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Evaluation of the Merseyside Violence Reduction Partnership 2019-20 Adverse Childhood Experiences / Trauma-informed Practice Training

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About this report

This report provides findings from a broader evaluation of the Merseyside VRP 2019/20 work programme. Findings are presented here and in the main evaluation report available at: <https://www.ljmu.ac.uk/research/centres-and-institutes/public-health-institute/phi-reports> and <https://www.merseysidevrp.com/>.

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Introduction

A growing body of global research identifies the heavy burden that interpersonal violence places on individuals' health and social prospects across the life course (WHO, 2014). In addition to these individual impacts, violence affects families, communities and wider society, placing significant burdens on public services including health, criminal justice, social services and other sectors such as education. Thus, preventing violence is a key priority for governments and across various sectors. In 2018, the UK Government published its Serious Violence Strategy (Home Office, 2018), encouraging a multi-agency, whole system public health approach to violence prevention. In June 2019, the Home Secretary allocated £35 million to Police and Crime Commissioners in 18 local areas to set up multi-agency Violence Reduction Units (VRU) bringing together police, local government, health, community leaders and other key partners with the specific intent to tackle serious violence and its underlying causes. This investment added to a series of steps taken to prevent violence, reduce offending, promote public safety and stimulate closer working relationships between partners as part of a wider range of activities and measures that encapsulate a renewed public health approach to tackling serious violence.

Merseyside is one of the areas allocated funding to develop a VRU. The Merseyside Violence Reduction Partnership (VRP) encompasses Knowsley, Liverpool, Sefton, St Helens and Wirral local authority areas, and includes representatives from the Office for the Police and Crime Commissioner (OPPC), police, health, local authority, public health, fire and rescue, youth offending, probation, housing, prisons, schools, community and voluntary organisations, and academia. The VRP aims to prevent violence through the delivery of core work programmes designed to complement existing violence prevention efforts across Merseyside.

Throughout 2019/20, the VRP focused on eight core work programmes. One core work programme focused on developing service and practitioner level understanding of adverse childhood experiences (ACEs) and the impacts of trauma across the life course. Through developing such understanding the VRP aimed to support and promote the adoption of an ACE/trauma-informed approach (TIA) to supporting young people and families that are most impacted by ACEs and other trauma, to prevent risk of involvement in serious violence and associated mental and physical health issues.

This report focuses on the ACE and TIA work programme. The full VRP evaluation report can be found here: <https://www.ljmu.ac.uk/research/centres-and-institutes/public-health-institute/phi-reports> and <https://www.merseysidevrp.com/>.

ACEs and Trauma-Informed Approaches

ACEs include all forms of child maltreatment, as well as other factors that affect the environment in which a child grows up, that increase children's exposure to trauma, including living with a household member who misuses substances, has a mental health problem or has been incarcerated, or where domestic violence is present (Bellis et al, 2014). Whilst ACEs can have immediate consequences for the child, they have also been associated with greater risk of a range of health harming behaviours (e.g. substance use) and poor health (e.g. low mental health; chronic disease) across the life course (Bellis et al, 2014; Hughes et al, 2017). ACEs are significantly associated with violence victimisation and perpetration (Hughes et al, 2017). ACEs can be prevented, and research suggests that early help, particularly support for families, can prevent and mitigate the impacts of ACEs (Asmussen et al, 2020).

ACE / Trauma-Informed Approaches Training

With this in mind, the VRP work programme aimed to develop service and practitioner level understanding of ACEs and the impacts of trauma across the life course, as a foundation for developing and implementing trauma-informed approaches across frontline services in the county. The VRP is aiming to increase the number of practitioners trained to adopt a Trauma-Informed Approach (TIA) to support young people and families that are most impacted by ACEs and other trauma, to prevent risk of involvement in serious violence and associated mental and physical health issues. In preparation, key partners from across each of the five local authorities came together to [map out current provision of ACE/TIA training, and trauma-informed approaches](#), and subsequently agreed on a place-based approach to implementation of future training. Thus, each area was provided with VRP funding to uplift/implement [ACE awareness and TIA training](#), based on local needs and building on existing work.

The ACE awareness training has been targeted towards organisations who work with young people but may not have the knowledge or skills in this area, to enhance understanding and create system wide ACE awareness. In addition, ACE awareness training was funded for countywide stakeholders, such as the police and fire service, and the sports and voluntary sector (e.g. via Healthy Stadia). The TIA training aims to provide more in depth training for practitioners in more specialist roles (e.g. social workers, families' teams, and youth offending) to equip them to adopt wider trauma-informed approaches.

