PROFIADAU NIWEIDIOL MEWN PLENTYNDOD
ADVERSE CHILDHOOD EXPERIENCES

What Works to Prevent Adverse Childhood Experiences (ACEs) at the Community Level?

An Evidence Review and Mapping Exercise

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The Adverse Childhood Experience (ACE) Support Hub Cymru was set up in 2017 to support professionals, organisations, and the community to help create an ACE aware Wales. Their mission is to tackle, mitigate and prevent ACEs by sharing ideas and learning, and to challenge and change ways of working, so together we can break the cycle of ACEs. The ACE Support Hub is funded by Welsh Government and works closely with leaders across public and third sector organisations to develop and deliver the ACEs agenda, including youth justice, housing, local authority, health, education and sporting bodies, as well as the local community. The ACE Support Hub is hosted by Public Health Wales and is part of the World Health Organisation (WHO) Collaborating Centre on Investment in Health and Wellbeing.

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Contents

Acronyms

ACEs	Adverse Childhood Experiences
BCR	Building Community Resilience
CC	Community Capacity
COTS	Committee on the Shelterless
CTC	Communities That Care
DA	Domestic Abuse
FNP	Family Nurse Partnership
FFT	Functional Family Therapy
IPV	Intimate Partner Violence
MST	Multisystemic Therapy
NEET	Not in Employment, Education or Training
PATF	Philadelphia ACE Task Force
PCC	Police and Crime Commissioner
RIS	Restorative Integral Support
SAMSHA	Substance Abuse and Mental Health Services
SEL	Social Emotional Learning
SFI	Strengthening Families Initiative
VAWDASV	Violence Against Women, Domestic Abuse and Sexual Violence
WHO	World Health Organisation
YJS	Youth Justice System

Abstract

Background

Adverse Childhood Experiences (ACEs) are stressful experiences that occur during childhood which directly hurt a child (for example, maltreatment) or affect them through the environment in which they live (for example exposure to domestic violence). ACEs are associated with poor educational achievement and the development of a wide range of harmful behaviours. In 2016, Public Health Wales published the first Welsh ACEs study, which revealed that 47% of adults in Wales have suffered at least one ACE in their childhood and 14% have suffered four or more. The aim of this project is to identify effective interventions at the community level relating to the prevention of ACEs and to identify initiatives undertaken across Wales.

Methods

There were three stages of data collection. Stage 1 was a scoping review of international published literature which aimed to identify frameworks and interventions assessed as being effective to preventing ACEs. Stage 2 was a survey to identify and map community projects which focus on the prevention of ACEs, childhood adversity and provide support for families and individuals across Wales. Stage 3 was the development of three case studies from the mapped projects, using data collected by interviews with the project leads.

Findings

The scoping review identified a number of interventions which are successful in preventing and mitigating ACEs with a focus on community based initiatives which provide a joined up response to adversity. The survey received 54 responses; projects worked with a range of community groups and types of adversity, providing support to families, young people, and adults. The case studies detail three projects: a community hub for young people, domestic abuse services for survivors and their children and outdoor experiences for children who are looked after and foster carers.

Discussion:

Addressing ACEs requires multiple interventions across sectors and throughout the life course. Within this, community based interventions can be effective in preventing and mitigating the impact of ACEs and adversity by providing a local response to address the needs of the community.

Conclusion:

There are numerous community projects across Wales providing a range of services to address factors associated with ACEs and adversity but there is a lack of knowledge about many of these projects, their impact on the communities they serve and the best way that they can be supported.

Section 1: Background

1.1 What are ACEs?

The collective term Adverse Childhood Experiences (ACEs) was originally developed in the US (Felitti et al., 1998). ACEs are traditionally understood as a set of ten traumatic events or circumstances occurring before the age of 18 which have been shown to increase the risk of adult mental health problems and debilitating diseases. Five ACE categories are forms of child abuse and neglect, which are known to harm children and are punishable by law, and five represent forms of family dysfunction that increase children's exposure to trauma (Asmussen et al., 2020).

ACEs include physical abuse; sexual abuse; psychological abuse; physical neglect; psychological neglect; witnessing domestic abuse (DA); having a close family member who misused drugs or alcohol; having a close family member with mental health problems; having a close family member who served time in prison; parental separation or divorce on account of relationship breakdown (Asmussen et al., 2020). Such chronic stressors in childhood have been described as 'toxic stress' with the potential to adversely impact cognitive functions, affecting learning and memory. These changes are thought to impact how an individual adapts to future adverse experiences and the chance of developing health-harming behaviours. Given the vast array of consequences associated with a toxic stress response in early childhood, prevention of toxic stress is critical for promoting health and reducing health disparities in vulnerable families (Condon and Sadler, 2019).

Multiple international studies, including those conducted in the UK, confirm a strong and graded relationship between the number of ACEs experienced during childhood and the risk of chronic diseases and mental health problems in adulthood (Bellis et al., 2014). ACEs are associated with poor educational achievement and the development of a wide range of harmful behaviours, including smoking, increased alcohol consumption, drug use, risky sexual behaviour, violence and crime. They are also linked to the development of diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality (Riley et al., 2019).

Experiencing four or more ACEs, in comparison to experiencing no ACEs, typically:

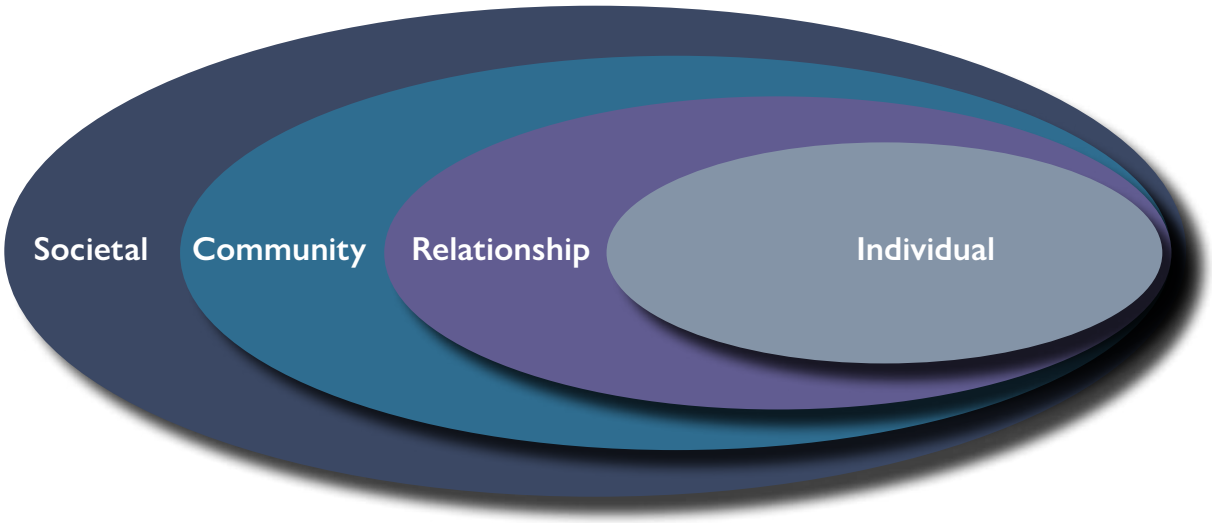
- doubles the risk of obesity, physical inactivity, and diabetes.
- triples the risk of smoking, cancer, heart disease or respiratory disease.
- quadruples the risk of sexual risk-taking, mental health problems and problematic alcohol use.
- increases the risk of problematic drug use and interpersonal and self-directed violence seven-fold. (Asmussen et al., 2020)

However, while it is clear that high levels of ACEs significantly increase the chances of several negative outcomes in adulthood, of importance is the fact that the absolute size of many of these risks remains relatively small. For example, one study observed that four or more ACEs increases the risk of intravenous drug use 10-fold, with 0.3% of those with no ACEs engaged in intravenous drug use compared to 3.5% of those with four or more. Nevertheless, 96.5% of those with four or more ACEs did not use drugs intravenously, demonstrating that although significant, the relationship between ACEs and intravenous drug use is not deterministic (Asmussen et al., 2020).

1.2 Addressing ACEs.

The scale and impact of childhood adversity means that a response cannot be provided by a single service or intervention. Instead, strategies to prevent the occurrence of ACEs and their adverse impacts are needed at every level (Oral et al., 2016). Given the complex interplay between the individual, the family, the community, and the larger socio-political structure, the Socio-ecological Model (Figure 1) provides a good conceptual framework to guide prevention. This model captures how ACEs are part of a dynamic interplay between different layers that affect individual well-being (Oral et al., 2016, Danielson and Saxena, 2019). The Socio-ecological Model demonstrates how the individual operates within many levels of influence that can potentially strengthen, help, hinder, or further traumatize. Additionally, these interdependent levels point to powerful opportunities to change ACE-related trajectories, and to help prevent ACEs altogether, through trauma-informed approaches (Danielson and Saxena, 2019).

Figure 1: Socio-ecological Model



(Centers for Disease Control and Prevention, 2021)

A focus on primary prevention of ACEs, in which the incidence of ACEs is reduced at the population level will have the greatest individual and societal impact. Addressing a problem such as child maltreatment and other ACEs with a public health perspective means a strong focus on preventing its occurrence through three levels of prevention (Klevens and Alexander, 2019). Primary prevention includes efforts to prevent ACEs so that children grow up with less exposure to adversity and are less likely to have children of their own who experience ACEs. Secondary prevention includes efforts immediately after an ACE has occurred to reduce the immediate and short-term consequences while tertiary prevention includes efforts to treat and reduce long term consequences of ACEs (Oral et al., 2016)

Early intervention (often also referred to as prevention) has been defined as formal attempts by agents outside the family to maintain or improve key outcomes within these spheres, such as birthweight, development, injury prevention, stable housing, food insecurity, and quality of life. The intent is to supplement the family with key resources across domains such as health, education, and social services. Early intervention strategies within the socio-ecological framework that address childhood adversity can occur at multiple points, ideally starting with prevention before occurrence, prevention of recurrence, followed by prevention of impairment. Within the socio-ecological prevention framework, specific interventions, targeting one or more domains within this interconnected system, can focus on home visitation, parent-enhanced interventions, enhanced primary care, and community-based support interventions (Brennan et al., 2020).

