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## Evaluation of the Sefton Adverse Childhood Experiences (ACEs) Recovery Programmes

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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.

There is also evidence to suggest that there are clear intergenerational links to exposure of ACEs and that some parents who have experienced 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 and help mitigate the impacts of ACEs and trauma. Globally, work is being undertaken to produce a framework for measuring the impact of ACEs across populations, understand risk and protective factors, and identify critical approaches to prevention and response. The increased knowledge about ACEs and trauma is enabling the developing of trauma-informed approaches across settings, including the implementation of resilience-based training and ACE-informed practices 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 and ten-week programme 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.

### The pilot evaluation of the ACEs Recovery Toolkit Programme (Sefton, Knowsley and Liverpool)

In 2017, the Local Authorities at Sefton, Knowsley and Liverpool jointly commissioned Rock Pool to implement a recovery toolkit for practitioners working with families affected by ACEs. During 2017-2019, the ACEs Recovery Toolkit, ten-week programme was piloted across Sefton, Knowsley and Liverpool. The Public Health Institute (PHI) at Liverpool John Moores University (LJMU), were commissioned to undertake an evaluation of programme<sup>1</sup>. The evaluation aimed to understand the

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<sup>1</sup> The report can be accessed here: <https://www.ljmu.ac.uk/~media/phi-reports/pdf/2019-08-evaluation-of-the-rock-pool-aces-recovery-toolkit-programme--ljmu-final-report.pdf>

process of implementing and delivering the programme, and the short-term impacts. Key findings included:

### 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 four or more) 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 this had on their 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.

### Rolling out and evaluating ACE recovery programmes across Sefton

Following the pilot, Sefton Council commissioned further adult (female and male) ACE programmes and additional staff were trained, with further programmes delivered across Sefton during 2019 and 2020. Sefton commissioned Rock Pool to develop a young person's specific toolkit and programme, which was then piloted across Sefton in 2019 and 2020.

The Public Health Institute (PHI) at Liverpool John Moores University (LJMU), were commissioned to continue to evaluate the impact of the ACE programmes across Sefton. The evaluation aimed to understand the experiences and outcomes of the programme for facilitators and for the parents and young people accessing the programme, and explore the sustainability of programme outcomes.

### Evaluation methods

The evaluation utilised a range of qualitative and quantitative methods in triangulation to explore the development and the implementation of the programmes, and to assess outcomes and impact. The research team continued to build on the findings from the pilot evaluation, and worked with parents, young people and facilitators to further capture impact of the parents programme beyond the first two programmes, and the impact of the young person's specific programme. This work explored the

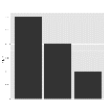
sustainability of impact and the mechanisms that need to be in place to support this. Evaluation activities included:



Interviews and focus groups with female parents (n=20), male parents (n=5) and young people (n=11) accessing the ACE programmes to understand the impact of the programme for the young people, parents and their families. Follow up interviews explored sustainability of outcomes for parents and young people. Case studies (n=4) were developed to demonstrate journeys and distance travelled for parents and young people. In total 53 parents and young people engaged in the research during the roll out of the ACE programmes in Sefton (including engagement with the pilot evaluation n=17).



Interviews and focus groups with the facilitators (n=12) delivering the programmes to explore how the programmes were implemented and delivered, barriers and facilitators to delivery and perceived effectiveness of the programmes.



Analysis of secondary data using scales collecting at the beginning and end of the programme to measure wellbeing and self-esteem (ACE score, Rosenberg Scale and Lifestyle Checklist).

## Key learning from the evaluation

### Implementation and delivery of the programmes

In addition to the first two programmes with female parents that ran during the 2018 pilot, a further five female parent programmes were delivered in family wellbeing centres in 2019. The young persons 'GROW' eight-week programme was developed to use the ACE Recovery Toolkit for working with young people. The GROW programme was piloted across summer 2019 in a community setting in partnership with Active Sefton, with subsequent programmes delivered in school settings. An ACE vulnerability checklist was developed by the Sefton ACE Coordinator to use with young people to check suitability for the programme.

The first male parents programme was established and delivered in a family wellbeing centre in 2020. Programme delivery was significantly impacted during 2020 and 2021 due to the Covid-19 pandemic, meaning a number of programmes were disrupted and paused. Programme delivery for female parents was taken online in South Sefton.

Programme type	Number of programmes	Number of individuals (completed)
Female parents	7 (2 paused)	47
Male parents	1	5
Young people	2 (2 paused)	16

#### ACE scores (n=48 female parents)

Experienced before the age of 18:

- 87.5% had four or more ACEs.
- 45.8% had 8 or more ACEs.
- 87.5% had a household member who was depressed, mentally ill, or had attempted suicide.
- 83.3% had experienced verbal abuse.
- 83.3% had experienced emotional neglect.

### Parents, young people and facilitators experiences of the ACE programmes

#### The referral process

Parents and young people were able to access the programme easily, highlighting the benefit of working with key professionals in Early Help who already have established relationships with families. There were also other benefits of this including: having an understanding of the young peoples and

parent's needs, an understanding of the wider needs of the family, and an overview of the support currently in place ensured a whole model approach and wraparound support was available where needed. This did, however, also bring complications for the potential for the facilitators to have less focus on the programme when needing to address wider issues.

The referral process did highlight that external referral organisations would benefit from increased knowledge and awareness of the programme to ensure parents and young people fully understand what the programme is, what to expect and what is expected of them, and why they are being offered a referral. This was highlighted in terms of ensuring appropriate referrals and that the programme is offered to individuals where it would be appropriate and beneficial for them to attend the programme. Also in terms of professionals working in a trauma-informed way, having a greater understanding of the impacts of ACEs and using appropriate language when discussing trauma and associated support. Having the opportunity to undertake the home visit at the referral point was highlighted as key to communicating with parents and young people to ensure the programme was suitable for them, and provided opportunity to ensure they received the correct information.

A key finding centred around early intervention and how programmes such as this need to be available at a younger age when individuals may experience ACEs; reaching them earlier in their lives before they experience some of the longer-term associated impacts of ACEs and before they have their own families. The targeted referral process was viewed as a success in reaching those most in need of the programme and struggling with the impacts of their ACEs and at risk of their children experiencing their own ACEs. However, the findings do highlight the potential for programmes to be more widely advertised and the offer extended to early intervention. Referral pathways, service demand and resource implications would need to be considered here.

*"They are still not getting the right messages when they are being offered the course, social workers aren't getting it across right, so we are going to work with that again. We have done quite a lot of work on helping professionals to understand what it is about and what they are coming for. But they were sent with a completely different idea of what this was going to be" (facilitator, adults)*

Facilitators have carried out work to increase knowledge and awareness of the programme, and Sefton have recently delivered workforce ACE and trauma-informed training to upskill the workforce, as part of the Merseyside Violence Reduction Partnership (VRP), which aims to foster a multiagency trauma-informed approach across Sefton. The wider evaluation of the trauma-informed training across Merseyside evidenced positive improvement in attitudes and knowledge following training. The Sefton based training may therefore improve professionals knowledge and understanding of ACEs and trauma-informed working, awareness of ACE programmes and communication during the referral process, contributing to wider system outcomes.

### **Location and partnerships**

Location of the programmes was highlighted as a key component to the delivery of the programme. For the parents, family wellbeing centres had positives and negatives, the centres were local and more accessible, there were crèche facilities and the centres were known to parents putting them at ease when attending. However, for some, the centres were the location of family and access assessments, and were therefore associated with upsetting memories for some parents. Facilitators made adaptations to rooms to change the appearance and make them more comfortable and 'holistic' for parents.

*“I think the water sports works really well with the course because it’s quite intense and there’s a lot of reflection around, ACEs, obviously adverse childhood experiences, we talk about situations which are stressful, toxic and they get a chance then to have a burst of energy on the water”  
(facilitator YP)*

For the young person’s programme, the need for school run programmes was identified in addition to programmes in community settings, recognising the benefit of building partnerships with schools to support the safe delivery of programmes. Delivering programmes in schools was highlighted as particularly important given the impacts of Covid-19 on young people, however, the impacts of the pandemic lockdown measures did contribute to inconsistent delivery. The community delivery of the young person’s

programme was seen as ideal and the partnership with Active Sefton was highlighted as key success to the delivery of the first programme, with young people benefiting from access to leisure facilities. This was particularly praised in terms of the young people being able to take part in active and outdoor sessions following more in-depth and intense theory sessions. The engagement in physical exercise and group activities contributed to a number of positive outcomes for the young people including reduced isolation and increased confidence. Delivering future community programmes this way was seen as the way forward, acknowledging the associated resource implications.

#### **Dedicated time and resource**

Both parents and facilitators acknowledged the need for allocated time to wind down and relax after tough sessions. Facilitators recognised the importance for parents and young people to build resilience and skills to be able to safely discuss and address sensitive and traumatic issues. Parents and young people engaged in relaxation activities and the young people were able to engage in physical exercise at the gym or water sport activities, giving them fresh air and space before leaving the programme. It also provided the opportunity for them to have fun with their peers and friends.

Having dedicated time and resource was imperative to the effective and efficient delivery of programmes. Similarly to parents and young people needing time and space following sessions, this was also highlighted as equally important for facilitators to ensure they were well prepared and focused on the ACE programme and the parents and young people to deliver the best quality programme they could. This was especially important in terms of the facilitators having Early Help caseloads outside of the programme. Facilitators also needed to implement time following sessions for them to debrief, evaluate sessions and to also relax and recover from more intense discussions.

The skills, experience and commitment of the facilitators delivering the programme was identified as instrumental in the successful delivery of programmes. The trusted relationships developed with young people and parents was key to fostering a safe environment to work through the programme, allowing for wider wraparound support for additional needs. Experienced facilitators were able to adapt and tailor programme activities to understand and meet the needs of the young people and parents.

*“You can’t just be given a book and training and then just deliver it, every young person is different and we do need to adapt to their needs and support them so they can do the course, you can’t just expect a young person to come in and sit down and listen”  
(facilitator YP)*

Dedicated resource and funding were also essential in Sefton being able to roll out and deliver the programmes. Materials to deliver the programme were essential, including provision for adapting accessible, interactive activities, this included accessible materials for those with learning difficulties, and activity packs to support engagement. The lunch/breakfasts supplied at the programmes were seen as a way to bring everyone together to share a meal and bond as a group in a more informal setting. Pamper packs were also identified as a means to help boost self-esteem. The meals and pamper packs were particularly significant for families who may be living in poverty. Resources for celebration events to recognise the groups' achievements was noted as an essential part of the programme, which should be incorporated. The extra resource and wraparound support provided within the Sefton model, was recognised as part of the whole package, acknowledging that the programme may not have the same meaningful impact without it.

*"If nobody's given you anything for ages, I found it personally; I was a little bit emotional because I haven't had that for ages. Nobody has thought about me for ages. It's just been like 'ok that's a horrendous situation, are the boys ok are the boys ok?', but nobody had ever done, ever put a bag together [for me]" (parent)*

*"The pamper packs are really important because it boosts that self-esteem" (facilitator YP)*

### **Impacts of Covid-19**

Programme delivery was significantly impacted by the Covid-19 pandemic, with programmes paused and delivery disrupted. This meant a gap in delivery of seven weeks for the male programme, and a number of female programmes and young person's programmes put on hold throughout 2020 and the start of 2021 (currently paused at time of report delivery) due to lockdown measures. The young person's programme being delivered within a school setting stopped and re-started a number of times due to lockdown measures and due to young people needing to isolate. Further school programmes are due to be delivered in 2021. The male programme, and some of the young persons programmes were able to go ahead during summer 2020, in a face-to-face setting using group 'bubbles'. Facilitators were praised for 'going above and beyond' to deliver the programme during difficult and uncertain times. Concerns around the safety of translation of the programme to remote delivery were flagged, as were barriers when delivering the programme in line with lockdown measures. Facilitators carried out online work with a female group but reported it did not work well virtually as the connection between the group did not work as well.

*"The course uses real life scenarios like flight and fight and it's so useful for Covid right now" (facilitator YP)*

*"We can't pick up on body language really when you are virtual, and once that screen goes off, what place is that young person in, you are not there to recognise that or offer them one to one support. If there screen goes off should you start worrying, is that a cue to say they can't handle the course? We just wouldn't be able to manage it" (facilitator YP)*

*"That's why it need to be in a group face-to-face (able to share and talk) because if you didn't have that you wouldn't get the full benefit of the course" (parent)*

### **Impact of the ACE programmes**

Impact is clearly demonstrated through the self-reported outcomes and positive changes for parents and young people, and is also reinforced by observation and wider impacts evidenced by the facilitators. This includes improved knowledge and awareness of ACEs, the benefit of peer support,



the benefit of adult and parent focused support, and a wide range of improvements in wellbeing including improved confidence and self-esteem. Impacts also included improved relationships between children, parents and families, and systemic outcomes for children who were benefiting from their parents engagement with programmes.

### *Increased knowledge and awareness*

Building on findings from the pilot evaluation, parents and young people had no awareness of what ACEs were before being approached to attend the programme. They all reported increased knowledge and understanding of ACEs, alongside awareness of alternative coping strategies, following engagement with the programme. Parents and young people benefited from utilising the tools and coping strategies that they learnt on the programme and implemented in their lives. Many examples were provided of how strategies were effective, including how parents and young people coped and responded to situations and how it positively affected them and their families, this included improved relationships at home and in school.

*“So what we experienced from when we were children and to stop our kids experiencing it...you know where people went wrong before and not to go wrong. To break the cycle” (parent)*

*“Yes, it’ll make a big difference because before I came on this course, if a situation like that happened I think I would like react in a bad way but now after learning all of these strategies and that I think I know how to...”(YP)*

*“Yes, because when we’re in school you can’t just really lash out...because now we’ve kind of learnt how to deal with it, and like what ways you can make it better” (YP)*

### *Group dynamic, peer support and friendship*

The group work element of the programme was highlighted as a crucial aspect for both programme engagement and impacts. The group work allowed parents and young people to come together with individuals with similar experiences in a safe, non-judgemental space to develop support networks and friendships. Parents found it particularly helpful to share experiences when trying out new techniques at home, giving feedback and advice to their peers. The female parents noted the comfort of not feeling isolated and chatting with others who understood them. The male parents benefited from sharing their experiences as fathers with other male parents, highlighting they do not usually have the opportunity or safe space to talk about their feelings. The young people, many of whom were isolated and had difficulty forming and maintaining relationships, made friends.

*“...I’m getting closure, I’m moving on and I think that’s been a big part for me, to be able to talk about things because I never felt like I could. And it’s like being with other people now who are going through certain situations, not the same but similar, I’m not ashamed, I can open up and talk whereas I couldn’t do that with someone who’s not going through it” (parent)*

### *Adult and parent focused support*

For the parents, many had engaged with other support in different ways in the past, through contact with children's services, and for some, parenting programmes. However, the ACE programme was the first of its kind for them, in terms of having support that specifically addressed ACEs, but also in terms of how the programme was delivered and how they engaged with it. Parents benefited from the adult focused element, describing it as 'something for them', this was particularly crucial for the female parents who had not attended a programme where the focus was not centred around their children before. Whereas the male parents benefited from a programme that they felt was inclusive to them as fathers, something that had not experienced before.

*"To be fair I think that's what they are doing for me (helping parents to help children) because this course has been able to sort me out so I can sort the kids. Helping you as well as the kids" (parent)*

*"It's made me realise that I've got to do things differently" (parent)*

### *Impacts on health and wellbeing*

Both parents and young people highlighted the benefits of engaging with the ACE programmes, and the impact it had for them, describing positive changes in their health and wellbeing. There were self-reports from parents and young people, which were reinforced by observations from facilitators. Confidence and self-esteem improved for everyone participating in the evaluation, and there were also reports of parents and young people feeling less anxious and depressed, and recognising their self-worth and taking more self-care. Parents and young people also saw changes in their behaviour, noticing they felt less angry and were responding to situations in a calmer manner, and the positive impacts of this in their home and school lives. Parents and young people witnessed positive changes in one another within the group and reported that others were noticing changes outside the programmes too, (including increased confidence, and improved physical appearance), which further reinforced this. The outcome measures assessed at the start and end of the programme also highlighted positive changes in self-esteem and lifestyle choices.

#### **Outcome measures** (collected pre and post-intervention)

- Rock Pool Lifestyle checklist scores increased from 26.0 to 28.0 out of a possible 30.0 (10 female parents) - a higher score indicates a higher level of self-esteem.
- Rosenberg self-esteem scale score increased from 25.5 to 29.6 out of a possible 44.0 (22 female parents) - a higher score indicates more positive lifestyle activities.

*"It's been very helpful for me, and by the looks of everyone it's been really helpful for them" (parent)*

*"I feel like I'm in control now" (parent)*

### *Impacts on family relationships*

A significant impact of the programmes for the parents and young people was the impact they had on their family life. Parents described utilising newly acquired skills and tools at home and that they were feeling happier, which meant they were spending more time with their children, who in turn were also reporting they were happier. Communication was seen as key to this, having greater understanding of

*“I think this course helps not just the dads that are on it but the kids too, it’s about the family. What you learn from here rubs off at home and it helps everyone” (parent)*

one another and sharing how they were feeling. This was highlighted in terms of improved communication across many different relationships. There were also systemic outcomes for the children, with some parents reporting they were happier at home and school.

### *Beyond the programme, longer-term impact and sustainability*

Parents, young people and facilitators all expressed concerns around the programme ending. Whilst they were positive about the outcomes they had experienced, they were concerned how they would sustain these changes without the support of the facilitators and their peer group. Parents called for regular opportunities to catch up, which facilitators were exploring with a ‘Face Time’ group, and the young people successfully developed a youth group that ran for a number of months after the first community programme. A number of parents and young people also remained in contact with facilitators either as their Early Help family workers or to touch base. Facilitators also tried to refer individuals onto other programmes and activities so they had support and something meaningful to engage with following the programme. This does, however, highlight a gap in terms of a structured pathway for individuals beyond the programme to support the maintenance of their achieved outcomes and support their ongoing journey. Parents were also keen for future opportunities to engage in family wide ACE related activities.

*“We were going through problems in our lives but it would be nice for someone who hasn’t been in that situation and it hasn’t got to that point to stop them going where we were, putting something into place before that happens” (YP)*

*“We’re very conscious that we’ve taken these ladies through this process and then all of a sudden we’re just leaving them”  
(facilitator adults)*

Parents welcomed the opportunity for feedback within the programme and as part of the evaluation, expressing a desire to be able to share their journey to support others to engage with the programmes. A number of the female parents from the first programme who participated in the promotional video made to demonstrate impacts of the programme and support recruitment onto the following programmes, highlighting the benefit of utilising their lived experience for co-production. Sefton have also commissioned a new video which will be developed in 2021, inviting past and present programme participants to support the development and share reflections on their experiences. One parent had gone on to volunteer and support the second ACE programme, and other parents were keen to take on voluntary roles. The male parents highlighted the benefit of this to help engage more men in support.

