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An Evaluation of REACh: Routine enquiry into adversity in childhood

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1.Introduction to the Report

There is considerable research evidence (Iverson et al, 2007; Dube et al, 2001; Larkin & Read, 2008, Felliti et al, 2008, 2012; Bellis et al 2013, 2014) that indicates experiences of adversity in childhood have a significant impact on the mental & physical wellbeing of adults. Adverse childhood experiences can include, but are not limited to sexual, physical and emotional abuse, bullying, parental death or loss, neglect and poverty (Felliti et al 2008). Blackburn with Darwen has been at the forefront of research and pilot studies (Bellis et al, 2013; Larkin, 2010, 2012) which identify any relationships between Adverse Childhood Experiences (ACEs) and negative health and social outcomes experienced as adults; and how routinely enquiring about adversity in childhood experiences can be embedded into the daily practices of professionals from different fields of the public sector. 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.

1.2 The REACh Programme

The REACh Programme has been piloted with five local tertiary organisations, which was commissioned by Public Health Blackburn with Darwen Local Authority:

- Evolve
- The 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. Timely intervention and early prevention can be achieved if practitioners with first line contact are routinely enquiring with individuals using services (Larkin, 2012). It is suggested that routine enquiry can bring about higher and speedier rates of disclosure that services can respond to. The REACh team have trained a number of practitioners from each organisation to routinely enquire using a set of ACE questions.

1.3 The Evaluation Report

The evaluation was embedded in the REACh Pilot from the outset of implementation (October 2014-March 2015) as a means for understanding process, practice and any impacts upon individuals/clients, practitioners and organisations (see Section 3: Aims and Objectives for the Evaluation). The report sets out the methodological approach applied in evaluating REACh, including methods and ethical considerations given within our approach. A description of data collection and analyses is provided. The

evaluation findings are organised by data-set (for example 'Stories of Individuals') and synthesised to demonstrate the main themes which have emerged from the evaluation.

2. Rationale for the Evaluation

The overarching aim for the REACh programme is to implement a preventative approach using ACE awareness and routine enquiry to support adults who experienced 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 is embedded to gain a deeper understanding of process, practice, any impacts for various groups (professionals and citizens), challenges and successes. Learning is a key aspect of the evaluation for future implementation. One of the success indicators for REACh will be 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.

3. Aims and Objectives for the Evaluation

The evaluation is framed by three general aims and a set of objectives which address certain aspects of the REACh Programme:

3.1 Aims

The overarching aims of the evaluation are 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 after

The evaluation is further concerned with exploring any barriers to successful implementation and understanding the experiences and perspectives of professionals, practitioners and individuals with ACEs.

3.2 Objectives

We have included a set of objectives which frame the enquiry for the REACh evaluation with professionals, practitioners and individuals:

3.2.1 Development & Implementation: Strategic professionals

The evaluation identifies barriers, successes and experiences of/related to setting up the REACh programme. Both the Commissioners and service providers have been the focus of exploring this aspect of development and implementation (see 'Methodological Approach' below) and retrospective exploration is included to identify the overall process. The objectives for involving strategic professionals in the REACh evaluation included:

- To identify and understand the commissioners rationale for development and expectations for long-term implementation
- To identify and explore any barriers to setting up the approach and service delivery, from the perspectives of the commissioner and the service providers
- To identify current research used to shape design and delivery of the programme; to consider any gaps in current research that the evaluation could address, and to identify where the evaluation can strengthen current research
- To encourage the service provider to self-assess delivery of practice such as training for frontline staff and supervisory sessions with frontline staff
- To identify and understand any differences in implementation across the participating organisations

Implementation, expectations and aspirations of professionals with a strategic responsibility for the REACh programme are the main consideration for this aspect of the evaluation.

3.2.2 Embedding Routine Enquiry: The REACh Training

It is important to understand whether the training is successful in embedding routine enquiry into organisational practice. The training is a mechanism for developing routine enquiry and creating capacity and sustainability for the approach. The main objectives for identifying whether REACh training is successful are:

- To observe REACh training and identify whether the main objectives from the training are met
- To review any practitioner training assessment forms to capture learning from the training
- To identify whether an understanding of ACE and routine enquiry has been reached and how this is manifest by practitioners as a result of the REACh Training

Practitioners from each of the five participating organisations have undergone the REACh Training.

3.2.3 Practitioners: Implementation of Routine Enquiry

Frontline staff who are implementing routine enquiry and working with individuals with ACE have engaged in the REACh Evaluation (see Section 4: Methodological Approaches). The primary objectives for exploring REACh with practitioners are:

- To identify practitioners reflections of the routine enquiry approach in terms of process, practice, perceptions of clients, challenges and successes
- To identify practitioners experiences of implementing routine enquiry with clients
- To identify any impacts for practitioners who are implementing routine enquiry with individuals
- To gather and monitor numerical data, for example number of routine enquiries conducted
- To explore ideas for future implementation and service delivery, from a practitioners perspective

Experience of implementation is the main focus for this aspect of the evaluation.

3.3 Individuals with ACE: Engaging in Routine Enquiry

The REACh programme evaluation needs to be informed by individuals engaging in routine enquiry. We have engaged with six individuals who have experienced routine enquiry. The primary evaluation objectives for engaging with 'end-users' are:

- To identify and understand the lived experiences of individuals who have participated in routine enquiry
- To identify whether routine enquiry has had any positive or negative impacts on the wellbeing of individuals who have participated in routine enquiry
- To show how individuals identify and self-position in relation to their own adverse childhood experiences and current behaviours, wellbeing and lifestyle choices
- To identify what individuals feel could be improved about routine enquiry, what's successful about routine enquiry and any additional opinions, reflections and ideas that can be used to shape service delivery

Learning from the situated and experiential knowledge of individuals who have participated in routine enquiry is an important aspect of the evaluation.

3.4 Organisational Data

From the data that participating organisations will collate as part of the REACh programme, the main objectives are:

- To identify how many routine enquiries each organisation has conducted
- To identify the number and types of disclosures which have emerged as a result of routine enquiry
- To identify the number of staff trained in routine enquiry
- To identify the number of ACEs recorded for each individual
- To identify and understand any organisational and/or practitioner barriers for implementing routine enquiry

Research questions will be developed from the evaluations main objectives for each aspect of the evaluation (see Appendix for example interview protocols and questions).

4. Review of the Literature

4.1 Adversity in Childhood Experiences

Adverse experiences in childhood play a causal role in the development of mental health conditions such as psychosis in later life. Findings from large-scale adverse childhood experience studies in the US (Felliti et al, 2008, 2010, 2012) and in the UK (Bellis et al, 2014; Read & Larkin, 2008); have repeatedly documented a positively graded relationship between the number and types of ACEs experienced and the severity of mental health difficulties, attempted suicides, substance misuse, memory, sexual and aggression related problems in later life. Felliti et al (1998) recognise that:

> 'Childhood experiences play a major and lifelong role in the difficulty, effectiveness and cost of adult medical practice and are the major origin of numerous public health medical and social problems. In all these areas, the relationship between adverse childhood experiences and adult wellbeing ordinarily goes unrecognised'
>
> (Felliti et al 1998, p3)

Felliti et al (1998) emphasise not only the mental and physical effects of adversity in childhood, but the strain placed upon public services in supporting individuals with various mental and physical health issues. Identifying adversity in childhood and understanding the links between past events and current behaviours for adults can lead to early intervention and cost-effective prevention for services. Early ACE studies in the UK are concerned with mental health conditions, in particular psychosis (Larkin & Read, 2012). Larkin et al argue (2012) that historically, despite a growing body of evidence showing casual relationships between adversity in childhood and mental health conditions (psychosis, schizophrenia), this is often overlooked in favour of a 'strong biogenetic paradigm' (p3). Read et al (2008) argues 'subscribers to the medical model of the causation of madness and distress emphasis the role of genes and can severely underestimate the impact of traumatic events on the development of the human mind'. Larkin & Read (2012) continue to review epidemiology studies which demonstrate the casual relations between adversity in childhood and effects upon mental health. Larkin (2011) piloted a study which involved training mental health practitioners (specialising in psychosis) to routinely enquire about adverse experiences in childhood. Results from the pilot study found that although routine enquiry was successful in identifying casual relationships between adverse experiences in childhood, routine enquiry was not being sustained or systematic in practice. This was due to several factors based around organisational changes, practitioners' roles and responsibilities and lack of supervision. Larkin et al (2011) conclude that 'having the skills to ask is not enough without consistent and developed personal beliefs…and a service culture which is also consistent and supportive'. The importance of an embedded, consistent and understood approach is a vital component for ensuring successful routine enquiry. The REACh programme is developed from this understanding and the training provided to practitioners is designed to develop a deeper knowledge, confidence and skills needed to successfully implement routine enquiry.

4.2 Disclosure of ACEs

The spontaneous disclosure of abuse and adversity by individuals is relatively rare and research suggests that it can take an average of ten years before disclosure of childhood abuse can occur. A recent study by the NSPCC (2013) concerned with young adults and the disclosure of abuse in childhood, demonstrates the difficulties for children to disclose abuse in childhood. 80% of the 60 young adults interviewed stated that they had attempted to disclose before the age of 18 years. 66% of participants attempted to disclose while the abuse was happening. Only 5% of disclosures where acted upon by authorities and children disclosed mainly to teachers. No social workers received any disclosures. The authors (Allnock & Miller, 2013) note

that organisations need to reduce the barriers for children and young people disclosing abuse. Furthermore, children who had disclosed abuse, came from 'families with multiple problems' (p5) such as substance misuse, parental mental health and violence. These aspects of multiple problems mirror the behaviours and wellbeing of individuals with ACEs; and the research conducted by the NSPCC could be seen in terms of the experiences of the children of individuals with ACEs. Could routine enquiry for children & young people mitigate the barriers for disclosure with relevant professionals? Routine enquiry may provide a space from which disclosure can safely occur. The NSPCC study identified disclosures to other individuals who do not support children & young people.[1] An ACE aware children's workforce could address this particular challenge for disclosure.

4.3 Local Studies concerned of ACE and Routine Enquiry

National leading research for ACE (Larkin; Bellis & Lowey, 2013, 2014) has been conducted in Blackburn with Darwen, particularly as the pioneers of this approach are based professionally in this locality. There are two notable research studies which have informed development of the REACh programme:

4.3.1 Bellis et al (2013)

Bellis et al (2013) conducted a local cross-sectional survey involving 1500 adult residents of the borough which sought to 'explore the strength of ACEs as predicators of poor behaviour, criminal justice and educational outcomes' (p2). The study used ACE questions based on Centers for Disease Control & Prevention; and outcomes associated with ACEs (substance misuse, sexual behaviours etc) were identified from US studies. Bellis et al introduced into the study variables related to UK health measures. The study offers a comprehensive and detailed account of how individuals with 4 or more ACEs are more likely to have 'adverse health behaviour and poorer social outcomes compared to those with 0 ACEs' (p2). No correlation could be made between high ACE counts and having no qualifications, however having 4 or more ACEs presented increased odds for little or no education. Bellis et al (2013) recognise one of the limitations of the research is the possibility of individuals not responding accurately for various reasons. The reliability of ACE scores has emerged as a finding from the REACh evaluation along with several factors which may shape how an individual responds to routine enquiry (see Section 9). Some of the main findings from Bellis et al's (2013) study evidences how smoking, heavy drinking and cannabis are related to high ACE counts. Increased STI's and promiscuous behaviours were found to be linked to individuals with higher ACE counts. Individuals with higher ACE scores were more likely to become perpetrators of crime. Bellis et al conclude that individuals with higher ACE scores are more likely to take sexual risks, where individuals become parents earlier with the added risks of children raised in environments where ACEs are high. The issue of a generational ACE cycle is raised by practitioners and individuals within the REACh evaluation (see Sections 7 & 8) and this may be an important further research consideration for ACE and routine enquiry work. The authors emphasise the importance of policy action required based upon the vast body of evidence which demonstrates how ACEs are a key risk factor for poor health and social outcomes.

[1] The NSPCC research shows that children will disclose to family friends or other parents and are not 'believed'. Some disclosures with other professionals led to the child retracting the disclosure and suffering more abuse

4.3.2 Applied Research: Davies 2013

Trainee Clinical Psychologist Davies (2013) conducted a service related project as part of her PhD studies, evaluating a pilot REACh project. In 2011, the REACh team developed a pilot, training practitioners from four local organisations in routine enquiry. The pilot was similar to the current programme that this evaluation is concerned with but involved different organisations. Davies' research (unpublished 2013) focused upon the experiences of practitioners who were routinely enquiring following their REACh training. The organisations involved in the first pilot included one NHS Service (Health Visitors), two tertiary sector organisations and a local authority service. Practitioners from these organisations worked either directly or indirectly with adults and children & young people. The study focused upon any impacts for practitioners delivering routine enquiry; any emotional impacts, confidence in delivery and how and when to ask routine enquiry questions. The main findings from Davies' (2013) research shows that any impacts upon practitioners' knowledge was dependent upon experience. Practitioners who worked in certain organisations that dealt with adverse conversations as normal practice felt that the training enhanced an existing knowledge base. A transition for practitioners was noted by Davies (2013) towards 'a more ACE informed understanding of their clients'. Confidence was identified as a defining aspect of routine enquiry implementation and practitioner responses to disclosure. Practitioners had increased confidence with historical experience of working with ACE individuals. Practitioners who received good support from their organisation demonstrated higher confidence levels. Davies (2013) findings mirror some but not all of the findings that emerged from reflective sessions and interviews with practitioners, as part of the REACh evaluation.

Research evidences the casual relations between adverse experiences in childhood and poor health and social outcomes for individuals; and emphasises the need for further research, development and policy implementation for routine enquiry. Emerging issues such as potential ACE generation cycles (children of parents with ACEs) warrants speedy response and resources granted to continue and build on the research and development work presented here. Findings from the evaluation complement certain aspects of the research produced by Larkin et al (2008, 2012, 2013), Read et al (2008), Davies (2013) and Bellis et al (2013). The evaluation offers a further dimension to the body of current evidence around adversity in childhood and poor health and social outcomes for adults; the experiences and the perspectives of individuals with ACEs who have engaged in routine enquiry (see Section 9). Individuals offer an already theorized knowledge of adversity in childhood and their current wellbeing, developed from an authority of lived experience that professionals can use to contribute towards further research and development.

5. Methodological Approach

5.1 Approach

The approach we take in evaluating the REACh programme is primarily qualitative, starting from the position that practitioners and individuals have an authority of experience that generates valuable knowledge about routine enquiry process and practice. A qualitative approach allows for a more exploratory examination to take place, adding depth and additional information to the already statistical evidence which shapes current practice. REACh is a post-pilot programme and is shaped daily by professionals and clients who are engaged in the programme. Therefore, the evaluation approach was designed with flexibility and adaptability in mind. The evaluation adhered to planned protocol yet simultaneously responsive to the nature of a pilot project. A quantitative approach has been utilised for collating and analysing certain aspects of the data, for example the numbers of routine enquiries conducted by participating organisations (see 'Methods' for fuller details). We apply a mixed method approach, using qualitative methods such as observation, focus groups (reflective sessions) and individual interviews.

5.2 Ethical Considerations

At Real Life Research, we adhere to the Research Ethical Guidelines as set out by the Economic and Social Research Council of Great Britain (ESRC). These can be found at: www.esrc.ac.uk/_images/framework-for-ethics-tcm8_4586.pdf. Our standards and principles are based upon the ESRC framework.

- Retain anonymity of all individuals who participate in the research
- Seek permission from all individuals to record their contributions for the purpose of the research and to inform future research projects
- Provide individuals with clear and relevant information about the purpose of the research and what their contribution will be used for
- Provide feedback to individuals who participated in the research in order to ensure effective and ethical engagement practice
- Safeguard individuals by reporting any information which is seen to involve the person in any immediate or future danger or harm to them. If this occurs in an institutional context (school or youth centre) we will report to the safeguarding lead. In the case of community work, any disclosure would be reported to the relevant organisation. Disclosure will only take place if the danger is construed as real, otherwise we will treat individuals' contributions with complete confidence

For the evaluation of REACh, the ethical protocol we have adhered to includes:

- When interviewing clients, we have sought consent for the interview to take place and assured anonymity. We provided clients with clear and transparent information about the evaluation and asked for permission to use clients' contributions in the final evaluation report. Clients were provided with an information sheet and signed a consent form. Using a CCA (Critical Communicative Approach) we reviewed our notes and interpretations of clients' responses with the client directly after their interview. This was to ensure best practice in empowering citizens to review and check findings before analyses. We asked for permission to record the interviews and reassured clients that the

data would be held in a secure place and destroyed 1 month after completion of the project (Real Life Research Data Protection Policy)

- When interviewing practitioners, we sought consent for the interviews and assured anonymity. We made practitioners aware that because of the small numbers of practitioner individual involvement from each organisation, there could be a chance that other practitioners may recognise practitioners from their responses. Practitioners were fully informed about the evaluation and what would happen with their contribution. We asked for consent to voice record interviews and assured practitioners that any data would be kept in a secure place and destroyed 1 month after completion of the project

- When facilitating reflective sessions, we provided staff with clear and transparent information about the evaluation and how their responses would contribute to the final report. Staff were given opportunities to participate in the reflective discussion and all staff participants treated equally. We asked for permission to record the reflective session and offered staff an opportunity to retract any statements that they may not want to be recorded for the evaluation. Practitioners were anonymised

- Numerical data sent from participating organisations was treated as highly confidential and stored in a secure password protected virtual space

5.3 Participants

The evaluation relied upon the contribution of the five participating organisations and individual professionals, practitioners and clients:

5.3.1 Participating Organisations

Evolve

Evolve is a small third sector organisation which support adults who are substance users. Clients are aged 18+ and present with various addiction issues such as alcohol, heroin and other types of substance misuse and represent a wide demographic (in terms of gender, age, geographical area and economic status). Evolve employ support workers who perform multiple supportive tasks which include triage, assessments, one-to-one work, group work, signposting and referrals. Evolve staff use a variety of pre and post assessment tools with clients historically and presently as a means for guiding the correct level of intervention and support for clients. Six Evolve support workers attended routine enquiry (REACh) training sessions and embedded routine enquiry into their everyday assessment practices.

