



Executive Summary

An Evaluation of REACh: Routine enquiry into adversity in childhood

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Produced by **Real Life Research**

1. Background

Routine enquiry about adversity in childhood is the process of routinely asking individuals about traumatic/adverse experiences during assessment processes, with the intent to respond appropriately and plan interventions; which in the longer term will reduce the impact of their experiences on their later health and wellbeing. The REACH programme involves training practitioners to become ACE aware and to understand the rationale and value of asking their clients routinely about childhood adversity. Lancashire Care Foundation Trust in partnership with Public Health Blackburn with Darwen, commissioned Real Life Research to evaluate the REACH Programme.

The REACH Programme has been delivered with five local tertiary organisations:

- Evolve
- The Lancashire Women's Centre
- The Wish Centre
- GMW
- New Ground

Practitioners from these organisations have first line contact with individuals presenting with risk-taking behaviours and various health and wellbeing issues. Each organisation involved in the REACH Evaluation supports different types of clients/individuals in different ways (home visits, at the organisation, at crisis point, recovery support). The REACH team have trained 65 practitioners across the five organisations to routinely enquire using a set of ACE questions.

The rationale for developing and implementing the REACH programme is to embed a preventative approach using ACE awareness and routine enquiry to support adults who suffered adversity as a child. At this stage, the REACH programme is post-pilot with a learning and development ethos. It is therefore essential that evaluation was embedded to gain a deeper understanding of process, practice, any impacts for various groups (professional and citizens), challenges and successes. Learning is a key aspect of the evaluation for future implementation. One of the success indicators for REACH is measured by whether routine enquiry is taking place 6 months after staff have undergone training and that levels of enquiry are being maintained. Tracking whether organisations are routinely enquiring and identifying the catalysts for systematic or non-systematic enquiry can be achieved with an embedded evaluation approach.

2. Aims and Objectives for the Evaluation

The evaluation was framed by three general aims and a set of objectives which addressed certain aspects of the REACH Programme:

The overarching aims of the evaluation was to understand whether REACH is successful in:

- Embedding routine enquiry in organisational practice
- Developing an ACE aware culture (within its pilot locations)
- Systematic and continuous routine enquiry for 6 months and beyond

The evaluation was further concerned with exploring any barriers to successful implementation and understanding the experiences and perspectives of professionals, practitioners and individuals with ACEs. A set of objectives (see Full Evaluation Report for full objectives) embedded within five central aspects of the evaluation were used to shape the lines of enquiry:

- **Development of REACH:** To identify the development of the REACH programme taking into consideration a rationale for development, expectations for the approach, current national and local research around ACE, barriers, successes and future delivery
- **Implementation:** To explore the REACH training as a mechanism for embedding routine enquiry and ACE awareness into organisational systems. To identify whether REACH training meets its learning objectives, how the training shapes practice and whether an internal (practitioners' subjective approaches to routine enquiry) and external embedding of ACE awareness and routine enquiry has taken place following the REACH training
- **Delivery:** To identify and understand practitioners' experiences of implementing routine enquiry with their clients. To understand practitioners reflections of process, practice, clients experiences, successes and challenges for routine enquiry. To collate practitioners ideas around future service delivery
- **The Experiences of Individuals Engaging in Routine Enquiry:** To identify and understand the experiences of individuals who are engaging in routine enquiry. To collate stories of lived experience which manifest how individuals represent their routine enquiry experience and any positive/negative experiences as a result of routine enquiry. To understand how individuals construct an ACE identity and what this means for routine enquiry practice
- **Organisational Records:** To identify how many routine enquiries organisations have undertaken in 6 months. To capture data which shows number of disclosures for individuals as a result of routine enquiry, types of disclosures and how many practitioners have undertaken routine enquiry training

3. Synthesis of the Main Findings

The full Evaluation Report (An Evaluation of REACH: Routinely enquiring into adversity in childhood) sets out a detailed description of the main findings from each data-set (Development of Reach: Strategic Professionals, Observations of the REACH Training, Practitioners, Stories of Individuals Engaging in Routine Enquiry and Organisational Routine Enquiry Data). In this section we summarise the findings and offer a synthesis of the main findings from the REACH evaluation.

