A Scoping Study of the Implementation of Routine Enquiry about Childhood Adversity (REACh)

Blackburn with Darwen

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1. Background

Adverse childhood experiences (ACEs) are stressful experiences occurring in childhood that affect a child either directly (e.g. child abuse and neglect) or indirectly through the environment in which they live (e.g. exposure to domestic abuse, parental mental illness, substance misuse or incarceration). Evidence has shown that ACEs impact neurological, immunological and endocrine development, increasing stress on the body and individuals' vulnerability to health-harming behaviours, leading to increased risk of poor health outcomes in adulthood (Larkin et al., 2012; Bellis et al., 2013). The relationship between ACEs and the development of health harming behaviours was first explored in the USA by Felitti and colleagues (1998). This ACE study used a large sample of adults (over 17,000) who were receiving medical assessment for a health insurance company, asking them about their past childhood experiences and measuring current health status and behaviours. Findings indicated a strong graded relationship between the number of categories of childhood exposures and their risk of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures and liver disease. Further, the more ACEs individuals had, the more likely they were to report engaging in harmful behaviours including smoking, problem alcohol use, illicit drug use, risky sexual behaviour, low physical activity and involvement in violence. Whilst this ACE study was conducted nearly two decades ago, this dose response finding has been replicated in recent studies in America (Dube et al., 2003) and Europe (Bellis et al., 2014a).

In 2012, the first UK study to use the ACE methodology was undertaken among the general population (aged 18-70 years) in Blackburn with Darwen (Bellis et al., 2013). The study identified similar relationships between ACEs and adverse behavioural, health and social outcomes to those identified in the American and European studies (Dube et al., 2003; Bellis et al., 2014a). Thus, the more ACEs individuals reported, the greater their risk of engaging in health-damaging behaviours and experiencing poor health outcomes as adults. For example, compared with individuals with no ACEs, those with four or more ACEs were around twice as likely to report early sexual initiation; three times as likely to have low mental wellbeing and be morbidly obese; four times as likely to have had or caused an unintended teenage pregnancy and to currently smoke; five time as likely to have used cannabis and been a recent victim of violence; and nine times as likely to be in the criminal justice system (Bellis et al, 2013). Following the Blackburn with Darwen study, a national English ACE study was conducted by Bellis et al. (2014b), who concluded '*sufficient evidence is already available for governments to prioritise and invest in ACE preventing interventions. Too often the focus is on addressing the consequences of ACEs rather than preventing them in the first instance.'*

Whilst ACEs are clearly common, victims can often be reluctant to disclose such adversities to practitioners and practitioners may also be reluctant to seek it (Read et al., 2007). Even amongst those victims who willingly disclose their ACEs, it can be at least ten years after the event before they do so (Anderson et al., 1993; Frenken & Van Stolk, 1990). Yet, there is a suggestion that the simple act of enquiring about ACEs may reduce the burden of patients accessing health care services, resulting in fewer GP and emergency room visits (Becker, 2015). Thus, collectively, studies on ACEs highlight the need to routinely 'ask' service users about their childhood experiences so that health and social care service providers can offer appropriate interventions to support an individual's recovery. Thus, to support health

professionals and practitioners in enquiring about childhood experiences, a Routine Enquiry about Adversity in Childhood (REACh) training programme was developed by Lancashire Care NHS Foundation Trust[1] (LCFT) and piloted in Blackburn with Darwen Local Authority. This unique REACh training programme was initially developed and delivered to staff working within the mental health field and later implemented among staff working in universal services, specialist services, and the voluntary and faith sectors. The REACh training programme was designed to increase service providers' knowledge about the impact of childhood adversity on adult health and social outcomes and encourage services to routinely undertake enquiries about childhood experiences as part of assessments. Routine enquiry or 'asking' about childhood experiences during assessments enables health professionals and practitioners to better understand their clients' problems and provide appropriate support, which may reduce the impact of childhood adversities on adult health and well-being. Further, routinely asking about childhood experiences aims to demonstrate that it is acceptable to disclose such information and that no-one is being specifically targeted for enquiry.

