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How and why do educational psychology services engage with an ACE-informed approach?

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ABSTRACT

Adverse childhood experiences (ACEs) and related approaches are receiving increasing focus from education policy makers and educational psychologists. However, the extent to which ACEs research and theory can be used to inform practice continues to be a topic for debate. The present paper explores the development of ACE-informed practice within two UK local authority educational psychology services, through use of focus groups and interviews with educational psychologists. Rationale, facilitators and barriers to the development of current ACE-informed practice are reported. Implications for educational psychology practice, including consideration of risk and reliance factors, the importance of consistent implementation of approaches, and future research are also considered.

KEYWORDS

adverse childhood experiences; ACEs; educational psychology; trauma; resilience

Introduction

Adverse childhood experience and impact

Adverse childhood experiences (ACEs) comprise five specific traumatic events (sexual, emotional, and physical abuse; and emotional, and physical neglect) and five chronic stressors (substance addiction, witnessing abuse, family member imprisonment, family member mental illness, and caregiver disappearance through abandonment or divorce) (Paterson, 2017). There is growing evidence that exposure to ACEs can have a detrimental impact on development and later mental health (Hughes et al., 2016). Felitti et al. (1998) surveyed over 13,000 adults in the USA which suggested a strong relationship between retrospective self-reported ACEs and difficulties in later life. In particular, people reporting four or more ACEs were four to twelve times more likely to abuse alcohol or drugs, have depression and attempt suicide, compared to those who did not report experiencing ACEs. Links between experience of ACEs and poorer physical health, including poor self-rated health and an increased risk of heart and lung disease, have also been identified (Chartier et al., 2010; Felitti et al., 1998). UK retrospective self-report studies support these findings (Bellis et al., 2014b, Bellis et al., 2015), suggesting that experience of ACEs is linked

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to increased likelihood of difficulties including drinking, incarceration and poor mental health.

Supporting these self-report studies, a longitudinal study by Newbury et al. (2018) showed that individuals who had experienced ACEs were more likely to have difficulties in adulthood, and research by Blodgett and Lanigan (2018), using school staff reports of ACE-exposure, suggested an experience-response relationship between ACEs and poorer outcomes, both behavioural and academic.

Addressing adversity following ACEs

Research emphasises the need to address ACEs and lessen their potential negative impact on life outcomes (Christina et al., 2017; Di Lemma et al., 2019; Smith, 2018). Smith (2018) noted a positive impact of ACE-informed approaches in school, indicating positive student and teacher perceptions of ACE-informed interventions. Looking more broadly into trauma-informed approaches, Maynard et al. (2017) stated that interventions alone are insufficient, suggesting that systems should be underpinned by trauma-informed frameworks. This is supported by other research, which highlights the importance of whole-school systemic approaches (for example, Phifer & Hull, 2016).

ACEs are increasingly a focus of education policy makers. For example, the Welsh Government recently announced that in order to support children who have experienced ACEs, school staff in Wales will be given 'trauma-informed' training (Smith, 2018), and Scottish education policy and curriculum are underpinned by an ACE-informed approach (Education Scotland, 2018). As well as education, services such as health and social care are also placing emphasis on ACEs (Blodgett & Lanigan, 2016; Johnson, 2018; Smith, 2018). Di Lemma et al. (2019) state that because multiple ACEs are often experienced, a coordinated cross-sector response is important.

Educational psychology services (EPSs) have been shown to provide a useful link between education, health and social care because educational psychologists (EPs) collaborate with other agencies, and because they adopt interactive and ecological approaches (Fallon et al., 2010; Farrell et al., 2006). An ecological perspective has been suggested as a positive foundation for trauma-informed practice (Crosby, 2015; Phifer & Hull, 2016) and psychologist involvement with trauma-informed practice has been recommended, with attention drawn to psychologists' role in collaborative working, training and evaluation (Johnson, 2018). The role of EPs includes working at universal, specialised and targeted levels, supporting children with special educational needs, and those categorised as vulnerable or marginalised (Farrell et al., 2006; Woods, 2016). For example, for children of imprisoned parents, it has been suggested that EPs could create a package of support, including training, resources and links to local services (Shaw & Woods, submitted). An important part of EP work, largely at the universal/systemic level, involves capacity building, supporting schools in meeting the needs of their population (Farrell et al., 2006; Woods & Harding, 2020); and, relevant to all levels, is their role in enhancing psychological understanding of service users (Lee & Woods, 2017).

