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Evaluation of IMPACT Family Service Adult ACEs Programme Report

Report prepared by:

Professor Sarah Lonbay

Dr Angie Wilcock

**University of Sunderland, Faculty of Education, Society and Creative
Industries**

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Evaluation of IMPACT Family Service Adult ACEs programme

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Executive Summary

Introduction

Impact Family Services (FS) is a local charity that supports every member of the family through various networks. This includes, breaking the cycle of domestic abuse, counselling service, separation and divorce, and domestic abuse perpetrator services. They offer emotional and practical support to adult victims/survivors of domestic abuse who reside in South Tyneside and who are over the age of 18. Additionally, a children's service is available for those who have been a victim of domestic abuse.

It is well evidenced within public health that understanding how Adverse Childhood Experiences (ACEs) affect an individuals' health and behaviour enables a transformative change. There are strong links between ACEs and poor educational attainment, mental health issues, self-harm, anti-social and criminal behaviour (Hughes, Ford, Davies, Homolova and Bellis, 2018). Providing trauma-informed interventions to those who have experienced ACEs helps build resilience and recovery, improving the lives not only of the individual but their children, wider family, and community.

Purpose

The goal of the IMPACT FS evaluation was to assess the impact and outcomes of the ACEs programme, run by Impact FS. This programme supports service users, both men and women, to better understand the impact that living with ACEs has had on them and their children. The aim was to determine, from practitioner and client perspectives, how and in what ways the programme helps clients understand and manage their past experiences while developing practical strategies for life.

Key findings

- Clients described the ACEs programme as transformative and “life changing”, reporting significant growth in their understanding of how past experiences shaped their behaviours and relationships, particularly in parenting.
- The supportive environment fostered by the practitioners and the programme helped to reduce feelings of isolation among clients, allowing them to share experiences and build strong relationships with peers and practitioners.
- Clients developed healthier relationships and noted a positive impact on their interaction with children and others, highlighting the importance of the programme in breaking patterns of abuse and trauma.
- The programme integrated a trauma-informed approach, which was crucial in avoiding re-traumatisation and ensuring a safe space for clients to explore sensitive topics.
- Positive relationships built through other Impact FS programmes supported the transition to ACEs, cementing a depth of trust and respect, which was instrumental in the success of the programme.

Recommendations

- Implement childcare solutions, particularly during school holidays.
- Have an adequate budget to offer financial support for travel and other costs to further support access.
- Offer flexible session scheduling to enhance attendance. This could help support those with varying schedules to attend, for example, those in full time work or with other commitments.
- Develop structured post-programme follow up support, including specific drop-in sessions and booster sessions.
- Increase awareness and accessibility of the ACEs programme through direct promotion and tailored pre-programme drop-in sessions. This could help reach a broader audience who might benefit from the programme.
- Technological adaptations: given positive feedback on the use of videos and interactive content, continuing to incorporate and expand digital and multi-media resources could enhance engagement and understanding.
- Continue to support and invest in the upskilling and professional development of practitioners who deliver the programme.
- Consider training more practitioners to deliver the programme to additional people who have experienced ACEs.
- Update the programme outcomes form, both beginning and end, to better capture the impact of the programme and allow for more qualitative in-depth feedback.

Impact

Impact FS is a local charity that provides key front line support drawing on trauma-informed approaches for the people of South Tyneside. Providing trauma-informed interventions to those who have experienced ACEs helps build resilience and recovery, improving the lives not only of the individual but their children and wider family. The findings of this evaluation foregrounded the professional skills and attributes the clients have developed, and which are clearly evidenced within this programme. Clients who participated in this study described the programme as transformative and “life changing” with all reporting significant growth in understanding of how their past experiences shaped behaviours and relationships, including the way in which they parent their own children. Furthermore, all described developing healthier relationships and noted the positive impact on relationships with their children and others.

The ACEs programme has broader implications for the charity and its beneficiaries by enhancing the resilience and well-being of clients, which can lead to improved family dynamics and healthier interpersonal and community relationships. The programme’s success supports the need for ongoing funding, as well as additional funding to support the ongoing delivery of the recommendations of this report.