To support the development and future implementation of the REACh training programme, the Centre for Public Health, Liverpool John Moores University, was commissioned by Blackburn with Darwen Local Authority and Lancashire Care NHS Foundation Trust to explore the implementation of REACh by organisations following the training, and the options and feasibility of further evaluating the training programme. The study identifies how REACh is implemented in practice by organisations that have participated in the training programme, what data collection processes are in place within each organisation relating to REACh and what data are available for evaluation purposes.

[1] By Dr Warren Larkin and colleagues

2. Methodology

REACh training was delivered over two phases; the first phase to organisations providing universal services (n=4) and the second to organisations providing targeted services (n=5) in Blackburn with Darwen in August 2013 and November 2014 respectively. The REACh training programme aimed to increase health professionals' and practitioners' knowledge about the potential consequences of childhood adversity as well as increase their confidence in routinely asking and responding to disclosures. During the REACh training programme organisations were provided with an enquiry tool to take away and incorporate into their existing assessments. The tool presented 10 ACE categories covering: physical abuse; sexual abuse; physical neglect; emotional neglect; emotional abuse including bullying[2]; parental divorce, death or abandonment; parental substance misuse; a parent who is the victim of domestic abuse; family member incarceration; and a family member diagnosed with a mental illness or depression (see Appendix 1).

The REACh training was delivered by LCFT, which has extensive experience in training health professionals. The Phase one REACh training session lasted half a day, however based on feedback received from participants regarding the length of the training session and opportunities for discussion, the duration of the training was increased to one day for Phase two delivery. Further, at the request of participating organisations the Phase two training was delivered at a variety of times including; one full day; two half days (Friday and Monday); and two half days with two weeks in between each day. Whilst the content in Phase one and two remained the same, increasing the duration of the training session allowed more opportunities to discuss each part of the session, particularly in relation to 'enquiring and responding'.

For this scoping study, representatives from universal and targeted organisations who had attended the REACh training programme were invited to take part in an interview. Semi-structured interview schedules were designed to identify if and how REACh is implemented in practice, what data collection processes are in place in each organisation relating to REACh and what data are available for evaluation purposes. Opportunities were given at the end of each session for interviewees to make additional comments about topics that had not been covered. Across the nine organisations trained in REACh fifteen people participated in the interviews (four individual and five group interviews). The majority of staff representatives interviewed for this scoping study were female (male n=1; female n=14) and all were aged 18 years and over. Interviews and lasted between 18 and 45 minutes and were conducted face-to-face (n=8) and via telephone (n=1).

[2]Bullying was specifically outlined as an ACE category based on feedback received from Phase one training.

3. Summary of findings

3.1.1 Organisations trained in REACh

Table one provides details of the nine organisations trained in REACh in Phase one and two, including the types of services they provide, and the types and numbers of clients they serve. During the two Phases, a broad range of organisations were trained who provide different services and access different groups of clients.

Table 1 Description of Blackburn with Darwen universal and targeted organisations trained in REACh in Phase one and two

Organisation	Service type	Type of clients seen	Number of clients seen
Universal Services (Phase 1)			
Lifeline	Drug and alcohol support.	Persons under 25 years who use substances at any level from experimental to dependent use.	Up to 85 young people at any one time.
Lancashire Care NHS Foundation Trust	Children and family health service.	Families with children and young people aged 0-2 years.	Health visitors are actively working with 2,535 children[a]
Children's Social Services	Preventing children escalating into social care services.	Families and children.	Up to 10-11 families weekly.
Child Action Northwest	Family support.	Hard-to-reach troubled families and clients in need of short-term support.	Current caseload of 22 families[a]. Service receives approx. 14 referrals per month.
Targeted Services (Phase 2)			
EVOLVE	Community service offering; brief intervention, 6-7 months support or support to revolving clients.	Clients with substance misuse issues.	115 current clients[a]
Blackburn and Darwen District without Abuse	Accommodation, support and advice for domestic abuse victims including men, women and children.	Domestic abuse victims and their families.	Approx. 5,000 clients seen annually. Refuge can accommodate 14 families at one time.
Newground	Neighbourhood based project that supports individuals, families or schools.	Clients from social housing estates in Blackburn with Darwen.	Combined case load of 100 clients annually.
Lancashire Women's Centre	Key focus streams include mental health, clinical health services, criminal justice system and women at risk.	Clients with personality disorders and complex mental health needs.	861 clients since August 2014.
Greater Manchester West, Mental Health Foundation (GMW)	GMW is a large mental health foundation and a small part of the service is to support clients with alcohol and drug misuse issues.	Clients with higher dependency and complexities and require 1:1 support/ prescribed treatment.	Approx. 700 clients at any one time.