Public health policies that focus on improving the environments and systems within which most children interact are necessary to increase the presence of protective factors that can prevent ACEs and build resilience. Consequently, there is a need to explore comprehensive policy options that more effectively address ACEs through public health programmes that promote protective factors (Srivastav et al., 2020). A public health approach incorporates tackling the conditions in which ACEs are more prevalent, in this way, national and local policies have a critical role to play in addressing wider social and economic conditions that can increase the likelihood of children being exposed to early adversity. This includes factors such as poverty and community crime which negatively impact children's development and are associated with ACEs (Asmussen et al., 2020).

In recognition of the complex and pervasive nature of ACEs, system-wide strategies would ideally provide a comprehensive package of support aimed at meeting a range of child and family needs. This would require workforce practice, services, commissioning and leadership all aligned in a commitment to identifying and meeting the needs of the most vulnerable families (Asmussen et al., 2019). Over the past five years, many governments, including the Welsh Government have increased their investment in activities with the aim of preventing or reducing ACEs at the population level.

In 2011, Washington became the first state in the United States to enact legislation aimed at preventing ACEs, reducing their prevalence, and mitigating their effects (Kagi and Regala, 2012, Asmussen et al., 2020). California recently committed $95 million to implement state-wide ACE screening through GP services. In the UK, the Governments in Wales, Scotland and Northern Ireland are implementing training in trauma-informed care for a wide variety of frontline workforces (Asmussen et al., 2020).

1.3 The Welsh Context

In 2015, the first national Welsh ACEs study identified the extent of ACE exposure among adults in Wales, and the strong cumulative relationships between ACEs and health-harming diseases, health conditions and health service use (Ashton et al., 2016). This study also indicated that there is a substantial subset of people who experience ACEs and avoid, entirely or in part, the negative health and social consequences. Emerging evidence suggests that a range of factors can help develop childhood resilience including at least one stable relationship between a child and adult, better developed self-regulation skills and a sense of having control over personal circumstances. These findings have influenced local and national public health policy in Wales and driven multi-agency work to prevent ACEs and support those affected by them (Riley et al., 2019).

In Wales, the policy and legislative context is supportive of addressing ACEs and recent legislation puts children at the heart of co-produced, sustainable policy-making (Star, 2019). The Wellbeing of Future Generations (Wales) Act (Government, 2015) provides the foundation for all public services to work collaboratively towards an integrated life course approach to wellbeing. The Welsh Government has made a clear commitment to prioritise action to prevent ACEs through the creation of ACE-aware public services (Prosperity for All: National Strategy, Welsh Government 2017). Finally, 'A Healthier Wales: our Plan for Health and Social Care' (Welsh Government, 2019) recognises the lifelong importance of addressing adversity experienced in childhood (Di Lemma et al., 2019).

This policy context shapes the priorities of Public Health Wales of building resilience across the life course and addressing harmful behaviours and protecting health. In Wales, many sectors are working to identify and respond to adversity in order to improve outcomes for those who have experienced ACEs (Di Lemma et al., 2019). Public Health Wales supports legislation with a long-term strategy for health and wellbeing to achieve equitable, resilient communities. This strategy supports the evidence-based outcomes of 'Prudent Healthcare' principles (Welsh Government, 2016b) and the Healthy Child (Wales) Programme (Welsh Government, 2016a) (Star, 2019).

Research suggests that connectiveness, building and maintaining supportive relationships, building self-efficacy (the feeling of being able to overcome hardship) and skills that help manage behaviour and emotions can be protective; moderating the negative effects associated with ACEs. The Welsh ACE and

Resilience Survey (Hughes et al., 2018) highlighted strong relationships between childhood and adult resilience and the impact of ACEs on mental health. Individuals who were exposed to four or more ACEs had fewer resilience resources, and such resources were found to be protective against the long-term impact of ACEs on mental ill health (Di Lemma et al., 2019).

In addition to prevention or mitigation strategies, the ability to address ACEs and recover from adversity has led to the recognition of the importance of a trauma-informed philosophy that integrates the understanding of trauma into policy and practice (Kimple and Kansagra, 2018). The importance of responding to, healing from, and preventing trauma is a priority for trauma-informed practice which involves providing a sense of safety, conducting activities with trustworthiness and transparency, providing peer support, collaboration, empowerment through providing a voice and a choice and responding appropriately in the context of cultural, historical, and gender issues (SAMSHA 2014 cited in Danielson and Saxena, 2019).

Initially, trauma-informed care principles were developed for clinical care treatment and therapy settings. Service providers and clients were able to contextualise an individual's choices and circumstances in terms of the experiences they have had, and to respond with solutions that are compassionate and humane. Increasingly, these principles are being adapted for work with communities and organisations. This approach can help everyone involved to better understand and respond to the needs of individuals, organisations, and communities with a trauma history in a way that is empowering but does not inadvertently traumatize them further (Danielson and Saxena, 2019).

In Wales, training in trauma-informed care has been implemented for a variety of frontline workforces and promising examples of an ACE-informed approach which emphasises the importance of trauma-informed skills are to be found in the police, education, and housing sectors. Recent pilot evaluations of these training programmes have shown promising results in raising ACE knowledge and awareness, however further evaluation of their effectiveness, impact, scalability and transferability is required (Di Lemma et al., 2019).

1.4 Study Aims

Using a trauma-informed lens, community health becomes a powerful focal point for viable prevention and treatment options to address ACEs and promote health equity. Self-healing on a community level involves collective engagement as people most affected by ACEs and trauma come together around activities that have the potential to lift the entire community and foster individual and community resilience (Danielson and Saxena, 2019).

Community based interventions can build collective resilience, support individuals with services, and build strong bonds to a group (or a culture), all of which have been shown to be important factors in preventing and mitigating the impacts of ACEs. The Welsh ACE and Resilience Survey highlighted strong cultural connectedness, regular participation in groups (e.g., sports clubs), and higher perceived levels of support from public services and employers, were found to moderate the increased risk of mental ill health from ACEs (Hughes et al., 2018).

The aim of this project is to identify 'what works' at the community level to prevent and mitigate ACEs and childhood adversity and to identify and map effective projects and initiatives operating across Wales.

Section 2: Methods

To address the project aim: 'what works' at the community level to prevent and mitigate ACEs and childhood adversity, and to identify and map effective projects and initiatives operating across Wales; this project focused on two research questions:

1. What works to prevent ACEs at the community level?
2. What initiatives/interventions, relating to the prevention of ACEs at the community level are being implemented in Wales?

To address these research questions, the study had three stages of data collection. The first stage was a scoping review of the international literature using a defined search strategy to identify key texts relating to the prevention and early intervention of ACEs at the community level. The second stage was a survey, sent out to stakeholders and community groups to identify and map projects at the community level across Wales which aimed to prevent and mitigate the impact of ACEs and childhood adversity more broadly. The third stage was to develop case studies, providing a more in depth analysis of three projects using interview data with the project leads.

2.1 Scoping Review

A scoping review of international published literature was undertaken to address the question 'what works to prevent and mitigate ACEs and childhood adversity at the community level'? In general, the purpose for conducting a scoping review was to identify and map the available evidence, including identification of the types of evidence available and to identify key characteristics or factors related to the concept (Munn et al., 2018). Using a defined search strategy, the following databases were searched: Cochrane Database of Systematic Reviews; ASSIA; Medline; PsycINFO; Social Care Online and Google Scholar. Searches were undertaken in April 2021.

The study used a PICO format, search terms included:

Table 1: Search Terms

Population/problem	**Adverse childhood experiences OR ACEs OR childhood adversity OR toxic stress OR trauma informed approach**
Intervention	**Prevention OR early intervention OR community programmes OR peer OR peer approaches**
Control	**n/a**
Outcomes	**Reduction OR what works OR effective OR resilience**

To be included, papers had to meet the following criteria:

Inclusion Criteria

- Published since 2005.
- Interventions designed to prevent ACEs or childhood adversity more broadly (reviews or primary studies).
- Interventions at the community level.
- English language.

Exclusion Criteria

- Published prior to 2005.
- Focus not on prevention (prevalence or impact of ACEs).
- Focus not community level interventions.

Selected records were imported into reference management software (Endnote), duplicates were removed, and each record was title screened. Remaining records were exported into a excel spreadsheet and abstract screened. The final stage was to undertake a full paper screening, leaving 21 articles in the final sample (Appendix A).

For each paper, extracted data included key aspects and frameworks relating to 'what works' in terms of the prevention and early intervention of ACEs and childhood adversity at the community level. Due to the diversity of approaches, this information is presented as a narrative synthesis.

2.2: Survey of Community Projects across Wales

The second stage of the project was to identify and map community projects relating to the prevention or early intervention of ACEs across Wales using a survey, available in English (Appendix B) and in Welsh (Appendix C). To be included, projects needed to be designed to prevent or mitigate the impact of ACEs or address childhood adversity more generally, be community based and operate in Wales.

English and Welsh survey links were created via the online platform Survey Monkey. Using a stakeholder contact list, the survey links were distributed by email. The stakeholder list contained a range of stakeholders including partners of the ACE Support Hub and Public Health Wales as well as contacts in Welsh Government and stakeholders from the third sector, community, and volunteer groups. The survey was also accessible to the public.

The email included a toolkit which contained information about the ACE Support Hub, the purpose of the survey and suggested social media posts should stakeholders want to support communications. Additionally, Twitter and Facebook messages, containing the survey links were posted; these were followed up with further messages at two time points after the launch of the survey. The survey was open between 14th June – 12th July 2021. In addition to the online survey, participants were offered the option of completing the survey by a telephone interview with a member of the research team or as a word document. All communication and survey options were available in English and Welsh.

While every effort was made to reach a broad range of stakeholders and community groups, we acknowledge that there will be projects which did not respond to the survey, possibly because they did not receive the information or because they did not think they met the criteria for inclusion. As such we acknowledge that this is not an exhaustive list of community projects in Wales. The final sample comprised of 54 projects.

Table 2: Survey Responses

		Final Sample
Total Responses	156	
Responses partially or not completed	106	
Completed responses with consent given	50	50
Partial responses with consent given	83	3
Response using Word version of survey	1	1
Total		54

Data from each project was collated using a template which outlined the community focus, the project name and start date, location and services provided (Table 3). Additionally, responses to each question were analysed individually and the results are presented in Section 5: Project Characteristics.

2.3 Case Studies

From the survey responses, promising examples of interventions undertaken in Wales were followed up with an interview with the project leads. The data collected was used to develop case studies (n=3). Projects selected reflected a range of project types and include a combination of the following characteristics.

- Urban/rural
- Geographical spread across Wales
- Range of community groups
- Range of ACEs/adversities

Interviews with the project lead collected more detailed information on the project and the way that the services provided meet the needs of the community.