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A number of follow up interviews (n=9 female parents, n=1 young person) demonstrated how some of the parents were continuing to maintain these positive changes a number of months, and years following engaging with the programmes. Not all parents and young people participated in follow up interviews, therefore it is not known whether this was the case for all, however, facilitators were able to provide examples for some of the individuals that they were still in

*“The strategies I took away and things I've learnt from the course. Yeah, have helped me, to just to be more positive” (parent)*

touch with. This included continuing to use the learnt coping strategies, and examples of improved confidence and self-esteem, and improved communication and family relationships. Other examples included going on to engage with other groups and activities, independence, employment and training, and for some young people, being happier and more settled in school. One young person who struggled without the support the programme offered, highlighting the difficulties if an individual returns to their surroundings without ongoing support when external situations have not changed. A number of the young people also maintained the close friendships that they developed during the first young person's programme, 18 months earlier. The case studies (see section 3.2.3) demonstrate journeys for three parents and one young person.

## Recommendations

- The referral process identified a gap in ACE awareness and ACE programme knowledge and understanding for professionals referring into the programme. Further promotion of the programme, alongside the trauma-informed practiced training that has been rolled out across Sefton could enhance programme awareness amongst colleagues.
- Targeted referrals within Early Help provided opportunity for some of the individuals most in need of support from the programme, however, findings suggest others would benefit at earlier points in their lives. If the referral pathway was expanded to include self-referrals and referrals from other professionals, further promotion and workforce awareness training would be required and adequate resource and capacity would be needed to meet the demand in service provision.
- The Sefton model enabled families to have wraparound support, working with their Early Help worker. Any expansion of the programme should consider how families not already working with facilitators in this capacity could be supported and have access to wider support networks.
- Partnership working was highlighted as key to the successful delivery of programmes, and partnerships were built with family wellbeing centres, schools and Active Sefton. Ongoing programme planning should ensure that these networks are maintained, and further partnerships are developed, to provide suitable programme locations and key links with wider support opportunities for families.
- Dedicated time to deliver the programme was essential in ensuring facilitators had space and time to effectively focus on the programme; time for evaluation and reflection was also key to this, as was supervision and support for the facilitators themselves. Future delivery should incorporate this model ensuring facilitators have protected time.
- Building in time for reflection and relaxation for parents and young people was also important in ensuring they had space to recover and build resilience. Ongoing programmes should continue to factor relaxation and alternative activities into the programme session plans.
- The Active Sefton partnership was influential in ensuring that young people attending the programme had access and opportunities to participate in group sports and activities. This

was particularly beneficial in promoting positive wellbeing and supporting the young people to relax and engage in physical exercise. Future programmes should consider maintaining this partnership and the budget required to deliver community programmes.

- The Sefton model of delivery demonstrates the additional resource and commitment required to effectively deliver ACE programmes. The funding for taxi's, crèche facilities, meals, pamper packs and equipment made programmes more accessible, provided space for groups to bond, and supplied families (some living in poverty) with food and items to boost their self-esteem and make their experience on the programme more meaningful. It is important to recognise the importance of this funding to ensure an adequate budget is available to maintain this provision.
- The skills, experience and commitment of facilitators should continue to be recognised and supported, allowing facilitators the autonomy to make adaptations to best meet the needs of the families they work with, whilst still ensuring the validity of the Rock Pool programme. Module handbooks and materials should be adapted to use male friendly language for future male programmes.
- Learning can be taken from planning and delivering ACE programmes during the Covid-19 pandemic. Programme delivery in 'bubbles' allowed for face-to-face delivery to continue but brought barriers, and concerns were raised around remote delivery of programmes of this nature. Further research is required to inform future planning of programmes with alternative delivery methods.
- The clear focus on adult support for the parent's groups was acknowledged as unlike any other programme available. The development of the male programme enabled the first male only ACE support group allowing fathers to come together. Where available Sefton should continue to develop and expand this key provision for males, where possible, allowing parents to promote the programme to encourage others to engage.
- The peer support and opportunity for friendship had a significant impact for parents and young people and reduced isolation. The development of aftercare and youth groups should continue to be explored and established, taking resource and budget into consideration.
- Parents and young people welcomed opportunities to provide feedback and input into the planning of other programmes, both in terms of supporting others to engage, and opportunities for volunteering on future programmes. Sefton should continue to incorporate co-production into future planning, and explore the opportunities for voluntary positions.
- The evaluation findings have highlighted a need to develop a more structured exit strategy and onwards referral pathway for individuals beyond the programme, to provide them with ongoing support and meaningful activities to help support them to sustain positive changes. Continuing to build partnerships with other organisations could further support an aftercare pathway.
- Parents and young people suggested opportunities to bring families together for ACE related activities, fun days, and possible incorporation of ACE education and support. The feasibility of this could be further explored. Opportunities for refresher sessions would also be beneficial, capacity and budget allowing, supporting the sustainability of programme impacts.
- The approach has enabled a sustainable model within a school setting with staff resource required. However, adult programmes require additional resource, including venue, facilities and activities resources, and therefore additional investment is needed to support the delivery of these programmes.

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## 1. Introduction

### 1.1 Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are potentially stressful or traumatic experiences that children can be exposed to whilst growing up (Bellis et al., 2014a). 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.

#### Prevalence of ACEs

ACEs are often hidden and therefore it is difficult to accurately estimate the current prevalence of ACEs amongst children (Elkin, 2020). 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; 2015a; 2015b; 2017a; and European (Bellis 2014c) contexts. Approximately half of the English population have experienced at least one ACEs and 9% have experienced four or more (Bellis et al, 2014b). Data from the Crime Survey for England and Wales estimates that one fifth of adults (an estimated 8.5 million people, aged 18-74 years) experienced at least one form of child abuse (i.e. emotional, physical or sexual abuse, or witnessing domestic violence or abuse), before the age of 16 years (Flatley, 2016).

In 2019, the Children's Commissioner estimated that across England that 2.3 million children were living with risk because of a vulnerable family background and 723,000 children were receiving statutory support or intervention (Children's Commissioner, 2019). Children growing up in poverty and in disadvantaged areas are more likely to be exposed to ACEs (Allen & Donkin, 2015). 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).

#### 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. 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). Studies consistently link ACEs to smoking, alcohol and drug use, risky sexual activity and violence (Anda et al., 2006; Bellis et al., 2014b; Hughes et al., 2016); and to conditions such as mental illness, sexually transmitted infections, obesity, heart disease, and cancers (Anda et al., 2006; Bellis et al., 2014b; Felitti et al., 1998). Another study focusing on young people suggests that the effects of childhood adversity may manifest in adolescence as high-risk behaviours (Layne et al., 2014).

Crucially, the more ACEs children suffer the greater their risk of poor outcomes in later life. A systematic review of studies on ACEs evidenced the increased risk for a range of adverse outcomes, for individuals with four or more ACEs compared to those who had none (Hughes et al., 2017). This

has also been found in national studies exploring the health harms of ACEs (Bellis et al., 2014b, Ford et al., 2016).

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.

Not all children who are exposed to ACEs will necessarily experience negative health outcomes (Meadows et al, 2012). 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 and also plays a role in building resilience (Allen, 2014).

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). 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 (Le-Scherban et al., 2018).

### Prevention and support

ACEs can be prevented, and research suggests that Early Help, particularly support for families, can prevent and mitigate the impacts of ACEs (Asmussen et al, 2020). This includes primary, secondary and tertiary prevention (Felitti et al., 1998) at community and individual levels (Hughes et al., 2018; Bellis et al., 2017a). Action to improve outcomes for children, young people and their families has been called to ensure that all children have the best start in life, making a good foundation for the primary prevention of ACEs (Marmot et al., 2010; Whitehead et al., 2014). The clustering of ACEs and their association with a broad range of outcomes, mean multidisciplinary prevention is necessary across different sectors including health, social, criminal justice and educational services (Quigg et al., 2019). Evidence suggests that different sectors can play a key role in preventing ACEs and reducing their associated effects (Hughes et al., 2014; Ungar, 2013).

Trauma-informed practice originated as an approach to improve mental health practice and service delivery (Harris & Fallot 2001). Trauma-informed practice recognises the complex interplay between individual, interpersonal, community, societal and environmental factors and seeks to reflect an awareness of context and the role that providers play in hindering or fostering recovery for trauma survivors (Guarino & Decandia, 2015). A system-wide trauma-informed approach provides a common language and understanding about trauma-informed practice across different sectors and has the potential to improve joined up working (Quigg et al., 2019).

Across the United Kingdom, preventing and responding to ACEs has rapidly been prioritised in local and national policies. 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 trauma/ACE-informed practices being implemented across local communities, organisations and whole systems (Quigg et al., 2019), including through Violence Reduction Units established across England and Wales (Quigg et al., 2020).



The Government's NHS long-term plan (Department of Health, 2019) reconfirmed the commitments from the 2017 Children and Young People's Green Paper to improve mental health in schools and colleges. With schools focusing on improving the wellbeing of all of their pupils, with universal provision to build resilience, and targeted and specialist support and interventions for children that need support (Estyn, 2020).

Routine enquiry about adversity in childhood (REACH) 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 (Quigg et al., 2019).

Preventative work has focused on supporting parents to address the impacts of their own ACEs, in order to increase parental resilience and provide them with the tools to impart resilience and support to their own children. The approach aims to support parents and may have a crucial role in preventing and mitigating the impact of ACEs for the next generation challenging the intergenerational cycles of adversity (McCoy et al, 2019). An example of this type of approach includes Rock Pool's ACE Recovery Toolkit Programme (© Penna and Passmore Ltd), detailed below.

## 1.2 Rock Pool ACEs Adults Recovery Toolkit<sup>2</sup>



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.

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 couples<sup>3</sup>, in mixed or single gender groups, and is run over ten weeks. The programme has been implemented successfully in a number of areas across England (Merseyside [detailed below], Manchester, Birmingham) and Wales (Wrexham). The programme has since been developed to

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

<sup>3</sup> 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.

incorporate a young person's tailored programme, and a combined programme for adults and children and young people (Rock Pool, 2020).

### 1.3 Implementing the ACE Recovery Toolkit in Sefton

In 2017, three local authorities from Merseyside (Sefton, Knowsley and Liverpool) jointly commissioned Rock Pool to implement a recovery toolkit for practitioners working with families affected by ACEs. The toolkit was designed for use by facilitators working with parents and aims to educate and inform parents about the impact of ACEs on them and their children. Fourteen facilitators were trained by Rock Pool to deliver the programme with parents.

During 2017-2019, the ACEs Recovery Toolkit, ten-week programme 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 the short-term impacts (McCoy et al., 2019)<sup>4</sup>. Key findings are detailed below.

#### 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 four or more) 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.

### 1.4 Sefton's approach to trauma-informed practice

Sefton are committed to improving the health and wellbeing and reducing inequalities for people living in Sefton. The Health and Wellbeing Strategy brings together health, social care and wider partners to help Sefton residents to 'start well, live well and age well' (Sefton Council, 2019). The

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<sup>4</sup> The report can be accessed here: <https://www.ljmu.ac.uk/~media/phi-reports/pdf/2019-08-evaluation-of-the-rock-pool-aces-recovery-toolkit-programme--ljmu-final-report.pdf>

Sefton Integrated Early Help Strategy for Children, Young People and Families Strategy (Sefton Council 2019b), supported by Sefton Safeguarding Children Board, supports the 'right help, from the right person at the right time' principles that have been adopted across Sefton, to ensure every child should have the opportunity to reach their full potential. Implementing whole family approaches whilst keeping the child at the centre, aims to provide:

- A system wide approach, with joint, pooled resources and integrated pathways operating across organisational boundaries.
- An outcome focussed, system wide approach delivering long-term sustainable solutions for individuals and families that enables (to secure) resilience and independence.
- A shift from acute provision to an increase in prevention and Early Help activity.
- Evidence based Early Help interventions that are built around customer need (including sharing good practice, and embedding evidence-based approaches and interventions across the partnership).
- Locality based delivery with a trauma-informed workforce (including ACE training) (Sefton Council 2019b).

The joined up Early Help offer aims to provide support for children 0-19 years and their families by understanding families, building relationships with families as early as possible and reducing the number of families requiring support from specialist services (Sefton Council 2019b). As part of the workforce development strategy, four practitioners across Early Help Integrated Youth Support Services (YSS) were trained by Rock Pool to deliver the ACE recovery toolkit programme (as outlined above). Following the successful pilot, Sefton adopted this approach and rolled out the programme.

In 2018, the UK Government published its Serious Violence Strategy (Home Office, 2018), encouraging a multi-agency, whole system public health approach to violence prevention. Sefton (alongside Knowsley, Liverpool, St Helens and Wirral) are a key partner in the recently established Merseyside Violence Reduction Partnership (VRP). One core work programme focused on training to develop service and practitioner level understanding of ACEs and the impacts of trauma across the life course<sup>5</sup>. Through developing such understanding the VRP aimed to support and promote the adoption of an ACE/trauma-informed approach (TIA) to supporting young people and families that are most impacted by ACEs and other trauma, to prevent risk of involvement in serious violence and associated mental and physical health issues. As part of this, Sefton worked with Kate Cairns Associates to develop large scale workforce training events at a universal level for multiagency practitioners, at an advanced level for the Early Help workforce, and a session for senior leaders within Sefton. The training was delivered in 2020, with a number of events postponed due to the Covid-19 pandemic (Quigg et al., 2020).

### **1.5 Rolling out and evaluating ACE recovery programmes across Sefton**

Following the pilot, Sefton commissioned further ACE programmes and additional staff were trained, and further programmes were delivered across Sefton during 2019 and 2020. Sefton commissioned Rock Pool to develop a young person's specific toolkit and programme, which was then piloted across Sefton in 2019 and 2020. The Public Health Institute (PHI) at Liverpool John Moores University (LJMU), were commissioned to continue to evaluate the impact of the ACE programmes across Sefton. The evaluation aimed to understand the experiences and outcomes of the programme for facilitators and for the parents and young people accessing the programme, and explore the sustainability of programme outcomes.

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<sup>5</sup> For more information on the VRP ACE work please visit: <https://www.merseysidevrp.com/>

## 2. Evaluation methods

The evaluation utilised a range of qualitative and quantitative methods in triangulation to explore the development and the implementation of the programmes, and to assess the outcomes and impact of the programmes. The evaluation built on the findings from the pilot evaluation, and further explored the sustainability of impact and the mechanisms that need to be in place to support sustainability.

### 2.1 Engagement with parents, young people and programme facilitators



In total 52 parents and young people engaged in the research during the roll out of the ACE programmes in Sefton.

During the pilot evaluation in 2018 and 2019 (McCoy et al., 2019), the research team engaged with 17 female parents through two focus groups and four follow up interviews, and engaged with four facilitators and two stakeholders from referral organisations in two paired interviews and two one-to-one interviews.

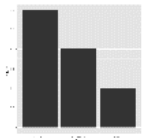
During the second wave of data collection, for the current evaluation during 2019 and 2020, the research team engaged with 20 female parents, five male parents and 11 young people, through six focus groups and six follow up interviews. Table 1 below provides an overview of the engagement. An observation was also carried out of the first young persons programme with 10 young people and three facilitators. Engagement with parents and young people 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 case studies, which explore individual journeys and demonstrate distance travelled for a number of parents.

The team also engaged with 12 facilitators through six focus groups and paired interviews. The stakeholder engagement explored the process and impact of the programme and model of delivery. Parent, young people and stakeholder focus groups and interviews were digitally recorded, transcribed and analysed using thematic analysis (Braun & Clarke, 2006).

Table 1. Stakeholder engagement

ACE group	Research activity
Pilot evaluation - Female parents groups	2 X parent focus group (n=7 and n=6)
	Follow up parent interviews (n=4)
	2 x facilitator paired interview/focus groups (n=5)
	Referral agency interview (n=2)
Female parents groups	3 x parent focus group (n=6, n=4 and n=5)
	3 x facilitator paired interviews (n=6)
	Follow up parent interviews (n=5)
Male parents group	1 x parent focus group (n=5)
	1 x facilitator focus group (n=3)
YP groups	2 x YP focus groups (n=5 and n=5)
	1 x YP group observation (n=13)
	2 x facilitator focus groups (n=5)
	Follow up YP interview (n=1)

## 2.2 Secondary data analysis



A series of validated measures were collected pre and post intervention (as part of the intervention), with facilitators using the tools with parents at the first session (or during the home visit) 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 using descriptive statistics, frequencies and paired samples t-tests. The scales included:

- **ACE score:** Prior to participation in the programme, all parents completed the ACE assessment tool to calculate their ACE score (see Appendix 1 for a list of included ACEs).
- **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.
- **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.

## 3. Findings

### 3.1 Implementation and delivery of the programmes

#### 3.1.1 Roll out of the ACE programmes across Sefton

Following the pilot, Sefton Council commissioned further ACE programmes and an additional twelve staff were trained. In addition to the first two programmes with female parents run during the 2018 pilot, a further five female parent programmes were delivered in 2019. As with the pilot programmes, these parent programmes ran once a week (2.5 hour session) for ten weeks, and a home visit was carried out before the beginning of the programme. Parents were referred to the programme from Early Help, Children's Social Care and the Youth Offending Team (YOT), and a number of them were already working with the programme facilitators via Early Help on a one to one basis.

The young persons 'GROW' eight-week programme was developed to use the ACE Recovery Toolkit for working with young people. The programme was piloted across summer 2019 in a community setting at Crosby Lakeside, with young people attending two full days per week during the school summer holidays. Following this, the group met on a weekly basis at a youth club from October 2019 to February 2020. A second programme was delivered within a secondary school towards the end of 2019, this was a half-day session, run weekly for eight weeks. Two further programmes, one in a community setting at a family wellbeing centre, and one in a secondary school started delivery in 2020. Further school programmes are due to be delivered in 2021. Young people accessing the community programmes were referred via Early Help, whilst schools referred the young people in that setting; however, many were also open to Early Help. An ACE vulnerability checklist was developed by the Sefton ACE Coordinator to use with young people to check suitability for the programme (see Appendix 2).

The first male parents programme began being delivered in early 2020, and similarly used the toolkit that was utilised with the female parents for the ten-week programme. The men were referred in a similar way to the female groups, and mostly via social care. Again, where possible, home visits were carried out before the young people and male parents began the programme. Table 2 below provides an overview of the programmes delivered and number of parents and young people who attended.

