EARLY INTERVENTION FOUNDATION

# Adverse childhood experiences

## Building consensus on what should happen next

## Technical annex

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## About EIF

The Early Intervention Foundation (EIF) is an independent charity established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.

Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.

EIF is a research charity, focused on promoting and enabling an evidence-based approach to early intervention. Our work focuses on the developmental issues that can arise during a child's life, from birth to the age of 18, including their physical, cognitive, behavioural and social and emotional development. As a result, our work covers a wide range of policy and service areas, including health, education, families and policing.

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This report was first published in August 2021. 

The aim of this report is to support policymakers, practitioners and commissioners to make informed choices. We have reviewed data from authoritative sources but this analysis must be seen as a supplement to, rather than a substitute for, professional judgment. The What Works Network is not responsible for, and cannot guarantee the accuracy of, any analysis produced or cited herein.

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# Contents

# Introduction

## Overview

In February 2020, we published a comprehensive review of the Adverse Childhood Experiences (ACEs) evidence.[1] We observed that while ACEs are clearly detrimental to children's development, many claims about the impact of ACEs are misleading and many ACE-related practices are not underpinned by good evidence. The report concluded with a set of nine recommendations about how the ACEs evidence could be improved and outlined what an 'evidence-based' public health response to ACEs might be.

While the review and its conclusions were positively received, it was clear that more work was needed to understand how its key messages were perceived and were influencing our audience's work with families and children. We therefore commissioned RAND Europe, a not-for-profit research institute, to conduct a Delphi-style, consensus-building exercise on our behalf to better understand our audience's views about the research evidence, and how they think it might best be taken forward to improve policy and practice.

This technical annex provides the full details of the methods used to conduct this exercise and a full analysis of the results. The background of the report, our analysis of the findings, and conclusions and recommendations are found in the main report.[2]

## Methods

### Study design

The Delphi process was conducted in three rounds via an online platform as illustrated in figure 1.

1. **Round one:** 198 individuals representing EIF's primary audiences were invited to partake in the study and sent a link to the first survey round. Those agreeing to participate were asked to read the introductory summary of EIF's 2020 Adverse Childhood Experiences report and: 1) provide their general impressions in a free-text box; 2) indicate whether they agreed or disagreed with nine key messages from the report on a four-point Likert-type scale;[3] and 3) make three recommendations for actionable priorities for taking the ACEs agenda forward.
2. **Round two:** Over 200 actionable priorities were identified in round one, reflecting eight of the 10 key messages made in the original report. Thematic techniques were used to reduce these to 54 statements. These were sent to the 199 individuals originally recruited to the study, regardless of whether they participated in round one. Participants were asked to agree or disagree with these statements on a four-point Likert-type scale.
3. **Round three:** All of those participating in either round one or two of the exercise were sent a third survey with the responses from round two. Participants were asked to:

1 Asmussen, K., Fischer, F., Drayton, E., & McBride, T. (2020). *Adverse childhood experiences: What we know, what we don't know, and what should happen next*. Early Intervention Foundation. https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next

2 Available at: https://www.eif.org.uk/report/aces-building-consensus-on-what-should-happen-next

3 A Likert-type scale is a set of consecutive numbers (typically no less than three and no more than 10) that allows respondents to specify their level of agreement or disagreement with a statement in a questionnaire.

1) prioritise statements where consensus had been reached; and 2) reindicate their position in light of the views of others where areas of strong disagreement remained.

**FIGURE 1**
Content and participation in the three Delphi survey rounds


## Survey questions

### *Round one*

The first survey asked participants to read the summary of our report *Adverse childhood experiences: What we know, what we don't know and what should happen next*.[4] Participants were then asked to answer three sets of questions:

1. Provide their general impressions of the report and the extent to which they found the knowledge to be useful through free-text boxes and a series of four-point Likert-type questions.
2. Rank their agreement on a four-point Likert scale (strongly agree, agree, disagree, strongly disagree) with 10 recommendations and conclusions from the report.
3. Make three recommendations for taking the ACEs agenda forward.

The complete survey used for round one can be found in appendix A of this report.

4 Available at: https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next

*Round two*

The participants in round one made over 200 policy and practice suggestions for taking ACEs evidence forward. There was a fair degree of overlap amongst these suggestions, so they were condensed into 54 statements using thematic techniques. The original language and conceptual framing used by participants was retained wherever possible, although small adjustments were made to ensure that the statements were clear and unambiguous.

These 54 statements were then sent to participants as part of round two of the survey, so that they could see what others had suggested and rank their agreement or disagreement with each statement. Survey two can be found in appendix B of this report.

*Round three*

Twenty-six of the statements in round two achieved a high level of consensus, so participants were asked to prioritise these statements within prespecified themes in round three. Participants were also asked to reconsider their agreement with the remaining 28 statements, where consensus had not yet reached 70% or higher.

Survey three can be found in appendix C of this report.

## Participant recruitment

A key aim of this study was to gain the views of a representative cross-section of EIF's primary audiences. A sampling framework was developed to identify stakeholders from central government, local government, What Works Centres, charities, professional associations, academics, training providers, frontline practitioners and individuals with lived experience representing five of EIF's outcome areas.5 Additionally, individuals with experience of working with black and minority ethnic groups were explicitly recruited.

The aim was to recruit as many individuals as possible to ensure a representative cross-section of our stakeholder groups, although Delphi surveys can be successfully completed with as few as 12 participants. In the end, 198 individuals were invited to partake in the study. Approximately half of these individuals were recruited 'cold', meaning that they had no specific contact with EIF prior to this exercise. Individuals receiving the EIF newsletter (1,600) were also provided with a link to the survey.

## Ethics

All participants provided informed consent to take part at the beginning of the process as part of the online survey. All data was handled in accordance with UK data protection regulations.

## Data analysis

Descriptive statistics were used to describe participants' demographic characteristics and responses to the questions posed to them in each of the three rounds. Consensus was defined as >70% of participants agreeing/strongly agreeing or disagreeing/strongly disagreeing with a statement in rounds two and three. This level of agreement has been considered appropriate in previous Delphi studies. Analyses were conducted using using SPSS Statistics version 24 for Windows.

5 Childhood education, mental health and wellbeing, children's conduct and youth justice, physical health, child maltreatment.

# Results

## Participant response rate and characteristics

One hundred and ninety-eight (198) individuals were directly invited to partake in the survey. Recruitment to the three survey rounds was as follows:

- Round one successfully recruited 70 participants to the survey. Fifty completed it in its entirety.
- Round two was sent out to the original list of 198 contacts. Forty-two individuals responded to round two of the survey and 41 completed it. Twenty of these individuals also participated in round one. Twenty-two were newly recruited.
- All individuals who participated in either rounds one and two were invited to participate in round three, totalling 69 individuals. Thirty-two individuals completed round three. Thirteen of these individuals completed all three rounds and an additional 13 had completed round two only. Six were new participants due to the survey being forwarded on to colleagues.

Table 1 provides the professional characteristics of the participants in the three survey rounds in terms of their workforce and professional interest.

**TABLE 1**
Characteristics of Delphi participants for each of the three rounds

| Sectors represented (respondents were able to select more than one) | Round one (n = 70) | Round two (n = 42) | Round three (n = 32) |
|---|---|---|---|
| Central government | 7.1% (5) | 2% (1) | 9% (3) |
| Local government | 18.6% (13) | 17% (10) | 22% (7) |
| What Works Centre | 8.6% (6) | 7% (4) | 3% (1) |
| Third sector/charity | 30% (21) | 30% (17) | 34% (11) |
| Professional college or organisation | 8.6% (6) | 3% (2) | 12% (4) |
| Academic/research | 31.4% (32) | 17% (10) | 22% (7) |
| Frontline practice | 14.3% (10) | 16% (9) | 12% (4) |
| Other (included 'ACEs survivor and advocate', 'independent writer/researcher', 'grassroots, public engagement [training provider]','independent consultant', 'training and consultancy on trauma'). | 12.5% (9) | 10% (6) | 12% (4) |

| Focus of work | Round one (n = 70) | Round two (n = 42) | Round three (n = 32) |
|---|---|---|---|
| Childhood education | 14.3% (10) | 14% (15) | 37% (12) |
| Mental health and wellbeing | 17.1% (12) | 27% (28) | 60% (19) |
| Children's conduct and youth justice | 5.7% (4) | 13% (13) | 31% (10) |
| Physical health | 0 – | 8% (8) | 25% (8) |
| Child maltreatment | 8.6% (6) | 19% (20) | 37% (12) |
| Other (included 'ACEs education and advocacy', 'ACEs training', 'early help', 'emotional well-being', 'relationships', 'adult experience with an attachment lens', 'family support', 'public health', 'public health in general', 'reducing parental conflict and early help', 'violence against women and girls') | 54.3% (38) | 19% (20) | 28% (9) |

The participants' self-identified areas of interest were fairly evenly distributed across EIF's five outcome areas in round one. By round three most of the participants represented organisations with a primary focus on children's mental health and wellbeing. Some 7% of the participants said that their work had a specific focus on black and minority ethnic groups.

# Round one survey results

## Section one: Participants' views of the EIF ACEs report (2020)

In the first section of round one of the survey, participants were asked to share their reviews of the report and indicate the extent to which it influenced their thinking and practice. Eighty-one per cent said that they were aware of the report when it was published and 86% had read it before participating in the survey.

Table 2 summarises participants' views about the extent to which the report increased their knowledge of ACEs evidence, and the degree to which it had influenced their practice. Ninety-four per cent agreed the report had achieved its aims in summarising the ACEs evidence, 75% said the report increased their knowledge and understanding of ACEs, and 87% agreed that it had helped them 'understand, or be aware of, some of the existing evidence gaps in relation to ACEs' 'to some extent' or 'to a great extent'. As one of the participants explained in the free-text comment section:

> *I think it draws a balanced view of a practical, useful and personally and intuitively meaningful concept. And starts to get us all clear on the strengths and weaknesses and where it needs to go next in policy, research and practice. And it does need to move further.*
>
> *It was just a really well-written and easy-to-read summary of the limitations of the ACEs model. Many of us have argued the case for years, but it was great to see the various concerns summarised so effectively by an influential organisation.*

When it came to influencing practice, 39% stated that the report had changed how they worked 'to some extent' or 'to a great extent'. Although this figure is low in comparison to

the other responses, it is nevertheless noteworthy given that new evidence typically has little influence on practice.[6]

**TABLE 2**

The 2020 EIF ACEs report's impact on the participants' knowledge and practice

| Survey question | | Not at all | | To some extent | | To a great extent | | Do not know | |
|---|---|---|---|---|---|---|---|---|---|
| | | Freq | % | Freq | % | Freq | % | Freq | % |
| Q6 | EIF's report increased my knowledge and understanding of the concept of ACEs. | 17 | 24.3 | 38 | 54.3 | 14 | 20 | 1 | 1.4 |
| Q7 | The report achieves its aims of summarising the evidence underpinning ACEs. | 1 | 1.4 | 20 | 28.6 | 46 | 65.7 | 3 | 4.3 |
| Q8r1 | The report has helped me understand/be aware of some of the existing evidence gaps in relation to ACEs. | 6 | 8.6 | 40 | 57.1 | 21 | 30 | 3 | 4.3 |
| Q8r2 | The report has led me to change the way I work in relation to ACEs. | 36 | 51.4 | 24 | 34.3 | 3 | 4.3 | 7 | 10 |

## Section two: Participants' agreement with the conclusions and recommendations from the 2020 EIF ACEs report

The second section of round one of the survey asked participants to indicate the extent to which they agreed with the report's three conclusions and six recommendations. Their responses are summarised in table 3 below. These findings make clear that there was strong support (70% or higher) for all of the report's conclusions and recommendations.

6 Rycroft-Malone, J. G., Seers, H. K., Kitson, A., McCormack, B. & Titchen, A. (2004). An exploration of the factors that influence the implementation of evidence into practice. *Journal of Clinical Nursing, 13(8)*, 913—24.