Section 3: What works to Prevent ACEs: Scoping Review

This section outlines the findings of a scoping review of national and international literature to address the question 'what works to prevent and mitigate ACEs and childhood adversity at the community level?' Twenty-one papers were identified, these address the importance of community approaches to prevent ACEs as well as specific interventions, including community approaches that prevent ACEs (Appendix A).

3.1 Preventing ACEs

Recent studies have shown that resilience resources in childhood and adulthood can moderate the negative outcomes associated with ACEs and show protective effects on mental ill health, childhood health and educational attendance. In childhood, resilience resources include having a stable trusted relationship with an adult, and participating in sport clubs (Di Lemma et al., 2019). For a child exposed to significant stress, a strong buffering relationship with an adult can be the difference between toxic stress and tolerable stress (Danielson and Saxena, 2019). For adults, relationships are a powerful protective factors for people with high ACE scores (Danielson and Saxena, 2019) and sources of resilience include regular participation in community activities and perceived financial security (Di Lemma et al., 2019). At the family level, supportive parent–child interaction, stable intimate partnerships, adequate financial resources, and adequate housing are examples of protective factors (Asmussen et al., 2019). Consequently, interventions aimed at building relationships and resilience may be effective in the prevention of ACEs and mitigation of their harms, as they show demonstrable impact on increasing self-esteem and decision-making skills, reducing stress or anxiety and poor health behaviours and violence (Di Lemma et al., 2019).

A recent review found 33 interventions with current robust evidence of preventing at least one of the 10 original ACE categories, reducing the health-harming behaviours associated with ACEs, and specifically reducing ACE-related trauma (Asmussen et al., 2019, Asmussen et al., 2020). These activities represent 10 separate intervention models that can be offered at the:

- Universal level
- Targeted selective level
- Targeted indicated level

Universal activities can be provided to all children and families, regardless of level of need; these include screening, co-parenting interventions and school-based interventions. Universal interventions are activities made available through or alongside universal services, such as health visiting and schools. Although the impacts for universal interventions tend to be small to moderate, they also tend to be relatively inexpensive. Examples of universal activities with causal evidence of reducing ACEs and ACE-related risks include perinatal mental health screening; perinatal intimate partner violence (IPV) screening and advice; social-emotional learning (SEL) interventions and co-parenting support.

Targeted-selective interventions are those offered on a preventative basis to children and families identified at being at particular risk of ACEs, although they may not be experiencing any specific ACE-related trauma. The Family Nurse Partnership (FNP) programme is the only intervention identified with causal evidence of preventing childhood adversity from occurring in at-risk populations. FNP was developed as a preventative intervention for first-time teenage mothers and their children who are particularly vulnerable to ACEs. FNP has good evidence in the United States and the Netherlands of reducing the risk of child maltreatment and IPV, although these findings have not been replicated in the UK.

Targeted-indicated interventions are those that aim to reduce ACE-related trauma and prevent the intergenerational transmission of ACEs. When implemented to a good standard, the impact of these interventions appears to be high. Examples of targeted-indicated interventions with causal evidence of

improving the outcomes of children and families with a history of ACEs include interventions for parents at risk of maltreating their child, such as the Incredible Years and Triple P series; intensive psychotherapeutic support for parents and children at risk of child maltreatment because of ACE-related trauma; examples of psychotherapeutic interventions with causal evidence of reducing maltreatment risk and child and parent trauma; individual therapies offered to children who have experienced trauma or abuse such as Trauma-focused Cognitive Behavioural Therapy; interventions for separating or divorcing couples such as Triple P Family Transitions and intensive interventions to prevent children going into care such Multisystemic Therapy (MST) or Functional Family Therapy (FFT).

A further review of evidence on common approaches to prevent ACEs and/or mitigate their negative impacts found over 100 evidence based interventions which were identified and collated across four common approaches: supporting parenting; building relationships and resilience; early identification of adversity and, responding to trauma and specific ACEs. Although the interventions identified by this review varied in type, the review identified cross-cutting themes, which could be used to inform a whole system approach (spanning individual, family and community levels) to tackle ACEs across the life course (Di Lemma et al., 2019).

In addition to interventions which reduce childhood adversity, the literature also includes interventions that reduce covariates of childhood adversity to enhance positive outcomes across the social-ecological continuum; individual, family, community, society, and public policy. The emerging focus on community child maltreatment prevention strategies such as Strengthening Families Initiative and Strong Communities in the US (outlined below) encourages neighbours and members of a community to share a collective responsibility in the protection of children. Studies indicate that neighbourhoods can have a significant effect on parenting behaviours and child outcomes, demonstrating potential positive effects a neighbourhood can have in mitigating childhood adversity. Years of research have repeatedly shown that community factors such as poverty, violent crime, and drug trafficking influence rates of child maltreatment so addressing these conditions matters when trying to prevent child maltreatment (Brennan et al., 2020)

3.2 Community Approaches to ACEs

Community matters for health, social relationships, participation and a sense of belonging, all of which influence our mental and physical health and help reduce health inequalities. Community participation can help to increase democracy and citizenship, combat social exclusion, and give young people a voice and empower them to have more control over their lives (Public Health England, 2020). Public Health England (2020) advocate that action across organisations is required to reduce vulnerability and the potential harms of ACEs based on the premise that to reduce health inequalities, local areas must act as a whole system and develop interventions which are based on consideration of the population intervention triangle, civic, services and communities. Central to this approach is recognition of the influence of the world around us on health inequalities and the benefit of bringing together organisations working in a geographical location or 'place' to work across boundaries in reducing them.

In the United States over the last decade, there has been an emerging movement to build resilient, trauma-informed communities (Matlin et al., 2019). Initiatives such as Building Community Resilience, Mobilizing Action for Resilient Communities, and the ACEs Connection are efforts to bring together stakeholders from different community sectors, community members, parents, youth, policymakers, health and social service providers, funders and researchers to develop coordinated community responses to ACEs that can promote resilience. Communities participating in these initiatives may provide training in resilience and trauma awareness to community stakeholders, establish trauma-informed service networks, share tips and resources for community development and coalition building, infuse community settings with the principles of trauma-informed practice, and advocate for specific trauma-responsive policies (Matlin et al., 2019). In the literature, there are a number of examples of community programmes, the majority of which operate in the US.

Strengthening Families Initiative (SFI)

The Strengthening Families Initiative (SFI) is designed to enhance the capacity of early intervention centres and childcare centres. The goal is to build relationships with families so that community centres can more effectively recognize family stress, improve parental resilience, and increase parental knowledge of child development. Established in 2006, the SFI assists families in fostering protective factors that contribute to child wellbeing and has been implemented in a number of countries. The five core protective factors include parental resilience, social connections, knowledge of parenting, support in times of need, and emotional competence of children. The development of the SFI grew out of literature showing that enrolment in high quality early education programmes can have measurable impacts on child wellbeing and the prevention of child maltreatment. Despite the promise of this initiative, it has not been rigorously studied and it remains unknown whether the desired family and child outcomes can be sustainably achieved (Brennan et al., 2020).

Strong Communities

The primary emphasis of this programme is to change the social norms of attitudes and expectations regarding the collective responsibility that a community has for child welfare. This programme uses outreach workers to advance community engagement in efforts, such as hosting community wellness fairs, back to school planning, educating families about the dangers of shaking an infant, and highlighting awareness of child abuse and its prevention during a national, annual effort in April. There have also been efforts to provide direct services to children and families, such as playgroups for children, parent-child activities, financial education, and assistance offering developmental screening (Brennan et al., 2020).

Building Community Resilience Model (BCR)

The Building Community Resilience (BCR) model is an innovative, transformative approach that fosters collaboration across child health systems, community-based agencies, and cross-sector partners to address the root causes of toxic stress and childhood adversity and build community resilience. By joining with parents, families, and community partners to create strategically coordinated supports and services, child health systems can play a critical role in improving the long-term health and wellbeing of the communities they serve. Community resilience is defined as the capacity to anticipate risk, limit effects, and recover rapidly through survival, adaptability, evolution, and growth in the face of turbulent change and stress. Building community resilience is a crucial task that merges a need for disaster preparedness with population health promotion. The BCR approach recognises the importance of putting health care at the table with agency and community partners to work strategically in addressing the root causes of toxic stress; this collective and deliberate approach will build a framework for resilience. Building this framework requires the merger of diverse disciplines to create stronger community linkages between clinicians, providers, health systems, community members, social services, and government organizations (Ellis and Dietz, 2017).

Communities that Care (CTC)

Communities that Care (CTC) is a cost-effective universal multi-agency community programme. CTC is designed to plan, develop, deliver and mobilise communities (defined as geographical areas), formal structures (e.g., schools, organisations) and informal contexts (e.g., neighbourhoods, groups with common culture/interests). The aim is to provide effective prevention services that are evidence-based and responsive to local needs. CTC has been implemented in the UK and overseas, and communities implementing the programme (relative to communities not adopting CTC) have reported enhancement in the overall development of children, and reductions in rates of school absence and failure, substance misuse in males, mental illness, and antisocial behaviour. In Washington State, USA, estimates suggest that for each $1 invested in CTC there were $4.95 in benefits realised (Di Lemma et al., 2019).

The Philadelphia ACE Task Force (PATF)

The Philadelphia ACE Task Force (PATF) is a community-based collaborative of health care providers, researchers, community-based organizations, funders, and public sector representatives. The mission of the task force is to provide a venue to address childhood adversity and its consequences in Philadelphia, US. The PATF was initially narrowly focused on screening for ACEs in health care settings but expanded its focus to better represent a true community-based approach to sharing experiences with addressing childhood adversity in multiple sectors of the city and region. PATF continued and expanded its focus on developing local community-based strategies to address ACEs and promote resiliency and recovery (Pachter et al., 2017)

Community Capacity (CC)

Since 1994, the Washington State Family Policy Council has supported the development of Community Capac¬ity (CC) in 42 community public health and safety networks. Community Capacity is described as the empowerment of communities to come together, share responsibility for alleviating crises, improve services, and build healthy environments for families and children. Community networks bring local communities together to restructure natural supports and local resources to meet the needs of families and chil¬dren and increase cross-system coordination and flexible funding streams to improve local services and policy. In this study, research¬ers sought to demonstrate the strong impact of the community net¬works' capacity to interrupt health and social problems. Findings suggest that community networks reduce health and safety prob¬lems for the entire community population. Further, community networks with high CC reduced ACEs in young adults ages 18–34. Further, that building CC had a positive impact on reducing multiple child and family problems and on reduc¬ing ACE prevalence. The ACE prevalence of young adults (age 18–34) was lower in communities with a high rating of CC (Hall et al., 2012).