Table 2. Programmes delivered

Programme	Date	Attendance
1. Female parents	May-Jun 2018	8
2. Female parents	Sep-Dec 2018	7
3. Female parents	Mar-May 2019	6
4. Female parents	Mar-May 2019	8
5. Young people (community)	Jul-Aug 2019	10
6. Female parents	Sep-Dec 2019	5
7. Female parents	Sept-Dec 2019	6
8. Female parents	Sept-Dec 2019	7
9. Young people (school in community)	Nov-Dec 2019	6
10. Male parents	Mar-Oct 2020	5
11. Female parents	Mar 2020 – on hold	On hold
12. Young people (school)	Oct 2020 – on hold	On hold
13. Female parents	Mar 2020 – on hold	On hold
14. Young people (community)	Feb 2020 – on hold	On hold

Programme delivery was significantly impacted during 2020 due to the Covid-19 pandemic. This meant that when it was not safe to meet face-to-face due to lockdown and social distancing measures, the programmes had to be paused. It was decided that given the in-depth and sensitive nature of the programme, and given logistics, it would not be feasible to deliver in a group setting online, however, Sefton are currently exploring how the programme could be adapted safely for online delivery. Following this, programme delivery for female parents was taken online in South Sefton. Facilitators reported that the online delivery of the toolkit did not work well virtually as the connection between the group did not work as well as face-to-face delivery.

During paused programmes, facilitators kept in touch working with parents and young people on a one to one basis as they usually would (if they were their Early Help caseworker), and utilising online platforms and telephone calls for remote communication. Weekly calls were also made to any individuals attending the programme who were not individually case managed by the facilitators.

The male parents group ran for ten weekly sessions before it was paused in March 2020 due to the pandemic; it was re-established in summer 2020 with the group and facilitators meeting in a government approved ‘bubble’ for the remaining sessions. The community young person’s group was paused longer-term after two sessions, whilst the school group met in a ‘bubble’ for one session, however, the programme was unfortunately repeatedly paused due to the schoolchildren requiring to isolate, with plans to re-establish the group when feasible.

### ACE scores

Prior to participation in the programme, all parents completed the ACE assessment tool to calculate their ACE score (see Appendix 1 for a list of included ACEs). All parents participating in the programme had at least one ACE. Where ACE scores were available (n=48 parents; n=7 programmes), the majority (87.5%; n=42) had four or more ACEs (Figure 1). Almost half of parents (45.8%; n=22) reported eight or more ACEs, with one parent reporting experiencing all ten.

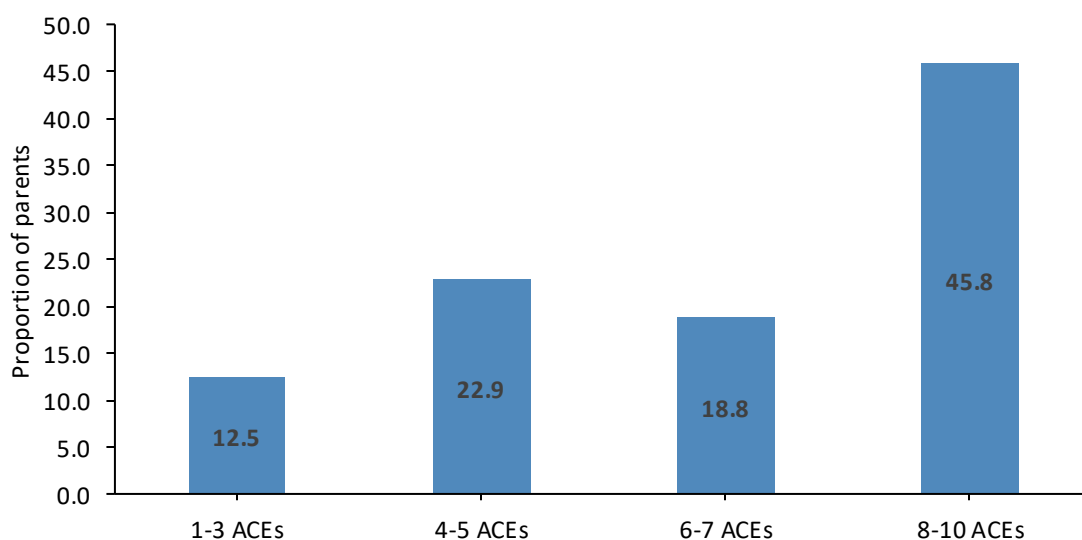


Figure 1. ACE scores of parents participating in the ACE Rock Pool programme

The most common ACE experienced was having a household member who was depressed or mentally ill, or had attempted suicide (87.5%; n=42), followed by experiencing verbal abuse (83.3%; n=40) and emotional neglect (83.3%; n=40).

Table 3. Proportion of parents who reported experiencing each individual ACE

Individual ACEs	%
Verbal abuse	83.3
Physical abuse	75.0
Sexual abuse	50.0
Emotional neglect	83.3
Physical neglect	50.0
Incarceration	52.1
Parental separation	75.0
Substance misuse	66.7
Domestic violence	56.3
Mental illness	87.5

During September-December 2020 10 young people from a secondary school were selected to engage in the programme. All were open on Early Help or Children Social Care plans. Nine young people sustained their engagement through periods of isolation and Covid-19 challenges.

- 1 out of the 10 young people had repeated missing episodes from home.
- 9 out of the 10 young people were classified as at risk of exclusion from mainstream education.
- 4 out of the 10 young people were at risk or involved with the youth offending team.
- 7 out of the 10 young people were classified as at risk of exploitation.
- 9 out of the 10 young people were identified as having low level mental health problems.
- 6 out of the 10 young people disclosed that they or a family member have issues with and misuse substances.
- 9 out of the 10 young people indicated that they have been exposed to domestic abuse with 1 of the young people being a perpetrator.
- 9 out of the 10 young people highlighted that their parents have separated.
- 7 of the young people indicated their parents are unemployed.

Doolin, L. (2021). ACEs Annual Report March 2020-April 2021. Sefton Council



### 3.1.2 Parents, young people and facilitators experiences of the ACE programmes

#### Accessing the ACE programmes

The female parents found out about the programmes in different ways. This was mainly through accessing support for their children. For example, through Children's Centres, Connexions, schools, health visitors, social workers and voluntary services (such as Sefton Women's and Children's Aid and the Mirror Project). A number of parents also reported that the programme facilitators were already their Early Help support workers. Some of the female parent's children had accessed or were due to access the young person's programme. Parents noted that they were told that there was a programme that could be helpful for them. Some parents spoke about there being an expectation for them to attend the programme, but also that it was important to be in the right place to attend and for them to 'want to' attend. One referral organisation (referring to the females group during the pilot) 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, highlighting the need for better awareness amongst other organisations.

*"Very important they understand the course and what ACEs are to support the people they work with. They need to know whether you are going into the right programme, it's very relevant. If they are putting you on a course that's not going to benefit you then they aren't doing their job properly. They are there to help you anyway, to guide you in the right direction, so you're going to be a better parent" (parent)*

The men attending the ACEs programme had been referred via social workers, and one had attended after engaging with a domestic abuse programme. They highlighted how referral agencies need a better understanding of the programme and better awareness of the trauma-informed approach. An example was provided about them being told the programme was for perpetrators of domestic abuse. The male parents noted how it was important for professionals to understand the programme and the needs of the individuals they are supporting and have access to referral pathways to ensure they are referred to the most appropriate and beneficial support to meet their needs. It was suggested that it would be beneficial for professionals to undertake the programme or training around ACEs. The young people recalled being invited to attend the GROW programme by their Early Help workers; with facilitators noting that the majority of young people they worked with (both in the community and school) either had an Early Help plan and/or were involved with other services.

The facilitators believed it was helpful if the parents and young people 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 already known by the facilitators). Facilitators also understood the need to have wraparound support in place and were well placed to link individuals into wider support. Where parents were also case managed by the facilitator under Early Help, this was seen as particularly beneficial for providing wraparound support and having a better understanding of family's needs. However, this did bring challenges, sometimes making it difficult to differentiate between roles (as a case manager versus a programme facilitator) with one facilitator suggesting that they would prefer to be more independent and focus on the programme rather than the day-to-day tasks that accompany a client caseload. This was further reinforced when facilitators discussed the importance of being able to switch off from other tasks to focus solely on the programme and the parents and young people. This was highlighted in terms of being able to have that dedicated time, being able to fully support the parents and young people, being able to respond to intense and difficult situations, and for the wellbeing of the facilitators themselves.

## Importance of the home visit

Parents reported that they did not have to wait long for facilitators to make contact about starting the programme. This was seen as important because a number of parents felt they might have changed their mind and not attended if they had time to wait and worry about the programme.

The home visits were seen to be a crucial part in supporting parents to engage with the programme. Parents described the facilitators visiting them to tell them more about the programme, and answer and questions, which they found reassuring. During the visit, the parents were shown a video that was made by parents that attended the first Sefton ACEs programme. A number of aspects were seen to encourage parents to attend the course: the home visit, the support and encouragement from the facilitator, and seeing the video from other parents, with lived experience, showing the impacts it had for them and the potential impacts the programme could have for others. This highlights the impact of involving other parents in the co-production of recruitment materials, and the potential for further co-production to empower parents through giving them a role in their own, and others, experience of the programme.

*“Yes, she showed me a video...[of parents from programme 1] she brought a lap top with her and she showed me the video and I only got halfway through and broke down so she said this would be really good for me to try and overcome so of my demons. It was just about people who’ve actually done the course, speaking about how it’s helped them and stuff like that” (parent)*

The male parents described having low expectations about the programme due to how it had been communicated to them at the time of referral. They described being nervous at first, but commented that the programme was better than expected and their apprehension faded, with things becoming easier as sessions developed. Facilitators commented on how vital the home visit was in these cases, being able to fully explain the programme, assess suitability, and ensure the men knew what to expect from the programme and what was expected of them.

The parents described not being aware of the term ACE before hearing about the programme, and that they were nervous about starting the programme. They discussed any previous support being focused on their children, and not receiving any support focused on them, meaning they did not fully know what to expect from the programme. They acknowledged that they would not have known about the programme and the potential benefits (for themselves) if they had not been approached, or were not already accessing support for their children. One parent reported that before the programme she was isolated and rarely left the house, meaning the reassurance from the home visit helped reduce some of her fears about attending.

*“A bit panicky because you don’t know what it’s like and to be honest you don’t really think about your past until you do a course like this. Because you don’t want to think about it and you bury it and you don’t bring it up, you want to, whereas this is about getting over it so you do bring it up so then you can actually deal with it know and then you can put it to bed kind of this. Otherwise it’s still always going to be there with you, some part of you” (parent)*

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. Facilitators highlighted the importance of ensuring parents attend the programme when it is the right and suitable time for them. Facilitators also noted that the session activities could be difficult for parents who do not have access to their children, and how this needed to be managed carefully.

*“They may have those four ACEs but not be emotionally in the right place to come you know and for us not to feel under pressure to have them on that course. They need to want it, it’s got to be their choice and everyone who did the training was aware of that. You can make things worse for them if it’s not the right time. If they are unable to concentrate then it can also disrupt the course”  
(facilitator adults)*

*“The only thing I would say though about that from my point of view. I was in so much denial, so if somebody had said you need to do the ACEs course a year or 18 months ago, I would have been like no I don’t, I’m fine, I’m keeping it together” (parent)*

The young people had all received a home visit prior to starting the programme. They reported that was to ensure that they understood what the programme entailed, gave them the opportunity to ask questions, and to check they wanted to attend. The home visit was described as reassuring, and the young people felt more at ease starting the programme, than if they had to arrive on the day without meeting the facilitators or fully understanding the purpose of the programme. One young person commented that they would not have attended if it had not been for the home visit. A second young person described not wanting to attend at first but changed their mind once they started the programme. Two of the young people described finding some of the assessment questions relating to sexual health embarrassing (to be asked in front of parents) and not appropriate. For example, there were questions relating to practicing safe sex, which were not relevant for young people not engaging in sexual relationships. They asked for forms to be tailored to consider this, and for more explanation as to why the questions were being asked.

*“I wouldn’t of turned up like, put it that way. If there wasn’t that home visit I wouldn’t have gone. That was literally, I was like I wasn’t going to go...but then they came round and I sort of thought oh I might as well. Because they sort of explained it better and they said like not to be worried because there’s people who are similar backgrounds to you so you’ll get along” (YP)*

## Programme locations

The adult programmes were carried at children’s centres/family wellbeing centres and the young person’s programmes were carried out Crosby Lakeside (a community leisure centre), a family wellbeing centre and within schools.

The children’s centres and family wellbeing centres were described as good by facilitators, as having them locally in three sites, reduced the need for some taxi and transport resource that they had experienced during the first two pilot programmes. The centres had crèche facilities without which some parents with young children would not have been able to attend. Facilitators noted that at first parents struggled and found it hard to leave children at the crèche. One facilitator explained that this had a knock on effect on the parents outside of the group. They explained that some of the parents would have never been away from their children and would not want to be separated from them but trust had been built with the facilitators and children centre and this had eased any apprehension. Using the crèche was also seen as a way to help them prepare for their children going to nursery.

*“The crèche was also an important part of the groups as they enabled the parents to attend without any distractions. Without the crèche, some parents would not be able to attend”  
(facilitator adults)*

Many of the parents were familiar with the children’s centres, attending activities with their children. Facilitators did report that some parents had attended the children’s centres for other reasons, such as case conferences regarding access to their children. Therefore, this meant that some parents may

have had negative experiences within the same location of the programme. Facilitators discussed taking steps to make the best of the venue, by decorating the rooms with cushions etc. to change the environment and give it a more holistic atmosphere.

*“If you had a venue that was somewhere where they could feel totally relaxed. Because it takes them that first few weeks to sort of relax into just the building and the room and where it’s taken place” (facilitator adults)*

### Young people’s programme location – benefits of partnerships

The first young person’s programme was delivered at a community leisure centre through the development of a partnership with Active Sefton. The facilitators highlighted the importance for a budget for travel and that the transport had been crucial in making the programme accessible and maintaining attendance, which had a big impact on the success of the programme. One young person described being able to walk to the programme and other young people also shared taxis, which contributed to building relationships and in turn friendships. The venue was described as spacious, with many discussing the benefit of the programme being based at an indoor/outdoor leisure centre, with the calming environment and access to the gym and water sports.

*“To be honest with you I don’t think we will ever get a course as good as that Lakeside one unless we can do it again there, it was great, because we had that activity and it was nice to have that breakout where the young people had something in the afternoon as well” (facilitator YP)*

*“I think for the community ACE programmes where you are not going into a school. The more budget you’ve got the more of a draw for young people, whereas in a school the plus is that they are in school anyway. For a community programme you need something else that will attract. But the problem with that is that it comes with a big budget” (facilitator YP)*

This was also linked to them having fun with their newfound friendship group. The outdoor activities were described as a way of breaking down barriers and getting to know one another, with the young people describing going canoeing and swimming on the first day of the programme, and how much fun they had. The three-month gym membership was seen as providing an opportunity for them to stay in contact with one another. Facilitators also highlighted that accessing the gym gave some of the young people who were not confident with physical exercise, an opportunity to engage with a one-to-one coach. The young people also benefited from social time, such as having lunch together, explaining they had fun and enjoyed the food and eating together.

*“...it’s just an extra bonus... it’s like a factor that would make people want to come as well because people who didn’t know about the fun activities....you’d think well, it might be boring but if there’s fun activities you’re going to come” (YP)*

*“It’s about dealing with your wellbeing and looking at your wellbeing and doing the physical side of stuff has a massive impact on your wellbeing” (facilitator YP)*

The facilitators discussed delivering the young person’s programme in a school setting, describing the differences between school and community settings. They explained how they believe that the programme is beneficial within schools, and how the children already being familiar with each other at the start of the programme made the earlier sessions easier, both for the young people and the facilitators. They also explained the positive relationships that they built with the schools and the importance of having that ‘buy in’ to support the programme and ensure the right young people were selected to take part. Facilitators reported that schools welcome feedback, and working together closely helped schools better understand the needs of their students, and reduce any potential re-traumatisation for young people. They did explain that delivering the programme in the community

was preferable as it allowed for more freedom for activities and more informal delivery. The school setting meant fitting in sessions around lessons and had also been hampered during 2020 by the Covid-19 pandemic, meaning the programme was paused during lockdown, and then postponed on a number of occasions when children needed to isolate. One school programme was delivered in the community at a family wellbeing centre, and was described as more informal and as a 'reward' being away from the classroom, this programme focused more on wellbeing and less on ACEs compared to the other programmes.

*"It's just a completely different vibe doing it in a school, I like going into the schools because I think we can make a massive difference and I think it will be really beneficial... This time what's made it easier is they all know each other already, they are in school together" (facilitator YP)*

*"When they have already been faced by trauma outside school and they are coming into school and if that support isn't there, sometimes they feel like they are being re-traumatised in school and then their behaviour then escalates" (facilitator YP)*

### Programme resources

Having committed, passionate and experienced facilitators was seen by both facilitators and parents as key to the success of the programme. Parents and young people reported having strong and trusted relationships with the facilitators, who they described as supportive.

#### *Dedicated time*

Facilitators highlighted the importance of the inclusion of adequate and recognised time and resource, noting how this contributed to the whole programme package. This included time to: plan and prepare each session; recruit parents and young people; carry out the home visits and necessary liaison with schools and services; and the work needed to help keep individuals engaged. This also included time to ensure full support was provided for parents and young people, before, during and after the sessions, but also safeguarding support outside of the programme. Building on findings from the pilot evaluation, planning and delivering the programme in addition to busy caseloads was acknowledged as difficult, especially following tough programme sessions. Many of the parents and young people had multiple and complex needs requiring safeguarding support and many of the sessions were described to be intense and emotional, meaning it was important for facilitators to be able to access support for themselves. Facilitators explained that it was important to block out time to focus solely on the programme, ensuring they could give their full attention to the parents and young people, provide the best quality service and to ensure they were working in a trauma-informed way. This also meant making time and space for themselves following sessions to reflect. Having managers and colleagues with a good understanding of the programme and a trauma-informed approach was noted as particularly important in ensuring facilitators had this dedicated time and space to debrief. Facilitators highlighted a need for a more formal supervision process (for facilitators) earlier on in the roll out of programmes, which was then put in place, with facilitators describing that supervision had been a positive experience, and how vital and beneficial it was.

*"Gives us as staff too that time after it so it's not just talking about hard hitting stuff of what people have experienced, coming away from that and refreshing... that's important for us as staff and our wellbeing as well. It is hard for us to go home that night and switch off from what we have just delivered. So just having that time too to refresh your mind is really good" (facilitator YP)*

Dedicated time for reflection and recovery was also highlighted as important for the parents and young people following sessions. During the early programmes, female parents had reported that whilst the debrief sessions were helpful at the end of the session, that they were still leaving feeling

overwhelmed, especially if the session had been emotional, and how this was difficult if they were going straight to pick up their children from school. The male parents also highlighted that sessions could weigh heavy on their mind at the end of each week. Facilitators delivering the young person's programme explained how it was important for the young people to build resilience and the skills to be able to switch off from the more intense elements of the programme and move forward after tackling more difficult and emotional situations. The partnership with Active Sefton allowed for the young people to participate in sports and wind down before finishing the session.