Criticisms of an ACE-informed approach

Opposing the above views, some argue that using ACEs is unhelpful in assessing the impact of trauma and that ACE-informed approaches should not be used to inform policy

and practice (Barrett, 2018; White et al., 2019). Some concerns relate to the reliance on retrospective studies (for example, Bellis et al., 2014b; Felitti et al., 1998). Barrett (2018) is particularly critical of 'routine enquiry', in which children and families are asked how many ACEs a child has experienced, arguing that this could cause feelings of disempowerment and possibly retraumatise.

A further criticism is that using ACEs to measure adversity does not account for severity, duration or traumatic experiences beyond the ten categories mentioned above (Johnson, 2018); for example, parental bereavement and poverty are significant omissions (Barrett, 2018; White et al., 2019). It is also argued that ACEs alone cannot be used to predict outcomes and it is important to take into account age, sex, health, resilience and protective factors, such as strong parental relationships (Barrett, 2018; Johnson, 2018; Newbury et al., 2018; Sethi et al., 2013).

Aims/objectives

The present research aims to contribute to the current understanding of EP-led ACE-informed approaches in education settings in England. It considers the potential utility of ACE-informed practice, taking account of perceived shortcomings that may make some practitioners ambivalent about adopting this approach. In order to explore the ways in which EPSs implement an ACE-informed approach, that is, what an ACE-informed approach looks like in practice for EPs, the research gathers views of Principal EPs (PEPs), EPs and assistant EPs across two local authorities which have adopted this approach. Due to the importance of EPSs engaging with emerging evidence around child development, this research aims to inform EPs of the benefits of an ACE-informed approach, whilst acknowledging and addressing the reservations of some professionals.

Research questions

How do EPs evaluate information and initiatives about ACE-informed approaches in order to decide service engagement?

How do EPs support schools in implementing an ACE-informed approach?

What could be/are the facilitators and barriers for EPs in using an ACE-informed approach?

By providing answers to these questions, the researchers aim to make a positive contribution through the exploration of EPs' understanding of ACEs and the practical application of this approach within EPSs.

Methodology

Epistemological position

This research is informed by a critical realist perspective, adopting the view that the understanding of reality is influenced by subjective experience and individual perception as well as conventionally identified factual consensus (Kelly, 2008; Taylor, 2018). Critical realism sits between realist and constructionist paradigms, notably taking account of individual views as highlighted by the latter approach (Robson & McCartan, 2016).

Study design and participant recruitment

The research uses an in-depth survey design at the service level (Cohen et al., 2007). It adopts a qualitative, exploratory approach, seeking to investigate emerging themes openly. This design allows researchers to gather detailed information about participants' views and experiences, complementing the critical realist stance.

The research was commissioned by a UK EPS that wished to explore the use of an ACE-informed approach. This service, Service A, was involved in the research and EPs within the service were recruited via the PEP. It was identified that the research would benefit from extended exploration within a comparable service, Service B, which was identified through consultation with the regional PEP group. The PEP from Service B identified EPs with an interest in this topic who were then invited to take part. Participant recruitment therefore took a largely purposive approach (Etikan et al., 2016) and included two PEPs, 11 EPs and 3 Assistant EPs.

Service B had recently appointed a new specialist EP, whose role involves work across the EPS and within another LA service, supporting children in or on the edge of care. This EP was recruited as an individual interview participant.

Both EPSs provide statutory services and offer a core time allocation to schools. However, Service A works mainly within schools' allocation, carrying out very little traded work, whereas Service B offers a smaller allocation and carries out more additional traded work. Both EPSs are within the 20 most deprived LAs nationally (Ministry of Housing Communities & Local Government, 2019).

Data gathering methods

The present research used interview and focus group methods. Semi-structured interviews were used with the PEPs and the specialist EP, and focus groups were used with the wider EP groups within each EPS. The use of semi-structured interviews aligned with the critical-realist perspective, allowing participants to individually explore their views within the 'realities' of their professional role (Kelly, 2008; Taylor, 2018). Similarly, the focus groups encouraged the participants to share and reflect on their individual views through discussion, without having to reach agreement about 'truth' (Krueger & Casey, 2014). Focus groups were chosen for the EP groups as they are found to work well with homogenous groups, when commonalities are highlighted (Krueger & Casey, 2014). The interviews and focus groups were driven by the research questions, aiming to gather information about what prompted the interest in an ACE-informed approach, why it was chosen as a practice model, what factors have supported or impeded implementation, how EPs are involved, and at what point their involvement stops or changes. The interviews and focus groups were audio recorded and fully transcribed for analysis. The PEP and specialist EP (Service B) interviews took place virtually over a video-call platform, which is not considered to have affected quality of data gathering.