Evaluation of the ACE / TIA Training



To explore the impact of the ACE/TIA training, a pre and post-training survey¹ was implemented. The surveys explored key outcomes including knowledge and confidence in ability to understand ACEs/TIAs and support someone that has experienced ACEs/trauma. The survey was implemented across the majority of training sessions (see Table 1), with a number of training sessions excluded from this evaluation element, as the survey was not appropriate to the training delivery and/or aims.

Survey questions included basic demographic and occupation information and training history (pre only); knowledge of ACEs/trauma; confidence in ability to support clients in a ACE/trauma-informed way; attitudes towards ACE/trauma-informed practice; and, perceptions and anticipated impact of the training, and recommendations for change to content or delivery (post only).

This report provides analyses from 397 completed pre and post-training surveys. Around 150-170 additional trainees completed a pre and post-training survey, however due to COVID-19 the evaluation team were unable to collect these surveys in time to be included in the evaluation, and thus this data is not included in this report. This includes surveys completed at the Sefton training events that had around 150 attendees. Please see appendix for a breakdown of survey findings by training provider.

¹ Survey items were based upon an existing survey used to evaluation similar training in Wales (Newbury et al, 2019).

Overview of the ACE / TIA Training ²

The Merseyside VRP provided funding to all local authorities and other organisations to implement training events across Merseyside to increase and improve workforce awareness of ACEs and/or trauma-informed approaches (TIA) and other related subjects (e.g. mental health). The training was delivered across Merseyside between January and March 2020. In total, 34 ACE/TIA training events were planned, with a further 15 mental health focused events (MYA ROAR training; which included ACE training), and a number of other tailored events and resources were also implemented (n=9).



ACE/TIA awareness training: Across the training rollout, four training events were carried out in January and eight in February (an additional event was cancelled due to low up take). The majority of training was scheduled throughout March (n=21 events), and five were carried out in early March. However, due to Coronavirus disease (COVID-19) and government guidance to limit public gatherings, the remainder of events were postponed (n=16). Table 1 provides details of the ACE/TIA training events. The majority of events focused on an introduction to ACEs. Sefton also provided an advanced session, which was used as a second day of training for some professionals (who attended the awareness training) and for professionals who were already working within an ACE-informed framework. The training targeted professionals working with young people and families in a number of settings including schools, early help and children’s services, voluntary sector, police and the fire service. Training events varied in size from smaller focused sessions of 14 professionals, to larger scale events of 80-145. The training events were mainly half day to one full day sessions and focused on increasing knowledge of ACEs, the impact of trauma, and using trauma-informed approaches.

Up to early March, **over 700 Merseyside practitioners had attended the ACE/TIA training.**

Additional training

ROAR (Merseyside Youth Association [MYA]) – Merseyside: ROAR is a training programme designed for professionals working within schools, including teachers, learning mentors and SENCO. The training aims to equip professionals with skills and knowledge to respond to mental health needs within their schools using the whole school approach ROAR response model. The training aims to:

- Raise awareness of mental health;
- Explore the impact of risk factors including ACEs on mental health and how this impacts on thoughts, feelings and behaviours;
- Be able to spot the signs and symptoms of mental distress in primary school children;
- Help schools to build resilience in their children; and,
- Equip delegates to follow the ROAR response for children experiencing mental distress.

The one-day ROAR training course was carried out across Merseyside, with 11/15 planned events carried across January to March (25 attendees at each event).

Up to early March, **approximately 275 local practitioners had attended the ROAR training.**

² Training description provided by training developers and facilitators

ACE Recovery Toolkit (Rock Pool) – Merseyside, Sefton and Wirral: The ACEs Recovery Toolkit was produced by Rock Pool for people working with individuals or groups who have experienced ACEs. The toolkit is designed for use by facilitators working with parents, families and young people, following a two-day training workshop provided by Rock Pool. The toolkit aims to educate and inform parents/carers about the impact of ACEs on them and their children and uses a trauma-informed psycho-educational approach to facilitate learning and practical methods for parents developing their resilience and strategies to reduce the potential impact of ACEs on their children. The aims are for:

- Participants to better understand the impact living with ACEs may have on them and their children, and the tools to mitigate the impact of ACEs;
- Participants to have increased self-esteem and develop strategies for building resilience and that of their children; and,
- Participants to have increased understanding and implementation of healthy living skills.