[a] At the time of interview.

3.1.2 Implementation of REACh within organisations

Table 2 shows when each organisation participated in the REACh training programme, the number/percentage of relevant staff trained, when the REACh process was initiated in each organisation and how many enquiries had been undertaken up to the point of interview in January/February 2015. For most organisations (n=7; 78%), all relevant staff who were currently employed at the time of the training (excluding those on absence/sick leave) attended the REACh training, ranging from eight to 35 staff depending on the size of the organisation. All participating organisations reported that they had started implementing REACh in practice within three months of receiving the training programme. For each participating organisation, one REACh enquiry per client was conducted. The number enquiries conducted in universal (Phase 1) organisations ranged from 119 to approximately 1,500, with enquiries ranging from five to 44 across targeted (Phase 2) organisations. Differences in enquiry numbers across the participating organisations are thus reflective of the timing of the REACh training, with Phase 2 organisations having only completed the training in November 2014 and therefore had only recently started to implement REACh in practice.

Table 2 Implementation of REACh within organisations

Organisations	Month REACh Trained	Number (%) of staff trained	Month started REACh	Number of REACh enquiries
Universal Services (Phase 1)				
Lifeline	August 2013	8 (100%)	November 2013	119
Lancashire Care NHS Foundation Trust	August 2013	11 (73%)	August 2013	Approx. 1,500[ab]
Children's Social Services	August 2013	12 (100%)	September 2013	180
Child Action Northwest	August 2013	10 (100%)	September 2013	75
Targeted Services (Phase 2)				
EVOLVE	November 2014	6 (80%)	December 2014	7
Blackburn and Darwen District without Abuse	November 2014	10 (100%)	January 2015	9[c]
Newground	November 2014	7 (100%)	January 2015	5
Lancashire Women's Centre	November 2014	8 (100%)	November 2014	44
Greater Manchester West Mental Health Foundation	November 2014	35 (100%)	January 2015	13

[a] Health Visitors undertake REACh with new parents (mother and, or father).
[b] School nurses undertake REACh enquiry with school age children as appropriate but the number of enquiries undertaken were not available.
[c] It was noted that REACh is not always conducted at the first point of contact with clients due to other presenting issues of immediate priority (e.g. negotiating a plan to settle service users into the refuge).

3.1.3 REACh enquiry tool

Table 3 presents details about the REACh enquiry tool used across the participating organisations. During all interviews participants recalled receiving the REACh enquiry tools during the training programme that could either be used or amended for use within their organisation (Appendix 1). All participating organisations reported that they had made adaptions to the enquiry tool provided at the training, resulting in varying tools comprising of eight or ten ACEs which can be summed to provide an overall ACE score (Table 3). Notably, one organisation had utilised open-ended questions that were developed by an in-house working party designed to explore clients' experiences of growing up and how they were parented (e.g. tell me a bit about your childhood, best and worst childhood memory; see Appendix 2 for further details). Other variations in the REACh enquiry tool across the participating organisations included:

- The ACE category *bereavement/loss of a significant family member and parent separation/divorce* being split into two separate questions (n=5);
- Bullying added as an additional component to the emotional abuse category (n=2)[2];
- and,
- Differences in the questioning relating to domestic abuse of the mother/stepmother (e.g. mother being treated violently (n=2); witnessing mother/step mother being subjected to physical abuse (n=1); and witnessing violence in the house (n=1).