Data analysis methods

Data from the resulting transcriptions were thematically analysed, drawing upon Braun and Clarke's (2006) six stages.

The aim of the present research was to investigate ways in which EPSs engage with an ACE-informed approach, therefore a largely inductive approach was used in the data analysis, ensuring that the themes were close to the data (Braun & Clarke, 2006). However, theme development was also driven by the research questions. As an alternative to Braun and Clarke's (2020) 'reflexive' approach, a 'coding reliability' exercise was used, aligning with professional practice responsibilities and with the aforementioned epistemological position of this research, by combining positivist and interpretive paradigms (Boyatzis, 1998; Braun & Clarke, 2020). Initial coding was carried out using NVIVO (QSR, 2018) and coding reliability was estimated using inter-coder consultation with an independent researcher using four pages of the manuscripts. Initial interrater agreement was 78%, with additional agreement found through discussion. Themes were identified manually and reviewed with the second author. Although codes from both EPSs were integrated, service location was retained to allow comparison.

Ethical considerations

This research was granted ethical approval by the host institution ethical review committee. It adhered to the British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2014) and the Health and Care Professions Council Standards of Conduct, Performance and Ethics (HCPC, 2016).

Prior to request for informed consent, written information was shared with potential participants, outlining the aims and process of the research, including an explanation that the interviews/focus groups would be recorded and transcribed anonymously and that participants could withdraw at any time.

Findings

EP practice has been identified as involving work at universal levels, for example, LA and whole-school, and at targeted levels, for example, individual families and children (Farrell et al., 2006; Scottish Executive, 2002; Woods, 2016). The present paper found that EPS engagement with an ACE-informed approach was influenced at five levels: EPS, school, individual CYP, LA, and wider/national, as shown in. These identified themes and associated subthemes are outlined below. Figure 1

EPS level

Taking an ACE-informed approach provides something new

Interviews with PEPs in both services highlighted that an ACE-informed approach had been used to meet an identified need within the services, primarily when working with children experiencing difficulties with their social, emotional and mental health and looked-after children.

> *" . . . a facilitator . . . we had to do something about social and emotional mental health." (PEP Service A)*

PEPs and EPs within both services suggested that an ACE-informed approach was useful in providing a framework for existing work. The ACE-framework was described as a useful

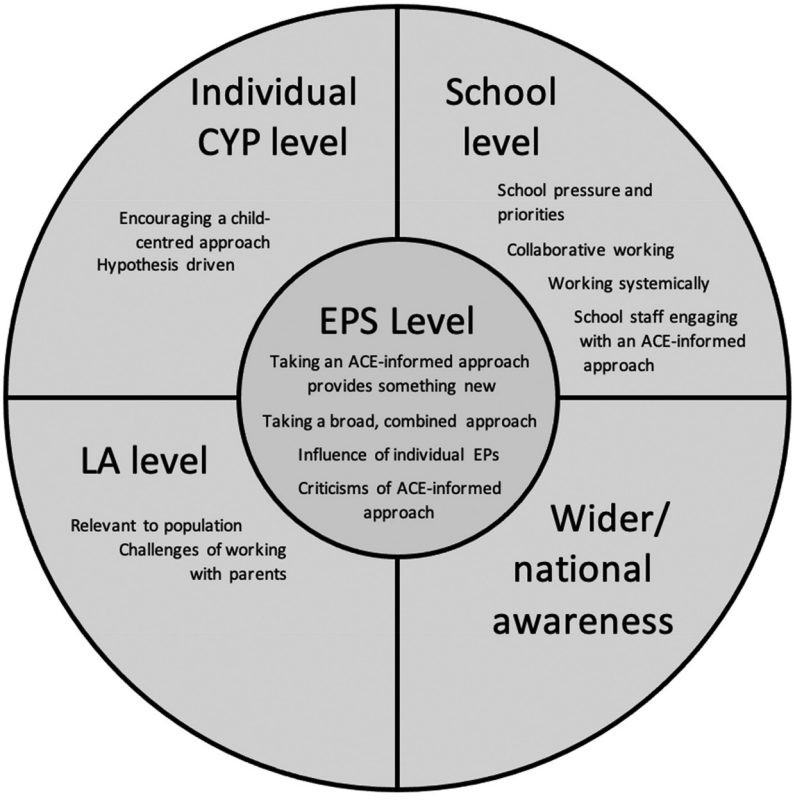

Figure 1. Thematic map illustrating the five levels identified as influencing EP practice in relation to implementing an ACE-informed approach.