## TABLE 3

Participants' agreement with the 2020 EIF ACEs report's conclusions and recommendations

| | Statement from report | Strongly agree | Agree | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| **Conclusions** | | | | | |
| 1 | Research into adverse childhood experiences (ACEs) has generated a powerful and accessible narrative which has helpfully increased awareness of the lifetime impact of early adversity on children's outcomes. However, it has resulted in several misconceptions which must be addressed as the ACE agenda is taken forward. | 48.3% (30) | 38.7% (24) | 11.2% (7) | 1.6% (1) |
| 2 | The current popularity of the ACEs narrative should not lead us to ignore the limitations in the current evidence base or be allowed to create the illusion that there are quick fixes to prevent adversity or to help people overcome it. | 58% (36) | 30.6% (19) | 6% (4) | 4.8% (3) |
| 3 | The current enthusiasm for tackling ACEs should be channelled into creating comprehensive public health approaches in local communities, built on the evidence of what works to improve outcomes for children. | 61.2% (38) | 29% (18) | 8% (5) | 1.6% (1) |
| **Recommendations** | | | | | |
| 1 | We need to improve our estimates of the prevalence of ACEs, so we know who the most vulnerable children are and can make interventions available to them as and when needed. | 29% (18) | 51.6% (32) | 9.6% (6) | 9.6% (6) |
| 2 | A focus on the original 10 ACEs to the exclusion of other factors risks missing people who also need help. We must therefore look beyond the original ACE categories to understand children's needs in a more holistic way. | 65.6% (40) | 27.8% (17) | 5% (3) | 1.6% (1) |
| 3 | We need to increase the availability of interventions with known evidence of stopping and reducing the social processes contributing to ACEs, while investigations into the neurobiological basis of ACEs continue. | 55% (33) | 35% (21) | 6.7% (4) | 3% (2) |

| | Statement from report | Strongly agree | Agree | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| **Recommendations (cont.)** | | | | | |
| 4 | We currently know very little about the effectiveness of ACE screening and routine enquiry. We therefore recommend that further research is necessary to investigate the safety and accuracy of ACE screening before it is used more widely. | 41.7% (25) | 40% (24) | 8.3% (5) | 10% (6) |
| 5 | Increased specification and further rigorous testing are necessary before the potential of trauma-informed care for reducing symptoms of trauma can be fully understood. | 33.3% (20) | 43.3% (26) | 16.7% (10) | 6.7% (4) |
| 6 | Many ACEs could be prevented or substantially reduced if more evidence-based interventions were made available through a comprehensive public health strategy aimed at improving the lives of vulnerable children. | 60% (36) | 30% (18) | 8.3% (5) | 1.6% (1) |

## Section three: Recommended next steps for ACEs research, policy and practice

The round one survey closed by asking participants to suggest three actionable 'next steps' to prevent, detect or respond to ACEs. The practitioners were encouraged to draw from their own experience and knowledge of the evidence to make these recommendations.

Over 200 suggestions were made, which were analysed and funnelled into 54 statements falling within eight separate themes. Five of these themes corresponded closely with the 2020 report's conclusions and recommendations, and three reflected new themes.

### Themes identified in the round one survey participants' suggested 'next steps'

#### Themes aligned with EIF's 2020 ACEs report

1. The prevalence of ACEs and other childhood adversities
2. The limitations of the 10 original ACE categories for understanding children's development
3. ACE screening
4. Trauma-informed care
5. A public health response to prevent and reduce ACEs

#### New themes

6. National guidance and language
7. ACE-awareness training
8. Enhancing current provision

# Rounds two and three survey results

Rounds two and three represented the consensus building phase of the exercise, whereby participants were asked to rank their agreement with the 54 statements generated in round one. A free-text box was also provided for participants to share their views if they felt their perspective was not represented in any of the recommendations.

The findings from rounds two and three are described below within the context of the eight themes identified above.

## Theme one: The prevalence of ACEs and other childhood adversities

The EIF report included an in-depth analysis of the quality of the ACEs evidence and the robustness of the methods, recommending that:

» We need to improve our estimates of the prevalence of ACEs, so we know who the most vulnerable children are and can make interventions available to them as and when needed.

The participants made four suggestions consistent with this recommendation. These suggestions and their agreement with them are described in table 4.

**TABLE 4**

Consensus achieved for suggestions involving methods for collecting and sharing information about ACEs

| Statement | Round two agreement | Round three agreement | Point difference | Don't know |
|---|---|---|---|---|
| Data linkage approaches should be investigated and improved so that data collected through the ACE prevalence surveys can be joined up with data that is routinely collected on children and families (for example, birth records, health records, etc.). | 61% | 84% | +23% | 6% |
| A digital 'red book' should be established for each child as a first step in coordinating information on children's development and adversities and providing high-quality and evidence-based services that are specific to each child's needs. | 63% | 82% | +19% | 12% |
| There should be increased investment in sustainable data collection and monitoring activities that will provide a more robust understanding of the prevalence of ACEs and their impact on child and adult wellbeing. | 68% | 81% | +13% | 6% |
| Data on the prevalence of ACEs in the UK child population should be collected on a regular basis. | 53% | 75% | +22% | 9% |

All four of these statements achieved consensus of 70% or higher by round three. Yet comments made in the free-text boxes revealed that some participants expressed scepticism about the extent to which improved data collection methods would enhance what was already known about childhood adversity.

> *I don't see the point in collecting more data, which would just show what we already know to be true. We know what is important for development and wellbeing – just do something about it.*
>
> *I agree in principle that we should collect data on ACEs – but as before this should not be used for rationing support or categorising level of need/harm, or to replace clinical judgement (please no tick box assessments for clinical decisionmaking) as there is not evidence to support this. It should only be used at a population level to provide evidence to support greater investment in the earliest years of life (we need to know that we have a problem, before we can start to fix it – without collecting this data at a national level, the problem remains hidden).*

## Theme two: The limitations of the 10 original ACE categories for understanding children's development

The 2020 ACEs report carefully considered the adequacy of the ACE's framework, concluding that it was too narrowly focused:

» A focus on the original 10 ACEs to the exclusion of other factors risks missing people who also need help. We must therefore look beyond the original ACE categories to understand children's needs in a more holistic way.

Four of the round one suggestions reflected this theme, although there was a wide variety of views (see table 5). While some believed that ACEs-related practices be abandoned entirely, others advocated for the expansion of the ACEs framework to include structural inequalities.

**TABLE 5**

Consensus achieved for suggestions involving the usefulness of the ACEs framework

| Statement | Round two agreement | Round three agreement | Point difference | Don't know |
|---|---|---|---|---|
| The ACEs framework should be expanded to consider the impact of structural inequalities, such as poverty and racism, on children's development. | 76% | 81% | +5% | 16% |
| The ACEs framework should be expanded to consider other health risks, including factors influencing pregnancy outcomes, the child's diet, and exposure to air pollution. | 41% | 56% | +15% | 19% |
| The ACEs framework and narrative is pathologising and deterministic, so should not be used to inform practice or individual work with children. | 24% | 19% | -5% | 12% |
| The idea of ACEs-related practice should be abandoned entirely because the evidence underpinning it is not as strong as many have assumed. | 5% | 6% | +1% | 6% |

Only one of these suggestions achieved consensus in round three. The other three were agreed by less than 50% of the participants, with one statement (the idea of abandoning ACEs-related practice entirely) achieving 'negative consensus', with the majority of participants disagreeing.

It is also worth noting that a number of participants (between 12 and 21%) were uncertain about the statements. Comments left in the free-text responses suggested that participants' reluctance to agree with some statements had to do with their concerns about how knowledge of ACEs might inform treatment decisions about an individual child.

> *As before – my main issue is the way it is used – if it is part of a narrative and clinical decisionmaking, this is helpful. If it is a deterministic, reductionist 'tick box' there is huge scope for misinterpretation and could cause inadvertent harm.*
>
> *I would worry about broadening the characteristics included when ACEs are still used as such a clumsy tool. Without further clarification of their use and achieving some kind of agreement as to whether and how they can be deployed without stigma or becoming a self-fulfilling prophecy, then to widen the characteristics further is unwise.*

## Theme three: ACE screening

Our 2020 ACEs report carefully considered the evidence underpinning ACE screening practices, observing that rigorous evaluation was necessary before ACE screening practices are universally adopted:

» We currently know very little about the effectiveness of ACE screening and routine enquiry. We therefore recommend that further research is necessary to investigate the safety and accuracy of ACE screening before it is used more widely.

In response, the participants made seven recommendations for the use and evaluation of various screening practices (see table 6 below)

### TABLE 6

Consensus achieved for recommendations involving the use of ACE screening practices in rounds two and three

| Statement | Round two agreement | Round three agreement | Point difference | Don't know |
|---|---|---|---|---|
| The effectiveness of ACE screening for identifying children at risk of poor life outcomes should undergo rigorous evaluation before it is widely implemented. | 98% | 93% | -5% | 3% |
| Regular mental health check-ups should be provided to all children in schools. | 65% | 93% | +28 | 3% |
| The routine enquiry of ACEs should be evaluated to determine whether it is effective or appropriate for making decisions about children's access to treatment. | 76% | 87% | +11 | 0% |
| All children attending court should be screened for trauma. | 84% | 81% | -3% | 9% |

| Statement | Round two agreement | Round three agreement | Point difference | Don't know |
|---|---|---|---|---|
| ACE screening should not be used unless it leads to access to interventions with evidence of reducing symptoms of trauma and improving child and family outcomes. | 77% | 77% | – | 9% |
| Health visitors should routinely survey pregnant mothers about their history of ACEs. | 48% | 59% | +11% | 9% |
| ACE screening practice, resulting in an ACE score, should be abolished because they do not provide a reliable or appropriate method for understanding children's experiences of adversity. | 43% | 50% | +7% | 9% |
| ACE screening should be implemented in all children's secure homes, units and prisons. | 39% | 49% | +10 | 12% |
| An ACE screening tool (used with children and adults to identify ACEs experienced by age 18) should be developed and standardised for use across all of children's and youth services. | 39% | 30% | -9% | 4% |
| Children's history of ACEs should be surveyed on an annual basis and recorded in their health record. | 19% | 22% | +3% | 9% |

These suggestions reflect a wide range of views, including some polar-opposite positions. While some felt strongly that all ACE-related screening practices should be abolished entirely, others advocated that universal ACE screening be implemented on an annual basis and be included in each child's health record.

In the end, five statements achieved consensus of 70% or higher. These statements included recommendations for trauma or mental health assessments at courts or in schools, as well as the need to rigorously evaluate ACE screening or routine enquiry. However, statements advocating for the widespread use of ACE screening did not achieve consensus. Comments left in the free-text box gave insight into why consensus was difficult to reach.

> *ACE screening can sometimes be a valuable tool if it is not used alone, or in place of understanding a person's history. It is not a black and white issue 'screening good,' or 'screening bad'. It can be good if used selectively and intelligently. It would be bad if used indiscriminately or disproportionately.*
>
> *It is important for frontline practitioners to have an understanding of children's past experiences and the impacts that trauma can have. However, I think this can be achieved in ways other than ACE screening. I have concerns about potential negative impacts of ACE screening and would question the point of 'labelling' children or families with an ACE score, which can be deterministic.*

## Theme four: Trauma-informed care

The EIF report carefully considered the evidence underpinning trauma-informed care, noting that concerns had been raised about the current lack of specificity about its benefits for preventing and reducing ACEs:

» Increased specification and further rigorous testing is necessary before the potential of trauma-informed care for reducing symptoms of trauma can be fully understood.

While the participants broadly agreed with this recommendation (with 76% strongly agreeing or agreeing with it), they nevertheless went on to make five suggestions for increasing the use of trauma-informed care. All five achieved a high degree of consensus in round two, so the participants were asked to rank order them in round three. Their rank order is provided below.