Introduction

Impact Family Services (FS) is a local charity that support every member of the family through various networks. This includes, breaking the cycle of domestic abuse, counselling service, separation and divorce, and domestic abuse perpetrator services. They offer emotional and practical support to adult victims of domestic abuse who reside in South Tyneside and who are over the age of 18. They also provide a children's service for those who have been a victim of domestic abuse.

This evaluation is focussed on the adult Adverse Childhood Experiences (ACEs) programme. This programme supports clients to better understand the impact that living with ACEs has had on them and their children. The programme is coordinated and delivered by IMPACT FS providing support to men and women who have experienced or are experiencing trauma. Experiences of trauma can include child maltreatment such as verbal, physical and sexual abuse, drug and emotional and physical neglect are also a factor, and what is known as household ACEs, alcohol abuse, domestic violence, mental illness, parental separation, incarceration (see Hughes et al., 2017). The programme, which is delivered across 10 weekly sessions, provides strategies that enables those accessing the programme to deal and cope with triggers related to the trauma, aiding clients to manage their daily lives (see appendix A).

It is well evidenced within public health that understanding how ACEs affect an individuals' health and behaviour across the life course is a transformative development (Cooper, 2018). Research evidence suggests strong links between ACEs and poor educational attainment, mental health issues, self-harm, anti-social and criminal behaviour and influence premature ill health (Hughes, Ford, Davies, Homolova and Bellis, 2018). Providing trauma-informed interventions to those who have experienced ACEs helps build resilience and recovery, improving the lives not only of the individual but their children and wider family.

Purpose of the evaluation

This evaluation was requested by Julie Robinson, service manager for IMPACT FS. The evaluation was developed to consider the outcomes and impact from the programme.

The overall aim of the evaluation was to assess the extent to which the programme achieves its objectives, namely that clients can better understand and deal with previous experiences and that they have developed practical strategies to help them manage and thrive in their daily lives.

The evaluation was guided by four key questions:

1. What strategies have been developed by clients who undertake the programme for building their resilience and that of their children?

2. In what ways do clients who undertake the programme implement their learning, particularly in relation to healthy living skills?
3. What factors support and impede the successful delivery of the programme by IMPACT FS?
4. What factors support and impede the implementation of their learning on the programme by clients who participate?

The key objectives were:

- To observe the structure, content, and delivery of the programme to support understanding of the overall programme and its delivery and to refine interview schedules.
- To undertake in depth semi structured interviews with clients who have taken, or are taking, the programme to understand their experiences and learning on the programme.
- To undertake in depth semi structured interviews with practitioners and volunteers who are involved in developing and delivering the programme to understand their experiences.
- To explore the data and share key learning with the service, to support them in their future funding applications and delivery of the programme.

ACE programme overview

The ACEs programme utilises a trauma-informed approach and the Adverse Childhood Experiences Recovery Toolkit produced by Rock Pool (a specialist organisation that supports practice delivery) (see McCoy, et al, 2019). Rock Pool delivers the mandatory training for practitioners who convey their trauma-informed toolkits, ensuring all have the upskilling required to implement such sensitive approaches. All practitioners delivering the programme at IMPACT have attended the training and are fully qualified. The toolkit provides a structure as well as written and video resources for the 10 sessions. An overview of key content across the sessions are provided in appendix A. Resilience is a key focus for the programme as it supports the ability to manage and overcome traumatic experiences. Building emotional resilience and practical skills to reduce and manage toxic stress and anger gives clients the ability to change their perspectives and improve their lives.

The aims of the ACEs recovery programme are:

- To better understand the impact that living with ACEs has had on them and their children.
- To develop strategies for building their resilience and that of their children.
- To increase understanding and implementation of healthy living skills.

The intended outcomes for clients after completing the programme are:

- To have a better relationship with children
- To have a better relationship with family members
- To improve confidence

- To feel better equipped to seek support in the future
- To improve mental health
- To build resilience

Overview of the methodology

The purpose of this evaluation (see Billings, 2000) is to identify if the ACEs programme is successful in achieving the intended outcomes and to understand the impact it has on those who complete the course. To fulfil the purpose of the evaluation a review of outcome data from IMPACT FS was undertaken, alongside observations of the programme being delivered and interviews with clients and practitioners/ volunteers delivering the programme.