Table 3 REACh enquiry tool

Organisation	Number of ACEs enquired about	Collate ACE score	Yes/no responses	Variations from the REACh tool [a]
Universal Services (Phase 1)				
Lifeline	8	Yes	Yes	Descriptions are provided for ACE categories.
Lancashire Care NHS Foundation Trust	N/A	N/A	N/A	Guidance notes are provided for practitioners to undertake REACh.
Children's Social Services	10	Yes	Yes	The ACE category *bereavement/loss of a significant family member and parental separation/divorce* is spilt into two questions. Variation in mother/step-mother domestic abuse question.
Child Action Northwest	10	Yes	Yes	The ACE category *bereavement/loss of a significant family member and parental separation/divorce* is spilt into two questions. Variation in mother/step-mother domestic abuse question.
Targeted Services (Phase 2)				
EVOLVE	10	Yes	Yes	Descriptions are provided for ACE categories.
Blackburn and Darwen District without Abuse	10	Yes	Yes	The ACE category *bereavement/loss of a significant family member and parental separation/divorce* is spilt into two questions. Bullying is included as an additional component of emotional abuse[2].
Newground	10	Yes	Yes	Descriptions are provided for ACE categories.
Lancashire Women's Centre	10	Yes	Yes	The ACE category *bereavement/loss of a significant family member and parental separation/divorce* is spilt into two questions.
Greater Manchester West Mental Health Foundation	10	Yes	Yes	Bullying is included as an additional component of emotional abuse[2].

[a] See Appendix 2 for further detail of the variations.

3.1.4 The REACh enquiry process

Table 4 summarises the REACh enquiry process undertaken within each participating organisation, including information about who the data is collected from, the time and method of ACE enquiry, data storage, processes undertaken following enquiry and how ACEs are used to inform client care pathways. During interviews, variations in enquiry processes across the participating organisations were revealed. Specifically, some organisations adopted a targeted approach, undertaking REACh enquiry with clients who require specialist support (e.g. one to one) or access certain parts of the service (e.g. clients seeking refuge). Further, whilst two organisations reported that they undertake REACh at the first point of contact with service users, other service providers (n=4) considered it imperative to firstly establish a rapport with clients before enquiring about childhood adversities, which may lead to enquiries not being undertaken until the second or third point of client contact. Nevertheless, one organisation noted that it was not always possible or appropriate to undertake REACh enquiry as clients are often traumatised upon service entry and the priority is to address 'here and now' issues to ensure that the appropriate care pathways are in place. This organisation provides refuge for domestic abuse victims and their families thus other pressing issues such as negotiating a plan with service users takes precedence and REACh is therefore conducted with clients at the discretion of the practitioner.

The most common method of undertaking REACh enquiry across the participating organisations was through face-to-face discussions with clients (Table 4). However, one organisation had not yet established a best method of enquiry (e.g. face-to-face vs. self-complete questionnaire). Interviewees reported that following the disclosure of childhood adversity practitioners will then ask clients if they require further support (e.g. counselling) to help deal with their childhood traumas. However, it is important to note that all clients accessing these services, regardless of exposure to childhood adversities are offered and provided with support based on individual need (Table 4). Whilst it was not specifically explored, some representatives across the participating organisations reported that client's did seek further support following ACE disclosure but in most instances clients felt that they had already dealt with their childhood trauma and thus did not require further support. Despite this however, staff raised concerns surrounding the availability of support services for clients. For example, some organisations have access to in-house counselling services if needed, whereas clients accessing other services in Blackburn with Darwen may be placed on a counselling referral waiting list for approximately four-to-six weeks.