'hook' on which to hang existing knowledge, providing a new, pragmatic way to understand the needs of children in the LAs.

" . . . ACE has given . . . a different narrative . . . " (EP Service A)

"I think ACEs . . . as a model is . . . a facilitator because it's packaged nicely" (PEP Service B)

However, there was also the view across both services that although an ACE-informed approach gave a new way of describing existing work, it did not increase understanding within the EPSs. EPs in Service A suggested that, although the ACE language has been useful, they had always considered the importance and impact of ACEs. For example, in the past they may have referred to attachment, which may relate to ACEs such as neglect or caregiver disappearance. EPs in Service B echoed this, but also suggested that they may not always rely on the ACE language. The ACE framework incorporates five specific traumatic experiences (Paterson, 2017) and EPs in Service B suggested they would be more likely to discuss 'trauma' in more general and flexible terms, rather than use ACE language.

" . . . the first time I heard it I kind of thought, . . . 'Don't we do this anyway?" (EP Service B)

Taking a broad, combined approach

As well as an ACE-informed approach, both services referred to using a combination of approaches and theories including attachment, trauma, emotional literacy support assistants, nurture, and emotion coaching. Service A works more explicitly with an ACE-informed approach, offering a whole-school ACE-informed training package. However, this package also incorporates elements of different approaches in order to meet the needs of their schools. In contrast, Service B developed a whole-school wellbeing approach which has later been adjusted to include ACEs, with a continued focus on resilience.

> *"I think the way we've made use of [the ACE research] to . . . bring in other theoretical bases . . . I think that works." (PEP Service A)*

> *"we've got . . . a really nice umbrella in [our whole-school wellbeing approach] where lots of different . . . theoretical approaches and interventions can sit quite nicely . . . " (PEP Service B)*

The role of Service B's specialist EP, supporting children on the edge of care, was identified as a facilitator to implementing an ACE-informed approach. However, a trauma-informed approach was identified as the primary theory informing this work. Interestingly, one EP in Service B highlighted concerns related to 'saturation' due to the number of different approaches that are often used together.

Influence of individual EPs

Participants from both services talked of the influence of individual EPs on the use of ACE-informed practice. Both service PEPs discussed being open to trying new approaches and ideas.

> *" . . . you're safe to make mistakes . . . one of the facilitators would definitely be our leadership . . . they're not risk averse" (PEP Service B)*

With specific references to ACEs, participants in both services discussed the influence of personal interest on the extent to which an ACE-informed approach is adopted.

> *" . . . it was decided to be used . . . because of me! It's because I was interested!" (PEP Service A)*

Criticisms of an ACE-informed approach

Although both EPSs have adopted aspects of an ACE-informed approach, EPs in both services shared some criticisms of the ACEs research and approach. An EP in Service B highlighted how an ACE-informed approach can create a 'narrow vision' whereby traumatic experiences outside the ten ACEs are unrecognised. Both services shared concerns about the use of routine inquiry and Service B suggested that using an ACE-informed approach is potentially stigmatising, pathologising, and could create a barrier to implementing intervention. Both services highlighted the importance of considering resilience and protective factors in mitigating against the influence of ACEs.

> *" . . . in a few of my schools they've used ACEs as a number . . . but actually there's a lot of other components . . . resilience" (EP Service A)*

"we should be . . . focusing on the protective factors, but . . . there is still . . . a place for us to say, 'Look, this has happened,' and we don't want it to be all about this, but . . . the potential impact of this is . . . " (EP Service B)

EPs in Service B also highlighted the importance of considering children's views when discussing an individual's 'lived experiences', suggesting that the EP role should involve being an advocate and working with these children to share their story.

" . . . our role in being advocates for young people . . . how much of their story do they want sharing? . . . what's their understanding of the impact that this might have had?" (EP Service B)

Individual CYP level

Encouraging a child-centred approach

PEPs and EPs from both services highlighted their work in encouraging school staff to take a holistic, child-centred approach, emphasising the importance of consultation with school staff. They help staff develop an understanding of individual children in relation to the impact of their life experiences and what their behaviours might be communicating in terms of unmet needs.

" . . . we've done lots of work around generating empathy for young people who've been through trauma" (PEP Service B)

"To get them going back into school thinking . . . what are the child's needs and how can I meet them?" (EP Service A)

" . . . this is what we know about trauma, this is what this young person's experienced . . . look at their behaviours through a trauma-informed lens and think about what might be going on." (EP Service B)

Hypothesis driven

EPs from Service B considered how an early hypothesis/focus may reduce the likelihood of 'asking the right questions'. For example, they may be less likely to ask ACE-related questions if the elicited referral information indicates an alternative focus.