The training course for facilitators was provided on two occasions in Merseyside (this included support from MYA, and Wirral utilised VRP funding for five members of staff) and in Sefton during the roll out of VRP funded ACE/TIA training (up to 15 attendees at each event). A further training course (co-delivered by Rock Pool and MYA) was postponed due to COVID-19.

Leader Introduction to Developing a Strategic Approach to Trauma-Informed Practice (Kate Cairns Associates) – Sefton: A half-day seminar with 25 senior leaders within Sefton. The seminar introduced strategic leaders to the ACE training being provided for their staff, so they could promote the training and support staff to implement trauma-informed practice.

E-learning ACE awareness (College of Life) – Knowsley: Knowsley purchased 50 licenses for an e-learning ACE awareness training, 35 of which were provided to professionals working with families in Knowsley. The two-hour CPD e-learning training targeted professionals working in education, health and social care. The training aimed to help professionals understand ACEs, trauma and resilience and the impact on children and adulthood.

ACEs engagement with residents, young people and parents – St Helens: St Helens carried out a focus group with 22 parents at children’s centres. Two planned community events were postponed.

Facilitated Whole System ACEs workshop – Wirral: A one-day, multi-agency whole system workshop was developed for professionals. Due to COVID-19 the workshop was postponed.

‘Bucket’ Animations (MYA) – Merseyside: Two bucket animations were developed by MYA, including a behaviour is communication bucket for children which can be accessed here: <https://vimeo.com/user22054561/review/395437463/45ef031e54> and a staff self-care bucket which can be accessed here: <https://vimeo.com/user22054561/review/395014534/f1acc7fad1>

ACE information resources for young people (MYA and CAMHS) – Merseyside: MYA and CAMHS developed an ACE information video and resource for young people which can be found here: <https://youtu.be/Z56mIO7Wk3U> and here: https://www.liverpoolcamhs.com/aces/what-are-aces/#.XqcysW4D_2o.mailto

Children’s social care – Liverpool (Dr Frank Maguire): Ongoing trauma-informed information and support provided to Children’s Social Care.

Table 1. ACE/TIA training overview

Provider	Title	Type	Target	Duration	Area	Est. attendance	Details
Healthy Stadia	Making a case for ACE aware and trauma-informed sports participation	ACE Awareness	Sport sector, clubs, coaches, volunteers, Merseyside CVS	½ day	Merseyside	30	<ul style="list-style-type: none"> • The nature and extent of ACEs • How trauma can have profound adverse effects on behaviours, emotions and lifelong opportunities • ACE aware and trauma-informed approaches • How supportive relationships and environments can prevent or help reverse the harm from ACEs and reduce violence
	Knowsley CVS		CVS	½ day	Knowsley	Postponed	
Cherished	Merseyside Police ACE Awareness	ACE Awareness	Police recruits	½ day	Merseyside	93	<ul style="list-style-type: none"> • What is trauma, the ACE study and how it defines ACEs • The impact of trauma on the body, brain and behaviour • How early intervention can minimise the negative impact of ACEs on a young person into adulthood • Intervention and effective support within settings • The attachment needs of a young person and how this manifests within adults • Self-care for professionals
	Merseyside Fire & Rescue Service ACE Awareness		Fire Service Advocates, Arson, Early Help, managers	1 day	Merseyside	46	
	Liverpool ACE Awareness		Alternative Education Providers	½ day	Liverpool	34	
	LCVS ACE Awareness		CVS	½ day	Liverpool	Postponed	
Jennifer Nock	Attachment and Trauma: ACEs	ACE Awareness	Schools	1 day	Liverpool	77	<ul style="list-style-type: none"> • What is attachment and why does it matter? - The life-long impact of secure attachment • The impact of ACEs, developmental, relational trauma • The developmental impact of adversity, trauma and loss on children, including developmental vulnerabilities: executive functioning, physiological and emotional regulation, psychological development • Key areas for changes- developing attachment and trauma sensitive in schools

Provider	Title	Type	Target	Duration	Area	Est. attendance	Details
Merseyside Youth Association	ACEs and Trauma	ACE Awareness	Schools, youth workers, teachers, those working with young people not in education	1 day	Merseyside	24 Further sessions postponed	<ul style="list-style-type: none"> • The nature and extent of ACEs • How trauma can have profound adverse effects on learning, behaviours, emotions and lifelong opportunities • ACE aware and trauma-informed approaches • Attachment based classroom strategies • How the supportive relationships and environments that schools provide can prevent and reverse harm by building resilience • The pros and cons about asking about ACEs • The importance of self-care when listening to traumatic experience • A whole school approach to trauma
College of Life	ACE/TIP awareness training	ACE/TIA Awareness	Multi-agency frontline practitioners	1 day	Knowsley	49 Further session postponed	<ul style="list-style-type: none"> • Identify the range of ACEs used in the CDC Kaiser ACEs study • Know how ACEs affect long-term health; what can be done to prevent ACEs • A shared language for trauma-informed practice(TIP) and ACEs • Know how to support recovery from ACEs including a review of the pentagon model (Prevent, Detect, Protect, Manage, Recover) • Know how to build resilience • Understand the basics of TIP • Understand the basics of Neuroplasticity