### Suggested next steps for trauma-informed activities in rank order

1. Multi-agency training should be made available across the entire children's services system to ensure that all partners are trauma-informed.
2. All children's services should understand how their activities can be more child-focused and promote children's strengths.
3. All frontline practitioners should be trained to ask children and families 'what happened to you?' instead of 'what is wrong with you?'
4. The effectiveness of trauma-informed care for stopping and reducing children's experience of trauma requires further evaluation, so that examples of good practice can be identified and shared across children's services.
5. Public services and environments need to be made more welcoming and family friendly, so that they do not inadvertently retraumatise children and adults.

Despite the overall high-level endorsement for trauma-informed activities, some participants nevertheless expressed concerns in the free-text box about its use as an alternative to evidence-based interventions.

> *Training for the whole workforce around 'trauma-informed is a distraction and potential waste of resources' – much of the basic trauma-informed thinking is basic human decency that could be engendered in the workforce in different ways (if it isn't already there). Concerned limited resources go to evidence-based treatment and prevention, e.g., robustly evidenced parenting programmes.*

## Theme five: A public health response to prevent and reduce ACEs

EIF's 2020 ACEs report advocated for new and comprehensive public health methods for preventing and reducing ACEs:

» The current enthusiasm for tackling ACEs should be channelled into creating comprehensive public health approaches in local communities, built on the evidence of what works to improve outcomes for children.

The round one participants strongly endorsed this recommendation and made seven specific public health reforms. Each one of the statements achieved consensus of 70% or higher in round two, resulting in the rank ordering summarised below.

**Suggested next steps for comprehensive public health measures aimed at reducing child maltreatment and other childhood adversities in rank order**

1. The UK government should adopt a public health approach which explicitly aims to prevent child maltreatment from conception to age 18.
2. Funding should be made available to local areas to design a sustainable whole-system strategy to prevent and reduce ACEs at the population level.
3. Whole-systems action is required to prevent childhood adversity at the community level. This means working with community leaders, children and parents to co-design services and approaches.
4. Government should invest in new ways of working to provide a mixture of services that support positive child and parent relationships in the early years.
5. Evidence-based parenting support should be made available at the universal, targeted and indicated level as a first step in a population-wide strategy for preventing and reducing ACEs.
6. Ensure ACEs work on prevention and early intervention is joined up with other policy agendas such as adolescent mental health, reducing parental conflict, early years and maternity, which would include better data-sharing systems.
7. Every local authority should be required to develop a child health and wellbeing strategy to increase accountability for supporting vulnerable children and young people.

Concerns raised in the free-text boxes, however, reflected disagreement with the focus on 'ACEs' without also considering the structural inequalities that underpin them.

> *To prevent child maltreatment, investment in early intervention support for families is crucial. It is also vital that government tackles factors such as child poverty to ensure the best outcomes for children.*
>
> *Again, need to avoid hanging everything on 'the ACEs hook'. Framing matters here. It is not just about 'having an ACEs strategy' or 'ACEs training'. It's about having a 'good childhood strategy'.*

## Theme six: National guidance and language

Round one resulted in four suggestions involving central government guidance aimed at increasing shared understanding of ACEs and their impact on children's development (see table 7 below). These suggestions are not consistent with any of the recommendations made in our 2020 ACEs report, so are presented here as a new theme.

## TABLE 7

Consensus reached for suggestions involving national guidance

| Statement | Round two agreement | Round three agreement | Point difference | Don't know |
|---|---|---|---|---|
| A review should be conducted to consider how ACEs research is currently informing UK policy. Findings gathered from this review should be used to produce a guidance document on how the ACEs framework can be used to inform local responses, alongside other evidence, in order to promote good practice that is holistic and child-centred. | 88% | 91% | +3% | 6% |
| Hold a public inquiry into the political support for ACEs methodology – why has this emerged and who has been involved in the promotion of this agenda? | 47% | 28% | -19% | 9% |
| A common language about ACEs should be agreed and adopted nationally. Currently, there is too much confusion about what is meant by ACEs/trauma/evidence-based models, etc. – leaving it to local areas to develop their own interpretation. | 78% | 81% | +3% | 3% |
| Strengthen the alignment of all local authorities and organisations working with children who have been exposed to ACEs, by holding a conference to promote a shared understanding. | 59% | 65% | +6% | 21% |

Comments made in the free-text box nevertheless revealed concerns that none of these four activities would be particularly impactful or improve practice in a demonstrable way.

> *Not convinced that a public enquiry or a conference are remotely useful. Not the most purposeful way to spend public money. Shared language might be helpful – but we could spend years splitting hairs and distracting ourselves from the primary task in hand – helping children and families live good lives.*

### Theme seven: ACE-awareness training

Our 2020 ACEs report did not explicitly examine the evidence underpinning ACEs-awareness training, nor its impact on practice or child outcomes. Nevertheless, the participants made four suggestions about how its availability might be increased to improve practitioners' knowledge about the impact of ACEs on children's neurobiological development (table 8).

## TABLE 8

Consensus reached for suggestions involving the expansion of ACEs-awareness training

| Statement | Round two agreement | Round three agreement | Point difference | Don't know |
|---|---|---|---|---|
| The findings of the EIF report could be used to create continuing professional development (CPD) material for professionals. | 71% | 95% | +25% | 12% |
| All frontline staff in schools, social services, the police, probation and judicial settings should undergo ACEs-awareness training. | 69% | 75% | +6% | 9% |
| Guidance should be provided about the reasons why current ACE screening practices are unsafe and should not be adopted in practice settings. | 59% | 68% | +9% | 22% |

None of these statements achieved consensus in round two, although the recommendation that the EIF ACEs report (2020) be used to create continuing professional development training was endorsed by 95% of the participants in round three.

Additionally, participants in round one recommended that all be parents be trained in the neurobiological processes underpinning child development. Three of these recommendations achieved 90% or higher consensus in round two, so participants were asked to rank order these recommendations in round three.

### Recommendations for parent and practitioner training achieving high consensus

- All frontline practitioners should receive training about children's biological needs for healthy brain development This includes knowledge of the importance of sleep, physical exercise and diet.
- All parents should be given information about the biological processes underpinning children's physical health and brain development. This includes knowledge of the importance of sleep, physical exercise and diet.
- Parenting classes should be made widely available for first-time parents, to make them aware of the importance of this period for early brain development and providing them with strategies for supporting their child's needs.

In the end, all three statements were equally endorsed, meaning that a rank ordering was not possible. Comments made in the free-text box revealed that some practitioners were nevertheless sceptical about the usefulness of practitioner and parent training.

> *I agree that parents and professionals need good information about biological and neuropsychological processes – but at the moment there is considerable misinformation about this. Especially this terrible neuro/brain/trauma training in our field, delivered by people with no experience or knowledge of neuropsychology or neuroscience.*

*Whilst I strongly agree with parenting classes being more widely available, I would be concerned we focus on helping parents develop skills and not just knowledge about ACEs. With my other hat on as a foster carer, I received LOTS of training about attachment and trauma, but rarely support with skills or around what to 'do'. I think there is a risk we miss the point. Also, many of the existing evidence-based programmes already respond to ACEs and trauma (given the original research and thinking is 20 years old) and so I don't think we need to 'reinvent' the wheel per se. Rather recommit resources back to evidence-based parenting programmes we already know work in the UK, etc.*

## Theme eight: Enhancing current provision

The participants strongly endorsed recommendations made in the 2020 ACEs report (see table 3) for increasing the availability of evidence-based interventions to prevent or reduce childhood adversities. However, suggested next steps were more focused on recommendations for enhancing current provision. Twelve of these suggestions achieved a high level of consensus in round two, so participants were asked to rank order them in round three. The results of this rank ordering are below. No comments were provided in the free-text boxes to contextualise the reasons for this rank order.

### Suggestions made for enhancing current provision for children and families by rank order

1. Children's centres/family hubs should be reinvigorated across England to 'join-up' practice and provide locally tailored services.
2. The current health visiting service should be strengthened to provide support to all children, proportionate to their need, regardless of where they live.
3. Services which potentially cause ACEs and trauma (such as, policing practices and school exclusions) should be identified and changes should be introduced to reform these practices.
4. Policies should be implemented to discourage schools from using exclusions as a method for managing difficult pupil behaviour.
5. We should increase the size of the early years workforce and specify new training routes to attract people from a range of professions and backgrounds.
6. Families should be made better aware of community resources that might prevent or reduce ACEs.
7. Children's residential care homes should be redesigned so that they are less institutional and more warm and inviting.
8. The Troubled Families programme should be expanded to make better use of the ACEs evidence and adopt a more trauma-informed approach.
9. The quality of the children's social care workforce should be strengthened through better pay, supervision and development.
10. Resources should be made available to improve the standard of current housing provision.
11. The government should commission a national review of the children's social care workforce followed by additional investment in training and recruitment.

# Conclusion

This modified Delphi-style consensus-building exercise was successful in engaging a representative cross-section of our key audiences and gaining their views. The findings from this study make clear that these individuals believed our report was helpful and strongly agreed with its key messages.

The participants also suggested and agreed over 40 actionable 'next steps' for taking the ACEs evidence forward. We describe these next steps and the extent to which they are aligned with the best evidence in the main report.[7]

7 Available at: https://www.eif.org.uk/report/aces-building-consensus-on-what-should-happen-next

# Appendix A

## Survey one - Full questionnaire

# Building consensus on the implications of Adverse Childhood Experiences (ACEs) research for UK policy and practice

### QINTRO

Thank you for agreeing to participate in the Early Intervention Foundation's consensus building exercise on identifying priorities for future ACEs policy, practice and research. As described in our recruitment letter, this will be a three-round exercise that will gather theviews of a wide range of stakeholders with experience of working with vulnerable children to understand how the ACEs evidence might be brought forward in a way that is both practical and evidence-based.

The aims of this first round are to 1) understand your views about the EIF ACEs report and its recommendations and 2) gather your suggestions for the next steps for ACEs policy, practice and research.

This survey consists of the following four sections:

- Part 1: Asks three questions about your professional characteristics
- Part 2: Involves eight questions gathering your general views about the report
- Part 3: Asks whether you agree or disagree with 10 conclusions and recommendations from the report
- Part 4: Your views on three recommendations for the next steps in ACEs research and practice

While you might find it helpful to read the summary of the report (which can be accessed here) before beginning the survey, this is not essential. Once you access the survey, you will be guided to the relevant sections, which will enable you to respond. Our pilot testing suggests that it takes most people about 20 minutes in total to complete the survey. Our online platform will allow you to do this at your own pace and save your answers as you go along, meaning that you will not need to do this in one sitting.

We would be grateful if you could complete the survey by **Friday, 13 November 2020.**

Your answers to the survey will be used and reported anonymously sothat you cannot be identified.

If you have any further questions about this survey or how your data will be used, please do not hesitate to contact the study leader from RAND Europe Prof. Tom Ling. Full details of thestudy are also attached in the information sheet sent in our previous email, along with a Privacy Notice outlining how we will use your data. Accent's privacy statement is available at https://www.accent-mr.com/privacy-policy/.

Any answer you give will be treated in confidence in accordance with the Code of Conduct of the Market Research Society. If you would like to confirm Accent's credentials type Accent in the search box at: https://www.mrs.org.uk/researchbuyersguide.

If you are happy to continue, please click below.

◯ 1. I agree to participate in this survey

For convenience you can stop and return to complete the questionnaire as many times as you wish, although once submitted you will not be able to enter again.