*"Intense course, they need to be able to switch off from that. that's a skill in itself if young people can learn to concentrate and listen and gain knowledge on building resilience and then be about to switch off and do something positive and then carry that skill forward in life, that's what they need to do" (facilitator YP)*

A new element introduced to the female programmes, was the introduction of a relaxation session towards the end of each session. The parents described how this helped them relax and focus before leaving the group. They discussed the benefit of this and how some of them were trying to practice this at home, with one parent reporting that since trying this at the session, she now uses online resources to practice breathing and relaxation techniques at home.

### **Resources**

In terms of additional resource, facilitators noted the importance of funding to support the delivery of the programme, including taxi facilities, equipment, lunch and refreshments, and resources for activity packs.

The female parents highlighted how much they enjoyed the pamper packs and small gifts they received at the sessions. For example, one week the majority of parents at one group had been ill with colds, and the facilitators made honey and lemon drinks and supplied multivitamins. The parents reported how they often are not given anything, and how much it meant that someone was thinking of them. Facilitators noted how reduced budgets meant they had to be more creative with resources at sessions but stressed the importance of still being able to do things like that and the impact it had for parents. This was particularly highlighted in terms of the gym equipment supplied to the young people, they were given a gym pass, but also a water bottle, towel and gym bag. One facilitator explained that some of the families they were working with were unable to afford such things, and that they would be setting the young people up to fail by providing them with the gym access but not the equipment, support and resource to attend.

Supplying lunch or breakfast during or before the start of the session was also seen as an important element of the programme. Facilitators, parents and young people noted how they benefited from coming together to have a meal. The male parents explained how this gave them some time for an 'ice breaker' to chat to the other parents, unwind and feel more comfortable ready for the session, noting that it was always good to check on what kind of day/week others were having. Facilitators from the female parent's programme noted that many of the parents they work with were struggling financially, and being able to provide them with a warm meal was important.

*"It is really important because we were able to provide a pamper pack and then every week we bring something, a photograph frame to frame their poems or their family. I think the recognition of people feeling special, feeling that somebody cares about them, feeling that someone has made them honey and lemon you know. It's not the thing, it's the warmth, the love, the wraparound that we have all maybe had as families but not everybody has" (facilitator adults)*

*“I wanted to talk about poverty because most of the women that we are working with are working pretty restricted means. So we always provide a lunch for them and then if there’s any left they’ll take it home and we’ve noticed in groups that some women come really, really hungry. So it is really about helping to address poverty, making them aware that we’ve got foodbank vouchers at sessions” (facilitator adults)*

Facilitators also highlighted the resource to provide celebration events at the end of the programme. This was particularly for the young person’s programme, being able to help the young people recognise and celebrate their achievements. Both facilitators and parents acknowledged the resource and commitment required to deliver the programmes outlined above, was a key element to the success, suggesting that the programme may not have been so impactful without this investment.

*“Needs to happen every time [celebration events], we need celebration money because it an achievement for them and to know at the end of that course, it’s a celebration, a well done, completed the course and something they should be proud of” (facilitator YP)*

## **Programme content**

### ***Programme materials and activities***

Parents discussed taking part in varied activities during the programme, this included motivation exercises, support network mapping, sessions on anger and emotions and utilising journals and positive affirmations.

The parents did acknowledge that the programme had not been easy. It had involved a lot of hard work and commitment from them, and it had been challenging at times, but they had felt relief from this, and how this was needed for them to implement changes in their lives. One participant described it as ‘raw’. A couple of parents discussed getting upset during sessions, but the facilitators were flexible and the programme provided a safe space for them to do that, and they could talk it through, or leave the group for a few minutes to have some space and ‘a breather’, which they would not normally have the opportunity to do at home. Some of the parents noted how everything they had been learning ‘fell into place’ for them a number of sessions into the programme. However, one parent commented that she believed that a number of people may have left the programme early because they did not feel ready.

*“We do [support each other] and sometimes, well I think we’ve all ended up in tears haven’t we but it’s like a big relief isn’t it” (parent)*

The young people discussed the activities they had been involved with during the programme. They described theory-based lessons, which included learning about behaviour and emotion, and involved worksheets, group work and ‘fun’ activities. The range of activities were praised, and they described this as a good balance. The young people were asked whether the programme had been challenging, in relation to thinking about their ACEs. They did not think it had, because a benefit of the programme for them was the generalisability; they believed that anyone could benefit from the programme, and it did not focus on them having to talk about past experiences. They had not needed to disclose this information to any of their peers during the programme.

*“There’s like a balance, it doesn’t feel like school, it’s like a fun thing” (YP)*

*“No, no at all like it’s not our personal things, like the personal reasons why we’re here hasn’t been brought up once, which I feel like it’s made it a lot easier, it’s just sort of a generalised coping strategies and things like that...and we know that some of us...we don’t which one has been through what. I feel like it’s better that way because it’s...I can’t really explain it but it’s better*

*that way and we've not had to sort of talk about it, some people might not be ready to talk about it so..." (YP)*

*"I mean we never really put the young people under pressure or on the spot to talk about their adverse childhood experiences, it's about creating the opportunities" (facilitator YP)*

Whilst the male parents group enjoyed the sessions and activities, they described that the programme materials, including handbook and handouts were written for female parents. Often referring to the mother and 'she'. The men explained that often in other programmes support is focused on the mother and the father can feel 'pushed out'. They explained that this programme was the first time they had felt included as fathers and that unfortunately the programme materials did not reflect this. They did, however, feel that the programme was delivered well, with facilitators adapting delivery to tailor to their needs. They thought the programme flowed well and could see how sessions related to one another.

### ***Programme adaptations***

Facilitators explained that it was important for them to have experience and confidence to tailor programmes for their client groups, whilst ensuring the programme stayed true to the Rock Pool model. Facilitators understood the needs of the parents and young people and were able to tailor delivery accordingly. They relied on existing skills and tools for the young persons and parent's groups; this was particularly useful in ensuring that they had diverse activities when working with the young people. Having the experience, skills and autonomy to tailor the programme where needed was seen as important in the planning and delivery of sessions. Facilitators discussed how some young person's sessions were shortened, as they felt doing too much in some sessions could discourage engagement. They also noted how the first few sessions of each programme when parents and young people are getting to know each other and build relationships with facilitators and peers, and that this should not be rushed. Facilitators commented on coming together at the end of each session to evaluate and consider what worked well and what did not.

*"The first time we delivered it we were sticking very much to what we were trained to do because obviously you do the programme as you know. This time we're a bit more confident to adapt things. Obviously the content of the session is still the same" (facilitator adults)*

Facilitators described incorporating novel activities for engaging with young people. This included fidget toys, group games, journals and Mandala colouring pages for young people to use when they needed a distraction during some more difficult discussions. It was felt that this allowed them to '*focus or escape, keep hands busy, listen and not join with conversations that they do not want to*'. The journals were described as particularly useful, utilising positive quotes, and something positive for the young people to reflect on their own personal journey. Facilitators also discussed utilising outdoor spaces when they could to provide the young people with another space away from discussions. They also adapted resources for young people and parents with learning needs, for example using coloured paper for those with dyslexia.

*"One girl is so shy and has low self-esteem, struggles to even be in a room with peers, doesn't like engaging in activities, took her outside in yard for chat afterwards and she just opened up. It was just taking her away from that space in to another space and she was fine" (facilitator YP)*

Programmes were delivered by three (or more) facilitators, which was seen as required by the facilitators. Specifically, for the young person's programme, facilitators commented that multiple facilitators were needed to deliver the content, support the young people, and manage engagement and behaviour where needed, especially if the group have complex needs. The facilitators noted that



the young people were often experiencing ACEs at the time of the programme, and how additional support was required to support them. Having facilitators based within Early Help and also youth offending brought additional skills to the delivery team, and having a male facilitator was also noted as useful.

### Impact of Covid-19 on programme delivery

The facilitators reflected on the impact of the Covid-19 pandemic and the lockdown and social distancing measures that had affected how the programmes were delivered. During the first lockdown all programmes that were already being delivered needed to be paused, meaning that programmes stopped for some parents and young people. The male parent's group was a number of sessions into the ten-week programme when the programme paused in March 2020, however, then men explained how the facilitators kept in touch with them during this period, checking in via a weekly telephone call, and how this was massively beneficial to them. The facilitators also praised the men's commitment to attend weekly given the difficult circumstances.

*"Hands up to the ones who have got it back up and running, even when we weren't here we got a phone call with a quick update and they kept us in the loop" (parent)*

The male programme and young person's school based programme were able to start again later in 2020, once lockdown had stopped. Social distancing measures were in place meaning that programmes could be delivered face-to-face in 'bubbles'. The male parent's programme was able to complete delivery during this time. Parents praised the facilitators for 'going above and beyond' to re-establish the group during a difficult period when many other organisations were not able to do this, praising the commitment of the facilitators.

The facilitators discussed how unfortunately the young person's programme stopped and restarted a number of times during this period for a number of different reasons including the 'bubble' needing to isolate if they were at risk or had been exposed to the virus, and further local and national lockdowns. With the programme on pause again at time of evaluation data analysis. Periods of isolation also meant that a number of young people missed sessions, with facilitators describing the programme as fragmented. Whilst facilitators acknowledged that young people were particularly vulnerable during the pandemic and that the programme needed to be running when it could, they also acknowledged that the inconsistency was not good for the young people either, noting how the programme needs to flow between sessions, which are interlinked.

*"It is difficult because we get told on the training that a young person can't miss two sessions, but we have young people isolating, so it's really difficult to manage...we get [the need to deliver sooner] it the young people are vulnerable but it needs to be consistent as well because ACEs is such as intense course. You can't stop and start it because the young people will forget about what they did two weeks ago, because it's so unpredictable, what's going on, isn't it?" (facilitator YP)*

Both facilitators and parents believed that the programme was more appropriate for face-to-face work, highlighting their concerns about potentially delivering the programme remotely. Facilitators explained that they were exploring avenues for online remote delivery if needed, but for now programmes would be paused, with weekly check in calls, and then run in 'bubbles' when allowed until it was safe to return to their usual delivery, which is uncertain due to the ongoing pandemic. Facilitators explained that remote delivery would be difficult due to the intensity of the programme, and not being able to read and understand body language and visual cues in order to effectively respond to the young people's needs. Facilitators also feared that the young people who were shy and struggling with low confidence would not engage this way. The male parents group also highlighted

that the group dynamic and peer support was a key element to the success of the programme and remote delivery would not be able to incorporate this in the same way.

*“We can’t do it virtual, we were talking about it but it just wouldn’t work, its already hard enough trying to deliver or speak to any of the young people doing virtual. And then you’ve got the issues of whether they have got a laptop or something they can use at home or whether they can do it at school” (facilitator YP)*

*“It’s that group dynamic that you need to observe and people emotions when you talk about sensitive stuff and really intense stuff” (facilitator YP)*

*“We’ve all come out of our shell haven’t we, and that’s something you wouldn’t see if we weren’t face-to-face” (parent)*

The facilitators delivering the young person’s programme discussed how they had made further adaptations to the programme to accommodate social distancing measures when delivering in ‘bubbles’, this included tailoring activities so individuals remained distanced, and not being able to use shared equipment. The facilitators commented that not being able to their usual techniques when working with young people who were struggling with ‘fidgeting’ was difficult, and created many barriers, but how they were incorporating new techniques such as creating a different space, fresh air, relaxation techniques, and music to try to create a more calming environment. They noted how it also included small things such as not sharing pens and ensuring any food was individually wrapped and not shared, but how delivering the programme ensuring rules were remembered was not always easy and this was ‘a job in itself’. Facilitators also explained that it was difficult delivering the sessions wearing personal protective equipment, because it was difficult to read body language behind a mask, and difficult for them to show empathy when wearing mask and visor, giving an example of the young people not being able to see their smile.

Facilitators also explained how young people were frustrated and finding the pandemic particularly difficult, and how additional support and techniques to encourage engagement were required, noting that delivering during the pandemic was much harder than the other programmes they had delivered. The facilitators raised specific issues for young people including being isolated from their friends, missing periods of education, and increased safety issues regarding isolated young people using social media. They noted that the programme was needed more than ever because the impacts of the pandemic was a trauma and could be considered an ACE.

*“Difficult to deliver wearing a mask and visor, how can you deliver a really intensive course to really vulnerable young people and not show your body language and facial expressions... body language is everything when you are delivering a course” (facilitator YP)*

## 3.2 Impact of the ACE programmes

### 3.2.1 Quantitative outcomes for parents

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 some of these outcomes, pre and post measures of self-esteem and positive lifestyle choices were conducted.

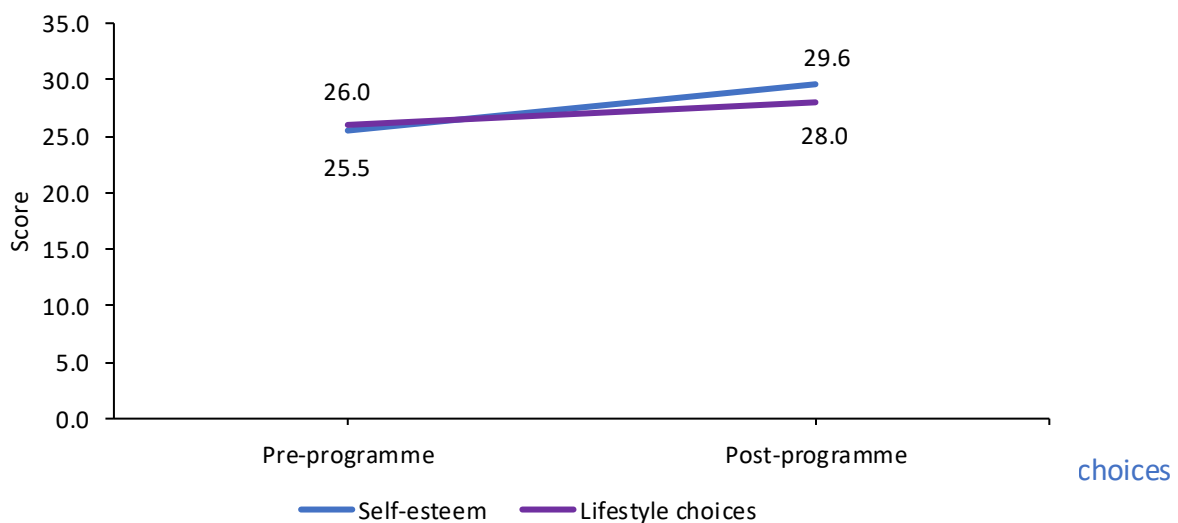
#### Lifestyle choices

Prior to taking part in the programme, the mean score on the Lifestyles checklist was 24.1 (range: 13.0-36.0; n=19). At post-programme measurement, the mean score was 28.5 (range: 16.0-39.0;

n=21). Of participants for whom there was pre- and post-programme score available (n=10), there was an increase in lifestyle scores from pre (26.0) to post-programme measurement but this was not statistically significant (28.0; p=0.37; Figure 2)

### Self-esteem

Prior to taking part in the programme, the mean self-esteem score of participants was 24.6 (range: 14.0-37.0; n=35). At post-programme measurement, the mean self-esteem score of participants was 29.3 (range: 20-38; n=31). Of participants for whom there was pre and post-programme score available (n=22), there was a statistically significant increase in self-esteem scores from pre (25.5) to post-programme measurement (29.6; p<0.01; Figure 2).



### 3.2.2 Programme outcomes for parents, young people and facilitators

#### Improved knowledge and awareness

Parents talked about the benefit of learning coping mechanisms and strategies and the practical tools they had learnt from the programme. Similarly to the pilot, these practical skills and tools were seen as an essential part of the programme, with all parents discussing how they had utilised these new found skills within and outside the programme on a daily basis, at home with their families and in other aspects of their lives too. Some noted that it was not always easy to use some strategies such as ‘think before you speak’ in practice. Parents also discussed having better knowledge of where to seek support and that they would not have known about such services without the programme. The facilitators also reported that the parents had become better at asking for support. The parents themselves acknowledged this, noting that they struggled to ask for help prior to attending the programme.

*“I didn’t know like a lot of the stuff that they told us if you have a hard time at home it can affect you in school and I always thought that I was just an angry person and I just couldn’t cope with people telling me. But apparently it’s because I had a stressful like at home, so it’s not all my fault, its ok. It helps you to understand yourself better if you don’t already know that type of stuff”  
(parent)*

Parents discussed how their knowledge and understanding of ACEs had increased. They recognised the cycle and the importance of breaking the cycle for their children. They also talked about how they were able to understand how past traumas and emotion were linked to behaviour.

*“I’m definitely much more aware of myself and who I am as a person, and it’s taken me to [age] to realise how much. What’s gone on for me in my early years and through childhood and adolescence and the relationships I’ve been in to now get to this point to understand actually this is why and this is the behaviours and this is what’s gone on for me and this is why that’s happened. So, I want to move forward with my life so I know I’m never going to let that happen again. I don’t want to be in that situation again and if there is another person for me then it’ll be the right person, who will be with me for the right reasons. I think that’s definitely what I’m learning from it....It’s been a big journey, definitely a big journey for me and I had to go through hell to get here but this is the upside now” (parent)*

*“If we’re going to be therapeutic, if we’re going to be trauma-informed it’s about having that understanding. And it completely turns on its head you know, those old notions of ‘oh well, she’s always been like that’ and ‘oh yeah, her mum was like that and her nan’s like that and what do you expect?’ What we expect is for somebody to embrace and understand” (facilitator adults)*

The male parents agreed that they had learnt skills and tools that they were implementing, explaining that they enjoyed giving feedback to the group and learning from others too. One father reported how he was sharing the skills he had learnt, giving an example of how he’d spoken with parents who were arguing in front of their child, explaining what an ACE was and how their child may be impacted.

*“I could see by session two it was going to make a difference for the better for me and to me. Little did I know back then just how much of an impact it was going to have on me and the way which I look at certain situations. I can honestly say from the bottom of my heart I am a much better man now than when I started. I used to get into heated talks with professionals (social workers and school). And not have the knowledge or tools to be able to handle the situation without getting wound up, stressing and coming across aggressive and agitated. You have taught me these tools. You have taught me in a way that made it sink in. you have taught me without making me feel like a child or a lesser person. You have let me speak my mind and then got me to think about what has just come out of my mouth. I have been on other courses they too were fantastic but the way they were delivered let them down. The way you delivered the ACEs course was spot on for me” (parent – programme feedback collected via facilitator)*

The young people explained that they understood that the programme was about ACEs and how they had covered this in their sessions. They highlighted the importance of understanding ACEs. They discussed this in relation to the potential impact of ACEs in later life, and if they had the tools and techniques earlier to cope with situations, this would help them in the future.