Wish Centre

The Wish Centre assist in the relief of women, men and their children who have experienced (or are at the risk of experiencing) domestic abuse; through the provision of support, advice and accommodation. The Wish Centre offers continuing support and aftercare to women and children, after they have left the refuge, providing a floating support service.

Lancashire Women's Centre

Lancashire Women's Centre is a third sector organisation who offer a range of services for women across Lancashire. Using a 'One Stop Shop' holistic model, they aim to support women from point of crisis into employment, education or training. They Psychological Therapies' programme, alongside specific work with trauma and sexual abuse. They have a particular focus on women at risk of offending and work in partnership with Cumbria and Lancashire Constabulary to address the underlying causes of offending.

GMW (Greater Manchester West)

GMW is an NHS foundation trust that specialises in mental health. The largest organisation to participate in the evaluation, GMW supports individuals across the North West. GMW house an alcohol and drug recovery service and practitioners from this area of GMW participated in REACh training and the evaluation.

New Ground

Young people are placed at the heart of service delivery by New Ground. In order to develop positive change, New Ground offer a holistic support package to families and the communities they belong to. New Ground offer support with housing, benefits, crime, anti-social behaviour, worklessness and education. New Ground aim to ensure that children and families have better life chances through delivering services which are flexible, responsive and proactively involve key partner organisations. New Ground focus upon developing skills, capacity and motivation with their clients so that children, young people and families have the ability to achieve their full potential.

5.3.2 Practitioners

Practitioners from all five organisations presented above, participated in the REACh evaluation. In total nearly 65 practitioners participated in the REACh training programme. All practitioners participated in reflective sessions and 8 practitioners engaged in individual interviews (2 each from 4 organisations)

5.3.3 Strategic Professionals

Four strategic professionals were identified and participated in the REACh Evaluation. The strategic lead for public health, the strategic lead for Lancashire Care Foundation Trust, the Strategic Lead for the REACh Programme and the Programme Manager for REACh took part in consultation interviews.

5.3.4 Individuals/Clients

Six individuals engaged in the REACh Evaluation. Two clients from Evolve, two clients from the Women's Centre and two clients from the Wish Centre. The individuals who engaged in research interviews had different numbers of ACEs ranging from 0-10[2]. All individuals are female, with four individuals of white-heritage and one individual Pakistani-heritage. The individuals age range spans from 21 years to early 60's.

[2] Two individuals self- categorised as having zero ACEs yet disclosed between 1-3 ACEs during the interviews

5.4 Methods, Data Collection & Analyses

Method selection was based upon the participant type (strategic professional, practitioner, client, numerical data etc) and the types of data we were seeking to collate. In this section we set out a description of methods applied, how data was collated and how different data-sets were treated and analysed:

5.4.1 Literature Review & Scoping

To situate the evaluation into its wider context, we conducted a review of literature related to routine enquiry at a national and local level. A criteria for literature selection was developed which included relevance to the evaluation, evidence demonstrating casual relationships between adverse childhood experiences and poor health and social outcomes and research relevant to the locality. Literature for the evaluation was collated by requesting research papers, internet searches and gathering local documents.

5.4.2 Design of the Evaluation

Planning and design of the evaluation was based upon the service specification for the REACh pilot and planning meetings with the REACh Team. Protocols for the evaluation were produced which included:

- Training Observation Protocol
- Consultation Interview Frame
- Practitioner Interview Script
- Reflective Session Script
- Client Interview Protocol and Conversation Frame
- Data Base for the collation of numerical data

The training evaluation forms were developed by the service provider and had been used prior to the evaluation. For consistency, these training forms were used through the duration of the REACh pilot. Within the design process, participants were identified (10% sample, participant type).

5.4.3 Consultation Interviews with Strategic Professionals

As part of the scoping exercise, we conducted consultation interviews with professional who have a strategic responsibility for the REACh pilot/programme. Four interviews were conducted in total, three face to face and one telephone interview. The interviews were consultative in nature with an aim to gather information about the design and implementation of the REACh programme. The consultation interviews sought to collate the expectations of strategic professionals in relation to the programmes outcomes for organisations, practitioners and individuals with ACEs. Interviews ran between 30-45 minutes and a voice recorder was used to capture professionals responses. Data collated from the interviews with strategic professionals was organised into thematic categories: Origins of REACh, Implementation of REACh (successes and challenges) and Future Delivery. The scoping information was used to contextualise the evaluation and provide a good understanding of inception, development and implementation. The expectations data offered a platform from which to understand whether some or all of strategic aspirations had been or would be met.

5.4.4 Observations of the training

Evaluation of REACh training began with observations. Using observational methods such as note-taking, we attended all training sessions delivered to each participating organisation. Observations were focused upon contents of the training, training resources, the role of the facilitator and experiences of participants. The researcher did not participate in the training and attended in an observational role. Findings from the observations where categorised under the main protocol themes (content, resources, facilitator, participant engagement) for each organisation and reviewed holistically to capture high incidences of comparative phenomena, for example, the facilitator mitigated any challenges/issues which arose during the training sessions.

5.4.5 Reflective Sessions with Practitioners

Reflective sessions with practitioners occurred between 2-4 months after completing REACh training. Reflective sessions were conducted in two ways:

- As part of monthly team meetings
- As a focus group specifically for reflection

The type of reflective session facilitated was at the discretion of each organisation. Some preferred a reflective session to be added on to their team meetings, while others chose a separate focus group/reflective session. The researcher used a set of reflective questions (see appendix) to frame a reflective discussion with practitioners around practice, process, their experiences and perceptions of their clients (individuals) experiences. The length of the reflective sessions varied with each organisation and ran between 10 and 30 minutes. Reflections were recorded by note-taking. Findings from the reflective sessions were treated and organised by each organisation. This was due to organisations having different clients, ways of working and different experiences. We applied a systematic thematic criteria across all organisations (process, practice, impact on the practitioner, perceptions of clients/individuals, challenges and successes).

5.4.6 Interviews with Practitioners

Interviews were conducted with practitioners who represented the different participating organisations. The target sample number for practitioner participation was 10%. All practitioners were invited to participate in interviews as organisations have a small number of staff (with the exception of GMW). Practitioners were recruited at reflective sessions and through e mail. Eight practitioners participated in interviews, two from Evolve, two from the Women's Centre, two from The Wish Centre and two from GMW. We did not interview any practitioners from New Ground (an invitation to participate was given). Interviews lasted between 45-60 minutes and were voice recorded. The same interview script was used with all professionals to maintain consistency. The data set for the practitioner interviews consisted of material from 8 individual interviews (8%). Practitioners represented different organisations which worked with different types of clients/individuals with ACEs which offered different experiences of working with a routine enquiry approach. Each interview was reviewed individually by listening and noting down key aspects from the voice recording. Responses were categorised into relevant themes (role of the practitioner, process, practice, questions, experiences of the training, perceptions of clients and future delivery) and cross-referenced among all the practitioner interviews. The results were

examined to understand any common patterns in the qualitative data and what this may tell us about delivering routine enquiry.

5.4.7 Learning Conversations with Individuals Responding to Routine Enquiry

A learning conversation method was used to engage individuals in the evaluation process. The learning conversation method involves using loosely-structured questions to ensure a frame for focused conversation. Individuals were provided with information sheets and asked to sign consent forms. The interviews were approached in an informal manner to negate the possibility of clients feeling uncomfortable or worried. The questions were designed to elicit stories of experience about the routine enquiry process. Individuals were invited to participate in interviews by the organisation they were involved with. The interviews were conducted on each organisations premises, with the exception of 1 client who wanted to be interviewed by telephone. Interviews with clients lasted approximately 45-60 minutes and were voice recorded. We applied a story work analyses/narrative enquiry approach to treating the story data. Using language analytical techniques (see appendix for details of citizen story work) based upon social, linguistic and narrative theory (Labov & Waletsky: Narrative Structure, 1967; Bamberg: Small Stories & Identity, 1997, 2004, Thornborrow: Self-Positioning in Talk, 2007), we identified stories from recorded interview transcripts. Stories of individuals were analysed as a means for understanding how individuals manifested their experiences of routine enquiry and how they self-positioned in relation to routine enquiry and adverse childhood experiences. Stories have been presented in utterance format for analyses and referencing purposes (see section 7: Stories of Individuals).

5.4.8 Review of Training Assessment Sheets

We collated all training assessment sheets that had been completed by participants after they had completed the training. The training assessment sheets are two forms, one which asks participants to numerically rate their experiences and learning; and one which seeks to measure the participants knowledge of what constitutes as an adverse childhood experience and routine enquiry. The knowledge assessment forms were reviewed and it was felt that knowledge acquisition could not be measured as there had been no pre training measurement form completed. We therefore analysed responses that would allow us to consider practitioners perceptions of whether they had acquired new knowledge as a result of attending the REACh training. The scale assessment forms had seven broad evaluative themes (experience, learning, value, practice). Four themes were described as scalar, two categorical and the final item, qualitative. The scalar items were given a forced rating between 1-10, with 1 equating to least and 10 equating to most. All evaluation items were transferred into an excel spreadsheet and an average rating was elicited per organisation. An overall total (across all organisations) for all four scalar items was produced. From the two categorical items emerged four categories; and for each organisation the categorical items were scored to provide an overall tally for each organisation. Qualitative responses were transferred into an excel spread sheet.

5.4.9 Numerical Data Collection

Basic numerical data concerned with number of routine enquiries was provided by organisations. Information given was sporadic and presented in different formats and types of information statistics. A descriptive data set was produced for each

organisation and across all organisations. The total amount of routine enquiries per organisations and an overall total was identified for the following descriptors: Number or routine enquiries, number of disclosures, and number of types of ACEs. Where organisations had provided demographic data, some statistics were analysed on any correlation between types of ACE category and for example gender of the individual.

6. Limitations of the Evaluation

The REACh evaluation encountered certain challenges and the evaluation itself has limitations. In this section, we set out both challenges for and limitations of the REACh Evaluation.

Challenges

- The Evaluation Environment: Three out of the five participating organisations underwent organisational changes during the course of the evaluation. Changes included shifts in leadership, changes in funding streams and potential redundancies for practitioners. This made recruitment of practitioners and individuals for the evaluation, particularly challenging
- Organisations did not send systematic or coherent numerical data-sets as originally planned. This made analyses of numerical data difficult
- Researching with different organisations is naturally challenging and requires a coherent, embedded approach from the outset. The REACh Team worked hard to achieve this however the climate of change interfered with initial plans and set up. This resulted in much time spent chasing organisations for data and for lead members of staff (due to staff changes)
- The process of measuring knowledge acquisition of practitioners after training was challenging as no pre-assessment sheet had been used before the training
- Different training assessment score sheets were provided to the participating organisations. This made an overall analyses very difficult

Limitations

- The evaluation would have benefited from more individual participation. Only three organisations would recruit individuals for interviews. Some organisations would not agree to their clients being interviewed on the premise of safeguarding
- We could not interview any children & young people (we did interview a 20 year old who could be categorised as a young person) as the organisation who supports children & young people would not agree to client recruitment. The evaluation cannot therefore evidence how routine enquiry could impact upon children & young people (to inform future practice)
- We did not have an opportunity to interview any male individuals. Gender is a theme which has emerged from the practitioners' data, as bearing relevance upon the routine enquiry process. Practitioners claim that men find the process more difficult than women. We do not have the data to evidence this

Despite limitations of and challenges for the evaluation, involvement of practitioners and individuals who engage in routine enquiry offers rich findings from which future research and development can learn from.

7. The Findings

The REACh Evaluation has produced several data-sets which include strategic professional consultations, the REACh training, practitioner interviews, individuals/clients interviews and numerical REACh data. In this section, we treat each data set individually and offer analyses and interpretation of the findings. The findings are synthesised in the final section offering the main findings for the REACh evaluation.

7.1 Contextualising REACh: Strategic Professionals

Data collated from the strategic professional interviews form a contextual narrative representing the REACh journey; from research to implementation. Significant themes emerged from the strategic professional data which manifest expectations, aspirations, challenges and successes for routine enquiry.

7.1.2 The REACh Journey: A contextual narrative

Strategic professionals represented a journey, starting from development through to implementation of the pilot programme. The following contextual narrative captures the REACh journey from the perceptions and experiences of four strategic professionals, each relating from a different professional position and interests in the REACh pilot.

Origins of the REACh Programme

'The origins of the routine enquiry work being piloted in Blackburn with Darwen originated from my academic work….I saw that patients with psychosis or those presenting with post-traumatic stress disorder had traumatic histories. At the same time, research was being conducted in America by Robert Ander which looked at the relationship between adverse childhood experiences and physical health. In 2010/11 we decided to pilot routine enquiry with practitioners working with patients with psychosis. Practitioners were trained in routine enquiry and the pilot was reviewed 6 months later. What we found was that consistency with professionals failed, for some reason professionals were not routinely enquiring. Other factors like unstable environments and financial resources impacted. When we received grants for the routine enquiry work this was rolled out again, this time to external organisations such as Child Action North West, as a multi-organisational approach.

(LCFT Lead)

Routine enquiry was being developed in two primary organisations by two lead professionals:

'***We started with the ACE study from a Public Health perspective and worked with Liverpool John Moores University…we were taking a population approach and LCFT was leading the REACh work in mental health. They complement each other and have an impact on current demand. The results and two components indicated to me that there are potential issues in BwD and met with LCFT, had discussions, had consultations and identified a few questions that needed to be***

answered. And that was the platform for the origins of this study'
(Public Health Lead)

Research and pilot studies conducted by Public Health and Lancashire Care Foundation Trust led to the development of a programme that would bring the work together and widen routine enquiry out to other services. The REACh programme would see training around ACE and routine enquiry delivered to five pilot organisations (outside of mental health) and supervision/mentoring continue after practitioners had undergone training:

'LCFT put in a bid for a small amount of money to develop routine enquiry. The project was set up and there was some challenges in finding a project manager. We looked at all the evidence, what needed to go into the training, what would it look like, how would we support the organisation, what support would be needed following the training to make sure it was embedded. So a short project within a small period of time was developed. Looking at local research carried out on a smaller pilot, what we found was that people were worried that they might make things worse, concerns that the service would not meet the needs of the people. What we found was that there was no increase in service need, they felt confident in routine enquiry and that they had changed their systems and protocols. They are still routinely enquiring two years down the road'
(REACh Project Lead)

Development of the current REACh programme was shaped by local evidence of challenges and successes for organisations implementing this approach. The first pilot involved training and supporting professionals who worked with children & families, such as Health Visitors. A need to pilot the programme with other practitioners and organisations who work with different types of individuals was identified. Moving ACE awareness to a more practical emphasis on routine enquiry was a further reason for initiating a second pilot:

'I felt that we needed to do some more. Public health gave a pot of money and gave us a remit to work particularly with substance misuse so organisations like the Women's Centre, Evolve, New Ground, Wish. We amended the training to incorporate the recommendations made from the phase 1 pilot which included more time on the enquiry and responding element
(REACh Project Lead)

The REACh programme is a collaborative approach combing research (including applied research) between LCFT and Public Health.

7.1.3 Implementation of REACh

Professionals discussed the challenges and successes for implementation of the REACh programme:

'I see this not as a pilot but implementing an approach an extension of work from phase 1'

(LCFT Lead)

LCFT see the pilot as an approach which extends from initial pilots conducted as part of the research & development phase in mental health. Challenges in for Public Health in implementing the ACE agenda are described below:

'There's a push to create an ownership of this agenda by the Borough and it was a long journey to get that through and there is an ownership by the borough and is influencing national policy. It's both the work that LCFT and Public Health have been doing. We did a lot of the groundwork, attending meetings, arranging face to face meetings and setting up the foundations. Building trust and cementing that work and now it feels like the house is getting rapidly built. There was an initial challenge from some senior staff and frontline staff because they felt that you cannot ask such questions and other challenges on the basis of safeguarding, such as knocking on doors. But I argued that it was unethical not to ask. The challenge was that most people got it, thought it was great but did not want this on their doorstep so it was about working with them. I had to provide reassurance and have confidence in the study'

(Public Health Lead)

Challenges in implementation are recognised at the point of transforming research into process to inform policy formation and secure ownership of ACE approaches and routine enquiry practice for the locality. The professional who brought ACE to the local authority describes the challenging climate from which a change of hearts and minds was required, from staff at all levels, to commit to and support the ACE approach. Some professionals demonstrated concerns for individuals who may be affected by disclosing adverse childhood experience as part of a research study. Other professionals recognised that research was already being conducted with certain social groups and wanted to avoid research fatigue with these groups. Yet, equipped with a strong belief in ACE approaches and evidence collated from her own ACE studies, this professional worked particularly hard in demonstrating that these concerns had been reviewed and mitigated. Public Health determined who the pilot should engage based upon evidence collated from a research study led by the Public Health Lead and Liverpool John Moores University (Bellis et al 2013). The study evidences a strong correlation between individuals who are engaged with substance misuse with a high ACE score. Therefore it was important to include this group within the pilot and embedded evaluation.

The Senior Manager who oversees the REACh Team sets out the challenges for collaborative set up and implementation of the REACh programme:

'There are no barriers for implementation from our point of view but there is a funding issue. What took time was digging around, contracts and discussions backwards and forwards. It sat outside of well-planned structures because it wasn't contracted it was driven by interest and passion. There was also big expectations around what we could deliver'

(Senior REACh Manager)

Practical implementation (with organisations, training and embedding) of the REACh programme is perceived as carrying no challenges for the REACh Senior Manager. Uncertainty around funding streams for current and future REACh work was cited as problematic for planning and embedding REACh into current systems. Bureaucratic processes are seen as creating barriers for smooth implementation of the programme where planning and discussions are difficult as REACh sits outside current systems. Hence contracts and other legal documents take longer and the work is delayed as a consequence. Expectations from the funding organisation upon the REACh Team was recognised as a challenge by the REACh Senior Manager. This may point to difficult communication and consultation processes between leading organisations (commissioners, service providers).