Participants in this study were IMPACT FS practitioners (n=3) and a volunteer (n=1) who deliver the ACEs programme, or support with the delivery of the programme and clients (n =7) who have completed or are nearing the end of the ACEs programme.

Outcome forms

The 6 available outcome forms that had been completed by clients at the beginning and end of the programme were shared with the research team. The outcome form presents 8 closed questions that offers the option of 3 responses, one can be chosen via a click response box and a final open question enabling for any other comments.

Interviews

This phase comprised of 11 in-depth semi-structured interviews carried out with the 3 practitioners, 1 volunteer and 7 clients both current and previous. The sample were all female. All interviews were digitally recorded and then transcribed. The interview schedule focused on five key themes aligned to the aims and objectives, enabling participants to reply in a way that suited their understanding. The interview schedules were varied to align with practitioners/volunteers or clients. Interviews took place via teams, telephone or at the IMPACT FS service, a space which is familiar to all clients and provided a confidential space.

Observations

The ACE programme was delivered at Impact FS in South Tyneside on a weekly basis over a ten-week period. Each workshop lasted 2 hours, beginning with an introductory session at week 1 with consecutive weeks following a detailed programme (see appendix A). One researcher attended the first session with the other researcher observing another 2 workshops over the ten-week period. The process was to purely observe and feedback on how the materials were used, usefulness and the impact they had.

Analysis

The qualitative data was analysed drawing on interpretive discourse analysis (see Keller et al, 2018) as it enables individual instances to be captured. It also incorporates verbal and non-verbal communication, as well as the wider social concepts for example, a client's upbringing and life history is important to the ACEs project as well as influences from the project culture. Experiences of ACEs will differ between clients as well as practitioners understanding of the processes. Consequently, building resilience to such experiences will also be culturally diverse and this will enable individual understanding and meaning to be captured. NVivo, a qualitative software programme was utilised to support analysis of the data.

Limitations of the Evaluation

Service evaluations are vital to ensure that programme delivery is effective and meets the required outcomes of clients. It enables not only providers but partner agencies, funding bodies and future clients to determine the standard of the provision. Importantly, it enables to identify any areas that require improvement and improve overall service delivery. This small-scale study foregrounds the life-changing impact the programme has had on participants and importantly areas that will further support positive outcomes for future clients and the service long-term. Therefore, future funding for a more in-depth evaluation over a longer period could help support the longevity of the programme.

The outcome forms currently used do not serve to better capture the full impact of the key outcomes and overall impact of the programme. Predominantly, it is made up of closed questions with only one open question where further qualitative data can be added. Providing more open questions will ensure the form captures a wider range of experiences and feedback, including emotional changes and specific skills learned. This will help in assessing the full impact of the programme on future clients (see recommendations).

Observation of the group work provided valuable insight into service delivery, more so the relationship the participants built with the practitioners. However, due to time and financial constraints the researchers only managed to attend three sessions for an hour at a time. Again, observations across the entirety of the programme would enable a more in-depth analysis. The small sample size included within this evaluation also limits generalisability of the findings. As the programme continues to be delivered, a second evaluation could take place to assess the impact on a larger sample of those who have completed the course.

Evaluation Findings

IMPACT FS deliver various trauma-informed approaches. The professional skills and attributes the practitioners have developed are clearly embedded within these programmes, including within ACEs and this is evidenced in the findings of this evaluation.

Overall effectiveness

This evaluation has highlighted the usefulness of the ACEs programme and provided evidence that it achieves its intended outcomes through its delivery at IMPACT FS. Clients participating in the evaluation described the programme as transformative and “life changing”, with all reporting significant growth in understanding how their past experiences shaped behaviours and relationships, including the way in which they parent their own children. Clients also described developing healthier relationships and noted the positive impact on their relationships with children and others. This again was evidenced in the outcome forms highlighting a significant difference between scorings about understandings of the impact of ACEs, going from little or no understanding at the onset to having a sound or thorough understanding upon completion. A typical end response to the open question was, “*I loved this course. I feel better equipped to help myself and my children now*”.