Washington's Community Public Health and Safety Networks

Washington's Community Public Health and Safety Networks engage residents in reviewing data and taking action to reduce population rates of child-abuse and neglect, youth violence and substance abuse, teen pregnancy, teen suicide, school dropouts, and domestic violence. The ACE framework usefully galvanized this public health approach and resulted in multiple community initiatives to change policy. In one case, Tacoma Urban Network and Pierce County Juvenile Court used existing tools to measure ACE prevalence among juvenile offenders and the effectiveness of interventions with high-ACE youth. They found that juvenile offenders have approximately three times the number of ACEs documented in the ACE Study and those with the most ACE categories struggle with school failure, multiple suspensions, substance abuse, and suicidal behaviours. Based on these findings, the Legislature increased flexibility to juvenile courts, for example, in one county probation officers prioritize high-ACE offenders into programmes such as functional family therapy. As more citizens became engaged in community education and efforts to address ACE, a critical mass formed to advocate for preserving ACE reduction efforts despite budget constraints (Kagi and Regala, 2012).

Restorative Integral Support (RIS) Model

The Restorative Integral Support (RIS) Model, developed at the Committee on the Shelterless (COTS) for social service agencies helping multi problem high ACE score populations, designs ACE-informed programming that mobilises resilience and recovery. Emerging from a meta-theoretical perspective, RIS integrates research knowledge to implement a comprehensive ACE response. RIS connects the variety of evidence-supported interventions and research-informed emerging practices that are offered through programmes that include the ACE Study framework. The programmes are then unified within a culture of recovery using a whole person approach. Leadership and policies are keys to the development of social networks that empower people and facilitate recovery. Resources are expanded through a mutually beneficial relationship with the community. For example, services are brought on-site through interagency relationships and a strong volunteer base, while community service responds both to local needs and increases skills and efficacy among programme participants. Practical steps are set forth, and RIS replication is proposed for settings serving high ACE score groups (Larkin et al., 2012).

Two Generations Thrive (2Gen Thrive)

Two Generations Thrive (2Gen Thrive) is a community-based intervention designed to prevent toxic stress and promote resilience by improving caregiver capacity to respond to children's emotional, behavioural, and developmental needs. It is a collaborative, cross institutional research programme designed to develop and implement interventions that promote resilience among low-income, minority families in the context of risk factors for toxic stress. Following the principles of community-based participatory research, 2Gen Thrive aims to iteratively develop high quality, culturally relevant interventions to promote key protective factors in early childhood, blending evidence-based practices and community expertise. The 2Gen Thrive research programme is guided by a framework that considers the direct impact of contextual factors such as caregivers' ACE history and current stressors associated with living in poverty on caregiver emotion and cognitive control capacities, which in turn impacts child health and development from infancy through to adulthood through caregiving. This model highlights the need to approach promoting high-quality caregiving with attention to social and contextual factors (Woods-Jaeger et al., 2018).

The focus of many of the community approaches outlined above is on bringing together various parts of the community to work together and address ACEs. The next section will outline community projects which responded to the survey.

Section 4: Community Projects in Wales (Project Summaries)

The second stage of data collection in this study was a survey which was designed to identify and map projects operating across Wales which had the aim of preventing or mitigating ACEs or childhood adversity more broadly. A summary of each project (n=54) is presented (Table 3).

Data included within the summary of each project consists of the community group which benefits from the services provided. Within this category there are eight groups:

- Expectant/new parents
- Families
- Families with specific needs
- Children and young people
- Young people
- Adults
- Whole communities
- Community sections

The data also includes the name and start date of the project, the geographical location and the services provided.

Table 3: Summary of Projects

Community	Project Name & Start Date	Location	Services Provided
Expectant/ New Parents	Baby Friendly (2004) Hello Baby (2011)	RCT/Merthyr/ Bridgend	Two initiatives provide services to all antenatal mothers in the Flying Start area. Hello Baby (Bridgend) is a universal antenatal parenting initiative delivered alongside traditional midwifery parentcraft education which aims to increase the rates for breastfeeding, strengthen parent-baby attachment and family relationships. Baby Friendly (RCT/Merthyr/Bridgend) is an evidence based staged accredited programme to promote, protect and support breastfeeding. Both initiatives support positive responsive parenting through one to one or group sessions which are flexible in approach and mother led in the antenatal period with follow up in the postnatal period.
Expectant/ New Parents	Baby in Mind (2018)	Bridgend	The aim of the service is to reduce the number of babies coming into the care system at birth. The service establishes relationships pre-birth, focussing on past trauma and ACES by providing motivational interviewing, trauma informed therapies and parenting programmes that improve attachment. These interventions continue post birth and up to six months post-delivery.
Expectant/ New Parents	Pregnancy in Mind Baby Steps Building Blocks (NSPCC)	Range of Locations	Three key programmes aimed to enhance core parenting skills, mitigate the impact of parental adversities, and build parental unborn/baby relationships: Pregnancy in Mind is a preventative mental health service delivered by professionals during the middle trimester of pregnancy. Baby Steps is a perinatal educational programme designed to help prepare parents-to-be. Building Blocks is a practical, home-based programme for parents and carers of children under 7-years-old who may need extra support in gaining the skills and knowledge they need to care for their child.
Expectant/ New Parents	Flying Start & Families First (3 responses)		Flying Start focusses on intensive health visiting, parenting support, childcare and speech, language, and communication support. Families First is the enhanced preventative service offered to children and families to prevent them becoming at risk of safeguarding. Three responses detailed the Flying Start initiative, one detailed the Flying Start and Families First Health team, an enhanced preventative service offered to children and families to prevent them becoming at risk of safeguarding. Included are families with children under 5 years and children with Additional Learning Needs.
Expectant/ New Parents	Jig-So (2 responses)		JIG-SO is part of the Welsh Government's Flying Start and Families First programmes. It is an early intervention, multi-agency project, consisting of a dedicated team of midwives, family facilitators, nursery nurses, early language development workers and managers. In Swansea, the team support the well-being of vulnerable and expectant young parents (aged 16-24 years) from 17 weeks of pregnancy and throughout the child's infant years. Families are under social services, in Flying Start or generic referrals and are offered a holistic package of support that is tailored to each individual or family.

Expectant/ New Parents	Parental Resilience and Mutual Support (PRAMS) (2014)	Wrexham and Flintshire	Provides additional support for mothers and fathers through early parenthood. This support involves several free weekly sessions; 'Your and Your Bump' involves free weekly sessions aimed to ensure that expectant parents enjoy their pregnancy and future life as a parent while 'You and Your Baby' aims to challenge negative thoughts, feelings and behaviours to make lasting positive changes.
Families	Swansea and Mountain View Children's Centre (2007)	Swansea	Offers a one stop shop of family support services including Flying Start family support groups, baby massage, sensory, yoga groups, stay and plays, antenatal support, housing and other professional services. These services are aimed at supporting families, a food bank and outreach support.
Families	Stepping Stones Next Step Survivors Group (2017)	North Wales	Stepping Stones is a charity that provides therapeutic services to adults who have been sexually abused as children. This project provides a service for adults who have accessed Stepping Stones, and other family members including children. The aim is to provide continued support after counselling has ended. This support includes activities, education, and training. As well as providing services to those who are survivors of childhood sexual abuse, this service is also open to victims of domestic violence and provides supported group learning, individual mentor support, access to education, confidence building day, family days out, budgeting, friendship group, information and support.
Families	Shake It Up (2020)	North Wales	Staff work with foster carers, care leavers and children in care to deliver five sessions involving crafts, fun, games, teambuilding exercises, forest school activities storytelling and nature connections. Wild elements staff also survey foster carers to identify the needs solutions and potential benefits that support will make to the children as well as the foster families. The longer terms aims are to identify the key barriers to higher education and further education that care leavers and children in care face and to identify solutions and key areas of support.
Families	The ACE Recovery Toolkit (2020)	South Wales	Focuses on adults and children who have experienced domestic violence using a programme that has been written to educate and inform individuals about the impact of ACEs on them and their children. The adult recovery toolkit is a ten-week programme which provides guidance on the protective factors that help mitigate the impact of ACES and the practical methods for developing resilience. For children and young people, the toolkit is an eight-week programme which uses a combination of creative activities and group work. These programmes give participants the tools to mitigate the impact of ACEs, learn strategies to continue to develop their family's resilience, increase self-esteem and the knowledge and tools to be able to implement healthy lifestyle choices.

Families	CYCA (2018)	Carmarthenshire	CYCA supports families and children in Carmarthenshire who live in poverty and do not meet the threshold for statutory services. Training is delivered to professionals to support understanding of the impact of trauma in ACE families as well as counselling and mentoring to children from ACE families. Activities include counselling, mentoring, physical activities, mindfulness activities and therapeutic play. All activities are free and easily accessible at the centre. The project began in March 2018 in response to a demand for training and better understanding of how to support individual family member's needs and to address high referrals due to gaps in services for children experiencing emotional distress.
Families	Family Support Centres (2018)	Conwy	Provides early intervention and prevention services through five local community-based teams, most of which are based in family centres. The teams provide a range of support, including universal support through open access groups, targeted support through groups and courses and tailored support for individual families through an allocated family worker and referrals to specialist support. The aim is to provide early help to families to prevent them going into crisis and to empower and enable families to move forward with their live positively.
Families	Valley Kids (1977)	Rhondda Cynon Taff	Provides a range of activities including art, play, education and youth work to support children, young people and families. The aim of Valley Kids is to release potential within communities to counteract the effects of social deprivation and enable children and young people to grow and develop through play, education, recreation, and creative activities.
Families with specific needs	SNAP Cymru Early Help/ Wellbeing Project (2019)	Swansea	Focuses on families with children with Additional Learning Needs (ALN) and disabilities by using a whole family approach. The aim is to provide focused support, build on the strengths of families to help themselves and find positive ways to improve coping and build resilience. They also provide targeted interventions when the needs of the child cannot be met within their setting or if the needs are more complex or if they have multiple needs. Each family has a named lead worker, a full assessment of the problems that they face and an agreed plan with stretching goals.
Families with specific needs	Stepping Stones Children's Centre (1979)	Swansea	Provides a children's creche and centre to support children aged between 1-3 years that are on the pathway of ALN diagnosis or already have a diagnosis. Children attend the centre on a weekly basis and the specialist team of play workers work with each child; parents can also access support.
Families with specific needs	Buddies (2000)	Swansea	Buddies supports children and families with severe learning difficulties and challenging behaviours. The aim is to develop social opportunities for young people aged 8-18 out of school to increase access to community facilities and provide families with respite. Bespoke support is provided to families with children and young people with complex and challenges needs through Saturday and after school clubs.

