.

Most of the staff attending the training were in a professional role where they were responsible for commissioning, providing or delivering services in the area of ACEs. At the time of completing the training survey, twelve of the 14 staff members were working with families who had experienced an ACE. Only five of the 14 staff members had heard of the ACEs Recovery Toolkit before attending the training.

The facilitators stated that they had undertaken the training because they thought it would be of benefit for the client group that they worked with; and for those already running family and parenting programmes it gave them access to another tool that they could add to their repository of available programmes. The staff identified that there were a number of complex issues encountered by adults and children who experienced ACEs and these included: lack of awareness of ACEs and their impact; difficulty in understanding and regulating emotions and not having the ability to voice their feelings and needs in a positive way; poverty; historic and present domestic violence/abuse/neglect; low levels of resilience (difficulties managing life experiences and navigating life challenges); intergenerational issues; poor mental health; criminality; relationship breakdowns; school attendance and attainment; and risk taking behaviours. These were all seen to have a negative impact upon the wellbeing of family unit.

Thoughts of the training and manual

Overall, the facilitators' views around the training and the training manual were positive, and the training met or exceeded expectations for the majority of the participants and was seen to be informative and well delivered by a knowledgeable trainer. It was seen to 'inspire' them, and they spoke about how it might be useful and how it was possible to visualise how the programme might work with their client groups. Twelve out of the 14 participants agreed that the training had increased their understanding of ACEs. The other two participants had prior knowledge of ACEs and suggested that the training has provided a tool to use to support people. The training had either 'reinforced knowledge' or 'raised awareness' of ACEs. One participant stated that since the training they 'understand ACEs more and recognise they affect most people- not just linked to socio-economic deprivation etc'.

"It gave me confidence to offer better support to parents to help them understand their style of parenting and own experiences affecting them."

"Very good. Made me question current practice"

"Training challenged my beliefs which was a positive"

"Excellent training, really informative, lots of support and guidance offered"

"The training was well delivered and both facilitators were knowledgeable, experienced and were able to link theory and practice"

Aspects facilitators found useful	Facilitator recommendations
<ul style="list-style-type: none"> • The information around ACEs - being able to understand ACEs, what they are and how they impact on people (e.g., looking at toxic stress and unhelpful automatic negative thoughts) • The discussion around re-visiting trauma – e.g., families not having to re-live trauma or go through the whole story • The tool kit (and its modular approach), delivery tools and methods 	<ul style="list-style-type: none"> • The vignettes/film clips could have been organised/focussed • Include more training around the theory of the programme/ACEs • More time to spend exploring each session • More discussion around the most appropriate places to use the clips in session plans • A programme for younger people • Build more group management work into the training for those who do not have experience of delivering to groups • An extra half day following the training for a questions and answer session • The opportunity for refresher training

Engaging parents

The facilitators agreed that the programme needs to be informal, ensuring parents are ready to undertake the programme. One facilitator stated that “Families will engage if they are ready to accept that they need to make changes.” Facilitators believed that a good referral and interview process is important for promoting engagement with the programme. A number of the facilitators were keen to see more information around how the referral process would work in practice. Participants also felt that the time of the sessions, and location of the venue were important planning considerations.

Facilitators believed that the programme and the potential to change the way that staff deliver support to parents and children, and benefit the families they worked with. This included providing staff with knowledge, skills and confidence to help identify and address ACEs that may have occurred with families they work with, to support families towards achieving positive, sustainable outcomes. They hoped the programme would help families to understand the impact of living with ACEs, build resilience, manage emotions, and mitigate the impact of the ACEs for their children.

The facilitators thought that the programme may also have potential wider impacts including the opportunity to share good practice and build an evidence base which could potentially lead to changes in practice. They also hoped for potential positive impacts for families, communities and a possible reduction in the use and need for higher end services. Further, a baseline measure of how trauma-informed facilitators were after the training showed a high average score for facilitators suggesting positive trauma-informed attitudes and behaviours.

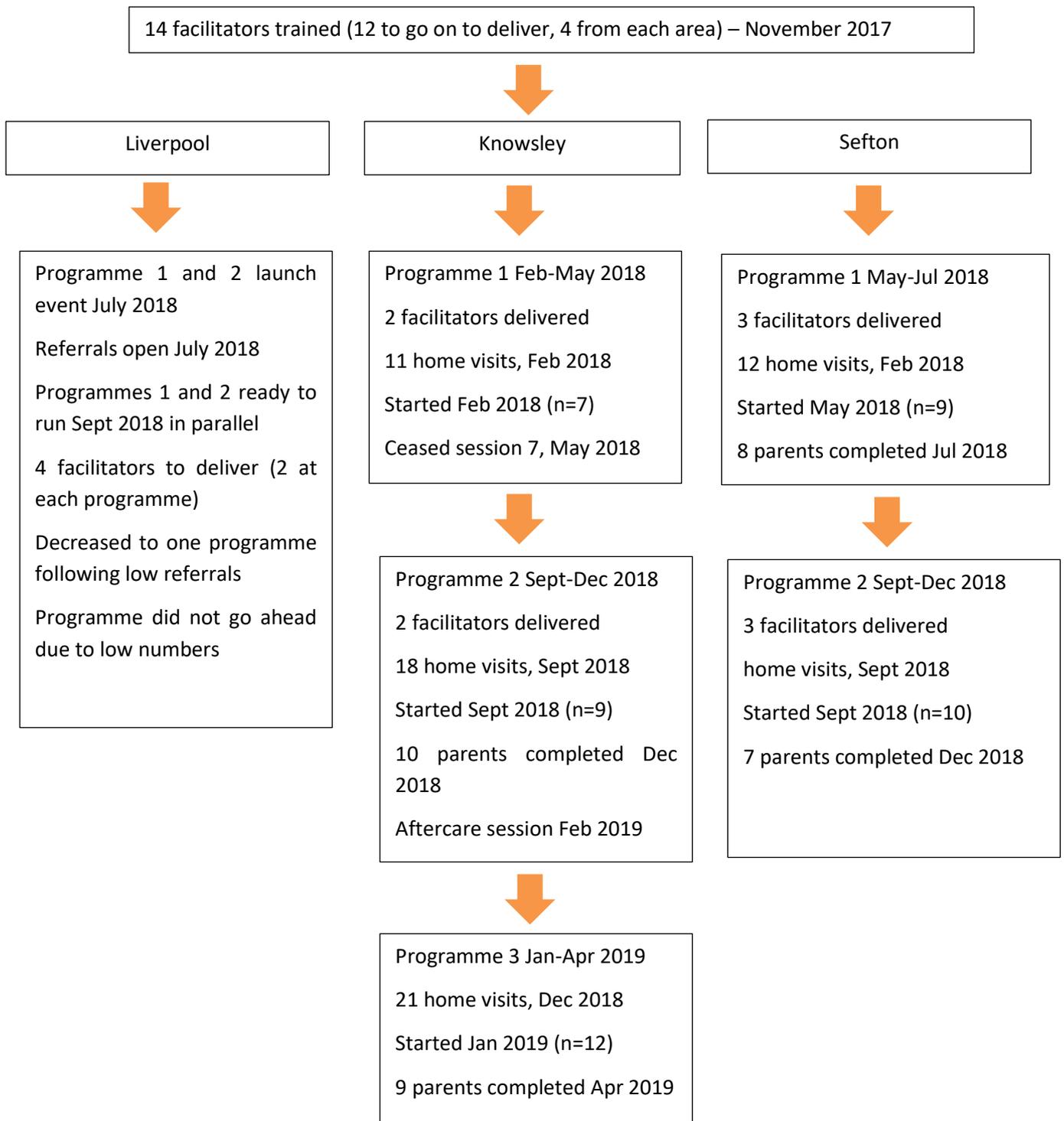
Trainee (n=13) post-training ARTIC scale scores

Trauma-informed work is the key psychological theory underpinning the ACE RTK approach. Thus, one of the aims of the training is to ensure facilitators are working from a trauma-informed perspective when implementing the programme. Baseline data was collected from facilitators after attending the training using the ARTIC scale, a validated tool which explores readiness for and barriers to implementing trauma-informed care interventions. Mean scale and subscale scores are presented below, higher scores indicate more trauma-informed attitudes and behaviours.

SUBSCALE	N	MEAN	RANGE
Underlying causes of problem behaviour and symptoms	13	5.56	4.29 - 6.57
Responses to problem behaviour and symptoms	13	5.89	4.29 - 6.86
On-the-job behaviour	13	5.92	4.57 - 6.86
Self-efficacy at work	13	5.64	4.71 - 6.86
Reactions to the work	13	5.68	4.00 - 6.86
Personal support of trauma-informed care	10	4.33	4.20 - 6.50
System-wide support for trauma-informed care	11	4.23	4.00 - 7.00
Total score	13	5.68	4.62 - 6.31

3.2 Implementation and delivery of the programme

Flow chart of delivery process⁷:



⁷ N = number of individuals

Implementation of the programmes in Knowsley, Liverpool and Sefton

Following the training, strategic stakeholders from the three local authorities and the facilitators implemented the Rock Pool ACEs programme across Knowsley, Liverpool and Sefton. The three areas had different infrastructures in place, meaning the programme was implemented differently across the areas. During the implementation and delivery phases, stakeholders and facilitators from the three areas met on a quarterly basis at the workforce leads steering group meetings and kept in touch regularly between meetings, and were able to share learning from their programmes and best practice.

“All along that process it’s been very clear that across the three areas there was a great deal of variation. In the timelines for implementation and in the systems that sat around the programme itself” (Stakeholder)

With training taking place in November 2017 and the first programmes not being run until the following February and May 2018, there was a significant time lapse between training and delivery of the programme. This was especially difficult for Liverpool who did not have an infrastructure in place and required a longer period to set up implementation, meaning that their first programme was not scheduled until September 2018, almost a year after the facilitators were trained. Facilitators highlighted a need for refresher training ahead of delivering the programmes.

Implementing the programme in Knowsley

In Knowsley, prior to engaging in the pilot, there was a parenting panel in place and facilitators were already delivering parenting courses and programmes, meaning the infrastructure was in place for them to begin recruiting and delivering the programme. During the evaluation period, three programmes were run. The first programme was launched in February 2018, this programme ceased at session seven due to low attendance and therefore was not fully delivered. The second programme ran from September to December 2018 with 10 parents completing the programme. The third programme was delivered in early 2019, with nine parents completing the programme.

The parenting panel infrastructure allowed for referrals to take place using the existing referral pathway, meaning that any service could refer into the programme including statutory, specialist and universal services. Referrals for the first programme were predominantly from Family First⁸ and Social Care. The facilitators then opened up the referral process to also allow for self-referrals. For the later programmes the facilitators also visited other programmes run in Knowsley such as the Freedom Programme (domestic abuse) to inform parents about the ACEs programme and encourage self-referrals. The facilitators began linking in more closely with partner organisations who were already working with groups of families and may have had better insight into which parents would not only benefit most from the programme, but also be more committed and ‘course-ready’. The facilitators reported that the incorporation of self-referrals improved parental engagement with the programme.

“The ACE programme has fallen within our suite of parenting programmes that we offer so it’s just another one on our menu” (Facilitator)

⁸ Support for children, young people and families with multiple, complex needs in Knowsley

The parents themselves reported finding out about the ACEs programme through Children's Centres, programmes they had or were already attending, and others talked about contacting Knowsley looking for support with their children and the programme being recommended that way.

"She explained what it would be about and she said...give us your name and number if you'd like, you know, to participate in it, and that's what we did. She phoned us a few weeks later then" (Parent)

Once a family had been deemed suitable to the programme (as decided by the parent panel who assign parents to the most appropriate programme for their needs), a home visit was then arranged. Facilitators visited the parents in pairs to meet the parent, carry out an assessment of need and suitability and to inform the parent about what the programme would entail and what commitment was required from them. At the home visit, parents were asked to self-score against the ACEs checklist and a number of parents were excluded at this stage as they were not deemed appropriate for the programme due to issues including mental illness or not being 'ready' to engage.