**Q1.** Please select the category that corresponds with your organisation. You may pick more than one.

Please tick all that apply

- [ ] 1. Central government
- [ ] 2. Local government
- [ ] 3. What works centre
- [ ] 4. Third sector/charity
- [ ] 5. Professional college or organisation
- [ ] 6. Academic/research
- [ ] 7. Frontline practice
- [ ] 8. Other (Please write in)

**Q2.** Please select the category that best corresponds with the focus of your work.

- ◯ 1. Childhood education
- ◯ 2. Mental health and wellbeing
- ◯ 3. Children's conduct and youth justice
- ◯ 4. Physical health
- ◯ 5. Child maltreatment
- ◯ 6. Other (Please write in)

**Q2A.** Does your role focus specifically on working with children or families from black or minority ethnic background (BAME)?

- ◯ 1. Yes
- ◯ 2. No

**Q3.** Were you aware of the above-mentioned report before participating in this study?

- ◯ 1. Yes
- ◯ 2. No

**Q4.** Had you read the report (either summary or the main report) before participating in this study?

- ◯ 1. Yes
- ◯ 2. No

**Q5.** How familiar was the concept 'Adverse Childhood Experiences (ACEs)' to you before your participation in this study (or before you read the EIF's report)?

- ◯ 1. Not at all familiar
- ◯ 2. Somewhat familiar
- ◯ 3. Extremely familiar
- ◯ 4. Don't know

**Q6.** To what extent did the EIF's report increase your knowledge and understanding of the concept of Adverse Childhood Experiences (ACEs)?

- ◯ 1. Not at all
- ◯ 2. To some extent
- ◯ 3. To a great extent
- ◯ 4. Don't know

**Q7.** To what extent do you feel the report achieves its aims of summarising the evidence underpinning the ACEs?

- ◯ 1. Not at all
- ◯ 2. To some extent
- ◯ 3. To a great extent
- ◯ 4. Don't know

To what extent do you agree or disagree with the following statements?

| | | | | |
|---|---|---|---|---|
| **Q8R1.**The report has helped me understand/be aware of some of the existing evidence gaps in relation tothe ACEs | Not at all | To some extent | To a great extent | Don't know |
| **Q8R2.**The report has lead me to change the way I work in relation to ACEs | Not at all | To some extent | To a great extent | Don't know |

**Q9.** What parts of the summary did you find to be the <u>most</u> interesting or useful, and why?

**Q10.** What parts of the summary did you find to be the least interesting or useful, and why?

The EIF report summary included three conclusions about the usefulness of the ACEs evidence and recent policy and practice responses. In this section, we would like to understand the extent to which you agree or disagree with these conclusions.

**Q11A.** The first conclusion involves the strengths and weaknesses of the ACES narrative, as described in the first section of the summary.

> Research into adverse childhood experiences (ACEs) has generated a powerful and accessible narrative which has helpfully increased awareness of the lifetime impact of early adversity on children's outcomes. However, it has resulted in several misconceptions which must be addressed as the ACE agenda is taken forward.

To what extent do you agree with this concluding statement?

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree

**Q11AX.** Please tell us more about why you disagree with this conclusion.

**Q11B.** The second conclusion involves the limitations of the ACEs evidence base, as described in the second section of the summary.

The current popularity of the ACE narrative should not lead us to ignore the limitations in the current evidence base or be allowed to create the illusion that there are quick fixes to prevent adversity or to help people overcome it.

To what extent do you agree with this concluding statement?

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree

**Q11BX.** Please tell us more about why you disagree with this conclusion.

**Q11C.** The third conclusion involves the limitations of the ACEs evidence base, as described in the third section of the summary.

The current enthusiasm for tackling ACEs should be channelled into creating comprehensive public health approaches in local communities, built on the evidence of what works to improve outcomes for children.

To what extent do you agree with this concluding statement?

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree

**Q11CX.** Please tell us more about why you disagree with this conclusion.

The EIF report summary additionally included seven recommendations about the strength of the ACEs evidence and policy and practice responses. In this section, we would like to understand the extent to which you agree or disagree with these recommendations.

**Q12A.** The **first recommendation** is based on limitations about what is currently known about the prevalence of ACEs described in this section.

*We need to improve our estimates of the prevalence of ACEs, so we know who the most vulnerable children are and can make interventions available to them as and when needed.*

To what extent do you agree with this first recommendation?

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree

**Q12AX.** Please tell us more about why you disagree with this recommendation.

**Q12B.** The **second recommendation** is based on the limitations identified in our report of using adult recall to understand the impact of ACEs on adult outcomes, as described in this section.

*We recommend that methods be introduced to permit ACE surveys to be conducted with children at the national level on a regular basis.*

To what extent do you agree with this second recommendation?

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree

**Q12BX.** Please tell us more about why you disagree with this recommendation.

**Q12C.** The **third recommendation** is based on recent evidence showing that poor adult outcomes are also predicted by negative childhood circumstances in addition to the original 10 ACEs, as described in this section.

*A focus on the original 10 ACEs to the exclusion of other factors risks missing people who also need help. We must therefore look beyond the original ACE categories to understand children's needs in a more holistic way.*

To what extent do you agree with this third recommendation?

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree

**Q12CX.** Please tell us more about why you disagree with this recommendation.

**Q12D.** The **fourth recommendation** is based on the preliminary nature of the biological evidence linking ACE-related stress to poor adult outcomes, as described in this section.

*We need to increase the availability of interventions with known evidence of stopping and reducing the social processes contributing to ACEs, while investigations into the neurobiological basis of ACEs continue.*

To what extent do you agree with this fourth recommendation?

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree

**Q12DX.** Please tell us more about why you disagree with this recommendation.

**Q12E.** The **fifth recommendation** is based on the current lack of evidence underpinning ACE screening practices, as described in this section.

*We currently know very little about the effectiveness of ACE screening and routine enquiry. We therefore recommend that further research is necessary to investigate the safety and accuracy of ACE screening before it is used more widely.*

To what extent do you agree with this fifth recommendation?

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree

**Q12EX.** Please tell us more about why you disagree with this recommendation.

**Q12F.** The **sixth recommendation** is based on the current lack of evidence underpinning trauma informed care, as described in this section.

*Increased specification and further rigorous testing are therefore necessary before the potential of trauma-informed care for reducing symptoms of trauma can be fully understood.*

To what extent do you agree with this sixth recommendation?

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree

**Q12FX.** Please tell us more about why you disagree with this recommendation.

**Q12G.** The **seventh recommendation** is based on evidence around delivering evidence-based early interventions through a comprehensive public health approach, as described in this section.

*Many ACEs could be prevented or substantially reduced if more evidence-based interventions were made available through comprehensive public health strategy aimed at improving the lives of vulnerable children.*

To what extent do you agree with this seventh recommendation?

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree

**Q12GX.** Please tell us more about why you disagree with this recommendation.

**Q13.** The Early Intervention Foundation (EIF) would like to know more about how this report was received by you and your colleagues. Is there anything you would like to add regarding how you understood and responded to the report?

The aim of the EIF report was to summarise the evidence about Adverse Childhood Experiences (ACEs) and common ACE-related practices. The next step is to decide what this evidence means for policy and practice.

We would like you to suggest up to 3 'next steps' which you think should be taken in order to prevent, detect and respond to ACES, in order to reduce harms and improve long term outcomes.

- These next steps can include anything from small changes in day-to-day practice to large-scale policy changes.
- You can suggest next steps for any professional group or for policy makers.We encourage you to avoid high-level suggestions (for example 'improved education system' or 'more joined up working'; instead, we invite you to be as precise as possible and suggest concrete actions and steps).
- Your suggested next steps can be based on the evidence in the EIF report and/ or based on your experience and knowledge.

### Q14A. Next step suggestion 1

***What*** is the change or action? (e.g. 'To deliver this next step the following actions would need to be involved…')

Please type in (up to 600 characters)

### Q14B. ***Who*** should take the step?

Please type in (up to 300 characters)

### Q14C. What ***issue*** would this address/ what benefit would it bring? Why do you think this is a good next step?

Please type in (up to 300 characters)

**Q14D.** The next step could be put into practice in:…

- ◯ 1. 1 year
- ◯ 2. 2-5 years
- ◯ 3. more than 5 years

## Q15A. Next step suggestion 2

***What*** is the change or action? (e.g. 'To deliver this next step the following actions would need to be involved…')

Please type in (up to 600 characters)

**Q15B.** ***Who*** should take the step?

Please type in (up to 300 characters)

**Q15C.** What ***issue*** would this address/ what benefit would it bring? Why do you think this is a good next step?

Please type in (up to 300 characters)

**Q15D.** The next step could be put into practice in:…

- ◯ 1. 1 year
- ◯ 2. 2-5 years
- ◯ 3. more than 5 years

## Q16A. Next step suggestion 3

***What*** is the change or action? (e.g. 'To deliver this next step the followingactions would need to be involved…')

Please type in (up to 600 characters)

## Q16B. ***Who*** should take the step?

Please type in (up to 300 characters)

## Q16C. What ***issue*** would this address/ what benefit would it bring? Why do you think this is a good next step?

Please type in (up to 300 characters)

## Q16D. The next step could be put into practice in:…

- ◯ 1. 1 year
- ◯ 2. 2-5 years
- ◯ 3. more than 5 years

**QRECONTACT. Thank you for completing this survey.**

Survey two will be distributed in December 2020. In survey two, you will be invited to review, assess and prioritise a consolidatedlist of next steps, which the RAND Europe research team will distil from the suggestions from respondents to this survey.

Survey 2 will take about 20 minutes to complete.

We would very much value your participation in survey 2, pleasetick below if you are happy to receive an invitation to the survey in December. This is an opportunity for you and your colleagues to help shape the national agenda in this important area of work.

- ◯ 1. I am happy to receive an invitation to the survey in December
- ◯ 2. I do not want to receive an invitation to the survey in December

If you have any questions, please do not hesitate to contact Tom Ling.

# Appendix B

## Survey two - Full questionnaire

# Building consensus on the implications of Adverse Childhood Experiences (ACEs) research for UK policy and practice

**QINTRO.**

Thank you for agreeing to participate in the Early Intervention Foundation's consensus building exercise on priorities for future Adverse Childhood Experiences (ACEs) policy, practice and research. As described in our email text, this is a three-round exercise that is gathering the views of a wide range of stakeholders with experience of working with vulnerable children, so we can better understand how the ACEs evidence can be brought forward in a way that is both practical and evidence-based.

### Findings from the first round

In the first round, we recruited participants from a wide range of audiences to identify three priorities or 'next steps' for bringing ACEs policy, practice and research forward. Over 70 respondents providedover 200 thoughtful suggestions. These respondents represented a wide range of audiences that included frontline practitioners, local commissioners, central and local policy makers, charities, training providers and those with lived experience. The diversity of these audiences resulted in a wide range of views, including some which were in direct opposition.

### Aim of the second round

The aim of this second round is to further understand where consensusmight be reached within this diverse range of views, so that a set of actionable priorities can be identified and taken forward with EIF's key audiences. **It is not necessary for you to have responded to the first round to participate in this second survey**.

This will be accomplished through your agreement/disagreement with aset of 54 statements, derived from the 200 priorities suggested in the first round. We have grouped these statements within the following 8 thematic areas:

1. The use of ACEs screening in frontline practice
2. The appropriateness of the ACEs framework for informing policyand practice decisions
3. The increased use of ACE awareness training

4. The increased use of trauma-informed care
5. The implementation of ACE-related public health strategies andsystem reform
6. The enhancement of current provision
7. Methods for improving how information about the prevalence of ACEs is captured and shared
8. Activities aimed at improving a shared understanding of ACEs atthe national level

**Completing this survey**

The aim of this second round is to identify areas of broad agreement and disagreement, so please feel free to agree/disagree with as many statements as you see fit. More explicit areas of consensus will then beidentified in the third round, when participants will be asked to refine their positions and rank order the statements.

In as many cases as possible, we have included the exact wording offered by participants in the first round to ensure the authenticity ofviews while also providing clear and balanced survey questions.
However, if you feel your views have not been adequately captured,please add them to the open text boxes provided at the end of the statements.