Children and Young People	Wales Police Schools Programme (2018)	Wales wide	This is a jointly funded prevention programme between the four Welsh policy forces and Welsh Government. It aims to safeguard the children of Wales through crime preventions education by delivering age appropriate and engaging programme of learning for Year 8 pupils in schools to raise the awareness of substance misuse, domestic abuse, child sexual exploitation and mental health. It further aims to build resilience and highlight the services young people can access for additional support. The lessons and assembly deliveries reach children who have experienced ACEs. They also have a targeted ACE intervention, working with the community safety team, youth service, drug agencies and others to put on a wellbeing workshop for Year 8.
Children and Young People	KPC Youth and Community (1998)	Bridgend	This service provides open access youth provision for children and young people over 8 years primarily but also 5-7 years through after school provision. Provision includes a range of activities, support, advice, and information to help meet the emotional and physical wellbeing of young people through on-site activities as well as outreach and some on-line support.
Children and Young People	Ysgol Emmanuel Play Therapy (2020)	Denbighshire	This service provides play therapy within the school setting, focussing on children with ACEs, children who are looked after, and care leavers in an area of high deprivation. A play therapist works with vulnerable pupils, many of whom have multiple ACEs using individual therapy to overcome issues of anger, self-esteem, or loss.
Children and Young People	Youth Offending Teams	Wales wide	Youth offending teams dealing with youth with high levels of need and complexity. Practioners in Youth offending teams deliver trauma sensitive and developmentally aware interventions to support collaborative working across multiple systems involved in these young people's lives.
Children and Young People	Primary School, Prestatyn (2019)	Denbighshire	The primary school has offered children counselling and emotional support with their families being signposted to other agencies for support since September 2019. The aim is to improve the mental wellbeing of families so that children can feel better emotionally and achieve educationally.
Children and Young People	Children and Young People's Wellbeing Support (2020)	Swansea/ Pembrokeshire	This service focusses on children and young people (5-18 years) who have been impacted by the Covid 19 pandemic. Support includes one to one support and a support plan which is tailored to the individual, this can include play, arts, crafts, cooking, and activities which build resilience, raising confidence, wellbeing, self-esteem and coping strategies.
Children and Young People	Children and Young People Support Services (2016)	Caerphilly	This service attempts to address trauma caused to children and young people when they have experienced domestic abuse within the home at an early stage. This service runs programmes including a six-week rolling programme for 8-12 year olds to access peer support; a recovery toolkit (8 weeks for a young person and 10 weeks for an adult) focussing on either ACEs recovery or domestic abuse recovery; ADAPT is a six week programme for young people (11-18) on how to recognise the warning signs of abuse and build self-esteem, this course also covers grooming and CSE/CCE. Courses are also run for parents and male victims of domestic abuse and sexual violence.

Young People	Communities for Work	Newport	This service supports young people (16-24 years) not in education, employment or training (NEET) into work by addressing barriers through mentoring, training and support. Young people are supported through individual and group mentoring in upskilling work, skills and support through training, CV writing, mentoring, interview techniques, completing job applications alongside signposting to appropriate services.
Young People	N.E.W MST Cymru (2020)	Flintshire and Wrexham	This service provides evidence based intensive home-based interventions with families where young people (aged 11-17) are at risk of care or custody as a result of engaging in anti-social behaviour and/or using substances. Using multi systemic therapy the aim is to keep young people at home where it is safe to do so and reduce anti-social behaviour. Many of the young people are considered to be at risk of criminal and/or sexual exploitation.
Young People	ACEs RTK (2021)	Carmarthenshire and Neath Port Talbot	This service provides an 8-week programme aimed at any young person who has witnessed or experienced domestic abuse. Using the Calan DVS children and young people recovery toolkit allows children and young people to become experts in their own recovery, to allow them to understand that they are not responsible for what has happened to them and to help them come to terms with their experiences.
Young People	Project Jiwsi (2002)	North Wales	This service offers targeted bespoke relationships and sex education (RSE) programmes for groups of vulnerable young people under 25 as well as to support the professional development of BCUHB staff and/or sexual health practitioners. It offers programmes to small groups of young people who have been identified as being vulnerable in some way, for example, ALN, homeless, excluded from education, LAC as well as RSE Training for the staff who support them.
Young People	Pobl Clarewood (2000)	Neath	The service provides supported housing for young people with complex needs (aged 16-25). The service also provides support to learn independent living skills in order to maintain future tenancies, such as paying bills, completing forms, maintaining flats, laundry, shopping budgeting and socialising.
Young People	Healthy Image Project (2012)	Conwy	The aim of the project is to support young people aged 11-25 years with their emotional and physical health within the community and school settings. It also offers young people the opportunity to become volunteers and peer educators. The project was developed in response to a need for young people to gain access to projects which promote positive physical and mental health, and aims to educate, empower and support young people to make positive life choices while being supported by qualified and experienced health and wellbeing youth workers.
Young People	Platform for Young People (2018)	South Wales	The service provides one to one support for young people through a 10-week wellbeing programme and peer support for young people aged 13-25. In some areas, parents and siblings are also supported with a six-week wellbeing programme as well as a peer mentoring network, training, and volunteering opportunities. The aim is to provide a space to explore wellbeing outside the traditional medical model and services and to provide ideas for everyday wellbeing strategies.

Young People	Enhanced Case Management (Youth Justice Board, Youth Offending Teams and the CAMHS) (2014)	Wales wide	This service supports practitioners in the Youth Offending Team to deliver trauma sensitive and developmentally aware interventions, also to enable joined up and collaborative working across multiple systems. This is in acknowledgment that there is a significant degree of trauma identified in young people in the youth justice system, increased levels of complexity and ACES however, these children are not meeting CAMHS thresholds.
Young People	Youth Justice Blueprint (2019)	Wales wide	This service targets children in the Youth Justice System (YJS) who have experience trauma in their early years and upbringing. This focuses on the development of trauma informed approaches and practice across the YJS through the development of the Youth Justice Blueprint and the ambition to develop a trauma informed youth justice system across Wales.
Young People	Emphasis (2011)	South Wales	This service provides assertive outreach support for young people aged 14-19 who have or are at risk of disengaging from education and training which impacts on the risk of youth homelessness. The focus is to support young people to re-engage with education and training since this was identified as a risk factor for youth homelessness. Additionally, ensuring that wider family and carers are also supported and signposted for ongoing support to improve their ability to parent and nurture the young person with the aim to support the young person to remain at home.
Young People	The Fire Setter Intervention Scheme (2015)	South Wales	The service works with young people (up to 18 years) who have been identified as involved in deliberate fire setting by providing a tailored response to meet their needs through one or multiple sessions. Cognitive behaviour therapy is used to attempt to change behaviours in the long term, working with each individual to provide a tailored response to meet their needs. The aim is to reduce deliberate fire setting, reduce the damage caused by arson and prevent individuals becoming involved in the criminal justice system.
Young People	Whole School Approach (BOOST) (2018)	Newport	This service works with young people, school staff, parents and caregivers to help share knowledge, offer support, and create sustainable systems around mental health in schools. They aim to challenge stigma and discrimination by raising the profile of mental health and wellbeing in schools, making it something people feel comfortable and confident to talk about. This is done by supporting and creating sustainable systems around mental health in schools through assemblies, one to one support sessions workshops and training for young people, school staff, parents, and carers.
Adults	Gwent Specialist Substance Misuse Services (1990)	Gwent	This service targets adults with substance misuse problem and provides treatments, often medication but also different therapeutic approaches such as Emotional Skills Training, CBT and EMDR since many patients have experienced ACE's or other traumas that often lead them to start using substances.

Adults	Barod (1972)	South and West Wales	This service provides support to individuals affected by alcohol and drugs and their friends and families. Barod specialises in substance misuse support for both adults and young people and delivers face to face services including a needle exchange and advice and support. Additionally, Barod provides advice and support to professionals, training and policy development advice and awareness raising campaigns and events. Barod also offers support to other organisations to understand the complexities of substance misuse and how to support their service users.
Adults	Cartrefi Conwy (2019)	Conwy	This service provides sound therapy, art therapy and psycho awareness sessions to tenants and others experiencing stress and anxiety in Conwy.
Adults	Domestic Abuse Occupational Therapy (DAOT) (2020)	Wrexham	The service works directly with both men and women who have experienced domestic abuse. They provide early interventions, mental health rehabilitation and self-management strategies to support wellbeing into daily routines. This approach uses a person-centred method to identify individually meaningful occupational goals and finally, to harness a network of health, social care and third section providers to deliver appropriate support.
Adults	Adult Community Mental Health	Anglesey	The focus is on adults experiencing complex mental health issues and provide the community with therapeutic support, care coordination, medication and monitoring as well as risk management.
Adults	North and Mid Wales Law clinic (2020)	North and Mid Wales	This service provides access to free legal advice generalist advice and casework in three area of law – family community care and employment. This service supports litigants in person at the earliest possible stage of the advice process. Through the Citizens Advice network, clients have access to free advice and can be referred to the project.
Adults	The West Wales Domestic Abuse Service (1976)	Ceredigion	The aim of this service is to meet the basic needs of the service users. The service prioritises safety and support to ensure domestic abuse survivors and their children cope and recover from the trauma. This service provides safe housing, practical advice and support including group work, counselling and ongoing support for adults and children, mentoring support and casework for up to two years.
Adults	Probation Female Offending Blueprint (2019)	Wales wide	The blueprint aims to support women to live crime free lives, improve wellbeing, reduce the number of women in the system by early intervention and addressing vulnerability. Also, to deliver a bold approach transformative services distinct to Wales and locally led, building on and learning from the successful pathfinder whole system approach model.
Adults	Clear (part of Change That Lasts) (2019)	Cardiff	Clear is an early intervention and awareness programme for men who are concerned about their behaviour within an intimate relationship. The service works with male perpetrators of domestic abuse to focus on early intervention and education awareness. Change that Lasts already had strands working with communities and professionals to recognise, respond and refer survivors of domestic abuse. The Clear strand was a partnership between Welsh Women's Aid and Respect to offer a perpetrator response.