"We talked about what ACEs were, did check lists, assessment checklist from recovery toolkit, talked about what it would and wouldn't be doing, not a counselling session, not looking at trauma but impact of trauma, how can we best support them to support their children to break that cycle and put resilience into the family" (Facilitator)

"We talked about commitment, some of the content, we emphasised the support for the child, we talked about where and when sessions would be, how long they were for, if they missed two they wouldn't be able to continue. Trying to get them to buy into it" (Facilitator)

One of the parents from the first programme suggested that that parents would benefit from a greater awareness of what the programme entails so that parents are better prepared to make sure that they are ready to attend. This was something that facilitators focused on at home visits from preceding programmes.

"I think the home visit should make you more aware this is what could happen but this is how we will support you when that does happen....They say it's intense. You just come in thinking that you're doing a good thing by attending, you're not expecting how intense it will actually be when you're in the room. You don't prepare yourself for that but you've just got to go along with it because it's a course and it's only for two hours" (Parent)

Implementing the programme in Sefton

In Sefton, facilitators were already working with parents on a one-to-one basis, but not in a group or programme setting. The first programme was launched in May 2018 with eight completing programme one. The second was delivered at the same time as Knowsley's second programme during September to December 2018, with seven parents completing the programme⁹.

Sefton recruited parents who they were already working with, therefore parents were referred from Early Help, Children's Social Care and the Youth Offending Team (YOT). It was seen to be helpful by the facilitators if the parents were already attending a service or intervention as a certain level of background information would then be available to the facilitators, especially in those cases where the parents were not known by the facilitators. It was, however, highlighted by one of the facilitators that in some of the cases, knowing the parents did not make it easier, this facilitator suggested that

⁹ Sefton have gone on to fund additional training with a wider roll out of two further programmes and a young person's specific programme pilot, both of which fall outside the scope of this pilot evaluation, and will be evidenced through further evaluation not presented here.

that they would prefer to be more independent and just focus on the programme rather than the day to day tasks that accompany a client case load. One referral organisation praised the programme and the referral process, but did comment that the parent she was working with had asked a lot of questions ahead of the programme that she did not feel she could answer.

In Sefton, paired-facilitator home visits were carried out with potential participants in the same format as Knowsley carried out their visits. Facilitators felt that it was important that the programme was sold as an opportunity for parents to develop their confidence, self-esteem and resilience, and an opportunity for parents to 'move on' from their experiences and that it was not about focussing on the past. The facilitators felt that prior to the second programme commencing they were able to spend more time engaging with parents at the home visit.

“Yes they told me about it and then they came out for a home visit and made me fill a questionnaire in about situations from my past and what I’ve been through.....Then they said this is what we are going to be looking at and how we are going to work towards changing your views of your past into better views, and how to deal with it and cope with it” (Parent)

Implementing the programme in Liverpool

In Liverpool, there was no existing infrastructure to roll out the programme and therefore a significant amount of planning and implementation was required. Delivering the programme after Sefton and Knowsley had already begun delivering their programmes was also considered to be a positive as it would enable them to build in any learnings from these areas.

Once the system, implementation plan and referral process were developed, a launch event was held in July 2018, and gave an overview of ACEs, the programme and the referral process. Organisations working with parents, children and families were invited, and the event was well attended by a range of providers including frontline practitioners and senior managers from Children’s Centres, Health Visitors and Family Support Services. Facilitators reported that concerns were raised at the launch event by referral organisations, relating to how the programme was different to other programmes already running, and what additional provision of support was in place for those who might need it.

“Without the existence of a defined system for almost triaging referrals and putting parents into the right programme, the fact that there is a lot going on, potentially became a barrier for this programme as well. Because a lot of our referring parties, including CAMHS and Children’s Centres, well they have an internal programme that’s running that they, you know, obviously are really supportive of and they really endorse. So they have an option there that they can work directly with their parents whereas referring to the ACEs programme I think, feedback that I have had has indicated that... they felt like a step too far or how could they be assured that their parents, particularly their vulnerable parents that they were working with, how could they be confident that the best option for them was to send them to something that was relatively out there and unknown and a pilot when actually in house we have this great programme that we all know loads about and we feel really confident that we can support people here” (Facilitator)

Both the strategic stakeholders and facilitators dedicated time and resource to developing the referral pathway and engaging with organisations to provide information and a step by step referral guide to ensure referral organisations had all of the relevant information and confidence in referring to the programme. Due to starting later Liverpool decided to run both programmes one and two in parallel from September 2018, with two facilitators responsible for each programme. Unfortunately due to

low referrals received, the programmes were unable to go ahead as planned. Liverpool are currently exploring the ACEs issues across the city, exploring how to make better use of resources and looking to develop a multiagency approach. Liverpool are also utilising the learning and skills built during the pilot to support this and felt that being part of the pilot created *“excitement and energy and drive and determination to do more”*.

“The needs are increasing, there’s no more money, people are doing great work so how can we better make use of all this energy and resource by working better together” (Stakeholder)

“We have generated a greater degree of knowledge and awareness of ACEs, not only in our practitioners who is my mind, whether they would say this or not, they are now experts. So we have more experts in Liverpool around ACEs which is a positive and those facilitators, they’re engaging with this conversation that we’re having around the strategy” (Stakeholder)

Delivery of the programme

Resource and capacity

The facilitators from each area agreed that there was lot of resource and time investment needed for the implementation, preparation and delivery of the programme. This included the liaison and referral process with referral organisations, finding and securing a suitable venue (with crèche facilities where possible), preparing for and conducting home visits and the preparation for the programme delivery. This was particular labour intensive when carried out in addition to facilitators daily roles, especially if working with a full case load of parents.

“It wasn’t just a case of complete the training, pick up the handbook and facilitate the group. We invested an awful lot of time into this group, before we even got to the home visit recruitment stage” (Facilitator)

Facilitators also highlighted that physical location of the facilitators also impacted upon resource. Having facilitators located in the same organisation enabled facilitators to work together, have regular day to day contact, and in some instances had established relationships with those being referred into the programme. Because Liverpool did not have an existing infrastructure in place, this meant facilitators had different roles, and were based in different organisations in different localities. Whilst Liverpool actively promoted communication between teams, this was noted as labour intensive and a barrier to implementation and delivery.

In terms of delivery, this required preparation for each session, familiarising and understanding session content and preparing programme materials, for example printing handouts, purchasing equipment for activities such as arts and crafts, organising travel arrangements for parents and arranging refreshments for the session. Facilitators also highlighted that time may be needed in between each session in cases where follow-ups to parents may be required, for example, where parents have left the group distressed. The administration of safeguarding issues when parents were distressed or needed additional support was also noted as resource intensive.

The facilitators highlighted the need for an invested budget for the delivery of the programme, especially to make it accessible for parents. This included additional costs for venue hire, crèche facilities, and for travel. Some facilitators also reported needing to provide food vouchers and refreshments during the sessions, which parents often took home, suggesting additional support may

be required for parents who require housing and financial support etc. Sefton were able to secure additional funding for session resources including pampering gifts for parents. These packs were given to parents attending with the aim for helping them feel valued. They were asked to try them out for homework and report how it made them feel.

Looking at realistic venues for the programme was seen as imperative, to ensure venues were in a suitable location, had a suitable space, childcare facilities, internet access, and to make sure that this was a safe and nurturing environment for the parents. Having funds available for parents to be brought to the venue in a taxi was viewed positively by both the parents and facilitators and was seen to support engagement, with some parents commenting that they would not be able to attend if this was not available. The availability of childcare facilities during the sessions was also identified as beneficial in allowing them to attend, and some parents also commented that their children benefited from socialising and playing together at the crèche.

“The fact that I can have childcare while I’m here is a huge deal as well. I couldn’t come without that. It’s impossible” (Parent)

“The taxis are brilliant for me as this is so far from me but if it was rolled out in more local areas then maybe it wouldn’t cost so much in taxis if there was a lot of courses going on” (Parent)

Facilitators delivered the sessions as planned on a weekly basis, however did feel that sessions would benefit from being longer to accommodate the logistics or giving the parents some time to catch up at the beginning of the session, a debrief at the end of the session and for ordering taxis etc. the facilitators stated that two hours was not long enough to fit all of the logistics in alongside two hours of content to deliver.

“We can’t really ever have a gab when we come in and everyone say like ‘oh we had a crap week’ and everyone’s letting off aren’t they and then we haven’t really got time to let off because it’s only a short period of time” (Parent)

Additional time to debrief at the end was also seen to help the parents to feel more positive and confident when they leave. It was felt that by doing so, it may encourage parents to not only keep attending the programme but to look forward to coming each week. Parents agreed with this, expressing a desire to have longer to chat before going back to ‘the real world’. This extra time was especially required for parents who found some of the sessions distressing. It was also noted that sessions delivered by three facilitators worked well, especially when a parent was upset and required more one-to-one support during that session, without it impacting on the session for other parents. Safeguarding of parent during and between sessions was also noted as resource intensive.

“It really touches a nerve with you and then you’ve got to like...you’re sort of in the middle of that state of emotion and then you’ve got to go ‘oh I’m going to get the kids now’” (Parent)

“You’re going back out to normal routine now so yes you’ve exposed your past and your feelings and what’s happened etc., but this is reality now you’ve got to go back to where you was. So take on board what we’ve said and try and learn from it but leave happy not all over the place. Then I think you might look forward to the next week” (Parent)

Parents were happy with the timings of sessions, as it allowed for them to be available for school drop off and pick up. As the programmes moved venues between programmes, they also moved to different days, with no impact on attendance. In terms of duration of the programme, parents wanted

the sessions to go on beyond the 10 weeks. Whilst facilitators did see the benefit of engaging with parents for longer and felt that ten weeks wasn't long enough to build trusting relationships and make a meaningful change, they did acknowledge the implications of this including parent's commitment and the logistics of delivering through school holidays and the need for childcare.

"Takes a good few sessions to break down some of those barriers to get to the point where everyone's comfortable talking" (Parent)

"10 weeks is good, but if you want to affect a big change, it's not a long time really" (Facilitator)

Engagement

Whilst attendance remained high for the first Sefton programme, attendance at the first Knowsley programme declined over time, with the programme stopping at session seven due to low attrition. However it should be noted that low attendance rates were related to individual's

Attendance

Session		1	2	3	4	5	6	7	8	9	10
Knowsley	P1	7	unknown					2	-	-	-
	P2	9	9	12	7	7	8	7	9	8	10
	P3	12	10	7	8	7	6	8	7	9	9
Sefton	P1	9	8	8	6	8	6	7	6	6	8
	P2	9	7	9	9	9	8	7	8	8	7

circumstances rather than individuals not engaging through dissatisfaction with the programme. This included personal issues, mental health issues, attending court appointments and course readiness, which reflects the complex nature of the parents accessing the programme. Facilitators reported ringing parents each week to remind them of the session time, and to arrange their transport to the session. The attendance table shows that attendance was higher and attrition maintained for the following programmes. A number of parents who disengaged from earlier programmes went on to re-engage and complete following programmes. Facilitators did suggest that there should be something in place to close the programme for those parents who drop out. Facilitators also highlighted the importance of supporting parents' motivation to attend if their children were not currently in their care.

"They are very high needs and traumatic events are almost still happening to them as the course has unfolded and we couldn't have predicted that" (Facilitator)

It was highlighted that parents being referred to the programme had more complex needs than originally anticipated. Knowsley considered whether this was due to the referral source, for example referrals coming via social care where clients had multiple complex needs and were possibly too chaotic for the programme. However it should be noted, that complexities remained high across all courses for the duration of the pilot, but with facilitators reporting that additional work with referral organisations, more time spent preparing parents during home visits and larger sized groups meant parents were better prepared for the programme and the delivery of the programme was unaffected by this. It did however highlight the need for wraparound support for the programme to ensure vulnerable participants had structured support for their needs.