3.1 Meeting the Aims for the Evaluation

Success for the REACH Pilot was defined as embedding routine enquiry in organisational practice, developing an ACE aware culture (within its pilot locations) and systematic and continuous routine enquiry for 6 months and after. Other aims for the REACH evaluation were concerned with exploring barriers to successful implementation and understanding experiences of practitioners and individuals of ACE and routine enquiry:

Embedding routine enquiry in organisational practice

The findings evidence an embedding of ACE awareness and routine enquiry practice into the thinking of professionals and organisational processes:

- Organisations are embedding routine enquiry into their normal assessment processes demonstrating an integration of routine enquiry into systems
- All practitioners applied routine enquiry after attending the REACH training, despite organisational changes having negative impacts on practitioners (change in management, resources, uncertainty and potential job losses). Organisational change may have affected the quantity of routine enquiries conducted across some organisations but practitioners still applied the approach. This may evidence an internal embedding of routine enquiry and ACE awareness by practitioners that is not affected by external circumstances. Organisations will continue to be supported and data collected to evidence routine enquiry
- Some practitioners did not feel supported in their work. This may be a consequence of senior staff being heavily involved in organisational changes. Low levels of support from senior management can affect routine enquiry and create potential non-sustainability of the approach, particularly if practitioners feel that the organisation does not see it as valuable or important

3.2 Systematic and Continuous Routine Enquiry for Six Months and After

It is difficult to evidence if routine enquiry is continuing after six months as it extends the duration of this evaluation however data around REACH will continue to be collated. The evaluation shows that most practitioners applied routine enquiry systematically. Low numbers of enquiries undertaken since training coincide with a loss of contracts, job uncertainty and new providers taking over. The new providers are keen to continue routine enquiry following the period of change and setting up of new systems and processes. Organisations are already in discussions with LCFT as to how this can be facilitated. The embedding of routine enquiry internally for practitioners and externally in organisational systems could predict that routine enquiry will be sustained after the 6 months period. The numerical data shows a total of 147 routine enquiries conducted, over 6 months across five organisations. As we have no baseline data to identify how many clients practitioners see over a six month period (to provide an estimation of how many routine enquiries could have been achieved), it is difficult to assess whether 147 is a strong total. Organisations can see different numbers of clients for longer periods of time. The two organisations who present with small routine enquiry totals (see Full Evaluation Report for details) see less clients over longer periods of time. This can affect the number of routine enquiries that are carried out.

Developing an ACE aware culture (within its pilot locations)

- Practitioners are using ACE discourses in supervision and reflective sessions (and was identified in individual interviews) which manifest internal thought processes and show understanding of process and practice. The REACH training has been instrumental in equipping practitioners with knowledge, confidence, comfort and skills to conduct routine enquiry
- Individuals who engage in routine enquiry are ACE aware as a result of discussions with practitioners about the reasons for routine enquiry, and the impact of adverse childhood experiences on current behaviours. Individuals are aware of the potential impact for their own children, demonstrating the powerful impact of ACE awareness as it extends from the individual to their families
- Practitioners manifest an 'ACE discourse after attending the training and implementing routine enquiries. The ACE discourse can be seen by the presence of lexical items in the practitioners' language use, such as 'scoring', 'adverse experiences of clients', 'number of ACEs' ect. This may evidence an internalisation of ACE awareness and routine enquiry by practitioners

3.3 Threads and Themes

The main themes from the findings in relation to experiences of applying and engaging in routine enquiry, are woven through each data-set validating the importance of these aspects of ACE awareness and routine enquiry practice:

3.3.1 The REACH Training

The REACH training equips practitioners with knowledge and tools to conduct routine enquiry with the individuals they support. Training content is systematic and covers the essential components of ACE and routine enquiry. Training is also responsive and takes into account the differences between organisations, how they practice and the types of individuals they support. This is one of the greatest strengths of the REACH training programme:

- All practitioners who attended the training stated that it was useful, enjoyable and increased their knowledge and confidence in ACE awareness and routine enquiry
- All practitioners who engaged in individual interviews rated the REACH training facilitator as excellent and noted the training requires a highly skilled and knowledgeable facilitator
- The ACE tree resource was cited as the most useful training aide and practitioners are now using the tree with their clients
- In light of its bespoke and responsive pedagogical approach, the training (in its current form) would be more appropriate for a uni-organisation group as opposed to a multi-organisational group

The training and post supervisory meetings with the REACH facilitator are essential components of an effective and sustainable approach for routine enquiry.