All clients appreciated the supportive environment and the opportunity to share experiences with peers, which reduced feelings of isolation and provided a sense of validation that their feelings and life experiences were acknowledged and had a basis. Practitioners highlighted the importance of the ACE programme in providing tools and support to help people break cycles of abuse and trauma. Several key themes underscore the transformative nature of the ACEs programme for participants, as set out below. These included the structure of the programme and the support on offer before, during and after delivery of the programme. Other key themes included personal transformation and self-reflection, emotional support, development of community and relationships, impact on parenting skills and family dynamics, empowerment and coping strategies, and trauma-informed delivery.

Structure, support and delivery before, during and after the programme:

Pre programme activity

Prior to commencing the ACEs programme all prospective clients complete a risk assessment to determine if they are appropriate and emotionally ready for the ACEs programme. A key strength in this process was that practitioners had already built a professional relationship with most clients as they have completed previous programmes or attended drop-ins held by the service. All practitioners and volunteers noted the assessment process, for example;

So, when we first speak to our clients, we do an intake as we call it and initial assessments are done. We take the personal details, do a risk assessment with them to find out what's going on. If they disclose anything from childhood, then we'll kind of recommend that they complete an adverse childhood experiences programme. [Jennifer, practitioner]

It is evident that this relationship embeds trust and respect that enabled clients to openly talk about ACE's and how it impacts their daily lives. This open dialogue prompts practitioners to

recognise triggers and behaviours associated with trauma experienced in childhood, enabling them to signpost and assess suitability for the ACE's programme. As a practitioner pointed out, "*generally most of our clients do Freedom first, and because of the information they tell me during their course I can see if they need to be referred to ACEs*". [Lucy, practitioner]

All practitioners reiterated this scaffolding process identifying that the relationship built through other programmes delivered by the service had supported the transition to ACEs. Most clients noted they had participated in programmes prior to completing ACEs, for example the Freedom Project, You, Me and Mum and/or drop-ins that enabled a professional relationship to be formed. For example;

I was already working with IMPACT following me leaving an abusive marriage and I've done the Freedom programme with them. It was suggested this was something that I could potentially benefit from.
[Judith, client]

I asked about the Freedom programme, and then I kind of that's where it's kind of led on. I've just re sat You, Me and Mum and now ACEs. [Melanie, client]

Clients stated that they had no knowledge or understanding of the ACEs project until it was mentioned by practitioners at IMPACT FS. An important strand in this awareness raising process was the completion of other programmes by participants bringing recognition of trauma they had experienced over their lifetime. Ultimately, this cemented the positive development of client and practitioner relationships. It was evidenced that the development of the professional relationship enabled a depth of trust and respect, which made openly discussing sensitive and emotive experiences more tolerable. As explained:

I think what helped was the fact that I knew why everyone there for all I didn't know of them. I knew they'd all had the most similar situations together. I think that helps when you are around people who understand. [Judith, client]

Commonly, this was reiterated by other clients who recognised while they were nervous that difficult conversations were to be had, it helped knowing they were in a safe, trusted and respected environment with others they knew and had similar experiences.

Programme structure and delivery

It was demonstrated immediately that all practitioners and volunteers are passionate about the services they deliver with a person-centred approach at the heart of service provision. Practitioners at IMPACT FS are highly qualified, and all have delivered the ACEs programme since it commenced. Across the team, practitioners have worked at IMPACT FS between 5 and 20 plus years, highlighting the professional knowledge and skills they have built over that time. Prior to the commencement of the ACEs Recovery Toolkit project all practitioners completed an in-depth training programme delivered by Rock Pool, an organisation that provides trauma-

informed training to front-line practitioners. The ACE Practitioners highlighted how rigorous the training was stating “Rockpool is the training company and very professional, very thorough”. [Nicola, practitioner]

Rock Pool’s ACEs Recovery Toolkit aims to support clients to understand the impact living with ACEs has on them and their children, increase self-esteem, develop resilience, increased understanding and implement healthy living skills (McCoy et al, 2019). Practitioners attended mandatory facilitator training delivered over a 3-day period by Rock Pool. The training covers in-depth each module included in the 10-week programme, ensuring all frontline practitioners have the upskilling required to implement such sensitive approaches. The toolkit provides a structure as well as written and video resources for the 10 sessions. An overview of key content across the sessions as noted above is provided in Appendix A.

