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# Evaluation of the South Sefton Primary Care Network Adverse Childhood Experiences Programme

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*Front cover image of programme participants. Image supplied by the South Sefton Primary Care Network ACEs Programme.

## About this report

In 2022, an early intervention referral pathway was developed with South Sefton Primary Care Network (PCN) to provide a route from primary care into the ACEs programme. The pathway enables General Practitioners (GPs) and fellow healthcare professionals from GP practices across South Sefton, plus community leaders from the area, to refer patients to the ACEs programme, which incorporates the Rock Pool ACEs Recovery Toolkit. The Adverse Childhood Experiences (ACEs) Recovery Toolkit was produced by Rock Pool and uses a trauma-informed, psycho-educational approach to facilitate work with individuals or groups who have experienced ACEs. The pathway also allows self-referral for patients registered with a GP in South Sefton. In 2024, Liverpool John Moores University (LJMU) was commissioned to undertake a whole-system evaluation of the programme to understand its implementation and delivery via the new pathway, and to evidence the impact upon individuals, communities and across the wider system. This report presents the key findings of the evaluation.

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- ACEs programme health and wellbeing coaches
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- Rebecca Harrison and Alice Booth-Rosamond from LJMU

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# Executive summary

## Introduction

South Sefton Primary Care Network (PCN), a collaboration of 19 General Practices, recognised that many patients were presenting with anxiety, depression, and other long-term conditions, where the underlying causes were often hidden. Research highlights that for many, these difficulties can be traced back to Adverse Childhood Experiences (ACEs). However, patients did not meet thresholds for referral to specialist services, leaving them without support to understand and manage the impact of these experiences.

In 2017, Sefton Council commissioned the Rock Pool ACEs Recovery Toolkit (ACERTK),[1] which proved to be a transformational programme for those able to access it. At that time, however, participation was limited to families engaged with Sefton Council's Early Help Children's Services. Recognising both the positive outcomes of the programme and the unmet need across South Sefton, the PCN sought to make the offer more widely available through primary care. This would ensure that patients could access support earlier, and that access was not restricted only to parents of children.

To achieve this, in 2022 South Sefton PCN established an early intervention referral pathway into the adult ACEs programme. This pathway enables GPs, practice teams, and community leaders to refer patients directly, while also offering the option of self-referral for anyone registered with a South Sefton GP. The programme continues to incorporate the ACERTK trauma-informed, psycho-educational, 10-week programme designed for use by facilitators working with people who have experienced ACEs.

In 2024, Liverpool John Moores University (LJMU) was commissioned to undertake a whole-system evaluation of the PCN-led programme. Evaluation activities included:

- Five online focus groups carried out with 24 individuals, including programme leaders, health and wellbeing coaches, and members of South Sefton PCN.
- Four in-person focus groups, one in-person one-to-one interview, and five telephone one-to-one interviews were carried out with 26 participants who were activity engaged in, or had previously completed, the ACEs programme.
- Analysis of secondary data from surveys and videos produced as part of the ACEs programme.

## Key findings

- Between November 2022 and December 2024, a total of 340 participants (split across 46 groups) completed the ACEs programme in South Sefton.
- Alongside enrolment in the ACEs programme, participants were offered individual wellbeing appointments comprising a 30-minute health check appointment with a pharmacy technician and a 30-minute appointment with a social prescriber. These appointments provided holistic support, preventative screenings, and opportunities to discuss multiple issues.

[1] Course content licensed to Penna & Brownridge. For further information please see https://rockpool.life/.

- The recent introduction of mixed-gender groups, which are carefully managed to assess risk, was received positively. Support with transport, crèche facilities, and the introduction of twilight groups[2] improved accessibility to the programme.
- The role of the health and wellbeing coaches, and their coaching approach in general, are critical for the successful delivery of the programme. The coaches were described as highly skilled, experienced, inclusive, and adaptive to the needs of participants. They provided a supportive and comfortable environment, enabling participants to feel safe. Strong, trust-based relationships between coaches and participants were reported. The role of the health and wellbeing coaches extended beyond the original facilitator role, incorporating coaching methods to support participants to engage in wider support and resources, which in turn prompted further outcomes, opportunities, skills, and the confidence to move forward. Coaches received one-to-one clinical supervision (aligned with the NHS Workforce development framework for health and wellbeing coaches[3]) and reflection time after group sessions.
- Service user voice plays an important role in the development of the ACEs programme, and continuous improvement was prioritised throughout the evaluated period. Participants were provided with regular feedback opportunities, which empowered them and gave them a sense of ownership within the programme. This included the introduction of the panel group of former participants to support the recruitment of new coaches.

***Outcomes and impact***

- Engaging with the programme enabled participants to seek further support. They had a better understanding of themselves and awareness of other avenues of support, plus the confidence to access them. This included accessing support for long-term health conditions and attending appointments they had previously avoided. Participants reported increased trust in healthcare services and felt they were in a better position to access services and support.
- Participants had increased knowledge and awareness of the impacts of ACEs and trauma. They reported greater self-awareness, self-acceptance, and improved sense of self-worth. They also felt they were equipped with tools and strategies to move forward and sustain positive outcomes beyond the programme.
- Links to health checks and other healthcare professionals through partnership working across other organisations in Sefton, meant that participants had wraparound and longer-term support. This was further supported by engaging with the ACEs programme's monthly follow-on groups and monthly drop-in groups.
- There were significant improvements in mental health, with some participants describing the programme as "life changing". Participants reported feeling happier, relaxed, empowered, confident, and independent. There were improvements in self-esteem and lifestyle scores. Participants also reported increased trust in others and increased ability to recognise and understand their emotions. There were also reports of reduced antidepressant dosage and the adoption of healthier behaviours related to diet, drugs, alcohol, and other health conditions.
- Wider impacts included some participants gaining employment and voluntary work and engaging in college and university education, reporting that they had increased opportunities

[2] Groups delivered during an evening

[3] https://www.england.nhs.uk/long-read/workforce-development-framework-for-health-and-wellbeing-coaches/

for the future. Participants also highlighted improved relationships, with existing relationships strengthened, boundaries set, and new supportive connections developed. Others also reported improvement in their relationships with children, adding that this would contribute to breaking the cycle of ACEs.

- Several impacts were also reported across the wider system. The ACEs programme was successfully embedded within the PCN. It increased early intervention opportunities and timely support, and improved engagement with healthcare and other support services, which promoted a more holistic response to health. Healthcare professionals within the South Sefton Practices were more aware of the impact of ACEs, which was seen to lead to improved patient outcomes. Patients were empowered to access the right services for their needs, and the programme also provided a pathway for individuals who did not meet other service referral thresholds.

### Recommendations

Several recommendations have been developed (please see section 4.1 for further detail):

1. Continue to utilise the PCN referral pathway, supporting enabling individuals to enter the programme via primary care to support their wider health needs. The ACEs programme team and wider healthcare partners should continue to work together to maintain integral support of wider health needs.
2. Continue regular awareness raising (including refresher training) with healthcare professionals.
3. It is important to acknowledge that the health and wellbeing coaches are key to the delivery of this programme, and that the coaching approach should continue to be utilised. Ongoing support and supervision for coaches is critical and should be maintained.
4. The innovative health and wellbeing coaching model empowers individuals and enables them to move forward with their lives. This new addition to the programme should be considered for any future rollout.
5. Patient voice is integral to the programme and feedback should continue to be incorporated.
6. Follow-on groups should continue to play a key role in future delivery, to support sustainability.
7. Ongoing monitoring and evaluation are critical to evidence the impact of the programme.
8. Commitment and buy-in from across the PCN and wider system are critical in supporting the sustainability of the programme.
9. Efforts need to extend beyond the remit of the PCN. This must be treated as a strategic priority across Sefton, with a co-ordinated, multi-agency approach.

## Contents

# 1. Introduction

Adverse childhood experiences (ACEs) are stressful events occurring in childhood that either directly affect a child (such as maltreatment) or affect the environment in which they live [1, 2, 3]. ACEs can affect children's physical and mental health and social wellbeing across the life course, with exposure to ACEs showing strong cumulative relationships with negative health and social outcomes [3,4]. The significant impacts of ACEs on the health of affected individuals, as well as its substantial burden on society, mean that responding to and preventing ACEs has become a national priority [5].

## 1.1 ACEs Recovery Toolkit

The ACEs Recovery Toolkit was produced by Rock Pool,[4] a training and consultancy service that works with organisations who support individuals and communities affected by trauma and ACEs. The toolkit can be used by professionals working with parents, families and young people who have experienced ACEs. The toolkit uses a trauma-informed, psycho-educational approach to facilitate learning, and practical methods for participants developing their resilience and strategies to reduce the potential impact of their ACEs on their children. The aims of the Toolkit are:

> *"Our company values centre around a belief that a trauma-informed approach can change society. We are committed to supporting individuals to lead independent lives free from the involvement of long-term services and we do not differentiate between people with lived experience, service providers and ourselves. Our vision is to work towards a society that is trauma informed and understands that we all react to stressful situations in response to previous traumas we have experienced – a society that sees the uniqueness of everyone's experience, without judgement." (Rock Pool, www.rockpool.life)*

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

In 2017, Sefton Council commissioned Rock Pool to introduce the ACEs Recovery Toolkit to early help practitioners working with families affected by ACEs. Following successful implementation of the pilot, Sefton Council rolled out the ACEs programme across community settings within Sefton, working with adults and young people [6,7]. Building on previous evaluation findings, the programme introduced follow-on support and aftercare and expanded efforts to raise awareness and engagement.

## 1.2 Establishing the ACEs programme in South Sefton PCN

In 2022, an **early intervention referral pathway was developed within South Sefton Primary Care Network (PCN) to provide a route from primary care into the ACEs programme**, with mixed-gender groups piloted as part of this pathway. The pathway enables General Practitioners (GPs) and fellow healthcare professionals from GP surgeries across South Sefton, plus community leaders from the area, to refer patients to the programme. The pathway also allows self-referral for patients registered with a GP in South Sefton. Sefton Council's targeted pathway also remains in place, providing dedicated support for parents engaged with their Children's Social Care team and Early Help plans, ensuring continued access to appropriate services.

[4] Course content licensed to Penna & Brownridge. For further information please see https://rockpool.life/.

## 2. Methods

In 2024, Liverpool John Moores University (LJMU) was commissioned to undertake a whole-system and mixed-methods evaluation of the South Sefton PCN ACEs Programme to understand implementation and delivery via the new pathway, and to evidence the impact of the programme upon individuals, communities, and the wider system. Ethical approval for this study was granted by the LJMU Research Ethics Committee (ref: 23/PHI/024).

Five online focus groups were carried out with 24 individuals, including programme leaders, health and wellbeing coaches, and members of the PCN (see Table 1). The focus groups took place at different time points and included follow-up discussions with coaches. The focus groups explored how the ACEs programme was being implemented and delivered, barriers and enablers to delivery, and perceived effectiveness of the programme. Regular steering group meetings were also held across the duration of the evaluation period.