Table 4 REACh enquiry process

Organisation	Data collected from	Time of ACE enquiry (e.g. first point of contact)	Method of ACE enquiry (e.g. face to face/ self-complete)	ACE data storage	Summary of the process following ACE enquiry	How ACE is used to decide/inform treatment
Universal Services (Phase 1)						
Lifeline	Clients receiving specialist support.	First or second contact.	Face-to-face with a practitioner.	Data are stored in paper based files and ACE scores electronically.	Clients are provided with options for further support.	Care plans developed accordingly based on client need.
Lancashire Care NHS Foundation Trust	Clients (parents). School nurses enquire with children as appropriate.	First point of contact (Health Visitor's only).	Face-to-face with a practitioner.	Data are stored electronically.	Clients are 'weighted' which considers vulnerability and protective factors to determine the level of input form the service.	Informs action plan to support client needs.
Children's Social Services	Clients (mainly mothers).	At 2nd or 3rd visit.	Face-to-face with a practitioner.	Data are stored in paper based files and ACE scores electronically.	Depends on ACE disclosure and the client's resilience.	It is personal to each individual and what support is required.
Child Action Northwest	Client (parents).	At 2nd or 3rd visit.	Face-to-face with a practitioner.	Data are stored in paper based files and ACE scores electronically.	Depends on ACE disclosure and client's resilience.	It is personal to each individual and what support is required.
Universal Services (Phase 2)						
EVOLVE	Clients using and staying within the service.	When clients require a full assessment.	Face-to-face with a practitioner or self-completion.	Data are stored in paper based files.	Clients are provided with options for further support.	All clients are offered support based on need.
Blackburn and Darwen District without Abuse	Clients seeking refuge and floating support.	At the discretion of the practitioner.	Face-to-face with a practitioner.	Data are stored in paper based files.	Clients are provided with options for further support.	Forms part of a holistic care plan for clients.
Newground	Clients who require a full assessment.	When clients require a full assessment.	Face-to-face with a practitioner.	Data are stored in paper based files.	All young people complete an action plan regardless of ACE exposure.	All clients are offered support based on need.
Lancashire Women's Centre	Women at risk, including sex workers and troubled families.	First point of contact.	Face-to-face with a practitioner.	Data are stored in paper based files and ACE scores electronically.	Clients are provided with options for further support.	All clients are offered support based on need.
Greater Manchester West, Mental Health Foundation	Data is collected from all new clients.	Assessments are completed over three sessions and can be completed at any one.	Face-to-face with a practitioner.	Data are stored in paper based files.	Clients are provided with options for further support.	Service has pathways into services which are offered based on need.

3.1.5 Data availability for evaluation purposes

As noted above, across organisations there were variations in the number of ACEs enquired about and how the questions were asked. Thus, whilst there are many commonalities, the data available on ACEs across organisations does vary (see Table 3 and Appendix 2). Across the participating organisations there were also variations in the level of ACE data stored and how such data were stored (Table 4). Currently, one organisation collates all ACE data (i.e. responses to each question and the summed score) electronically. Four organisations store all ACE data within individual paper based files and four organisations collate all ACE data within individual paper based files and record total ACE scores electronically as part of broader client records. Table 5 provides a summary of other data fields routinely collected across the participating organisations that may provide a broader picture of those who receive ACE enquiry. Information that is consistently collected across the participating organisations includes client demographics (e.g. age, gender, date of birth and address including postcode), with some organisations collecting additional information regarding ethnicity, religion and sexual orientation. Three organisations collect the individual's NHS number, meaning that the data collected on the individual has the potential to be linked to health records, and vice versa. Most (n=7) organisations provided permission to access client data for evaluation purposes (some permitting access to ACE data only). However, it is unknown whether participating organisations already have systems in place to obtain consent from clients for data sharing.

4. Summary and recommendations

The REACh training programme aims to increase health and social care providers' knowledge on issues related to childhood adversity and their confidence in enquiring and responding appropriately to disclosures. The purpose of this scoping study was to ascertain how REACh is being implemented by organisations that have participated in the training programme and to explore data collection processes within each organisation, in order to inform the future development, monitoring and evaluation of REACh. Findings from the interviews demonstrated that REACh is being implemented by all organisations that received the training, although most Phase two organisations were only just initiating this work and thus had not established routine enquiry processes. Even at this early stage however it was clear that implementation methods and the recording of ACEs varied between organisations, which have implications for monitoring and evaluating the impact of the REACh training programme. This is despite the REACh enquiry tool providing details of what ACEs are and a list of questions from which to collect the ACE information. Even here however, there is a discrepancy – whilst a *parent* who is the victim of domestic abuse is described as an ACE, the proposed question to identify this ACE focuses on the mother's experience of domestic abuse, as opposed to the mother and/or father. Moreover, it is possible that some clients may be in contact with more than one universal or targeted service implementing REACh. At present, individual level information on ACEs collected via routine enquiry is not shared across organisations and thus individuals may be asked about childhood adversity by multiple organisations.

While the REACh training programme has been subjected to an initial qualitative evaluation (Real Life Research, in press), undertaking a more in-depth study of the impact of the programme on both service delivery and client outcomes is crucial to informing programme

development. Such a study would also provide valuable knowledge at national and international levels, with recognition of the importance of ACE-informed practice growing rapidly yet evidence of how to implement ACE-focused interventions still in its infancy. As the initial phase of the REACh training programme took place in August 2013, consideration could be given to both retrospective and prospective evaluation approaches. However, variation in implementation and data collection techniques across participating organisations means there is currently insufficient consistency to undertake a robust evaluation of the programme retrospectively. Despite this, a retrospective approach may still have merit as a pilot study to inform the development of a larger prospective study.