The ACEs checklist, which included 10 questions relating to ACEs, producing a score out of 10, was completed with parents before they started the programme. These total ACEs scores demonstrate that parents accessing both the Knowsley and Sefton programmes had experienced a high proportion

of ACEs (see Figure 1), further suggesting that the groups involved individuals with multiple and complex needs. The facilitators felt that it was important to gather as much background information about the parents as possible as they felt that the 'Find my ACE' (see appendix 5.1) score does not always give all the information that they would need to know.

The facilitators reported that the majority of parents had mental health issues, including anxiety and depression, with many taking prescription medication and some under the care of a psychiatrist. This highlights the importance of the programme linking in well with specialist mental health support. Facilitators suggested that it would be useful to have a brief mental health assessment at recruitment stage on the home visit.

Both facilitators and parents agreed that good attendance and engagement was an important factor for the programme successfully working. Parents understood their role and responsibility in the group and were motivated to attend, acknowledging that *"you get out what you put in"*.

"In order for this course to work and for it to be a benefit, you've got to have the participation. You've got to think of the people that are coming. What they've been through. What they're going through. And what you need to do to make sure that participation continues" (Parent)

Parents agreed that a bigger group works better (12 maximum recommended) so they can share and hear different views and opinions. Facilitators reported that a flexible delivery approach was required, especially when parents were not attending every session. Facilitators did report fragmented delivery and difficulty maintaining momentum when parents missed some sessions, with time needed to recap over previous sessions, and parents failing to bond and provide peer support.

"You've got to be very flexible, you've got to expect it all to go belly up and pick up the pieces and stick with it. We could have easily have said this isn't working because some weeks you've got one parent, and some weeks you've got them all. The delivery has been very fragmented, it hasn't been smooth running" (Facilitator)

One parent who struggled with attendance reported that it was difficult to build rapport with other members of the group as attendance differed each week. Facilitators stated that it was also difficult to deliver to very small groups, with it being too intense if only one or two parents attended, they reported that parents might feel like they have to share each week, which was seen as inappropriate and unfair on the parents.

"This is also the second time when I've been here on my own. It's still good because I'm getting the best of the group but it's just frustrating because we should be in a group" (Parent)

The facilitators highlighted that the balance of the group is very important, and commented that having more parents on the programme allows for a better mix. Having a larger group with consistent attendance also allowed parents to feel comforted and supported to speak in a safe environment. Facilitators also reported that it was easier to contain distressing situations in a bigger group, as parents were able to move into other discussions and the focus did not remain on them.

"Obviously you allow them to speak and share their feelings if somethings getting a bit too much, but it kind of contains itself in the way that it won't let one person's emotions spill too much....otherwise it could be like domino effect, if there's a small group, there's more potential for that" (Facilitator)

Importance of experienced facilitators

Both the parents and facilitators acknowledged the importance of having the right facilitators in place with the right skills to deliver the programme. It was agreed that facilitators needed to be the right fit for the programme, with a flexible approach and experience of working with families and delivering parenting and family programmes.

“It is quite demanding on the facilitators and I don’t think everybody would be able to facilitate it” (Facilitator)

“Because it’s difficult. The cohort you’ve got is difficult, the materials challenging and they challenge it. It’s not an easy course to deliver. So I think if you’re not 100 percent committed to it and enthusiastic and want to do it, it would all fall flat” (Facilitator)

Facilitators agreed that they needed to be enthusiastic and fully committed to the programme, as it could be challenging to facilitate and if they were not fully prepared and ready to handle the challenge of a group setting, that parents would be able to identify this and the session would not work. The facilitators reported that their delivery style needed to allow for parents to follow their own journey, with space and empowerment for them to acknowledge their assets.

“The programme is about empowerment, not standing at the front and teaching. It’s about taking parents through the journey” (Facilitator)

Parents described the facilitators as supportive, and highlighted the relationships and trust they had built over the 10 week programmes.

“If you give them a mark out of say 10, I’d even give them 100 because they have been really good with me haven’t they? Very supportive” (Parent)

“We can go to them if we need to for anything. They make sure that they let you know that” (Parent)

Facilitators also acknowledged the importance of working well together to co-deliver the sessions, and how they had learnt about themselves during the pilot.

“When you do group work and you’ve got facilitators who do get on with each other and they’re able to challenge and support each other, then that becomes the momentum for the group really” (Facilitator)

“You learn more about yourself as you deliver” (Facilitator)

Toolkit resources and materials

Facilitators from both Knowsley and Sefton reported that where ever possible they did not deviate from the toolkit and followed the structure and activities outlined and used the resources provided by Rock Pool. They did however report that the toolkit did provide a skeleton framework and they did supplement, ‘flesh out’ and add materials and activities to sessions. For some sessions, they included additional handouts that gave advice and helped to break a topic down. The facilitators did comment that they did draw on this information from previous experience of delivering other parenting programmes, and experience was needed for this. There was the concern that without previous experience that this would be difficult for other facilitators.

“Without that background knowledge, I think you would struggle” (Facilitator)

Facilitators reported technical issues such as needing to rely on the internet when using the interactive materials and suggested it would be beneficial to have these materials provided on disc, as it was not always guaranteed that they would have Wi-Fi access at all venues. It was also noted that sometimes web links did no longer work and were in need of updating.

“It’s no good relying on live internet, it doesn’t work” (Facilitator)

The facilitators did report that there were gaps in resources in terms of accessibility for parents with dyslexia and learning difficulties. Facilitators reported printing out some materials in different colours and formats to make it more accessible for these parents. Facilitators also reported breaking some of the theory down for parents that was considered ‘too wordy’. Facilitators also thought certificates for parents could be included in the toolkit, with facilitators producing their own certificates for engagement, rewards and programme completion. One of the facilitators also commented that many people who have been brought up in trauma may have low levels of school attendance which may have resulted in low literacy levels, and that this needs taking into consideration when planning programmes.

Facilitators reported that parents related well to the content of the sessions, and parents reported that they enjoyed the varied activities and different ways of learning utilised in the sessions. The use of visual aids and videos, arts and crafts, and group discussions were highlighted as preferred activities by parents, compared to using handouts and reading. The parents reported that they found it easier to retain information and resonate with the activity when using the visual aids, and they were keen to see more interactive activities included in the programme.

The programmes also brought in outside agencies to come and talk to the parents about what their organisations offered, this included benefit advice and women’s groups. Facilitators hoped that by week 10 (the final week of the programme) parents would be ‘tapped into their community’ and have more support networks in place.

Session four utilised an animated video¹⁰ which depicted the impact of ACEs for a child, and how the outcomes can be different with support and intervention. The video was first shown in Knowsley with both facilitators and parents reporting that the parents found the video distressing. The parents focused on the first part of the video depicting the negative impact of ACEs and the take home message was that these negative outcomes would happen to them and their children. Some of the parents also reported a feeling of guilt as they could see themselves in the video. Facilitators reported that the positive element of the video did not register with the parents.

“We know not to be like that because we went through that when we was kids so we try and flip the situation for the kids, but that video was like if this is what has happened this is what’s going to happen now and that was the hard bit. The acceptance of it, we had to accept because we’ve been through ACEs that’s the situation we’re going to be in but about 2 or 3 or us were like that’s not us” (Parent)

“When we all first watched it we thought we are nothing like them. On the video it was if you’ve experienced adverse childhood experiences then this is what your life is going to be like. But we was all defiant and we were all like we’re not like that because it was drugs and alcohol. Now yes that is a way you can go but I’ve always been no I don’t want to go down that path. My mum was like that but I’ve

¹⁰ Video produced by Public Health Wales and Blackburn with Darwen Local Authority <https://www.aces.me.uk/in-england/>

always been no I'm not going like that. So I didn't get the gist of the video I thought the video was wrong but now I've realised that's a path you could go down but there is also a good path that you can go down. But it was dead confusing" (Parent)

"Making us feel guilty and bad when we wasn't even that person in that video, but that was the ACEs person and we were on the ACEs course so we must be that person. So we were pessimistic and feeling like we might as well be that person then" (Parent)

Parents were so overwhelmed that this session was stopped and the remainder of the session focused on supporting the parents. Following this feedback Sefton opted to use an alternative video for their programme¹¹. Knowsley showed the video in two parts for the remainder programmes, which gave parents time and space to comprehend and understand the message from the video, this was reported as much more suitable, with parents finding the video useful. For the same reasons, Knowsley also reported not using the ACEs pyramid diagram as it included 'premature death' and they thought this would be too negative and overwhelming for parents.

"This has helped me towards the baby. Like they showed us a video of a little boy in like a domestic home and then as he got older he ended up living like that, but then they showed us another one where as he got older he changed his life for himself. And his child didn't end up the way he did. And it just made me realise with our baby that I needed to change my ways with him. The way I was as a parent with him" (Parent)

Managing trauma

Sessions were described as intense, and parents did speak about the programme bringing up difficult emotions that had not previously recognised, acknowledged, talked about or dealt with. Despite difficult emotions being brought to the forefront, parents highlighted that they could still see the potential future benefits, they reported that whilst the work carried out on the programme was hard work, they believed it was worth it for the outcomes achieved.

"We don't ask them to divulge their own situation or their ACEs but you can't stop them, they all want to say something. It is difficult trying to move them on sometimes but sometimes they just need to vent" (Facilitator)

"I think you could but sometimes when we're in the group and we are doing a topic and it does knock someone down to the floor then that's it and we are off track completely. They just spill all their beans and then everything in the group is on them and how to get them out of that emotion and back on track with the course and that's the hard bit" (Parent)

"But I feel like that's a good thing in a way. It is hard" (Parent)

The facilitators highlighted the importance of ensuring that the right level of support was provided, whilst at the same time not encouraging group disclosures and trying not to go into detail about issues experienced in the past. It was, however acknowledged by the facilitators that there are no guarantees and often parents needed to 'vent'. One parent talked about the programme bringing up emotions that made her feel 'all over the place' and that the solution offered to this was for her to 'take a break' and then come back and start a fresh, rather than to discuss the issue. This parent expressed

¹¹ Video produced by NHS Scotland <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces#Animation>

frustration and felt that it would have been more beneficial for her to be able to talk about the problem and then move on, rather than trying to distract her away from it.

“When we done that attachment last week I’ll be dead honest with you... My head has not been good all week. I’ve been an emotional wreck, I’ve been having breakdowns” (Parent)

“You’ll have people who’ve come on this course and they’ll get home and be in bits. Who do they speak to? Their partner who’s not going to understand because this is something that’s specific to them. They end up in a kick off [argument] and then you’re in a foul mood for the rest of the week. Then sometimes people get put off coming again because they think ‘if I hadn’t have gone I wouldn’t have been in that mood and I wouldn’t be feeling what I’m feeling’. It takes a really strong person to come back and stick with it” (Parent)

Parents highlighted the need for wraparound support during the programme, recognising that the programme ‘unearthed’ past traumas. They recognised that the programme was not a mental health programme and acknowledged the need for additional mental health support, including access to one-to-one counselling. They talked about long waiting lists for separate generic one-to-one counselling and thought this could be better linked into the programme. This was supported by the facilitators who acknowledged that they are not mental health experts, but had enough experience to ensure that individuals were provided with support from a more specialist referral organisation (for example social worker or mental health specialist). This also involved good communication between facilitators and external services (for example parents key workers).

“I’ve said this constantly throughout this course that there needs to be more support in terms of there needs to be an avenue because...programmes that open raw wounds and you are spending an hour or two with really vulnerable people and you’re unpicking them and you’re awakening things that have really been put away for a long time and they’re then going home to their families and their children and they’ve never spoke about these things before and they’re then having to hold this in and they don’t understand their feelings because nothing’s been awakened before, and they’re now starting to question who they are and what’s gone on and there’ll be a lot of raw emotion that’s not then getting dealt with, perhaps appropriately” (Parent)

“It opens really raw wounds. Things that people have buried deep inside and put away for a long time. And as much as it’s enlightening you, these courses, you take that home with you and sit on it and fester, and the only problem you’ve got is there can be a lot of angry emotions there still. [Facilitators] are there are on the end of the phone, but they are not counsellors that I’m aware of. They can refer but waiting lists are long” (Parent)

“You’ve got people with different backgrounds who’ve gone through masses of trauma and all throughout their life they’ve never had the support that they need. They’re still needing counselling. They’re still needing medical guidance and they’re not getting that support and the only support that they’ve had is in this group” (Parent)

3.3 Impacts of the programme

The ACE Rock Pool Recovery Toolkit programme has a number of aimed outcomes for participating individuals including increased self-esteem, resilience, and an understanding and implementation of healthy living skills. To measure the impact of the programme on these outcomes, pre and post measures of self-esteem, resilience, mental wellbeing and positive lifestyle choices were conducted¹². Further, to measure parents' readiness for, and the perceived importance of engaging in the intervention, pre-intervention levels were assessed.