*Table 1. Focus groups and interviews*

| Focus group | Number of participants |
|---|---|
| Coach group 1 | 3 |
| Coach group 2 | 6 |
| Coach group 3 | 10 |
| Leader-paired interview | 2 |
| PCN focus group | 3 |
| Mixed group (including 1 twilight group) | 6 |
| Interview group | 3 |
| Male-only group | 6 |
| Follow-on group | 5 |
| Follow-on group (one-to-one interview) | 1 |
| Individual one-to-one interviews | 5 |

Four in-person focus groups, one in-person one-to-one interview and five one-to-one telephone interviews were carried out with 26 participants who were actively engaged in, or had previously completed, the ACEs programme (see Table 1). This included engagement with a male-only group, a mixed-gender group, a group with individuals with a role in supporting the interview process for new coaches, and a follow-on group for individuals who had completed the programme and now attended monthly drop-in peer-support sessions. Participants were identified by the programme lead and programme coaches, who supported recruitment and facilitation of interviews and focus groups. Discussions explored individuals' experiences of engaging with the programme, plus the outcomes they experienced. All focus groups and interviews were recorded, transcribed, and analysed using thematic analysis.

Analysis of secondary data was done based on surveys and videos produced as part of the ACEs programme. This included data from the ACEs follow-up questionnaire, the ACEs programme South Sefton PCN friends and family questionnaire, ACEs health check feedback survey, and feedback from healthcare professionals and wider stakeholders. Rosenberg Self-Esteem Scale (RSES) [8] scores were collected pre- and post-programme for all participants, and a sample of these was shared with the research team for analysis. The RSES includes 10 items (five positive, five negative). The Rock Pool Lifestyle Checklist, available as part of the Rock Pool ACE Recovery Toolkit [9], was also used pre- and post-programme delivery for all individuals to assess lifestyle and behaviours including physical activity, nutrition, sleep, mental wellbeing, and social connections. A sample of the results was shared with the research team for analysis. Following completion of the programme, participants could complete the follow-up questionnaire (3-6 months later), which includes the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS [10]) plus questions assessing the programme's impact beyond delivery.

## 3. Findings[5]

### 3.1 Engagement with the ACEs programme

In 2022, an early intervention referral pathway was developed with South Sefton PCN to provide a route from primary care into the adult ACEs programme. The early intervention pathway enables GPs and fellow healthcare professionals from the GP surgeries across South Sefton to refer patients to the ACEs programme. The pathway also allows self-referral for patients registered with a GP in South Sefton. The decision to integrate the programme within the PCN was inspired by the Nuka [11] system of care in Alaska, which highlighted the benefits of community ownership and involvement in health management. Funding from the Complete Care Community Programme[6] provided an opportunity to explore innovative approaches, focusing on collaboration and addressing service gaps. As such, the ACEs programme was seen as an ideal solution for patients needing support but lacking access to existing services. This integration sought to promote a more collaborative, proactive, and community-focused approach to healthcare within the PCN.

*"A mum with anxiety and depression that was starting to make it difficult for her to get the kids to school, and that anxiety and depression was never going to be at a level for thresholds for a talking therapies referral. She could self-refer if she wanted to, but still, the problems that creates for that family are so obvious. A GP can't think about a child's attendance at school that is so far away from the pressures that they are under. What we need to be thinking about is a service that is available to people who clearly have a need and who are never going to achieve referral threshold" (Stakeholder FG5).*

*Table 2. ACEs programme delivery in South Sefton (November 2022 to December 2024)*

| ACEs programme type | Number of groups | Number of participants |
|---|---|---|
| Female | 27 | 208 |
| Male | 14 | 91 |
| Mixed gender and twilight | 2 | 17 |
| Change Grow Live (CGL) | 1 | 6 |
| Early Help | 1 | 10 |
| North pilot | 1 | 8 |
| Total | 46 | 340 |

Between November 2022 and December 2024, the ACEs programme received 729 referrals (see Figure 1), of which 560 were enrolled on programmes. Of those, 340 fully completed the programme (split across 46 groups, see Table 2). All 560 individuals received health and wellbeing coaching, signposting and where appropriate, onwards referrals. The remaining 169 individuals (for all of those that the PCN were able to make contact with) were offered the same care to access the right pathway of support and all have the option to return to the ACEs programme when the time is right for them. This approach ensured that there was 'no wrong door' and that individuals were provided with an appropriate pathway of support, whether they participated in the programme or not.

Extensive work has been carried out throughout the programme to enhance and improve programme monitoring and the evidencing of outcomes. As part of ongoing improvements, changes have since been implemented to strengthen data collection using EMIS Web. This change aims to provide clearer visibility of who has received support from a health and wellbeing coach, who has

[5] Coaches, health practitioners and partners who participated in interviews are referred to as stakeholders.
[6] The Complete Care Community Programme

actively engaged in the ACEs programme, and who has received information, signposting, or referrals. These improvements will support more targeted follow-up and better understanding of participant journeys.

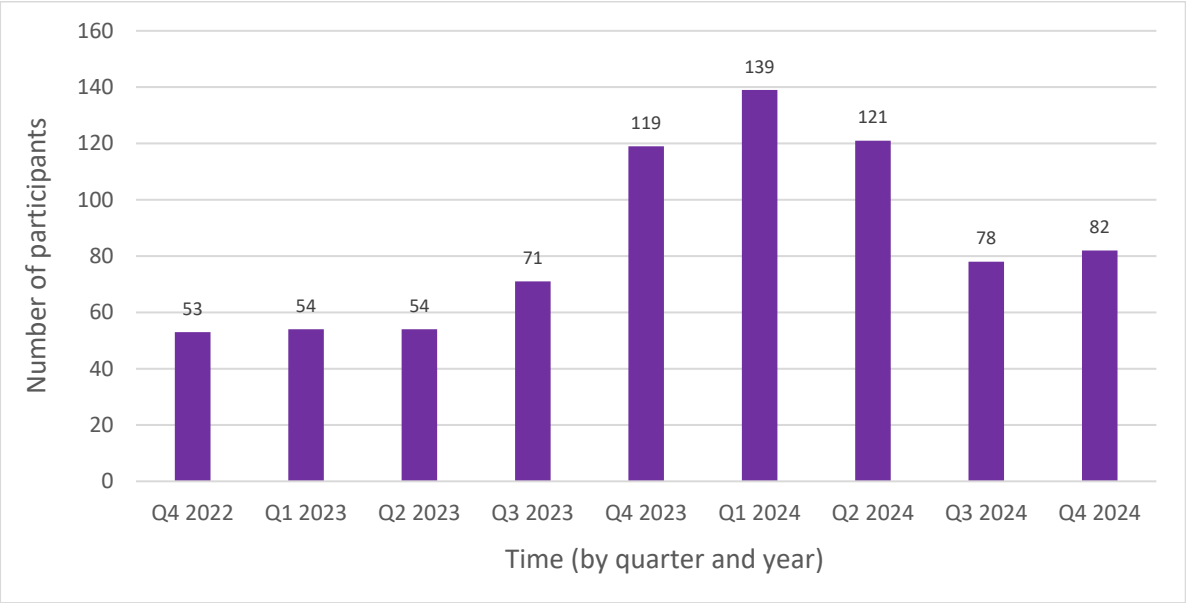


*Figure 1. Participants referred to the ACEs programme in South Sefton PCN in 2023 and 2024 (please note that 2022 Q4 includes November and December)*

Participants described the referral process via the PCN pathway as 'simple and straightforward'. For one participant, a referral through a social prescriber was a 'novel experience' while another participant explained that *"I wouldn't have known about it only for the doctor referring" (Participant FG2).* For most participants, the recommendation to engage in the ACEs programme via the PCN marked the first time they became aware of the programme. In instances where participants had prior knowledge of the programme, it was not until the healthcare professional recommended it that they felt compelled to attend; these participants added that this was a contributing factor to their engagement in the programme. PCN members acknowledged that the referral route through the wider PCN is beneficial compared with referral only being possible via a GP.

*"This is a non-medical intervention really. I think we've managed to do that largely. I think most GPs probably won't have lots of experience of referring lots of people to the programme because, actually, people are referred in through other routes, or self-refer, or get recommended by a family or friend or something like that" (Stakeholder FG5).*

*"The social prescriber [who referred them to the ACEs programme] made a huge difference to me when she just said, 'I'm going to contact so and so, and I'm going to find out about this'. When you are in a really dark place, it can be difficult to go out there and find out what can help you and having somebody who actually comes to you and says, 'this is the help that's out there, and I'm going to bring it to you as much as I can'. For me that was a very novel experience" (Participant 3).*

*"I think at that time I had that many different things [going on]. The GP – it definitely was a help for them to say, 'here you go, we can refer you'" (Participant 5).*

Programme coaches explained that referrals have become more appropriate as awareness and understanding of the programme has improved over time. However, in some instances, participants may not be ready to engage in the programme or may have more immediate needs. In these cases,

the referral will be deferred, and the participant will receive health and wellbeing coaching to identify their goals and health needs. They will also be signposted to appropriate services or referred onward as needed.

Implementation of the programme has been more successful in some practices than others, due to varying demands and the pace of change in general practice. In addition, stakeholders highlighted the pressures faced by GPs and the current lack of resources, noting that endorsing long-term investment is challenging when immediate issues demand urgent attention. Despite extensive efforts to raise awareness of both ACEs and the ACEs programme, participants felt that there were still gaps, particularly among GPs. Although participants felt that understanding of ACEs had improved, some felt that wider understanding of the associated health impacts was required.

Acknowledging these challenges, the PCN prioritised integrating the programme by establishing regular link meetings with social prescribers and mental health teams, to ensure broader and more effective adoption. Continuous efforts are needed to maintain and refresh awareness of both ACEs and the ACEs programme among the healthcare workforce, particularly due to the high turnover of staff. These efforts will ensure that new and existing staff remain informed about the importance of ACEs, alongside having updated awareness of the referral process. The coaches recognised the importance of ongoing engagement and the ripple effect of spreading information.

> *"I think a lot of awareness has increased about ACEs in general, but actually, a lot of people have no idea of the health outcomes that can be linked to it. They certainly wouldn't link trauma and their heart health or their diabetes. That just wouldn't come up with those professionals. We're definitely going to be getting out and doing more to raise awareness, we need to keep it up" (Stakeholder FG4).*

> *"We have carried on with it because we are still doing it, but maybe we're not going back and doing it potentially with people that have heard it before, because potentially there are, you know, there's different people there" (Stakeholder FG4).*

Coaches noted instances where referrals from GPs and fellow healthcare practitioners lacked sufficient information about the participant. However, partnerships between coaches and healthcare professionals have helped to address this issue, with GPs providing consultation notes upon request. Additionally, the introduction of a primary care integrated mental health referral form, which consolidates all available mental health services into a single document, has further aided this process by offering descriptions of each service or multidisciplinary team and enabling GPs to select the most appropriate option for their patient.