The Project Manager for the REACh Team identified challenges and successes working with organisations and implementing the REACh training:

'Organisations were receptive and amicable coming into the training with a positive outlook and to trial something sensitive which had never been done before. When training a large group it is important to have two trainers due to the nature of the training. One trainer needs to step back and observe and pick up on trainees who may need support. Organisations gave up space and rooms and encouraged participation. I have been supporting these organisations and adopting an organisational model and the success is that it is an organisational model, with the support that it entails. A challenge comes when training is required to be delivered in a multi-agency forum as it becomes difficult to embed, the regular monitoring of enquiring, the ethics and a lack of support may affect embedding'

(REACh Project Lead)

Challenges and successes of implementing REACh with participating organisations are highlighted by the REACh Project Manager. Organisations offered a positive and receptive ethos towards the REACh approach, recognising the potential benefits for practitioners and the individuals they support. Both members of the REACh team recognised the ease from which organisations agreed to take part in the pilot; 'Public Health identified the organisations and they found the programme both acceptable and attractive' (Senior Manager for REACh). The nature of the training for routine enquiry requires two facilitators, particularly when working with larger groups. This is to fulfil the roles of facilitator, and observer/mentor. As the funding organisation could

not resource a second facilitator, the Project Manager had to fulfil these roles alone[3]. Organisations were extremely supportive in providing resources such as rooms and ensured good participation rates from staff. The REACh training is modelled around a single organisational approach that is bespoke and fit for purpose for the organisation. The Project Manager expresses concerns for any potential challenges which may arise if the REACh Training was offered to a multi-agency forum. Organisations and practitioners are shown in this evaluation (See Section 7) to adopt a subjective approaches towards routine enquiry based upon their professional experience, knowledge and the type of clients they are working with. Training therefore may not be effective if delivered in a group consisting or professionals from different services and/or organisations.

At the time that the pilot REACh programme was delivered, participating organisations began undergoing system changes. The Project Manager for REACh reflects upon the potential impact of organisational climate change for routine enquiry:

'This time around organisations have taken longer to implement it, not sure why that is. Part of the reason may be due to the funding cycle. This time around organisations are needing to change or are in the process of changing systems and this has taken longer for routine enquiry to be implemented. The success is that it is in the culture and language and they are not refuting the evidence. They are saying that it can be illuminating.

(REACh Project Lead)

Evidence from the first pilot project delivered by LCFT evidences the impact that organisational change can have upon practitioners who are implementing routine enquiry and attempting to embed into practice. If organisational systems are changing (management, funding streams, potential loss of position) there is a loss of system to embed new practice into. Uncertainty for practitioners may prevent routine enquiry work being carried out (see Section 7). The Project Manager identifies a cultural change in how practitioners are embedding ACE and routine enquiry into their professional schemas. Language use is a significant indicator that practitioners are understanding and accepting routine enquiry as part of their professional practice despite external barriers to implementation. Practitioners are seen to be using an ACE discourse and discourses represent and manifest how individuals view aspects of the world and construct a sense of self (see Fairclough, 1999; Wodak, 2000 Discourses and language use).

[3] Our observational data collated from the training shows that the Project Manager facilitated training sessions exceptionally well. Practitioner data correlates with our observational data stating facilitation was excellent. Support was given to the facilitator in the GMW training sessions by a support facilitator

7.1.5 Future Delivery

Strategic professionals discussed how they would like to see routine enquiry implemented in future service delivery:

'I would like to see routine enquiry embedded in national policy and redesigning children's health. The next chapter is routine enquiry with children & young people and I would like to see this as standard practice, in a cautious and judicious fashion. We need to get people to commit, sharing best practice'.

(LCFT Lead)

Using routine enquiry with children & young people was seen as an important future development by the LCFT lead. Applying routine enquiry with children & young people is seen as needing a cautious and well thought out approach to mitigate any potential negative impacts for children & young people[4]. Practitioners and individuals (see section 7 & 8 of the report) feel that routine enquiry with children & young people is an essential next step for routine enquiry work. Individuals with ACEs are recorded as identifying with the potential impacts that their own ACEs may have upon their children and demonstrate a commitment to preventing repeated ACE cycles. The LCFT lead focuses upon national policy, as he works both locally and nationally with ACE and routine enquiry. The Public Health Lead describes her aspirations for ACE and routine enquiry locally:

'A number of steps and components are needed but it's about integration and my vision for the future is that it is automatically integrated into the thought process of how we think about the prevention agenda, how we manage people who are ill, how we treat people, it's got to be on all levels of the pyramid right through to the community perspective, how we commission services and if they are looking through an ACE lens. It must be embedded so we don't have to talk about it because everyone knows and a normalisation occurs about it so that earlier intervention can happen and the right treatment and approach can happen earlier. We need to do more research about the economic benefits, people in treatment are a cost to society and BwD is above the national average for alcohol misuse. We are already paying for this. The evidence says that there is no impact on service provision just by asking the question but there is a positive impact on cultural change without draining resources'

(Public Health Lead)

A cultural normalisation of ACE awareness is needed to embed routine enquiry effectively. Integration into the 'thought processes' of professionals and organisations is a primary aspiration for the Public Health Lead which has a positive impact upon how individuals are managed, treated and respected. This echoes the aspirations of practitioners who observe that a lack of understanding from professionals about ACE could lead to negative stereotyping of individuals with ACEs. And an integration of knowledge, understanding and practice is required going forward (see section 7). Early intervention and targeted support is highlighted by the Public Health lead as a result of an inculcation of ACE awareness across organisations. Evidence of cost

[4] The LCFT lead noted that there are some professional concerns at a national level that routine enquiry with children & young people may have negative consequences for their wellbeing

effectiveness is raised by the Public Health Lead as she argues that 'there is no impact on service provision' as a result of routinely enquiring. Currently there is no evidence that routinely enquiring has had an impact on service provision. Practitioners state that routine enquiry has resulted in no additional cost or resources for the organisation (see Section 7) across the duration of the pilot (6 months). The REACh Project Lead reflects upon the most effective way forward for implementing routine enquiry across organisations:

'All organisations need to be ACE aware for routine enquiry to be sustained. Enquiry needs to be supported properly such as checking assessments understanding any exposure to trauma. The training has to be approached in an organisational way and we need to turn ACE awareness into practice. We need to get people to understand what doing it means and get the funding to carry on the project. An ACE aware charter mark would make it more sustainable. It should be turned into a business model, costed appropriately, delivered efficiently and effectively and make its own money'

(REACh Project Lead)

Supporting practitioners in their routine enquiry work is cited as an important future development by the REACh Programme Lead. Appropriate funding is a necessary aspect of future delivery for routine enquiry. Ideas such as 'charter marks' to ensure ACE and routine enquiry approaches are embraced by organisations are offered by the REACh Programme Lead. Practical ideas for routine enquiry development are based upon systems and business models which generate funding to ensure the programme is sustainable. The Senior REACh Manager sets out his vision for routine enquiry going forward:

'Recruitment of other organisations is needed. It's free training at the minute for the organisations involved but going forward people would have to pay for it. When commissioning ACE should be included at a national policy level so there is pressure on organisations to be ACE aware'

*(*SeniorREACh Manager)

A business modelling development for routine enquiry is suggested by the Senior REACh Manager. The model would see organisations paying for REACh training on the basis that they would need to be an ACE aware organisation to meet commissioning specifications. Embedding routine enquiry at the level of national policy would ensure a greater uptake of ACE awareness and routine enquiry by organisations. How much pressure would be needed by organisations could be debated in light of how positively organisations are already approaching and celebrating routine enquiry as an effective and efficient model of practice that offers speedy disclosures and early intervention for their clients (see Section 7).

7.1.6 Main Themes from Strategic Professionals

The main themes that have emerged from the strategic professional data are tabled below:

Table 7.1.6a Main Themes from the Strategic Professional Data

Origins	Implementation	Future Delivery
• Research studies in US • Research studies in UK – Mental Health and BwD and national • Applied Research Evaluation of Pilot programme	• Transforming research into policy • Influencing hearts and minds at the senior level • Funding challenges • Difficult bureaucratic processes between commissioner and service provider • Potential challenges for delivering training in a multi-organisation environment • Success of receptive and supportive organisations • Success of adopting ACE awareness and discourse • Impact of organisational change upon routine enquiry	• Routine enquiry embedded in national policy • Using routine enquiry with children & young people • Embedded ACE awareness & routine enquiry in organisational systems • Appropriate management of individuals with ACEs • Utilising cost-effective approaches • Organisations and practitioners supported and made sustainable • Award Charter Marks for ACE aware organisations • Develop a business model for REACh

7.2 An Evaluation of REACh Training

This section sets out an evaluation of the REACh Training. Practitioners from each organisation participated in a day training session (the training was conducted over two half days with a week to two weeks interval for some organisations). Delivery type was at the request of the organisation and to test the effectiveness of delivery models. The processes undertaken for the evaluation of the REACh training involved observations, analyses of practitioner assessment sheets and a review of training literature.

7.2.1 Observation of the Training

Observations of REACh training identified the following themes:

Delivery, Interaction and Resolution

The REACh Training programme was delivered in a well-structured yet fluid and responsive approach. A training programme framed delivery of the training and the facilitator demonstrated a thought out curriculum at the start of the training session. The frame was not rigid and was adapted to suit the pace of the participants, participant types and different learning styles. The facilitator left the floor open throughout the training sessions for participants to interact at any point in the session (as opposed to a tight pedagogical approach which sees learners having only a short space for discussion/dialogue). Participants' contributions were treated as valuable and integrated with excellent skill, into the context of ACE awareness and routine enquiry practice. The training had an assets-based approach, drawing upon the experiential knowledge and practices of participants.

Training Resources

Participants were given timely and relevant resources throughout the course of the training programme. Resource literature ranged from practical activity guides to resources participants could use as part of routine enquiry practice. A visual resource was used in the training which informed participants about research from the US around ACEs (Felliti et al, 2008). Most participants found this very useful. A minority of participants felt that the visual resource was 'too long' and felt a shorter version may have been better.

Training Experiences of Participants

Observations captured evaluative comments from participants after the training sessions and during individual interviews with practitioners. All evaluations captured in relation to the training were extremely positive:

'The training was really good'
'I did enjoy the training'
'Refreshing and made a lot of sense'
'The facilitator was excellent, you need the right facilitator to do this kind of training'

Most participants felt that they had learned a new aspect for working with individuals with multiple-problems, despite being seasoned professionals with much experience of supporting individuals with adverse experiences. The research behind routine enquiry was cited in most cases as bringing a new and interesting dimension to their work, enhancing their theoretical knowledge about adverse experiences in childhood.

7.2.2 Training Assessment Forms

There are two assessment forms which practitioners were asked to complete:

Assessment Scales Form

Practitioners completed assessment forms which asked them to score their training experiences[5] on a scale of 1-10, with 1 signifying poor and 10 signifying excellent:

Women's Centre

Table 7.2.2a: Women's Centre Knowledge and Comfort

Evaluation Items	Average Rating of Evaluation Items For Organisation : Women's Centre	Number of Evaluations
How knowledgeable did you feel before training?	5.1	12
How knowledgeable did you feel after training?	9.3	12
How comfortable did you feel before training?	5.6	12
How comfortable did you feel after training?	8	12

Practitioners offer an assessment of their own knowledge about routine enquiry before undergoing the REACh training[6] and after completing the training. Practitioners state that their knowledge of routine enquiry has increased as a result of the training. Practitioners felt reasonably comfortable before undergoing the training (possibly a result of the work they already undertake) and demonstrate an increase in comfort levels after undergoing the training.

[5] Assessment score sheets were different for each organisation
[6] Self-Evaluation of pre knowledge was reflective and occurred after practitioners had undergone the training

Table 7.2.2b & c: Usefulness of the Training and Confidence in Routine Enquiry

Evaluation Item	Categories			
	Not Useful	Fairly Useful	Quite Useful	Very Useful
How Useful Did You Find The Session	0	0	1	11

Evaluation Item	Categories			
	Not at All	Somewhat	Considera bly	Definitely
Did Attending Increase Your Confidence In RI?	0	1	4	7

Most practitioners stated that the REACh training was 'very useful', with the exception of one practitioner, who rated the experience as 'quite useful'. All participants recognised an increase in confidence in routine enquiry (as a result of undergoing the training). Seven practitioners stated a 'definite' increase in confidence with only one participant recognising a 'somewhat' or mild increase in confidence.

Table 7.2.2d: Improvements for the REACh Training

Evaluation Item	Participants' Responses (4)
How Could The Training Be Made Better?	Informative
	Having the score sheet at the beginning
	Having the score sheet at the beginning
	More male input

Practitioners did not make many suggestions for improving the REACh training which indicates the training was effective and relevant for participants. Practitioners recognised the value of assessing their own knowledge of routine enquiry at the start of the training as well as after undergoing the training. The comment 'informative' is abstract in that it is unclear whether the respondent is stating the training is informative or needs to be more informative.

Evolve

Table 7.2.2e: Knowledge & Comfort

Evaluation Items	Average Rating of Evaluation Items For Organisation : Evolve	Number of Evaluations
How knowledgeable did you feel before training?	4.8	6
How knowledgeable did you feel after training?	9.2	6
How comfortable did you feel before training?	5.3	6
How comfortable did you feel after training?	9	6

Practitioners from Evolve show a significant increase in their knowledge about routine enquiry after undergoing the REACh training. Like practitioners from the Women's Centre, practitioners express a reasonable level of comfort before undergoing the training and a significant increase in comfort after undergoing the training.

Table 7.2.2f& g: Usefulness of the REACh Training & Confidence in Routine Enquiry

Evaluation Item	Categories			
	Not Useful	Fairly Useful	Quite Useful	Very Useful
How Useful Did You Find The Session	0	0	0	6

Evaluation Item	Categories			
	Not at All	Somewhat	Considerably	Definitely
Did Attending Increase Your Confidence In RI?		1		5

All six practitioners from Evolve found the REACh training 'very useful'. Five out of 6 practitioners stated that their confidence in routine enquiry had 'definitely' increased as a result of the training, with one practitioner recognising their confidence in routine enquiry had 'somewhat' increased.

Wish

Table 7.2.2h: Knowledge & Comfort before and after the REACh Training

Evaluation Items	Average Rating of Evaluation Items For Organisation : Wish	Number of Evaluations
How knowledgeable did you feel before training?	5.7	9
How knowledgeable did you feel after training?	8.4	9
How comfortable did you feel before training?	7.1	9
How comfortable did you feel after training?	8.6	9

Practitioners from Wish identified an increase in their knowledge around routine enquiry following the REACh training. Practitioners show a good level of comfort before undergoing REACh training and a small increase in comfort levels for practitioners is present.

Table 7.2.2 i: Usefulness of the REACh Training & Confidence in Routine Enquiry

Evaluation Item	Categories			
	Not Useful	Fairly Useful	Quite Useful	Very Useful
How Useful Did You Find The Session	0	0	3	6

Evaluation Item	Categories			
	Not at All	Somewhat	Considerably	Definitely
Did Attending Increase Your Confidence In RI?	0	1	3	5

All practitioners at Wish found the REACh training useful with half of practitioners qualifying the training as ‘very’ useful, and half as ‘quite’ useful’. Attending the REACh training had an impact upon increasing confidence levels for practitioners in applying routine enquiry. Most practitioners saw this as a definite or considerable improvement while one practitioner recognised a confidence increase as ‘somewhat’ or mild.

New Ground

Table 7.2.2j: Knowledge about RE & Comfort with RE

Evaluation Items	Average Rating of Evaluation Items For Organisation : Wish	Number of Evaluations
How knowledgeable did you feel before training?	4.9	10
How knowledgeable did you feel after training?	8.8	10
How comfortable did you feel before training?	5.0	10
How comfortable did you feel after training?	8.6	10

Practitioners from New Ground recognise a high increase in their knowledge of routine enquiry after undergoing the REACh training. Comfort levels for New Ground practitioners also show an increase after undergoing the REACh training.

Table 7.2.2k: Usefulness of the REACh Training and Confidence in Routine Enquiry

Evaluation Item	Categories			
	Not Useful	Fairly Useful	Quite Useful	Very Useful
How Useful Did You Find The Session	0	0	1	9

Evaluation Item	Categories			
	Not at All	Somewhat	Considerably	Definitely
Did Attending Increase Your Confidence In RI**?**		1		5

Nine out of ten practitioners at New Ground qualified the REACh training as ‘very’ useful, with one practitioner stating the training was ‘quite’ useful. All practitioners noted an increase in their confidence levels in relation to routine enquiry.

GMW

The score assessment form provided to practitioners from GMW is different from the forms given to the other organisations. Only two evaluation items are the same as those used with other organisations which makes a holistic comparison difficult.

Table 7.2.2l: Knowledge about Routine Enquiry

Evaluation Items	Average Rating Items for Organisation: GMW	Number of Evaluations
How knowledgeable did you feel before training?	6.7	24
How knowledgeable did you feel after training?	9.2	24

Practitioners from GMW state a higher average rating of knowledge before the training than practitioners from other organisations. An increase in knowledge is shown after practitioners from GMW have undergone REACh training.