ACE scores¹³

Prior to participation in the programme, all parents completed the ACE assessment tool to calculate their ACE score (see Appendix 5.1 for a list of included ACEs). All parents participating in the programme had at least one ACE. For those for whom ACE scores were available, the majority (76.3%; n=29) had four or more ACEs (Figure 1). The majority (92.3%; n=12) of parents participating in the Sefton programmes had six or more ACEs. In Knowsley, the most common ACE count was three (29.6%; n=8), whilst three (11.1%) parents reported one ACE, five (18.5%) reported four or five ACEs, 10 (37.0%) reported 6-9 ACEs and one parent reported having experienced all 10 ACEs.

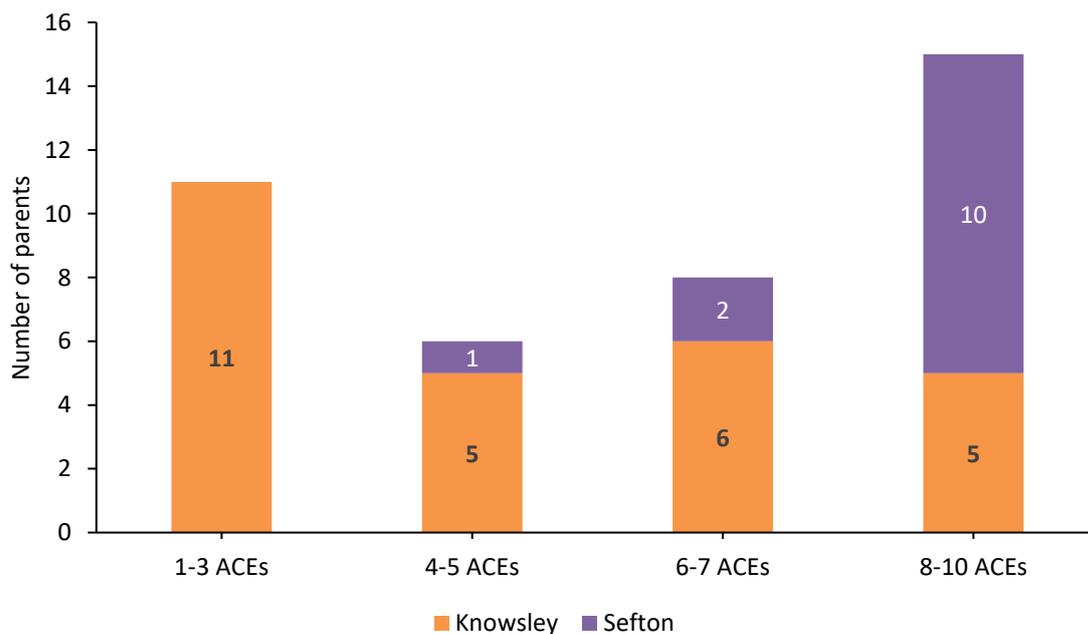


Figure 1: ACE scores of parents participating in the ACE Rock Pool programme

¹² At the time of writing only pre and post scores on each of the measured outcomes were available for Knowsley programme 2 and 3 participants. Not all pre and post measures were available for all participants. Further, the small number of total participants means findings should be interpreted with caution.

¹³ Score for Sefton Programme 2 currently unavailable.

Parental readiness to engage in the programme

Parental readiness to engage in the programme was measured using the READI-SF prior to programme commencement (n=9). The mean readiness score for parents prior to programme commencement was high; 66.9. All parents' scores fell in the top half of the scale; range 53.0-80.0.

Resilience

Prior to taking part in the programme, the mean resilience score of participants was 2.5 which falls in the low resilience category. Further, pre-programme the majority (81.3%; n=13) of participants' resilience scores fell in the low range, whilst 18.8% (n=3) fell in the normal range. No participants measured highly on the resilience scale.

At post-programme measurement, the mean resilience score of participants was 3.2, which falls in the normal resilience category. Further, post-programme two thirds (66.7%; n=10) of participants' resilience scores fell in the normal range, whilst 33.3% (n=5) remained in the low range. No participants measured highly on the resilience scale in the post-programme measurement.

Overall, 46.7% (n=7) of participants in the programme showed an improvement in overall resilience score moving from the low resilience category pre-programme to normal resilience category post-programme. For participants whose resilience stayed in the same category post-programme, all but one still showed an increase in their total resilience score. Further, the mean resilience score of participants at post-programme (3.2) was statistically significantly higher than at pre-programme measurement (2.5; $p < 0.001$).

Self-esteem

Prior to taking part in the programme, the mean self-esteem score of participants was 14.3 (range: 5.0-24.0; n=28). At post-programme measurement, the mean self-esteem score of participants was 20.9 (range: 14.0-27.0; n=16). Of participants for whom there was pre and post-programme score available (n=16), there was a statistically significant increase in self-esteem scores from pre (15.9) to post-programme measurement (20.9; $p < 0.001$).

Mental wellbeing

Prior to taking part in the programme, the mean mental wellbeing score of participants was 18.9 (range: 13.0-35.0; n=15). At post-programme measurement, the mean mental wellbeing score of participants was 23.1 (range: 16.0-30.0; n=15). Of participants for whom there was pre and post programme score available (n=14), there was a statistically significant increase in mental wellbeing scores from pre (19.4) to post-programme measurement (23.2; $p < 0.01$).

Lifestyle choices

Prior to taking part in the programme, the mean score on the lifestyles checklist was 24.7 (range: 15.0-40.0; n=27). At post-programme measurement, the mean score was 30.7 (range: 21.0-43.0; n=20). Of participants for whom there was pre and post programme score available (n=20), there was a statistically significant increase in self-esteem scores from pre (26.1) to post-programme measurement (30.7; $p < 0.01$).

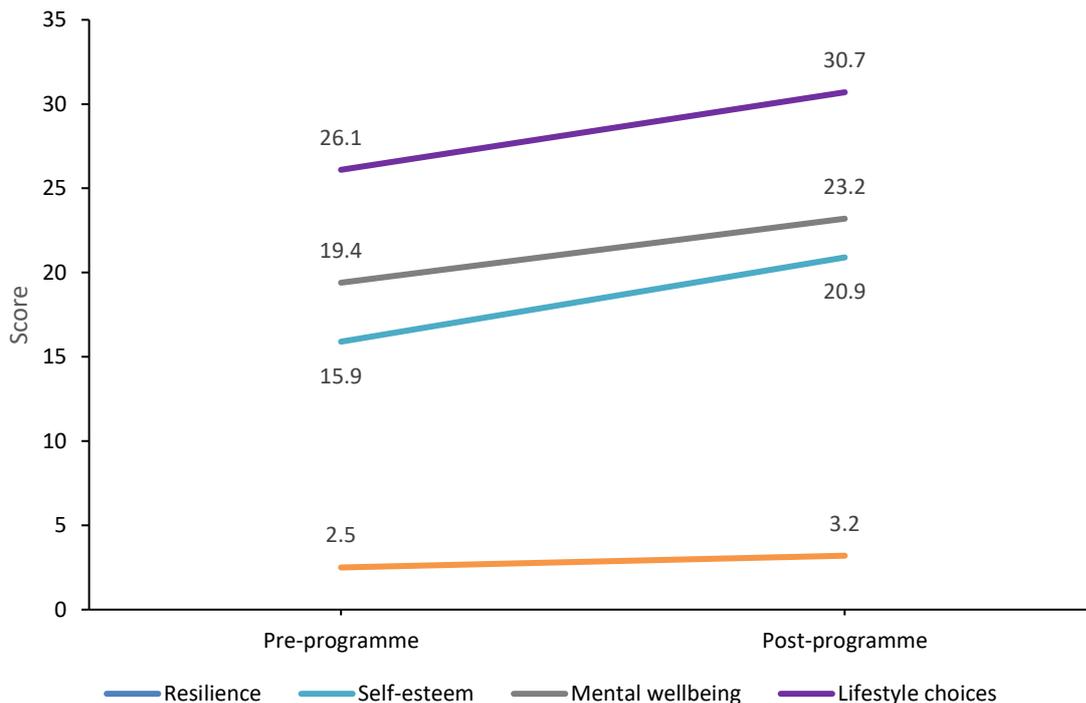


Figure 2: Participants' pre and post programme scores on resilience, self-esteem, mental wellbeing and lifestyle choices measures

Increased knowledge

The parents discussed their increased knowledge of ACEs, this included an understanding of what ACEs are, acknowledgment of any ACEs they may have experienced, understanding the impact of the ACE on their childhood and later life, and the impact and potential impact of the ACE on their children, family and relationships. The parents also demonstrated an awareness of the impact of ACEs for their children, with one parent understanding the impact for her child living in a home where there was domestic abuse.

“ACEs is the child’s perception and not what’s actually happened. Like for example, I was in a domestic violence situation so I was forever going shh! Go outside, go to your bedroom, go sit in your room. Be quiet, be quiet, be quiet. So to me, I’m protecting them from something more dangerous. But in their perception, because they don’t realise what dangers coming, I was just ignoring them. So that’s where our bonds, our attachment never happens, because but that was totally unintentional from my part. That was the survival mode. So it’s how the kid perceives it, not what you actually did. And I think this, there’s no blame on this course, or gone you’ve done it all wrong” (Parent)

Many of the parents had received support before from a number of different parenting programmes, but never around ACEs and described the programme as unlike something they had accessed before, highlighting the importance of the programme. They described this programme as something that ‘clicked for them’, describing it as a ‘lightbulb moment’.

“This is about learned behaviours. If you’ve never had any anything to compare it to, you’ve never known anything different and you’ve gone along in life thinking ‘yeah this is normal’. It’s not until you come into a group like this that you think ‘yeah actually that wasn’t normal’. And that’s where the issue starts. That why it is a fantastic course” (Parent)

“When I was filling in the paperwork I actually nearly got upset because I didn’t realise how many ticks I had, I think there was only one that I didn’t tick and I was a bit like oh my god. I didn’t realise. Didn’t realise how much crap I’ve been through. So even as a kid I was just like...so it did shock me but it’s good because then it makes you realise as well” (Parent)

They highlighted the importance of this and their disbelief that it had taken so long for this message and education around ACEs, and reported that programmes such as the Recovery Toolkit can prevent families from being separated. The parents reported feeling relieved that they understood how some of their behaviours in later life were linked to their childhood traumas, and the sense of not feeling the blame and guilt they had previously felt. Some facilitators also agreed that this programme was *“the best group session that they had delivered”*.

“We’re already carrying all this stuff that were trying to struggle with. That’s us. Then our children might do as well. I was just so relieved and I thought it was brilliant. It’s like somebody understands” (Parent)

“This should have been brought out a long time ago. It would have stopped half of the family’s generation either going into care or being involved with social workers because of ACEs” (Parent)

“This is by far the best one I’ve learnt...I’ve learnt more on this course than I have on any about like how it can affect your kids and how I can prevent...it’s helping” (Parent)

Parents wanted to see wider education around ACEs, for the general public and training for professionals including schools, social care, police and healthcare. They acknowledged that if their own parents and the professionals they have been supported by in the past had a better understanding around ACEs and intervened earlier, then their outcomes may have been very different.

They discussed the importance of early intervention to break the cycle of ACEs, and wanted to see ACEs education in schools and better support for children who have experienced or are at risk of experiencing ACEs. They recognised the need for early intervention and suggested they may not have been in some of the positions they were in today if someone had intervened early to support them.