Each 10-week cohort consists of around 8-10 clients this is due to the sensitive nature of the programme and to ensure the emotional management of the group. As typically explained by practitioners:

For the ACEs programme, probably no more than 10, but I think around eight works well given the topics we'll discuss. It can be quite traumatic, and I think having too much of a big group will kind of difficult to manage everyone's emotions and how they're doing on the programme. [Jennifer practitioner]

Recognising this limitation on group numbers highlights not only the professional integrity of the practitioners and volunteers but the wellbeing of clients in ensuring a positive outcome.

The weekly sessions are held at the local IMPACT FS hub providing a confidential space with break out rooms if required. The same practitioner and volunteer took the sessions, every client was met with the same welcome and each given time to be listened to and heard. Each session lasts for around 2 hours, but all are welcome earlier to drop in for a coffee and a chat with practitioners who are on hand to deal with any issues that might have arisen during the week. An observation made by the researchers was the knowledge and understanding the practitioners and volunteers had of each client's history and individual situations, what was going on with them at that point enabling empathetic enquiry to ascertain if additional support was required.

The research team observed 3 sessions, the atmosphere appeared relaxed and friendly with open conversation between practitioners and clients. It was clear that the team knew every client in-depth and took the time to get to know them. At the onset of the programme the practitioners introduced the course, explained what it would cover, and gave clients the opportunity to introduce themselves to each other. A fun atmosphere was created through icebreakers; a practitioner reiterated the importance of this: “It's kind of doing a bit more of a fun environment to have a chat amongst each other” [Jennifer practitioner]. This was reiterated by clients who commonly articulated, “it starts with everyone saying a bit about themselves and finding out something about the others” [Jacqui client]. This round table approach not only brought clients together with practitioners but also provided clients with the space to support each other and take time out if necessary.

Evident from the observations was the empathy shown by practitioners and volunteers which supported the sensitive and direct delivery of the programme. From the outset the positive, trusting relationship practitioners had with the clients and with each other was evident. Clients opened up freely about personal experiences and practitioners followed up on key points, showing how attentive they were. Practitioners also reassured clients when emotional and encouraged them to 'let it out' not trying to shut them down but supporting them through it, showing their resilience and professionalism in dealing with and managing such sensitive discussion. This enabled empathetic understanding when situated emotion emerged. All respected that moment, allowed it to happen and resolve before moving on. This highlighted the trust and respect held by the group.

This holistic model has supported the development of the professional relationships between practitioners and clients, strengthened through attendance at previous programmes and drop-ins. Ultimately, practitioners know their client's history, children's names and concerns/issues and family dynamics and this is important in client success on the ACE programme.

Additional resources

Food was provided on the table for all clients to access during the session, and to take away if necessary. This was further explored during the interviews and practitioners noted that for programmes to be successful it was important to meet the basic needs of clients.

*We'll have food in the office as well so, if a client doesn't have that, food, they can kind of take away some food as well. You know, we'll have toiletries as well so it's part of meeting those basic needs.
[Jennifer participant]*

This was also observed as an important aspect by some clients around the table, as being able to overcome hunger allowed them to concentrate on the programme content. Also, available was a supply of toiletries for clients, other food products and access to foodbank vouchers to support their families. This holistic approach provides an additional positive underpinning to the success of the programme.

Practitioner and volunteer training is also important and vital to the running of the programme. As noted above, Rock Pool provides the training and resources however there is a financial cost for IMPACT FS as staff noted;

Rock Pool is the training company, and they are very professional, very thorough. It is something, they're very costly, it's very costly'. We never had the money to do it, we knew we needed to do it, and we managed to secure some funding for the staff, which was just amazing. [Nicola practitioner]

However, future ongoing training is vital to the programme, as well as the ability to train more practitioners to reach more clients. The programme includes educational components to help clients understand ACEs and this is where the training is key in breaking down and the careful explanation of the concepts by the practitioner. Additional time is also required to allow time for clients to understand, discuss and explore key concepts for example build resilience, a key aspect of the programme.