Briefly, a retrospective pilot evaluation study could focus on a cohort of individuals who have received the intervention in participating organisations, and match these with 'control' clients who had not received the intervention, from either the same or a similar organisation. The evaluation could explore differences in service provision and outcomes between those with and without REACh. Methods could include questionnaires with clients and analyses of their case data, and other partner data where relevant (with appropriate permissions obtained). Such a study could also cover the acceptability of ACE enquiry with clients and, with relatively high levels of ACEs within the general population, could incorporate staff-related components to identify staff perceptions, experiences and implementation factors as a function of staff members' own experience of ACEs.

A more robust evaluation of the REACh programme would require a prospective design based on the development of consistent implementation methods and data collection techniques (although slight variation in enquiry methods to meet the needs of participating organisations would be feasible). Developing such a consistent approach to REACh should be considered important regardless of the evaluation process in order to ensure a clear and measurable intervention is delivered. Consistent implementation should include the development of a standard ACE enquiry tool that ensures organisations are asking the same set of ACE questions in a comparable format and recording ACE data consistently, ideally electronically. This needs to be agreed collectively with experts in the field. For the purpose of monitoring and evaluation, routine data collection would include both ACE data and a set of wider data items covering client demographics, service use, behavioural indicators and health outcomes. In a prospective evaluation study, recruitment of participants would ideally commence at their first point of contact with participating organisations, with the study incorporating questionnaires and routine data analysis and following clients up over the short and longer term. In addition to identifying any differences in outcomes from ACE enquiry, the study could explore the impact of ACE disclosure on service provision to understand what support/services are required to develop pathways.

Based on the findings from this scoping study, recommendations regarding the future implementation and evaluation of REACh are provided below.

1. Blackburn with Darwen Local Authority, LCFT and those implementing REACh should undertake collaborative work to agree which ACEs should be routinely collected across organisations, as well as establish a routine system to collect and record ACE data.
2. Organisations undertaking REACh should be encouraged and supported to electronically record ACE data (including each ACE question and total score) and other relevant data to

support future monitoring and evaluation. Preparation for such monitoring and evaluation should be incorporated into future REACh training programmes and collaborations.

3. Organisations should be encouraged to undertake REACh at the first point of assessment with all new clients as appropriate.
4. Organisations should work together to develop a data sharing system across organisations to prevent clients from being repeatedly asked about childhood adversity. Thus consideration needs to be given to whether consent from individuals to share their ACE (and other relevant) data across agencies is required or not.

Table 5 Data collected within the universal and targeted organisations

Organisations	Common data items collected by all organisations	Other unique data items collected by each organisation	Data links to other sources	Data available for evaluation
Universal Services (Phase 1)				
Lifeline	Demographics (age, gender, date of birth, address including postcode)	Substance use, education, family, finances and criminal activity.	No	No
Lancashire Care NHS Foundation Trust	Demographics (age, gender, date of birth, address including postcode)	CAADA risk assessment (domestic abuse), PHQ (Physical Health Questionnaire), GAD7 (General Anxiety Disorder), Solihull assessments, Graded Care Profile and Standard Operating Procedure (SOP) for completion for the child and family who are under the care of the universal Children and Family Health Service.	Yes via NHS number	No
Children's Social Services	Demographics (age, gender, date of birth, address including postcode)	Substance/alcohol misuse, offending behaviour, housing, domestic abuse, support networks, parenting history, child removed, financial issues, history of parent abuse (physical, sexual, neglect), parental education and history of engagement with professionals.	No	Yes
Child Action Northwest	Demographics (age, gender, date of birth, address including postcode)	Sibling information, education, employment, training, accommodation, finances, relationships, community links, stress, alcohol consumption, medication, health and happiness.	No	Yes
Targeted Services (Phase 2)				
EVOLVE	Demographics (age, gender, date of birth, address including postcode)	Drug and alcohol misuse/alcohol withdrawals, physical and mental health status, crimes involved with (e.g. theft, prison), social (e.g. accommodation, employment, financial, education/training, leisure, relationships, children).	No	Yes (ACE specific)
Blackburn and Darwen District without Abuse	Demographics (age, gender, date of birth, address including postcode)	Employment status, vulnerabilities and mental health.	No	Yes (ACE specific)
Newground	Demographics (age, gender, date of birth, address including postcode)	Health and well-being, crime and anti-social behaviour, family and friends, training, employment and independent living.	No	Yes
Lancashire Women's Centre	Demographics (age, gender, date of birth, address including postcode)	Religion, sexual orientation, children's information, disabilities, employment, referrals, sex work, restorative justice, present offence, current criminal convictions, social services and probation, accommodation, debt, medication, thoughts/action of self-harm or suicide attempt, domestic abuse, violent relationships, drug and alcohol abuse.	Yes (but only clients who access IAP[a] service are linked to an NHS number)	Yes (ACE specific)
Greater Manchester West, Mental Health Foundation	Demographics (age, gender, date of birth, address including postcode)	Physical and mental health wellbeing, domestic abuse, criminality, housing, education, employment, family, children, carers, drug and alcohol use, history and current risks.	Yes via NHS number	Yes