Provider	Title	Type	Target	Duration	Area	Est. attendance	Details
Kate Cairns Associates	Universal - Introduction to TIP/ACEs	ACE/TIA Awareness	Multi-agency practitioners	1 day	Sefton	151 (across two KCA events)	<ul style="list-style-type: none"> • How toxic stress affects brain function and can lead to trauma • The impact of unmet needs for recovery from toxic stress and trauma • The importance of resilience in the adult network to support optimal brain development • The skills that practitioners need to engage effectively with children and families who have experienced trauma • How trauma informed practice can make a difference throughout childhood and beyond
	Advanced Practitioner TIP	Advanced	Early Help workforce	1 day	Sefton	160 (across two KCA events)	<ul style="list-style-type: none"> • Enables learners to understand key issues, and to practice and develop skills in preventing and dealing with secondary trauma • Understand the impact of living and working with traumatised children and young people • Understand how to help prevent and manage secondary trauma in different settings
St Helens	Early help workshop 2020: ACEs	ACEs/TIA Awareness	Multi-agency practitioners	1 day	St Helens	145	<ul style="list-style-type: none"> • Update on early help • Introduction to the psychosocial impact of ACEs and developmental trauma • Resiliency as a framework for mediating the effects of ACEs and trauma • Family Nurse Partnership interventions to support clients who have experienced ACEs • Case study activities
Crea8ing Careers (CC)	ACE awareness	ACE Awareness	Multi agency	½ day	Wirral	67 (across two CC events)	<ul style="list-style-type: none"> • Understand how trauma and toxic stress affects our body and brains • Identify how ACEs impact health, educational and social outcomes • Discuss strategies to support individuals to mitigate the effects of ACEs • Assess how trauma/toxic stress awareness may impact our practice and behaviour
	ACE awareness Wirral CVS		CVS	½ day	Wirral	17	

Impact of the ACE / TIA Training

Over 700 Merseyside practitioners participated in ACE/TIA training. The evaluation shows that the training is associated with significant increases in practitioners’:



**Knowledge on ACEs/
trauma-informed
approaches**



**Confidence to implement
ACE/trauma-informed
approaches within their own
organisation**

Sample characteristics

A third (37.3%) of surveys were completed at training delivered by Cherished, with the remaining surveys completed at training delivered by other providers (Creating Careers, College of Life, St Helens Council and Jennifer Nock). Four in ten (42.6%) participants reported working in St Helens, 40.3% Liverpool, 20.4% Knowsley, 15.2% Wirral and 11.9% Sefton. 70.8% reported working with schoolchildren, half parents (56.6%) or families (57.9%), 52.7% adults, and 46.8% preschool children. The majority of participants were female (73.4%) and of white ethnicity (96.6%). Nearly eight in ten, (73.8%) were age 25-54 years (Table 2).

Knowledge, attitudes and confidence

Pre-training, around a third of trainees reported having very/quite good knowledge of ACEs (31.3%), their potential impacts across the life course (32.7%) and links with health harming behaviours (30.5%), and 27.2% the impact trauma can have on brain development. Less than one fifth (18.8%) stated that they had very/quite good knowledge of the role of resilience in mitigating the impacts of ACEs, 13.4% breaking intergenerational cycles of

Table 2: ACE/TIA training survey sample characteristics (n=397)