Our pilot testing suggests that it will take less than 15 minutes to agree or disagree with these statements. Our online platform will allow you to do this at your own pace and save your answers as you go along, meaning that you will not need to complete this in one sitting. We wouldbe grateful if you could complete the survey by end of day on January 14th, 2020.

Your answers to the survey will be used and reported anonymously so that you cannot be identified. Full details of the study are also attached in the information sheet sent in our previous email, along with a Privacy Notice. outlining how we will use your data. Accent's privacy statement is available at https://www.accent-mr.com/privacy-policy/.

If you have any further questions about this survey or how your data will be used, please do not hesitate to contact the study leader from RAND Europe Prof. Tom Ling. Any answer yougive will be treated in confidence in accordance with the Code of Conduct of the Market Research Society. If you would like to confirm Accent's credentials type Accent in the search box at: https://www.mrs.org.uk/researchbuyersguide.

If you are happy to continue, please click below.

◯ 1. I agree to participate in this survey

For convenience you can stop and return to complete the questionnaire as many times as you wish, although once submitted you will not be able to enter again.

**Q1.** Please select the category that corresponds best to your organisation. You may choose as many as you need.

Please tick all that apply

- ☐ 1. Central government
- ☐ 2. Local government
- ☐ 3. What Works Centre
- ☐ 4. Third sector/charity
- ☐ 5. Professional college or organisation
- ☐ 6. Academic/research
- ☐ 7. Frontline practice
- ☐ 8. Other (Please write in)

**Q2.** Please select the category that best corresponds with the focus of your work.

Please tick all that apply

- ☐ 1. Childhood education
- ☐ 2. Mental health and wellbeing
- ☐ 3. Children's conduct and youth justice
- ☐ 4. Physical health
- ☐ 5. Child maltreatment
- ☐ 6. Other (Please write in)

**Q3.** Does your role focus specifically on working with children or families from black or minority ethnic background (BAME)?

- ◯ 1. Yes
- ◯ 2. No

Please indicate the extent to which you agree or disagree with the following statements about the appropriateness of various ACE screening practices.

**Q4R1.**ACE screening practices, resulting in an ACE score, should be abolished because they do not provide a reliable or appropriate method for understanding children's experiences of adversity.

| Strongly Agree | Agree | Disagree | Strongly disagree | Don't know |
|---|---|---|---|---|
| ◯ | ◯ | ◯ | ◯ | ◯ |

**Q5.** If you feel your suggestion is not represented, or would like to make further suggestions about ACEs screening, please do so here.

A number of comments and recommendations were made about the use of the ACEs framework for informing policy and practice decisions. Please indicate the extent to which you agree or disagree with these recommendations.

**Q6R1.** The idea of ACE-related practice should be abandoned entirely because the evidence underpinning it is not as strong as many have assumed.

| Strongly Agree | Agree | Disagree | Strongly disagree | Don't know |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**Q7.** If you feel your suggestions about ACE awareness training have not been represented, or would like to make further suggestions about ACEs training, please do so here.

Please indicate the extent to which you agree or disagree with the following statements about the increased use of ACE-awareness training.

**Q8R1.** All frontline staff in schools, social services, the police, probation and judicial settings should undergo ACE-awareness training.

| Strongly Agree | Agree | Disagree | Strongly disagree | Don't know |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**Q9.** If you feel your suggestion is not represented, or would like to make further suggestions about ACE-awareness training, please do so here.

Please indicate the extent to which you agree or disagree with the following statements about the use of trauma-informed care training or practice as a method responding to ACEs and ACE-related trauma.

**Q10R1.**The effectiveness of trauma-informed care for stopping and reducing children's experience of trauma requires further evaluation, so that examples of good practice can be identified and shared across children's services.

| Strongly Agree | Agree | Disagree | Strongly disagree | Don't know |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**Q11.** If you feel your suggestions about trauma-informed care have not been represented, or would like to make further suggestions, please do so here.

A number of respondents made suggestions about how central government might strengthen public health systems to better prevent and treat ACEs. Please indicate the extent to which you agree or disagree with the following statements.

**Q12R1.**The UK government should adopt a public health approach to ACEs which explicitly aims to prevent child maltreatment from conception to the age of 18.

| Strongly Agree | Agree | Disagree | Strongly disagree | Don't know |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**Q13.** If you feel your suggestions about government support for system reform or evidence-based interventions have not been represented, or would like to make further suggestions about ACEs screening, please do so here.

A fair number of participants provided suggestions about the ways in which child and family services could better support child and family outcomes. Please indicate the extent to which you agree or disagree with the following statements.

**Q14R1.**Children's Centres/Family Hubs should be reinvigorated across England to 'join-up' practice and provide locally tailored services.

| Strongly Agree | Agree | Disagree | Strongly disagree | Don't know |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**Q15.** If you feel your suggestions about current service enhancement have not been represented, or would like to make further suggestions about ACEs screening, please do so here.

A number of respondents identified the need for better data about the incidence and prevalence of ACEs and related childhood adversities to inform service planning. Please indicate the extent to which you agree and disagree with the following statements.

**Q16R1.**There should be increased investment in sustainable data collection and monitoring activities that will provide a more robust understanding of the prevalence of ACEs and their impact on child and adult wellbeing.

| Strongly Agree | Agree | Disagree | Strongly disagree | Don't know |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**Q17.** If you feel your suggestions about collecting information about the prevalence of ACEs have not been represented, or would like to make further suggestions, please do so here.

Some respondents suggested that more could be done to increase a shared understanding of ACEs and their impact, as well as provide greater clarity about how knowledge about ACEs is informing local and national decision making. Please indicate the extent to which you agree and disagree with the following statements.

**Q18R1.**A review should be conducted to consider how ACEs research is currently informing UK policy. Findings gathered from this review should be used to produce a guidance document on how the ACEs framework can be used to inform local responses, alongside other evidence, in order to promote good practice that is holistic and child-centred.

| Strongly Agree | Agree | Disagree | Strongly disagree | Don't know |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**Q19.** If you feel your suggestions about collecting information about increasing a shared understanding of ACEs have not been represented, or would like to make further suggestions, please do so here.

Thank you for completing this survey.

The results of this survey will be analysed and used to structure our third and final survey to be distributed in January 2021. In survey three, you will be invited to review, assess and prioritise a consolidated list of next steps, which the RAND Europe research team will distil from the suggestions from respondents to this survey.Survey 3 will take about 20 minutes to complete.

We would very much value your participation in survey 3, please tickbelow if you are happy to receive an invitation to the survey in January. This is an opportunity for you and your colleagues to help shape the national agenda in this important area of work.

- ○ 1. I am happy to receive an invitation to the survey in January
- ○ 2. I do not want to receive an invitation to the survey in January

If you have any questions, please do not hesitate to contact Tom Ling.

# Appendix C

## Survey three - Full questionnaire

# Building consensus on the implications of Adverse Childhood Experiences (ACEs) research for UK policy and practice

### QINTRO.

Thank you for agreeing to participate in the Early Intervention Foundation's consensus building exercise on priorities for future Adverse Childhood Experiences (ACEs) policy, practice and research. As described in our recruitment letter, this is a three-round exercise thatis gathering the views of a wide range of stakeholders with experience of working with vulnerable children, so we can better understand how the ACEs evidence can be brought forward in a way that is both practical and evidence-based.

In the first survey, we asked stakeholders from a diverse range of backgrounds for suggestions for next steps for ACEs related policy andpractice and received over 200 thoughtful suggestions. In the second round we reduced the 200 suggestions to 54 statements where there was clear overlap and asked participants whether they agreed or disagreed with them. The results of this exercise identified areas of strong consensus, remaining areas of disagreement, and some areas where a significant number of respondents stated they were uncertain.

**In this third and final round**, we are asking participants to revisit these statements.

- In areas where there is strong agreement, we would like you to prioritise them by rank-ordering them - according to what you believe is most important for preventing ACEs and improving outcomes for children who have experienced ACEs.
- In areas where disagreement remains, we ask participants whether they continue to agree or disagree with them, in light ofthe other participants' responses.
- In areas where you remain uncertain, we would like you to explain briefly why.

**You can participate in this round, even if you did not complete theprevious surveys.**

## Completing this survey

Our pilot testing suggests that it will take less than ten minutes to complete this survey. Our online platform will allow you to do this at your own pace and save your answers as you go along, meaning thatyou will not need to do this in one sitting. We would be grateful if you could complete the survey by Friday, 26 February 2020.

Your answers to the survey will be used and reported anonymously so that you cannot be identified. Full details of the study are also attached in the information sheet sent in our previous email, along with a Privacy Notice. outlining how we will use your data. Accent's privacy statement is available at https://www.accent-mr.com/privacy-policy/.

If you have any further questions about this survey or how your data will be used, please do not hesitate to contact the study leader from RAND Europe Prof. Tom Ling. Any answeryou give will be treated in confidence in accordance with the Code of Conduct of the Market Research Society. If you would like to confirm Accent's credentials type Accent in the search box at: https://www.mrs.org.uk/researchbuyersguide.

If you are happy to continue, please click below.

◯ 1. I agree to participate in this survey

**Q1.** Please select the category that corresponds best to your organisation. You may choose as many as you need.

Please tick all that apply

- [ ] 1. Central government
- [ ] 2. Local government
- [ ] 3. What Works Centre
- [ ] 4. Third sector/charity
- [ ] 5. Professional college or organisation
- [ ] 6. Academic/research
- [ ] 7. Frontline practice
- [ ] 8. Other (Please write in)

**Q2.** Please select the category that best corresponds with the focus of your work. You may choose as many as you need.

Please tick all that apply

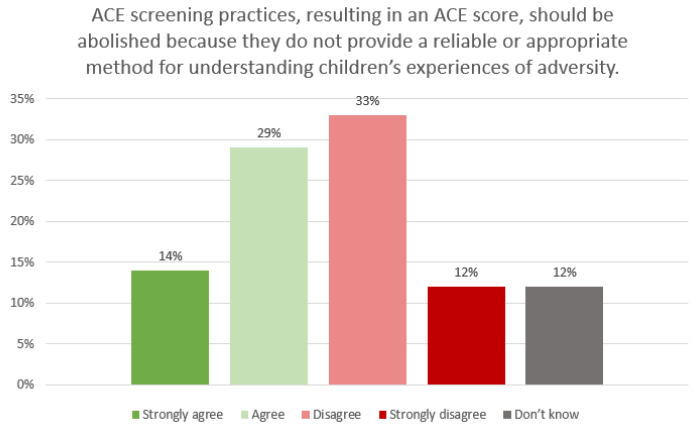
- [ ] 1. Childhood education
- [ ] 2. Mental health and wellbeing
- [ ] 3. Children's conduct and youth justice
- [ ] 4. Physical health
- [ ] 5. Child maltreatment
- [ ] 6. Other (Please write in)

**Q3.** Does your role focus specifically on working with children or families from black, Asian and minority ethnic background (BAME)?

- ◯ 1. Yes
- ◯ 2. No

**Q4R1.** Findings from Survey 2 revealed a range of different opinions about the use of various ACE screening practices.

In light of these responses, please indicate your level of agreement with each statement. If you don't know, or are unsure, you will be prompted to briefly tell us why.