“Well our social worker, she’s seen it’s made a massive difference because she sees I’m a lot happier in myself and the kids are happier than what they used to be as well. Because they’ve got the boundaries in place, starting to understand them more... since I’ve been doing the ACEs, and I’ve even shown the social worker some of the paperwork and that, and she was like wow, no wonder you are a lot happier and stuff like that, so I reckon social workers should do this themselves. Because then they can’t judge you as a parent” (Parent)

“If they were aware of ACEs, they would be able to deal with that ACEs and deal with that child in school” (Parent)

“I think you should learn it in schools as well. Because my daughter, she recognises her ACEs and coming to this, how my ACEs impacted on her as a 10 year old and they really have” (Parent)

“I think it would stop that, carrying the crap on until you’re an adult. If you can nip it in the bud at a young age for these type of courses” (Parent)

Putting knowledge into practice

Both parents and facilitators praised the programme for providing parents with an opportunity to engage with support. One facilitator highlighted that in vulnerable and complex families, these benefits in the short-term can be a stepping-stone for a family who decide to engage with learning in a different way, which may then open other doors to further support. The programme was seen as part of a journey, with it being an early intervention for some, but coming further down the line for other parents who had not previously had support, or had accessed other programmes and support before, but not focused on their ACEs.

“I think the wellbeing and the parent and infant relationships are quite critical in terms of the immediate outcome because where the support is in place and where people are able to continue to on that journey, those things can be the start for most people to unravelling the broader complexities that exist” (Facilitator)

“Letting us know what doors are open for us now after this course....we’ve give her forms. We’ve ticked what courses we’re interested in” (Parent)

Parents reported that their increased knowledge of ACEs and the impact of ACEs, allowed them to understand the link between emotion and behaviour and recognise specific behaviours. They were then able to put strategies that they had learnt from the programme into place to prevent or minimise the trigger and the consequences of the trigger. One parent spoke about using the programme pyramid activity to understand the link between thoughts and behaviour and this equipped her to cope better with situations.

“It gave you a toolkit to work from and to see which bits you wanted to use” (Parent)

“It’s encouraged me to do the things I’ve been putting off. So it has helped me a lot. I’ve just went and gone to all different appointments and made appointments and just done lots of stuff like that” (Parent)

Parents also discussed how the programme had helped them to live with their ACEs, through acknowledgment and acceptance of ACEs, actively dealing with their ACEs where possible and learning to live with the impact of ACEs. The parents described learning new strategies during the sessions and then putting them into practice and trying them out at home. They praised the programme for providing them with practical and useable skills, alongside the increased ability to cope and confidence to try new approaches. One referral organisation commented that they could see the parent they worked with putting the learning into practice *“applying it to her own life which is key”*.

“Can see thread working in practice, very powerful” (Facilitator)

“I’ve got piles of ACEs on my shoulders. So I just sort of acknowledged the ACEs, took one ACE at a time and I was just able to rebuild and rebuild on that” (Parent)

“I’ve heard that there’s a parent who has been in our service for such a long time and never moved forward, well she’s on this course and has taken really positive steps forward, so for that person alone, it’s been a great intervention for her” (Referral organisation)

Sense of achievement

The parents reported taking things slowly and making realistic achievable small steps to change, improve and break the cycle, rather than saying “tomorrow I’m going to change my whole life”. They acknowledged the progress made and the sense of achievement they felt, and how the smaller steps can lead to longer term impacts.

“I found resilience. I was able to take one step forward and just keep going forward and not taking any steps back” (Parent)

“I’m definitely now going to be a young adult child support worker. Voluntary to begin with..... it’s only voluntary but I’m happy for it to be voluntary. I don’t want to put myself in the deep end too quick where it all comes crashing down. I like to take one step at a time, do some training and be where I need to be” (Parent)

“The information itself. You can do it on yourself, try it on yourself and you can try it on your kids. It’s good for you because you think what are you doing and you can see it in front of you. They’re very tiny tips but if you do it for yourself or for your children, they make big difference. Not immediately, but there’s some tiny changes and you can build on it and you can see the result” (Parent)

The facilitators also commented that both facilitators and parents need to be realistic and patient to see the rewards of the programme, and that outcomes sometimes do not start emerging until a few weeks into the programme, around sessions three and four. This was when positive outcomes such as building resilience and developing protective factors started to emerge.

“The beginning of the 10 week ACEs course. I was a bit unsure to be honest with you. Coming into like the second week of, I didn’t understand really of the ACE. So I didn’t know whether to carry on with the course but coming into week 3, week 4 and we were watching more videos, I thought it was all about me. So that’s where I understood the actual ACEs” (Parent)

Communication skills

The parents discussed how engaging with the programme had helped them develop their communication skills and ability to communicate through opening up more, learning how to show and express their feelings and through developing their listening skills.

“It’s just nice to conquer some emotions really and not dwell on them. As I say I like to use resilience as a word because I fought it. I literally...I weren’t showing feelings, emotion, affection. So I just... it built me up really, it took me out of me box and put me in me high mode” (Parent)

“Now I’m able to listen to what the persons saying, understand it and give them some feedback without any breakdowns in myself” (Parent)

“Being able to actually express emotions but knowing it’s totally fine to” (Parent)

Improvements in wellbeing

During the programme and at follow up interviews, the parents reported a wide range of improved wellbeing outcomes. They reported increased confidence, as a result of engaging with the programme and in the recognition of their achievements, and also through an increased confidence in their parenting skills. They reported improved mood, increased self-esteem, increased ability to cope,

feeling valued and empowerment, and feeling happier. Facilitators reported the tangible changes and being able to see a difference in physical appearance for some parents. Other parents talked about having reduced stress levels due to taking better care of themselves, having improved relationships with their children (discussed in more detail below) and due to using techniques such as engaging in physical exercise as a way to release their feelings and not bottle them up.

"[My day] it's happier. It's more practical for me and it's more sociable as well. It's given me more confidence. It's a lot better actually" (Parent)

The social element was highlighted as an important aspect of the programme. Parents also reported increased wellbeing through reduced isolation and increased social networks, with some parents describing themselves as more sociable. Accessing the programme gave them the opportunity to meet in a safe place with other parents and provide mutual support.

"To meet other people who have very similar experiences in terms of their ACEs...she stepped back and thought I'm not alone. There are other people in a very similar position with very similar experiences to me. I am not isolated in this" (Facilitator)

"You start listening to other people and you're like, you're not the only one you know. As isolated as you felt at that time, you're really not. You're one of many" (Parent)

Also attending the sessions on a weekly basis gave some of the parents a reason to leave the house, get out more, give them a routine and fill their days with meaningful activities. One parent who was in contact with a large number of services who said that she had felt that this was the only place that she had come where she had not felt judged and had been able to share.

"The feedback I've had about the mum is she's giving loads to the group and she is doing really well. I saw her the other day out in the community with two of her young children on bikes, so just seeing her out in the community is a big thing and I'd say it's going really well for her" (Referral organisation)

"A whole new path of life it's given me. It's good. I'm not in the house, like day in, day out. I'm out and about and getting things done for the course and it's nice to just think about yourself first" (Parent)

The parents discussed benefiting greatly from the programme focusing on them, they explained that often programmes focus on children, and often they haven't received support where they have felt the focus of the support is for them. For many this was seen as the first group they would have attended that was about them as a parent and an individual rather than it being solely about their children. They highlighted the importance of having that time during the weekly sessions to focus on themselves, with some describing it as an opportunity to look after themselves and others describing 'finding themselves' during the programme. The parents on the Sefton programmes described benefiting from the pamper packs and gifts, as it gave them the opportunity to look after and focus on themselves. *"It's your time isn't it?" (Parent)*

"Finding myself again. Understanding me. I just took it upon myself to focus on me... for reasons such as wellbeing, most courses I've done are about parenting and your kids being involved. Well no, it never got me nowhere really" (Parent)

"What I like about this is as well is that it teaches you how to, the importance of looking after yourself as well. It teaches you about you and how you're dealing with things, how you feel"(Parent)

“Parenting courses are usually only about how you are as a parent to your child but this is about how you’ve come to be like that, and honest to god it makes a massive difference because it’s like you get this insight and you think oh my god, that’s why. And it, it’s like easier to... if you want to change it, change it. Because you understand” (Parent)

During the programme and at follow up interviews, the parents expressed motivation to continue with the strategies that they had learnt, however they did acknowledge the challenges going forward and their concerns around sustaining the positive changes, which are detailed below. Parents discussed their future ambitions with positivity and excitement, including looking to set up their own groups, volunteering, new career paths and plans for getting back into employment.

The parents discussed wanting to help other adults and children who have, or may experience ACEs. All of the parents who attended the first Sefton programme reported that they had referred other parents to the programme, and they had also made a DVD to promote the programme. Three of the parents from programme one were also said to be writing books about their experiences. Some parents from the first Sefton programme, who had gone on to provide support for the second group, stating that they had benefited from helping others. One parent became a volunteer and produced glossary to help participants understand the acronyms used in the programme. Facilitators commented that her confidence improved dramatically.

“Sorting your own ACEs out first is a big step in life to help somebody else” (Parent)

“I think it’s more of me wanting to do that because I’ve gone through my own issues and I’ve had to deal with me own issues myself. So, just knowing that someone’s there to understand them. It’s just nice to be acknowledged and them not to feel labelled” (Parent)

“I carried on the course and I just wanted to help everybody else more” (Parent)

Confidence in parenting and improved relationships with children

As discussed, positive outcomes from engaging with the programme included learning new coping strategies and improved confidence in parenting techniques, with parents having more faith in themselves. The parents reported that engaging with the programme had helped them to learn about themselves as well as their children and family.

A number of the parents described reacting more positively to their children, they described listening more, not retaliating, being more assertive, and taking a step back to give themselves and their children space, therefore enabling a calmer approach to tackle the issue more effectively.

It’s made me learn a lot about myself, my children and my partner. I look at my children differently now. Just like they’re mini adults really, just like us....It’s done a lot of good for me. I’d like the course to be longer to be honest” (Parent)

“This has had a good impact on me as well because I can use different techniques with my child now” (Parent)

“I’m giving her the space to express how she feels” (Parent)

This in turn, alongside other learning from the programme, contributed to improved relationships. With many of the parents describing improved relationships with their children.

One of the parents spoke about how the programme has led to a change in her relationship with her child, which in turn has led to a change in the behaviour of their child. This was supported by the facilitators who spoke about feedback that had been provided by one of the parents, this parent had learned strategies to change her own behaviour and then saw a positive improvement in the communication with her child. One parent taught her son techniques to control his behaviour and temper. Another described now having a 'friendship' with her children. Others discussed giving their children more independence.

"Now I listen to his feelings and when he's a bit all over the place, I get him to express his feelings so when he's angry about something and he's constantly got this angry in his feelings I tell him to breathe and stretch to the ceiling, stretch to the floor and then blow his anger out. Then he seems more happy" (Parent)

Parents talked about spending more time with and dedicating time to their children, for example through having more family time, playing and listening to them read.

"I think this time as well, you see the impact straight away. When we did our ACEs video and we were just talking about communication and connection and stuff, she came back the next week and she said I've been reading to my son who's six, it's the first time she's ever read to him" (Facilitator)

Now I actually like listen to him and what he wants.....I'm actually seeing to him rather than fobbing him off....Sitting down and going through a story book with him. The next morning he wants to get up and go to school" (Parent)

"More family time, more being able to express your feelings and emotions....It's more of a friendship really and I like that more because I like them to open up and be... me not just be their mum and their dad, we're here to help as well and get you through life" (Parent)

Parents described that they saw the programme as a mean to breaking the cycle and preventing their children experiencing ACEs, or minimising the impact of ACEs they had experienced or may experience. They saw this as a great opportunity, highlighting that experiences may have been different for them if their parents had been able to access the programme when they were children.