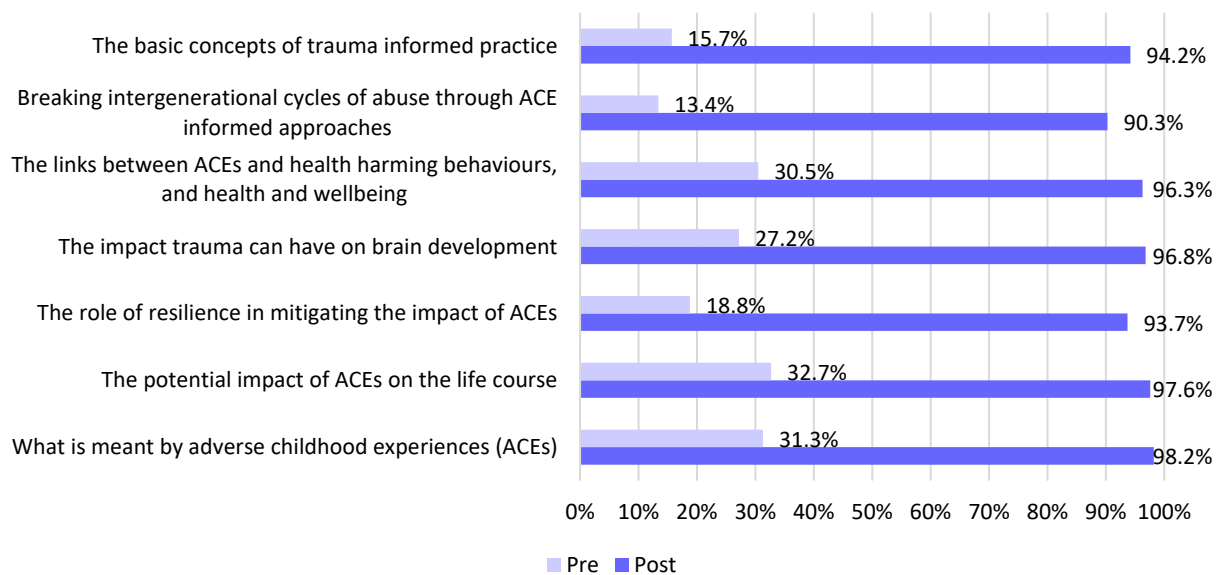
		Frequency	Percent
Gender	Male	102	26.6
	Female	282	73.4
Age group (years)	16-24	67	17.4
	25-34	101	26.2
	35-44	94	24.4
	45-54	90	23.3
	55-64	32	8.3
	65+	2	0.5
Ethnicity	White	370	96.6
	Other	13	3.4
Years of service in current role	2 years or less	168	43.6
	More than 2 years	217	56.4
Training provider	Cherished	147	37.3
	Creating Careers	11	2.8
	College of Life	39	9.9
	Jennifer Nock	75	19.0
	St Helens Council	122	31.0
Training location	Merseyside	147	37.3
	Liverpool	75	19.0
	St Helens	122	31.0
	Knowsley	39	9.9
	Wirral	11	2.8

abuse through ACE-informed approaches, and 15.7% the basic concepts of trauma-informed practice (Figure 2). Post-training, the proportions reporting very/quite good knowledge for each statement increased to over 90%. To compare changes in pre and post-training knowledge at an individual level, scales were coded from one (very poor) to five (very good), and mean scores (of all knowledge questions) were compared³. Overall, compared to pre-training, post-training participants were significantly more likely to report increased knowledge on ACEs/TIA (mean average score, pre 2.9 and post 4.5; $p < 0.001$).

"I didn't know about this ACEs. I am glad I can now understand certain situations."
Trainee

"Understanding further that there is no quick fix and that every child's experiences are very different" Trainee

Figure 2: Proportion of trainees reporting very/quite good knowledge of ACEs/TIA and related concepts



Pre and post-training, the majority (around 90%) of participants agreed that: it is possible to change a person's life course, regardless of their number of ACEs; it is important for professionals/staff/workers to understand what trauma/ACE-informed practices are; everyone has a part to play in supporting individuals who are experiencing trauma; agencies should work together to prevent and mitigate ACEs and related trauma; training on ACEs is important; and, it is worthwhile to change the way we work with individuals who have ACEs (Figure 3).

"It's made me look at people (not just children) differently" Trainee

Pre-training, a quarter (25.8%) of participants reported feeling very/quite confident in asking about ACEs/trauma whilst supporting people in their professional role. Less than a fifth felt confident in supporting someone affected by ACEs/trauma (18.9%) or implementing an ACE/trauma-informed response (14.1%). Post-training, the proportions reporting being very/quite confident for each statement increased to around 80% (Figure 4). To compare changes in pre and post-training confidence at an individual level, scales were coded from

"Opening or new way of thinking towards, approaching work" Trainee

³ Using Wilcoxon signed rank test.

one (not confident at all) to five (very confident), and mean scores (of all confidence questions) were compared³. Overall, compared to pre-training, post-training participants were significantly more likely to report increased confidence in implementing ACE-informed approaches in their professional role (mean average score, pre 2.6 and post 4.1; $p < 0.001$).