> *"That's 100% improved. We can go back to GPs and ask them to please send the consultation that goes with the referral, and they do. They're kind of understanding of that" (Stakeholder FG2).*

Prior to engagement in the ACEs programme, participants attend an assessment with a programme coach *"to ensure that the programme is right for them in terms of what needs they may have during the sessions, and also to make sure that we have the capacity to be able to support them" (Participant FG1)*. During assessments, coaches use assessment criteria and tools such as the Rosenburg self-esteem scale (RSES). A wellbeing and risk assessment has been introduced, along with the opportunity for participants to complete a wellbeing plan. Previously, participants would have completed the Rock Pool Lifestyle Checklist during their assessment. However, to streamline the process and reduce the number of forms involved, this is now incorporated into the first session

as an initial step in planning for health and wellbeing needs. This approach allows for a more person-centred assessment while maximising time for meaningful engagement.

More recently, a pre-assessment has been introduced to provide an earlier opportunity to initiate the assessment process. This allows for the identification of participant needs, consideration of all relevant factors to inform assessment, and reinforcement of consent to contact healthcare professionals involved in the participant's care. These assessments provide coaches with a comprehensive understanding of participants' needs, enabling sessions to be tailored to individual requirements. Additionally, the process offers participants an opportunity to meet the team and gain insight into the programme and how groups were facilitated, helping to ease any initial anxieties about participation.

*"I went into it really knowing what I was going into. Because I know on some courses you don't really have a clue what you've walked into. But they made sure that we all knew what was going to go on, how many people were there, how long the sessions are. So, they were really informative with it" (Participant 1).*

Interviewees explained that participants needed to be ready to attend. Participants also felt that they had to be in a position to commit to the full 10 weeks, which can be challenging for those struggling with needs such as housing, poor mental health and financial strains. Some participants expressed that they initially felt it was too late to make changes and doubted the impact those changes could have. However, after engaging in the programme, they later realised that the changes made a significant difference. Despite feeling regretful about not making these changes earlier, they acknowledged that they might not have been ready for such changes at that point. The evaluation found an increasing age range of participants, with individuals in their 80s now engaging with the programme. This further highlights the importance of this pathway (as there was previously no programme available for this age group) and demonstrates the influence of age on readiness for change.

*"I just thought, why haven't I done this years ago? But my answer to that was, I wasn't ready" (Participant FG2).*

Both coaches and participants discussed how mental health issues can be a barrier to engagement in the programme. This was particularly significant for those with high anxiety levels, who may struggle in a group setting or attending a GP appointment, which would in turn make it difficult for them to attend the group sessions or to gain any awareness of the programme. However, coaches take a person-centred approach to overcoming barriers to engagement, ensuring participants receive the necessary support to facilitate their involvement. Linked with this, several participants shared that despite initial struggles with engagement, they were ultimately able to overcome these challenges and complete the entire programme. Participants also highlighted a lack of trust in GPs and other healthcare professionals, along with the difficulty of securing an appointment. This may discourage individuals from seeking medical support and, in turn, prevent them from learning about the programme. One stakeholder identified a potential barrier for healthcare professionals working in the geographical area, who may be hesitant to join the programme due to ethical dilemmas as they either work in the same area or with people who are likely to participate in the programme

*"You used to know your GP – you'd grow up with them and they'd know you" (Participant FG4).*

## 3.2 Working in partnership

The ACEs programme works with a range of partners to enable a more holistic approach to participant support. These collaborations offer additional resources and onward referrals to tailored

interventions and specialist services, that help address the diverse needs of participants who are provided with introductions to available services, along with a directory to help them access the appropriate resources. This includes all health services and commissioned services such as Sefton Sexual Health, 0-19 Health Visiting Teams, Pharmacy Team, Change Grow Live, Weight Management, Talking Therapies, and the Step Forward Mental Health Team. Other examples of key partners include:

- **Active Sefton**, which offers a range of programmes such as tailored physical activity sessions for those who have experienced domestic abuse and help for those participants who need to overcome barriers to attending the gym.

  *"There are people who literally would say I would never, ever, ever have gone to the gym, would never" (Stakeholder FG3).*

- **Hugh Baird College**, which provides access to community courses, further supporting participants' personal development. The ACEs programme has identified several cohorts of current and former participants who have successfully accessed community courses at Hugh Baird College through the programme's venues.
- **Netherton Feel Good Factory**, which runs dedicated group courses on confidence building and emotional wellbeing to provide participants with additional support.
- **The Life Rooms**, which provides numerous services, including digital health sessions. These sessions provide participants with the technology and training needed to access medical appointments online, helping to reduce anxiety and improve healthcare engagement.
- **Lighthouse Project**, which is a collaborative project with Early Help, the Specialist Perinatal Service, and the ACEs programme, as part of the PCN collaborative service offer, with ACEs coaches delivering the programme in partnership with the other services. The ACEs programme acknowledges the impact of ACEs on parenting and will refer parents to this service.

By building and maintaining these partnerships, the ACEs programme ensures participants receive comprehensive, multifaceted support that extends beyond the programme. These collaborations play a crucial role in removing barriers to engagement, empowering participants, and improving overall wellbeing.

*"To empower them to move forward, that's where the links to the other services help them on that journey to grow" (Stakeholder FG3).*

*"It's just that collaboration that enhances everything really. So, it's really important" (Stakeholder FG3).*

## Health checks

The programme offers health checks, which comprise a 30-minute appointment with a pharmacy technician and a 30-minute appointment with a social prescriber to provide holistic support, promote preventative screenings, and opportunities to discuss multiple issues in a setting where participants feel heard.

*"They listened and acted on what I said" (ACE health checks feedback questionnaire).*

Social prescribers connect participants to community resources, addressing both health and practical needs such as securing white goods. Initially offered at the end of the programme, health checks are now available earlier to provide timely support, with coaches promoting and following up on the

offer of health checks throughout the programme to increase engagement and access to essential services. The health checks were felt to reinforce self-care and improve access to healthcare by overcoming barriers and helping participants to understand their health better, which is especially important given the impact of trauma on physical health. One participant explained that the health checks provided them with support to access further health care: *"[I] managed to get a doctor's appointment, which has been a battle; so, pleased now that I can see my doctor" (Friends and Family questionnaire).*

*"If trauma is within the body and they want to move on from it ... I mean mentally we might be doing it, teaching them about ACEs, but you know a lot of them will have it in their body as well. So that could lead them on another pathway for longer [term] health outcomes later on" (Stakeholder FG3).*

*"Both the social prescriber and the health check were invaluable to me. The health check was with a pharmacist, and she was so helpful and knowledgeable and put my mind at rest on a few issues" (ACE health checks feedback questionnaire).*

*"I was really nervous, but the appointment went really well. I immediately loved the support they offered. The social prescriber was really helpful and informative. There was no judgement as well, which made me feel very comfortable" (ACE health checks feedback questionnaire).*

*"It gave me the ability to address multiple concerns that I've struggled to talk to a doctor about due to other health issues taking priority. The social prescriber gave me a lot to think about and pointed me in the direction I need to improve my life" (ACE health checks feedback questionnaire).*

Secondary data were analysed for 50[7] of the participants who completed a health check, registered to GP surgeries in Bootle (n=24), Seaforth & Litherland (n=16), Crosby (n=5), and Maghull (n=5).[8] Respondents were asked if they were likely to recommend the health check element of the programme to friends or family.

100% would recommend the health check to friends or family

92% are extremely likely to recommend

9% are likely to recommend

## 3.3 Delivery of the ACEs programme

The ACEs programme takes place over 10 weeks and is usually made up of between 8 and 10 participants. The programme offers a variety of group options to cater to different preferences and needs. These include men-only, women-only, mixed-gender, and twilight groups. Participants may be offered a specific group based on their experiences of trauma, ACEs, and history of domestic abuse. Coaches consider each individual's needs and circumstances to recommend the group that will best support them. The groups are currently delivered across several family hubs, family centres, health centres, and community centres, with plans to expand this in the future. Participants generally liked the location of the groups, although one participant felt that the location could be *"in a more adult-type setting" (Participant 2).*

[7] Female (n=29), male (n=19), prefer not to say (n=2).

[8] This included the following GP surgeries: 30 Kingsway, Aintree Road Medical Centre, Bootle Village Surgery, Bridge Road Medical Centre, Concept House Surgery, Crossways Surgery, Ford Medical Practice, Glover's Lane Surgery, High Pastures Surgery, Litherland Practice, Liverpool Road Surgery, Moore Street Surgery, Netherton Practice, North Park Health Centre, Orrell Park Medical Centre, Park Street Surgery, Rawson Road Medical Centre, Strand Medical Centre, Thornton Practice and Westway Medical Centre.

Participants reported high acceptance of the programme, despite initial uncertainty about engaging in a group setting. Several participants compared the programme to other forms of support, highlighting its uniqueness and noting that they found it more beneficial than medical interventions such as counselling or medication.

*"The concept of a group session was a bit terrifying. But once you take the initial first step … it took light-hearted moments … it broke down a lot of the barriers, so we became comfortable talking, and the interactions from then just built every single week" (Participant FG4).*

*"I always knew that I had childhood trauma, but I just didn't know how to kind of deal with it. I'd been to therapy so many times … it wasn't enough, talking about it, it was resurfacing and not getting me anywhere … I would cry all the time. I was at the point where I didn't know what more to do" (Participant FG3).*

*"It's helped a hell of a lot because medication's not what I wanted" (Participant 2).*

The recent introduction of mixed-gender groups aim to improve accessibility for individuals who are transgender, non-binary, or who may have had negative past experiences or a lack of trust with people of the same gender. This has received positive feedback, with participants appreciating the choice. Those in mixed-gender groups reported a shift in their perspective of the opposite gender and found the setting more inclusive and supportive, especially those who reported that they struggle to engage with those of the same gender. Participants in mixed-gender groups perceived themselves as feeling more comfortable sharing their experiences, with some feeling more at ease in these groups compared to if they had joined a single-gender group. The programme also offers twilight sessions to accommodate participants with daytime commitments, such as work.

*"The mixed-gender group made me panic a little bit. But I think it's been really good for me, because it made me look at things differently and my relationships with men" (Participant FG1).*

*"I was hoping for the mixed group. They offered the men's group to me. I struggle with men to be honest with you. The group helped me a lot with that, they're not like the men I'm used to. I wanted a mixed group because of that reason" (Participant FG1).*

*"I liked the fact that they did one that was a bit later. Because I feel like a lot of the time there's so many things like counselling that I've stopped due to the fact that I work" (Participant FG1).*

Sessions covered a range of topics, including self-esteem, negative self-talk, attachment, emotions, toxic stress, relationships, and resilience. Sessions did not focus directly on specific types or trauma, nor did coaches want participants to describe their experiences to prevent re-traumatisation. Participants appreciated this and explained that *"it's refreshing to know that you're not going to get swamped in somebody else's problem" (Participant FG4)*.

Participants liked the style and structure of the sessions and appreciated that the programme caters for all learning styles by providing, for example, reading, videos, activities, and handouts on a topic. Handouts were seen to be beneficial for participants to take home to be able to process and reflect on what they had learnt.