*“Yes [important], because we need it when like you’re older as well, in a job, because I feel like if I hadn’t of come here and learnt certain strategies on how not to kick off when someone’s winding you up... If you’re in a job there’s bound to be someone who’ll wind you up, you can’t kick off on them in your job. You’ve got to think of a strategy to calm yourself down and just get on with it because otherwise it will get you into a lot of trouble later in life” (YP)*

The young people described the programme as different to anything they had done before and described the programme as ‘amazing’. The young people discussed learning about emotional responses to stress, and coping strategies and alternative ways of processing information and

responding to situations. They gave examples of how they had implemented these strategies at home. This included coping strategies for when they felt stressed, breathing exercises, and learning how to stay calm and not escalate anger in response to a situation. They noted that they would not have known about or have been able to employ such techniques without the programme.

*“Like taking deep breaths and counting to 10....different ways” (YP)*

*“I used it last night, walking away from me brother, he wanted to have a fight, normally I’d have it with him. Just sat in my room, just ignored him and sat there [would normally have fought]” (YP)*

They highlighted that small changes make a big difference. They also agreed that it can be hard to express what they are feeling or what they are trying to say, but how managing situations more positively can have a big impact for them. The young people all agreed that they believed that they would continue to use what they had learnt in the future, outside of the programme.

*“Sometimes it’s just walking away or going outside from some fresh air or getting a drink of water and stuff like that and it’s just little things that really do help with situations” (YP)*

The young people agreed that they could use the techniques when they return to school following the summer holidays. They discussed reacting differently to situations would mean they would find themselves in less trouble in school, which would in turn make school life easier for them.

*“Yes because when the teacher asks you what’s wrong and where you’d normally tell them to f\*\*\* off but like now it’s just can you give me five minutes and I’ll come to you” (YP)*

*“I sort of wish I’d done this course before I left school!” (YP)*

### **Importance of the group dynamic and peer support**

The parents discussed being apprehensive about attending group-based sessions before the programme started. They talked about previously being isolated, lacking in confidence and self-esteem, feeling judged and having a fear of opening up to others. However, the group setting was seen by both parents and facilitators, as integral to the success of the programme.

The parents spoke about the importance of the group dynamic and being able to feel at ease with each other, be themselves, whilst respecting what each other had to say. They felt that having a shared experience helped with this. They also talked about setting ground rules, such as not talking about social services and not talking over each other. Parents discussed the crucial peer support (discussed later) they received from the group, and how working in a group was less intense and preferable to working on a one-to-one basis.

*“I used to find it dead hard to like talk about things. I used to bottle it up; I never used to talk to anybody about anything” (parent)*

Facilitators noted how they had delivered to bigger groups in the past, but how smaller groups allowed them to spend individual time with parents; they noted that the ideal group size was around eight parents. Facilitators reported that attendance for the three programmes had been good and they were pleased with programme engagement and retention. Parents discussed how it was important for them to attend and that they wished the programme could be longer.

A key element to the success of the programmes in Sefton appeared to be the focus on relationship building. The facilitators played a pivotal role in fostering this environment and enabling parents to build positive relationships. The preparation and home visit and work from facilitators to build trust to engage with parents was key to this. The ongoing support throughout the programme meant that parents felt cared for, had a sense of belonging, and were able to build skills and develop trusting, caring and supporting relationships inside and outside of the programme. Parents identified the respectful relationships that they developed with facilitators as an essential part of them engaging and the programme working for them; highlighting that the whole package that Sefton have developed, beyond the Rock Pool programme model, may be what makes the difference to parents attending this programme compared to other programmes they had attended in the past.

An essential part of the ACE programme was the peer support that the parents gave each other. This was an important finding in the pilot evaluation and further evidenced here, highlighting the key role the parents themselves contribute to the success of the programme (highlighting a potential role in co-production of the programme). Parents benefited from sharing experiences and giving one another advice. For some, attending the group was the first time that they felt able to talk about their experiences and ask for help. They discussed how it was important to have a safe space to talk with others who understood what they had been through, and how outside of the group they had felt judged in the past. Many of the parents were isolated before attending (and outside of) the programme, and this had provided them with an opportunity to bond, form supportive friendships and socialise with others. The males group spoke specifically about the stigma attached to men talking about their feelings, and how they were nervous before the programme, but how they had opened up, all got on well, and how the group element was the essential part of the programme for them.

*“It’s just good to see other people and just to see what they’re going through. Because I think I’m the only person that’s going through something, there’s other people that are experiencing different situations...and I always used to think, ‘why me?’ but when you sit and speak to other people you think other people are going through the same thing as you so it opened my eyes up”*  
(parent)

*“I used to get dead embarrassed talking to a normal person who’s not going through something, I’d get embarrassed but when I’m in a group with other people who are experiencing, I feel I can speak about it and I’m not embarrassed and it’s making me feel more confident. Definitely”*  
(parent)

The parents developed friendship groups and were using social media applications to stay in touch. One group discussed how they were going to come together for a Christmas celebration outside of the group. They also discussed how they planned to stay in touch once the programme had finished.

An important part of the young person’s programme was the peer support and the friendships the young people had developed. They discussed not having expectations of this and how they planned to remain friends. The facilitators explained that the majority of young people on the programme were socially isolated and the significance of the impact of these new friendships. The young people felt that meeting other people and having shared experiences with people with similar backgrounds had been beneficial. Facilitators reported that the young people had all worked well and supported each other throughout the programme, and they worked as a team. Facilitators commented on how the group supported one another. The young people had also set up a social media group to stay in touch. Relationships with the facilitators were also noted as important. Again, similarly to the findings from

the parent's programme, the approach, including the additional activities, and the development of the supportive relationships with the facilitators and the other young people, was seen as key to the success of the programme.

*"I thought I was going to be sat on my own but I haven't, I've made friends" (YP)*

*"You get to meet new people and their in kind of the same situation as you" (YP)*

*"Group work is the most effective, most impactful, getting all the young people together in one room, sharing experiences, sharing ideas, building relationships, you are meeting all youth work values by bringing young people together" (facilitator YP)*

*"A lot of young people in the group are quite isolated, struggle with friendship groups, struggle with friends in school or in the community. They have built lovely friendships in this group which has been so positive and has been so lovely to see it would be a shame if there was no stability to carry it on sort of thing" (facilitator YP)*

### **Adult focused package of support**

An important finding from the pilot evaluation and this evaluation was that the ACE programme was unlike any other support that parents had received before. For the majority of the parents included in this evaluation, it was the first time they had heard of ACEs, and for all, it was the first time they had accessed support that had focused on them. The majority of parents across all programmes had received support from various organisations and programmes previously, but described this ACE programme as different, and for many, it was this programme, that had made a difference for them in many ways. This included improved knowledge, confidence, self-esteem, communication skills and relationships (which are detailed further below).

*"..Out of everything I've done, I've been on four courses, and this is the only one I've seen any type of difference where I've actually learned anything from that that's like useful" (parent)*

*"This is the only course I've ever been on ever in my life where I've got something out of it... it's really helping me now" (parent)*

Parents discussed how usually, support is focused around their children, and programmes that they had attended had been around parenting skills, and whilst that was useful in terms of parenting skills and support for children, previous support had not helped them personally. They described the ACE programme as something beyond previous support, and something just for them. One parent talked about the programme giving her an opportunity and a chance to make changes, whilst others talked about finding themselves and feeling empowered.

*"Every other course we've been on is for the kids. This one's for us. To help us" (parent)*

*"There's light at the end of the tunnel isn't there. You think you're in this hole and you can't get out and then all of a sudden..." (parent)*

The male parents also acknowledged the benefit of a programme dedicated to them, noting how the programme was not like any other that had experienced before. They explained that other programmes felt more school based, which made them feel uncomfortable. Whereas the facilitators on the ACE programme treated them as equals, and the different mix of activities and group discussions broke down these barriers for them. They also reflected on breaking down barriers of stigma of men being able to engage in support and talk about how they were feeling.

*“Most other courses have been like being back at school and I hated school where as this is more hands on, you get involved a lot more, you don’t just sit in a corner wishing you were somewhere else. Other courses I have been on and you have to watch and listen and write stuff down and it’s just like a school lesson, this one is more proactive, you are getting involved and you are talking and sharing with each other” (parent)*

The male parents did see the programme as a parenting tool, more so when compared to the female groups. They believed the programme had a focus on parenting specifically for fathers and was more inclusive for them. The parents saw this as an opportunity to ‘help them to help their children’. The male parents reported that they had never accessed any form of support before that had a focus on them, and discussed feeling excluded in the past when working with other services, including social care. They believed this inclusive element was due to the way that the team of facilitators delivered the programme. They described how important the opportunity was for the group of fathers to come together and talk about their families and share experiences of parenting, and how much it meant to them. They saw this as a recognition of their role as a father and the role they have, and how they can benefit from support too.

*“When the social workers got involved I felt it was more for the woman and not the man, I felt like I was excluded and pushed away, and it’s just as important for the dad to be involved and get that help” (parent)*

## **Improvements in wellbeing**

### *Confidence and self-esteem*

The parents reported many benefits from attending the programme. They discussed benefits they had experienced, and how they had seen changes in one another. The facilitators supported this noting that they had seen visible changes in the parents’ appearance and body language week on week, alongside observing changes in their confidence and communication skills during group work. Parents also spoke about others outside of the programme recognising changes in them, giving examples of their children noticing positive changes, a social worker noticing a difference in listening and communication skills at meetings, and positive feedback from staff at a local shop. Parents reported varied impacts, with some talking about the small things and the small changes making a massive difference to them. They also noted that this was the first time they were seeing and recognising changes in themselves.

*“It’s helped because what I’ve written down...I’m seeing things that it’s hard to believe, I am that person. I’m seeing things that I’ve never noticed about myself before, and that’s helped” (parent)*

*“I’ve been going home and what I’ve been learning here I’ve been doing it on my son so he’s calmer and everybody’s noticed the difference. Because I only normally go the Asda and even people in the Asda are going, ‘I didn’t even recognise you’” (parent)*

*“...Normally when I go into a meeting I’ll be erratic. Can’t talk to me, won’t listen to you, I’m just like erratic and now everything’s just changed. Like I’m just dead calm in situations” (parent)*

Many of the parents reported feeling calmer and that they were able to control their anger using the strategies they had learnt from the programme. They explained how they felt stronger and more in control.



*“Yes I do sort of feel calmer to deal with it, I think, just calmer. One of my daughters said you’re coming back to your stronger self again’, because of everything that’s I have gone through... I think I’ve sussed I am an actual person not just a carer, a mother, a daughter...” (parent)*

*“A lot of self-worth, yeah. A lot of – it’s hard to say, to let go of anger really. Forget the anger and deal with it in a different way because for [age] years of my life I’ve dealt with it with anger and lashing out and screaming and things like that. Now I’m not doing that. I’m dealing with it completely different, I dealing with the kids completely different. I’m calmer with them” (parent)*

The young people reported feeling happier since attending the programme, and how they looked forward to the sessions, and wished they could attend more often. The young people had seen improvements in their own and others confidence and self-esteem. The facilitators agreed that they had seen the young people’s confidence grow during the programme. The programme had allowed the young people to engage in something meaningful with their time, it had given them something to do during the schools holidays, meaning they got out of the house, and in turn reduced their isolation.

*“Like your self-esteem, like everyone’s giving each other good things about themselves that we hadn’t noticed ourselves” (YP)*

*“When they started on the course they were a bit quiet and didn’t know each other but their confidence has grown massively...they support one another and get along with one another and engage really well with the sessions” (Facilitator YP)*

### **Self-worth and self-care**

The parents talked about not looking after themselves in the past. Since starting the programme, they were taking time out for self-care and having more compassion for themselves. The programme had given them a safe space to relax and think about themselves. They noted that the programme had helped them think and make decisions for themselves. They also highlighted the importance of the strong relationships they had built with the facilitators, and the impact of facilitators taking the time to talk to them, ask questions and providing gifts had made them feel cared for. Many of the parents explained that they were feeling more confident and that their self-esteem had improved. The facilitators also provided an example of one of the young males on the young person’s programme, describing how accessing the gym through the Active Sefton partnership allowed and encouraged him to start exercising, lose weight, and take more self-care.

*“[Eating breakfast/lunch at the programme] when I’m at home I’m so stressed out. I don’t hardly eat and I don’t have time for myself... So this is the time I sit, listen and sort of take more in.... and I enjoyed it so much...that it gives me that bit of eat so even just to the smallest thing I was just so made up to eat something!” (parent)*

Parents described not feeling judged, which was thought to be a key positive element of the programme. This was described in terms of the parents not judging one another, and in terms of not feeling judged or treated differently by the facilitators, again, highlighting the importance of the relationships that were built between parents and facilitators. This was noted as different to other groups they had been involved in where they had felt judged and unable to open up.

*“I don’t think anyone would bother coming or bother saying anything if they felt judged” (parent)*

*“I’ve learned to come out my shell and actually speak a bit and I actually like it. So my social worker was surprised...” (parent)*

*"I've had had over 10 different social workers probably in a year and we hadn't felt supported... it felt good to be able to open up a lot of that to other women. Because I felt embarrassed after working with social services that my kids should have behaved better and we should've got on more. I learnt like that we've all had similar experience, and as part of the teenage years, having behavioural problems like my daughter, it weren't my fault. I felt a big relief, coming to ACEs and being able to talk about it" (parent)*

## Parenting and wider family impacts

A number of parents discussed how the programme had positively affected their relationship with their children. Parents talked about trying strategies out at home and how this had improved communication and relationships. They also reported that this in turn had improved situations for their children. They talked about spending more time with their children and how they had learnt to listen and communicate with them. They also discussed establishing more structure and discipline with their children, and how their children felt calmer for this. There was acknowledgement that they did not want their children to have the same experiences that they had. Parents discussed the importance of educating their children about ACEs and called for earlier ACE awareness and education in schools for young people, as well as more training opportunities for professionals working with children and families.

*"If you're ok then your kids will be ok" (parent)*

*"My older lad he seems a lot more calmer because I'm listening a bit more to him rather than jumping in and going 'but this, but that', instead of like making him forget... I've been speaking to him more and trying to spend more time with him one to one... [When the young children go to bed] I'm spending an hour with him on his own in his room, and then speaking to him about anything he needs to or any worries or anything...so I'm actually sitting there listening to what he's got to say and about the group and stuff like that because he needs to tell me" (parent)*

*"You shout they shout and you don't realise you shout, they shout, you're showing them that it's ok to shout. You're just thinking you're the adult, you're showing your authority but it's not, that's not the way to show your authority. You're the parent... I'm shouting less" (parent)*

The male parents also discussed how they were communicating better with their children and that they were talking to them about what they were learning on the programme, explaining that they had bonded with their children. One father noted that the programme had taught him how to communicate more on his child's level, which had contributed to his child talking to him about problems he was experiencing in school, resulting in them problem solving together. One of the female parents explained that her child had attended the young person's programme, and highlighted the benefit of both engaging with the programme, and how they had learnt as a family, which had improved their communication.

*"I learn on the course and I try to relate it to what I do at home and then I will remember certain things and I will talk to my kids and I am getting it back" (parent)*

They explained that they had seen a difference in themselves, but that also their children had reported witnessing a positive change too. They also talked about spending more time with their children, with one father commenting that was 'all he ever wanted'. They credited the shared learning, learning from one another and applying skills learnt for the improved situations at home.

*“Yes definitely for me (seen changes), I am sort of a grumpy old man with anger issues and since coming here I have learnt different ways when to cope when the kids are being naughty, I am not just shout instantly which is a bonus because now the house is a bit more calmer and now the kids aren’t playing up half as much as they were. So everyone has seen the difference now” (parent)*

*“Yes (children have fed back a difference) they actually talk to me a lot more, it used to be that they wouldn’t do anything, when I walk into a room and they would walk out sort of thing. But now they are wanting to spend time with me and talk to me about what they have done in school and stuff like that, so it’s really improved. It means everything to me, that’s all I’ve ever wanted” (parent)*

The male parents also reported that were spending more time helping their children with their schoolwork, and were more involved with family life. One father explained how he had not appreciated the housework and parenting his partner was usually responsible for, explaining how he was now more involved than ever. A second father explained how his relationship with his partner had improved, whilst another said he now had a better relationship with his ex-partner, both explaining that they had received positive feedback from partners/ex partners. The male group also reported that they had noticed positive changes in their children since they had engaged with the programme and there had been positive changes at home. They described their children as happier, and one father described the engaging with the programme as a chance to save his relationship with his children.

*“You do learn from your parents... I’ve got a chance to save my relationship. I am taking baby steps and it’s about communication and it helps in other ways, prevention is better than a cure” (parent)*

*“I wish I could have done this years ago. But you can change things and it’s helped me, and not just to be a good parents it’s helped me in a lot of things. A key thing about a relationship is communication and work together as a team and support each other, instead of having this stigma saying I’m alright, I’m alright because we all need help in certain areas” (parent)*

Linking back to previous discussion of the programme having a strong focus on parenting for fathers, the men explained the clear link between ‘helping themselves to help their children’, recognising the impact of their own ACEs and how they could prevent their children from experiencing ACEs.

*“It has helped me sort out my past issues that I was confused about, and you need to think before you say and do. It slows you down and it gives you, as the lads were saying they are getting on with the kids a lot better, and I am more sort of like step back and look at the situation and going in correctly and instead of going in a hundred miles an hour, makes me think before I act as a parent” (parent)*

*“If parents go on these courses, a good parent is going to bring up a good child and the child is going to benefit and its learnt behavior so if they learn from you doing the right thing they are going to pass it onto their kids. Its knowledge and its good when people get together and talk about what works and what didn’t work that well, that’s the way of life really. But I think social workers, in my experience, not just to push the parents out the way, because if a parent is struggling and they get on these course, then it’s going to really help the child out instead of feeling like they are going to take your kids of you” (parent)*

## Beyond the programme and sustaining outcomes

Similarly, to the pilot evaluation, parents discussed feeling positive that they would be able to maintain changes and continue to use strategies once the programme had finished, but they did worry about how they would sustain the changes longer-term without the ongoing support from the facilitators and their peers.

The facilitators also agreed and expressed concern at what happens after the end of the programme. Some commented on how they felt that there needed to be something in place for the parents to carry on with the changes that they made and for some, the sudden cut off could make things worse than they were before attending the group. It was felt that the programme helped to build the parents' confidence and they would need support to carry this momentum forward. The facilitators also organised for speakers from other organisations to attend sessions, providing the opportunity for onwards referrals and support from other organisations beyond the programme.