Practitioners from GMW rated their experience of the training using a scale of 1-10 (with 1 signifying poor and 10 signifying excellent):

Table 7.2.2m Experiences of the Training

Rating 1-10	No of Participants	
1	0	
2	0	
3	0	
4	0	
5	0	
6	1	
7	1	
8	10	
9	7	
10	4	**Total No of Participants 24**

21 out of 24 GMW practitioners rated their experience as 8 or above demonstrating the quality of the training they received. Practitioners were asked to record any positive or negative aspects of the REACh training:

Table 7.2.2n: Positive and Negative Aspects of the Training

Positives	Negatives
I recognised the importance and allows me to put in a structured way	Dvd seemed very long and could have been shortened
Useful but knew a lot already	Not all questions were answered
Enjoyed workshop; felt like it provided valuable information; my questions were well answered	Flaws
It's good to receive training and other peoples idea and views	
Interesting; knowledgeable	
Was well presented and succinct	
The work research is ongoing and it will be interesting to see what actions are put into place	
It was excellent several light bulb moments	

Was useful despite prior knowledge & experience	
Felt it was very well put together and facilitators were very open to being challenged	

Practitioners from GMW offered many positive evaluations about the REACh training. Despite having a sound knowledge base and already being highly skilled, practitioners stated that the REACh training had offered them 'lightbulb moments', 'was useful' and 'enjoyable'. The facilitators were evaluated highly (which correlates with the training observation data) for their presentation skills and abilities to be open to challenges from the group. Negative evaluation was aimed at the DVD which was considered 'very long'. The length of the DVD has been criticised by one other practitioner during an individual interview (see Section 7). One practitioner felt that not all her questions had been answered. This is in opposition to another practitioner who felt that her questions had been answered.

Measurement of Learning

The assessment sheets which aimed to gauge acquisition of knowledge around ACEs and Routine Enquiry where difficult to analyse due to no pre-knowledge assessment form completed by practitioners. The assessment sheet included one question which allowed practitioners to evaluate the value of routine enquiry which is useful for understanding how practitioners see the routine enquiry approach:

Tables 7.2.2o: The Value of Routine Enquiry

Evolve (6 Completed)	GMW (23 Completed)	Wish (9 Completed)
• Therapeutic • Better understanding the client • To stop people falling through the cracks • Seeing adversity as a form of resilience • It's very good • Embedding it into practice is easy	• Thorough understanding of peoples' experiences • Preventing long term problems • Identifying relevant issues from the past • To give clients the opportunity to see reasons why they may behave the way they do • Aide individuals recovery • Give client opportunity to disclose • To focus possible future work	• Identify individuals needs • Knowing the links between ACE and individuals behaviour • Highlights resilience in a person's life • How historical factors impact on individual • It's a good place to start assessment of support • More understanding about current issues • To plan interventions • To identify adversity faced by individuals

New Ground (10 completed)
• Understanding peoples' behaviour • Understanding how ACE impacts on current self • Recognise impacts on wellbeing • Voice for the service user • Better support package • Getting to core issues in quickest way • Help people to deal with their experiences

Women's Centre (12 Completed
• Tackling root causes • Impact on services and wasting time • Because people don't disclose • Getting to the root cause • Clarity • Identifying underlying issues that impact on current behaviours • To support individual in most supportive way • Enhance support in early intervention

The tables set out a representative sample of responses by practitioners after they had undertaken the REACh training. These responses demonstrate a good understanding of routine enquiry and the relationships between adverse experiences in childhood, and an individuals' current behaviours and lifestyle choices. The responses offered are not generated from routine enquiry practice but from the training and their own working experiences[7]. The question asks practitioners to identify why routine enquiry is important. The question tests their learning but offers an opportunity for practitioners to evaluate routine enquiry. All practitioners provided positive responses towards routine enquiry ('its good'; 'it's a good place to start assessments'). The responses that practitioners offer demonstrate learning acquired from different aspects of the training such as disclosure, benefits for the individuals and service delivery that is cost effective. Practitioners further demonstrate independent thinking around routine enquiry and state the importance of recognising the resilience of individuals with ACEs. Only 1 out of 60 practitioners who completed assessment sheets did not offer a response to this question.

Knowledge of Routine Enquiry

We cannot measure knowledge acquisition of routine enquiry accurately as practitioners did not complete sheets about their current knowledge before undergoing the REACh training. Practitioners did respond to questions which tested their knowledge about routine enquiry after undergoing the training and this can offer an idea of what practitioners knowledge is after undergoing the training (not as a consequence of). The assessment forms asked practitioners to identify five ACEs and any impacts caused by ACEs. All practitioners identified 5 ACEs successfully. Two practitioners did not fully complete their forms but still identified the ACEs as requested. This demonstrates a good understanding of routine enquiry from practitioners who attended the REACh training.

[7] The training relied upon practitioners current working practices to contextualise new knowledge about ACEs and routine enquiry

Practitioners were asked to identify any important aspects of routine enquiry:

Table 7.2.2p New Ground, Women's Centre & Wish: Important Aspects of RE

Womens' Centre	Wish	New Ground
• Listening • Professional Boundaries • Being direct • Funnel Conversation • 3 E's and 3R's • Non-assumptive	• Active listening • Understanding • Communication skills • Planning for enquiry • Making good use of questions	• Planning • Compassion • Follow-up disclosures • Safeguarding • recognition

Table 7.2.2q GMW and Evolve: Important Aspects of RE

GMW	Evolve
• responding • acknowledgement • attention to risk • good use of questions • information governance • confidentiality • non-assumptive • non-judgemental • to check patient ok after questions • supervision	• consistency • knowing that disclosure is a tool in itself and no other interventions may be needed • listening • acknowledgement • Follow up

Participants demonstrate a good understanding of routine enquiry practice. Answers provided by participants when asked to identify important aspects of routine enquiry, reflect content of the REACh training, particularly disclosure as a tool, the '3 E's and R's[8], and supervision processes. All responses set out in the table above show different aspects of the routine enquiry process which are important for achieving effective and ethical routine enquiry. How practitioners experience delivery of routine enquiry is set out in the next section.

[8] The 3 E's and R's are an aspect of the REACh Training which relate to effective routine enquiry practice.

A summary of an evaluation of the REACh Training is:

- The observations found that REACh facilitates an excellent programme of training around a potentially challenging subject area (ACEs) for practitioners (practitioners who may have ACEs, under-confidence with disclosure for example). The training draws upon existing knowledge and experience of practitioners and is delivered in a focused yet adaptable way, catering to individual learning needs within the room. The facilitator demonstrated a high level of skill and knowledge in adverse childhood experiences and routine enquiry. The facilitators further demonstrated excellent communication skills and a solid awareness of practitioners roles and responsibilities

- All practitioners recognised an increase in their comfort levels with routine enquiry after undergoing the REACh training

- All practitioners recognised an increase in knowledge of routine enquiry after undergoing the REACh training

- All practitioners recognised an increase in confidence levels related to routine enquiry after undergoing the REACh training

- Two practitioners recognised a potential value in completing the score sheets at the start of the training. This correlates with our recommendations for future training assessment/evaluation and measurement of knowledge acquisition

- Practitioners demonstrate a good knowledge and understanding of ACEs and routine enquiry after undergoing REACh training. Practitioners further recognised any impacts for individuals with adverse childhood experiences

- Practitioners recognised several valuable aspects of routine enquiry in their responses, demonstrating a good awareness of process and practice after undergoing the REACh training

7.3 Practitioners and their Experiences of Routinely Enquiring

This section is concerned with the findings from practitioners' experiences of delivering routine enquiry, after they have undergone the REACh training. We include data collated from practitioner reflective sessions and from individual interviews conducted with practitioners.

7.3.1 Reflective Sessions with Practitioners

Findings from the reflective sessions with practitioners have been categorised under themes which emerged from discussions. It is important to note that each organisation has used a different approach to routine enquiry and adapted routine enquiry questions (questions using different terms of reference and vocabulary). Practitioners reflected on their routine enquiry practice from the past month of implementation.

Process and Practice

Practitioners reflected upon the process of routine enquiry. Discussion around naturalisation of routine enquiry into existing approach, and a transparent approach emerged:

> ***'I would like to give clients information about the research like where the information is going because I didn't really know maybe we need a prompt sheet for practitioners'***
>
> *(Practitioner Evolve)*
>
> ***'Do you make enquiry a big thing though (explaining research) or naturalise it into practice?'***
>
> (Practitioner Evolve)

Some practitioners felt that it was unethical to 'just ask' the routine enquiry questions without first informing individuals why the questions were being asked[9]. Two practitioners had been using this approach with individuals and found that it worked very well. Other practitioners had embedded the routine enquiry questions into practice which was showing to work just as well. Practitioners discussed personal strategies to embed routine enquiry into their daily practice. One practitioner shared a process of placing copies of the questions into clients' folders to serve as reminders to implement routine enquiry; while others stated that routine enquiry was 'already in their heads'. All participants had begun routine enquiry and had not experienced any refusals or challenges from clients. Practitioners from the Wish Centre, did not embed routine enquiry into their normal assessments. Wish practitioners work with women and children in their own homes and normally see their clients when individuals are at crisis point. For this reason, Wish practitioners stress the need to 'build a relationship with clients' before asking routine enquiry questions.

[9] The argument that practitioners presented was based around the fact that REACh is currently a pilot with an evaluation/research embedded

Practitioners reflected upon the abilities needed to manage routine enquiry in instances where many areas are covered with individuals:

> ***'You can bounce from one area to another so you need a managing ability but routine enquiry is in my head so that's ok'***
>
> (Evolve Practitioner)

The practitioner states that routine enquiry is in her 'head' which emphasises a movement towards embedding routine enquiry into everyday working practices. Practitioners at Evolve presented as ACE aware and were approaching their appointments with individuals with an ACE lens: 'I can identify their (individuals) ACEs before I ask the questions' (Evolve Practitioner).

Most practitioners across all organisations felt comfortable asking routine enquiry questions. Practitioners from Wish adopted a more cautious approach to routine enquiry:

> ***'We have a duty of care and this could open a can of worms'***
>
> ***'I'm worried about the labelling effect for someone with ACEs'***
>
> (Wish Practitioners)

Wish practitioners work differently than practitioners from GMW or Evolve (for example) and with a different client group. Wish work with individuals and families at crisis point, dealing with a smaller client group for a longer period of time. This may account for a more cautious and lengthier approach to routine enquiry. Development of approach has emerged within routine enquiry. Practitioners from Wish and the Women's Centre are developing a 'resilience score' which mitigates any 'labelling' or 'stereotyping for clients' (Wish Practitioner). As practitioners are giving clients an ACE score, they are simultaneously providing clients with a resilience score, offering clients a different perspective. Resilience approaches are still in developmental stages and would warrant further exploration once established. All practitioners were found to be implementing routine enquiry approaches after training, despite organisational changes and potential job loss threats. The Women's Centre (who was one of two organisations that was not affected by organisational change) noted that over 50% of their clients had engaged in routine enquiry since November 2014.

Disclosures

Practitioners drew upon existing skills to self-manage disclosure and listen to multiple issues which may arise as a result of routine enquiry. The differences between pre and post routine enquiry practice were highlighted by practitioners:

> ***'I've never had information before like I've had asking the ACE questions'***
>
> ***'It used to be more often than not a point blank no…people wouldn't disclose without these prompts'***
>
> ***'Asking directly makes a difference'***
>
> (Evolve Practitioners)

Differences in disclosure rates as a result of routinely enquiring are identified by practitioners. Practitioners are experiencing new levels of information that historically may not have emerged. Practitioners at Evolve are highly skilled and have good experience of managing individuals in crisis. This may account for why these practitioners experience no difficulties when individuals disclose after routine enquiry.

Practitioners from GMW reflect upon the speed of which routine enquiry can lead to disclosure for clients/individuals:

> ***'It gets it out there fast'***
>
> ***'It could take up to three months to elicit this type of personal detail, routine enquiry can almost do it in a day'***
>
> (GMW Practitioners)

Practitioners stated that quicker disclosures could lead to a more focused 'treatment route' (GMW Practitioner) for individuals. Practitioners from the Women's Centre claim that the routine enquiry approach is 'better' than traditional assessment methods as 'you just wouldn't find out (Women's Centre Practitioner). Most practitioners felt that routine enquiry is a good tool and routine enquiry 'should be provided by all services and integrated from birth' (New Ground Practitioner).

Routine Enquiry Questions

Practitioners experienced issues with the wording of the routine enquiry questions. The routine enquiry questions had been changed by a member of staff which had led to individuals challenging some of the questions. This point emerged in practitioner interviews and interviews with individuals (see Sections 7 & 8):

'We need to look at how the questions are worded….the lady that I was speaking too was abused by siblings…perhaps we could change the word to caregivers or family members'
(Evolve Practitioner)

'The gender questions can be very assuming'
(Evolve Practitioner)

The word changes for the routine enquiry questions had become specified to certain individuals (parents) and gender (males). This was seen as a problem by practitioners and individuals. The wording assumed parents or males would be the perpetrator. One individual identifies this flaw, as her adverse experience in childhood involved abuse from her siblings and not her parents. Practitioners who were aware of the assumptive wording had amended and generalised routine enquiry questions in practice to avoid assumption and misunderstandings.

New Ground support children & young people and felt it important to change the language of the questions so that their client group could fully understand them:

'There needs to be changes that speak the language of the client'

(New Ground Practitioner)

It was felt by practitioners from New Ground that children & young people may not understand vocabulary such as 'alcoholism' and that certain behaviours may not be recognised as adverse due to family/cultural normalisation.

One practitioner noted that the 'scales of ACE can shift'. Individuals can present initially with one or two ACEs and disclose further ACEs within ongoing appointments with practitioners[10]. ACE scores appear to be fluid, and can change either in ongoing meetings with practitioners, are potentially across different service areas.

Perception of Individuals (Clients) and other Professionals

The role of other professionals in supporting a routine enquiry approach emerged in reflective discussion:

[10] This occurred during two research interviews with individuals, demonstrating that ACE scores can change depending on context

'The first lady I routine enquired with had nine ACEs. I've been working with this lady for a while, 'the lady with nine ACEs after her detox struggled to cope and went to her GP and felt it was an affirmation of shame when her GP knocked her back…do GP's need the ACE training?'

(Evolve Practitioner)

Practitioners recognise how routine enquiry needs to be a widespread and coordinated approach for individuals using different services. Understanding adverse childhood experiences and the impact they may have upon an individuals' current health and wellbeing was seen as important by Evolve practitioners.

Practitioners reflected upon the impacts of routine enquiry for the individuals/clients they work with:

'I think it's a chance for clients to offload but it can be slow moving through it…it's like they say oh I feel lighter and it's good that someone's listened to me'

(Evolve Practitioner)

Practitioners recognise benefits for individuals when they talk about their ACEs and feel better because they have been listened to. Individuals are seen as making connections between their adverse childhood experiences and current health and wellbeing:

'It's been very thought provoking for clients they will say it can't be' adverse experiences might not be significant to them and could be normal, very matter of fact and just accepted that that's how childhood is meant to be' (Evolve Practitioner)

'It helps clients to join the dots'

(GMW Practitioner)

Recognising individuals self-reflection processes that are prompted by routine enquiry are cited as positive aspects of the approach for practitioners. Normalisation of adversity in childhood by individuals was observed by many practitioners across different organisations. Professional assumptions about what support individuals may need was challenged by one client/individual:

> ***'One lady scored highly and went to counselling and realised it wasn't for her'*** (Women's Centre Practitioner)

Interventions may not be necessary as practitioners pointed out in reflective sessions the benefits of disclosure itself for individuals. Being listened to and talking about adversity in childhood was noted as cathartic for some individuals. Other practitioners felt that some individuals/clients did not respond to routine enquiry questions in a truthful way:

> ***'Clients are not truthful in their answers'*** (Wish Practitioner)

Claims of whether responses were authentic were based upon practitioners' experiences of the individual they are working with. Practitioners from Wish use routine enquiry with mid to long term clients and have a sound knowledge of their histories and current situations. Not 'telling the truth' could be a consequence of naturalisation where some individuals may not recognise their experiences in labelled ways (for example 'physical abuse'). Practitioners witnessed a shift in individuals own perspective to considering any impacts for their children:

> ***'We've seen how it encourages them to see what's happening with their children and start to talk about how they can prevent it from happening'*** (Wish Practitioner)

Individuals are recognising and theorizing the cycle of ACEs which could affect their children. Furthermore, individuals are planning how they may mitigate any impacts for their own children. The benefits of routine enquiry can therefore extend beyond the individual/client and indicates a natural progression for routine enquiry future approaches. In the next section, the themes which have emerged from the reflective sessions are explored in more depth through individual interviews with practitioners.

7.3.2 Individual Interviews with Practitioners

In the reflective sessions with practitioners, significant themes emerged from their routine enquiry practice with individuals/clients (process, practice, questions, disclosures and impacts for individuals). We conducted eight individual interviews with practitioners from Evolve, The Women's Centre, The Wish Centre and GMW. The findings are presented by organisation and responses are mixed to retain anonymity of a small practitioner sample group.

7.3.2a The Wish Centre

Practitioners from the Wish Centre are refuge support workers who work with women and children, normally at the point of crisis when they are leaving a domestic abusive environment.

Applying Routine Enquiry

We asked practitioners if they had applied routine enquiry following the REACh training. Both practitioners had used a routine enquiry approach on several occasions:

> ***'I made appointments for clients and provided a brief intro to what routine enquiry was. For me I am aware of these clients before and made professional judgements about when to use routine enquiry'***
>
> (Practitioner 1)
>
> ***'I felt confident about asking the questions. I explained what this was about and explained we are doing this pilot project and these things can be useful to you. I was happy about it and previously asked people about their young life anyway'***
>
> (Practitioner 2)

Process and practice for Wish practitioners involves appointment making (routine enquiry is not embedded in the Wish Centre's approach) and making individuals aware of what the routine enquiry questions are and what they are for. Wish practitioners draw upon their experiential authority of the individuals they are supporting to make decisions about the most effective time to ask routine enquiry questions. There is a tentative ethos from Wish practitioners about routine enquiry (see section above) and this is seen in the careful approach they adopt with their clients (non-embedding, ethical information provision, planning when to ask etc). Practitioners who already have experience of working through adverse childhood experiences may have greater confidence levels in routine enquiry work:

> '***I always leave a few days before I ask about ACE so I've always asked them about their histories but never recorded them in a formal work'***
>
> (Practitioner 2)

Again a cautious approach is apparent in the routine enquiry practice ('I always leave a few days'). The practitioner represents how routine enquiry builds upon her traditional work with clients/individuals and small practice changes which involve formally recording any adverse experiences in childhood.

