Routine Enquiry about Adversity in Childhood: The REACh programme.

Waiting to be told doesn't work. Routine enquiry is acceptable to staff and service users. Disclosure is a catalyst for change, enhanced therapeutic alliance and better targeted help. REACh promotes cultural change, enables practice change and provides the opportunity to reduce the intergenerational impact of adversity in our communities.

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The Impact of Experiencing Adversity and Trauma in Childhood

There is now a vast and compelling body of research demonstrating the link between experiences of childhood adversity and trauma and the development of detrimental health and social outcomes later in life. Research on Adverse Childhood Experiences (ACEs) over the last two decades has accelerated and has led to important developments in our understanding of these links (Centre for Disease Control and Prevention; CDC, 2013; Felitti et al., 1998). ACEs refer to some of the most commonly occurring, toxically stressful experiences that take place during the first 18 years of life. These experiences include multiple forms of abuse and neglect, as well as various household adversities, such as witnessing violence between parents or caregivers.

There have now been a number of large scale population based studies that collectively provide powerful evidence confirming that ACEs are causally and proportionately linked to poor physical, emotional and mental health outcomes; put simply, the more ACEs an individual experiences, the worse their outcomes. Recent UK regional and national ACE studies (Bellis et al., 2013; 2014) revealed that around 50% of the UK population experience at least one ACE, with around 12% experiencing four or more. Greater numbers of ACEs are associated with dramatically increased risk of poor educational and employment outcomes, low mental wellbeing and life satisfaction, alongside the development of some of the leading causes of disease and death.

Furthermore, abuse, trauma and other adverse experiences have been found to often co-occur. For instance, if a person experiences one type of abuse or adversity, they are 87% more likely to experience other types of abuse and adversity; the more types of abuse and adversity a person experiences, the higher the risk of harmful health and social outcomes later in life (Felliti et al., 1998).

These findings indicate a public health imperative to prevent and respond more appropriately to experiences of adversity in our society. Health and social care services have an opportunity at the point of initial contact to routinely ask service-users about childhood adversity and trauma. The Future in Mind report (2015) outlined the impact of experiencing or witnessing adversity and trauma and set out a specific recommendation for the development of routine enquiry procedures as a means of responding to these concerns. Furthermore, the tackling child sexual exploitation report, (2015), which set out how the government is dealing with child sexual exploitation in the UK, signaled a commitment from government to introduce routine enquiry. The introduction of such procedures would enable services to offer,

and the public to access, more targeted support and would aim to prevent the continuation of abuse and adversity in future generations.

Why are services not already asking?

Research and practice have both demonstrated a number of barriers to hearing disclosures of childhood adversity and trauma. For instance, survivors of such experiences can often be reluctant to disclose voluntarily (Read at al., 2006), due in part to feelings of shame, guilt and anxiety about their experiences and the act or consequences of disclosure (Alaggia, 2004; Dohary and Clearwater, 2012; Tener and Murphy, 2015). However, survivors have suggested that these issues can either be exacerbated or alleviated by the responses of the person listening to their disclosure (Glover et al., 2010).

Furthermore, health and social care practitioners have described an unwillingness or discomfort with the idea of having to ask people about childhood adversity and trauma (Read, Hammersley and Rudegeair, 2007). Young et al. (2001) identified professional anxiety as a major cause of such reluctance, particularly due to a perceived risk of upsetting the service-user, fears of the process being upsetting for them as professionals and concerns related to the development of false memories. Consequently, both service-users and professionals have described a need for professionals to be trained to ask routinely; helping professionals to feel more confident to ask, in order to support service-users to feel more comfortable to talk about their experiences.

What do we know about impact of disclosures?

Research has regularly shown that, although people rarely disclose voluntarily, people often expect to be asked about these experiences by health and social care practitioners. Furthermore, disclosure can have the opposite effect to what professionals often think; it can actually reduce distress. Disclosures can positively impact recovery, promote resilience and improve a person's perceptions of themselves (Frattaroli, 2006; Marriott, Lewis and Gobin, 2016). However, delaying a disclosure or never having the opportunity to disclosure is associated with more negative outcomes.

Evidence suggests that, if people are not asked directly, it can take between 9 to 16 years for an adult to disclose a history of abuse or adversity (Read et al., 2006). We have received practice examples where a service-user has accessed a service intermittently for many years, but when a professional invited that person to discuss whether they had experienced childhood adversity or trauma, the service-user disclosed a number of adverse experiences, which had not been previous known to the service. When professionals asked people why they had never disclosed this information before, the reply was often, 'you never asked'. Asking enables people to move on from their current situation. This conversation can support people to understand the impact of their experiences in the context of their current circumstances, helping them to find new solutions. People begin to create meaning through telling their story, which can help them to make sense of the experiences with that professional. This empowering experience can be a catalyst for meaningful change. Making links between their past adversity and present difficulties can

facilitate a greater potential for self-compassion and helps people re-frame their current situation as an understandable reaction to extremely challenging circumstances.