Post programme support and activity

A key aspect of the IMPACT FS ACE programme is once the contact sessions have ended participants can still access the drop ins for further support. Importantly, this was reiterated by all clients who felt comfortable in the knowledge that if they had a setback, they had access to practitioners at the drop-in sessions to obtain additional support. Knowing that they can come back, see friendly faces and speak to the practitioners was reassuring. As explained, *“when the group finishes, rather than just walking away from IMPACT I would come to the drop in’s and see the girls for a catch up” [Jenette client]*. Having a link to support was a familiar theme from the clients highlighting the need for a specific drop-in to be implemented for all those who have completed the ACEs programme to support long term resilience.

After the ten-week sessions had ended clients noted they were provided with a ten-week toolkit to help them draw on strategies long-term and work towards their goals on the final action plan. However, again to understand and facilitate the tool kit practitioner training is required. Due to this only one practitioner is trained to facilitate the kit, this is a vital tool for clients to maintain and supports the continuing building of personal and societal resilience.

Also recognised were the relationships clients had built amongst themselves e.g., a WhatsApp group that provided ongoing support and a link to emotional support. It also broke down isolation for some who met weekends or school holidays with children to support emotional and physical resilience. The networks of support also strengthened the trust and respect during programme sessions as it made discussing very personal and sensitive issues more comfortable, they had the knowledge people understood, they were not alone. As Jenette [client] explained; *“I used to feel ashamed, whereas now I don't. I'm like, no, I'm not the only one, actually there's a lot of people out there who've got this”*.

Key programme outcomes

- **Personal transformation and self-reflection.** Clients noted that the use of the reflective diary, which was integrated within the sessions gave them time to think, discuss and share behaviours and experiences each week. This helped them to think and develop coping strategies. All of the participants described the programme as life changing in some way, improving life for them, their families and wider community moving forward. It is evidenced in the transcripts that the participants experienced

significant personal growth and awareness through the ACE programme. They all reported gaining better understanding of their past experiences and how these have shaped their behaviours and relationships. The success was through the creation of an environment where clients can explore and challenge internalised beliefs.

- **Emotional support, community and relationships.** Clients commented frequently on the ways in which they have developed firm bonds with other members of the group and the practitioners delivering the programme. The programme and the way it is delivered supports the development of strong and trusting relationships and a sense of community. This helps clients to feel less isolated in their experiences through knowing and understanding others have been through similar encounters. There has been a positive development of relationships through the group work, for example, the WhatsApp group which enabled them to support each other outside facilitated sessions. The clients know, trust, respect and understand each other and offer support within and outside of the sessions.
- **Impact on parenting skills and family dynamics.** Evidenced in the transcripts is the realisation of the impact their ACEs have had on their own children. Recognising this has become a powerful driver for change, enabling some to have their children returned to them from care and others have accepted the reasoning behind their children's adoption. This has brought increased understanding of parenting and its impact, not just on themselves, but on their children and wider families. Ultimately, clients found acceptance and understanding of their parenting brought reflection on how they were parented and how this influenced lifestyle choices.
- **Empowerment and coping strategies.** All clients highlighted the usefulness of breathing techniques and other practical strategies they had explored in the sessions for managing toxic stress and emotional triggers. Some also spoke of sharing the techniques outside of the group, such as sharing breathing exercises with other family members. Breathing techniques were found to be most useful when sleep was disturbed or if a panic attack came on as it was calming and made them feel in control of themselves. A key aspect was understanding and building resilience. This had made the clients feel more positive about themselves and to recognise toxic behaviour from others. They were empowered to deal with life challenges in more positive ways.

Trauma informed delivery

Given the nature of the course and experiences of the clients, a trauma-informed approach to delivery is an important aspect of this course. Practitioners aimed to avoid re-traumatisation by creating a safe and supportive environment and embedding the principles of a trauma-informed approach within the delivery of the programme. Clients and practitioners also advocated for trauma-informed approaches to be embedded across education and health sectors more broadly *“I think there’s a real argument to be made around just developing trauma-informed approaches across sort of education and health and social care” [Jacqui client]*. The clients recognised that the opportunity to access trauma-informed workshops is ‘life changing’ and it should be offered to everyone.