*"It was all based around you, you know, these are some of the thoughts and behaviours that you might have because of what you've been through. 1) it's completely normal, and 2) here is how you can manage it and live with it better" (Participant 3).*

*"The information and support provided have been amazing. I still go back to the worksheets provided in the group" (ACEs follow-up questionnaire).*

*"We watched a video, and it was more practical and visual for me to understand the actual ACEs" (Group participant – Family Wellbeing Adults – ACEs video).*

All participants agreed that the environment that was created felt safe and relaxed, which was aided by knowing that they were in a confidential setting with appropriate resources to support them if they got upset or overwhelmed. Additionally, they felt that the tone of the sessions was well suited to their needs.

*"I think what it is, is, they make you so relaxed anyway, they've got a lovely couch at the back, so when I felt like I was struggling around the table, you could sit at the back. And if you go out and you feel emotional, the staff follow you. So, someone's always there for you, so it's just perfect, really" (Participant FG2).*

*"Part of it is because I know they don't know my family, it's not going to get back to them, so it's a safe kind of family" (Participant 6).*

The programme has also considered accessibility by providing access to a crèche and a taxi service. The crèche provides experiences to help children with language development, attachment, eye contact, and sensory experiences. The support provided in the crèche is linked to the ACEs programme, incorporating activities designed to support children's understanding of emotions and emotional regulation. Parents are encouraged to feel confident that their children are safe and happy, with parents provided with activities to take home and continue supporting their child's development. The provision of a taxi service removed barriers for individuals who struggle to leave the house or face difficulties with public transport. As one participant shared, *"for people like me on the dole, it [taxi service] does [help]" (Participant 4).* Additionally, a taxi service also helps to accommodate any accessibility needs. Participants recognised that *"it's amazing, I've never heard of that anywhere" (Participant FG1).* Reimbursement of public transport costs have also been provided where appropriate. Additionally, for those who drive, the programme provided free parking.

*"It was very helpful. I struggled very much with public transport and stuff, so that just automatically eliminated a big factor that might have made me withdraw" (Participant 5).*

*"It does make it a lot easier knowing someone is going to bring you. You could be sitting there thinking I might not go this week, but if someone's there ready to take you, it does give you that push to think I'm definitely going to go today" (Participant FG4).*

*"I was looking for a support group or therapy but found it difficult due to lack of childcare options. ACEs group really helped me and the crèche meant I could attend in person" (Friends and family questionnaire).*

### Role of the Health and Wellbeing Coach

Coaches contact participants between sessions to check on their experience with the programme, provide health and wellbeing coaching to address any unmet need, and arrange transport for the next session. Participants had the option to receive either a phone call or a text, allowing them to choose their preferred method of communication. Many participants appreciated this flexibility, particularly those who had previously felt they had little control over their choices. One participant felt that this contact between sessions is needed as *"you're dealing with people who are in vulnerable places in their life" (Participant 2).*

The health and wellbeing coach role extends beyond the original facilitator role, incorporating coaching methods to support participants to engage in wider support, enabling wider outcomes and opportunities, skills, resources, and confidence to move forward. This role was seen to have a

significant impact on the delivery and outcomes of the programme for participants. Rooted in a person-centred approach, health and wellbeing coaches listen carefully to what participants say matters most to them. They create a trusting, safe space where support is tailored to each person's unique needs and circumstances. Coaches foster a non-judgmental and supportive environment, helping individuals explore their values, strengths, and challenges, and guiding them towards lifestyle sustainable changes. Coaches encourage autonomy, supporting participants to choose their own path to reach their goals. They empower people to connect with wider support and access resources and opportunities that boost their confidence and build the support they need to keep going.

*"You look forward to Wednesday because you interact with fellas who are in the same place as you; it's good to get out" (Participant FG4).*

*"Finding out I'm not the only one who felt like I did, meeting likeminded people and growing stronger" (ACEs follow-up questionnaire).*

*"I first walked in and knew I was right at home, because there were loads of smiling faces that understood that I was there for the same reasons as them. Which, honestly, was one of the things that might've stopped me coming was expecting toxic masculine guys being all closed off and stuff" (ACEs video).*

Participants emphasised the crucial role of coaches in creating a supportive and comfortable environment. It was highlighted that coaches, who had been thoroughly trained and upskilled through Rock Pool's training and guidance, Health and wellbeing coaching training, and ongoing staff development within the PCN, were instrumental in creating a safe and inclusive environment for participants. They consistently checked in on those who may be disengaged, and respected participants' choices regarding participation in activities. One participant appreciated that when she became upset during a session, coaches handled it sensitively, allowing her to take time out without drawing attention to it. Participants observed the strong relationships between coaches, noting that their friendship created a welcoming atmosphere and helped build connections between coaches and participants. They appreciated the coaches' ability to validate their feelings and show genuine interest in their personal experiences. The coaching style, combining skilled delivery by trained coaches with the structured content of the ACEs programme, was seen as critical in encouraging participants to feel empowered and enabling independence to maintain positive outcomes beyond the programme.

*"They have got good relationships with us and each other … it's just nice like you don't come in thinking are these like the teacher, and they are helping us figure out our own path" (Participant FG1).*

*"Absolutely amazing team of highly skilled, enthusiastic, passionate and knowledgeable people. Very kind and attentive, I am already recommending them to people who might need it. My anxiety level dropped significantly. I am extremely grateful to the team" (Friends and family questionnaire).*

*"The coaches are brilliant, very warm and kind and friendly. They make us feel safe and welcome and always make sure we are okay" (Friends and family questionnaire).*

*"I found the team that delivered the ACE course very supportive and encouraging. I witnessed numerous ways in which they helped other participants in developing strategies to deal with issues in their lives and also helped them access other services useful to them" (ACEs follow-up survey).*

## Clinical support for coaches

Coaches receive one-to-one clinical supervision that occurs every 4 weeks. These sessions are private meetings between a supervisor and a coach, aimed at addressing various aspects of the coach's experiences and/or concerns. The goal of these sessions is to provide support, reflection and guidance to help coaches manage their professional and personal responses to their work. Coach teams also receive clinical supervision as a group at the midpoint of each programme, to review and assess the programme collectively from a clinical perspective. Additionally, coaches hold reflection sessions after each session to review group progress, assess the needs of both the group and individuals, and discuss upcoming sessions. These sessions help inform the support offered during check-in calls and address any challenges.

*"The clinical supervisions are to help us manage whatever has impacted on us throughout the day, the session or throughout the week, it's somewhere where you can go and just get some clarity on that" (Stakeholder FG1).*

*"We also we have reflections after every single group. Reflect on what's happened in the group and that's normally your opportunity to say 'oh, I felt a bit like this or when this person said this, I felt a bit uncomfortable, do you think I managed that right?' So, if you've got anything on your mind then or you're feeling anything, then that's your opportunity to raise it so you don't have to wait until you've got clinical supervision" (Stakeholder FG1).*

Supervision and reflection are aligned with the NHS Workforce development framework for health and wellbeing coaches, which promotes ongoing development and continuous improvement. This approach ensures that coaches have a point of contact for support, clinical expertise and guidance to practice safely and effectively, ultimately supporting the best outcomes for participants. The ACEs programme embeds a multilayered, evidence-based supervision structure, which includes oversight from the head of the supervision framework. This layered approach is also supported by the PCN as part of its commissioning responsibilities, ensuring robust and safe practice through structured supervision at multiple levels.

## Adaptability of the ACEs programme

Service user voice has been prioritised throughout the implementation of the programme, to gain valuable insights into their needs and preferences. The programme has established a panel of former participants to support the recruitment of new coaches. Panel members assess applicants by observing their presentations and interactions with participants, providing feedback informed by their lived experience of ACEs. They felt their involvement in selecting coaches was essential, as their perspective as experts by experience ensured the right fit for the role.

*"We were able to give our feedback about what we thought and how [the interview candidate] would fit in with the groups of us who have experienced childhood trauma, and give [the programme leads] the chance to see how they interact with us as well, because if they're going to go into a group of 10 people who've got trauma, you've got to be a personable person" (Participant FG3).*

Moreover, participants are asked to provide feedback on the programme, empowering them and granting them a sense of ownership over the programme, which in turn facilitates trust and engagement.

*"The follow-on group has become a bit of patient voice and that's a really good opportunity for them to contribute too" (Stakeholder FG5).*

Continuous improvement is prioritised throughout the programme. Coaches are encouraged to challenge the programme and reflect on sessions, content, and delivery. As one coach explained, *"we have things in place to make sure that it never comes kind of stagnant and stops moving forward" (Stakeholder FG3).*

> *"My favourite part is the adaptability of it. There's so much remit for new ideas and new ways to present information and for the participants to bring stuff to the group. Valuing their personalities, their skills" (Stakeholder FG1).*

Adapting to participants' needs was also prioritised within the programme, which enabled engagement. One participant explained that she has dyslexia, and the coaches provided her with handouts printed on coloured paper.

> *"People have various needs, so we need to try and accommodate that the best we can in the way that we teach them. So, if anything comes to light in terms of somebody struggling with something, then we would use different tools to get that message across to them that are more effective for their learning style" (Stakeholder FG1).*

### Follow-on support

Following the 10-week programme, monthly follow-on groups are available for continued support and to help participants deal with the sense of loss after finishing the programme. This was felt to be *"a massive positive" (Participant FG3),* and participants acknowledged that not many services provide this aftercare. In addition to follow-on groups, the programme runs a drop-in session once a month, which is open to those who have attended the group as well as people who may be considering attending the programme, allowing them to see what it's about and encourage their engagement. Drop-in sessions involve past participants who volunteer to plan and facilitate these sessions. They explore additional support avenues, revisit programme content, and address challenges they have faced since finishing the programme. Participants highlighted that more of these follow-on groups/drop-in sessions would be beneficial and that it would be useful for participants to confirm attendance as there can be times where attendance is low.

> *"Any other courses that you go on, it's the end of everything, and you don't see anyone again, but the staff, especially [coach], I love [coach], she's the one that sends the texts for the follow-on groups" (Participant FG2).*

> *"I used to love going and I was panicking a little bit, but then they started doing the follow-on and the drop-in. So, it just made sure I was there" (Participant FG2).*

## 3.4 Impact of the ACEs programme

### Wider system impact

#### *A collaborative and co-ordinated PCN*

Embedding the ACEs programme and establishing a referral pathway within South Sefton PCN has facilitated accessibility and engagement by ensuring individuals are identified and referred through a familiar healthcare setting. By embedding the referral pathway within the PCN, the programme reaches individuals who may not otherwise seek support, thereby increasing early intervention opportunities and improving engagement. This integration enables a more co-ordinated approach, where individuals can access timely support alongside existing primary care services. Participants highlighted that the programme is well embedded within the PCN, with GPs increasingly more aware of the programme as time has progressed.