*"It's important for us to already have a plan of what we do when it's over, ideally we would like to do a youth group or a virtual group so we check in with them, once a week, once a month, whatever they want,. It's important to have a plan or if it's referring them to the get on track programme, or gym passes or something else. There has always got to be something at the end of it because once we pull away they have got all the tools in the bag but what have they got after that, so it's about looking at what we can put in place afterwards to make sure that they carry on with that positive journey that they are on" (facilitator YP)*

All of the parents expressed a desire for the programme to continue beyond the ten weeks, and recommended being able to continue to meet up. Parents talked about how the programme had given them structure and focus and a sense of purpose, and how they would miss attending weekly; this was especially important for those who were isolated outside of the group. A key theme from all of the young people, and male and female parents who participated in the focus groups and interviews, was the desire for the groups to be able to stay in touch. This highlighted the importance of the friendships that had formed during the programme, with many parents planning to continue meeting up. The parents highlighted the need for refresher training, with an opportunity to get together after 3-6 months, and a check in after a year. Whilst the young people did not want the programme to come to an end, the majority did agree that it was the right length and format. Others felt that the programme could be condensed into a shorter period, and some wanted it to be longer.

The young people believed the programme worked well for the age range of young people accessing the programme (aged 13-16) because they were all a similar age. They also believed that the programme should be available for younger children. They saw it as an opportunity for early intervention. One young person described feeling that it might be too late for her before she started the programme, but how the programme had changed this for her, explaining how she was feeling more confident, happy and hopeful. The male parents noted how ACE programmes and support around ACEs should be available at an earlier stage, acknowledging that others could be supported before they reach a similar situation. They called for wider professionals to work in a trauma-informed way, one male parent suggested it should be expected and should be included within job roles.

*"If we were a bit younger it might not lead to something that could get you in to really big trouble. Like when your like 15, 16 you can get in to a lot of trouble but if you done it at the age of 9, 10 they'd learn how to cope with that and like not put themselves in big gangs and that...like it can lead to..." (YP)*

*“Because I feel like some of us might have felt like it was too late for us, like too late to change and things like that because we’re already in it. Because once you’re in it, you’re in it type thing, but that’s not the only thing, you do have an option, you can sort of change your life around and not be in trouble all the time and I feel like this course has helped with that as well” (YP)*

When discussing how the groups could be sustainable moving forward the facilitators thought that with some initial help at the offset, a peer support group would be ideal. An aftercare ‘Face’ group was being established by facilitators for parents, which would include parents from all groups all coming together. The facilitators believed this would provide an opportunity for parents to support one another and support sustainability of the programme outcomes. There were also discussions about whether aftercare groups could be facilitated by parents from previous programmes, providing parents with more ownership, with the example given of how a parent from programme one had volunteered and supported parents through the second programme. This was also seen as a key part of the ACE programme package and the role that both parents and facilitators play in sustaining the positive relationships beyond the programme.

*“It’s got to be carried on, it’s got to be sustainable. It was mentioned again by one of the participants last week, ‘I don’t know what I’m going to do.’ Because you know, she’s come on leaps and bounds and then just to cut her off just – it could be worse in a way you know, because she has the support and then it just goes bang. And she’s learned so much about herself, about various things in her life and to have that...” (facilitator adults)*

The facilitators who delivered the young person’s programme went on to run a weekly youth club, initiated by one of the young people who developed the idea as a way to keep in touch with their peers and check in with the facilitators. The youth group was described as a success by the facilitators, allowing the young people to maintain their friendships and providing them with a meaningful activity to engage with. The youth group focused more on the social aspect, however, the facilitators did run a number of sessions, including a feedback session, giving the young people a voice and allowing for their input into the design and delivery of ongoing and future group work with young people.

The facilitator explained that the hard work had been carried out by the young people at the programme, and how this group was for fun, but how they did incorporate wider sessions in. This included a feedback session on what makes a good worker/facilitator, where the young people provided key feedback that had been incorporated into future programmes and practice. For example the young people benefited from the facilitators being part of the group and speaking with them on their level. Not having to repeat their story to multiple professionals was also noted as key to helping them engage with support. The facilitator also explained how a senior professional from Sefton Council had also attended one week to meet with the young people, and how this had been encouraging. They also had a Christmas party, with a quiz and presents. Facilitators highlighted the opportunity for young people having the opportunity for a more relaxed and social setting, linking into the team work during the Active Sefton water sports, and suggesting the potential for ACE residential courses.

*“We ran the youth club, because that’s what they wanted, that’s what they said, they wanted to keep those relationships, they wanted to keep attending somewhere that they felt safe and were able to come and meet up” (facilitator YP)*

*“It was great and they all came every week, there was never a time when there was none of them. It was really beneficial. [Feedback] it is so important, the young people’s voice is so important.*

*They are the forefront of our work so we have to listen to their voices and take it on board. So we have listened to that, so that's good" (facilitator YP)*

The young people talked about the parents ACE programme and thought it would be very useful for parents to attend. The male parents also raised the idea of opportunities for families to engage with the programme. They had enjoyed fathers coming together to share their experiences of parenting and asked for opportunities to bring their children along and spend time together as families. They considered about the impact on the family if parents learnt positive ways to deal with situations. Whilst there had been a family fun day held in summer 2019, the facilitators had noted that due to logistics it did not always work out in practice for parents and their children to be attending separate programme at the same time.

*"Because they'll know how to deal with situations better because they could be first time parents who'll, even if they got a few kids. If they learn positive ways to deal with it, it can make the child's living area, space, like the family, like the vibes of it so much better because it's positive and less arguing, stuff like that..." (YP)*

The male parents agreed that they would recommend the programme and had already started recommending it to other fathers. They believed that the programme should be open to all, advertising the programme in schools and GP surgeries, highlighting the need to open up referrals but also acknowledging that their needs to be resource to meet demand if the referral pathway was expanded. The fathers argued that further male programmes were needed, noting that they knew many men who would benefit from attending.

*"Need to get this course out, its shouldn't be done just through social workers it should be done through other professionals, doctors things like that. They can sell it but they need a referral info for people to contact" (parent)*

Parents and young people welcomed the opportunity for feedback and felt it was important to be able to tell others what the programmes were like and how they helped them. One parent who attended the first pilot programme and was then involved in making the promotional video highlighting the impact of the programme and advertising future programmes, noted how rewarding it felt to help encourage others to attend.

A number of the female and male parents stated they would like to volunteer at future programmes. The male parents talked about promoting and advocating for the programme, to help reduce anxiety and apprehension from other males and support them to engage. This was echoed at some of the follow up interviews, with parents still expressing a desire to volunteer with other programmes.

*"I hope that they carry on and help other people. Because it is, I think it's brilliant. And maybe, I know in the past they've had people who spoke about, you know, what it done for them. So I think that's real life, isn't it? I think that's important because people say well, it is it is a real situation and people do get through it. You need that positive outlook on it as well" (parent)*

### **Longer-term impacts**

Ongoing engagement with the programme facilitators and follow up interviews with parents and young people demonstrated the longer-term impacts following the programme.

The parents discussed feeling more settled following the programme. They described continuing to use the tools and skills they had learnt during the programme and gave examples of how they had

reacted more calmly in stressful situations and were able to use coping strategies to deal with these situations more effectively. This included taking time out for self-care and recognising they needed to 'look after themselves to look after their children'. The parents reported feeling less upset and anxious, and more confident and positive and they were finding it easier to communicate how they were feeling.

*"Yeah, and I think the course helped me to feel I could cope. Even though that had happened... I can still cope with things and I can get on with it and I can still look after them [children] and love them" (parent)*

*"I felt more positive about myself... I felt more confident doing the course, I don't know how to explain it to be honest... I felt a lot more confidence and getting used to seeing people and talking in an open space and stuff... I feel better opening up to people now and I think I can talk more easier, than holding it in and trying to deal with things myself" (parent)*

*"I like to, because I blame myself a lot. I've learned that now, it wasn't your fault, so try and take these things that you've learned and the strategies to talk or self-care, things like that. So I have learned that" (parent)*

The parents who took part in a follow up interview also described how they had maintained improved relationships with their children and families. One parent explained how she had found herself in a distressing situation and had re-engaged with the programme facilitator to seek advice. This parent reported that continued advice and information had supported her improved relationship with her children. Another had been back in touch with a facilitator, as their family worker, during the pandemic lockdown for some additional support. One of the parents reported that it was 'the programme alone' that had supported her to experience the positive change in her life, which she hoped would last.

*"I think for my son and my daughter, we've got a much better relationship, easier to talk to. I think we've all benefited, the children and me because after the course things were going great. It made me feel more positive about the house, the kids were coming round a lot more, I was really thinking things through before I'd see them to make sure everything went smoothly, and I've got a much better relationship with my daughter now... Just take everything a step or a time" (parent)*

The facilitators explained how they were still in contact with many of the young people that had attended the young person's programme. In some cases, they remained the Early Help lead for the young person and continued to work with them on a regular basis. In other situations, they had 'checked in' with the young people to see how they were getting on, and the young people had also been in contact to touch base. The facilitators explained that a number of the young people had continued to make progress, coming on 'leaps and bounds'.

Facilitators discussed how a young female who attended the programme (her journey is detailed in case study 4) had been out of school for periods of time over a four year period and had experienced a negative time during school. They reported that she was now in a new school and doing really well, she was settled and enjoying school for the first time, had 100% attendance and had been made deputy head girl. They described how being in a positive school environment was helping her to maintain changes and progress further. They also explained how she was calmer and was still utilising coping strategies she had learned through the programme.

The young person detailed her journey in the case study, and also explained how the ongoing support during lockdown measures was beneficial. She believed schools should have a better understanding of ACEs and wanted the programme to be available for other young people.

*“I think it’s been really beneficial. She has made a friend there that she has had for a year. It was hard for her to make friendships and sustain those positive relationships, and she has kept that friendship for a year, somebody who has been on that journey with her and who has had those similar issues and similar things going on in their lives. And she’s made that friendship, its dead positive that’s its came out of that and its lovely to see that and those friendships” (facilitator YP)*

The facilitators credited the friendships and positive relationships that this young person had developed during the programme as a factor in helping her to achieve and sustain the positive outcomes she had experienced. They explained how she was isolated and had difficulty forming and maintaining friendships before, and the fact that she had now been able to do this and sustain the friendships for over a year following the programme, had a massive impact for her. This young person was also instrumental in developing the youth group, after missing the group once the programme had finished, and she had continued to access the gym and engaged with a one-to-one programme.

They also described how another young female who had engaged well with the programme and experienced many benefits throughout the programme duration, had struggled following the end of the programme. When engaging with the group, the facilitators described how her confidence had improved, she made friends, was less isolated and her anger had reduced. They explained that she really enjoyed the programme and had expressed they wanted the programme to continue beyond the end. Following this, she moved out of area and due to becoming reliant on the programme, and she felt lonely. They also acknowledged other circumstances outside of the programme and the difficulties of supporting young people to sustain outcomes without that ongoing contact. This highlights a need for a pathway and something else to be in put in place for the young people to move onto following programme completion.

*“No matter how much support you put in place if there is something outside in the family home or the community that just undermines all of your work, it gets taken out of your hands” (facilitator YP)*

*“Lot of needs outside of group, if there isn’t a joined up approach she is going back to that after the groups” (facilitator YP)*



The facilitators also described how a number of the males from the young person's group had continued to access the gym. They described the journey for one male young person, detailing their progress during the programme, and how they had kept in touch and had continued to witness him sustain changes and progress further.

*"He wouldn't even speak at the start, wouldn't make eye contact and by the third session he was putting his hand up and getting involved. I think his confidence went from one to ten doing the course, easily" (facilitator YP)*

*"He's done brilliant. He has done so well. He really did gain a lot from it. I have never seen a change like it. The change was massive" (facilitator YP)*

Four of the ten young people from the first programme also engaged with the 'Get on Track' course<sup>6</sup>. These young people were not in education, and the facilitators commented that it was great that they had that course to go onto following the programme, again highlighting a need for a pathway and onwards referrals beyond the programme. Facilitators noted how they would continue to work with and refer to the Get on Track course and other organisations to provide onwards referrals.

*"We always try to refer them on at the end of the course so they are not left on their own" (facilitator YP)*

*"Thank you very much for everything on ACEs it really means a lot to me and I will take this and use it throughout life" (parent – programme feedback collected via facilitator)*

Four evaluation case studies are presented below, which detail the individual journeys for three adults and one young person. Two further case studies developed by the Sefton Council ACE Lead are also presented here (Doolin, 2021).

### Journey for a young person

#### Start of the programme

- Did not speak or make eye contact
- Was isolated
- Spent most time in isolation playing computer games
- Had an unhealthy diet
- Had learning needs

#### During the programme

- Received additional support around literacy and other activities
- Received a gym pass, gym bag, towel and water bottle
- Started attending the gym during sessions
- Continued to access the gym outside of sessions

#### Following the programme

- Continued to access the gym, become active and lost weight
- Eating healthier
- Less isolated
- Learnt to get the bus independently
- Attended the 'Get on Track' programme following the ACE programme

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<sup>6</sup> A course for young people aged 16-25 to take part in different sports and activities.

### 3.2.3 Case studies

#### Case study 1: Sara's story <sup>7</sup>



##### The ACEs programme

Sara completed the ACEs programme two years ago. She spoke about finding out about it through 'Early Help'. Sara said that she didn't really have any expectations about the programme before she started because she 'didn't actually understand ACEs and so when she went into the first session of the programme, she wasn't sure whether it was for her. She felt though that after going to the second session and watching the videos that were played, there was a lot that resonated with her about herself and her life and she wanted to learn more about it.

*"..When I went into the first ACEs course I was a bit unsure about whether it was for me. So when I come home I was debating whether to go back on the second one but I thought no, I'll give this a chance and then they brought some videos, You Tube links into the course and I sort of seen myself. It made me understand the ACEs just off these video links. Sort of seen myself and then I was thinking this is me. This is me all over....I really wanted to stay in the course then, I needed to learn more about adverse childhood experience"*

Sara has ADHD and felt that the videos were a good way of learning about ACEs and their impacts rather than just being told about them. She spoke about it being important that everyone on the programme was going through the experience together and that they were there to support each other. She said that it had been difficult at first to 'open up', especially in a group situation, when she was not used to that, but that when she did, she had found it a 'relief' and 'calming' and that actually she had enjoyed the experience and felt more confident because of it.

*"Somebody is always suffering maybe in silence or out loud, somebody's like sort of on the same boat as you and it just helps you. It's about yourself and hears other people's little bits"*

Sara felt that it was important to do the ACEs programme before going on other courses such as Triple P because it was about her as a person rather than parenting, and being able to understand how her experiences of ACEs may impact upon her parenting and her behaviours and what her triggers are.

*"Other courses, I would always go to the course, I always felt I never benefitted from it. And then when I come to ACEs, I thought this is not about kids at all this, this is all about me, myself and I and understanding where I am, where I was and where can I put myself today....And honestly, it's amazing. But I wouldn't recommend other courses before ACEs, I'd give that"*

*"..where the ACEs gets involved and understanding yourself, maybe changing tactics and strategies and then realising that if I change my attitude, it will change my attitude around the kids like routines and stuff like that and because I always think we're the teacher, the parent to the kids growing up. We have to always show that with example, do you know what I mean? And not – if you forget about yourself and just go straight into parenting courses, you going to get nowhere. You're just going to be stuck in the same boat as you are. Unless you understand yourself and why – what triggers you have and what strategies you can put in and make routine round it"*

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<sup>7</sup> Name changed to protect the participant's identity.

## Outcomes experienced

Sara felt that the programme was 'amazing' and that what she learnt was still helping her today. There were a number of changes that Sara had experienced as a result of attending the programme. She said that she had 'learnt resilience' and felt more in control. She also was proud of herself for attending the whole ten weeks of the programme and had gone on to become a volunteer; realising that she was capable of doing what she put her mind to.

*"I'm capable of doing anything as well, I'm learning like – I always like to challenge myself and just pushing myself forward. It just makes me more capable of doing things"*

Sara also spoke about being able to share her feelings and emotions more and that this had a positive impact upon her relationship with her children and also her husband.

*"..speaking with the kids a lot more, being able to show me love to them instead of locking me love away and them not thinking that 'me mum doesn't love me.' I've always loved them, I've never stopped loving them. I just never showed the emotion side to it. Which was quite – it was challenging that for me but it brought us closer as well as a family"*

*"My husband. I get on better with him actually, again just showing your love. I was quite pushing away and things like that, so showing me love a little bit more. Even just saying it"*

Sara was now volunteering and working to help others with similar experiences. She said this was enabling her to try out different things and see what she enjoyed and that she wouldn't have done it had it not been for the ACEs programme. The volunteering had enabled Sara to get out of the house and 'find herself again'.

*"Finding myself again and being sociable and – it changed my life really. I thought I wallowed in my life and then now I'm back out there and trying to help out as much as I can really"*

Sara felt that the ACEs programme had helped her to realise that there were people around her that were there to help as the programme had people who came in to speak to them such as the NHS, Venus, the Life Rooms, SWACA (Sefton Women and Children's Aid), Sure Start and Parent Partnership. She also shared this information through her volunteering. Even though Sara had completed the programme two years ago at the time of being interviewed, she felt that the support was still there for her and that she would not change anything about it.

## Case study 2: Bernie's story



Bernie had first been introduced to the ACEs facilitators through her social workers when she had been in a mother and baby unit. The programme facilitators had told her all about it and she thought that it 'sounded good' and that it would help her with what she was going through.

*"It sounded good. I thought it would help me a lot with what I was going through and it did. When I went it was good"*

Bernie said that the course helped her to understand how her experiences, such as how the 'problems' she had with her mum could affect how she was feeling, for example, her feelings of anger towards her.

*"They helped me cope a bit better with everything that I was going through and because I had a load of anger against me mum. They helped with getting over it all, well not getting over it but forgiving me mum sort of thing and understanding stuff and I can't explain it properly because it was that long ago, but it was like they just helped me loads with everything to be honest"*

She also felt that the course helped with her stress levels.

*"I don't think I'd be able to keep me stress as much as I do [if I hadn't have attended the course] so I feel like it would have affected him [her son] if I didn't go because I would not have been able to keep it as good as I can"*

Bernie spoke about feeling supported by the other mum's on the course who were older; they gave her advice which she felt helped prepare her for any challenges she might have with her son now, for example, if he got upset, and also as he got older.

*"..all the other women as well they were telling people what they were going through and experiences with their kids, so that's like I'd hear other people's opinions of different situations and that was just from women in the group... it was the girls in the group helping each other too"*

Bernie enjoyed attending the course as it meant that she was getting out and seeing other people and she felt supported by the course facilitators. They helped her with a number of practical issues she had when moving into her new accommodation.