Recognising a Need to Change

As outlined, experiencing adversity and trauma early in life increases one's risk of developing negative health and social outcomes, including poor mental health and wellbeing. Consequently, the government, in response to a recognition of such high prevalence, have called for services to do more to routinely identify and provide support for those who experience early life adversity, so that health and social care service providers can offer appropriate interventions to support positive recovery.

To support this need, the Routine Enquiry about Adversity in Childhood (REACh) model was developed.

Development of REACh

In 2013, Dr Warren Larkin and a small team based in Lancashire developed the REACh model; a training programme designed to develop the skills and confidence of professionals to routinely ask about childhood adversity and trauma. This programme was developed to offer a clear practical framework for change and to support professionals to feel confident enough to routinely ask service-users about early adverse life experiences.

The REACh approach began when the lead author used the ACE literature as a compelling case for the introduction of routine enquiry about abuse and traumatic experience within a first episode psychosis (FEP) service. As a result of positive engagement and support at team development sessions it was agreed that routine enquiry should be introduced within the service, given the excess of abuse and trauma reported by people with psychosis (Larkin and Read, 2009). Almost 100 practitioners in the FEP service were trained and this experience provided valuable insight into the essential ingredients required to implement and embed routine enquiry.

[insert REACh infographic]

Funding was secured from a range of sources between 2013 and 2015, and partnerships with local authority, public health, charitable and voluntary sector organisations were formed. REACh was successfully implemented across a range of services, including health visiting, substance misuse, domestic abuse, young people's services, early help and family intervention and prevention. These organisations are still routinely enquiring 3 years post training. Partners report that this approach has enabled organisational and cultural change as well as improved engagement and outcomes for service-users. Services are better able to provide targeted support for people, resulting in improved outcomes for services and service-users.

The REACh Model

REACh aims to raise awareness amongst professionals and the public about long term outcomes of childhood adversity and trauma. This is achieved by establishing and supporting organisational practice and culture change by embedding REACh within every appropriate assessment.

REACh involves, as part of the model of delivery, one or two-day training on why, when and how to enquire safely and sensitively, alongside organisational support, helping teams to navigate potential risks and challenges and to ensure appropriate staff support is in place.

The model has five key elements.

[insert model diagram]

Stage one is a co-produced audit and evaluation of an organisations readiness to engage in routine enquiry. This helps to identify any potential systemic barriers and supports organisational buy-in.

Stage two involves consideration of change management processes and a review or design of an organisations specific systems and processes required to support effective and safe enquiry.

Stage three, is the delivery of REACh training, which is tailored to the organisations specific needs, in terms of content and delivery methods.

During stage four, the REACh team offer time-limited follow-up support to the organisation, including consultation and supervision for staff and leadership teams, to ensure effective implementation.

Finally in stage five, the team support the organisation to evaluate the implementation of REACh, to assess practice change and the impact on their service and service-users.

The Evidence

In 2014, evaluation of the experiences and insights of staff trained in REACh revealed a number of positive impacts on professional practice and client outcomes (Pearce et al., submitted manuscript). For instance, REACh training inspired practitioners to develop an trauma-informed understanding of clients' experiences, resulting in clinical practice changes, which, in turn, facilitated more lasting change for clients. It was found that enquiries encouraged clients to make links between their past and their present situation, enabling them to accurately identify the right support for them, at the right time. The research findings also suggested that not all clients required, or wanted referrals for psychological or other practical support in relation to their disclosure. In the majority of cases, therapeutic conversations with practitioners seemed to be sufficient to encourage meaningful change.

In 2015, an independent evaluation of the REACh programme (Real Life Research, 2015) found that Reach training equips practitioners with the knowledge and tools to conduct routine enquiry effectively with the people they support. All practitioners who attended the training reported that it was useful, enjoyable and increased their knowledge and awareness of childhood adversity and trauma, including its widespread impacts. REACh was found to initiate earlier intervention, as a result of speedier disclosures**.** Importantly, practitioners reported no issues with implementing REACh in their practice and reported no increase in service need following the enquiries made. Participants and managers felt that they were able to create with the individual a more appropriate intervention plan if they have enquired about previous experiences, dealing with the root cause of presenting issues rather than the 'symptom'.