*"When we first started it was different because GPs didn't know about us, and we were kind of knocking on the door and over and over again. But now they've had the patients come back to them and say what a difference it's made. It seems like they're developing an understanding of what ACEs are, what it is that we do, and how beneficial it is for people" (Stakeholder FG1).*

*"There's definitely awareness of the programme and it's talked about regularly [by GPs]" (Stakeholder FG5).*

*"Self-referral and supported referrals came up because we were trying to make sure that they didn't have to go to a GP appointment just to get a referral done, especially given the barriers and the challenges of getting a GP appointment for various different reasons" (Stakeholder FG4).*

Additionally, the collaboration between healthcare professionals and programme coaches through the PCN referral pathway promotes a more holistic response to health, ensuring that both physical and psychological needs are addressed. Participants acknowledged the strong partnerships with the mental health team and the associate psychological practitioners, which are made possible by them working within the same PCN. These collaborations allow teams to work closely together and have strong connections with various services, facilitating appropriate onward referrals.

*"If they need one-to-one support then we can refer them into talking matters as we work very closely with the mental health team and with the associate psychological practitioners because we work in the same PCN as them. We know so many different services" (Stakeholder FG1).*

Having the ACEs programme integrated within the PCN has facilitated the PCN to become more collaborative and co-ordinated, empowering patients to access the right services for their needs. This was demonstrated by a referral to the ACEs programme from a weight management service, which shows that different services within the PCN are communicating and collaborating effectively, creating a system that is working cohesively and is able to reach patients before they reach crisis point. By addressing issues early, the programme helps prevent more severe health problems and reduces the burden on emergency and acute care services. One stakeholder recognised this, feeling a sense of relief within his role as a GP, knowing that there is a service available to support people with ACEs.

*"I remember the huge sigh of relief. Things that are not medical. I remember thinking I don't have to do that. I just need to send them to somebody and somebody else will do with that. I think carry on. It's working very well" (Stakeholder FG5).*

It also provides a holistic approach to care that addresses both physical and mental health needs and a system in which healthcare professionals are more aware of the impact of ACEs, leading to improved overall patient outcomes and increased access to other avenues of support, screening and medical intervention.

*"It is very difficult with our time restraints to explore issues like ACEs and having that reassurance of once identified that the patient is going to be supported in a more structured way than we can provide in primary care. Most of the social and health inequalities that I have encountered have been exaggerated by some form of ACE and I am optimistic that with support for our patients, physical, mental and social health will improve which I think is our common goal" (ACEs professional feedback).*

The success of the ACEs programme has also facilitated trust between commissioners and the PCN, with commissioners more open to the PCN delivering left shift work. This trust is expected to

facilitate the development and implementation of other upstream care, creating new opportunities, enhancing the overall system and enabling stakeholders *"to feel that general practice was more sustainable because of the opportunities it created" (Stakeholder FG5).*

This more cohesive approach within the PCN has been recognised, with South Sefton PCN winning the PCN of the Year award in 2024, which has had a *"profound impact in terms of morale and that side of things" (Stakeholder FG5).*

Stakeholders recognised the significant benefits of successes within the programme, despite limited investment other than PCN funding. These benefits included strengthened pathways to work, for example, with a number of participants securing employment. This transition not only decreases benefit dependency but also increases tax contributions and economic activity. It was felt that the programme yields a high return on investment. Furthermore, the significant estimated per-person benefit of a participant returning to work was recognised, with an individual benefit of £3,530, a societal benefit of £23,070, and a contribution to the Treasury valued at £12,030 [8].

> *"So, two people getting a job might have created £40,000 worth of benefits that has cost Sefton absolutely nothing at the moment. So, I think we've got to think about those small numbers, but in terms of a percentage yields, I think actually we are probably saying you get 200, 300 or 400% back in a year. That should be interesting to the system" (Stakeholder FG5).*

Additionally, demand reduction within the NHS was highlighted. Stakeholders noted a common experience among GPs, where certain patients frequently visit without a clear medical reason. Despite GPs' efforts to help and refer these patients to appropriate services, they continue to return. It was recognised that the underlying issue might be unmet needs related to ACEs driving their repeated visits, indicating that their needs are not being fully addressed by the current medical approach. Being able to refer patients to the ACEs programme allows patients to access support for their needs and therefore prevents these repeat attendances. Despite this, it was also recognised that people may be more open to accessing healthcare following the ACEs programme, which may increase referrals, at least initially.

> *"Anecdotally every GP would be able to describe a handful of patients that come and see them regularly. From a GP perspective, you're not quite certain why they keep coming to see you, but they do keep coming to see you, you try your best to help, you've referred them to services, but they do keep coming back. It's probable that actually what's happening is you're not delivering on their need and perhaps their need is that they've got a lot of ACEs in their past" (Stakeholder FG5).*

> *"Frees GPs up to do the things they know how to do properly. So, the patients are getting the best of both worlds. They're being supported for ACEs and GPs are seeing them for bleeding or cancer and other more complex conditions, the stuff that they specialise in. So, for me, that's been the biggest impact knowing that GPs can pass them on to somebody" (Stakeholder FG5).*

## Impact for individuals, families and communities

### *Increased access to services*

For some participants, the ACEs programme encouraged them to seek further support as it enabled them to gain both a better understanding of themselves and increased awareness of other avenues of support, plus the confidence to access them.

> *"I've sort of had a bit of confidence to go and do other things" (Participant FG3).*

Participants spoke about how they had accessed support for long-term health conditions and began attending appointments they had previously avoided, including those for neurodiversity diagnosis, mental health support and rehabilitation services.

One participant realised she struggles with recognising emotions after participating in a group activity that involved identifying emotions behind different emojis. This insight led her to discuss the issue with her GP, who subsequently referred her for an attention deficit hyperactivity disorder assessment and helped her better understand her borderline personality disorder diagnosis. Another participant found that the programme enabled him to apply his knowledge of psychology to his own experiences, leading to a better understanding of himself. He is now awaiting a psychological evaluation and has accessed a men's mental health charity. Participants acknowledged that learning to accept support is an outcome in itself and something they would have struggled with previously.

*"The biggest thing for me was accepting help, and that's another thing ACEs has taught me" (Participant FG2).*

*"In my journal, I called it the genesis of me realising the depth of things, because everything, that I learnt on the course, I knew intellectually, but I couldn't apply it to myself. It was sitting there and having all the different perspectives of other people, different walks of life for me to go 'I can relate to that' … 'I can apply that to myself', and it can put in a really simplistic, practical way, that I can conceive it, and because of that I am now awaiting mental health assessment" (Participant FG3).*

*"It showed me that there's other people out there that's willing to help you, it really showed me what was out there" (Group participant – Family Wellbeing Adults – ACEs video).*

Coaches and stakeholders spoke about how people are in a better position to access services and support following engagement in the programme, due to a better understanding of their needs, but also an increased trust in healthcare system. One stakeholder provided an example of where a participant may *"go on the ACEs programme and start getting themselves to a point where they can even talk about the trauma of being sexually abused as a child, and then they can go on to the next thing that will enable them to unravel some of the stuff that they need to do in order to get themselves to a point where psychologically they can attend for a smear" (Stakeholder FG5).* The programme has received feedback from Sefton's local NHS Talking Therapy Services provider, Mental Health Matters, indicating that participants who have completed the ACEs programme can begin trauma-focused therapies sooner than those who haven't participated. As a result, the Talking Therapy Service is now considering referring clients on their waitlist to the ACEs programme while they await support.

*"Even though it's a non-medical service, it improved trust in general practice and the wider NHS" (Stakeholder FG5).*

*"We've had feedback recently from talking therapies because they were saying that their clients who've attended the ACEs group are provided with such essential psychoeducation from the group that it often means that their clients are able to commence trauma-focused therapies much sooner" (Stakeholder FG3).*

### Peer support

Most participants spoke about the development of friendships and *"a real sense of community and support" (Participant 3)* within their group. The main benefit was that participants felt validated and accepted by others who had experienced similar situations. This support network helped them feel

less isolated and more 'normal', especially since they often found it difficult to receive support from their families, who were more dismissive of their needs. Participants spoke about how these friendships were sustained outside of the programme, with some participants staying in touch and meeting up outside of the group setting.

*"It was just sort of makes you feel like you're not alone in the world. A lot of my problems is that I tend to think 'why am I like this, and no one else seems to understand?' This provides me with so much understanding from other people" (Participant 5).*

*"It was just making a connection with people. I don't really connect with people very often, and I can keep myself to myself, but we walked in, and you could automatically feel like it was a nice group, that it was calm, collected, everyone was lovely. It was like that instant connection. I know it sounds sad, because trauma connected us, but it was just nice to have that space away from home. So, it was like an escape from reality, but like dealing with reality at the same time, if that makes sense" (Participant 1).*

*"I have learnt that not all people hate me or dislike me I actually made a few lovely friends whom I've kept in touch with ... so that's a nice bonus" (ACEs follow-up questionnaire).*

*"I've been blown away; it's touched me in ways I never expected. I've done groups before, but I've never connected with people the way I have connected in that group" (Group participant – ACEs Recovery Programme video).*

*"I think coming to the group has been the first time ever in my life that I've actually felt normal … it's just made me feel like I'm not just this weirdo that doesn't fit in" (Participant FG1).*

### Increased knowledge and self-awareness

Participants explained and demonstrated an increased knowledge and awareness of the impacts of ACEs and trauma. They felt that the programme had changed their perspectives and helped them become more open-minded by enhancing their understanding of the physical, mental, and emotional impacts of ACEs. One participant explained that the programme is a *"like, the dummies guide to how to be a person, like, inter-socially and stuff like that. Like, legitimately, like, it's not the full lesson, but it's a bloody good start" (Participant FG3).*

*"You learn something every week, it's different ways of looking at stuff I think is the biggest thing. I used to have a bit of a tunnel vision, if you like, well, this happens, if that that's going to happen, but they've taught us how to think differently I would say. Looking at different problems, how to sort your problems out, which sorted quite a few out of for me" (Participant FG2).*

This increased knowledge and understanding fostered greater self-awareness: *"really helped me to understand why I am the way I am" (friends and family questionnaire)*; and self-acceptance, which for some led to an improved sense of self-worth. For one participant, becoming more comfortable and confident in themselves has positively affected their interactions with others. They now perceive others' actions as coming from a place of love and support, rather than feeling attacked or judged.

*"I'm more comfortable in me, so I noticed that people around me are comfortable like and knowing whatever someone is doing, it's out of love instead of like they're attacking me" (ACEs video).*

*"Makes you realise that it starts with you, it's looking at yourself and giving yourself the praise and giving yourself the love and affection. I was trying to search something from other people*

*that I was never going to get. Now that I just put me first and love myself, the world's my oyster now" (Participant FG3).*

*"You don't need permission to live now … genuinely, I wouldn't have been able to say those words off my own volition if it wasn't for doing this course" (Participant FG3).*

*"The course was enlightening, increased my understanding of how my childhood experiences have affected my life, my relationships and my behaviours and emotions. I have spent much time and effort trying to 'fix myself', hoping a change of circumstances would remedy my struggles. The course has reinforced the fact that external factors are variable and unpredictable and outside of my control. Self-acceptance and compassion are required to move on. The earlier in life the course/service can be offered, the better" (Friends and family questionnaire).*

This deeper understanding of the impact of ACEs has also enabled participants to better comprehend others, fostering greater empathy and recognition of the influence of ACEs on people's lives.