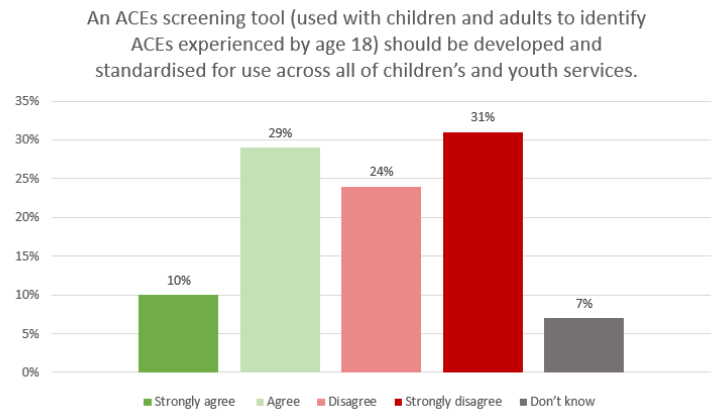

ACE screening practices, resulting in an ACE score, should be abolishedbecause they do not provide a reliable or appropriate method for understanding children's experiences of adversity.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q4R1DK.** Please explain why you responded 'don't know' to the following statement:

*ACE screening practices, resulting in an ACE score, should be abolished because they do not provide a reliable or appropriate method for understanding children's experiences of adversity.*

**Q4R2.**



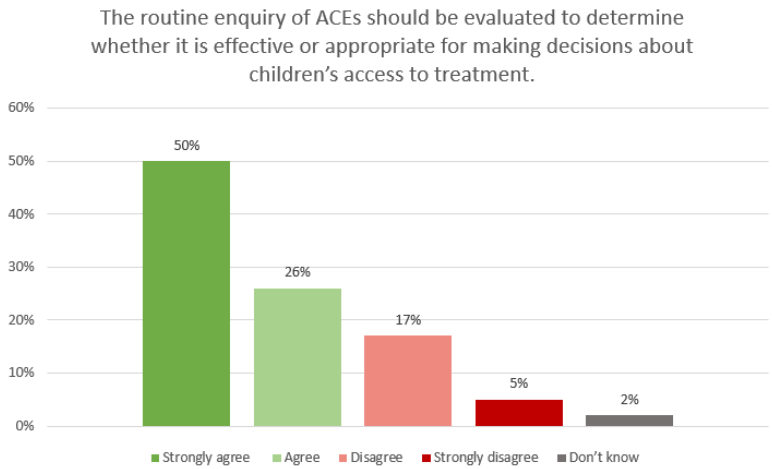

An ACEs screening tool (used with children and adults to identify ACEs experiences by age 18) should be developed and standardised for use across all of children's and youth services.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 5. Don't know

**Q4R2DK.** Please explain why you responded 'don't know' to the following statement:

*An ACEs screening tool (used with children and adults to identify ACEs experiences by age 18) should be developed and standardised for use across all of children's and youth services.*

**Q4R3.**



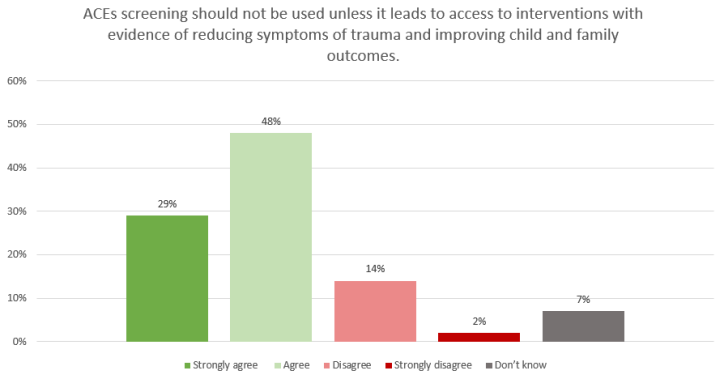
The routine enquiry of ACEs should be evaluated to determine whether it is effective or appropriate for making decisions about children's access to treatment.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q4R3DK.** Please explain why you responded 'don't know' to the following statement:

*The routine enquiry of ACEs should be evaluated to determine whether it is effective or appropriate for making decisions about children's access to treatment.*

**Q4R4.**



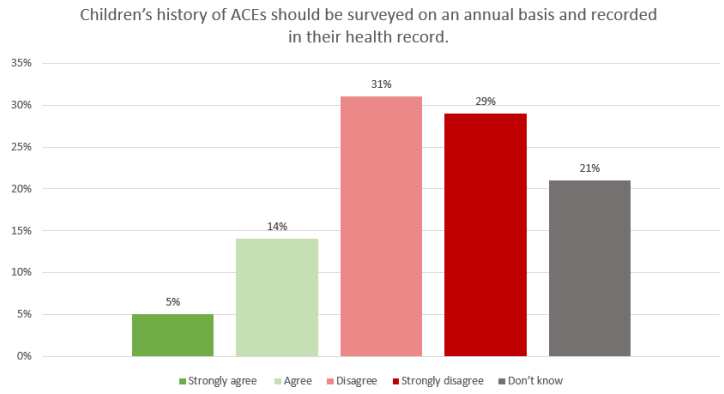

ACEs screening should not be used unless it leads to access to interventions with evidence of reducing symptoms of trauma andimproving child and family outcomes.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q4R4DK.** Please explain why you responded 'don't know' to the following statement:

*ACEs screening should not be used unless it leads to access to interventions with evidence of reducing symptoms of trauma and improving child and family outcomes.*

**Q4R5.**



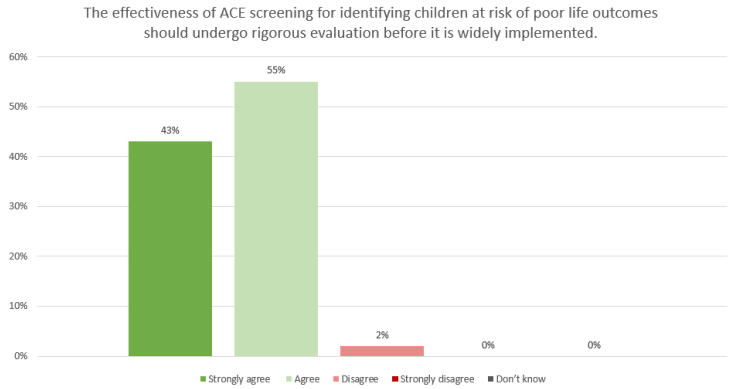

Children's history of ACEs should be surveyed on an annual basis andrecorded in their health record.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know

**Q4R5DK.** Please explain why you responded 'don't know' to the following statement:

*Children's history of ACEs should be surveyed on an annual basis and recorded in their health record.*

**Q4R6.**



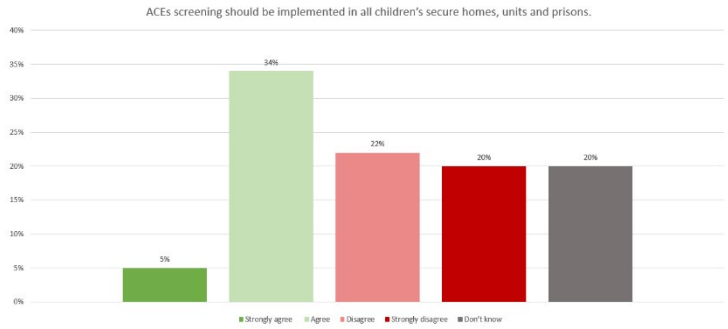

The effectiveness of ACE screening for identifying children at risk of poorlife outcomes should undergo rigorous evaluation before it is widely implemented.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q4R6DK.** Please explain why you responded 'don't know' to the following statement:

*The effectiveness of ACE screening for identifying children at risk of poor life outcomes should undergo rigorous evaluation before it is widely implemented.*

**Q4R7.**



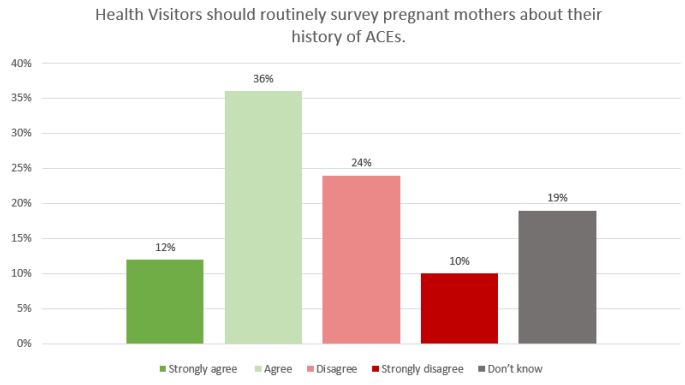
ACE screening should be implemented in all children's secure homes,units and prisons.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q4R7DK.** Please explain why you responded 'don't know' to the following statement:

*ACE screening should be implemented in all children's secure homes, units and prisons.*

**Q4R8.**



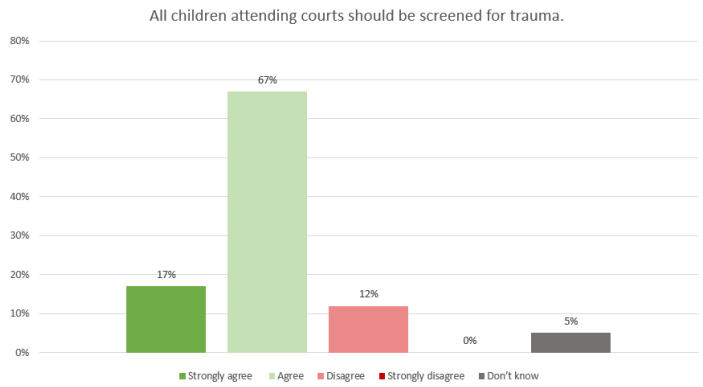

Health Visitors should routinely survey pregnant mothers about their history of ACEs.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q4R8DK.** Please explain why you responded 'don't know' to the following statement:

*Health Visitors should routinely survey pregnant mothers about their history of ACEs.*

**Q4R9.**



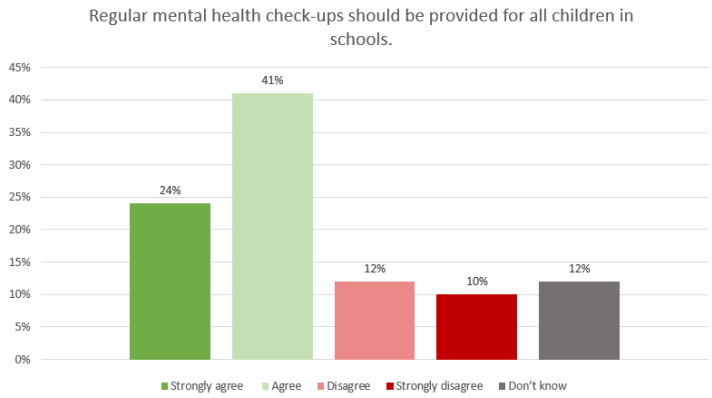

All children attending courts should be screened for trauma.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 5. Don't know

**Q4R9DK.** Please explain why you responded 'don't know' to the following statement:

*All children attending courts should be screened for trauma.*

**Q4R10.**




Regular mental health check-ups should be provided for all children inschools.

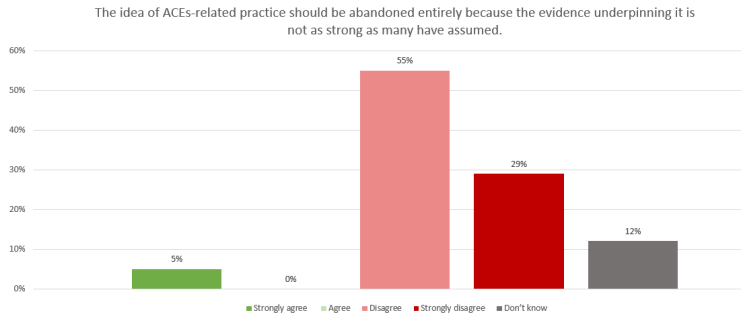
- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q4R10DK.** Please explain why you responded 'don't know' to the following statement:

*Regular mental health check-ups should be provided for all children in schools.*

**Q6R1.** Findings from Survey 2 revealed differing opinions about the appropriateness of the ACEs framework and the quality of the evidence underpinning it.

In light of these responses, please indicate your level of agreement with each statement. If you don't know, or are unsure, you will be prompted to briefly tell us why.