3.3.2 Disclosures

The evaluation shows that individuals are disclosing at increased rates as a result of engaging in routine enquiry. Practitioners are gaining additional and valuable information from routine enquiry that they would not normally acquire as part of traditional organisational assessments:

- Practitioners state that routine enquiry prompts speedier disclosure rates with their clients
- Most practitioners have felt equipped to manage disclosures and not experienced any negative impacts from implementing routine enquiry
- No additional support or cost was identified for individuals who disclose as a result of routine enquiry. Two practitioners signposted their clients for counselling but stressed that this was an inevitable outcome for their client, with or without routine enquiry
- Routine enquiry has led to earlier intervention as a result of speedier disclosures
- Some individuals do not disclose. Practitioners who know their clients histories are aware of individuals who are choosing not to disclose. Continuing care may (individuals receiving support from the same professional) help to mitigate inauthentic ACE scoring by individuals
- Individuals have responded to routine enquiry positively with affects noted as relief, hope and better understanding of the self
- Disclosure is observed as 'a therapy' in itself for individuals

The REACH pilot has shown to catalyse increased disclosures, earlier interventions and positive impacts for individuals.

3.3.3 Normalisation of Adverse Childhood Experiences

Practitioners have observed a normalisation of adversity in childhood by the individuals they are supporting. An analysis of individuals' stories demonstrates how individuals construct a normalised representation of adverse events:

- When engaging in routine enquiry individuals will not disclose some ACE categories due to normalisation of adverse childhood experience. What professionals may term as 'adverse' individuals will see as 'normal' and claim that such events have had little impact on their current health & wellbeing
- As professionals, do we instil in individuals that the event is adverse and has impacted in this way? Does normalisation of adversity lead to resilience? This is part of the 'grey area' that has emerged around subjective experiences and ACE scoring

Being critically aware of normalisation as a professional and having open discussions with individuals around such childhood events may be a starting point for understanding better how normalisation contributes towards ACE scoring and recovery for individuals.

3.3.4 Minimising Fluid ACE Scores

Research and practice is based upon the premise that individuals score a particular number of ACEs and that having 4 or more ACEs correlates with certain negative behaviours and lifestyles. Practitioners who work with individuals who misuse substances recognise they will likely have 4 or more ACEs and this is strongly evidenced in the study carried out by Bellis et al (2013, 2014). In the evaluation, there is evidence to suggest that adverse childhood experiences are correlated with current behaviours and lifestyle choices. Yet, what has emerged from the evaluation is the fluidity and sometimes inauthenticity of an individuals' ACE score. Identified in these claims are several factors which may contribute to shifting or inauthentic ACE scores for individuals:

1. Multi-Service Users

Individuals who are using multiple services simultaneously could present with different ACE scores (if all organisations were routinely enquiring). Disclosure is context dependent and different organisations and professionals can create different contexts for individuals. This could lead to different disclosure rates. If individuals are offered an ACE lead professional, this could be mitigated. Consistency achieved through embedding REACh in assessment processes could further mitigate multiple ACE scoring for service users.

2. Similar Issues different ACE scores

Practitioners expected individuals with shared issues to have similar ACE scores if ACEs are correlated to types of behaviours and lifestyles. Practitioners reported that individuals with shared issues demonstrated very different ACE scores. Some practitioners assumed that practitioners who presented with similar issues would have similar ACE scores.

3. Subjectivity

Adversity in childhood and engaging in routine enquiry is a very subjective experience for individuals. Applying routine enquiry is a very subjective process for practitioners. Multiple subjective experiences of a process such as routine enquiry can make consistency of practice and process difficult. This is a consideration when developing a business model for REACh.

4. Context of Interaction

The context of interaction is shaped by people, discussion, physical environment and individual schemas (thoughts about how the world is, belief systems etc), all which impact upon whether an individual will disclose ACEs. This interlinks with subjectivity of experience. This could be an additional facet of the REACh training, to make practitioners and professionals aware of the context of interaction and be aware of influencing factors in routine enquiry processes. An example of shaping the context of interaction for routine enquiry is seen when managers have adapted questions that can prevent individuals from disclosing in meaningful ways.