The PEP and EPs from Service B also discussed challenges related to possible comorbidities and/or missed diagnoses depending on initial hypotheses.

"It's . . . not because they've got any neurodevelopmental difficulties, so therefore they wouldn't access . . . an ASD-friendly environment . . . . So . . . I'm keen on [ACEs] as an approach but I do think you've got to be . . . balanced about it." (PEP Service B)

" . . . that fear about missing a diagnosis and . . . sometimes it's so easy for everyone, maybe including us, to say, 'Oh look! It's because they've got autism . . . that's it!" (EP Service B)

School level

School pressures and priorities

The PEP and EPs in Service A discussed the influence of school pressures and priorities, including Ofsted. The influence of Ofsted was identified as both a facilitator and a barrier

to implementing an ACE-informed approach. The interest of local headteachers had been stimulated when a school had implemented the whole-school ACE-informed approach provided by Service A and had then received a highly positive ('Outstanding') Ofsted judgment. However, some EPs cautioned that schools may engage with the ACE-informed approach merely to receive recognition from Ofsted, without being fully committed or embedding it appropriately. Other school pressures discussed included conflicting responsibilities, specifically those related to attainment and behaviour policies, which may present a barrier to implementing an ACE-informed approach.

> *"There'll be staff . . . going, 'Well, I'm not a social worker . . . I've got attainment, I've got academic [priorities/concerns] . . . " (EP Service A)*

> *"...we have parallel narratives . . . the DfE producing a behaviour policy and . . . a policy around mental health . . . they completely contradict each other." (EP Service A)*

The pressures discussed above were identified as being more of a barrier within secondary schools than primary schools. One pressure identified in both services was time to have meaningful dialogue with, and between, school staff relating to the development of ACE-informed approaches.

Collaborative working

One important way of involving schools with an ACE-informed approach, identified within both services, was collaborative working, including consultation, multi-agency working and encouraging schools to work together to effectively embed the approach.

> *" . . . a facilitator would be collaborative consultation service delivery . . . everyone's expertise is valued . . . including the parent who knows the history of the ACEs." (EP Service B)*

> *"I see it as a scaffolding . . . with the view that eventually it will be school-to-school support." (PEP Service A)*

The PEP in Service A indicated that successful implementation of an ACE-informed approach would require ongoing EP involvement.

> *" . . . the EPs will always have involvement because you'll always have a new head, you'll always have new members of staff . . . " (PEP Service A)*

However, the Service B specialist EP highlighted that collaborative/multi-agency working to support children on the edge of care has reduced opportunities to work holistically. Working with other professionals, such as clinical psychologists, meant that education is the EP's specific focus within this role.

Working systemically

Systemic working was identified as a way in which both services implement an ACE-informed approach. Both services highlighted the importance of promoting systemic change in order to encourage a supportive, safe environment and develop ACE-related preventative work. The systemic work referred to by Service A involved initial training and ongoing support, including supervision and use of 'ACE-champions'. Ongoing work was

seen as important as times were identified when the ACE-informed training had been seen not to be reflected in practice.

> *" . . . in one or two schools . . . the practice doesn't reflect that they get it . . . the old narratives are still there . . . " (EP Service A)*

ACE-specific systemic work in Service B appeared to take a personalised approach depending on the presenting casework:

> *" . . . working more systemically . . . because the patterns keep coming up . . . with individual casework." (EP Service B)*

Several factors were identified as having an impact on the success of systemic ACE-informed practice. These included the extent to which the senior leadership team are involved, levels of school staff turnover, the method of EP service delivery (traded vs allocation), the role of the EP in statutory work, and constraints of systems/structures/policies:

> *"Well there's new staff coming in isn't there? . . . who've . . . not had the training." (EP Service A)*

Schools' focus on statutory assessment was identified by both services as a factor encouraging emphasis on individual casework, thus presenting a potential barrier to systemic work. Service B suggested that LA-allocated time, additional to schools' traded time, provided an opportunity to discuss ACE-related systemic priorities as there is no direct cost to the school. However, an allocation-based model was not seen as a facilitator to ACE-related work in Service A.

Current systems and structures (for example, managed moves, within-school structures) were also discussed as barriers to implementing systemic ACE-informed approaches. Service A suggested that, typically, requests for EP involvement are for more 'extreme' cases, when a more targeted approach may be necessary.