Routine Enquiry Questions

Both practitioners at the Wish Centre felt that the questions worked well with individuals, in the sense of clients understanding of the questions. One question presented a problem for one of the practitioners we interviewed:

> ***'The bereavement question only asks about a parent or guardian but if they were in foster care this could be a foster parent and in refuge you get this a lot'*** (Practitioner 1)

Practitioner 1 feels the wording of the question is too particular. The term 'guardian' is normally used to cover an adult who has responsibility for a child or young person and foster parent may be included in this definition. Formal terms (professional discourse) may however obscure a range of potential carers who may fall into a significant bereavement category. Resilience was noted as an effective theme for routine enquiry questions:

> ***'The resilience questions are really worthwhile'*** (Practitioner 2)

Resilience is a developing aspect of routine enquiry that has been identified by several practitioners across two organisations. Practitioners are advocating a resilience approach to mitigate any negative stereotyping of individuals with ACEs which may occur in the future, for example, if individuals were trying to gain employment. The 'worthwhile' element for the practitioner is directed as a sense of wellbeing individuals achieve when 'they get another perspective about things' (Wish Practitioner).

Perceptions about Individuals/Clients and Routine Enquiry

We asked practitioners how they perceived individuals' responses to routine enquiry. Individuals were seen by practitioners from Wish as responding 'really well'. Thinking about whether routine enquiry either supports or challenges individuals, practitioners observed:

> '***It challenges them because it asks them about things they have not said and you are asking the questions directly and they can use the opportunity to tell you or not. So they are much challenged because you got a sense of that it was a really difficult thing to express…but it was supportive because it allowed us to offer support like therapy counselling or just being a listening ear, the success of routine enquiry is disclosure and follow up support'*** (Practitioner 2)

Practitioner 2 found both challenges and successes for the individuals who have engaged in routine enquiry. The challenges being the disclosure of adverse experiences that may never have been discussed by the individual before; and the successes of the individual being listened to and supported in meaningful ways by the organisation. Individuals making connections between their adverse childhood experiences and current health and wellbeing was identified in the reflective sessions by practitioners across organisations. A wish practitioner explores this in her interview:

'It really supports our clients. You can see them connecting stuff and you can see them getting excited and they can disclose sensitive stuff like sexual abuse, especially when they do the resilience questions. It was good for one of my clients to see this as it gave her a sense of pride. And good for us as a refuge to see where there are areas of development for the client and enables us to put in target support and do something to support the client. It can be big deals for them and you can see that they are helped and they are remembering certain things because of routine enquiry'

(Practitioner 1)

Routine enquiry prompts individuals' memories, and practitioners can respond by targeting appropriate levels and types of support, if needed by the individual. Resilience questions are seen as an integral aspect of routine enquiry by this practitioner and the therapeutic benefits for individuals is once again highlighted.

Future Delivery of Routine Enquiry (REACh)

Practitioners can offer valuable insights into future service delivery, particularly as they are involved in daily implementation of routine enquiry. We asked practitioners whether they felt routine enquiry should be embedded in all support services:

'***Hmmmm….not sure it depends what the professions are I think they are serious questions and it has to be taken quite seriously…if these questions are asked by professionals they need to be trained and in the proper environments'*** (Practitioner 2)

'Yes and particularly when we start asking children. It would allow us to put the support in place before and would give us a better chance to provide a preventative approach instead of a reactive approach'

(Practitioner 1)

The value of training and professional development for practitioners delivering routine enquiry was highlighted by one practitioner. This practitioner felt that routine enquiry is a sensitive endeavour which requires appropriate skills and management of conversations that can emerge about individuals' histories and adverse childhood experiences. Using routine enquiry with children was identified by one practitioner as an important consideration going forward. Early prevention was cited as the main motivation for using routine enquiry with children that could shape a reactive approach by organisations into a preventative approach.

7.3.2b GMW

Practitioners at GMW support individuals who substance misuse. Support involves assessments, developing treatment packages of care and signposting to different services.

Applying Routine Enquiry

Practitioners from GMW observed that the routine enquiry questions are similar to some of the questions they ask as part of their initial assessments with clients/individuals. We asked practitioners to describe the routine enquiry process:

> '***While I am doing my assessment, 3 or 4 questions are covered anyway and if they are not then there is a really easy follow on from those questions. The other ones, I would ask them at the end or might ask any other questions that are left in the next session particularly with their risk assessment'***
>
> (Practitioner 1)

Practitioner 1 describes the ease in which routine enquiry has been embedded into normal working practices. Routine enquiry is represented as an adaptable process where the practitioner can make experienced decisions about when to ask routine enquiry questions. The embedded nature of routine enquiry at GMW is described further by practitioner 2:

> '***It's not separate from the practice as large parts of routine enquiry we are already asking. I don't necessarily stick to the questions. I will paraphrase or change it and it doesn't have to be linear or verbatim. I try to work in an organic way and that's important. A lot of our chaps are intoxicated and they have to make a lot of adjustment'***
>
> (Practitioner 2)

Making routine enquiry adaptable appears to be important and dependent upon the individuals practitioners are working with. Although the topic/focus of the questions are consistent (covering the ten ACEs), practitioners are language aware and shape the delivery of questions around the needs of their client (New Ground practitioners shape the language of routine enquiry to suit the needs of children & young people). Practitioner from GMW note that any disclosures which emerge following routine enquiry becomes part of the individuals care package, and that disclosures themselves 'forges the therapeutic relationship' between practitioner and individual.

Routine enquiry is easily embedded but does it enhance or impeded current practice for GMW practitioners:

> ***'I don't feel that it has impeded my practice at all and I don't think it has enhanced my practice. All is done is increase my awareness of what we are already doing…routine enquiry gives focus and it helps me to know that I need to get back to this at a later date and also maybe at a deeper level'***
>
> (Practitioner 2)

The impact of routine enquiry is not on practice but on the practitioners' awareness of 'what we are already doing'. Practitioners are viewing their traditional practice through an ACE lens which offers deeper insights into their own practice and their clients' health and social issues. Offering focus to existing practice and planning appears to be a positive aspect of enquiring routinely with individuals.

Routine Enquiry Questions

Practitioners felt that routine enquiry questions worked well as part of their assessments and with individuals. All questions were described as 'effective' by practitioners:

> ***'Questions around family have been very useful. For example family members going into prison is something that I may not have discovered and that information can be quite useful. Break ups are also useful'***
>
> (Practitioner 1)

> ***'The abuse one was the most effective because this is powerful for the client when they make the link between abuse and addictive and misuse behaviour'***
>
> (Practitioner 2)

Routine enquiry questions generate information which may traditionally not have emerged, unless directly asked. Practitioner 1 offers an example of how the incarceration of a family member routine enquiry question has prompted disclosures from individuals that may not have emerged in traditional assessment practice. Practitioner 2 observes the effects of the routine enquiry question about abuse. The question encourages individuals to make connections between adverse experiences in childhood and current health and social issues. When individuals become aware of how adverse childhood experience may impact upon their current lives ('when they make the link between abuse and addictive and misuse behaviour'), practitioner 2 observes a powerful impact for individuals.

Practitioners had perceptions challenged about applying routine enquiry and the impact upon individuals:

'***Routine enquiry is much better than I thought actually. I thought it might open a can of worms but it has not. I have then used it to ask further questions even at other stages of the assessment'*** (Practitioner 1)

Practitioner 1 reflects upon her own expectations for asking routine enquiry questions which may not have been high if the experience was better than expected. Worries in relation to how individuals respond to routine enquiry relate to disclosures and any potential negative impacts for individuals. Routine enquiry is used by practitioner 1 as a springboard from which other questions can be asked, interwoven throughout the assessment processes.

Perceptions of Individuals/Clients and Routine Enquiry

Practitioners from GMW discuss their perceptions of how individuals/clients respond to routine enquiry:

'***There is a sense of relief. I am the first person that they tell ''I have never told anyone'' The power of these questions is that they are both challenging but are also supporting'***

(Practitioner 1)

'I have not found that any of my clients have challenged me or been challenged by the questions'

(Practitioner 2)

Practitioners perceive positive benefits of routine enquiry for the individuals they support. Despite individuals facing challenges in disclosure there is a 'sense of relief' felt by individuals once they have been listened to by practitioners.

Exploring service provision and any potential strain on services after disclosure, we asked practitioners whether they felt routine enquiry had resulted in additional services/support being put in place:

> ***'It hasn't made a massive difference. But I will need to assess but at this moment in time it has not made a difference'***
>
> (Practitioner 1)

At the time of the interview, practitioners from GMW had been applying routine enquiry for two months. At this point, practitioner 1 has seen no obvious changes in process or additional services needed for his clients. Practitioner 2 had a different experience:

> ***'Yes, one client had suffered from abuse as a child and not had counselling for it and has agreed to receive support if it was available for them. Chances are that this would have come out but it had been identified very early. No I don't believe it's (routine enquiry) put an increase on service demand'***
>
> (Practitioner 2)

The individual that practitioner 1 supported, disclosed childhood abuse and was offered counselling services. Practitioner 1 feels that this would be a service that the individual would eventually access, yet routine enquiry has offered an opportunity for early intervention for this individual. Practitioner 1 also states that there has been no 'increase in the demand of the service'. This is because 'we would have followed the same procedures and protocols' (Practitioner 1).

Future Developments for Routine Enquiry

Practitioners from GMW had some useful insights about future developments for routine enquiry:

> ***'A whole approach with everyone working together and encourage different organisations to look at the bigger picture so that it is a multi-agency approach'***
>
> (Practitioner 1)
>
> ***'All organisations that work at an interpersonal level because if people understand the precursors for why people are the way they are which will help everyone to sing from the same hymn sheet and that will make a difference. There seems to be a power in having awareness it's empowering, yes absolutely'***
>
> (Practitioner 2)

Both practitioners advise that routine enquiry needs a multi-organisational approach 'with everyone working together' to be successful. Understanding of the impact of adverse childhood experiences and current health and social issues needs to be understood by professionals working with individuals, is a significant point made by practitioner 2.

Practitioners from GMW feel that the next practical steps for routine enquiry should be:

> ***'It needs to go the wider service providers across the board'***
> (Practitioner 1)
>
> ***'To have all organisations embed routine enquiry'***
> (Practitioner 2)

Routine enquiry is seen as an approach which should be embedded in all organisations by practitioners. For recommendations to be made in relation to a wider implementation of routine enquiry shows the positive impact this approach has upon the work of practitioners at GMW.

7.3.2c The Women's Centre

Practitioners from the Women's Centre perform in-house and outreach work with women and families. Individuals are sent to the Women's Centre from different services such as the Probation Service and are offered either short or long term intervention support work (such as courses and CBT).

Applying Routine Enquiry

Both practitioners we interviewed stated that individuals had responded well to routine enquiry and they had faced no significant challenges in practice. Practitioners described how they apply routine enquiry:

> '***You've gone through the assessment and the routine enquiry questions are at the end so you've already built up that relationship with them so we'd get to it. I think everyone's different with how they ask it cause I'm a lot different to how some of my colleagues ask it. I'm straight in there but they funnel. Depending on how you ask you come up with different things'***
> (Practitioner 1)
>
> '***It depends really on each individual, I don't ask straight away. It took me three weeks before I started asking questions. It's not separate, its part of our normal assessment. We're getting that information anyway it just wasn't as succinct'***
> (Practitioner 2)

Practitioners from the Women's Centre apply routine enquiry in subjective ways, working from their knowledge of the client. Practitioner 1 describes how routine enquiry is embedded in their normal assessment and the importance of positioning routine enquiry questions towards the end. This process is described by practitioner 1 as a 'safety net' which allows for any disclosures to be captured and addressed (if necessary) within the assessment period. Practitioner 1 makes observations about diverse approaches to routine enquiry taken by her colleagues. Funnelling is the process of building up to asking a routine enquiry question by asking indirect questions. The rationale for funnelling is to achieve a gentler approach with certain individuals and less confident practitioners. Practitioner 1 claims a more direct approach and makes an interesting observation about the outcomes for asking routine enquiry in different ways: 'depending on how you ask you come up with different things'. How routine enquiry is applied can be affective in shaping how individuals respond to questions. This may be why assessing the individual is important to practitioners when deciding how to ask ACE questions. Using professional experience to decide how routine enquiry should be approached is common across practitioners. Practitioner 2 also highlights how the process of routine enquiry is dependent on the individual. Like the practitioners from GMW, practitioner 2 reflects how routine enquiry is similar to traditional assessment approaches at the Women's Centre only more 'succinct'.

Resilience

Practitioner 1 uses her own experience of ACEs to theorize a concept of 'resilience' for individuals with high ACE scores:

> '***I was sceptical at first because I did my own ACE score and it was really high. And I'm thinking why am I not on drugs and like that but then you can look at your resilience…..it's just as important to have a resilience score would people think I'm incapable of doing my job if I have a high ACE score (?) would they think oh that's why she's having a bad day but you learn about resilience and think oh thank God there's hope for me'***
>
> (Practitioner 1)

Practitioner 1 draws upon her personal and professional experiential authority of ACEs. Many practitioners who work in supportive fields have personal experiences of adversity in childhood and practitioner 1 identifies with an ACE score of 7. Comparing her own behaviour and lifestyle to her clients who are involved in crime and substance misuse as an individual with a high ACE score, allows practitioner 1 to make claims about the resilience she and other individuals with ACEs may have. Practitioner 1 presents a hypothetical situation in her professional life in relation to how her high ACE score may be perceived by other professionals. Practitioner 1 is raising concerns about a potential stereotyping or labelling of individuals with a high ACE score. Using a resilience score alongside an ACE score is a way to mitigate any potential for individuals to be discriminated against because of high ACE scores. Practitioner 1's reaction to a resilience score ('there's hope for me') reflects the empowerment and hope aspect of an individual recognising their own strengths as a result of adversity in childhood. Both the Women's Centre and the Wish Centre are in the process of

developing a resilience scoring system to give to individuals with their ACE score. Resilience scoring is embryonic and we do not have enough information to describe what the resilience scoring would involve.

Perceptions of Individuals/Clients and Routine Enquiry

Practitioners from the Women's Centre discuss how they perceive their clients responses to routine enquiry:

> '***For families that have similar problems, what we would term intergenerational issues there can be a massive variation of ACE scores'***
> (Practitioner 2)

ACE scores appear to be unpredictable for practitioner 2 who undertakes outreach work supporting families in crisis. Practitioner 2 observes whole-family intergenerational issues that are similar across different families. Shared health and social issues do not predict an ACE score as practitioner 2 observes, ACEs scores of families who present with similar issues show a 'massive variation of ACE scores. This may be a consequence of several reasons related to disclosure. Trust, feeling comfortable and other interactional aspects could determine particular ACE scores. Authenticity of responses may be a further determinant for different ACE scores. Practitioner 1 observes in her practice that some individuals who are already involved with services such as child protection may:

> ***'Not be answering questions honestly because some may be concerned with the consequences of disclosing so someone may think if I answer in this way is it going to affect my child protection order'***
> (Practitioner 2)

Individuals who are multi service users will have different relationships and experiences with different professionals, some possibly difficult if it is concerning child protection issues. Mistrust and caution may prevent individuals from disclosing in response to routine enquiry questions, if there is a potential that this may have consequences for themselves.

Practitioner 1 reflects upon individuals' current behaviours and their ACE scores:

'For me a lot of the women I see who have substance misuse problems have a high ACE score. Is it a coping mechanism for something they have experienced (?). But sometimes they will completely shock you and have every issue in the world and have a zero ACE score some people would dwell on certain things, so if you asked me did I feel emotionally neglected I might say no but my sister might say yes there's a grey area as it's something so personal to someone'

(Practitioner 1)

Links between high ACE scores and substance misuse are observed by practitioner 1, reflecting findings from the research carried out by Bellis et al (2013) who show how individuals who are accessing support services for substance misuse have four or more ACEs. Practitioner 1 describes how some individuals deviate from an ACE norm or expectation of high ACE scores for certain issues. Some individuals present with many social and health issues and manifest a zero ACE score. The 'grey area' practitioner 1 refers to are the potential deterrents for disclosure as raised by practitioner 2 (honesty, normalisation, comfort and other interactional aspects). Subjective construction of experience for individuals related to what they have experienced is exemplified by practitioner 1 'If you ask me if I was emotionally neglected I might say no but my sister might say yes'. How an individual has been affected by an experience can define how they may disclose:

'It's about how people feel affected by it (adversity) but what one person would class as emotional abuse someone else wouldn't so it's very different and you've got to try and gauge that so when I'm asking questions I will say did you experience emotional abuse and this is what it is'

(Practitioner 1)

Practitioner 1 shows tremendous awareness of normalisation and subjectivity of adverse childhood experiences in childhood. Practitioner 1 presents a strategy for unpicking possible normalised reflections of events; by explaining concepts such as 'emotional abuse' and what may constitute as emotional abuse.

Future Developments

Practitioners from the Women's Centre shared their thoughts about future delivery of routine enquiry:

'If it was to go bigger in the future you should look at children & young people and increase children & young peoples' age to 25 because more young people are living at home for longer'

(Practitioner 2)

Developing routine enquiry for children & young people has been a consistent theme emerging from practitioners across all organisations. Practitioner 2 feels the children & young people category should be raised to 25 years as opposed to 21 years. Young adults may still be experiencing adverse events in their family home. Practitioner 1 feels that routine enquiry itself should evolve:

'Workers need awareness and not be presumptuous about individuals with ACEs, you know when you walk in and say you're ACE score, they don't know you. I think the support around routine enquiry, the ways of asking and what we ask will evolve. Now we have some basic questions but what about other things (?)'

(Practitioner 1)

Developing ACE aware practitioners and professionals who support individuals was a primary concern for practitioner 1 in implementing routine enquiry on a larger scale. The REACh training is an integral part of raising awareness and understanding of ACEs and the value of routine enquiry. Practitioner 1 represents routine enquiry as an organic process that has the potential to evolve and respond to other adverse experiences, identified as impacting on current health and social lifestyles of individuals. How routine enquiry is approached is of central importance in attempting to mitigate any interactional and relationship issues that shape how individuals disclose.