5. Relationships

Routine enquiry is most effective when individuals feel comfortable with the professional who is supporting them. The length of a relationship does not determine if an individual will disclose. Therefore, routine enquiry could be implemented at the first meeting effectively if the individual is comfortable with the professional. Practitioners feel that a relationship with the client should be developed and will wait for up to 3 sessions before routinely enquiring.

6. Normalisation of Events

Normalisation of adverse experiences in childhood by individuals can impact upon disclosure and consequently relevant types of support

These are considerations for practice going forward. There is clear evidence in the evaluation which shows correlations between adverse childhood experience and current behaviours and lifestyle choices; and that routine enquiry is powerful and effective approach for ensuring relevant and early support for individuals.

3.3.5 Children & Young People

Strategic professionals, practitioners and individuals want to see a move towards using routine enquiry with children & young people:

- Individuals have benefited from routine enquiry in ways that have prompted them to consider their own children, and call for routine enquiry to be used with children & young people as a means for breaking an ACE cycle within families
- One individual (a young person) feels routine enquiry should be used in schools
- Practitioners advocate routine enquiry with children & young people as the next stage for routine enquiry. Practitioners are witnessing the impacts upon children & young people of parents with ACEs through their 'ACE lens' and understand the positive benefits this approach would offer

The REACH programme has shown to be effective in embedding routine enquiry, increasing disclosure rates and identifying early intervention support for individuals with ACEs. We now set out recommendations for practice and further research.

4. Recommendations for Practice and Research

The recommendations for practice and further research that have emerged from the evaluation are:

4.1 Practice

- Build on the strength of developing an internal ACE lens for practitioners to mitigate external forces interfering with routine enquiry practice
- To ensure that staff are supported to embed routine enquiry into their daily work, ensuring that it is recognised and appreciated.
- Senior managers across organisations should be trained in routine enquiry and ensure systems are in place within their organisation
- Further develop training evaluation sheets. Offer practitioners a measurement sheet before the training as a means for assessing knowledge acquisition around ACE and routine enquiry
- Identify and develop ACE practitioner leads for multi-service users, to mitigate ACE scoring fatigue and prevent different ACE scores presenting by the same user across different organisations (see Full report for details of ‘fluid ACE scores’)
- Develop a resilience score to use alongside ACE scoring
- Focus upon context of interaction, language and question development in REACH training. There are many factors that influence whether and individual discloses an ACE or not, for example, not recognising an ACE has occurred as this is ‘normal life’. The language in which questions are asked and the space where dialogue occurs are all factors which influence routine enquiry (see Full Evaluation report)
- More emphasis needs to be placed upon organisations collecting consistent numerical data around routine enquiries. This needs to be embedded strongly within the training element
- Develop a routine enquiry approach for children & young people
- All organisations should ensure that ACE awareness is embedded into their systems and processes and that funding and resources are available to take this work forward
- Increase the numbers of individuals trained in routine enquiry and ensure the ACE ethos is embedded
- Develop and produce a business case and plan for implementing and increasing REACH training
- Develop the REACH training to include ‘resilience’
- For raising awareness, develop a communications plan utilising multi-media methods such as social media
- Develop plans for interlinking routine enquiry with general assessments
- Develop a professional network of ACE lead professionals to ensure capacity and sustainability of routine enquiry practice

4.2 Research

- Examine further factors which may prevent disclosure for individuals in routine enquiry and the impact of fluid ACE scores on service delivery

- Further study into the discourse of ACE and routine enquiry, focusing upon the context of interaction between professionals and practitioners, conversation analyses and the language use of professionals delivering routine enquiry
- Conduct further exploratory research with individuals engaging in routine enquiry ensuring a larger and more representative sample
- Explore the concept of resilience and any benefits for individuals and service delivery
- Routine enquiry with children & young people: Exploring best approaches, language and any impacts specifically for children & young people
- Longitudinal research on how routine enquiry impacts on the long term outcomes for individuals
- Explore how the interactional context of routine enquiry (language, discourse, genre of delivery i.e conversation V's form filling) can shape routine enquiry and disclosure rates
- Pilot & evaluate routine enquiry in schools considering the links between ACE and behaviour, engagement and educational attainment