Figure 3: Proportion of trainees agreeing with selected statements related to ACEs/trauma

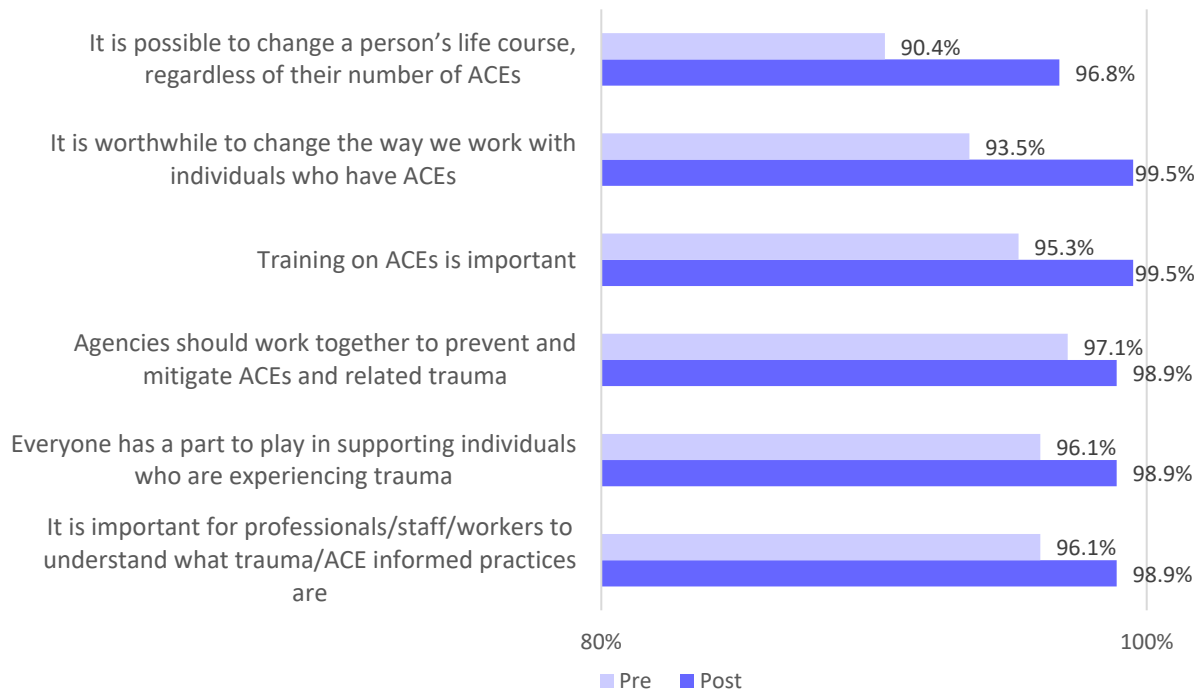
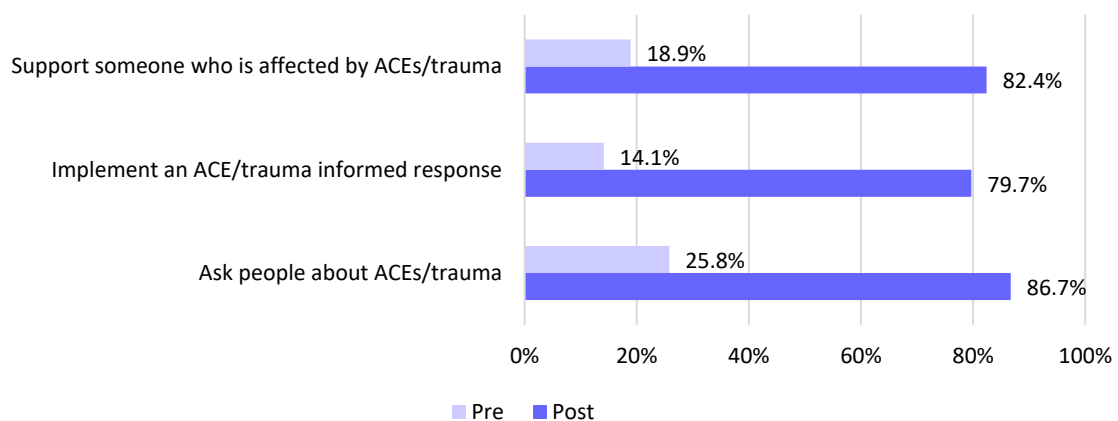