7.3.2d Evolve

Practitioners from Evolve described the process of routine enquiry:

'I'm trying to make sure that each client that comes through that its part of their assessment I don't always do it first I do it when I feel comfortable to ask and when I've built a rapport. It comes into conversation and then its an appropriate time to say can I ask you a question' (Practitioner 1)

'We feel it would be unfair to ask them straight away because the worker doing the triage assessment doesn't necessarily build a relationship with that client. For me it will be when I do the comprehensive assessment, when I do routine enquiry which tends to be the third appointment'

(Practitioner 2)

Practitioners at Evolve embed routine enquiry into their assessment practices using an approach that is dependent upon relationships established between individuals and practitioners. Developing relationships with individuals is seen as important to routine practitioners in their routine enquiry approach. The suggestion for 'continuity of care', where individuals 'won't need to disclose again' if they are supported by the same practitioner who initiated routine enquiry, was seen to mitigate multiple disclosures for individuals. This may be an important consideration if individuals are disclosing different information to different professionals (as highlighted in the reflective sessions by practitioners), resulting in different ACE scores and not receiving appropriate early intervention.

Practitioner 1 describes how she approaches routine enquiry with her clients as weaving questions into conversations. Practitioner 2 describes how she asks routine enquiry questions with her clients:

> ***'I give them the form then if they OK with reading and writing I sit quietly with them while they go through it and then we look at it together'***
>
> (Practitioner 2)

Practitioners appear to use different approaches to routine enquiry, based upon their knowledge of the individuals they are supporting and existing working practices. Routine enquiry is a subjective process for practitioners. Establishing the best method based upon the individual the practitioner is working with (literacy levels, known behaviours, known histories) is an approach adopted by most practitioners involved in the REACh pilot. The training has provided a base (in terms of knowledge and confidence) from which practitioners can shape routine enquiry to their own working practices.

Challenges in Practice

Challenges for routine enquiry were highlighted by practitioners at Evolve:

> ***'I've only done eight routine enquiries. It's not really being pushed or driven. Maybe it could be put into supervision'***
>
> (Practitioner 2)

Practitioner 2 discusses how she feels she is working with routine enquiry in isolation. Despite embedding routine enquiry into daily practice, she feels this work is not currently supported at an organisational level by senior staff. It is important to note that at the time of interview, Evolve was undergoing significant changes in funding and management. Practitioners jobs were not secure and each member of staff was about to attend interviews for their current jobs. This may explain why there was not more organisational emphasis on routine enquiry. Practitioner 2 highlights the importance of organisational support for practitioners working with routine enquiry. Support is

important for practitioners who may need reassurance from senior staff that routine enquiry is valuable and a worthwhile practice to be embedded into their normal approaches.

Routine Enquiry Questions

Both practitioners from Evolve felt that the routine enquiry questions they were using were not effective (it is important to note at this point that the routine enquiry questions provided at the training were adapted by a member of staff at Evolve):

> ***'To be honest that questions that we had been given (in the training session) is better than the one we've got now, because for example the abuse by a family member question, well I have a client who was abused by a friend of the family so we need a broadening of these terms'***
>
> (Practitioner 2)

Language use is important in the routine enquiry process. A number of practitioners have raised a vocabulary issue and how using terms that are too specific (i.e parents) can lead to individuals not disclosing if their experience is not represented in the question. If organisations are re-developing questions, specific guidance or mentoring may be needed to ensure that questions are designed to encompass more generic referencing (i.e Family Members or Other Adults).

Perceptions of Individuals/Clients and Routine Enquiry

Individuals have responded well to routine enquiry at the Evolve Centre. Practitioners reported that they had experienced no refusals or challenges (with the exception of question wording) from individuals they are supporting:

> ***'I asked her (client) do you think it (routine enquiry) would have helped you if someone had already asked you the questions and she said yes'***
>
> (Practitioner 1)
>
> '***We forget how much this impacts on people, just acknowledgement about difficult experiences and most of the people I've done routine enquiries and they erm say the same about them not realising that what's happened to them was adverse'***
>
> (Practitioner 2)

Practitioner 1 explores with her client any potential benefits that she may have experienced if she had engaged in routine enquiry at an earlier stage in her support pathway. The individual affirms that early routine enquiry would have helped. Acknowledging individuals adverse experiences in childhood and how this may have impacted upon current health and wellbeing is seen as an important aspect of the routine enquiry process by practitioner 2. Naturalisation of adversity is identified by practitioner 2 with most individuals she has routinely enquired with. Routine enquiry

challenges individuals' constructions of childhood experiences as normal or something that happens to everyone. Once normalisation is challenged by the routine enquiry questions, individuals can make significant connections between adverse childhood experiences and current behaviours, wellbeing and lifestyle choices.

The ACE Tree

The ACE Tree is a visual resource developed by the REACh Project Manager and given to practitioners in the REACh training session. Practitioners at Evolve discussed the ACE tree[11]:

> ***'The tree is incredible, I want it put up on the wall everytime I do routine enquiry. When I do routine enquiry I think oh I should of brought the tree. I'm going to make sure I do next time'***
>
> (Practitioner 1)
>
> ***'I use the tree, it was brilliant for two of my clients they look at the roots and say yes yes and show how their behaviours have changed over the years and they map it out on the tree'***
>
> (Practitioner 2)

Practitioners discussed the possibility of producing a large visual resource to place on the wall of the organisation. The ACE tree resource was seen as an effective and valuable support tool by both practitioners and individuals. Practitioners offer positive evaluations about the tree ('brilliant' and 'incredible') and describe the power of the visual metaphor of a tree to discuss the links between adversity in childhood and present behaviours. Practitioner 2 describes how individuals use the ACE tree in theorizing past experience and progressing behaviours. Individuals use the tree to plot out experiences in childhood (that eventually become recognised by individuals as adverse) against current events and behaviours.

7.3.3 Summary of Findings from Practitioners

The main themes that have emerged from practitioners in reflective sessions and individual interviews are:

Process and Practice for Routine Enquiry

- Starting the routine enquiry process with individuals appears to occur in two ways: Making individuals aware of what the questions are and the research process or asking the questions as part of organisational assessments. Both approaches work well with clients and the ethical debate regarding which approach to use may be linked more to working practice for the professional rather than any adverse effect for the individual
- Routine enquiry has been embedded in organisational assessments (with the exception of 1 organisation) and this has shown to work well with individuals. Planning around where the routine enquiry questions should be planted in the

[11] Information about the ACE tree was not elicited through interview questions and emerged from the practitioners

assessments has taken place by practitioners. Routine enquiry questions are positioned at the end of assessments to ensure a relationship has manifested with the individual and as a 'safety net'

- No individuals refused to engage in routine enquiry with practitioners
- All practitioners implemented routine enquiry following the REACh training. This was despite organisational changes resulting in potential job losses for some practitioners. The REACh team facilitated monthly supervision meetings which may have supported practitioners to continue implementation of routine enquiry

Practitioners

- Confidence around implementing routine enquiry increases with experience of enquiring. Confidence to routinely enquire is shaped by professional experience of working with individuals in crisis and knowledge about the individuals they are working with
- Practitioners take subjective approaches to routine enquiry based upon confidence, relationships with their client and where routine enquiry takes place (timing of asking questions, funnelling or asking directly)
- Following the REACh training, practitioners reported developing an ACE lens where practitioners start to recognise ACEs of individuals before they complete the routine enquiry questions. This demonstrates a good understanding and awareness of adverse childhood experiences. It may also help to determine whether individuals are responding truthfully to routine enquiry questions
- Practitioners need support from the organisation they are working in. Organisations need to recognise the routine enquiry work implemented by practitioners and offer continuous support through supervision processes

Routine Enquiry Questions

- Issues around routine enquiry questions were prevalent in the evaluation. Organisations (or individual managers) adapted questions to suit the organisation and their client groups. However this led to problems associated with using particular terms of reference as opposed to more generic forms of referencing. For example, abuse questions focused on parents when some individuals had been abused by close family members or siblings. Using a question which focuses solely on parental abuse does not provide some individuals with an opportunity to disclose as the experience of abuse does not resonate with them. If managers are adapting questions, specific professional development on question design may be needed
- Children & young people friendly versions of routine enquiry may need to be developed for organisations supporting children & young people

Disclosures

- There are significant differences noted by practitioners between pre routine and routine enquiry practice. There is an increase in the amount of disclosures by individuals generating new information. This can lead to early intervention if required
- The speed of disclosures by individuals is observed by practitioners. Speedy disclosures are a result of direct questions used in routine enquiry. Speed of disclosure is measured against traditional averages of when individuals disclose which can be up to ten years (see research)

- An increase in disclosures has not led to an increase in new and additional types of support for individuals. There are no additional costs noted as a consequence of routine enquiry
- Disclosure is seen as a 'therapy' in its own right where individuals benefit from releasing past trauma and a practitioner listen to them

Resilience for Individuals with ACEs

- Practitioners in two organisations are developing a 'resilience score' to attribute to individuals with ACEs. This is based upon the premise that recognising resilience brings empowerment and hope for individuals
- Practitioners draw upon their personal experiential authority of adverse childhood experiences when theorising 'resilience'. Noting what individuals with ACEs can achieve and not connecting ACEs consistently with poor health and social issues is seen as a primary aspect of resilience

Perceptions of Individuals with ACEs

- All practitioners recognised benefits of routine enquiry for individuals with ACEs
- Individuals with ACEs are recognising cycles of ACEs with their own children as a result of routine enquiry, demonstrating an organic development for using routine enquiry with children & young people
- Individuals with ACEs were found to be both challenged and supported by routine enquiry. Challenges emerged when individuals addressed adverse experiences for the first time and successes where identified as self-reflection for individuals and making significant connections between the past and the present
- Individuals challenged practitioners' perceptions about routine enquiry. Some individuals did not feel any negative impacts from some of their adverse experiences and did not request additional service support (such as counselling). Individuals presenting with multiple health and social issues produced low scores on the ACE scale. This challenged practitioners expectations
- Individuals with ACEs can normalise adverse experiences that occurred in childhood, not recognising that an ACE is relevant to them. Normalisation of adversity can be subjective and cultural (see Section 8)

ACE Scores

- Practitioners observe that ACE scales have the potential to shift, depending on a variety of factors. Individuals that use multi-services can present with different ACE scores depending on the professional supporting them (particularly if professionals are approaching routine enquiry in different ways)
- Practitioners note that some individuals are not truthful in their responses to routine enquiry questions. Therefore an ACE score for an individual may not be accurate. There are several reasons why individuals may not disclose: nature of the interaction, relationships with professionals, fear of other services such as Child Protection and normalisation of adverse experience in childhood

- ACE scores are not predictable, or determined by health and social issues. Individuals who present with shared or similar health and social issues demonstrate different ACE scores. However, most individuals who presented with substance misuse issues tended to demonstrated high ACE scores

Future Developments for Routine Enquiry

- Practitioners felt that routine enquiry should be applied with children & young people in future implementation, to ensure early intervention and to mitigate cycles of ACE
- A widespread and coordinated approach is considered to be an effective approach for routine enquiry going forward
- Training and professional development for all professionals working with routine enquiry is recommended by practitioners
- Awareness raising is needed to ensure professionals understand any relationships between individual's adverse experiences in childhood and current health and social issues. Awareness of individuals' resilience should be embedded with ACE awareness
- An adaptive approach that can respond to additional adverse ACEs being identified and added to current ACEs

Practitioners have perceptions based upon professional experiences about how individuals respond to and feel about routine enquiry. We are provided with experiential insights based upon practices and relationships with individuals with ACEs. The next section presents the experiences of individuals with ACEs who have engaged in routine enquiry.

7.4 Stories of Individuals with ACEs and Routine Enquiry

'Your research is giving people like me a voice'

(Evolve Client)

Six clients from three organisations engaged in individual interviews as part of the REACh evaluation. We have presented individuals' contributions as narrative talk to demonstrate how individuals represent adverse childhood experiences, self-position and respond to routine enquiry and construct any benefits and challenges for individuals engaging in routine enquiry. Using pseudonyms for individuals, the clients who have participated in the evaluation are described as:

- A client from Evolve who we refer to as Jean. Jean is a white-heritage female in her early 60's. Jean attends Evolve for support for her alcohol addiction
- A client from Evolve who we refer to as Maria. Maria is a white-heritage female in her early 40's who attends Evolve for drug addiction and mental health support
- A client from The Women's Centre who we refer to as 'Claire'. Claire is white-heritage female and in her 20's. Claire attends the Women's Centre as a statutory requirement from the probation service
- A client from The Women's Centre who we refer to as Sandra. Sandra is a white-heritage female and in her 20's. Sandra attends the Women's Centre a statutory requirement from the probation service
- A client from the Wish Centre who we refer to as Aisha. Aisha is a female of Pakistani heritage in her early 40's.
- A client from Wish Centre who we refer to as Jane. Jane is female, aged in her early 30's

Individuals' contributions are presented as narratives and we have categorised the stories of individuals under relevant themes which emerged from the analysis.

7.5.1 Experiences of Adversity in Childhood

Individuals represented their experiences of adversity in childhood, despite the fact that this information was not directly elicited (the researcher did not ask for explanations of what happened in childhood). We asked Jean why she was involved with Evolve. Jean requires support with alcohol misuse and offers a reflective account of her childhood as part of her response to this question:

7.4.1a: Jean's Story: 'Just a Clout': Normalisation of adverse experiences

a) I suppose we were like normal kids
b) If we did owt wrong we just got a clout right
c) But it was my brothers that erm when this happened
d) With one of my brothers
e) When I threatened to tell he would beat me up
f) I had black eye after black eye……

Jean opens her narrative with a comparative structure involving her siblings '*we*' and '*normal kids'*. Although Jean states that they were '*like normal kids'* (line a), the comparison indicates that she is separating out herself and her siblings from other 'normal' children. On line b, Jean reflects being physically punished as a child and constructs this event as '*we just got a clout'*. The modal descriptor Jean uses ('*just*') softens the seriousness of the event and portrays this action as something which happens to 'normal kids'. Physical punishment is normalised in Jean's narrative. Jean contrasts '*a clout'* against the sexual abuse she suffered by her two brothers. At this point, Jean does not offer a detailed account of what her brothers did and uses generic referencing strategies to relate her experience ('*this happened'*). Normalising abuse is a common aspect of individual's narratives of adverse childhood experiences (see also section 7, Practitioners). Cultural and social influences may determine how physical abuse is defined by individuals.

Claire is supported by the Women's Centre were she attends under a court order for a drink driving related offence. After spending a short time in rehabilitation, Claire began a health and wellbeing course at the Women's Centre and was asked routine enquiry questions at her first visit to the Centre. Claire's narrative account of completing the routine enquiry questions demonstrates a more implicit type of normalisation which leads to disclosures occurring throughout the course of her talk:

7.4.1b: Claire's Story

a) I didn't personally mind the questions
b) I didn't tick any
c) Erm I probably would have mentioned that
d) My father was an alcoholic
e) Yeah maybe I never thought that I was emotionally abused
f) But when I actually think about it
g) Maybe I was
h) And maybe that could bring something up
i) Yeah I could talk about that with them and get benefits
j) Yeah parental divorce and separation
k) You could just take that as read
l) Cause everyone's mum and dad gets divorced

R: would you tick any now Claire?

C: I would tick none as I had a privileged upbringing

Claire self-positions as a privileged child with no adverse childhood experiences ('*I ticked none*', line b). Interestingly, Claire makes three disclosures within her narrative; her father was an alcoholic, she experienced emotional abuse and her parents divorced. Claire does not commit to her disclosures as she represents these experiences as a '*maybe*' and categorically asserts '*I would tick none*' after reflecting upon past experiences. Claire observes '*you could just take that as read everyone's mum and dad gets divorced*' (lines k&l). Like Jean, Claire normalises adverse childhood experiences and only starts to recognise her own potential adverse experiences when she was a child. What does normalisation mean for routine enquiry and disclosure? Initially, Claire had a zero ACE count as the frame of reference she approached the questions from did not link her father's alcohol misuse or her parents' divorce with the routine enquiry questions. Claire does not recognise her Father's alcohol misuse as an adverse experience.