"I was just like here you are here's your iPad, and I'm doing what I'm doing around the house. Where really I shouldn't, I need to take more time out for him. Otherwise he's going to end up being in that avoidant category. He's not going to grow up and be in the secure part and then he's not going to do right by his own. He's going to bounce back the way I have and treat his own the way I've treated him and then it's just like a vicious circle isn't it? Until you go on a course like this. You realise... I think if my mum and dad went on a course like this years ago, I wouldn't be the way I am now. Because they'd of changed their ways. Where I'm sort of breaking the cycle now coming on this course, recognising where I'm going wrong as well. Recognising what I've been through, what I didn't even know" (Parent)

The parents did state that the course should be available for males. They acknowledged that this would need to be separate to female groups, especially if any of the parents had experienced domestic abuse. They gave examples of their own partners who would benefit, but did acknowledge they would not engage in the group element and therefore they took elements of the programme home to them. Other examples were given for lone male parents, and for males who could have the course recommended as females would to support access to their children. Rock Pool do recommend the programme for both males and females, with mixed groups not recommended where domestic abuse is present. However, there was either no demand for male only programmes or this was not offered

to males. Parents also highlighted the needs of perpetrators of domestic abuse who may have experienced ACEs themselves, highlighting the cycle of ACEs impacting not only on the risk of becoming a victim of violence, but also the risk of becoming a perpetrator of violence.

“Like I know a lad that’s on another course right, and he’s bringing his son up. So where does he go for all this help? Do you know what I mean? And that’s what I’m talking about, there’s other people, where the mum’s not in the picture and it’s the dad. So they need this support” (Parent)

“Some of the girls here go to court over the kids and that with the dad and stuff like that. Well we get told by social workers of course, well here you are, you need to do this course, you need to do that. What about the dads? They don’t get told to do anything” (Parent)

“My ex-partner is the one really who should have been on the course, because he is the way he is because of adverse childhood experiences” (Parent)

Children’s outcomes

As well as direct outcomes for the parents attending the programme, outcomes also related to the wider family and support networks. As detailed above, children of the parents accessing the programme benefited from improved relationships with their mothers. Parents reported children being happier that their parents understood them better, listened to them and spent time with them. Parents also reported children feeling happier because they felt happier. Two other parents also discussed the positive impact on their child’s education, with one wanting to go to school, and another having a happier school life after the parent informed the school about their ACEs. This parent talked about the importance of understanding ACEs and how her child was no longer labelled a naughty child, with the school providing better support. It should be noted that not all parents reported positive outcomes for their children, with a number of them currently not having access to their children.

“I’ve been into my little boy’s school to speak to the teacher about it and he is now like a different child because instead of being the naughty boy who was just refusing to do his work, all of a sudden he’s, and he’s flying now in school. He’s loads better because they’re looking at him different so he feels different..... Like all of a sudden, like within a week, he just changed like that because they just treated him slightly different. Because he was getting pulled out of class, he’s only in year 3 and they were putting him at the back of year 5 and making him do his work in silence. Now for a 7 year old, how scary is that? You know, they’re the big kids. And it’s like he’s being punished for not finishing his work but actually it turns out it’s because he can’t write. That’s why. So it’s all fallen into place now and they’re helping him and he’s got one on one and, because they’ve understood that actually he’s going through a lot. He’s not just being naughty because he’s a naughty boy” (Parent)

Aftercare and longer term challenges

Whilst parents did discuss feeling positive for the future and wanting to continue to practice techniques they had learnt. They did also express concerns about the sustainability of these outcomes, and hoped they would not be short lived. The parents highlighted how they attributed many of the positive outcomes to attending on a weekly basis and were concerned that without the momentum and ongoing support they may not be able to maintain the changes. For example, parents talked about the difficulty of practicing what they had learnt once they had returned to their everyday lives. This was echoed by the facilitators who highlighted the importance of trying to capitalise on the way individuals feel once they have completed the programme, especially when parents were seen to be going back to their very complex lives. The follow up research engagement does highlight many

maintained positive outcomes for the parents who engaged with the follow up research, however these parents did express the same fears longer term. They did however relate this back to taking small steps in the right direction.

“How do you maintain that support, that energy, that drive for them going forwards for it to really make a difference?” (Facilitator)

“I could say from November till now I’ve been fine but then I could go home tonight and something could happen and I could self-harm. So it’s just every day. You take every day” (Parent)

“It’s the after support. You can tell us in one session how to do one thing. And as much as you remember that one thing, normal day-to-day life takes over. So as much as you’ve thought ‘that was brilliant, I’m going to do that’ come Saturday you’ve forgotten. Not on purpose, but things have got in the way....You’re asking us to try and change learned behaviour, which we all want to do, but it all takes practice” (Parent)

Parents expressed a desire for the programme to be longer with wrap around support and aftercare. This was seen as particularly important when they discussed the complexities of managing difficult emotions and experiences they had not dealt with previously, and they felt that additional support was required relating to this. They linked this to the wider wraparound support they believed was needed during the programme and highlighted the importance of having this available as an aftercare offer.

Knowsley held a one off catch up session, two months after their second programme finished and Sefton maintained contact with parents through their separate caseloads and by some parents volunteering on the other programmes. The parents reported that they benefited from the Knowsley catch up session, and would like this on a regular basis. They suggested meeting monthly for a coffee morning to catch up and support each other. However they did acknowledge that this would need to be organised by the facilitators as this was not something they could see themselves maintaining without the structure. Facilitators also acknowledged this would be difficult for parents to organise without having travel support to meet up.

“You’re trying to get people out of habits that they’ve learned over the course of their life and it’s not something that can be changed overnight. I think the length of the course needs to be longer to give people the opportunity, the chance to put things into practice, because I think what’s really fundamental with the people that come on this course, the issues that they’re facing in their day to day lives. It’s not a case of them not wanting to put those ideas into practice. But you’re asking them to do something that’s not necessarily a comfortable action for them to do. You need to give them more time and more support to practice what they do in group. I think if they had more time to be able to go over those a little bit more...or have time to be able to come back to that, if you’ve had a stressful week....For me it’s still a challenge trying to put those things that we’ve learnt into practice. It’s like a massive challenge” (Parent)

“I think once you get back into your normal life if that makes sense, it just takes over then doesn’t it? And you’ve all the best intentions but if there was something set in stone like on the 25th of every month, you’re coming back here, you’re more likely to do it” (Parent)

“To reassure each other as well if someone’s having a really rough month then everyone can be like, right well just remember your programme or, I’ve just been through this you know, just helps keep you up to date” (Parent)

“Without rules yeah, it’s not as likely to happen. We need structure just as much as the kids” (Parent)

Another parent highlighted how the programme would be beneficial to attend again, especially as their children grow, to give them the opportunity to build on their learning and acquire new skills to continue to provide ongoing support for their children.

“I’d want to even do it again maybe. Because my baby’s young, she’s about – nearly 11 months. So it’s helping me look to the future and what to expect and how to try and put things in to place now early, but I still feel like as she’s growing and changing my parenting will need to as well and I would like to come back and sort of redo, redo all this because it’ll be relevant in a different way” (Parent)

3.4 Case studies



Case Study One: Bernie¹⁴

Bernie found out about the programme through an early health prevention worker that was helping her with her daughter who was being bullied in high school. Bernie said that she had been on lots of different courses and thinks it is [the ACEs Rock Pool Toolkit programme] one of the best but that it was not easy, noting that the programme involves going deep into your past. She said that this helped to overcome her past and her problems and made her *“stronger as a person and I’ll never go back to that place again because of that course.”*

“...the way it was delivered, you couldn’t ask for anyone better to deliver it....They were all just great. It was not a lot of paperwork which helps. It was more about speaking and watching videos and about going into your past.”

“they weren’t telling you things you were doing wrong because nothing you done in your past was wrong and that’s something that was very secure of them for me to open up because they weren’t there for any other reason but just to listen and try and help and that’s a massive thing and I think they done it really well.”

Bernie felt that the openness of the group gave her a positive experience and she praised the way the programme was delivered. She said that the programme allowed everyone to talk when they were ready. She also said that it would be good if the programme was longer so that there was more time to get to know people before talking about their potentially intimate histories. She also thought it would be good to see some men on the programme: *“men are the harder ones to get into because they’re the ones who don’t speak to people.”*

Bernie said that the programme has helped her with her children and also in her relationships with other people. She felt that the programme has changed *“my life in ways I couldn’t even explain.”* She felt that she has always been confident around her family and children but that as a result of the programme she is a lot more open-minded and now tells her children things she wouldn’t have been able to tell them before: *“I was just a mother, I’d do what I’d do but I wouldn’t ever speak to them. I wouldn’t open up. I wouldn’t do things with them. When I come to reception I wouldn’t give them a hug. I wouldn’t do things like that. So this course opened me up... it took me back to my past and made me realise things about my past and why I was the way I was and it changed me for the good really. So I could open up and I knew it was ok to tell them I love them.”*

Bernie felt that the knowledge and awareness she developed on the programme has helped her to meet someone and have a long lasting relationship. The changing relationships were the most important outcomes that Bernie felt she had experienced as a direct result of the programme. She also said that her children seem a lot happier and are able to open up to her more now: *“It not only changes my life, it changes theirs as well.”* She also said that her mental wellbeing has improved, with the programme helping her to overcome the problems that were causing her anxiety; for example

“I used to be very closed off as a person. Didn’t like anyone. Didn’t really have affection towards me kids, wouldn’t even tell them I loved them at one point. It opened my eyes up really to how much that’s needed in a family environment and how much from a parent or a mother, to be able to do that is massive.”

¹⁴ To promote anonymity, all case study’s use pseudo-names rather than individual’s real names.

changing the way in which she chooses her friends. She saw the programme as a life skill that *“changed my life completely and other people’s lives in ways that no other course could do.”*

Bernie spoke about how she is continuing to tell her story about her experience on the programme because she thinks it is so important. Bernie spoke about how she had been volunteering with the second Sefton ACEs programme and helping parents to realise what they can achieve. She said that she still speaks to some of these people and they are doing really well. She also said that she is in touch with some of the parents from the programme she attended. It was felt that they *“have all been through similar things and this is a good thing when need support.”*

Bernie has recently moved to a new city where the different service providers and people have not heard of the ACEs programme. Bernie said that she has always wanted to move but did not feel able to until after she attended the programme. She said that she is still able to ring the facilitators for support if she needs it though.

Bernie felt that whilst the programme was targeted at parents who had experienced ACEs, the programme would be beneficial for anyone who had experienced ACEs.



Case Study Two: Fran

Fran first became involved in the ACEs programme through one of the facilitators who worked with her and her children. Fran had finished the programme for a couple of months before she was interviewed.

Fran said *“it’s a course that you really need to do when your children are young I found.”* Although her youngest child was in their late teens, she felt that it was useful with her granddaughter as she is able to advise her granddaughter’s mum more. Fran highlighted that one of her children has been struggling with life from the domestic violence and that she wishes she had been able to do this programme a long time ago when her children were younger. She stated that she felt she and her family were let down by professionals at the time as the support wasn’t there but feels they have been supported well by a few voluntary organisations.

“The one good thing about it, they know if anything goes wrong with us, any of us will always be there for each other. That was what we said at the end of it. All you need is that one or two people who support, who understand.”

Fran enjoyed the social element to the group and got to learn about other people’s situations and said they told their stories with honesty. Fran had attended other parenting programmes and felt that after a few weeks other parents lied, saying that now their children were doing what they are told and Fran would be the one to say that her children were not. Fran said that in her ACEs group

(programme one) there would be tears, hugs and they would support each other. The group trusted and supported each other and were still in contact and planning a Christmas meet up. She said some of the parents she saw appeared unhappy at the beginning of the programme, but much happier after the course had been completed as they didn’t feel so much guilt. Fran said that if she was in a situation where she was experiencing domestic violence, she would have the support of the others who attended the programme.

Fran felt that the programme had been useful. She spoke about how the programme had raised her awareness of how much ACEs can effect children and that it has enabled her to see not only her own ACEs but also the ACEs of her children:

“Sometimes I reflect back to it and I feel sad that I couldn’t prevent that.” Fran said that the programme has helped her to be able to talk to her four children about what happened and that it has changed the way she engages with her daughter;

also the impact that her/her children’s ACEs may have upon her youngest child. Furthermore that she has passed on some of the tools/techniques from the programme to a friend:

“It will benefit anyone I come in contact with. When it comes to children it really will and people themselves, you know me friends themselves.”