Whole Communities	Gwent Community Psychology (2019)	Gwent	Working in partnerships across a range of sectors including health, Families First, social care, education, housing, the voluntary sector and sport and leisure. A team of clinical phycologist, systemic therapists and assistant psychologists work with a community of professionals to support psychological welling within families. The service delivers direct work, consultation, group work, reflective practice, and training as well as project-based work relating to identified need. The more vulnerable, marginalised and those who would not meet the criteria for specialist services and yet have complex needs, referred to as the missing middle.
Whole Communities	The Iceberg Transformation (2018)	Gwent	The service addresses a range of problem across several projects which focus on more relational practice, using a wider lens of distress and intervention beyond traditional clinic based CAMHS. The aim is to work collectively to shift the culture to more attachment and trauma informed services with family and community strengths-based interventions.
Whole Communities	Antur Aelhaearn (1974)	Gwynedd	This project aims to maintain and promote the village community. The aim is to halt the trend of depopulation by providing opportunities for employment in the district by supporting the development of opportunities by attracting business opportunities. Also, to provide housing or amenities to benefit the community, to provide training and employment for adults in the community and focus on the promotion of wellbeing in the village through initiatives such as a gardening club, community owned gym and jobs club.
Whole Communities	Housing Support Grant (2021)	Denbighshire	Prevents homelessness through early intervention and prevention.
Community Section	Community Youth Project (2013)	Newport	This project supports young people (aged 6 -18) in the Maindee area of Newport. It is a youth and community project which engages young people from diverse backgrounds (including the Gypsy Roma community and the British South Asian Community) to thrive and be supported to reach their full potential. The project provides drop-in sessions, one to one session, a girls' project and an LBGTQ+ group.
Community Section	The Gap Wales – The Sanctuary Project (1988)	Newport	This project provides holistic support to asylum seekers and refugees including young people and families in Newport. The service aims to reduce social exclusion of asylum seekers and refugees, promote wellbeing, develop English language skills and promote volunteering. This is achieved through the provision of sports activities, English classes, social groups, advice advocacy, support and a gardening and bike project.
Community Section	Community Cohesion N E Wales	Denbighshire, Flintshire and Wrexham	The project aims to build capacity to support communities and individuals with protected characteristics including BAME, LGBTQ+, disability, youth, refugees, asylum seekers, gypsy and travellers. This is done through strategic support, partnership working, community and IT support, training and awareness, communications, newsletters, forums and workshops.

Section 5: Community Projects in Wales (Project Characteristics)

This section provides an outline of the characteristics of the projects that responded to the survey (n=54). Findings are presented in the following categories:

Project Background:

- Start date
- Reasons for project start-up
- Community groups
- Project location

Project Organisation:

- Project size
- Funding sources
- Project evaluation
- Accessing the projects

Project Aims:

- Project aims
- Type of services provided
- Alignment to Welsh Government policy areas

Meeting the Needs of the Community:

- The need for additional services
- What is needed to make this expansion possible
- Community strengths

5.1 Project Background

This section outlines the date that projects began, the reason behind the start-up, the community groups that are the beneficiaries of services and the location of the projects.

Project Start Date

The earliest project start date was 1972 while 23 projects have been established in the last five years (Table 4).

Table 4: Project Start Date

Reasons for Project Start up

Respondents gave a range of reasons for the start-up of projects, these included: supporting people to overcome adversity including deprivation; supporting mental health and wellbeing; supporting parents and families; bridging gaps in existing systems; personal experience and the impact of COVID-19.

Supporting service users to overcome adversity was mentioned by a number of projects. Within this category, respondents mentioned the need to counteract a range of issues associated with deprivation including homelessness, drug misuse, unemployment, the impact of poverty as well as a lack of opportunities and disengagement. Other adversities included domestic abuse and ACEs more generally.

Supporting mental health and wellbeing was also mentioned by a number of projects, particularly the requirement to support young people with mental health needs at an earlier stage. Also, to provide targeted and innovative interventions and more trauma-informed support for victims of domestic abuse or those who have had ACEs. The need to support parents and families was a reason for many projects to be established, especially families in the early years, those who have children with additional needs, those experiencing domestic abuse and families where there is a risk of children entering the care system.

A number of projects were set up to address gaps in existing systems, including the provision of sex education and legal advice. However, in the main, these services addressed mental health and well being and there was reference to CAMHS thresholds and the need to support young people outside those traditional and clinic-based services. A small number of projects were established because of individual experience which resulted in a desire to support those in a similar position; for example, providing support around drug misuse. Finally, a small number of projects were established in response to the COVID-19 pandemic. In particular, to address an increase in the incidence of domestic abuse as well as the impact of lockdown on young people.

Community Groups

These projects work with a range of community groups, these can be divided into eight categories (Table 5).

Table 5: Community Groups

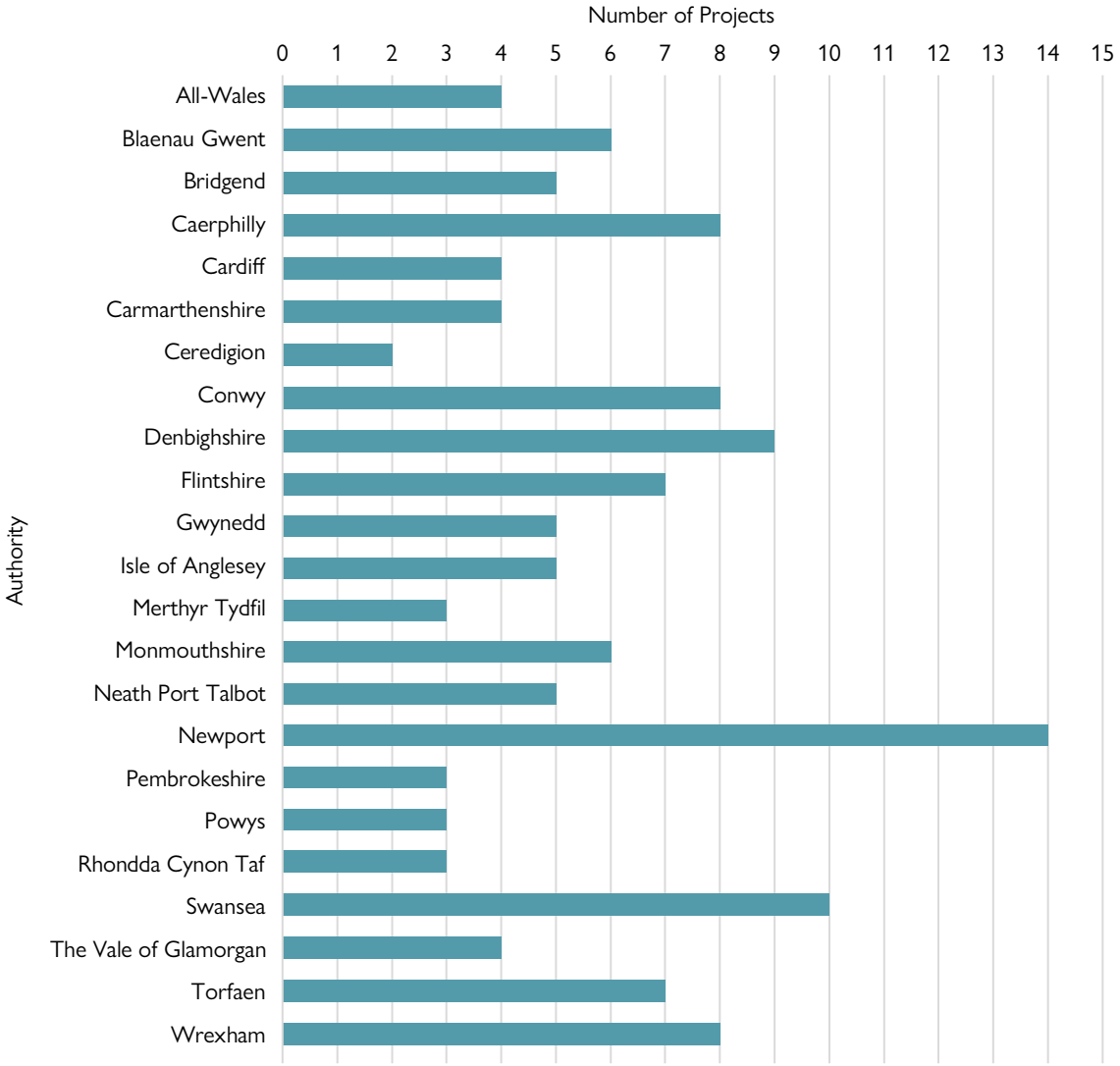
Community Group	Number of Projects
Expectant/new Parents	9
Families	7
Families with specific Needs	3
Children and Young People	7
Young People	12
Adults	9
Whole Communities	4
Community Sections	3

Project Location

In terms of location, responses were received from across Wales, with every Local Authority represented (Table 6). Newport had the most projects (14) and Ceredigion the least (2).

Table 6: Project Location

Projects were located across Wales, with some operating in multiple Local Authorities.

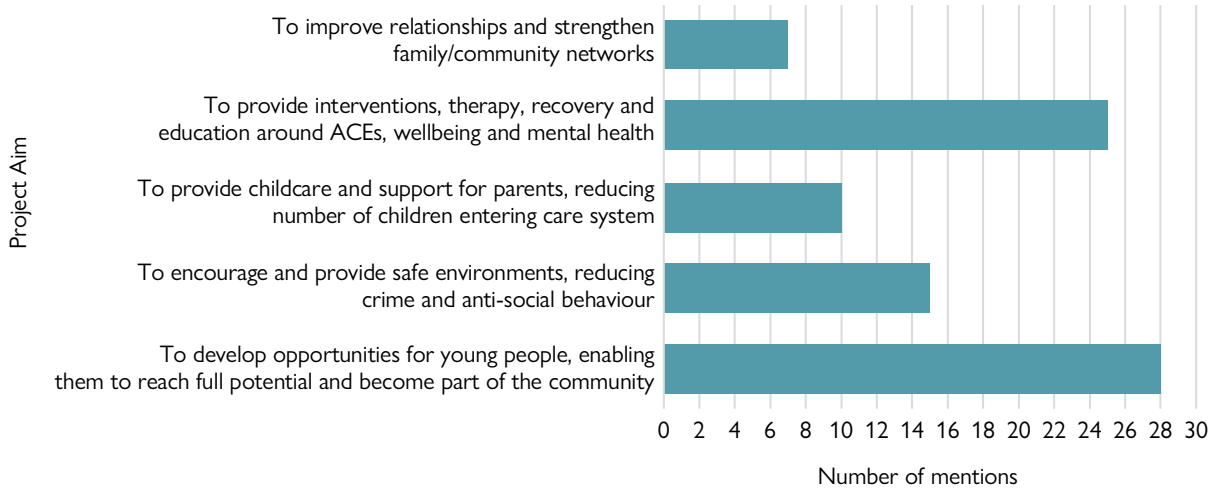


5.2 Project Aims

This section outlines the aims of the projects and how they address the needs of the community, the services they provide and how the projects align with Welsh Government policy priorities.