It was felt that despite the potential barriers discussed above, EPs have a distinct role which facilitates the implementation of systemic ACE work. Both services suggested that the EPs' unique relationship with schools supports this way of working.

> *"...when that EP knows the school well enough . . . to say, 'This is an issue for you. This is something that's going to be helpful,'" (PEP Service B)*

School staff engaging with an ACE-informed approach

One facilitator discussed by both services was school staff's ability to understand and be positive about the approach. Conversely, when school staff do not fully understand and assimilate the approach, this was seen as a potential barrier.

> *"I think that's a barrier . . . They want a toolkit . . . where they can get stuff" (PEP Service A)*

> *" . . . schools are quite hung up on fairness and they don't really understand . . . different children need different things" (PEP Service B)*

> *" . . . that's a national problem . . . you have to be punished for being naughty." (PEP Service A)*

In some cases, the required philosophical shift to an ACE-informed approach was seen as fundamental to working in a school:

" . . . we've said this to [secondary school], ' . . . if you truly take this on board there will be staff members who leave . . . 'cause they can't do it and they don't like it . . . '" (PEP Service A)

LA level

Relevant to population

Both services highlighted that an ACE-informed approach is relevant to their LA population, identifying a high level of involvement of social services and the Virtual School. Service B indicated that over 40% of children received/had received social care involvement. Although relevance to the LA context was identified as a reason for using an ACE-informed approach, it could present a challenge. Both services highlighted that, due to the experiences of the local community, ACEs may be somewhat 'normalised', which can cause difficulties when suggesting that support may be required.

" . . . 'Well, it's how it was for me and it didn't do me any harm.'" (EP Service A)

" . . . if we're talking about cycles of deprivation, would they consider it traumatic?" (EP Service B)

Challenges of working with parents

Both services highlighted potential challenges of working with parents when engaging with an ACE-informed approach, including intergenerational experience of ACEs, difficulties related to broaching sensitive topics and being careful not to place blame on parents.

" . . . often it's the parents' ACEs that . . . have impacted them as well." (EP Service B)

"Whereas when parents are . . . still involved and the child still lives with them . . . people might feel a bit uncomfortable . . . " (EP Service B)

" . . . how do you ask those questions . . . without falling into . . . a blame kind of [narrative]" (EP Service A)

Wider/national awareness

Both services identified that ACEs are currently being highlighted nationally, so service users are often already aware of them and related approaches. This was identified as a facilitator.

" . . . people were approaching us nationally . . . there was an interest . . . that was the facilitator" (PEP Service A)

" . . . people have heard of it . . . they're coming to us saying . . . is it something we can do some work on? . . . that's a facilitator." (PEP Service B)

Discussion

Summary of findings

The present research aimed to contribute to the current understanding of EP-led ACE-informed approaches in education settings in England. The findings are summarised below in relation to the three research questions.

Both services chose to engage with an ACE-informed approach because they recognised the growing national awareness of ACE research and had received requests for ACE-informed work. Both services identified that the ACE-framework was relevant to their population and that this approach met an identified need.

Both services suggested that using the ACE-framework provided a distinctive, pragmatic way to understand existing work, although the extent to which specific ACE-language is used differed between the services. Both services discussed using the ACE-framework alongside other theories/approaches, for example, attachment or trauma-informed practice. ACE-informed work entailed involvement at a systemic level, although a need was identified for more proactive, systemic work. EPs also highlighted using ACE-informed practice to encourage schools to take a child-centred, holistic approach. Work across both systemic and individual levels was suggested, to be facilitated by collaborative work, for example, multi-agency working and consultation.

Various factors were highlighted as being potential facilitators or barriers, depending on local context. Engagement with an ACE-informed approach appeared to rely to some extent on individual EP interest within the EPS, therefore acting as a potential facilitator or barrier. Another potential facilitator identified was the relevance of the ACE-framework to the LA population. However, this was also suggested to be a barrier to involvement due to experience of ACEs being somewhat normalised within the community. Additional barriers included school priorities and policies, for example, curriculum priorities and behaviour policies. Ofsted was suggested as a potential facilitator, as recognition from Ofsted may encourage schools to engage with ACE-informed practice. However, there were concerns that this may encourage involvement at a superficial level. It was also identified that schools often request EP involvement for individual casework, rather than for systemic work, in order to provide evidence for statutory assessments.

Concepts identified in the findings

Four interlinked key concepts relevant to EP practice have been identified within the findings: working flexibly to respond to need and context; coherence of approach; transmissionist vs transformational practices; and capacity building.