Fran thinks that these changes will be long lasting as she ‘will always be educated more’. She also said that she thought it would ‘kick in’ when her children have their own little families where she can help advise her children on what to do: *“It makes you feel good doesn’t it? Because you feel like you’ve done something good and you’re preventing another child or another parent from feeling bad.”*

Fran said that she now recommends the programme to others; also that she would like to give more time to the group but that she is unable to at the moment as she is supporting her daughter.

“It opened so many doors to understand and especially with my daughter who struggles with mental health now and been diagnosed. I understand where she’s coming from and the things she does. I understand.”



Case study three: Alma

Alma had not experienced ACES herself. However, her son had experienced adversity due to the behaviours of her ex-partner, and she wanted to ensure that her son did not end up like his father. She felt that the life choices of her ex-partner (domestic violence; risky sexual behaviour) stemmed from his own ACES. Alma built up good relationships with other women on the programme and regarded a lot of them as having very hard shells, but being very vulnerable. She did not, however, maintain these relationships outside of the programme.

The programme has helped Alma to understand more about the behaviour of her ex-partner and has built her confidence. She said

"..being able to understand and realise that actually a lot of these people who come on these ACES course have gone their whole lives....and not one of them has had counselling. Not one of them has gone to services and said. And it's because of shame and because they've just thought that was the norm and so they've gone through their entire lives with no treatment."

"My priority at the moment is in no uncertain terms for my child not to end up like his father."

that so many of the other parents had not sought help before, either because of shame, or thinking that this was the norm. Coming on the programme, talking and building up relationships, was therapeutic. For example one woman who she met wouldn't even let the gas man come in to check her meter, for fear of being assaulted. The programme helped her to realise such behaviour is not normal and she went to seek help from her GP. The programme was also seen to give the women a routine and a chance to get out of the house.

Alma noted potential negative outcomes of the programme, such as with one woman who almost had her child taken off her after she ended an abusive relationship and social services became involved. She felt that the programme is opening *"a lot of raw emotion that's not then getting dealt with perhaps appropriately"*. This may result in some of those who are more vulnerable dropping out of the programme. A lack of follow-up support also meant that any changes or improvements experienced by the parents may be short-lived.

"You really have to try and find a way of having a bit of additional support... it's heart-breaking to see that nothing more can be done for them."

Alma felt there were a number of ways in which the programme could be improved:

- Provide personalised support and signposting, in 1-2-1 sessions, half way through the programme and after the last session.
- Focus on practical activities and hearing people's stories, using powerful demonstrations that *"stay with you"*, rather than too much written material. *"I think a lot of it that sticks with you is emotive. Not necessarily for me the things that they're showing on the TV. It's talking about it and hearing other people's stories and examples. I think that's what sticks with me more."*
- Include 're-visit' sessions at the end of the programme, to re-inforce what's been learned.
- Provide reassurance for those who are facing challenges as they try to parent differently to their own parents: *"..it's ok you're doing it right you just need to stick with it."* *"I ended up doing all these parenting courses because my mum was constantly having a go and saying you shouldn't be*

"If I don't practice something practically I forget ... the last thing I'm thinking of at 9 o'clock at night when I'm trying to get to sleep is 'I could have handled that situation better I'll bring out my folder'."

like this with him. You shouldn't be doing this with him. And actually the nightmare of it was that when I went on these courses I was actually doing the right things."

- Treat participants as individuals, and acknowledge that any personality or mental health issues are likely to be a consequence of ACEs.
- Allow time – a good few sessions – to break down some of the barriers to and get to a point where parents are comfortable to begin to talk about their experiences.
- Raise awareness on issues such as mums' use of cannabis sensitively, without pointing a finger.
- Provide ACEs programmes for perpetrators of domestic violence.



Case study four: Megan

Megan had completed the first parent ACEs programme. At the beginning of the programme Megan said that she had been unsure about going because she didn't really understand ACEs. She said that it took until week three or four when she was watching some videos for something to resonate with her and her own experiences and that she then began to understand more about what

ACEs actually were.

When looking at changes Megan had experienced as a result of engaging with the programme, she felt she was happier, her confidence had increased and also her ability to communicate and socialise with others. She also said that she was getting out of the house more. She felt that she was able to do this because she had identified her own ACEs. Also that this experience put her in a good position to talk to others who had experienced ACEs; so people could relate to her and she could relate to them: *"Sorting your own ACEs out first is a big step in life to help somebody else.... So I just sort of acknowledged the ACEs, took one ACE at a time and I was just able to rebuild and rebuild on that."*

Megan felt that in her experience, ACEs starts from childhood and builds with age: *"I think that the ACE starts from a childhood really. Because as you grow older you know it does build up toxic stress and then that's when it*

"So the beginning of the 10 week ACEs course... I was a bit unsure to be honest with you. Coming into like the second week of, I didn't understand really of the ACE. So I didn't know whether to carry on with the course but... coming into week 3, week 4 and we were watching more videos, I thought it was all about me. So that's where I understood the actual ACEs"

"It's brought out more confidence for me in the sense of communication and socialising....But now I'm able to listen to what the persons saying, understand it and give them some feedback without... without any breakdowns in myself. "

becomes to be more viciously in the adult then." She said that the programme had enabled her to focus upon herself compared to other programmes that she had attended which focussed upon parenting and her children. She felt this enabled her to stop and think about how she responded to her children instead of 'retaliating' and shouting. Taking time out for herself was encouraged by some of the aspects of the programme such as the pamper packs. Megan said

how it encouraged her to relax whilst the children were at school by taking a bath during the day, something that she would never normally be able to do: *"And it was just nice really to experience me. Instead of my whole day revolves around kids and other people."* Having space for herself and then time to think about herself allowed Megan to give her children the space *"to be a kid"*, but also have more family time and that she encouraged her children to open up.

Megan said that she felt that the programme helped her to build 'resilience' and that she wanted to help everybody on the programme. As a result of this she became a volunteer on the second ACEs programme that was running and she wants to become a young adult child support worker, so that she is able to help when they run the children's ACEs programme. She also acknowledged, however, that it was important to take one step at a time when learning new things. Megan also felt that that the programme had helped her *to "conquer some emotions really and not dwell on them."* and more generally helped her to show her feelings and emotions.

"I'm a mum and I know how to look after the kids and take them out and play with them....I could do all that and parenting skills... it was just I found me. I was able to look at me and not look and me and my kids."

4. Key learning and recommendations from the piloting of the ACEs Recovery Toolkit Programme in Knowsley, Liverpool and Sefton

Programme accessibility and engagement

The different infrastructures in place meant that that Liverpool, Knowsley and Sefton implemented and delivered their programmes at different time points and in different ways. The importance of a structured referral process and framework was apparent across all three areas, highlighting the importance of buy in from partner organisations. This also highlights the importance of the strategic buy in from partners to embrace, support and promote new approaches and pilots. This is important not only for referrals, but for support and advertisement of the programme and for ongoing support for parents accessing the programme. This requires resource and lead in time for facilitators to work with organisations to develop relationships and pathways. This also relies on partners having a good understanding of the programme and the importance of promotion of the programme between professionals and the parents they work with. An important factor for successful engagement was parent course readiness, therefore it is important that facilitators and referral organisations work closely together to ensure that professionals are able to identify parents who are in a position to engage with the programme, and to also ensure parents fully understood the nature of the programme and the commitment that is required from them. This also raises the question around the target group for further programmes, and whether the programme is targeting early intervention or parents with more complex needs.

The parents accessing each of the five programmes delivered across Knowsley and Sefton had complex needs and many had experienced negative outcomes due to their ACEs and had received support from a number of services in the past. However, this was the first time that these parents had engaged with support specific to ACEs, and in most cases the first time they had engaged in a programme that focused on them. All parents participating in the programme had at least one ACE. For those for whom ACE scores were available, the majority (76.3%; n=29) had four or more ACEs. It is therefore important to consider the programme model, does it provide early intervention or more specialist support, and can it provide both? This also raises the question around the target group and recruitment for further programmes.

Parents engaged well with the course, with larger groups proving more successful and easier to deliver, and group dynamics seen as an important factor for success. Both parents and facilitators felt that longer sessions were required, with two hours proving difficult to accommodate the session, alongside logistics of settling in at the start of the session, and debriefing and ordering transport at the end of the session.

Resources

Facilitators found the programme training useful and insightful and were able to go on to deliver programmes following this, however they expressed a desire for an extended training workshop to allow for a questions and answers session and the opportunity for refresher training before going on to deliver the programme.

The implementation and delivery of the programme was resource intensive, in terms of preparation for sessions including session resources and activities, and logistic planning of venues, transport and

childcare facilities, and therefore an adequate budget was required to support this. As was capacity for the facilitators to undertake the home visits, deliver the sessions and provide safeguarding support to the parents. It is important to recognise the commitment, skills and experiences required from facilitators in order to effectively engage parents and deliver the programmes. It is important that facilitators are supported to do this, through allocated time to spend on the planning and delivery of the programme, which is important for the facilitators delivering the programme in addition to their current roles, for example they are not solely employed to deliver the programme.

Facilitators from each of the three areas benefited from supporting one another and sharing experiences and learning, for example through Knowsley piloting their programme first and Sefton providing weekly email updates. This was seen as useful to the other areas, especially for Liverpool during the development of their referral pathway. It is important that facilitators have this peer support available, alongside support from managers and regular supervision, especially when working with parents with complex needs.

In terms of session resources, facilitators did not deviate from the toolkit where possible, but did supplement session plans with their own resources, acknowledging that facilitators need to be experienced in delivering parent programmes in order to have the confidence to do this. Additional materials were also required for parents with learning needs and a suitable venue was imperative in terms of access to the internet for some session resources.

Using a trauma informed approach

Increased awareness of ACEs amongst professionals and engaging well with partner organisations is particularly important in terms of providing wraparound support for parents attending the programme. At the Liverpool launch, potential referral organisations expressed concerns of exploring past traumas with individuals who did not have the appropriate support around them to help them cope. It is important to acknowledge here that the ACEs Recovery Toolkit is not designed to explore and attempt to deal with those traumas, neither does it encourage parents to disclose and share past traumas. The training recommends that facilitators should actively prevent disclosures to avoid re-traumatisation¹⁵. However, as the facilitators acknowledged, people will want to share, and the parents themselves focused on the programme bringing up emotional issues from the past they had not previously dealt with. The concerns from the referral organisations highlight a need for wraparound support for individuals, and therefore highlights the importance of the referral organisation's role and responsibility to not simply refer onwards and move them onto the programme, but to maintain their contact with their clients and continue to support them. The programme should not be seen as a service that provides support for people, it is a programme that should not be run in isolation from external specialist support, highlighting the need for embedding the programme within wider structured support and a multiagency framework.

This wider support network is particularly important for programme aftercare and the challenges that the parents highlighted in sustaining the outcomes they had achieved. The parents benefited from

¹⁵ The RTK (© Penna and Passmore Ltd) training specifies that the purpose of the initial interview is to explain to potential participants that attendance on the programme will not include talking about past events. This then enables facilitators to proactively stop this from happening in the group. This is noted by Rock Pool as a key part of working with a trauma informed approach.

multiple outcomes and experienced positive impacts during and immediately following the programme, as evidenced in the evaluation engagement during the programmes and at follow up. However they did express concerns about maintaining these changes in the longer term. Parents did suggest extending the programme or meeting up on an aftercare basis, but acknowledged that they would not organise this themselves and would look to the facilitators to continue with organising sessions beyond the ten week programme. Whilst an exit strategy and aftercare provision is required for parents completing the course, it is also important to consider the implications of this. Programme facilitators would need to consider the resources required to maintain contact and also ensure that the programme does not become a service or create dependency.