The most recent evaluation in 2016 qualitatively explored the impact of REACh on parents accessing an early help family support team (Simpson-Adkins and Daiches, submitted manuscript). Results demonstrated that all parents agreed to engage in enquiries. Although the process of disclosure was emotive, parents' post-disclosure reflections resulted in a process in which they re-evaluated their parental goals, roles and priorities. This re-evaluation appeared to initiate a drive to parent differently, propelled by their desire to give their child a better start in life. These results demonstrated that, without any post REACh intervention, parents appeared to engage in a self-determined process of post-disclosure behaviour change, alongside a number of positive impacts, such as increased mentalizing capacity (Allen and Fonagy, 2006) and experiences comparable to post-traumatic growth (Tedeschi and Calhoun, 2004). These impacts resulted in reports of improved relationships between parents and their children.

Current Projects

The 'Tackling Child Sexual Exploitation' Report (Department of Heath, 2015), reported failings across the wider care system to respond to or protect children and young people from child sexual abuse (CSA) and Childhood Sexual Exploitation (CSE). As a response the government made a commitment to introducing routine enquiry about such abuses in some targeted NHS commissioned services. Services such as Mental Health and Substance Misuse teams will be supported to routinely ask those over 14 years old who present to their services about their experiences of adversity. In 2016, as a result of the success of the REACh model, the Department of Health commissioned the REACh team to develop a method of improving the skills and confidence of services to routinely ask about CSA, nationally. The objective of this training package is to provide the materials, tools and evidence to enable the Department of Health, NHS England and Public Health England to progress wider roll-out of routine enquiry; a key deliverable in the 'Tackling Child Sexual Exploitation' strategy.

The REACh team have utilised learning from their work to devise procedures and training for enquiring specifically about various forms of CSA, in the context of other childhood adversities, using the broader framework of ACEs. This has also involved adapting an approach initially designed to work with adults, to support sensitive enquiries with children and young people. This has provided evidence that the REACh model can be extended to enquiries about various forms of adversity and

can support enquiry with children and young people. The Department of Health pilot will initially be trialled with professionals in targeted services, including children's mental health, sexual health and substance misuse services.

The team have also commenced work on a number of other pathfinder projects to further develop the REACh approach in various settings. For instance, REACh is currently being adapted and evaluated for use in GP practices. In collaboration with Blackburn with Darwen local authority Children in Our Care Virtual Head-Teacher, the team have also begun work on developing a trauma-informed school model and have also commenced work with a local safeguarding children board to devise trauma-informed procedures to support the missing from home pathway.

The team have recently developed an online training module to improve awareness of childhood adversity and trauma-informed approaches. This online module has been developed by and is currently being utilised within Lancashire Care NHS Foundation Trust and will also form part of the resource package designed for the Department of Health project described above.

Next steps

Firstly, we hope to continue to improve community awareness about the impact of childhood adversity and trauma and to support the development of approaches to address this widespread public health issue. We hope that on-going research and evaluation of REACh will help to provide a better understanding of methods for harm reduction and broader prevention strategies in relation to experiences of childhood adversity and trauma. From the work we are currently doing, we also hope to identify and quantify the impact of practice change produced by REACh in terms of improved outcomes for services and service-users, alongside highlighting any resulting cost avoidance and service utilisation as result of implementing routine enquiry in standard practice. More broadly, the information collected from enquiries in the Department of Health pathfinder project and subsequent roll out will hopefully enable earlier identification of abuse and adversity at local and national level. Providing prevalence data for local commissioners and services should enable more appropriate service provision, earlier offers of meaningful, tailored support and support widespread cultural and practice change.

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Dr Warren Larkin is a Consultant Clinical Psychologist and Visiting Professor at Sunderland University. He is also the Clinical Lead for the Department of Health Adverse ChIldhood Experiences programme and a Director at Warren Larkin Associates Ltd. He has a long-standing interest in the relationships between childhood adversity and outcomes later in life. He has spent most of his career working in specialist early intervention services with service users who are experiencing psychosis. He has published numerous research articles on the topic of trauma and psychosis and published an edited book with Tony Morrison in 2006 (now commissioned for a second edition) exploring this theme. Warren led one of the two national IAPT (increasing access to psychological therapies) demonstration sites for Psychosis and was a member of the Children and Young People's Mental Health Services National Task Force. Warren also developed the REACh approach (Routine Enquiry about Adversity in Childhood) as a way of assisting organisations to become more trauma-informed and to support professionals to ask routinely about adversity in their everyday practice.

Dr Graham Simpson-Adkins is clinical psychologist, project development lead and subject area expert in adverse childhood experiences for Lancashire Care NHS Foundation Trust. Graham is also a clinical psychologist in a specialist community learning disability team in Mersey Care NHS Foundation Trust.

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