Figure 4: Proportion of trainees reporting being very/quite confident in asking about ACEs/trauma and responding, whilst supporting people in their professional role



Perceptions of the training and anticipated impacts on professional practice

The majority (over 90%) of participants viewed the training positively, including its content, delivery, materials and length (Figure 5). Over nine in ten agreed that the trainers were knowledgeable (98.9%) and interacted well with the group (98.7%). The majority agreed that they would recommend the training to others (97.0%), that the training was useful for their work

“A phenomenal achievement to deliver a course of such intensive and sensitive content on your own and to make it engaging, interesting and informative” Trainee

(97.3%), and that they would apply what they had learnt in to their work practice (96.8%). Trainees were asked to provide written feedback on the training course. Whilst many trainees praised the full training session, a number of key aspects were highlighted as being particularly beneficial. For example:

- Use of case studies and real-life examples;
- Example of resources, and links to their job role and client group;
- Interactive networking discussions between trainees, and with the trainer;
- Use of different materials (e.g. videos);
- Detailed trainer knowledge of subject, including theory, research and practice, and the links across the life course (including early brain development); and,
- A passionate and knowledgeable trainer.

Trainees were asked, what changes, if any, they will make to their professional practice because of attending the training. Key emerging themes included:

- Changing approaches to working with clients (e.g. take an ACE/trauma-informed approach; listen more; less judgemental; more compassionate and understanding; change language used);
- Considering wider circumstances of families/individuals, including histories (considering ACEs and impacts of trauma); exploring issues and underlying causes in more depth with clients.
- Sharing knowledge learnt with other practitioners;
- Advocating for changes in professional practices (e.g. assessment procedures); and,
- Changing service level strategies, delivery plans and responses to support clients more effectively (e.g. school pupil behaviour plans/consistency of support for pupils; whole system trauma-informed approaches).

“Challenge assessments which see the behaviours without considering experience and trauma” Trainee

“...making sure that I help families to be able to talk about their childhood experiences and help them to recognise how to move on” Trainee

“I would like to change the language we use in school. I will look at improving our quiet/nurture space. Offer to meet a sensory need when a child is in crisis” Trainee

“Change of language used by staff, peers and parents - no more meltdowns in our school, just children in crisis” Trainee

Figure 5: Proportion of trainees agreeing with selected statements about the ACE/TIA training



Learning from the training evaluation

Findings from the survey demonstrate the positive impacts of ACE/TIA training on knowledge, attitudes and behaviours. The analysis from the pre and post-training surveys shows that following training participants were significantly more likely to report increased knowledge on ACEs/TIA, and were significantly more likely to report increased confidence in implementing ACE-informed approaches in their professional role.

The majority of participants viewed the training positively and felt that the training was useful for their work. A number of key aspects from the training were highlighted as being particularly beneficial, including case studies, real life examples, example resources, interactive networking discussions and different use of materials. Passionate and knowledgeable trainers with detailed knowledge of ACEs were also highlighted as important element of the training. The majority of participants agreed that they would apply what they had learnt to their work practice. This included changing approaches to working with clients to use a more ACE/trauma-informed approach, sharing learnt knowledge with other practitioners, advocating for changes in professional practices and changes to strategies and policies to support clients more effectively.

The findings from the wider evaluation found that ACE/TIA training continues to be a priority locally with a number of areas upscaling and rolling out further training, taking into account changes in delivery during and post COVID-19 pandemic, and incorporating the use of online resources and remote delivery of training. The evaluation recommended that the VRP should continue to develop and embed a trauma-informed approach into all initiatives. Further evaluation could explore the immediate and longer-term impacts of the ACE/TIA training, including changes to policy and practice, and impacts for professionals, and critically, clients, children, families and the wider community.