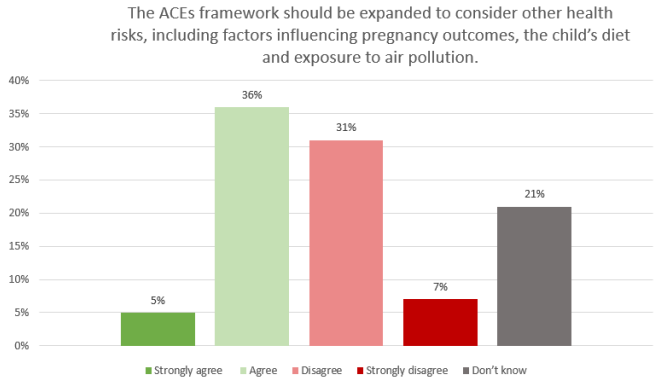

The idea of ACE-related practice should be abandoned entirely becausethe evidence underpinning it is not as strong as many have assumed.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q6R1DK.** Please explain why you responded 'don't know' to the following statement:

*The idea of ACE-related practice should be abandoned entirely because the evidence underpinning it is not as strong as many have assumed.*

**Q6R2.**



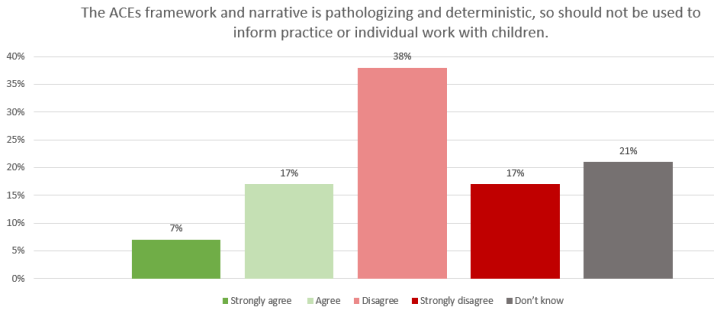

The ACEs framework should be expanded to consider other health risks,including factors influencing pregnancy outcomes, the child's diet and exposure to air pollution.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q6R2DK.** Please explain why you responded 'don't know' to the following statement:

*The ACEs framework should be expanded to consider other health risks, including factors influencing pregnancy outcomes, the child's diet and exposure to air pollution.*

**Q6R3.**



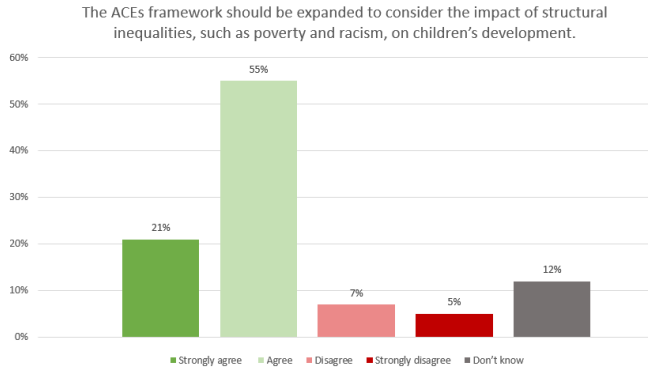

The ACEs framework and narrative is pathologizing and deterministic, soshould not be used to inform practice or individual work with children.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q6R3DK.** Please explain why you responded 'don't know' to the following statement:

*The ACEs framework and narrative is pathologizing and deterministic,so should not be used to inform practice or individual work with children.*

**Q6R4.**




The ACEs framework should be expanded to consider the impact ofstructural inequalities, such as poverty and racism, on children's development.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

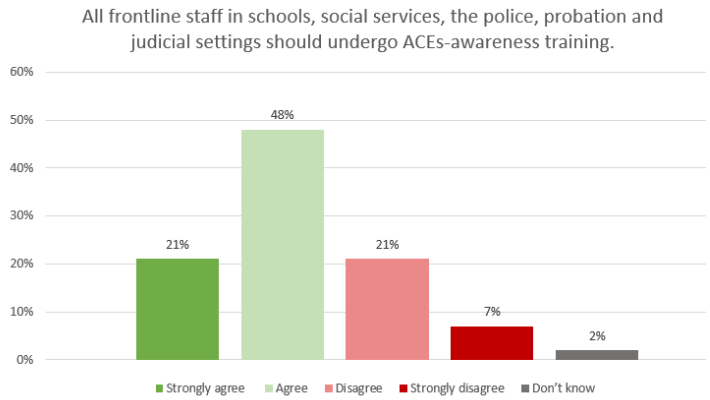
**Q6R4DK.** Please explain why you responded 'don't know' to the following statement:

*The ACEs framework should be expanded to consider the impact of structural inequalities, such as poverty and racism, on children's development.*

**Q7R1.** Findings from Survey 2 observed a range of differing opinions about the need for and nature of ACEs training

In light of these responses, please indicate your level of agreement with each statement. If you don't know, or are unsure, you will be prompted tobriefly tell us why.

**Q7R1.**



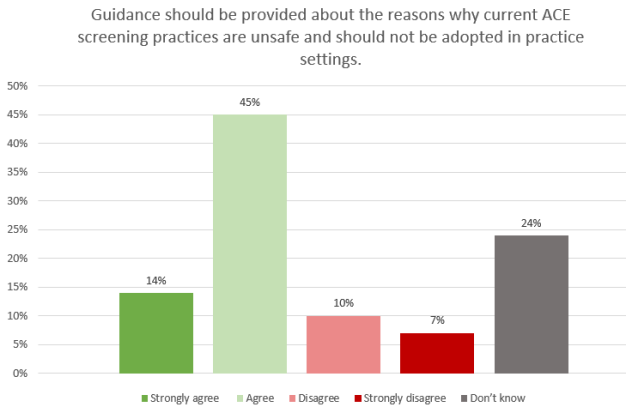

All frontline staff in schools, social services, the police, probation andjudicial settings should undergo ACEs-awareness training.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q7R1DK.** Please explain why you responded 'don't know' to the following statement:

*All frontline staff in schools, social services, the police, probation and judicial settings should undergo ACEs-awareness training.*

**Q7R2.**



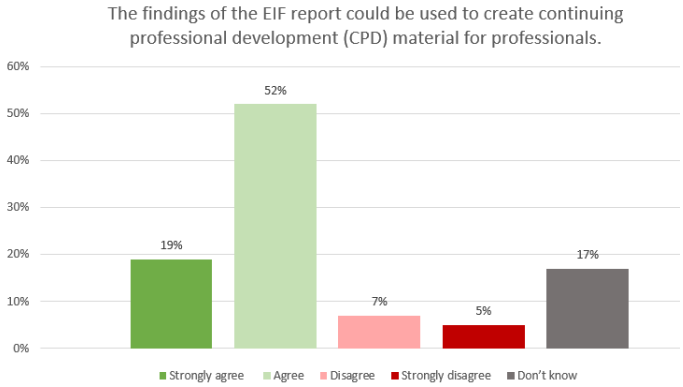

Guidance should be provided about the reasons why current ACE screening practices are unsafe and should not be adopted in practicesettings.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 5. Don't know

**Q7R2DK.** Please explain why you responded 'don't know' to the following statement:

*Guidance should be provided about the reasons why current ACE screening practices are unsafe and should not be adopted in practice settings.*

**Q7R3.**



The findings of the EIF report could be used to create continuingprofessional development (CPD) material for professionals.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q7R3DK.** Please explain why you responded 'don't know' to the following statement:

*The findings of the EIF report could be used to create continuing professional development (CPD) material for professionals.*

90% or more of the participants 'strongly agreed' or 'agreed' with statements that supported the need to provide practitioners and parents training covering the biological processes underpinning children's early brain development.

training activities by rank ordering the following three statements. Please enter 1-3 in the boxes with 1 indicating the most important.

**Q8R1.All frontline practitioners should receive training about children's biological needs for healthy brain development This includes knowledge of the importance of sleep, physical exercise and diet.** ☐

**Q8R2.All parents should be given information about the biological processes underpinning children's physical health and brain development. This includes knowledge of the importance of sleep, physical exercise and diet.** ☐

**Q8R3.Parenting classes should be made widely available for first time parents, to make them aware of the importance of this period for early brain development and providing them with strategies for supporting their child's needs.** ☐

90% or more of the participants in Survey 2 'strongly agreed' or 'agreed' with the following five statements regarding the evaluation and use of trauma-informed care.

Please now prioritise - according to what you believe is most important for preventing ACEs and improving outcomes for children who have experienced ACEs - these activities by rank ordering them. Please enter 1-5 in the boxes with 1 indicating the most important.

**Q9R1.The effectiveness of trauma-informed care for stopping and reducing children's experience of trauma requires further evaluation, so that examples of good practice can be identified and shared across children's services.** ☐

**Q9R2.Public services and environments need to be made more welcoming and family friendly, so that they do not inadvertently retraumatise children and adults.** ☐

**Q9R3.Multi-agency training should be made available across the entire children's services system to ensure that all partners are trauma-informed.** ☐

**Q9R4.All children's services should understand how their activities can be more child-focussed and promote children's strengths.** ☐

**Q9R5.All frontline practitioners should be trained to ask children and families 'what happened to you' instead of 'what is wrong with you.'** ☐

85% or more of the participants in Survey 2 'strongly agreed' or 'agreed' with the need for various activities to improve co-ordinated by central government to improve the public health system.

Please prioritise - according to what you believe is most important for preventing ACEs and improving outcomes for children who have experienced ACEs -these activities by rank-ordering the following eight statements. Please enter 1- 8 in the boxes with 1 indicating the most important.

**Q10R1.The UK government should adopt a public health approach which explicitly aims to prevent child maltreatment from conception to age 18.** ☐

**Q10R2.Government should invest in new ways of working to provide a mixture of services that support positive child and parent relationships in the early years.** ☐

**Q10R3.Funding should be made available to local areas to design a sustainable whole system strategy to prevent and reduce ACEs at the population level.** ☐

**Q10R4.Ensure ACEs work on prevention and early intervention is joined up with other policy agendas such as adolescent mental health, reducing parental conflict, early years and maternity, which would include better data sharing systems.** ☐

**Q10R5.Evidence-based parenting support should be made available at the universal, targeted and indicated level as a first step in a population-wide strategy for preventing and reducing ACEs.** ☐

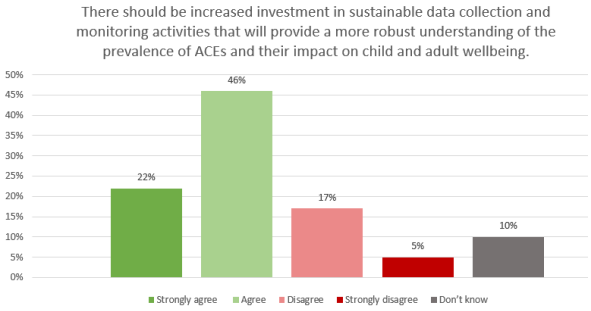
**Q10R6.Every local authority should be required to develop a child health and wellbeing strategy to increase accountability for supporting vulnerable children and young people.** ☐

**Q10R7.Whole systems action is required to prevent childhood adversity at the community level. This means working with community leaders, children and parent to co-design services and approaches.** ☐

**Q10R8.It should be common practice for local response to ACEs to be co-designed by practitioners, academics and those with lived experience.** ☐

**Q11R1.** Survey 2 revealed a range of opinions regarding practices aimed at collecting and sharing information about the prevalence of ACEs

In light of these responses, please indicate your level of agreement with each statement. If you don't know, or are unsure, you will be prompted tobriefly tell us why.