*"I'm more aware the impact that childhood events have. I can have a bit more empathy" (Participant FG4).*

### Learning positive coping mechanisms

The ACEs programme has helped participants recognise their existing coping mechanisms, while also equipping them with tools and strategies to help manage their emotions and cope better going forward, with one participant explaining that *"you're learning how to cope." (Participant FG2)*

As a result, *"it's taking shorter times for me to bounce back from the challenges" (ACEs follow-up questionnaire).*

*"It's understanding why you're having that emotional response to a situation … once you understand why you're having that emotional response, you can challenge yourself on it and say, 'right, okay, what am I going to do differently'" (Participant FG4).*

*"Even doing the meditation exercises and the breathing, because I'd be waking up every day and my head would be going 24/7, and I'd be having to work flat out so all day, just to keep my mind from wandering" (Participant 2).*

*"The benefit was the strategies that they gave us that we could then apply in our everyday life" (Participant 3).*

*"The thought journal that they gave us on this ACEs course, I still use it now. So you have negative automatic thoughts when you've had childhood trauma and most of my talk and that goes on in my head is negative, negative, negative, but that actual thoughts journal was one way you'd actually slow down and you notice a thought and you write it and then you have to sort of come up with a rational response" (Participant FG3).*

Due to having been taught alternative coping strategies, a few participants have successfully decided to reduce their antidepressant dosage, opting to explore alternative coping mechanisms rather than relying solely on medication.

*"I actually went to me GP and I've reduced my anti-depressants from 100 milligrams of sertraline to 50 milligrams. I'm trying not to just rely on drugs and think about other ways of coping … something else I could do that's a bit more self- kind" (Group participant – ACEs recovery programme video).*

## Mental and physical wellbeing

*Image of programme participants. Image supplied by the South Sefton PCN ACEs programme.*

Participants described significant improvements in their mental health after engaging in the ACEs programme. Participants reported feeling happier (including Participant FG2 who reported *"I'm not crying stupidly anymore"*), more joyful, free and empowered, and generally feeling more relaxed. Additionally, they highlighted an increased ability to recognise and understand their emotions, which helped them manage their mental wellbeing more effectively. Coaches spoke about participants who had experienced suicidal thoughts before participating in the programme and who noted that these thoughts had since decreased.

*"He said he was suicidal before the group started and in 10 weeks, he said he couldn't be any further from that now" (Stakeholder FG1).*

*"I think I've had the best two years since I've left my ACEs course, yeah, of happiness and joy" (Participant FG2).*

*"Before you go into ACEs [programme], you feel like a bear trapped in a cage. But then when you've done your 10 weeks, I feel like you're flying" (Participant FG2).*

*"I'd say my mental health is improving. Obviously, I still have days where things feel like they're going to crash in, but obviously it isn't to the extent where it has been" (Participant 2).*

Participants also reported improvements in their physical health, which for some included adopting healthier behaviours such as abstaining from drugs and alcohol and regularly attending the gym. One participant explained that she had lost a large amount of weight as a result of attending the programme. Other participants reported feeling better equipped to manage their health conditions.

*"I want to bring down my type two diabetes. I want to do a bit of exercise, I can do, and this has given me the pathway to try and I'm trying yoga. Well, that's the sort of thing that this it does change your life. I can't express it" (Participant FG1).*

*"People have stopped smoking cannabis. Stopped smoking or vaping as well, which obviously is really hard" (Stakeholder FG1).*

*"I didn't really know that I was doing certain things to cope. Six months ago, I was a bad binge drinker of a weekend … But now I've come to the conclusion that alcohol isn't it. If you've been drinking weekends, it would flood into the next week, and then I'd be really depressed and really down. So that's a massive trigger for me, but it's took this long for me to realise that. So now I've decided just not to drink at all" (Participant FG3).*

*"I have taken more positive steps to manage my health such as supplements and making sure I make time to rest" (ACEs follow-up questionnaire).*

*"I have been going to the gym to PT sessions, they have been a lifeline because I honestly don't think I'd be here now if I hadn't have done ACEs or Active Sefton, I was so, so low and ready to give up … I still have my challenges most days but I'm learning that's OK!" (ACEs follow-up questionnaire).*

Figures 2 and 3 provide an overview of the responses from a sample of 19 programme participants who completed the follow-up questionnaire. The questionnaire was completed by participants 3-6 months after completing the programme and included the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) to assess changes in wellbeing, plus additional questions. The SWEMWBS consists of seven statements,[9] with respondents asked to give each statement a score on a five-point scale ranging from "none of the time" to "all of the time". The individual scores are then summed to provide a total score (out of a maximum score of 35[10]), with higher totals showing a higher level of mental wellbeing. The total mean score from our sample of ACEs programme participants was 22.4, representing medium mental wellbeing. Exploring mean scores at individual-statement level (see Figure 2), these ranged from 2.8 for feeling close to others to 3.5 for feeling optimistic about the future (out of a maximum score of 5 for each question), which also suggested medium level wellbeing. Exploring the questions by individual scores (see Figure 3) shows that some participants gave a score of 4 ("often") and 5 ("all of the time") when asked how they had been feeling over the past two weeks, suggesting that wellbeing was higher for these individuals.


*Figure 2. SWEMWBS mean scores*

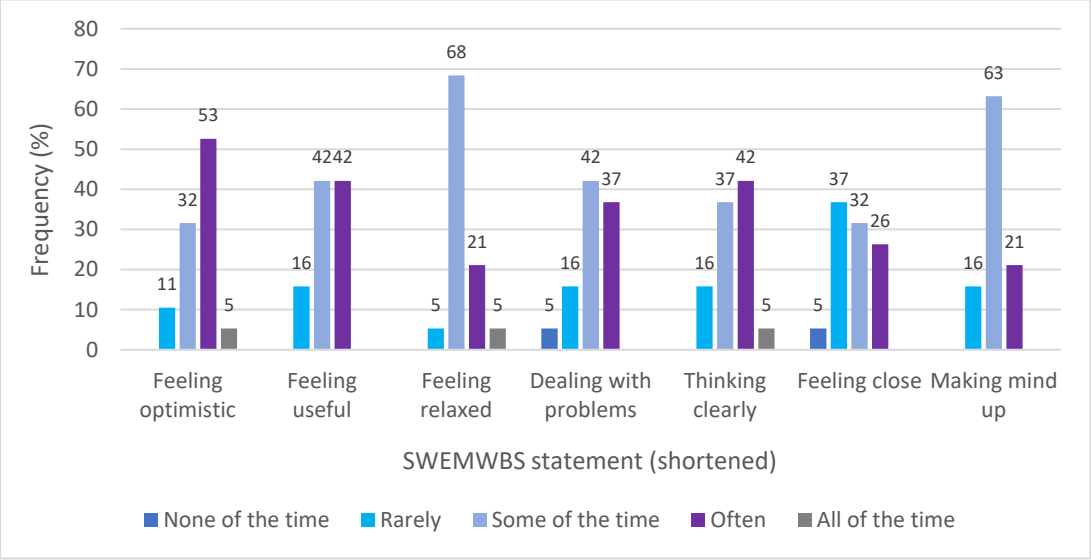


*Figure 3. SWEMWBS individual scores*

[9] The seven SWEMWBS statements are: I've been feeling optimistic about the future, I've been feeling useful, I've been feeling relaxed, I've been dealing with problems well, I've been thinking clearly, I've been feeling close to other people, and I've been able to make up my own mind about things.

[10] Our participants responded based on their past 2 weeks, to generate a total possible mental wellbeing score ranging from 7 to 35. Total higher scores provide an indicator for mental wellbeing (total SWEMWBS score: low = 7.0-19.5, medium = 19.6-27.4, high = 27.5-35.0).

Coaches collate mean Rosenberg Self-Esteem Scale (RSES) scores to assess changes in self-esteem, per programme/group to explore changes in positive self-esteem. Rock Pool Lifestyle Questionnaire responses are also collected. Figures 4 and 5 show that, based on our evaluation sample, mean RSES scores improved pre- to post-programme for all participants who completed the RSES and for all but one participant who completed the Rock Pool Lifestyle Questionnaire. It is important to note that even a one-point movement between pre- and post-programme scores may reflect a significant positive impact for participants and does not necessarily indicate only a small change.

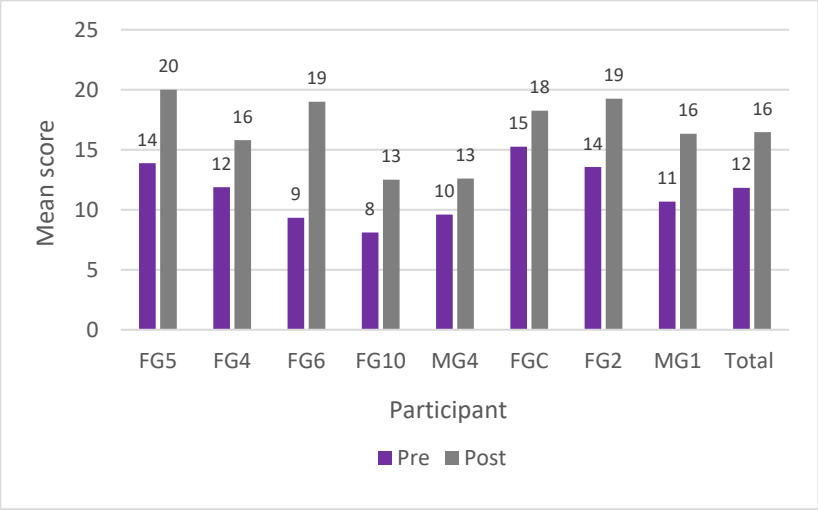


*Figure 4. Rosenberg Self-Esteem Scale (RSES) total mean scores*

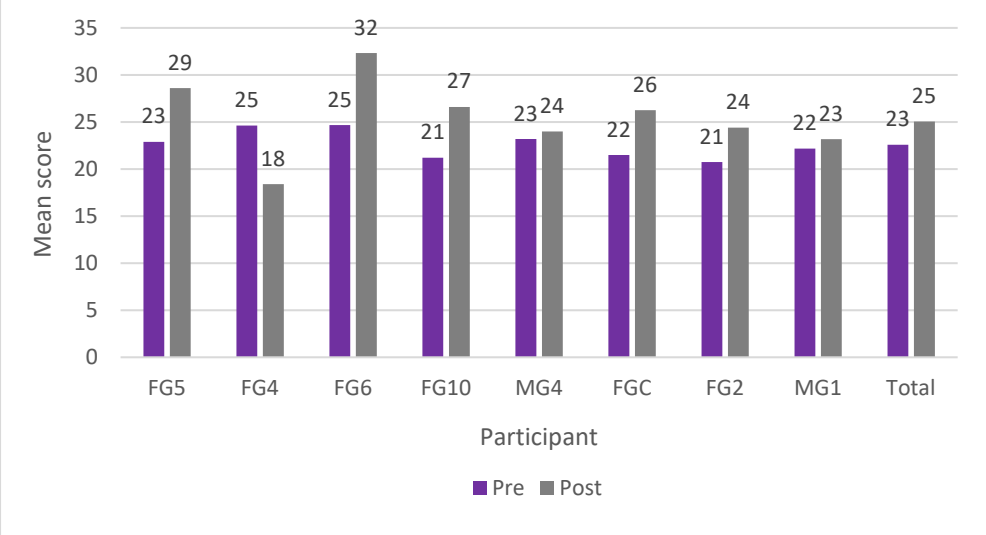


*Figure 5. Rock Pool Lifestyle Questionnaire total mean scores*

Participants spoke about experiencing personal growth following engagement in the ACEs programme, including increased confidence, becoming more independent, and being better able to trust others.