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Appendices

Table 3: Participant demographics by training provider

		Cherished		Creating Careers		College of life		Jennifer Nock		St Helens Council	
		n	%	n	%	n	%	n	%	n	%
Gender	Male	73	50.0	2	20.0	8	20.5	7	10.1	12	10.2
	Female	73	50.0	8	80.0	31	79.5	62	89.9	106	89.8
Age group (years)	16-24	60	41.1	0	0.0	1	2.6	1	1.4	4	3.4
	25-34	49	33.6	3	27.3	14	36.8	16	22.9	19	16.0
	35-44	22	15.1	4	36.4	9	23.7	18	25.7	40	33.6
	45-54	10	6.8	4	36.4	10	26.3	24	34.3	42	35.3
	55-64	4	2.7	0	0.0	4	10.5	10	14.3	14	11.8
	65+	1	0.7	0	0.0	0	0.0	1	1.4	0	0.0
Ethnicity	White	141	97.2	10	90.9	37	94.9	66	97.1	115	97.5
	Other	4	2.8	1	9.1	2	5.1	2	2.9	3	2.5
Years in service in current role	2 years or less	105	72.4	6	54.5	13	33.3	11	15.7	32	27.1
	More than 2 years	40	27.6	5	45.5	26	66.7	59	84.3	86	72.9
Training location	Merseyside	147	100.0	0	0.0	0	0.0	0	0.0	0	0.0
	Liverpool	0	0.0	0	0.0	0	0.0	75	100.0	0	0.0
	St Helens	0	0.0	0	0.0	0	0.0	0	0.0	122	100.0
	Knowsley	0	0.0	0	0.0	39	100.0	0	0.0	0	0.0
	Wirral	0	0.0	11	100.0	0	0.0	0	0.0	0	0.0

Table 4: Strongly agree/agree for ACE training knowledge, confidence, attitudes and views on the training by training provider

	Cherished		Creating Careers		College of life		Jennifer Nock		St Helens Council	
	Pre (%)	Post (%)	Pre (%)	Post (%)	Pre (%)	Post (%)	Pre (%)	Post (%)	Pre (%)	Post (%)
Knowledge										
What is meant by ACEs	20.0	97.3	36.4	100.0	36.8	97.4	48.6	100.0	33.1	99.2
The potential impact of ACEs on the life course	22.1	97.3	40.0	100.0	28.9	97.4	44.9	95.3	39.8	100.0
The role of resilience in mitigating the impact of ACEs	8.3	93.9	36.4	100.0	13.9	97.4	32.8	90.6	23.9	94.1
The impact trauma can have on brain development	15.9	95.2	36.4	100.0	26.3	97.4	36.2	96.8	35.9	99.2
The links between ACEs and health harming behaviours, and health and wellbeing	21.4	96.6	36.4	100.0	31.6	97.4	40.6	95.3	35.7	96.7
Breaking intergenerational cycles of abuse through ACE-informed approaches	7.6	91.1	27.3	100.0	8.1	97.4	22.4	92.2	16.0	85.8
The basic concepts of trauma-informed practice	9.7	95.9	18.2	100.0	10.5	97.4	23.9	93.7	20.2	91.6
Confidence										
Ask people about ACEs/trauma	18.8	87.7	30.0	100.0	34.2	94.9	28.6	74.6	30.3	89.6
Implement an ACE/trauma-informed response	9.7	78.9	30.0	90.9	10.5	89.7	18.6	77.4	17.1	78.8
Support someone who is affected by ACEs/trauma	14.6	82.3	30.0	100.0	23.7	89.7	21.7	82.5	20.3	79.8
Attitudes										
It is important for professionals/staff/workers to understand what trauma/ACE-informed practices are	95.9	99.3	100.0	100.0	94.7	100.0	94.2	100.0	98.3	98.3
Everyone has a part to play in supporting individuals who are experiencing trauma	94.5	98.6	100.0	100.0	94.7	100.0	98.6	100.0	97.5	99.1
Agencies should work together to prevent and mitigate ACEs and related trauma	96.5	98.6	100.0	100.0	94.7	100.0	98.6	100.0	98.3	99.1
Training on ACEs is important	93.0	98.6	100.0	100.0	94.7	100.0	97.1	100.0	97.4	99.1
It is worthwhile to change the way we work with individuals who have ACEs	89.7	100.0	100.0	100.0	94.7	100.0	95.7	100.0	96.6	99.1
It is possible to change a person's life course, regardless of their number of ACEs	86.2	95.2	90.9	100.0	86.8	100.0	94.3	96.6	94.9	97.4
Training views										
The training content was appropriate		95.8		100.0		100.0		98.3		97.4
The training content was delivered in a way which was easy to understand		97.3		100.0		100.0		98.3		98.3
The trainers were knowledgeable		98.0		100.0		100.0		100.0		99.1
The trainers interacted with the group well		97.3		100.0		100.0		100.0		99.1
The training materials were good		96.6		100.0		100.0		98.3		99.1
The length of the training was just right		90.4		100.0		100.0		91.7		96.6
I would recommend the training to others		95.2		100.0		100.0		100.0		97.4
What I have learnt in the training is useful for my work practice		96.6		100.0		100.0		100.0		96.5
I will apply what I have learnt in the training in my work practice		95.9		100.0		100.0		98.3		96.5



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