Project Aims

Table 7: Project Aims



Respondents noted that in many cases, projects aim to address community need to counteract the effects of poverty. These include a lack of opportunities and facilities available to those from disadvantaged or low socio-economic backgrounds and encompass housing, healthcare, economic opportunities, aspirations, and employment support. There were also calls for better access to services and more timely, equal, and affordable access for all groups, regardless of background and free from financial constraints. Additionally, there was considered to be a greater need for more signposting and pathways available.

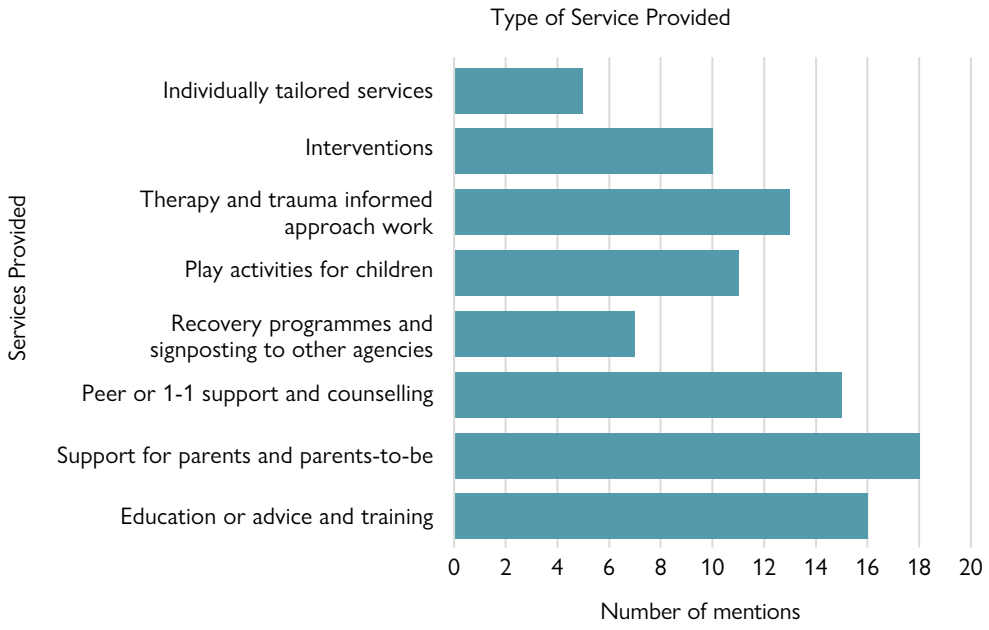
Gaps in mental health services were noted and it was acknowledged that, for some in need of services, they do not always meet the thresholds set for intervention by mental health services. It was also argued that there is a need for a less medicalised approach and more emphasis on sessions which focus on 'well-being and esteem building that are playful and not formal therapy'.

It was recognised that there is a need for greater awareness, better understanding and more education in terms of the needs of those who have experienced trauma. A key concept highlighted by respondents is the idea that service users are able to openly and honestly discuss their needs and express their feelings in a safe place with staff they are confident around. For one respondent, this concept was described as an 'extended family' and trust and confidence in trained staff or positive role models is also noted as important with another respondent mentioning the need for 'trusted and meaningful community support'.

Types of Services Provided

In meeting these needs, projects provided a broad range of services to community members.

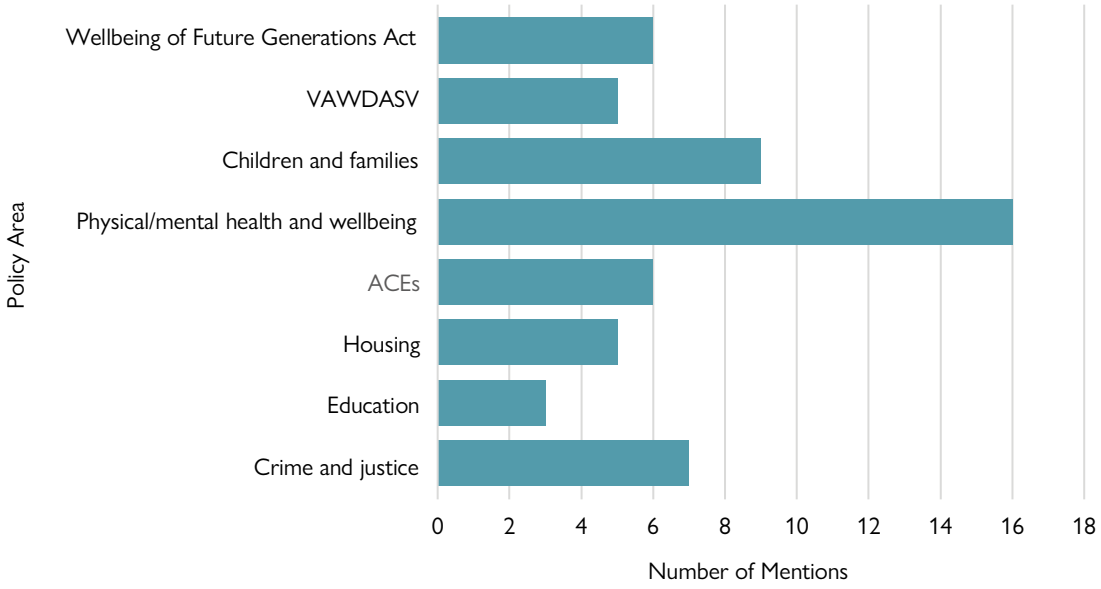
Table 8: Type of Services Provided



Alignment with Welsh Government Policy Areas

Many of the projects (35) mentioned that they used a trauma informed approach to underpin the services that they provided. Additionally, the majority of projects fitted within Welsh Government policy and legislative areas (Table 9).

Table 9: Alignment with Welsh Government Policy Areas



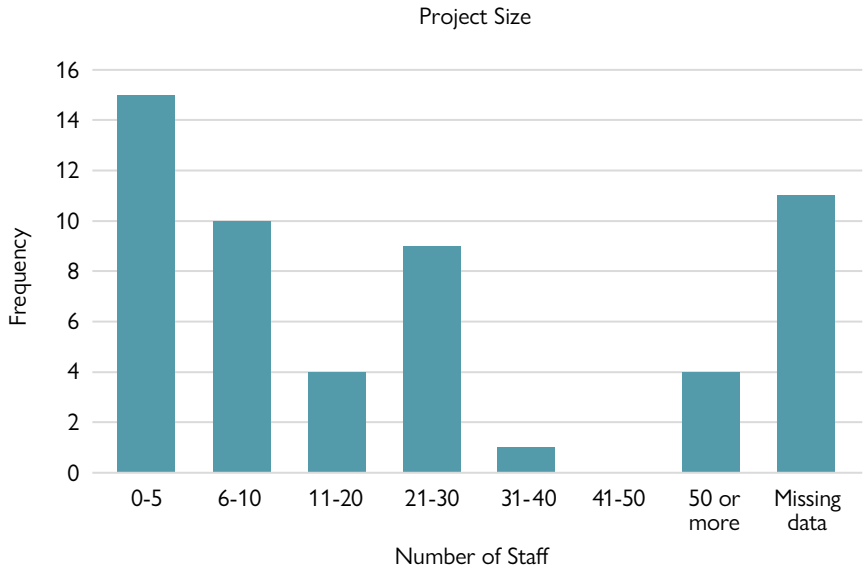
5.3 Project Organisation

This section provides information relating to project size, the costs incurred by projects and the funding received, the way that projects assess and evaluate the outcomes and measures of success and the way the members of the community access the projects.

Project Size

The projects varied in size, many were small scale, with 25 projects staffed by fewer than 10 people (employed or volunteering) (Table 10).

Table 10: Number of Staff (Employed and Volunteers)

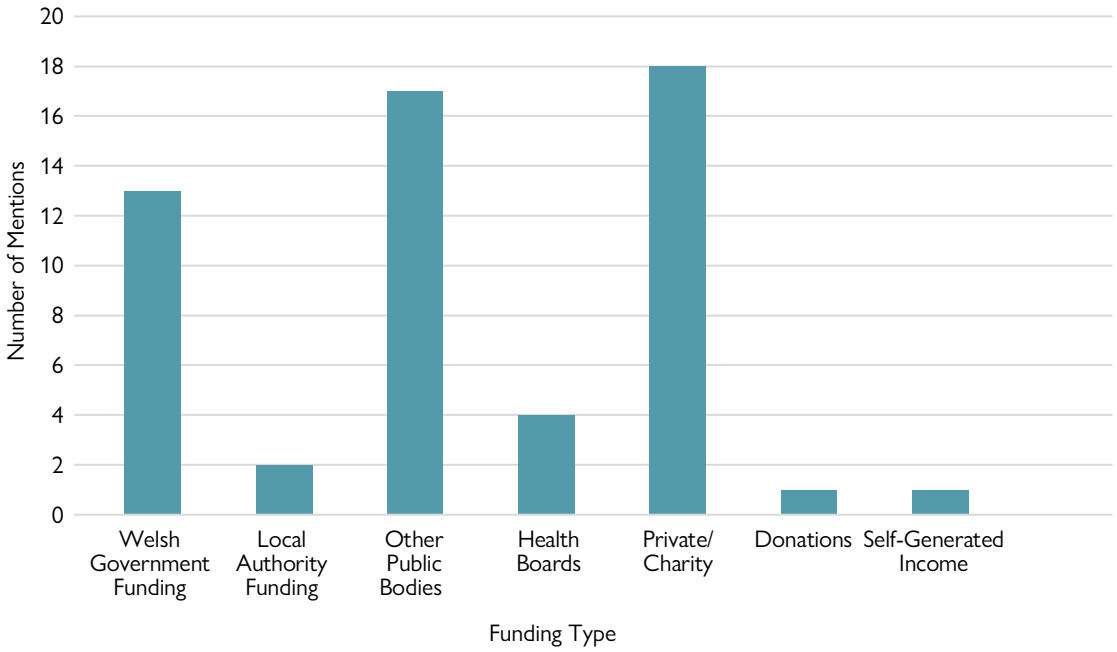


Relating to the costs incurred by the projects, staffing is the most mentioned cost incurred, this includes the payment of staff salaries, management and operational support costs, training and payment for guest speakers or workers. Respondents also mentioned the cost of resources and equipment in general, including outgoings such as stationary, printing, administration, office costs (mobiles/I.T.), materials used for activities, food, and refreshments, as well as travel costs. Upkeep of buildings and maintenance costs as well as costs associated with venue/premises hire, utilities/bills and insurance featured in the responses. Finally, other costs included accreditation costs (Baby Friendly Initiative), licensing and locations for days out.