[a] Improving Access to Psychological Therapies

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6. Appendices

Appendix 1: REACh tools provided to trainees at the REACh training

1. WHAT DO WE MEAN BY ROUTINE ENQUIRY INTO ADVERSITY IN CHILDHOOD (REACh)

Adverse childhood experiences (ACEs) include but are not limited to:

Having (Prior to the age of 18):

- Parents who misuse substances
- A parent who is the victim of domestic abuse
- A family member who is incarcerated in the criminal justice system
- A family member diagnosed with a mental illness or who is depressed

Or experiencing (Prior to the age of 18):

- The disappearance of a parent through divorce, death or abandonment
- Physical abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Recurrent emotional abuse including Bullying[2]

2. What's My ACE Score?

Prior to your 18th birthday:

1. Did a parent or other adult in the household **often or very often**…
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often**…
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**…
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____

4. Did you **often or very often** feel that…
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____

5. Did you **often or very often** feel that…
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____

6. Was a biological parent **ever** lost to you through divorced, abandonment, or other reason?
Yes No If yes enter 1 _____

7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____

10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____This is your ACE Score

Appendix 2: Details of variations in the REACh tools used across participating organisations

Across the universal and targeted organisations some questions regarding adverse childhood experiences had already been embedded within assessments prior to the REACh training programme. However, since receiving the REACh training programme organisations included questions that specifically ask clients about adverse childhood experiences before the age of 18 years. Variations in the REACh enquiry tools used across the participating organisations were observed and further details of the assessment tools are provided below.

Phase 1 Blackburn with Darwen universal organisations REACh tool

Lifeline

- Have you suffered significant family loss/bereavement?
- Do you live with anyone who was: depressed, mentally unwell or suicidal, was a problem drinker, illegal drugs or prescription medication, served time in prison or young offender's institution?
- Did your parents or adults in your home ever: slap, hit, kick, punch or beat each other?
- Hit, beat, kick or physically hurt you in any way?
- Swear at you, insult you or put you down?
- Did anyone at least 5 years older than you (including adults) ever: touch you sexually, try to make you touch them sexually, or forced you to have sex?

Lancashire Care NHS Foundation Trust
Practitioners are instructed to discuss with clients their parental experiences of growing up and how they were parented.

- Tell me a bit about your childhood?
- Tell me about your worst and best childhood memory?
- Tell me how you got on with your Mum, Dad, Carer?
- How was discipline dealt with?
- When asking about abuse practitioners are instructed to ask questions with sensitivity and explore as thought necessary.

Children's Social Services
Practitioner: Discuss with the parent the need to ask the questions below and how the responses will help us identify support from them earlier in your intervention period. The parent does not need to go into any detail if they do not wish to do so or answer the question at all.