7.4.2 Responding to Routine Enquiry

Individuals were asked how they felt when responding to the routine enquiry questions. Most individuals stated that they felt comfortable and '*didn't mind'*, while one individual expressed discomfort with the process. The narratives included below demonstrate how individuals respond to routine enquiry:

Jean's Story 7.4.2a: 'I didn't have to think'

a) No the questions didn't make me feel uncomfortable
b) I just read through them and circled the appropriate ones
c) I didn't have to think I was abused
d) Or there was alcohol problems in family
e) Because I grew up in it

Jean describes the process of routine enquiry (line b), using the modal verb '*just*' to emphasise the ease of completing the questions. Jean's reference to her responses as '*circling the appropriate ones'* demonstrates a form-filling discourse that constructs a non-emotional process of completing a standard form. Routine enquiry is presented as an easy and standard practice by Jean which makes her feel no discomfort. The rationale Jean offers for why the process of routine enquiry was easy was because she '*didn't have to think'* (line c). Jean came to routine enquiry after several discussions with her support worker about her childhood experiences and had already made connections between her adverse experiences and current sets of behaviours. As in the narrative examples above, adverse childhood experiences are normalised by Jean (line e). Abuse and alcohol misuse are normal and require no exploration because Jean '*grew up in it*'. Adversity is constructed as a way of life for Jean, a

naturalised circumstance that is not questioned. Maria's experiences of responding to routine enquiry was different to Jean's:

Maria's Story 7.4.2b: 'I had to Step Back and Think': Opening 'Pandora's Box'

a) I remember them being uncomfortable
b) You know because it was making me look at it in my head
c) It meant that I had to pause and step back and think
d) Right we gonna go there are we
e) You know I do this thing were I make a joke about it
f) Cause I can get stuck on it and start to analyse
g) Yeah the questions were uncomfortable
h) But brief and not too penetrative
i) You know didn't ask what when who and how
j) ……..
k) It felt like the penny was dropping
l) it felt like the sooner you start accepting that these things have happened in your childhood
m) and its not imagined in the back of your head
n) for years I was reading books
o) and doing 12 step programme
p) but there was nothing that answered the fact
q) that what do you do when your so f*****d up from your childhood
r) I feel broken
s) And this is why I've made decisions in my life
t) Not to have children or get married..
u) ……
v) Its (RE) confirmed the stuff that I was hiding away from
w) I didn't want to go into the pandora's box
x) Actually I think it brought me and my worker closer together
y) Working together to understand my issues
z) That underpin my drug use and my mental health

Unlike Jean, Maria self-positions as '*uncomfortable*' responding to routine enquiry questions. Maria's narrative is paradoxical in that there is an element of resistance to routine enquiry. Maria constructs routine enquiry as the key to opening '*Pandora's Box*' and her story represents a mental journey using physical descriptive terms '*step back', 'stop'* and '*we're going there'*. At the same time, Maria constructs how routine enquiry has supported her journey '*it felt like the penny was dropping*' and contextualises its benefits against other approaches and types of support (books, 12 step programme). The rationale that Maria constructs in her narrative for her discomfort with routine enquiry is that she had to 'think' about her childhood. Jean normalised her experiences and did not have to analyse or explore memories as she responded to the questions. Maria engaged in routine enquiry at her second meeting with the support worker, while Jean had several meetings before engaging in routine enquiry. This however may not be the catalyst for why Maria finds the experience

uncomfortable[12]. Maria represents how she has historically self-protected against her memories on line m '*imagined and in the back of your head'*; and line e '*I make a joke about it*', suggesting Maria has not yet accepted adverse experiences in childhood. Constructing her memories as '*Pandora's Box'*, suggests that Maria has to uncover a plethora of negative childhood experiences that she is not yet fully aware of. Maria recognises the need for acceptance (line l) and demonstrates awareness that her childhood experiences '*underpin*' (line z) her current lifestyle, mental health and substance misuse. Maria offers valuable observations around the practical aspects of routine enquiry. Although Maria felt uncomfortable with the questions, the fact that questions were brief and un-intrusive made responding easier. Maria evaluates her relationship with her support worker and reflects upon how routine enquiry has catalysed a closer collaborative relationship. Maria constructs this relationship as equal and productive. In Maria's narrative account, an explicit link is made between her adverse childhood experiences and her current life choices ('*not to have children and get married*': line t; '*that underpin my drug use and mental health'*: line z).

Jane attends the Wish Centre to receive support for domestic violence she has experienced. Jane reflects upon how she felt when responding to the routine enquiry questions:

7.4.2c: Jane's Story

a) I did not mind the questions
b) Because I knew that I had to deal with these things
c) And get the help I needed
d) It made me think more about these questions
e) I was surprised by how many boxes I ticked
f) And nobody ever asked these questions before
g) And I know I had to deal with these
h) And dealing with them now will make me a better parent

[12] Individuals identify comfort with the professional as the key catalyst for disclosure. Not the length of time attending sessions and developing a relationship

Like Jean, Jane self-positions as comfortable with the routine enquiry questions and justifies why she does '*not mind'* being asked the routine enquiry questions on line b '*because I knew I had to deal with these things'*. Like other individuals, Jane uses generic referencing to represent her adverse childhood experiences '*these things*' instead of offering any detailed description, a distancing strategy used by all individuals in their talk. Jane offers a new perspective around responding to routine enquiry questions in her narrative account '*and nobody has ever asked me these questions before*' (line f). This is a new experience for Jane and she is surprised by her responses and ACE count '*I was surprised how many boxes I ticked'* (line e). This demonstrates how the routine enquiry questions have catalysed Jane's reflective journey and allowed Jane to make connections between her adverse childhood experiences and her current lifestyle. Jane demonstrates an optimism for the future as she self-positions as a better parent as a result of dealing with her past and current issues.

7.4.3 Reflections on Post-Routine Enquiry

Individuals reflected on any impacts of routine enquiry in the days following their assessments. Most individuals claimed that they did not think about the questions following the routine enquiry process. Jane, a client at the Wish Centre who could be considered as a young person (21 years old) reflected upon the impact of routine enquiry:

7.4.3a: Jane's Story: Post Routine Enquiry

a) Realising what I have been through
b) Made me feel a bit better about myself
c) It has helped me how can I put it
d) I've always bottled up
e) And it allowed me to get a lot off my chest
f) And after the questions
g) Even a couple of days later
h) I thought a lot about my childhood
i) And I'm still thinking about it
j) I felt relieved after id spoken about these things
k) I would not have done the things I did
l) If other people had the chance to speak to someone
m) When I was a kid
n) Then they would have had a chance to put things right earlier
o) And that they would be really helped
p) ……..
q) If people can get the support earlier
r) We can then stop people like me to become victims
s) If my daughter got help from a young age
t) Then it stops it from keep carrying on
u) I think in every school that questions like this
v) Should be asked

Jane starts her narrative account with an abstract which summarises the impact of routine enquiry. Jane '*realises*' indicating new knowledge that has been generated about her situation as a result of engaging in routine enquiry. Jane connects her realisation with feeling '*a bit better'* about herself and routine enquiry has '*helped her'*. To justify her wellbeing, Jane produces a second narrative on line d; '*I've always bottled up'*. Jane's account has moved into a continuous past of holding feelings inside which contextualises why it has been valuable for Jane to '*get a lot off my chest'*. Routine enquiry has provided Jane with an opportunity to reflect on her childhood experiences and talk openly about them. The space time of Jane's narrative shifts on line g '*a couple of days later'* moving her story along from the routine enquiry process to the days after. Thinking about childhood is an event which routine enquiry appears to catalyse in individuals who are only recently making connections between adverse experiences in childhood and current behaviours and lifestyles. Jane is the only individual who reflects upon post-routine enquiry about her childhood experiences. Jane moves her story back into present time on line I, with a present continuous statement '*and I am still thinking about it'*. The routine enquiry questions have had a powerful and positive impact as Jane evaluates her realisation and '*relief*' on line j. Jane uses her narrative of experience strategically to justify why routine enquiry should be used with children & young people. On line k&l, Jane offers a hypothetical situation '*I wouldn't of done the things I did, if other people had a chance to speak to someone, when I was a kid*'. Jane is alluding to early intervention for children & young people and the potential benefits of using a routine enquiry approach with children & young people. The narrative becomes hypothetical in nature '*if people can get the support earlier we can then stop people like me becoming victims'* (lines q&r). Jane uses her own story as a strategy to evidence why routine enquiry should be used with children & young people. Drawing upon her own daughter (line s) Jane theorises generational ACE and a cycle of impacts from parents with ACEs.

7.4.4 Routine Enquiry Practice: The importance of comfort

Individuals had engaged with routine enquiry at various stages of support. Some may have engaged in their initial assessments and some after several sessions. We considered whether having a long-term relationship with a support worker made responding to routine enquiry more transparent and easier? The individuals that participated in the interviews stated that what made disclosure easier was not how long they had known the support worker, it was a case of how comfortable they felt with the professional they were working with. Sandra attends the Women's Centre under obligation from a court order. Sandra presented as having zero ACEs and stated that she had experienced a wonderful childhood. Like Claire, Sandra disclosed one ACE during the course of the interview ('*oh yeah I think I could count substance misuse, can I*': quote taken from Sandra's transcript). Sandra expresses the importance of who is asking routine enquiry questions:

Sandra's Story, 7.4.4a

a) If a fella was asking me these questions
b) I think even if I were abused
c) I wouldn't of told him
d) But the lady who was asking me
e) I felt comfortable with her
f) I'd only just met her
g) But I felt comfy with her
h) If a snotty women had of asked me
i) I would of lied to her

Sandra's narrative starts as a hypothetical account, manifested with the conditional '*if*'. Sandra initially self-presented with zero ACEs and offers a hypothetical account based upon if she had been 'abused'. Sandra's narrative is not experiential but based on perception yet Sandra makes some interesting points about whether she would disclose or not. Gender is a factor in whether Sandra would disclose adverse childhood experiences. Sandra's narrative shifts into experiential on line d, as a strategy for evidencing why comfort is important for the individual in routine enquiry practice '*but the lady who was asking me…I felt comfortable with her'*. Sandra uses her experiential narrative to contrast against her initial hypothetical story about the '*fella*'. The fact that Sandra had *'only just met'* the support worker bore no relevance on her comfort with this professional and responding to routine enquiry questions. Again Sandra offers a second hypothetical narrative, this time based upon the character of a '*snotty woman'* (line h). How Sandra characterises the hypothetical professional as 'snotty' constructs images of a professional who is cold and rude. Sandra states openly that she '*would of lied'* if faced with this type of professional.

Aisha attends the Wish Centre, and is being supported for domestic violence. Aisha reflected upon the benefits of working with routine enquiry with other professionals:

Aisha's Story: 7.4.4b

a) I can't remember much about what they asked me
b) They told me that they have to ask me some questions
c) I am saying that I think that I keep things inside me
d) And I could speak to somebody and tell
e) And it was easy to talk to because there were people there
f) And I can trust them
g) And made me feel good
h) ……..
i) If they did not ask these questions
j) Then I would not tell
k) They need to let people know
l) So more people can get the help they need

Aisha like other individuals we interviewed had to be reminded what the routine enquiry questions were (demonstrating very little negative impacts of routine enquiry upon individuals). Aisha also manifests actions of keeping '*things inside'* only disclosing when she is asked about adverse childhood experiences. Aisha represents her experiences of routine enquiry as '*easy*' as she could '*trust*' (line f) the professional workers. Trust and comfort in responding to routine enquiry are important requirements of disclosure for the individuals we interviewed. Aisha recognises that the questions are responsible for her disclosure ('*if they did not ask these questions then I wouldn't tell'*), echoing research studies that suggest routine enquiry encourages quicker disclosure rates[13]. Aisha promotes routine enquiry positively, suggesting this approach should be available for other 'people'.

7.4.5 Correlations and Themes across Stories of Individuals

We have presented a sample of individual narrative accounts or stories to demonstrate experiences of engaging in routine enquiry. Common themes have emerged from analyses of individuals stories that are set out below:

- Individuals normalised some of their adverse childhood experiences such as physical abuse, emotional abuse, substance misuse and divorce/separation

- Some individuals did not recognise some adverse childhood experiences as 'adverse'. Having a father who was an alcoholic or being physically abused was not seen as having any adverse impact in some individuals' childhoods. This impacted upon the individuals ACE score as two individuals self-positioned as having zero ACEs yet disclosed during the course of the interview. This points to whether ACE scoring can be accurate and offer a true reflection of individuals' adverse experiences in childhood

- Individuals used generic referencing as distancing strategies to represent particular adverse experiences in childhood (sexual abuse), including individual who felt they had come to terms with sexual abuse and found responding to routine enquiry easy

- Most individuals we interviewed felt no adverse effects from responding to routine enquiry questions (one individual felt some discomfort). Discomfort from individuals was noted when resistance to the process was present. One individual sensed that routine enquiry was a useful exercise yet wanted to resist opening the 'Pandora's Box'

- Routine enquiry questions were seen by individuals as brief and not too intrusive as they do not ask for specific details

- Positive relationships with professionals contributed to a successful routine enquiry. This was not based on longevity but on quality. Feeling comfortable

[13] Research suggests, on average it can take an individual 10 years to disclose adverse childhood experiences

and trusting a professional made disclosure easier for individuals. A question that has emerged from professionals is 'when do you ask routine enquiry questions?'. Providing individuals feel comfortable then routine enquiry questions could be asked immediately to new clients. The training is therefore crucial in raising awareness of individuals routine enquiry needs

- Routine enquiry offers new experiences for individuals in opening up and talking about their adverse childhood experiences

- Only one individual reported any impacts after they had engaged in routine enquiry. Reflection and making connections between past events and current behaviours was represented as a positive event for the individual

- All individuals who participated in interviews felt that routine enquiry should be used with other individuals. One individual expressed the need to routinely enquire with children & young people as a preventative measure

Routine enquiry has shown to have positive benefits for the individuals who participated in the interviews, with no detrimental effects to their wellbeing.

7.5 Numerical Data from Organisations

Organisations who participated in the REACh programme collated numerical data concerning quantities of routine enquiries, disclosures and disclosure types. In this section, we set out the findings for numerical data collated by organisations.

7.5.1 General Findings

General findings from an analysis of numerical data provided by organisations are:

- The total number of routine enquiries carried out across all organisations, between November 2014 and March 2015[14] were 147
- In total, 131 disclosures were recorded across all organisations (as a direct result of routine enquiry). This gives a 89% disclosure rate across organisations
- Organisations do not have an existing pre-routine enquiry baseline (for disclosures) from which results can be compared
- The average number of disclosures across all organisations was 4.5 (individuals disclosing ACEs)

7.5.2 Total Number of Disclosures for Each Organisation

Each organisation demonstrated high disclosure rates. Four organisations recorded disclosure rates above 88%, one organisation 74% and two organisations showing 100% disclosure rates (with these latter two organisations, participant rates were relatively low).

Table 7.5.2a Routine Enquiry and Disclosure Rates

RI = Routine Inquiry, DR= Disclosure Rate

Overall		Women's Centre		GMW		Evolve		WISH		New Ground	
Total RI	DR	RI	DR	RI	DR	RI	DR	RI	DR	RI	DR
147	89%	92	89%	21	74%	23	91%	8	100%	3	100%

Table 7.5.2a shows The Women's Centre conducted the highest number of routine enquiries. The Women's Centre commenced enquiring earlier than the other organisations which may explain higher rates.

7.5.3 Average Number of Disclosures for Each Organisation

Each organisation (with the exception of one) scored an average disclosure rate of 4.5 or higher:

[14] Some organisations began collating numerical data later than others.

Table 7.5.3a Average Number of Disclosures for Each Organisation

Organisation	Average Number Of Disclosures per Individual	Total Number Of Disclosures Per Organisation	Number of Routine Enquiries
Women's centre	5	82	92
GMW	3	17	21
Evolve	4.5	21	23
Wish	5	8	8
New Ground	8	3	3

Average numbers of disclosures recorded for each organisation demonstrates most individuals disclosing 4+ ACEs. The average ACE count for New Ground was 8 ACEs per individual (over a small sample of 3 participants). Out of 92 routine enquiries carried out by the Women's Centre, 82 individuals disclosed an average of 4 ACEs.

7.5.4 Total Number of Disclosures per ACE Category

Organisations developed their own routine enquiry questions based upon the ACE scale (the 10 ACEs) covered in the REACh training. Organisations felt it was important to reword and adapt routine enquiry to suit their own clients. This led to some inconsistency for the analysis but nine systematic ACE categories were identified across organisations from which a systematic analysis could be performed:

Table 7.5.4a Total Number of Disclosures per ACE Category

01 Emotional Abuse	02 Physical Abuse	03 Sexual Abuse	04 Emotional Neglect	05 Physical Neglect	06 Household Substance Abuse	07 Household Mental Illness	08 Bereavement	09 Domestic Abuse	
68	60	60	58	44	52	59	70	69	
13%	11%	11%	11%	8%	10%	11%	13%	13%	**Total No of Disc: 540**

Bereavement and domestic abuse ranked as the highest ACE categories experienced by individuals (70 and 69 respectively). Physical and sexual abuse where ranked highly (each 60) which may reflect the current situations of the individuals engaging in routine enquiry (substance users, at crisis point etc - see Bellis et al 2013).

7.5.5 Findings by Organisation

Findings by each organisation are presented below:

The Women's Centre

The Women's Centre client sample on average disclosed 5 ACEs categories per routine enquiry, with a disclosure rate of 88%:

Table 7.5.5a The Women's Centre Categories

CATEGORIES	TOTAL
No of Routine Enquiries	92
No of Disclosures	82
Total Number Of Disclosures	387
Average Number Of Disclosures	5
Average Age Of Client	33

The average age of clients who attend the Women's Centre is aged 33 years. ACE scores are relatively high averaging at 5 ACEs per individual. Practitioners at the Women's Centre conducted the highest number of routine enquiries, demonstrating a high disclosure rate and a large volume of disclosures. Practitioners from the Women's Centre use 11 ACEs on their routine enquiry scale and these are coded as:

ACE Key for the Women's Centre

01 – emotional abuse
02- physical abuse
03- sexual abuse
04-emotional neglect
05- physical neglect
06- household substance misuse
07- household mental illness
08- Bereavement or loss of a significant family member
09- domestic abuse
10- parental divorce/seperation
11 – incarcerated family member

The Women's Centre support clients across Lancashire and provided demographic data, broken down to area/town:

Table 7.5.5b: Demographic Data from the Women's Centre

Town	Number of clients	Average Age	1	2	3	4	5	6	7	8	9	10	11
Accrington	11	32	3	4	2	3	2	4	4	3	6	6	1
BwD	29	30	15	12	9	15	8	5	8	16	16	12	8
Blackpool	25	32	11	12	11	9	4	6	7	13	10	11	7
Burnley	3	20	2	1	1	2	2	2	2	1	2	2	1
Chorley	5	27.5	1	1	0	1	0	2	1	1	2	2	1
Colne	1	31	0	1	0	0	1	1	0	1	0	1	0
Darwen	3	32	2	2	1	1	1	1	0	2	1	1	1
Hambleton	1	31	1	0	1	1	0	0	1	1	1	1	1
Nelson	4	36	2	2	2	2	3	3	2	2	3	4	0
Leyland	1	32	1	1	1	1	0	0	0	0	1	1	1
Preston	3	25	3	3	2	2	0	2	1	2	2	1	1

Rossendale	1	48	0	0	0	0	0	1	1	1	0	1	0
Whitworth	1	42	1	1	1	1	1	1	1	0	0	1	0

The table sets out number of clients, average age and the types and number of ACEs attributed to individuals. Blackburn has the highest recorded number of clients (this may be attributed to location of the evaluation). Over 50% of clients sampled from Blackburn had experienced emotional abuse, physical abuse and emotional neglect in childhood. Blackpool show similar results to Blackburn. A small sample size was recorded for individuals in Darwen (3) and results show that individuals disclosed all ACE types with the exception of 'household mental illness'.