*"..[Name of facilitator] and that were amazing with me. They helped me out a lot and when I first got me house.... They helped me out with loads of things I needed help with and I didn't understand, like when I first moved in because I needed help, I didn't have bins and stuff in my house, you know like the recycle bins, and they helped me get all them, like loads of things I didn't know how to do. But when I went to the course they explained that they'd help with anything I needed help with that they could help with"*

They also provided her with advice around looking for a job, as did the staff who came in from a local organisation to give employment and benefits advice. Bernie said she had found it stressful as she wasn't aware of what she was and wasn't able to do in terms of going back to work and when her child would be able to go to nursery, but that the advice was really helpful. She had attended a beauty course and was now qualified.

*"..they also helped me with getting a job and stuff, giving us loads of advice on places we could go to...they helped us with knowing where to go for advice if we needed help getting a job and if we were struggling to get a job they helped us with loads of stuff like that and people came in to speak to us and that was good because, you can go in and they help you with finding a job and with your"*

*benefits and stuff, which was good help for me because I wanted to go back to work but didn't know if I could with the baby and stuff like nursery, but they helped me a load with all that as well"*

Bernie spoke about the restrictions around coronavirus (this interview was carried out during the first lockdown) meaning that her child was unable to go to nursery and she was not able to start her new job, but that she hoped that once things eased she would be able to.

Bernie felt that if it hadn't have been for the course, she wouldn't have had the opportunities around attending the nail course, and also the advice that she got from the facilitators and the other mum's.

*"I did learn a lot from going there and because I didn't have anyone to give me that advice I don't think I would have got it off anyone else so I don't think I would have been able to if I didn't go there"*

She said that whilst she was no longer in contact with anyone from the course, a relative had attended the ACEs course after her and she felt that it had also helped her a lot.

*"My (family member) went to another course she went to the next one after me and I know that that's helped her loads because she went through an abusive relationship so that's helped her a lot... that's helped her a lot dealing with her past, so I know it's helped her"*

Bernie felt that there was nothing she would change about the course and that having the crèche was important as without it, she wouldn't have been able to attend.

*"No nothing, they were good. They had child care so me son could go into the crèche and I could, if I hadn't of had that, I wouldn't have been able to take him, I wouldn't have been able to go because I wouldn't have had no one to have him for me. So there was always help and like getting there, there were taxis provided for us so we didn't have any worry we had for not going we always had it sorted it for us"*

### Case study 3: Anna's story



Anna completed the ACEs course in a year ago. She had struggled with anxiety and her nerves for many years. One of the course facilitators came round to see Anna and said that she thought she would benefit from the course; and that she kept phoning her to encourage her to attend. Anna spoke about it taking a lot of courage for her to attend the course because she didn't really mix with people and felt self-conscious, also that she nearly hadn't gone after getting lost on her way to the first session and that when she had first gone she was 'shaking'. She said that

she didn't have any expectations before she attended the course, but that despite feeling very nervous, the course helped her to feel calmer and the facilitators made her feel very welcome. Anna had been asked to write what her goals might be upon completing the course, and hers focussed around showing more of her emotions to her children.

*"And I don't even know, I said I wanted to, you all write on an envelope what your goals are what you'd like at the end of it. Mine was to hug me kids and say that I loved them because we never had any of that when we were kids, couldn't even hold me mum's hand or anything or me, dad. So we never had none of that. Now I'm permanently hugging' them and kissing' them and they're grown up now like, and I don't feel awkward doing' it, whereas I couldn't so it before"*

She felt the course gave her the opportunity to take time for herself and explore her feelings more and talk about things.

*“...actually, think about yourself and what you're actually feeling and to try and interpret what them feelings are and your anxiety and to notice more things about yourself rather than just letting it all pass and putting it behind and things like that they sort of like confront it so you can actually talk about it. And that's what I felt like I needed I really I needed something like that. I've been to counselling and all sorts like psychiatrists and things and nothings ever helped and this was just completely different, and it was what I needed and it worked”*

Anna said that it was around week five or six that she could feel a change in herself and her mindset and the way she coped with situations and her relationship with her husband.

*“I think it was about [session] five or six that could feel myself change. I wasn't as nervous, or getting, shouting' at you know the kids or my husband or anything like that things have calmed down. And then, as the weeks went on, I've just completely changed. In that time, we've had no money or anything, and usually I'd be screaming' and shouting' and I said well you can't change it, you know, there's nothing you can do about it, so you may as well just go with the flow. I've even had corona [Covid-19], and I've just sailed through that as well. Everything is just completely different. I'm loving life at the moment, even though we can't go out or anything. Yeah, yeah, just a completely different mindset about everything”*

She felt that the course had a really big impact on the way she lived her day-to-day life, giving her the confidence to go out more, try new things and taking pride in her personal appearance. She also said that she would be happy to go and speak to others about what the course had done for her .

*“Well, as I say before I went there I never used to go out, I wouldn't go out and if I did go to go out I only went the Asda and I'd park in the same spot. If someone was in the parking space that I was that I used to go in, I'd go home because I couldn't park in that spot because I'd think 'oh well if I can't park there then this is going to happen, that's going to happen', you know, everything was just negative all the time. And no confidence in myself. Wouldn't answer the phone, couldn't be bothered answering the door to anyone and I'd be quite happy just sitting in and not doing anything and things like that. And then I started after I'd been going' there for a couple weeks, I started thinking, craft things and stuff like that, so I had a look to see what I could do and I started doing things, taking photographs, showing them when I got there, and taught myself how to croch, so I was doing blankets and things. Things I've never done before”*

*“Yeah, I'm actually getting dressed and rather than sitting around in me pyjamas and stuff like that. And then me having to get dressed and just, you know, just throw something on to go the Asda's and half the time I had me pyjama top on with my coat on and just bought a pair of pants or something on. And then I was wearing' dresses and when I was going' the ACEs group I was wearing dresses and putting make up on”*

Her relationship with her children had changed as well and she was engaging with them much more. As a result of attending the course she had started talking to one of her children again whom she hadn't spoken to in four years. She also had a better relationship with her husband as she used to 'be screaming at him for nothing'

*“I'd sit down and do this and do that and get involved with what they're doing' whereas usually I'd just say 'get out my room' because I'd be sitting in the other room downstairs and if they come in talking' to me you know 'get out me room' because I didn't want anyone near me or anything. Now they follow me round the house...”*

The change in their mum had been so noticeable that one of her daughters had actually phoned up one of the ACEs facilitators to tell them.

*"They said I can't believe how much you've changed.....she'd rang up [name of facilitator] and said. 'I don't know what you've done to me, mum, but she is completely different. She's not the same person anymore from what she used, you know, what she used to be like'"*

She also spoke about how other people outside of her family had noticed a change .

*"I mean, even the people in the Asda didn't recognise me. Because I was telling them about it, as well, because I used to go the ACEs group and then I'd go the Asda on the way home, park somewhere different every time I went and they all knew like, well the majority of the staff knew I had anxiety and I'd only go here and there and they were saying 'do you know what you 'haven't half changed. Didn't even recognise you', because I had makeup on and stuff like that"*

Anna felt that the course had helped her to cope with her anxiety and understand more about what it was, and that in turn she was now able to help her son with his anxiety from what she had learnt through the course.

*"I think how to with the anxiety and why you're actually getting' it and your adrenaline running' around and what it does because my child goes through all that. So, I sit and tell him the things that I've learned and how to control it and how to change your mindset. Change a negative into a positive and stuff like that. I mean, I didn't really need to do that now because like, I know it's something you can control yourself. And so I'm doing it to my son so I've been helping him and even CAMHS were saying' you know, you're doing a brilliant job"*

She felt that the ACEs course was the only thing that had worked for her (she had attended other courses and seen counsellors and was also taking prescription medication), because it was different in its approach, e.g., the use of videos and having the shared experience with the other mum's that were there and this helped to increase her confidence.

*"...in the end I was just I couldn't wait to get there. I was standing up and talking in front of people. I was writing on the board asking everyone's motivation of when they went and I'd never have done anything like that"*

*"Yeah no nothing I mean, now, I've been on all sorts of medication. I've been on this medication that I'm on now for xx years, I've been to numerous counsellors, different people and stuff like that. And no I just felt like, well, that was a waste of time....but coming' home from the ACEs group as I was driving home, you feel like you know like there's a weight being lifted off your shoulders. I can't wait to go home and tell them all what's been going on and what we've been doing stuff like that. And that's what it was like. I mean, took me about two three weeks to get the nerves of going because I used to sort of thing you know, oh no I've got to go, I've got to get dressed. But I was wearing' dresses and I was wearing' make up and I haven't done that for about xx years"*

She said the course was the best thing that she had ever done

*"Best thing I ever did. The best thing I ever did, yeah, it's just changed everything"*

Anna said that she would definitely recommend the course to others and wanted her daughter to go on it. She also spoke about the young people's ACEs course. She was looking forward to meeting up with the people who had been in her group when she was able to as they were going to have a coffee morning to see how everyone was getting on.

*"Well I want my child to go on it, because she's like me, she's anxiety, depression and stuff like and I've said to her like because it's from twelve to half two because they've changed the times. I've said I'll mind the kids and you go on, it's going to make a big difference to you. I'd recommend anyone to go on it if you're feeling you know anxious or insecure or you've had trauma in the past you can't talk*

*about it and stuff like that then go on it because it is going to bring it all out and make you understand it better. ...I'd like to meet up with them all again when this [covid] is all over, which is what we was supposed to been doing' having' a coffee morning, so I'll definitely be going to that"*

She hoped all the changes she had experienced would last in the long-term. Anna said that she had no intention of going back to the way things were and that she had strategies she could put in place if she needed to although she hadn't needed to use them. She spoke about being able to speak to one of the course facilitators about going on another course if she did think things were going back to the way they were.

*"Yeah, I'm not going back to what I used to be and if I did, I'd ring [name of facilitator] and see whether I could get on another one. But I've got me, all me book there that they give me. And I know me strategies on what to do when and stuff like that and to take myself away and relax and st uff. But I've never had to do that. I've never had to take myself out of the situation and go and relax. Because I couldn't cope with it. I face it head on now. Everything's been, everything's been fine"*

Anna had felt incredibly supported by the ACEs programme and spoke about one of the facilitators in particular.

*"...she's phoned up a few times because [name of husband] has lost his job and stuff she was given us the vouchers for the food bank because we couldn't get nothing for the kids for Christmas because we didn't have any money. She bought stuff around for my child and for me. She's done all sorts. She rings up about once every three weeks or she says text me if you need me and she's just always there. Really supportive"*

Anna did not think that the programme needed to be changed, but highlighted the importance of additional support being available for those that needed it and that to get the most out of the programme those attending needed to engage with it and do the homework and read their pack. She wished everyone who attended the programme lots of luck and hoped that they got as much out of it as she did. She felt that she would never going back to the way she was and she was enjoying her life.

*"...carry it on and good luck to anyone that goes on it because it's brilliant with because they experience they will enjoy and they will be different after, after it's finished, well I was so I just hope everybody else can get the same out of it like I got out of it"*

*"Yeah, I'm walking the shops and everything, you know, everything. All the things I couldn't do I've started doing. Yeah. It's brilliant. Absolutely brilliant. So I'm not going to change I'm going to stay like this. It took me XX years or whatever it was, but no I'm staying like this now. I'm enjoying it"*



## Case study 4: Sally's story



Sally attended the young person's GROW programme. Sally took part in a young person's focus group during the programme, and a follow up interview with the programme facilitator, 16 months later. Sally was referred to the programme by her Early Help worker who was a facilitator on the programme.

### *Before the programme*

At the follow up interview Sally reflected on what things were like for her before she attended the programme. Before starting the programme, Sally was not attending school. She reported having a poor relationship with school before this and was often in trouble for her behaviour and attendance.

Sally had also been involved in some negative situations on social media. The facilitator described how this was due to boredom at home, feeling anxious and low mood, and Sally would start arguments with others online and get involved with things she should not be involved with. Sally also reported having low self-esteem and confidence and that she had difficulty making and maintaining friendships.

### *During the programme*

Sally and the other girls in the focus group discussed how they had not known each other before attending the programme, and had been apprehensive about coming along, but how they have formed strong friendships within the group and were now in touch outside of the programme too. Sally reflected on this at the follow up interview.

*"I just really liked it, and I built close friendships from it, so I think it was really good"*

*"I just thought it was really good, it gave me something to concentrate on when I felt like I had nothing to do and it just brought my self-esteem up confidence, and I liked it"*

### *After the programme*

Over a year on from attending the programme, Sally reported back on the positive year she experienced since attending the programme. Sally was now back in education, attending full time, having started a new school and noted how school was now a positive environment for her and she was happier. She had seen huge improvements in how she felt about school, her behaviour and how she reacted to situations. This was reflected in the fact that she had recently been awarded deputy head girl and was a prefect, and acknowledged that she was proud of herself. The facilitator described how Sally wants to go to school now and was disappointed when she could not due to the Covid-19 pandemic. Sally noted how her new school, which was smaller and quieter, focused more on supporting students with additional needs and were understanding, but how not all schools may be like this. When asked, she agreed that schools would benefit from more education around ACEs.

*"Ages ago my mum used to have to bribe me to go to school and now she would have to bribe me to stay off"*

*"It's quieter, smaller surroundings and the teachers have an understanding and I just love it"*

Sally had maintained the friendships she had built during the programme. The facilitator commented that this was something that Sally had struggled with in the past. Sally would not have met these friends if it had not been for attending the programme.

*"I am really good friends with some of them... we all still speak to each other"*

Sally's confidence and self-esteem had continued to grow. Sally described how she was still using the skills and coping techniques that she had learnt during the programme. This included listening.

*"I still use the coping strategies that we learnt there, like when I am angry or anxiety starts kicking in"*

Sally was not using social media as much, and not engaging in any negative comments or arguments. The facilitator described how she was now in a 'much better place' and did not get involved with situations like that anymore. Sally also noted how she thought her friend from the programme was still benefiting from what she had learnt too.

Since attending the programme, Sally continued to meet with the group at the weekly youth club, established by the programme facilitator - this group was Sally's idea. She described how she would have missed everyone if this could not have been established. Sally also still had regular appointments with the group facilitator who was her Early Help caseworker. She described this as useful and enjoyed keeping in touch for additional support.

Whilst the gym and outdoor sports had been seen as huge benefit to the community programme, Sally described how she had preferred the morning sessions of the programme where the groups worked together for ACE theory sessions, noting that she would have been happy to attend the programme regardless of the leisure partnership. She described this element as interesting and supportive. She also noted how her score improved from the start to the end of the day when they completed the motivation scoreboard. Sally noted how the group worked well together as a team to come up with solutions. Sally agreed the programme should be run in schools to help other young people.

### Case study 5: young person (developed by Sefton Council ACE Lead)<sup>8</sup>

AH and family were referred to Early Help following an anonymous call to MASH, raising concerns about mother having a verbal argument with AH outside the family home, being verbally abusive towards AH and making verbal threats. Caller was also concerned about mother's treatment of AH compared to the other children. Mother has been spoken to and has acknowledged there was a verbal argument between her and AH outside of the family home due to AH's poor behaviours, however, mother denies being abusive and making verbal threats. Mother has raised concerns in relation to AH having ADHD and her declining behaviours. AH was identified by School and Early Help as having ACEs and that she may benefit from the ACEs programme.

ACE's vulnerability checklist:

- Risk of Sexual/Criminal exploitation
- Low level mental health
- Parental separation/bereavement
- Risk of exclusion from mainstream education or low attendance
- Risk of offending behaviour
- Exposure to Domestic Violence

As a direct result of the programme AH's attendance and behaviour in school as improved. AH is no longer at risk of permanent exclusion. AH attended school through-out COVID pandemic due to her additional needs- ADHD. AH has been recently involved in the application of her EHCP and

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<sup>8</sup> Doolin, L. (2021). Adverse Childhood Experiences (ACEs). Annual Report March 2020-April 2021. Sefton Council

understands this will support her learning needs whilst attending school. AH has shared that she feels more mature and said *“I am getting along much better with my Mum”*

AH said she has really enjoyed attending the ACEs programme. She feels she has become more aware of her feelings and thoughts throughout the course and has enjoyed spending time with the group. AH engaged well throughout the course, showing creativity, maturity and building a good bond with the rest of her peers. AH has been asked by the facilitator's if she would be willing to give feedback about the course and how she feels it has benefited her which she was happy to do.

AH shared that she feels more mature and settled in herself, and she feels the ACEs programme has really helped her. AH has agreed to share her views during a media production based on the ACEs programme. AH attended every session and actively engaged throughout.

**The distance travelled for AH was evidenced and risks linked to ACE vulnerabilities reduced.**

- **Risk of Sexual/Criminal exploitation-** AH has engaged in the session regarding keeping safe and reflecting on dangerous situations, AH contributed to the session, recognising risks and vulnerability and shared in the evaluation that she is now more aware of vulnerabilities linked to CE.
- **Low level mental health-** AH shared that she feels happier in herself and has grown in confidence and improved her self-esteem.
- **Parental separation/bereavement-** AH said she feels more mature in understanding around her parent's separation.
- **Risk of exclusion from mainstream education or low attendance-** AH has improved her attendance and behaviour in school. School lead has feedback have shared that AH educational attainment has improved, attendance has increased, and she is not at risk of exclusion.
- **Risk of offending behaviour-** AH has engaged well in reflecting on her behaviour and considering her thoughts and actions linked to her risk-taking behaviours in the community.
- **Exposure to Domestic Violence-** AH said she feels she can cope with her emotions better and has learnt about Negative Automatic Thoughts.

**Case study 6: male client (developed by Sefton Council ACE Lead)<sup>9</sup>**

BL was referred by social care due to his own ACEs and the adversities his children have experienced, through his toxic relationship and breakup from their mum. There were issues linked to her alcohol and drug misuse and BL had gained full time care of his children.

**ACE checklist:** BL was assessed as having 8-10 ACEs linked to the checklist.

**Impact of support/intervention**

During the programme the participant related to his past experiences and found, what he was learning and hearing from the content and other group members was relevant to his current family life. Each week he was able to refer to an experience at home where he had used something from the toolkit. For example, he was able to respond to and acknowledge his sons' emotional needs seeing behaviour in a different light and felt better and able to listen and respond in a calm supportive manner. His son had been acting differently for a few weeks and he felt that putting into practice what he had learnt,

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<sup>9</sup> Doolin, L. (2021). Adverse Childhood Experiences (ACEs). Annual Report March 2020-April 2021. Sefton Council

his son was able to tell him that he had been bullied and he was then able to support him in a positive way. He was able to respond to behaviours more consistently with consideration for what was going on for his child emotionally.

The participant also reported supporting his child in school. He was able to use and encourage assertiveness in a positive way and consider his child's position. This had a knock-on effect of improving his relationship with his son. The participant was also able to relate to adult relationships differently and said that he felt if he had done the course 5 years ago it would have helped him to make changes in his relationship to avoid family breakdown and that now he can work towards being able to communicate as a parent with his children's mother.