Would you consider yourself to have experienced any of the adverse childhood experiences as described below? *Adverse childhood experiences include but are not limited to:*

<u>Abuse</u>
Emotional abuse
Physical abuse
Sexual abuse

<u>Neglect</u>
Emotional neglect
Physical neglect
Bereavement of a significant family member

<u>Household Dysfunction</u>
Household substance
Household mental illness
Bereavement of a significant family member[3]
Mother treated violently[3]
Parental separation or divorce
Incarcerated household member

[3] Variations in the REACh tool across participating organisations

Child Action Northwest
Listed below are a number of events, please indicate whether any of these happened to you before the age of 18:

Personal Abuse/Neglect	Historical Household Experience
Emotional abuse	Household substance abuse
Emotional neglect	Mother treated violently[3]
Physical abuse	Household mental illness
Physical neglect	Parental separation/divorce
Sexual abuse	Bereavement or loss of a significant family member[3]
	Incarcerated family member

ACE Score:
Any further action required: Yes/No. If yes, please outline:
Practitioner's reflection on the above information:

Phase 2 Blackburn with Darwen targeted organisations REACh tool

EVOLVE
Adverse Childhood Experiences: Remember up to the age of 18 only:

- Did your parents often demean you, devalue you, swear at you or humiliate you?
- Did your parents physically abuse you? Yes/No
- Were you often physically neglected (e.g. not fed properly, forced to wear dirty clothes, or not taken to the doctor when ill, perhaps because your parents were drunk or under the influence of illicit drugs)? Yes/No
- Did you often witness your mother/step mother being subjected to physical abuse? Yes/No
- Did anyone in your household (who was at least five years older than you) ever sexually assault you? Yes/No
- Did you feel you were not close to your family, that they did not support you and that they did not love you or regard you as special? Yes/No
- Did any member of your household go to prison when you were growing up? Yes/No
- Was any member of your household suffering from a mental illness whilst you were growing up (including clinical depression)? Yes/No
- Did anyone in your household suffer from an addiction when you were growing up (e.g. alcohol or illicit drugs)? Yes/No

ACE score:
Any further action required: Yes/No. If yes, please outline:
If yes, please comment.

Blackburn and Darwen District without Abuse
Listed below are a number of events, please indicate whether any of these happened to you before the age of 18:

Personal abuse/neglect	Historical household experience
Emotional abuse including bullying[2]	Substance use by household member
Physical abuse	Mental illness of household member
Sexual abuse	Bereavement or loss of significant family member
Emotional neglect	Domestic abuse/violence
	Parental separation or divorce
	Family member in prison

ACE Score:
Any further information required: Yes/ No If yes, please outline.
Practitioner's reflection on above information

Newground
Asked/Not asked, answered/refused to answer, acknowledged but didn't want to talk about it (please delete as appropriate)

Have you ever been affected by any of the following before the age of 18:

- Verbal abuse or threats of physical harm towards you?
- Physical harm causing marks or injury?
- Sexual abuse (by an adult five years older)?
- Unloved, unimportant and unprotected?
- Separation or divorce of your parents or step parents?
- Witnessing violence in the house?
- Problematic drug or alcohol use by any of your family members?
- Family members being imprisoned?
- Family members being diagnosed with a mental illness?
- Death or abandonment of someone close to you?

Routine Enquiry Score:

Lancashire Women's Centre
Asked/not asked, answered/refused to answer, acknowledged but didn't want to talk about it (please delete as appropriate)

Have you ever been affected by any of the following before the age of 18:

<u>Personal abuse/neglect</u>
Emotional abuse
Physical abuse
Sexual abuse
Emotional neglect
Physical neglect

<u>Historical household experience</u>
Household substance misuse
Household mental illness
Bereavement of a significant family member
Domestic abuse
Parental divorce/separation
Incarcerated family member

REACh Score:
Any further support for these issues required? Yes/No
If yes, please give details (i.e. referred to counselling/referred to partner agency/etc.)

Greater Manchester West Mental Health Foundation
Discuss with the client the need to ask whether they would consider themselves as having experienced any of the following 'Adverse Childhood Experiences' before the age of 18 and how the responses will help identify further support for them. The client does not need to go into any detail if they don't wish to and does not need to answer the question at all if they don't want to.

Client agreed to participate in questionnaire Yes/No

<u>Abuse</u>
Emotional abuse including recurrent bullying[2]
Physical abuse
Sexual abuse
Household substance misuse
Household mental illness
Ace Score:
Practitioner comments:

<u>Neglect</u>
Emotional neglect
Physical neglect
Domestic abuse
Incarcerated family member
Loss of bereavement of a significant family member e.g. through divorce, separation or death

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