Strengths of the ACEs programme

The passion for the project by practitioner's/volunteers was clearly evident. Every client was greeted by their first name, all asked how they were and listened to tentatively, asked how their week had gone, how their children/family were with praise and support constantly given. It was clear that the team know every member in-depth and take the time to get to know them. These strong relationships are vitally important when delivering such a sensitive programme

Clients recognised the strength of the ACEs programme after completion as some did not recognise the experiences and impact of trauma before accessing and completing the course. Clients were able to see a positive transformation in their lives, understanding that what they had experienced had not been their fault and they could form positive relationships.

The success of this was down to the practitioners, their knowledge of clients, programme material and in their delivery of it. Their professionalism, skill, knowledge, and empathy are the foundation of the successful delivery of this programme.

Challenges and areas for development

The nature of the programme is also one of the key challenges; the emotional difficulty faced by clients in recognising, confronting, and dealing with past trauma and its impact on their lives. In depth support before, during, and after the programme is required to support clients with this.

Other key challenges to the successful delivery of the programme were largely resource related. Financial barriers experienced by clients limited their access to the programme, for example, money to pay for taxis and travel. Childcare issues also sometimes impacted on ability to attend sessions.

The evaluation forms used by the service are very limited and need to be developed to generate more in depth and useful feedback for Impact FS.

Recommendations

A number of key recommendations are provided below based on this evaluation.

1. **Childcare solutions:** Childcare was noted as barrier to attendance at sessions, particularly during school holidays. Implementing childcare options or offering sessions at varied times could help clients to attend more regularly.

2. **Flexible session scheduling:** Offering sessions at different times of the day could also help to support those with varying schedules to attend, for example, those in full time work or with other commitments.
3. **Continuation and enhancement of post programme follow-up and support:** While it was noted that programme clients could reach out to facilitators for support during or after the programme, having a more structured follow up support system would be beneficial. This could include drop-ins or follow up 'booster' sessions on aspects of the programme. Such programme related drop ins could build on specific programme content that clients noted as particularly useful, including the session focused on Maslow's hierarchy and toxic stress. Expanding on these topics and/or offering additional resources for these areas could enhance the programme's effectiveness.
4. **Increased accessibility and awareness:** clients often became aware of the ACEs programme through other programmes delivered by IMPACT FS, for example, the Freedom Programme. Whilst pre-existing relationships formed through this prior activity was a positive aspect of the delivery, increasing direct promotion and awareness of the ACEs programme could help to reach a broader audience who might benefit from this. In line with this, the importance of carefully integrating group members who do not know each other should be reinforced, perhaps through a tailored pre-programme drop-in session. Multiple clients also suggested that the programme could be beneficial if integrated into school curriculums to address ACEs earlier in life.
5. **Technological adaptations:** given the positive feedback on the use of videos and interactive content, continuing to incorporate and expand digital and multi-media resources could enhance engagement and understanding.
6. **Continual practitioner development:** The expertise of the practitioners was commented on and noted during observations. Ensuring practitioners are well equipped and continuously trained on the latest in trauma-informed care and facilitation techniques could further improve delivery quality. In line with this, training more practitioners to deliver the course will increase opportunities to reach a wider and more diverse group.
7. **Addressing financial barriers:** Offering financial support for travel or other costs related to attending the programme could help alleviate some access issues.
8. **Update the outcomes form:** The outcomes form currently used should be updated to better capture key outcomes and impact from the programme. This could include the following:
 - a. A clear statement and communication about how the information will be used. Assuring confidentiality is crucial and can encourage more open and honest feedback.
 - b. Ensure the form captures a wider range of experiences and feedback, including emotional changes and specific skills learned. This will help in assessing the full impact of the programme on clients.
 - c. Consider measuring change over time through use of feedback forms that enable clients to reflect on their progress from the start to the finish of the

programme. This could include a question about their initial expectations and whether they were met.

- d. Include open-ended questions to enable clients to share insights that are particularly important for them.
- e. Include a section that allows clients to identify and report any challenges or barriers that they experienced, as well as aspects they think could be improved in the programme.
- f. Consider the use of multiple and diverse feedback mechanisms, including the form and one-to-one or group discussions to ensure that clients are offered a way to feedback that is comfortable and suitable for them.