A breakdown of Individuals who presented with 4 or more ACEs is shown in the table below:

Table 7.5.5c: Number of Individuals with 4 or more ACEs

Town	Number of Samples	Number of Participants with more than four aces	As a percentage of Town sample
Blackburn	29	14	48%
Blackpool	25	14	56%
Accrington	11	4	36%
Nelson	4	3	75%
Preston	3	3	100%
Burnley	3	2	67%
Chorley	5	1	20%
Darwen	3	1	33%
Colne	1	1	100%
Hambleton	1	1	100%
Leyland	1	1	100%
Rossendale	1	1	100%
Whitworth	1	1	100%

Across all the areas recorded by the Women's Centre, Blackburn and Blackpool has a higher incidence of individuals presenting with 4 or more ACEs. Other areas have a relatively small sample size (1 participant = 100% disclosure of 4 or more ACEs) which makes interpretation of these areas challenging).

GMW

Individuals who attend GMW show an average of 3 disclosures per routine enquiry with an average disclosure rate 74%:

Table 7.5.5d: General Findings for GMW

CATEGORIES	TOTAL
No of Routine Inquiries	21
No of Disclosures	17
Total Number Of Disclosures	50
Average Number Of Disclosures	3
Average Age Of individuals	35

GMW conducted a total of 21 routine enquiries with 17 disclosures made per routine enquiry. A total of 50 disclosures where recorded across the pilot timeframe. The average age of individuals is similar to the Women's Centre clients, 35 years. GMW have the highest number of male individuals across the total sample and the gender spread for GMW individuals was 15 male and 6 female individuals.

GMW recorded gender differences in numbers and types of ACEs

ACE Key for GMW:

01 – Emotional Abuse
02 – Physical Abuse
03 – Sexual Abuse
04 –Emotional Neglect
05 –Physical Neglect
06 – Household Substance Abuse
07 –Household Mental Illness
08 – Bereavement or loss
09 – Domestic Abuse
10 –Incarcerated Family Member

Table 7.5.5e: Gender and ACEs

Gender	Number of Samples	Average Age	1	2	3	4	5	6	7	8	9	10
Male	15	36	4	3	2	2	0	2	1	4	2	2
Female	6	33	3	4	2	4	2	3	4	3	3	0

Emotional abuse and bereavement ranked as the highest ACE types across male individuals. For females, physical abuse, emotional neglect and household mental illness ranked as the highest ACE types with over 50% of females disclosing these types of adverse childhood experiences. Females are shown to have a higher incidence of 4 or more ACEs:

Table 7.5.5f: Gender and Number of ACEs

Gender	Number of Participants	Number of Participants with more than four aces	Percentage
Male	15	1	7%
Female	6	3	50%

Only 7% of male individuals disclosed 4 or more ACEs in routine enquiry with 50% of the female sample (which is under half of the male sample). Across the sample (male and female) males make up 0.5% of individuals who disclosed 4 or more ACEs.

Evolve

Individuals who attend Evolve show a high disclosure rate of 91% during following routine enquiry:

Table 7.5.5g: Evolve General Findings

Categories	Total
Number of Routine Inquiries	23
Number of Disclosures	21
Total Number Of Disclosures	95
Average Number Of Disclosures	4.5

Practitioners at Evolve conducted a total of 23 routine enquiries, with 21 individuals disclosing following routine enquiry. The total number of disclosures across the individual sample group was 95, with on average individuals disclosing 4 or more ACEs.

Evolve provided data related to gender differentiation of disclosure and ACE type following routine enquiry:

ACE Key for Evolve:

01 – Emotional Abuse
02 – Physical Abuse
03 – Sexual Abuse
04 – Household Substance Misuse
05 – Household Mental Illness
06 – Emotional Neglect
07 – Physical Neglect
08 – Domestic Abuse
09 – Incarcerated Family Member
10 – Loss or Bereavement of Family Member

Table 7.5.5h: Gender and ACE Type

Gender	Number of individuals	1	2	3	4	5	6	7	8	9	10
Male (43%)	10	8	4	3	8	3	6	2	5	1	3
Female (57%)	13	8	8	3	5	4	4	6	6	4	4

There is an equal distribution of number of ACE types for emotional and sexual abuse among male and female individuals who attend Evolve. A higher incidence of females had shown to experience physical abuse, physical neglect and an incarcerated family member in childhood, than males. A higher incidence of males had shown to experience household substance misuse and emotional neglect in childhood, than females. Disclosure rates for males stand at 80% for emotional abuse. Rates for females disclosing emotional and physical abuse in childhood is 67%.

Evolve's data demonstrates gender differences in number of ACE disclosures following routine enquiry:

Table 7.7.5i: Male and Female Individuals with 4 or more ACEs

Gender	Number of individuals	Number of individuals more than four aces	Percentage of all individuals
Male	10	5	50%
Female	13	6	46%

Distribution of individuals with 4 or more ACEs across male and female individuals is relatively equal (50% and 46% respectively).

Wish

Individuals who attend the Wish Centre show an average score of 5 ACEs following routine enquiry[15]:

Table 7.5.5j: Wish General Findings

CATEGORIES	TOTAL
Number of Routine Inquiries	8
Number of Disclosures	8
Total Number Of Disclosures	42
Average Number Of Disclosures	5

Practitioners from the Wish Centre conducted 8 routine enquiries. Each individual disclosed adverse childhood experiences following routine enquiry. A total of 42 disclosures were recorded across all individuals and the average number of ACEs for individuals was 5.

ACE Key for Wish:

01 – Emotional Abuse
02 – Physical Abuse
03 – Sexual Abuse
04 – Emotional Neglect
05 – Physical Neglect
06- Household Substance Misuse
07 –Household Mental Illness
08- Loss or Bereavement
09 – Domestic Abuse
10 – Incarcerated Family Member
11 – Parental Separation of Divorce

[15] The Wish Centre did not collect any demographic data

Table 7.7.5k: ACE types and

	Sample Total	1	2	3	4	5	6	7	8	9	10	11
Number of Individuals	8	4	3	4	6	2	3	2	7	4	2	5

Seven individuals (90%) have experienced loss or bereavement of a close family member in childhood. Six individuals disclosed emotional neglect in childhood while 5 individuals disclosed parental separation/divorce. 63% of individuals disclosed 4 or more ACEs following routine enquiry:

Table 7.5.5l: Individuals with 4 or more ACEs

Number of individuals	Number of individuals with more than four aces	Percentage of across all individuals
8	5	63%

Five out of eight individuals who engaged in routine enquiry disclosed 4 or more ACEs, totalling 63% of the sample.

New Ground

Individuals who engaged in routine enquiry show an average of 8 disclosures following routine enquiry:

Table 7.5.5m: General Findings for New Ground

Categories	Total
Number of Routine Inquiries	3
Number of Disclosures	3
Total Number Of Disclosures	24
Average Number Of Disclosures	8

New Ground have a relatively small sample group of 3 individuals. Each individual disclosed ACEs following routine enquiry with an average of 8 ACEs per routine enquiry. Total number of ACE disclosures across the sample group is 24.

ACE Key for New Ground

01 – Emotional Abuse
02 – Physical Abuse
03 – Sexual Abuse
04 – Emotional Neglect
05 – Physical Neglect
06 –Household Substance Abuse
07 – Household Mental Illness
08 –Bereavement or Loss Family
09 – Domestic Abuse
10 –Parental Divorce/Separation
11 – Incarcerated Family Member

Table 7.5.5n: Number and Types of ACEs

	Sample Size	1	2	3	4	5	6	7	8	9	10	11
Number of Individuals	3	3	3	1	3	1	2	3	1	3	2	2

The data shows a 100% disclosure rate for emotional abuse, physical abuse, emotional neglect and household mental illness. The individuals who attend New Ground are children & young people. All participants disclosed ACEs showing a 100% disclosure rate for New Ground's sample.

7.6 A Summary of the Numerical Data

A summary of the findings collated from organisation is:

- Overall analyses cannot be systematic as organisations collated different types of data, used different questions and support different client group types
- Findings indicate a very strong causal relationship between routine enquiry and disclosure of ACEs (89% disclosure rate)
- Most individuals who engaged in routine enquiry presented with 4 or more ACEs
- Bereavement and domestic abuse are the highest experienced ACEs among the sample group

8. A Synthesis of the Main Findings

The final section brings together the main findings from each data-set collated during the evaluation. Findings are measured against the aims and objectives for the evaluation, and the main themes that have emerged from the evaluation are set out. We offer an analysis of the 'threads' which weave through the experiences of practitioners and individuals and review this against the relevant research studies that have shaped the REACh programme.

8.1 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.

8.1.2 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

8.1.3 Developing an ACE aware culture (within its pilot locations)

- Practitioners are using ACE discourse in supervisions 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 organic development of ACE awareness as it extends from the individual to their families

8.1.4 Systematic and continuous routine enquiry for 6 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 less clients over longer periods of time. This can affect the number of routine enquiries that are carried out.

8.2 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:

8.2.1 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 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.

8.2.2 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 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.

8.2.3 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

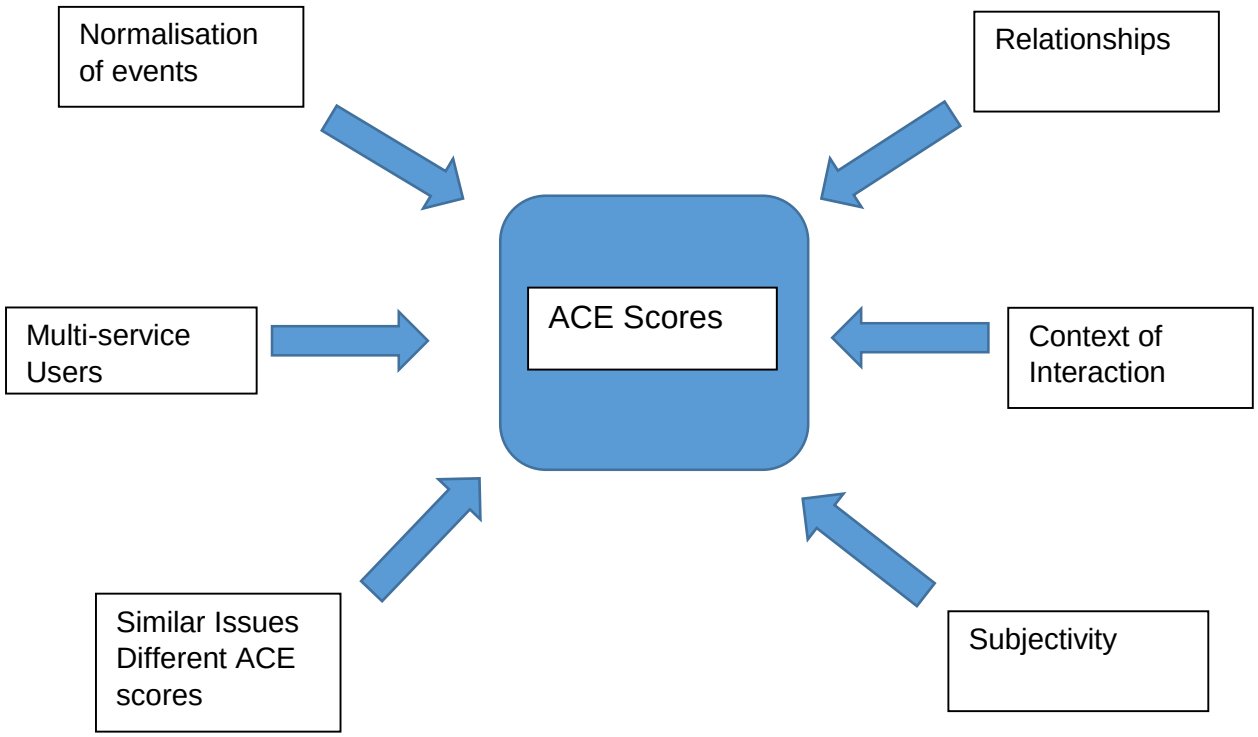
Being critically aware of normalisation as a professional and having open discussions with individuals around such childhood events may be a starting point for understanding better how normalisation contributes towards ACE scoring and recovery for individuals.

8.2.4 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 substance misuse recognise they will have 4 or more ACEs and this is strongly evidenced in the study carried out by Bellis et al (2013). In the evaluation, there is evidence to suggest that adverse childhood experiences are correlated with current behaviours and lifestyle choices. Yet, what has consistently 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:

Diagram 8.2.4a: Factors which contribute to Fluid ACE Scores



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, challenging practitioners' assumptions
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 – beliefs), 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.

8.2.5 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.

9. Recommendations for Research and Practice

The recommendations we offer for research and practice are:

9.1 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 on 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
- 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
- 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

9.2 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

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Appendices

Appendix 1: Interview Protocol for Individuals/Clients

Interview Protocol for Individuals with ACEs

Ensure that all individuals are provided with clear and transparent information about the evaluation, and how their contribution will be used. Ask for permission to record responses. The questions are conversation prompts to elicit stories of experience. Approach the interview in an informal and relaxed manner. Ensure individuals are aware that any disclosure of present danger may result in the matter being reported to the relevant authority as a means for safeguarding the individual.

Topic 1: The Individual (An informal discussion to relax the individual and gauge demographic detail)

1.1 Do you live locally?

1.2 How did you become involved with ***name of the organisation***?

1.3 Could you describe what normally happens when you visit ***name of the organisation***?

Topic 2: Individuals knowledge/experiences of any routine enquiry

2.1 Did the professional that you saw at **name of the organisation** ask you any questions?

2.2 Could you describe what the questions were like?

2.3 How did the questions make you feel?

2.4 Where there any questions that were difficult for you to answer?

Topic 3: Any effects of Routine Enquiry

3.1 Did you learn anything new about yourself as a result of the questions you were asked?

3.2 Do you feel you now need any other types of support to help you? If yes which?

3.3 Do you feel asking these questions are a good thing for people who are having support?

Appendix 2: Interview Protocol for Practitioners

Professional Role

What is your role?

What does it involve?

What types of individuals do you support?

Training

What was your experience of the training?

Which parts of the training did you find most useful when applying routine enquiry?

Would you change any parts of the training?

Process

Have you applied routine enquiry?

If yes (or when you do) what did you do?

Does it feel embedded or separate from your practice?

Do you feel that routine enquiry has enhanced or impeded your practice?

Questions

How do you ask the routine enquiry questions?

How do the routine enquiry questions work for you and the client?

Are there any questions that didn't work?

Which do you feel were the most effective questions?

Perceptions of Individuals/Clients

How do you feel your clients are responding to routine enquiry?

Do you feel that routine enquiry supports/challenges your clients?

What do you feel is the average number of ACEs your identifying?

Has routine enquiry had any influence on identifying additional support for clients?

Challenges and Successes of Routine Enquiry

What do you feel are/will be the biggest successes of routine enquiry?

What do you feel are/will be the biggest challenges for routine enquiry?

Do you thing routine enquiry should be used by all organisations/professionals?

What do you think should be the next steps for routine enquiry practice in BwD?

Real Life Research

Real Life Research are a research and engagement consultancy that offer specialist services in engaging citizens in research, using innovative and empowering approaches. We offer research and engagement services ranging from real life intelligence collation that informs service development, policy formation and commissioning services; to training professionals and citizens using co-productive and asset-based practices. Being in tune with organisations and the everyday lives of citizens, we ensure quality insight and data collection that informs organisational practices and improves the lives of individuals and communities. Our team has extensive experience of working across all sectors, including health, education, housing, and young peoples' services in public, private and tertiary sectors. We are currently commissioned by local universities, local government departments and third sector organisations to undertake quality pieces of research & engagement work to support service development in the areas of health, education and social media technologies & young people.

Real Life Research

Dr Donna Thomas-Nawaz, Director & Lead Researcher, Specialism: Citizen Engagement, Qualitative & Quantitative Research, Social Policy, Language Analysis; Narrative Enquiry, Children & Young People as Researchers, Education

Susan Lindsay, Associate Researcher, Specialism: Qualitative Research, Children & Young People

Zak Khan, Community Research Officer, Specialism: Quantitative Research, Qualitative Research, BME & Minority Communities, Mental Health

Kelly Duxbury, Trainee Researcher & Community Engagement Support, Specialism: Families, Health, Criminology

Recent Projects at Real Life Research

Young People's Sexual Risk-Taking Behaviour with Lancaster University

Real Life Research are working in partnership with Lancaster University exploring the interrelationships between young people's sexual risk taking behaviour, alcohol and drugs

Social Media & Me with Blackburn with Darwen Borough Council

The Social Media & Me study explores any interrelationships between social media usage and young peoples' identities and wellbeing. The project is just coming to completion and available in May 2015.

Evaluation of the Healthy News Programme with East Lancashire Hospital Trust

We have completed an evaluation of the Healthy News Programme that was delivered across primary and high schools in Blackburn with Darwen. The evaluation explored health knowledge acquisition, health knowledge exchange and potential behaviour change.

Understanding Emotional Identities of Young People and their Stories Online with Blackburn YouthZone

We have completed a study of how young people who attend Blackburn Youthzone construct their emotional identities and wellbeing in online conversations with their peers and professionals.

Social Media Usage by Young People with BwD Communications Department

We have completed a piece of exploratory research that understands how young people use social media, so that organisations can market different messages in more effective ways.

Citizen Story Work: Turning 'Soft Evidence into Hard Data'

We will be working with different organisations training professionals and practitioners to identify, analyse and interpret stories told by citizens. Professionals will be trained to use a language analytical framework to show stories as systematic and robust evidence in service development, delivery and commissioning processes.

Review of the School Nursing Service: Lancashire Care Foundation Trust

We have completed a review of the School Nursing Service that operates across Blackburn with Darwen, using co-productive methods and a Pupils as Researchers approach

The Stories of Children & Young People on the Autistic Spectrum: Training professionals and parents in story analyses

We are starting an innovative training programme that will see professionals, parents and children and young people on the autistic spectrum, trained in story analyses work.