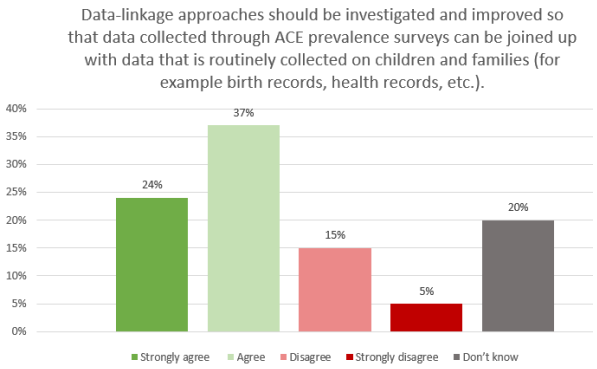

There should be increased investment in sustainable data collection and monitoring activities that will provide a more robust understanding of the prevalence of ACEs and their impact on child and adult wellbeing.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 5. Don't know

**Q11R1DK.** Please explain why you responded 'don't know' to the following statement:

*There should be increased investment in sustainable data collection and monitoring activities that will provide a more robust understanding of the prevalence of ACEs and their impact on child and adult wellbeing.*

## Q11R2.



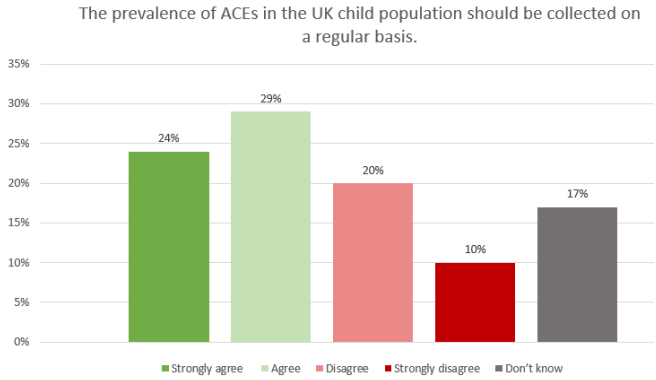

Data-linkage approaches should be investigated and improved so that data collected through ACE prevalence surveys can be joined up with data that is routinely collected on children and families (for example birthrecords, health records, etc.).

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q11R2DK.** Please explain why you responded 'don't know' to the following statement:

*Data-linkage approaches should be investigated and improved so that data collected through ACE prevalence surveys can be joined up with data that is routinely collected on children and families (for example birth records, health records, etc.).*

**Q11R3.**



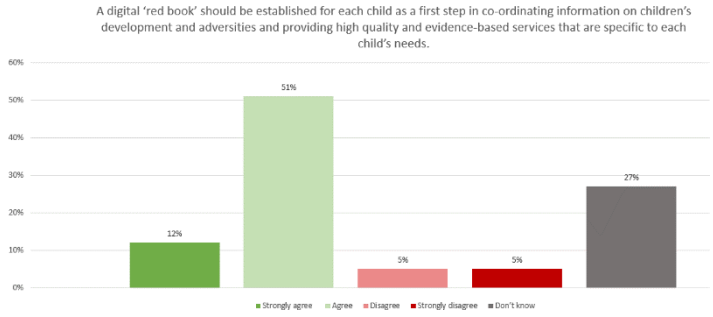

Data on the prevalence of ACEs in the UK child population should becollected on a regular basis.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q11R3DK.** Please explain why you responded 'don't know' to the following statement:

*Data on the prevalence of ACEs in the UK child population should be collected on a regular basis.*

**Q11R4.**




A digital 'red book' should be established for each child as a first step in co-ordinating information on children's development and adversities andproviding high quality and evidence-based services that are specific to each child's needs.

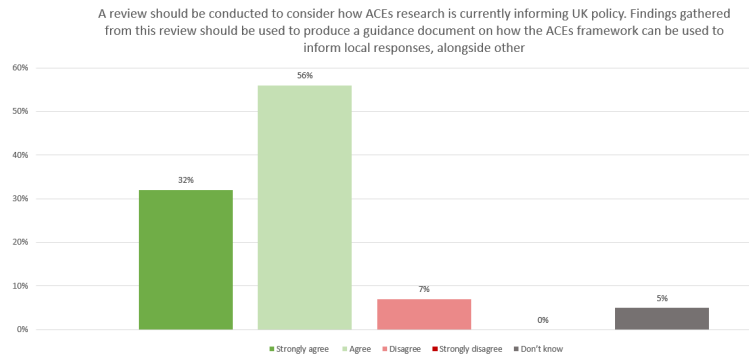
- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q11R4DK.** Please explain why you responded 'don't know' to the following statement:

*A digital 'red book' should be established for each child as a first step in co-ordinating information on children's development and adversities and providing high quality and evidence-based services that are specific to each child's needs.*

**Q12R1.** Survey 2 revealed a range of opinions regarding practices aimed at improving a shared language and understanding of ACEs.

In light of these responses, please indicate your level of agreement with each statement. If you don't know, or are unsure, you will be prompted tobriefly tell us why.



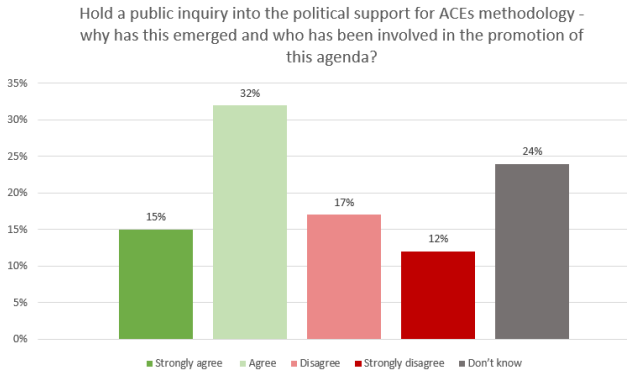

A review should be conducted to consider how ACEs research is currently informing UK policy. Findings gathered from this review shouldbe used to produce a guidance document on how the ACEs framework can be used to inform local responses, alongside other evidence, in order to promote good practice that is holistic and child-centred.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q12R1DK.** Please explain why you responded 'don't know' to the following statement:

*A review should be conducted to consider how ACEs research is currently informing UK policy. Findings gathered from this review should be used to produce a guidance document on how the ACEs framework can be used to inform local responses, alongside other evidence, in order to promote good practice that is holistic and child-centred.*

**Q12R2.**



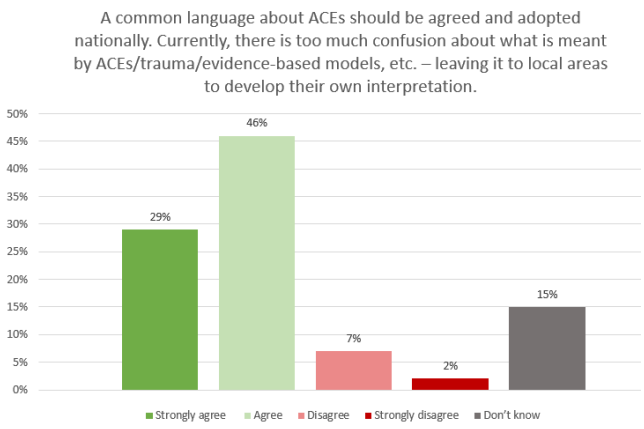

Hold a public inquiry into the political support for ACEs methodology - why has this emerged and who has been involved in the promotion of this agenda?

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 5. Don't know

**Q12R2DK.** Please explain why you responded 'don't know' to the following statement:

*Hold a public inquiry into the political support for ACEs methodology - why has this emerged and who has been involved in the promotion of this agenda?*

**Q12R3.**



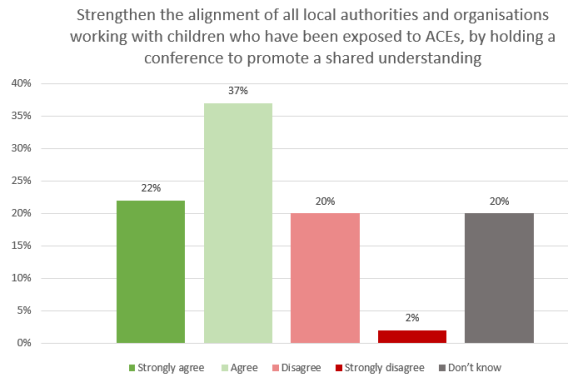
A common language about ACEs should be agreed and adopted nationally. Currently, there is too much confusion about what is meant by ACEs/trauma/evidence-based models, etc. - leaving it to local areas to develop their own interpretation.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q12R3DK.** Please explain why you responded 'don't know' to the following statement:

*A common language about ACEs should be agreed and adopted nationally. Currently, there is too much confusion about what is meant by ACEs/trauma/evidence-based models, etc. - leaving it to local areas to develop their own interpretation.*

**Q12R4.**



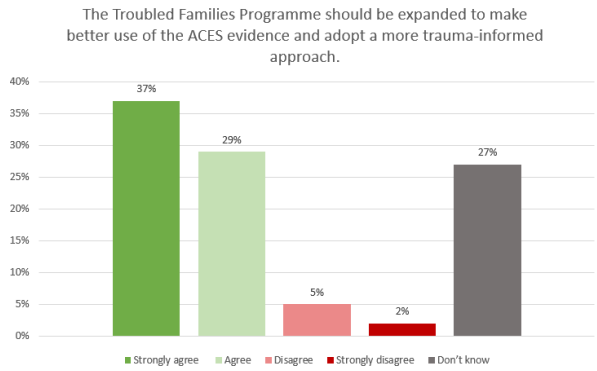

Strengthen the alignment of all local authorities and organisations working with children who have been exposed to ACES, by holding aconference to promote a shared understanding.

- ◯ 1. Strongly agree
- ◯ 2. Agree
- ◯ 3. Disagree
- ◯ 4. Strongly disagree
- ◯ 5. Don't know

**Q12R4DK.** Please explain why you responded 'don't know' to the following statement:

*Strengthen the alignment of all local authorities and organisations working with children who have been exposed to ACES, by holding a conference to promote a shared understanding.*

**Q12R5.**




There was limited consensus regarding the expansion of the Troubled Families Programme and regular mental health check-ups for children inschool

The Troubled Families Programme should be expanded to make better use of the ACEs evidence and adopt a more trauma-informed approach.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 5. Don't know

**Q12R5DK.** Please explain why you responded 'don't know' to the following statement:
*The Troubled Families Programme should be expanded to make better use of the ACEs evidence and adopt a more trauma-informed approach.*

90% or more of the participants endorsed the need for more resources to enhance current provision for children and families.

Please now prioritise - according to what you believe is most important for preventing ACEs and improving outcomes for children who have experienced ACEs - these activities by rank ordering the following 11 statements. Please enter 1-11 in the boxes with 1 indicating the most important.

**Q13R1.Children's centres/family hubs should be re-invigorated across England to 'join-up' practice and provide locally tailored services.** ☐

**Q13R2.Services which potentially cause ACEs and trauma (for example, policing practices, school exclusions) should be identified and changes should be introduced to reform these practices.** ☐

**Q13R3.Resources should be made available to improve the standard of current housing provision.** ☐

**Q13R4.Children's residential care homes should be re-designed so that they are less institutional and more warm and inviting.** ☐

**Q13R5.The quality of the children's social care work force should be strengthened through better pay, supervision and development.** ☐

**Q13R6.The current health visiting service should be strengthened to provide support to all children, proportionate to their need, regardless of where they live.** ☐

**Q13R7.Policies should be implemented to discourage schools from using exclusions as a method for managing difficult pupil behaviour.** ☐

**Q13R8.Families should be made better aware of community resources that might prevent or reduce ACEs.** ☐

**Q13R9.We should increase the size of the early years workforce and specify new training routes to attract people from a range of professions and backgrounds.** ☐

**Q13R10.The government should commission a national review of the children's social care workforce followed by additional investment in training and recruitment.** ☐

**Q13R11.The Troubled Families programme should be expanded to make better use of the ACEs evidence and adopt a more trauma-informed approach.** ☐

**Thank you for completing this survey.**

The results of this survey will be analysed and results will be shared with the EIF.

This is an opportunity for you and your colleagues to help shape the national agenda in this important area of work.

If you have any questions, please do not hesitate to contact Tom Ling.