Conclusion

In conclusion, the evaluation of the IMPACT Family Services ACEs programmes highlights its transformative impact on participants, empowering them to understand and manage the effects of Adverse Childhood Experiences (ACEs) on their lives and parenting. The supportive and trauma-informed approach facilitated the development of strong relationships and coping strategies, leading to improved mental health, resilience, and family dynamics. While the programme has demonstrated success, recommendations for enhancing accessibility, ongoing support, and more in-depth outcomes measurement are essential to further its effectiveness and reach. Continued funding and investment in the programme are vital to sustain its positive impact on individuals and the wider community.

Appendices

Appendix A: Overview of the ACEs programme

Week one due to the nature and sensitivity of the programme, practitioners provide an overview of the topics to be covered, develop a group agreement, introduce reflective diaries and clients begin to think about the impact of negative thinking.

Week two the toolkit introduces Maslow's hierarchy of needs (Maslow, 1954), a motivational theory that shapes workshop delivery. This fits with ACEs overall goal as it is focused on the psychological wellbeing of client by building resilience to improve day to day life of living with and managing trauma. A key focus is that the needs at the bottom of the pyramid need to be explored and met before attempting to achieve those at the top. Once negative thinking patterns are explored this allows psychological needs to be met. Those needs serve as motivators to achieve the change in wellbeing (Rousse, 2004). People experiencing ACEs can have complex needs and maintaining the basics of day-to-day life is a struggle hence why this theoretical framework is drawn upon along with the aims and objectives of the evaluation.

Week 3 the programme moves on to consider the limbic system, specific parts of the brain that produce anxiety and fear incorporating the 'flight or fight' system. Within this session relaxation strategies are explored along with grounding techniques and clients are encouraged to maintain a stress diary to pinpoint trigger points. **Week 4** shifts to understanding forms of resilience and how to build that resilience with their children or other immediate family.

Week 5 considers emotions and introduces attachment drawing on Bowlby's attachment theory (Bowlby, 1969), and how to promote positivity providing checklists for resilience for both parents and non-parents.

Week 6 focuses on a support plan that clients complete exploring issues, and providing solutions by thinking about who might help, what can be done, and by when. Where in **week 7** clients continue to challenge and build resilience considering emotional regulation and how to manage toxic stress and anger.

Week 8 explores child development incorporating the Duluth nurturing wheel and continues into **week 9** reflecting on previous weeks as a parent and how emotions can be supported as a parent and how to support child's emotions. Also considering intimacy within relationships. **Week 10** the clients complete an action plan setting out short term goals e.g., next week and the next month.

The Rock Pool ACEs recovery programme toolkit which supports each session includes handouts, diaries and videos. This includes specific tools for practitioners and clients.

Appendix C Outcome Forms **Beginning of Programme**

13/12/2024, 10:43 ACES Beginning September 2024

ACES Beginning September 2024

* This form will record your name, please fill your name.

1. What is your understanding of Adverse Childhood experiences?

I have a sound understanding

I have little understanding

I have no understanding

2. What is your understanding of Challenging Negative Automatic Thoughts (CBT)

I have a sound understanding

I have a little understanding

I have no understanding

3. On a scale of 1-5 (5 Being the most) What is your understanding of protective factors? i.e family and friends.

4. What is your understanding of grounding techniques?

Excellent understanding

I have little understanding

I have no understanding

5. On a scale of 1-5 (5 Being the most) What is your understanding attachment and nurturing parenting styles and how this helps develop a resilient child/ren and adult.

6. How do you deal with your angry feelings?

- I dont deal with anger very well
- I feel i overreact when im angry
- I deal with anger very well

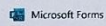
7. How confident are you in Supporting yourself and your children to manage their emotions?

- Extremely confident
- Somewhat confident
- Neutral
- Somewhat not confident
- Extremely not confident

8. Any other questions?

9. Email address

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End of Programme:

6. How do you deal with your angry feelings?

- I dont deal with anger very well
- I feel i overreact when im angry
- I deal with Anger very well

7. How confident are you in Supporting yourself and your children to manage their emotions?

- Extremely confident
- Somewhat confident
- Neutral
- Somewhat not confident
- Extremely not confident

8. Any other questions?

9. Email address