### **Voice of the participant following engagement**

*“Thank you for all you have taught me in the past 10 sessions. I honestly did just attend the initial chat and first session for the sole purpose of box ticking. I answered the initial questions how I thought you wanted to hear them and for that I am sorry but the course was pushed on me and it was made clear I had to do it to tick their boxes too. But I am really grateful they did. By session 2 I was there for me. I seen and heard things that I related to in so many ways, not only from you but (mainly from you,) but also from the other lads on the course”*

*“I could see by session 2 it was going to make a difference for the better for me and to me. Little did I know back then just how much of an impact it was going to have on me and the way which I look at certain situations. I can honestly say from the bottom of my heart I am a much better man now than when I started. I used to get into heated talks with professionals’ social workers and school being the main 2). And not have the knowledge or tools to be able to handle the situation without getting wound up, stressing and coming across aggressive and agitated. You have taught me these tools. You have taught me in a way that made it sink in. you have taught me without making me feel like a child or a lesser person. You have let me speak my mind and then got me to think about what has just come out of my mouth. I have been on other courses they too were fantastic but the way they were delivered let them down. I think if I had done this 5 year ago I would have understood in a different way so we would still be together now I do understand from all this stuff I think I could forgive her what she did to me and will be able to talk to her (as a parent)”*

## 4. Key learning and recommendations

Parents and young people were able to access the programme easily, highlighting the benefit of working with key professionals in Early Help who already have established relationships with families. There were also other benefits of this including: having an understanding of the young people's and parent's needs, an understanding of the wider needs of the family, and an overview of the support currently in place ensured a whole model approach and wraparound support was available where needed. However, this also brought some complications; with facilitators on occasion having less time to focus on the programme when needing to address wider issues.

The referral process did highlight that external referral organisations would benefit from increased knowledge and awareness of the programme to ensure parents and young people fully understand what the programme is, what to expect and what is expected of them, and why they are being offered a referral. This was highlighted in terms of ensuring appropriate referrals and that the programme is offered to individuals where it would be appropriate and beneficial for them to attend the programme. Also in terms of professionals working in a trauma-informed way, having a greater understanding of the impacts of ACEs and using appropriate language when discussing trauma and associated support. Having the opportunity to undertake the home visit at the referral point was highlighted as key to communicating with parents and young people to ensure the programme was suitable for them, and provided opportunity to ensure they received the correct information.

A key finding centred around early intervention and how programmes such as this need to be available at a younger age when individuals may experience ACEs; reaching them earlier in their lives before they experience some of the longer-term associated impacts of ACEs and before they have their own families. The targeted referral process was viewed as a success in reaching those most in need of the programme and struggling with the impacts of their ACEs and at risk of their children experiencing their own ACEs. However, the findings do highlight the potential for programmes to be more widely advertised and the offer extended to early intervention. Referral pathways, service demand and resource implications would need to be considered here.

Facilitators have carried out work to increase knowledge and awareness of the programme, and Sefton have recently delivered workforce ACE and trauma-informed training to upskill the workforce, as part of the Merseyside Violence Reduction Partnership (VRP), which aims to foster a multiagency trauma-informed approach across Sefton. The wider evaluation of the trauma-informed training across Merseyside evidenced positive improvement in attitudes and knowledge following training (Quigg et al., 2020). The Sefton based training may therefore improve professional's knowledge and understanding of ACEs and trauma-informed working, awareness of ACE programmes and communication during the referral process, contributing to wider system outcomes.

Location of the programmes was highlighted as a key component to the delivery of the programme. For the parents, family wellbeing centres had positives and negatives, the centres were local and more accessible, there were crèche facilities and the centres were known to parents putting them at ease when attending. However, for some, the centres were the location of family and access assessments, and were therefore associated with upsetting memories for the parents. Facilitators made adaptations to rooms to change the appearance and make them more comfortable and 'holistic' for parents.

For the young person's programme, the need for school run programmes was identified in addition to programmes in community settings, recognising the benefit of building partnerships with schools to support the safe delivery of programmes. Delivering programmes in schools was highlighted as particularly important given the impacts of Covid-19 on young people, however, the impacts of the

pandemic lockdown measures did contribute to inconsistent delivery. The community delivery of the young person's programme was seen as ideal and the partnership with Active Sefton was highlighted as key success to the delivery of the first programme, with young people benefiting from access to leisure facilities. This was particularly praised in terms of the young people being able to take part in active and outdoor sessions following more in-depth and intense theory sessions. The engagement in physical exercise and group activities contributed to a number of positive outcomes for the young people including reduced isolation and increased confidence. Delivering future community programmes was seen as the way forward, acknowledging the associated resource implications.

Both parents and facilitators acknowledged the need for allocated time to wind down and relax after tough sessions. Facilitators recognised the importance for parents and young people to build resilience and skills to be able to safely discuss and address sensitive and traumatic issues. Parents and young people engaged in relaxation activities and the young people were able to engage in physical exercise at the gym or water sport activities, giving them fresh air and space before leaving the programme. It also provided the opportunity for them to have fun with their peers and friends.

Having dedicated time and resource was imperative to the effective and efficient delivery of programmes. Similarly to parents and young people needing time and space following sessions, this was also highlighted as equally important for facilitators to ensure they were well prepared and focused on the ACE programme and the parents and young people to deliver the best quality programme they could. This was especially important in terms of the facilitators having Early Help caseloads outside of the programme. Facilitators also needed to implement time following sessions for them to debrief, evaluate sessions and to also relax and recover from more intense discussions.

The skills, experience and commitment of the facilitators delivering the programme was identified as instrumental in the successful delivery of programmes. The trusted relationships developed with young people and parents was key to fostering a safe environment to work through the programme, allowing for wider wraparound support for additional needs. Experienced facilitators were able to adapt and tailor programme activities to understand and meet the needs of the young people and parents.

Dedicated resource and funding were also essential in Sefton being able to roll out and deliver the programmes. Materials to deliver the programme were essential, including provision for adapting accessible, interactive activities, this included accessible materials for those with learning difficulties, and activity packs to support engagement. The lunch/breakfasts supplied at the programmes were seen as a way to bring everyone together to share a meal and bond as a group in a more informal setting. Pamper packs were also identified as a means to help boost self-esteem. The meals and pamper packs were particularly significant for families who may be living in poverty. Resources for celebration events to recognise the groups' achievements was noted as an essential part of the programme, which should be incorporated. The extra resource and wraparound support provided within the Sefton model, was recognised as part of the whole package, acknowledging that the programme may not have the same meaningful impact without it.

Programme delivery was significantly impacted by the Covid-19 pandemic, with programmes paused and delivery disrupted. This meant a gap in delivery of seven weeks for the male programme, and a number of female programmes and young person's programmes put on hold throughout 2020 and the start of 2021 (currently paused at time of report delivery) due to lockdown measures. The young person's programme being delivered within a school setting stopped and re-started a number of times due to lockdown measures and due to young people needing to isolate. The male programme, and some of the young person's programmes were able to go ahead during summer 2020, in a face-to-

face setting using group 'bubbles'. Facilitators were praised for 'going above and beyond' to deliver the programme during difficult and uncertain times. Concerns around the safety of translation of the programme to remote delivery were flagged, as were barriers when delivering the programme in line with lockdown measures.

Impact is clearly demonstrated through the self-reported outcomes and positive changes for parents and young people, and is reinforced by observation and wider impacts evidenced by the facilitators. This includes improved knowledge and awareness of ACEs, the benefit of peer support, the benefit of adult and parent focused support, and a wide range of improvements in wellbeing including improved confidence and self-esteem. Impacts also included improved relationships between children, parents and families, and systemic outcomes for children who were benefiting from their parents engagement with programmes.

Building on findings from the pilot evaluation, parents and young people had no awareness of what ACEs were before being approached to attend the programme. They all reported increased knowledge and understanding of ACEs, alongside awareness of alternative coping strategies, following engagement with the programme. Parents and young people benefited from utilising the tools and coping strategies that they learnt on the programme and implemented in their lives. Many examples were provided of how strategies were effective, including how parents and young people coped and responded to situations and how it positively affected them and their families, this included improved relationships at home and in school.

The group work element of the programme was highlighted as a crucial aspect for both programme engagement and impacts. The group work allowed parents and young people to come together with individuals with similar experiences in a safe, non-judgemental space to develop support networks and friendships. Parents found it particularly helpful to share experiences when trying out new techniques at home, giving feedback and advice to their peers. The female parents noted the comfort of not feeling isolated and chatting with others who understood them. The male parents benefited from sharing their experiences as fathers with other male parents, highlighting they do not usually have the opportunity or safe space to talk about their feelings. The young people, many of whom were isolated and had difficulty forming and maintaining relationships, made friends.

For the parents, many had engaged with other support in different ways in the past, through contact with children's services, and for some, parenting programmes. However, the ACE programme was the first of its kind for them, in terms of having support that specifically addressed ACEs, but also in terms of how the programme was delivered and how they engaged with it. Parents benefited from the adult focused element, describing it as 'something for them', this was particularly crucial for the female parents who had not attended a programme where the focus was not centred around their children before. Whereas the male parents benefited from a programme that they felt was inclusive to them as fathers, something that had not experienced before.

Both parents and young people highlighted the benefits of engaging with the ACE programmes, and the impact it had for them, describing positive changes in their health and wellbeing. Confidence and self-esteem improved for everyone participating in the evaluation, and there were also reports of parents and young people feeling less anxious and depressed, and recognising their self-worth and taking more self-care. Parents and young people also saw changes in their behaviour, noticing they felt less angry and were responding to situations in a calmer manner and the positive impacts of this in their home and school lives. Parents and young people witnessed positive changes in one another within the group and reported that others were noticing changes outside the programmes too, (including increased confidence, and improved physical appearance), which further reinforced this.

The outcome measures assessed at the start and end of the programme also highlighted positive changes in self-esteem and lifestyle choices.

A significant impact of the programmes for the parents and young people was the impact they had on their family life. Parents described utilising newly acquired skills and tools at home and that they were feeling happier, which meant they were spending more time with their children, who in turn were also reporting they were happier. Communication was seen as key to this, having greater understanding of one another and sharing how they were feeling. This was highlighted in terms of improved communication across many different relationships. There were also systemic outcomes for the children, with some parents reporting they were happier at home and school.

Parents, young people and facilitators all expressed concerns around the programme ending. Whilst they were positive about the outcomes they had experienced, they were concerned how they would sustain these changes without the support of the facilitators and their peer group. Parents called for regular opportunities to catch up, which facilitators were exploring with a 'Face Time' group, and the young people successfully developed a youth group that ran for a number of months after the first community programme. A number of parents and young people also remained in contact with facilitators either as their Early Help family workers or to touch base. Facilitators also tried to refer individuals onto other programmes and activities so they had support and something meaningful to engage with following the programme. This does however highlight a gap in terms of a structured pathway for individuals beyond the programme to support the maintenance of their achieved outcomes and support their ongoing journey. Parents were also keen for future opportunities to engage in family wide ACE related activities.

Parents welcomed the opportunity for feedback within the programme and as part of the evaluation, expressing a desire to be able to share their journey to support others to engage with the programmes. A number of the female parents from the first programme who participated in the promotional video made to demonstrate impacts of the programme and support recruitment onto the following programmes, highlighting the benefit of utilising their lived experience for co-production. Sefton have also commissioned a new video, which will be developed in 2021, inviting past and present programme participants to support the development and share reflections on their experiences. One parent had gone on to volunteer and support the second ACE programme, and other parents were keen to take on voluntary roles. The male parents highlighted the benefit of this to help engage more men in support.

A number of follow up interviews demonstrated how some of the parents were continuing to maintain these positive changes a number of months, and years following engaging with the programmes. Not all parents and young people participated in follow up interviews, therefore it is not known whether this was the case for all, however, facilitators were able to provide examples for some of the individuals that they were still in touch with. This included continuing to use the learnt coping strategies, and examples of improved confidence and self-esteem, and improved communication and family relationships. Other examples included going on to engage with other groups and activities, independence, employment and training, and for some young people, being happier and more settled in school. One young person who struggled without the support the programme offered, highlighting the difficulties if an individual returns to their surroundings without ongoing support when external situations have not changed. A number of the young people also maintained the close friendships that they developed during the first young person's programme.



## Recommendations

- The referral process identified a gap in ACE awareness and ACE programme knowledge and understanding for professionals referring into the programme. Further promotion of the programme, alongside the trauma-informed practiced training that has been rolled out across Sefton could enhance programme awareness amongst colleagues.
- Targeted referrals within Early Help provided opportunity for some of the individuals most in need of support from the programme, however, findings suggest others would benefit at earlier points in their lives. If the referral pathway was expanded to include self-referrals and referrals from other professionals, further promotion and workforce awareness training would be required and adequate resource and capacity would be needed to meet the demand in service provision.
- The Sefton model enabled families to have wraparound support, working with their Early Help worker. Any expansion of the programme should consider how families not already working with facilitators in this capacity could be supported and have access to wider support networks.
- Partnership working was highlighted as key to the successful delivery of programmes, and partnerships were built with family wellbeing centres, schools and Active Sefton. Ongoing programme planning should ensure that these networks are maintained, and further partnerships are developed, to provide suitable programme locations and key links with wider support opportunities for families.
- Dedicated time to deliver the programme was essential in ensuring facilitators had space and time to effectively focus on the programme; time for evaluation and reflection was also key to this, as was supervision and support for the facilitators themselves. Future delivery should incorporate this model ensuring facilitators have protected time.
- Building in time for reflection and relaxation for parents and young people was also important in ensuring they had space to recover and build resilience. Ongoing programmes should continue to factor relaxation and alternative activities into the programme session plans.
- The Active Sefton partnership was influential in ensuring that young people attending the programme had access and opportunities to participate in group sports and activities. This was particularly beneficial in promoting positive wellbeing and supporting the young people to relax and engage in physical exercise. Future programmes should consider maintaining this partnership and the budget required to deliver community programmes.
- The Sefton model of delivery demonstrates the additional resource and commitment required to effectively deliver ACE programmes. The funding for taxi's, crèche facilities, meals, pamper packs and equipment made programmes more accessible, provided space for groups to bond, and supplied families (some living in poverty) with food and items to boost their self-esteem and make their experience on the programme more meaningful. It is important to recognise the importance of this funding to ensure an adequate budget is available to maintain this provision.
- The skills, experience and commitment of facilitators should continue to be recognised and supported, allowing facilitators the autonomy to make adaptations to best meet the needs of the families they work with, whilst still ensuring the validity of the Rock Pool programme. Module handbooks and materials should be adapted to use male friendly language for future male programmes.
- Learning can be taken from planning and delivering ACE programmes during the Covid-19 pandemic. Programme delivery in 'bubbles' allowed for face-to-face delivery to continue but brought barriers, and concerns were raised around remote delivery of programmes of this

nature. Further research is required to inform future planning of programmes with alternative delivery methods.

- The clear focus on adult support for the parent's groups was acknowledged as unlike any other programme available. The development of the male programme enabled the first male only ACE support group allowing fathers to come together. Where available Sefton should continue to develop and expand this key provision for males, where possible, allowing parents to promote the programme to encourage others to engage.
- The peer support and opportunity for friendship had a significant impact for parents and young people and reduced isolation. The development of aftercare and youth groups should continue to be explored and established, taking resource and budget into consideration.
- Parents and young people welcomed opportunities to provide feedback and input into the planning of other programmes, both in terms of supporting others to engage, and opportunities for volunteering on future programmes. Sefton should continue to incorporate co-production into future planning, and explore the opportunities for voluntary positions.
- The evaluation findings have highlighted a need to develop a more structured exit strategy and onwards referral pathway for individuals beyond the programme, to provide them with ongoing support and meaningful activities to help support them to sustain positive changes. Continuing to build partnerships with other organisations could further support an aftercare pathway.
- Parents and young people suggested opportunities to bring families together for ACE related activities, fun days, and possible incorporation of ACE education and support. The feasibility of this could be further explored. Opportunities for refresher sessions would also be beneficial, capacity and budget allowing, supporting the sustainability of programme impacts.
- The approach has enabled a sustainable model within a school setting with staff resource required. However, adult programmes require additional resource, including venue, facilities and activities resources, and therefore additional investment is needed to support the delivery of these programmes.

## 5. Appendices

### Appendix 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...**

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## Appendix 2. ACE vulnerability checklist (young people)

### Referral Form for Young Person ACE Programme

Please complete this referral form and send all to [Leeann.doolin@sefton.gov.uk](mailto:Leeann.doolin@sefton.gov.uk)

<u>Organisation referral Details</u>			
Name		Job Title	
Organisation			
Full Address (inc. Postcode)			
Telephone Number		Mobile Number	
E-mail			

<u>Young Person's Details</u>			
First Name(s)		Surname	
Sexuality		Religion	
Gender	Male / Female	Date of Birth:	
Full Address (inc. Postcode)			
School:			
Telephone Number		Mobile Number	
E-mail			

<u>ACEs vulnerability Checklist: Please indicate which of the following are applicable to the young person you are referring.</u>							
Missing from home	<input type="checkbox"/>	Parent in prison	<input type="checkbox"/>	Risk of exclusion from mainstream education or low attendance	<input type="checkbox"/>	LAC	<input type="checkbox"/>
Risk of offending behaviour	<input type="checkbox"/>	Risk of Sexual/Criminal exploitation	<input type="checkbox"/>	Low level mental health issues	<input type="checkbox"/>	Substance misuse	<input type="checkbox"/>
Exposure to domestic abuse	<input type="checkbox"/>	Perpetrator of domestic abuse	<input type="checkbox"/>	Parental separation/ bereavement	<input type="checkbox"/>	Worklessness	<input type="checkbox"/>

<u>Emergency Contact Details</u>			
Name		Relation to YP	
Full Address (inc. Postcode)			
Telephone Number		Mobile Number	

<u>Ethnicity Motoring (please tick the option you identify with)</u>							
<u>Asian</u>		<u>Black</u>		<u>Mixed Dual Heritage</u>		<u>White</u>	
Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	White British	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White Irish	<input type="checkbox"/>

Indian		Other Black		White & Black Caribbean		Polish	
Pakistani				Other Mixed		Other White	
Other Asian							
						Traveller	

<b>Disability Monitoring</b>							
Does the young person consider themselves to have a disability? Yes / No							
<b>If you have answered YES, how would you describe your impairment (please select from the options below)</b>							
Physical Impairment		Visual Impairment		Learning Disability		Hearing Impairment	
Long term illness		Other (please specify)					
Is there any information or adaptations that the staff need to be aware of?							

<b>Other Relevant information</b>							
Any other relevant information would be useful for the facilitators, and why you believe the young person will benefit from the programme.							

Information will be kept in accordance with Sefton MBC's policies. Please ensure all sections are completed as we need information for data analysis and to ensure suitability for the programme.

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