Firstly, the findings suggest that EPs work flexibly and respond to context. EPs have a distinct vantage point, having knowledge of factors inside and outside of the LA and encouraging multi-agency working to identify and respond to 'gaps' in services (Fallon et al., 2010; Farrell et al., 2006). This is an active role, involving information-gathering at the levels of individual child or family, school and LA (Scottish Executive, 2002). In relation to an ACE-informed approach, decision-making and practice appears to be influenced by dynamic and interrelated connections across the levels. Figure 2 illustrates an example of this within Service A. Wider/national awareness of ACEs influenced EP practice and

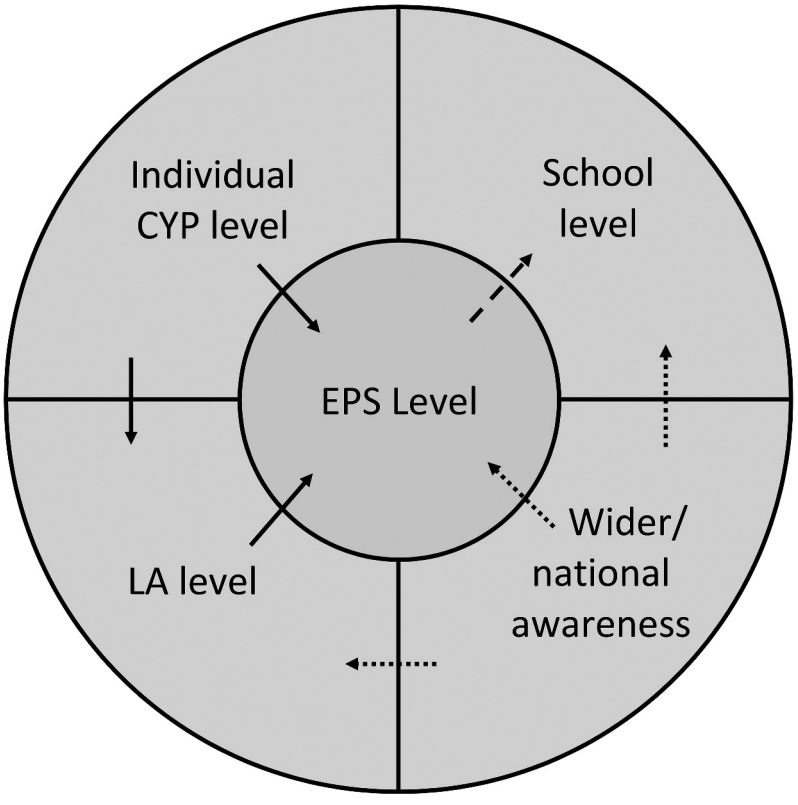

Figure 2. Thematic map illustrating how the development of a whole-school ACE-informed approach in Service A was influenced at the five levels identified in the findings.

increased knowledge within the LA and in schools (dotted arrows). Knowledge of individual CYP within the LA influenced decision-making at the LA level and, together, these influenced the EPS (solid arrows), leading to the EPS development and delivery of a whole-school programme to support ACE-informed practice (dashed arrow).

With regard to the second concept, coherence of approach, it should be noted that whilst flexible working allows for EPs to identify and meet LA needs, uneven application of approaches could lead to a lack of clarity for service deliverers and recipients. The present findings highlight the concern that service users may experience 'saturation' from the use of multiple approaches. An example from the present study is that the terms 'trauma-informed' and 'ACE-informed' were used relatively interchangeably. Without conceptual coherence and consistent use, evaluating an approach is difficult (cf. Atkinson & Woods, 2017).

The third concept to emerge from these findings relates to transmissionist vs transformational approaches within education. The education system is typically characterised as being broadly transmissionist, where the learner is supplied with knowledge and learning is passive, rather than transformational, where learning is more collaborative, holistic and personalised and the learner is more actively involved (Johnson, 2006). Collaborative dialogue has been shown to be key to influence meaningful change (Hall, 2016). The

present findings identified time pressure within both EPSs, resulting in limited opportunities for meaningful dialogue with school staff.

Within this research, transformational approaches (for example, supervision) were identified as important in developing ACE-informed practice; however, hard-pressed school staff, perhaps partly in emulation of the disciplinary norm, often request more typically transmissionist approaches, for example, an ACE 'toolkit'. One factor possibly influencing this is that school consultees may develop a tendency to prioritise a particular view of 'value for money' from EPs/EPSs, a trend which is argued to be driven by factors such as the commodification of education and the statutory role allocated to EPs (Baxter & Frederickson, 2005; Hall, 2016). It is important that time pressures do not lead to use of transmissionist approaches when developing ACE-informed practice, as this could, counter-productively, have a detrimental effect on long-term realisation of the aim of ACE-informed engagement.