*"I'm normally dead scared to open up … But it felt good because I opened up and I was able to be confident. So, thank you all for helping me … I've grown quite a lot" (Participant FG1).*

*"It's a confidence thing, I think they give you a fair bit of confidence. Well, it has to me anyway, to speak up about what you want to talk about" (Participant FG4).*

*"Being here has actually helped me to trust people again as well and like letting people back into my life … I like speaking to people now" (Participant FG1).*

*"I never used to come out. I literally didn't mix with anyone. I could never sit around the table like this. But now I'm totally different" (Participant FG2).*

Participants felt that the programme had been *"life changing"* and some expressed that they were now able to start moving forward from the adversity and traumas that they had experienced. Participants reported significant personal transformation after engaging in the programme, describing the change as being like *"night and day"*.

*"I'm a totally different person, I can accept things, I can get on with things, and I can do things, it's just a whole new world to me" (Participant FG2).*

*"ACEs [programme] just changed my life, and I don't think any of us can express how much it does help, it's unbelievable" (Participant FG2).*

*"I don't think I'd be in here without ACEs [programme] and that's true, the way things were going, I was just getting worse and worse and worse… where I'm at now, I'm really happy with" (Participant FG2).*

*"This has improved my mindset so much, this has been my lifeline, the one thing in my life that has given me a reason to keep going, "invaluable" don't know where I would have been at this point, if I hadn't of come to this group. Words can't express my eternal gratitude, amazing, I'm going to miss this so much. Thank you, thank you, thank you" (Friends and family questionnaire).*

*"I've been helped to feel safe doing something I was terrified of. I'm starting to feel like a human being again thanks to this group" (Friends and family questionnaire).*

### Establishing boundaries and improved relationships

Participants reported that their existing relationships had become more positive and that they had also formed new, supportive connections. A key outcome was the successful implementation of personal boundaries within both new and existing relationships. Participants noted that they had previously struggled to establish boundaries or had lacked an understanding of what boundaries were.

*"My main problem was learning to say no, and ACEs [programme] helped me learn to say to say no" (Participant FG2).*

*"I don't take any crap off anyone anymore; people just walked all over me. So, it's kind of giving me my self-worth back" (Participant 1).*

*"I didn't know what boundaries were until I came to ACEs, legitimately, me and my missus started marriage counselling, in a positive way, because we both had all these realisations" (Participant FG3).*

Participants reported strengthened family relationships as a result of the programme. One participant explaining how, following the programme, he *"reached out to family members that I'd lost contact with" (ACEs video).* Participants also spoke about how they were better able to manage conflict within the family and that *"we still have conflict, but healthier" (Participant 4).* Participants also felt that the programme allowed them to better understand their family members, and they were able to share the knowledge they had gained to encourage family members to seek support for themselves.

*"I care for my grandmother, and she is someone who's very much gone through ACEs herself, and she's not very aware of her emotions and stuff like that. It's actually helped me explain a lot*

*of things to her and make sense to her. I've actually managed to get it into the doctors now to get some help for her" (Participant 5).*

Some participants felt that they had become better parents by becoming more present and patient around their children.

*"So, I'm a lot more present. I do get quite snappy quite easily with the kids. So, I've been trying to think before I react to things. So do feel like I've become a lot more present with the kids. I feel like I've bonded a lot better with them" (Participant 1).*

Crucially, the programme was seen to have positive impacts on preventing intergenerational trauma. The ACEs programme was seen to 'break the cycle' by enabling individuals to manage their traumas in a healthy and effective way, thus making it less likely for their children and grandchildren to experience ACEs and trauma.

*"By all rights, I should have been like my parents, but I've broken the cycle and that's another thing ACEs [programme] has taught me, is that we can break the cycle and we can move on, it's always going to be there, but we tend to deal with it a lot better" (Participant FG2).*

*"I'm trying to learn about compassion and forgiveness that she [mum] must have had childhood trauma. She's damaged, and therefore a lot of her behaviour, which was subconsciously done, she just taught us what she'd learnt. I suppose that's the cycle we're trying to break, isn't it?" (Participant FG3).*

*"It's therapeutic to understand that these cycles should not continue to happen and it's breaking that cycle to change a better future for your children" (Group participant – Family Wellbeing Adults – ACEs video).*

### Employment and future opportunities

Coaches and participants both spoke about participants going on to employment/volunteering and increasing opportunities for the future. One participant explained how she now runs a board game café each week, but she *"would never be able to do that if it weren't for the ACEs" (Participant FG2).* Some participants expressed a desire to give back to the group by volunteering or becoming a coach themselves, noting the benefits of having people who have experienced ACEs as coaches.

*"Who better to do it than people who've already been through it and are on the other side?" (Participant FG3).*

*"We've had some really good success stories of having to accompany someone into the car park because they're that shy and timid. And yet by the end of the ten weeks, they've got a job in a school. And so, it can be really transformative. The distance travelled for some individuals has been massive" (Stakeholder FG1).*

*"It's made me to want to go out and do what they do, to help other people on that course" (Participant 1).*

*"I'd tried everything else, and then I had an issue with never completing anything. This ACEs [programme] was the first thing that I've ever completed, and since then, I've been and done the access course, completed that with a full distinction, and I'm going to university. For me, that shows that ACEs [programme] has had such a positive impact on my life and allowed me to kind of do that full circle, which is amazing" (Participant FG3).*

## Evidencing impact

The programme has consistently received positive feedback from service users, with individuals often highlighting the significant impact of the sessions without any prompting. To measure outcomes, data is collected using self-esteem questionnaires and Rock Pool Lifestyle Checklists at the start, end, and the follow up questionnaire including SWEMWBS, three months post-programme, supplemented by follow-up calls. Recently, a highlights box was introduced to capture participant quotes and success stories after each session. Feedback is gathered continuously, including a friends and family questionnaire accessible via QR code for ease of use. Additionally, a newsletter has been launched to share participants' stories and experiences.

Coaches noted that the outcomes observed from the programme are not always quantifiable. They emphasised that the effort invested, and the significance of the outcomes may not be fully recognised. Additionally, where impact can be quantified, stakeholders highlighted that even seemingly small changes in the data can reflect profound and meaningful improvements in an individual's life. This highlights the importance of considering both qualitative and quantitative measures to capture the true impact of the programme.

> *"Some of the major impacts aren't necessarily the ones that tick a KPI box. They're the individual impacts on how someone relates to the world, how they change their boundaries, how they feel safer. All of those really human personal effects are the ones that people really do take forward into their lives and change things" (Stakeholder FG3).*

It was found that the current system in general practice does not adequately recognise or reward the efforts involved in supporting patients through non-medical programmes like ACEs and does not always highlight the wider benefits for patients. Stakeholders emphasised the need to shift the narrative and performance metrics to better value the long-term benefits of programmes like ACEs. They highlighted the importance of general practice recognising improved health outcomes and economic contributions. Stakeholders also acknowledged the challenges in evidencing the outcomes of such programmes, especially given that some results are long-term and intergenerational. The importance of qualitative data was recognised as crucial for evidencing the outcomes of the ACEs programme, with one stakeholder acknowledging that *"this obsession with impact and data and evidence can hold innovation back" (Stakeholder FG5).*

> *"Overall, [programme] has had a tremendous impact for me. I felt I learnt a lot of what I needed to know and understand, and I felt completely supported and loved throughout. I'm extremely grateful to have been offered a space in the group" (ACEs health checks feedback questionnaire).*

> *"There is a good number of people going through the ACEs programme and that's great, but actually the impact on the individual is huge. It may not be easy to measure, but the impact is huge. When you listen to the story. So that qualitative evidence is incredible" (Stakeholder FG5).*

> *"We've become obsessed with data. I think we've become obsessed with demonstrating impact … the impact will be cross generational. So, you might see the impact in another generation, but how can you possibly measure that" (Stakeholder FG5).*

## Recommendations from participants

Participants (n=183) who completed the ACEs programme were asked if they were likely to recommend it to family or friends.[11] Participants were registered with GP surgeries in Bootle (n=71), Seaforth & Litherland (n=68), Crosby (n=26), and Maghull (n=18).

98% would recommend the health check to family or friends

82% are extremely likely to recommend

16% are likely to recommend

Participants had actively encouraged friends and family members to join, thereby expanding its reach. One stakeholder drew a parallel to the Nuka system of care, where Family Wellness Warriors serve as local champions. Although Sefton does not have these Family Wellness Warriors, a stakeholder acknowledged that the participants who have become advocates for the programme represent *"the beginning of a Sefton version" (Stakeholder FG5).*

To enhance the programme's impact and reach, several key recommendations were identified by participants and coaches. Participants overwhelmingly expressed a desire for the programme to be extended, as many felt a strong sense of routine and attachment to the sessions. Several participants noted that they did not want the programme to end, with one suggesting *"maybe make it longer. It was all just as I wanted to end … we just loved going, and it was a nice routine" (Participant 1).* Another participant echoed this sentiment, stating *"I would like to go for longer. I think all the lads over there want to go for longer" (Participant 4)*. However, while the desire for a longer programme was widely acknowledged, one participant reflected that this may have been influenced by the safe and supportive environment it provided, rather than there being a need for additional content: *"I think that me wishing it to be longer was just my personal preference because I've grown used to having that safe environment… It wasn't me as a mum or me as a partner, it was just me. And that was really nice" (Participant 5)*.

*"None of us want it to end, we want to keep going forever" (Participant FG1).*

*"I feel a bit of a sense of loss in a way. I feel like I've found my people" (Participant FG1).*

Expanding the programme's reach was another central recommendation, with several key areas for development. Expanding resources and staffing could help ensure that more individuals can access support. There was also strong support for adapting the programme for younger people, particularly those aged 16-18 years, as this age group is at a crucial transition stage where early intervention could prevent future trauma and its associated impacts. However, it was acknowledged that younger individuals may not always be ready to engage, meaning any expansion would need to be carefully tailored to their needs.

*"The hope is that this can be more widespread and reach out to more people, particularly young people, being able to capture this at a younger age so that we can stop the cycle from happening" (Stakeholder FG1).*

*"16-17, I got made homeless, and if I'd have seen an ACEs thing in my GP or in a hostel, probably I would have got me life back on track right away. I wouldn't have dropped out of college and stuff like that" (Participant FG3).*

[11] Extremely likely (n=150), likely (n=29), neither likely nor not likely (n=3), don't know (n=1).