Knowledge and awareness

A significant impact of this programme was the increased awareness for the parents, in terms of their understanding of their own ACEs and the impacts this may have had or could have for them, and in terms of the impacts for the children. The parents benefited greatly from acknowledging their ACEs and understanding the links between their emotions and behaviour, with many of them describing a 'lightbulb' moment of realisation. This sparked a recommendation for everyone to be educated around ACEs, with many parents believing that they would have been treated differently and provided with greater support if other professionals such as social services and schools had more of an understanding of ACEs and the impacts for individuals who have experienced ACEs. This highlighted the need for wider workforce training and early intervention education to ensure all services work in a trauma informed way.

A common recommendation from parents was that the programme should be available for children and young people. They recognised the need for early intervention and suggested they may not have been in some of the positions they were in today if someone had intervened early to support them. The need for universal ACEs education for all children was highlighted, alongside more specialist support for children who have already experienced or are at risk of experiencing ACEs.

A benefit of this programme was the realistic goals and practical tools and skills that the parents learnt to help them cope and deal with situations more effectively. They were able to take elements of the programme and try out techniques at home, reporting that they were successful. This meant that the parents could see the theory working in practice with real tangible differences to them, which not only empowered parents, but also increased their self-esteem and parenting confidence.

Impacts for parents and children

The evaluation provides evidence for a range of outcomes experienced by the parents accessing the programme, including increased social and support networks, improved mental health and wellbeing, and improved communication skills. The group work provided the parents with a safe environment to come together, which provided a great source of peer support through parents supporting one another and sharing experiences. This also provided some isolated parents with the opportunity to get out and meet new people, with some parents going on to volunteer at other groups, being able to share their lived experience with newer members to the groups.

Parents benefited from the programme focusing on them, acknowledging that they enjoyed taking some time for themselves and to look after themselves which was not something they were used to. Furthermore the quantitative analysis demonstrated a significant positive increase from pre to post assessments for self-esteem, resilience, healthy lifestyle behaviours and mental wellbeing.

The programme also evidenced a systemic impact, with children also reported as experiencing positive outcomes. The children of the parents accessing the programme benefited from improved relationships with their mothers. Parents reported children being happier that their parents understood them better, listened to them and spent time with them. Parents also reported children feeling happier because they felt happier, demonstrating the systemic impact of the programme. Other outcomes reported for some children included being happier and more engaged with school.

The evaluation of the Rock Pool ACEs Recovery Toolkit pilot in Liverpool, Knowsley and Sefton has provided important learning for parents, facilitators, commissioners and wider stakeholders around the process of implementing and delivering the programme and has evidenced the short-term impact of the programme for parents and their children.

The evaluation highlights the difficulties of implementing a programme across areas with different infrastructures and parenting support offers in place, and the complexities of engaging with and building support from partner organisations. The programme does highlight that with support in place to implement a programme, parents can engage well and benefit from the group work involved in the programme, with many positive outcomes experienced for parents and reports of outcomes for their children too. It does however need full partner support with wraparound support and aftercare provision for parents to ensure they are fully supported to understand the impact of their ACEs and move forward.

It is important that any further roll out of the programme is manageable, measurable and sustainable. The evaluation has made the following recommendations:

Recommendations for training and toolkit resources

- Facilitators expressed a desire for an extended training workshop to allow for a **questions and answers session**. The trainers should consider having this as an opportunity for facilitators, alongside **refresher training** for those facilitators with a significant gap between training and delivery.
- The three areas highlighted the importance of **sharing learning and good practice** during the pilot. Facilitators benefit from providing advice and being able to learn from one another. Further roll out should consider developing a network for trained facilitators to support one another. This could include a mailing list, discussion board and/or regular meetings. Regular opportunity for supervision is also important, especially when working with parents with multiple complex needs. A learning event for current and new facilitators could support this.
- Facilitator's reported adapting handouts for parents with dyslexia and learning difficulties. Further programmes should consider providing **adapted resources suitable for different learning needs and literacy levels**.
- Facilitators reported deviating very little from the toolkit to support programme fidelity. However, a number of supplementary activities and resources were used to complement some sessions. This highlights the **need for a flexible model** and for facilitators to have the experience and confidence to add to sessions. Further roll out could consider using shared learning and feedback from facilitators to incorporate these additional resources, which would be useful for facilitators with less experience of delivering parenting courses.

Recommendations for pathways

- A **structured referral process** is important in ensuring appropriate referrals are made and parents have a clear understanding of the programme. Any further roll out of programme should allow adequate time and resource for facilitators to build and maintain relationships with referral organisations.
- Home visits played an important role in identifying course readiness and ensuring parents understood the commitment required for the programme to support positive engagement. The home visit also provided the important opportunity of introducing parents safely to the concept of ACEs and therefore it is important that facilitators have the resource required to spend quality time with parents during the visit, and the time to answer questions, **better prepare them** and reduce any fears around participation.

Recommendations for implementation and delivery

- An **adequate budget is required** to support parents to access the programme. Further roll out needs to prioritise venues that are suitable to the needs of the programme and the parents. This includes provision of a crèche for childcare, local accessibility or travel support and appropriate technology including internet access to deliver the sessions.
- The pilot evidences that the programme is **resource intensive** for facilitators, in terms of preparation, delivery and safeguarding. It is important that facilitators feel supported to deliver this role, ensuring they have adequate time and resource to fully prepare and deliver sessions, with specialist support (e.g. from mental health services) available. This also needs to be taken into consideration for facilitators undertaking this role in addition to their day to day role, especially when working with a designated caseload.
- The importance of engaging **experienced skilled facilitators in parenting courses** to deliver the programmes should not be underestimated. The facilitators required important skills and commitment to the programme, which then impacted positively on the parent's experience. It is important that future facilitators also have this belief in and commitment to the programme and experience and skills to deliver the programme effectively.
- Parents benefited from the opportunity to support further ACEs programmes, this gave them the opportunity to share their learning from the programme, which further increased their skills and confidence, and gave new parents the opportunity to understand how the programme works from a **lived experience** aspect. Further roll out could include an opportunity for peer support, encouraging where appropriate, parents to engage and support groups on a voluntary basis.
- The pilot highlighted the need for a **structured aftercare process and exit strategy**. Parents benefited from a follow up session. Where resource allows, facilitators should consider the opportunity to hold a follow up group for parents to touch base and receive any signposting or referrals required for further support if needed. Facilitators should also consider adopting a follow up plan for parents who disengage from the programme.
- Parents benefited from working in a group; it reduced isolation and provided one another with **peer support**. Parents expressed a desire to continue to meet, but were unsure of how to do this without the organisation and travel support from facilitators. Parents could be actively encouraged to develop their own groups where possible and appropriate to do so. Facilitators could explore the potential of linking parents in to a venue for a regular coffee morning.

Recommendations for the wider workforce

- **Strategic and local partnership buy in** is essential for the successful delivery of a programme.
- It is important that the **skills built for facilitators** during training are utilised and continue to be used outside of the delivery of the programmes.
- The pilot has highlighted the potential for parents to revisit past traumas which required support during and after accessing the programme. It is important that the programme is not delivered in isolation or in place of **wraparound support**. The programme should not be delivered in place of external support that is required, especially for parents with complex needs. The programme should be delivered in collaboration as part of a package using a multiagency approach. It is important for wider partners and referral organisations to understand and commit to the programme to ensure this wraparound support is in place.
- The evaluation evidences the parents' increased knowledge and awareness of ACEs and the impact of them, alongside practical tools for them to put their new found knowledge into practice. The awareness raising prompted parents to ask why ACEs awareness is not widespread amongst professionals and the general public. This highlights a need for **wider workforce training for professionals** in order to provide trauma informed support and care in varied roles and responsibilities. This could include professionals working with and supporting children and young people.
- With no male engagement, the evaluation of the pilot cannot provide evidence of effectiveness of the toolkit working with males. The wider workforce should consider strategies for **engaging more males** with programmes aiming to prevent and/or mitigate the impacts of ACEs.

Recommendations for monitoring and evaluation

- The evaluation has demonstrated the importance of **capturing qualitative evidence** for the programme to map the journey for parents and evidence distance travelled. Further roll out should consider routinely capturing case studies.
- The pilot has evidenced the **wider impact of the programme**, specifically in terms of outcomes for the children of the parents accessing the programme. Wider roll out could consider incorporating this feedback into the routine data collection, through asking parents about changes for the children. Further evaluation should also explore the potential of including wider family members in the qualitative data collection through family interviews.
- Quantitative measures were utilised for the evaluation at pre and post-programme engagement to demonstrate distance travelled. Although larger sample sizes are required for more meaningful interpretation, it is important that further roll out of programmes continue to **routinely use measures** in order to build evidence and a sample size across programmes for parents to further evidence impact of the ACEs programme.
- It is important that **longer term impact** of the programme is evidenced through further evaluation and through further follow up engagement where possible with parents who engaged in the earlier programmes. Evaluators and/or facilitators could incorporate regular follow up interviews/calls with parents, for example every six months, however resource implications for this would need to be considered.

5. Appendices

5.1 ACE assessment tool

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? Or act in a way that made you feel afraid that you might be physically hurt?
If yes enter 1...
2. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?
If yes enter 1...
3. Did an adult person at least five 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?
If yes enter 1...
4. 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?
If yes enter 1...
5. Did you often or very often feel that you didn't 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?
If yes enter 1...
6. Were you parents ever separated or divorced?
If yes enter 1...
7. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? Or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit for at least a few minutes or threatened with a gun or knife?
If yes enter 1...
8. Did you ever live with anyone who a problem drinker or alcoholic or used street drugs?
If yes enter 1...
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
If yes enter 1...
10. Did a household member go to prison?
If yes enter 1...

___/10

5.2 Key findings relating to the RTK Toolkit and programme

Key programme findings

- Outcomes for parents included increased knowledge and awareness of their own and their children's ACEs, and the impact on children, increased support networks, reduced isolation, improved self-esteem and wellbeing, increased resilience, increased confidence in parenting skills, and improved relationships with their children. Outcomes reported for some children included being happier and more engaged with school.
- The parents benefited from multiple outcomes and experienced positive impacts during and immediately following the programme, as evidenced in the evaluation engagement during the programmes and at follow up.
- Parents enjoyed the focus of the programme and benefited from using practical skills that they learnt.
- A benefit of this programme was the realistic goals and practical tools and skills that the parents learnt to help them cope and deal with situations more effectively.
- A number of the parents described reacting more positively to their children, they described listening more, not retaliating, being more assertive, and taking a step back to give themselves and their children space, therefore enabling a calmer approach to tackle the issue more effectively.
- The children of the parents accessing the programme benefited from improved relationships with their mothers. Parents reported children being happier that their parents understood them better, listened to them and spent time with them. Parents also reported children feeling happier because they felt happier, demonstrating the systemic impact of the programme. Other outcomes reported for some children included being happier and more engaged with school.
- The programme was described as empowering and taking parents through the journey.
- Many of the parents had received support before from a number of different parenting programmes, but never around ACEs and described the programme as unlike something they had accessed before, highlighting the importance of the programme. They described this programme as something that 'clicked for them', describing it as a 'lightbulb moment'.
- Parents highlighted the importance of the 'lightbulb moment' and their disbelief that it had taken so long for this message and education around ACEs, and reported that programmes such as the Recovery Toolkit can prevent families from being separated. The parents reported feeling relieved that they understood how some of their behaviours in later life were linked to their childhood traumas, and the sense of not feeling the blame and guilt they had previously felt. Some facilitators also agreed that this programme was the best they had delivered.
- A referral organisation described how one parent that they worked with had not been able to move forward in the past, but with the programme has made positive steps forward.
- Parents reported that their increased knowledge of ACEs and the impact of ACEs, allowed them to understand the link between emotion and behaviour and recognise specific behaviours. They were then able to put strategies that they had learnt from the programme into place to prevent or minimise the trigger and the consequences of the trigger. One parent spoke about using the programme pyramid activity to understand the link between thoughts and behaviour and this equipped her to cope better with situations.
- Parents described that they saw the programme as a means to breaking the cycle and preventing their children experiencing ACEs, or minimising the impact of ACEs they had experienced or may experience.

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