The importance of engaging in more collaborative, transformational discussions is relevant to the final concept, capacity building. A key role for EPs involves applying psychological theory to build the capacity of others, for example, school staff, by helping them acknowledge and respond to the needs of children and their families (Farrell et al., 2006). The present findings highlight how EPs help other professionals to be more psychologically-minded when considering the needs of the CYP, for example, encouraging school staff to see CYP through an ACE-informed lens, whilst still taking a balanced view of risk and resilience, guided always by the needs and experience of each individual child (Miller & Frederickson, 2006).

Research has shown the importance of collaborative strategies, such as consultation, to encourage school staff to take an interactionist, rather than within-person, stance when working towards positive change for CYP (Baxter & Frederickson, 2005; Wagner, 2008). It may be that, with time to engage in more transformational discussions, EPs could further encourage an interactionist standpoint and build capacity within schools, meaning that school staff could engage in more proactive work.

Implications for practice

Both EPSs discussed delivering training in order to help embed ACE-informed practice. However, high staff turnover poses a potential barrier to long-term development. The Initial Teacher Training (ITT) Core Content Framework (Department for Education, 2019) highlights the importance of high-quality teaching, but does not detail approaches relevant to specific additional needs. Working with children with special educational needs, including the possible needs of, and strategies for, those who have experienced ACEs, could be a valuable addition to the core ITT; consistent involvement of EPs within the ITT process could also be considered.

It is important for EPs to consider their approach when working with parents and families. It has been suggested that the experience of ACEs in England is strongly associated with child poverty and there is also evidence of intergenerational experience of ACEs (Lewer et al., 2019; Schofield et al., 2018; Walsh et al., 2019). As stated above, the LAs involved in the current research are within the 20 most deprived LAs nationally (Ministry of Housing Communities & Local Government, 2019) and EPs from both services highlighted that an ACE-informed approach is relevant to their population.

It is recognised that targeted support, additional to that offered nationally, is necessary for the most disadvantaged areas (Kerr et al., 2014; Walsh et al., 2019). However, it was highlighted by both services that the experiences of the local community may 'normalise' ACEs, meaning that families may not feel they need additional support (cf. also Bellis et al., 2014a). It has been argued that policy within the UK has been driven by cultural hegemony, taking a deficit view and focussing on 'fixing' 'deprived' communities, rather than valuing their diverse experiences and views (Forbes, 2018; Gewirtz, 2010). The present findings highlight some EPs' reservations with ACE-informed practice as it can be potentially stigmatising and pathologizing. Asset-mapping approaches which take account of individual strengths and views within individuals and the wider context offer an alternative approach (Dyson et al., 2012; Forbes, 2018). For example, CYP's views can be used to identify how they individually value and use assets within their communities (Forbes, 2018). It may therefore be useful to consider the experience of ACEs within a wider context. This is in line with the suggested use of an ACE risk framework, which takes into account individual risk and resilience factors, to support the identification of need and prioritisation of support (Shaw & Woods, submitted).

Implications for research

Future research evaluating ACE-informed practice could encompass risk and resilience factors, strategically embedded within the context of locally relevant problem identification and terminologies. This will support a more consistent and realistic utilisation of ACE-informed approaches which could form the basis of a framework to guide future practice.

Limitations

The themes emerging from the present research are viewed as specific to the EPSs involved, although, given the clear characterisation of detail and context of the participating EPSs, the authors would expect these findings to be relevant and useful to practice and evaluation in many other EPSs. It should be noted that the views shared may not capture the range of views held by UK EPs more widely, as EPs in the present research were recruited from EPSs identified as engaging in ACE-informed practice. Also, the present research did not gather teacher views. Views of teachers may well have provided information closer to the reality of ambitions to transform day-to-day educational practices.

Inevitably, general criticisms of ACEs research and some associated interventions may be relevant to the findings of the present research. For example, a neglected consideration of the severity of adversity, or adversities beyond those currently identified (for example, bullying), or a deterministic or overly generalised perspective on children's difficulties and needs (Johnson, 2018), might all impede the usefulness of an ACE perspective to EP professional practice. However, in this research the authors aimed to understand how EPs, as part of their interactionist and holistic professional practice (Bronfenbrenner, 1979, 2005), were able to move away from within-child deficit connotations to mobilise the potential utility of an ACEs perspective within their work.

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