*"I think it'd be nice if it spread to other areas. I think that that there would be value in there … This is not the end of the journey" (Stakeholder FG5).*

However, participants did acknowledge that ACEs programme expansion is hindered by capacity issues as it would have to take resources away from the adult programme.

*"With everything that's successful, there's a potential that it is going to become a victim of its own success. That the demand could outstrip the supply. So, if we can have more, please, that would be brilliant. More of the same. I think they're doing a brilliant job" (Stakeholder FG5).*

Another key aspect of expansion involved extending the programme's geographical reach, with several participants expressing a desire for it to be available beyond Sefton, particularly in Liverpool and more widely across the UK. While broadening access could enhance early intervention efforts on a larger scale, this would require consideration of commissioning, funding and wider system support beyond the scope of the current PCN.

*"I can't express how much this course does for you, and then the care after. It should be all over the country because I've seen the devastation over the country… We all know we need better mental health care. This is definitely a start in the right direction" (Participant FG2).*

Further expansion could also involve targeted engagement with underrepresented groups, ensuring that the programme is accessible to those most at risk, including individuals experiencing homelessness, those in the criminal justice system and those with complex social and health needs. Strengthening partnerships with probation services and the police was suggested as a means of increasing engagement among those with a history of ACEs who may not otherwise access support. Ongoing pilots in Southport and Formby, partnerships with Liverpool and Sefton Mental Health Support Team (MHST), and work with Sefton Council to adapt sessions for primary schools and care-experienced children and young people, that were taking place, were seen as valuable next steps in broadening the programme's reach. Greater promotion and awareness raising were identified as essential to increasing engagement. Recommendations included more advertising in GP surgeries, colleges, football clubs, and workplaces, as well as enhancing digital and community outreach.

*"Advertise it more in doctors' surgeries, it is in doctors' surgeries, but not everyone. Definitely needed in colleges and maybe high schools" (Participant FG2).*

*"I did refer a friend to it, and she's just finished their course, and she even she said the same. It was amazing. So maybe trying to find a way to get it out there more, because it benefits a lot of people" (Participant 1).*

*"I think making it more known that it can be self-referral is a way forward to because some people don't want to go to the doctors, some people don't like talking on the phone, and it could be easier for them to make a self-referral" (Participant FG3).*

Participants also felt a need for more ACEs awareness raising among healthcare professionals within the PCN. It was felt that healthcare professionals can hold stigmas or preconceived notions about individuals based on their behaviour or perceived issues. Participants felt that healthcare professionals should be more mindful, as it was felt there is often a lack of compassion in their interactions.

*"Professionals' approach can sometimes not be the right approach, more mindful, more compassionate. Sometimes there's not a lot of compassion from professionals" (Participant FG3).*

Extensive work has been carried out throughout the programme to enhance and improve programme monitoring and evidencing of outcomes. Further improving data collection was highlighted as a priority, particularly in understanding barriers to engagement and identifying individuals who may be at risk of falling through the gaps. Capturing demographic trends and reasons for non-participation would provide valuable insights to refine outreach strategies.

Despite acknowledging the benefits of having the ACEs programme embedded within the PCN, stakeholders felt that preventing and responding to ACEs is a system-wide responsibility, not solely a primary care issue. While primary care plays a crucial role, the impact of ACEs extends across various sectors, including education, public health, children's social care, adult social care, and criminal justice.

ACEs have been linked to adverse physical, psychological, biological, and cognitive impacts. Evidence shows that ACEs are linked to various health-harming behaviours, such as early sexual initiation, substance abuse and poor diet, as well as negative outcomes in education, employment, and mental wellbeing. Individuals exposed to ACEs face a higher risk of poor life satisfaction, unemployment, and lower educational attainment. ACEs can also lead to biological changes in the body (e.g. increased frailty in old age and increased risk of cancer and obesity) and can contribute to intergenerational trauma, increasing the likelihood of future generations experiencing similar challenges. Therefore, a co-ordinated approach across all sectors is necessary to mitigate these impacts. Prioritising ACEs across the entire health and social care system can reduce the burden on services and improve overall public health outcomes. This collaborative effort will ensure that the responsibility is shared, and that system-wide benefits are realised. The wider system must work in partnership to support and enable the PCN to collaborate and action recommendations.

## 4. Key learnings from the evaluation

The South Sefton ACEs programme integrated within South Sefton PCN, has facilitated accessibility and engagement, allowing individuals to receive timely support through a familiar healthcare setting. Findings show that the programme has significantly impacted participants' lives by providing early intervention and support. As a result of the programme, participants gained a deeper understanding of ACEs and their impacts, which empowered them to take proactive steps towards improving their wellbeing. The programme fostered a sense of self-worth and empowerment among participants, helping them build confidence and resilience. Significant improvements in mental health were reported, including reduced suicidal thoughts, increased happiness, healthier behaviours, and reduced medication use. Additionally, the programme helped participants strengthen their relationships with family, friends, and community members, fostering a supportive network. Participants were taught effective coping strategies, which they felt confident in employing in the future. The programme also cultivated strong connections among participants, creating a sense of community and peer support. Health checks, resources provided by the programme, and partnerships with other services played a crucial role in raising participants' awareness of necessary services and support. The group setting itself empowered participants and gave them the confidence to access other avenues of support.

The programme's adaptability, continuous improvement, and the support from coaches were highlighted as strong enablers of engagement. The programme's ability to adapt to the needs of participants, offering various group options and personalised service delivery, ensured that it was accessible to a wide range of individuals. Continuous improvement efforts, including feedback from participants and coaches, helped refine the programme and address emerging needs. The dedication and expertise of coaches were crucial in creating a supportive and safe environment, fostering trust and engagement among participants. However, several challenges were identified. Participants' readiness to engage was a significant barrier, as some individuals were not prepared to address their ACEs or participate in group settings. Increasing awareness and trust in healthcare professionals was also a challenge, as some participants had previous negative experiences.

The wider system has also seen benefits from the ACEs programme. The programme has supported a more trauma-informed approach within the PCN, enhancing the overall quality of care provided. By raising awareness of ACEs among healthcare professionals, the programme has contributed to a more empathetic and understanding healthcare environment, which benefits all patients, not just those directly involved in the programme. By addressing ACEs early and providing comprehensive support, the programme can contribute to a longer-term goal of reducing health and social care costs associated with untreated trauma. Continued efforts to expand and promote the programme, including implementing targeted engagement with underrepresented groups and extending its geographical reach, will further enhance its impact. By prioritising early intervention and holistic support, the South Sefton ACEs programme can contribute to the overall wellbeing of the community and serve as a model for similar initiatives in other regions.

## 4.1 Recommendations

### Recommendations for the ACEs programme

- Findings show that the programme has maintained the validity of the Rock Pool Recovery Toolkit while allowing for flexibility to meet the needs of participants. Experience, skills, and autonomy of coaches, has ensured the programme is delivered using a trauma-informed and person-centred approach. The health and wellbeing coaching provided throughout the programme has been a key factor in the programme's success. It is important to acknowledge that the coaches are key to the delivery of this programme. This role goes beyond the original programme facilitator role and builds on trauma-informed principles as part of a wider wraparound support system. Ongoing supervision, support, and reflection time should continue to be prioritised for supporting coaches. The innovative health and wellbeing coaching model empowers individuals and enables them to move forward with their lives. This new addition to the programme should be considered for any future rollout.
- Patient voice is integral to the ACEs programme. Findings demonstrate how the programme has evolved with collaboration from current and previous participants. This has included the introduction of mixed-gender, twilight, and follow-on groups, which make the programme more accessible. Additionally, involving participants in the recruitment process as experts by experience helped ensure that new coaches were well suited for the role. Co-production should continue to be at the heart of the programme, utilising participants' feedback and continuing to engage them in the process of programme development.
- Extensive work has been carried out throughout the programme to enhance and improve programme monitoring and evidencing of outcomes. Data shows improvements in mental wellbeing, self-esteem, and lifestyle for a sample of individuals engaged with the programme. Expanding data collection to include a 12-month follow-up with participants could provide valuable evidence of the programme's long-term impact. The qualitative data collection from friends and family questionnaires, capturing feedback and developing service user voice videos, is essential in evidencing the impact for individuals and communities. Ongoing monitoring and evaluation are critical.
- Findings show that this pathway provides an early help intervention. The programme has worked to promote access for young adults, such as working with Hugh Baird College to increase accessibility. Participants have called for extending the reach of the programme to include young people aged 16-18 years. Recognising the voice of participants, and where resource allows (in addition to being mindful of managing demand), the programme could consider further expansion to support young people to engage them at an earlier time point, continuing work with Sefton Council to adapt sessions for primary schools and care-experienced children and young people.
- A high proportion of referrals (over 50%) did not engage or required alternative support before they could participate, highlighting a gap between referral and participant readiness. The programme should continue to use its screening processes to assess readiness and identify alternative support needs early. The programme should continue to offer health and wellbeing coaching to identify participants' goals and health needs. Maintaining a flexible referral approach is important to allow referrals to be deferred until participants are ready to engage with the programme.
- Follow-on groups provide participants with essential ongoing support and an opportunity for the development of peer-support networks for sustainability of outcomes achieved during and following the programme. These should continue to play a key role in future delivery.

## Recommendations for the PCN

- Continue to utilise the PCN referral pathway, supporting individuals to enter the programme via primary care to support their wider health needs. Ensure the self-referral route is maintained to offer more choice and to support individuals where there may be barriers to accessing healthcare. Commitment and buy-in from across the PCN and wider system is critical in supporting the sustainability of the programme. The wider system must work in partnership to support and enable the PCN to collaborate and action recommendations.
- The health checks have become integral to supporting the wider health needs of individuals and evidencing the impact of health outcomes. The ACEs programme team and wider healthcare partners within the PCN, including the Social Prescribing drop in which is run alongside the health check, should continue to work together to provide a holistic approach and maintain this wraparound support while continuing to build new partnerships, particularly with services that support underrepresented groups, to ensure a collaborative wider system responsibility.
- A key part of the programme has focused on awareness raising to support partners across the PCN to understand and identify ACEs, which can in turn enable them to refer or signpost individuals to the programme. Continued investment in awareness raising and revisiting discussions with partners is essential in building and maintaining awareness and use of the referral pathway. Ongoing and further funding would allow the ACEs programme team to continue and, where needed, expand to continue to deliver the programme within the PCN and community setting.

## Recommendations for the wider system

- Findings show that this pathway is effective in responding to ACEs. To further increase impact, efforts need to extend beyond the remit of the PCN. Given the profound and long-term impact of ACEs on health and wellbeing, responding to them must be treated as a strategic priority across Sefton. A co-ordinated, multi-agency approach is essential to ensure that the correct infrastructure, leadership and resources are in place to enable a consistent, trauma-informed response across services and communities.

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