Funding Sources

The majority of the projects (45/54) received funding from various sources, predominantly from public bodies, followed by the private and charity sector (Table 11).

Table 11: Funding Sources



Project Evaluation

The majority of projects (40/54) have undergone evaluation. Some of these evaluations have been undertaken internally (14), and some by other organisations (13) or a combination of both (4). Three projects: Iceberg Transformation ABUHB; Jig-so; Family Support/Family Centres have been evaluated by educational institutions; Cardiff University, Swansea University and Bangor University respectively. Four projects have been evaluated by the Welsh Government (Youth Justice Blueprint, Healthy Image Project, N.E.W. MST Cymru and Stepping Stones, North Wales).

Most projects evaluated by the provider take the form of a survey or questionnaire, staff appraisals and reflections, organisation evaluations and reviews, board of trustee reports or annual audits. Two respondents (EMPHASIS and CYCA) mention that they must provide evaluations for funders while another project (Wales Domestic Abuse Service) noted that they would like to undertake an external evaluation but do not have the funds.

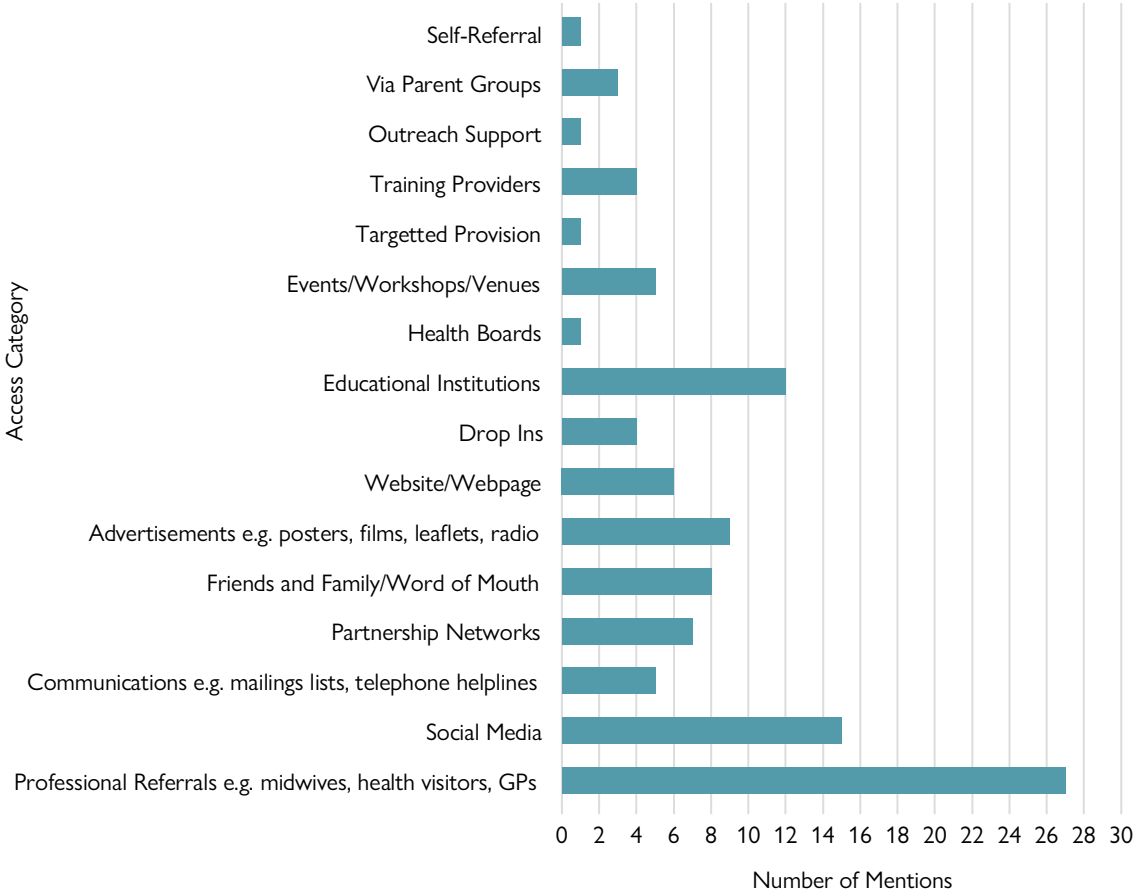
Evaluations often use recognised scales or measurement tools, these include the Warwick Edinburgh Wellbeing Scale, HACT and the Canadian Occupational Performance Measure, Rosenberg Self-Esteem or Theory of Change processes. To measure 'wellbeing', scales such as CORE-34 were used (Adult Community Mental Health Services).

For projects such as Stepping Stones, The Gap Wales, Communities for Work and Flying Start, success is based on outputs around work, education, qualifications, training and skills. Other projects use measures of success based on project aims; Baby in Mind assesses successful outcomes as the reducing the risk of children entering the care system; the Fire Setter Intervention Scheme uses a reduction of crime statistics and Pobl Clarewood, a successful move to permanent accommodation. Other projects use measures such as 'distance travelled' or 'mapping success' over time; other measures include seeing children develop and reach their full potential; children and parents thriving, and happy and motivated staff.

Accessing Projects

Access to the projects was via a number of different routes, most commonly referrals from professions but other avenues such as social media and word of mouth were used (Table 12).

Table 12: Accessing Projects



5.4 Meeting the Needs of the Community

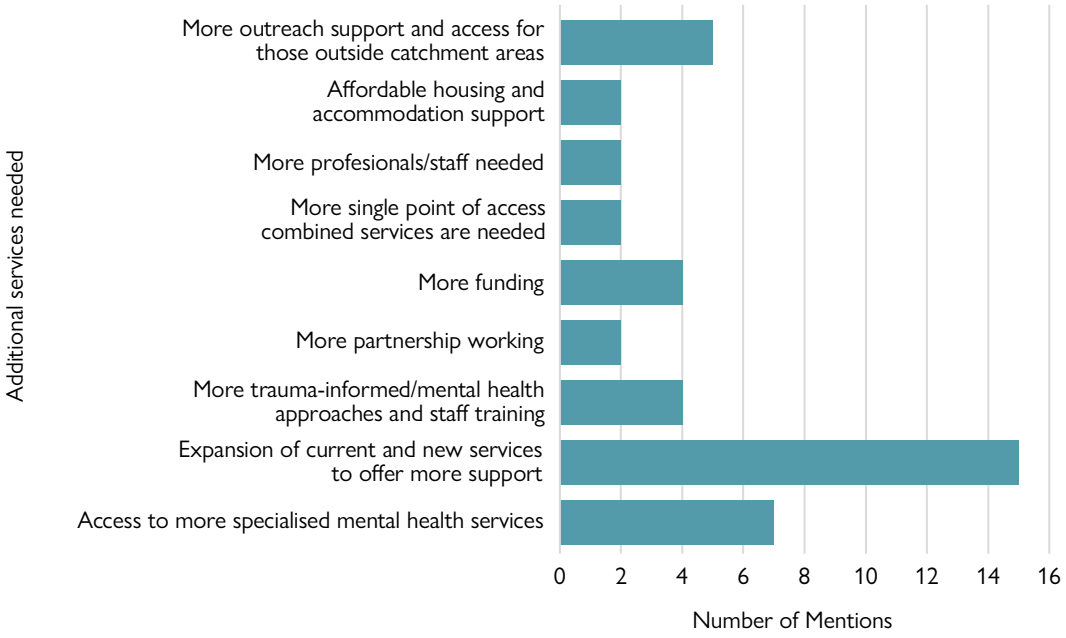
This section summarises respondents' views in terms of community needs and the potential to expand existing services, what would be needed to make that expansion possible and the strengths of the communities they serve.

The Need for Additional Services

The majority of respondents felt that it would be beneficial for their project to be expanded, either:

a. to reach more people (41)
b. to cover a broader range of issues (16)
c. so that services are available in more areas, or available across the whole of Wales (6).

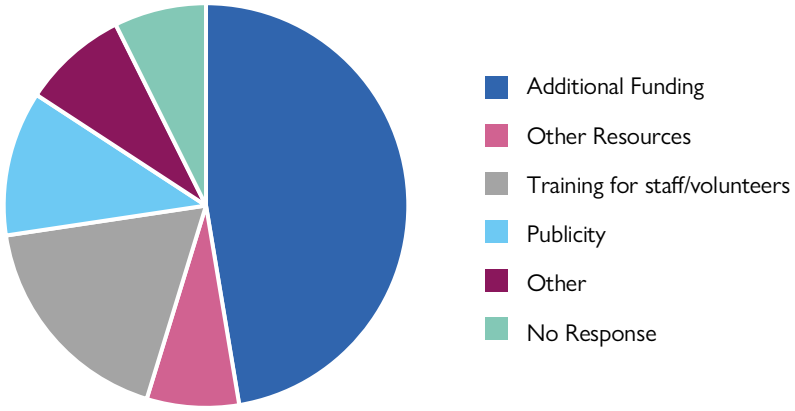
Table 13: The Need for Additional Services



What is Needed to make Expansion Possible?

In terms of what would make this expansion possible, the majority of respondents felt that additional funding was key (Figure 2).

Figure 2: What is Needed to make Expansion Possible?



Respondents noted the need for funding to be more stable and long-term. One project mentioned that additional funding would enable staff to increase their hours and so expand provision. The importance of reaching the community with information about the project was highlighted as a consideration, due to a lack of advertising or referrals from social services. One respondent noted that the experiences of Welsh speakers and rural communities in Mid Wales are often ignored.

In response to the question about what is needed to make the project sustainable in the longer term, the responses were very similar to the graph above with additional resources the most common response (40) and a consensus that funding needs to be consistent and longer term rather than applied for annually.

Finally, respondents noted several strengths within the communities that they serve, emphasising the ability of the community to identify and react to need and provide services to address those needs.

Community Strengths

Respondents were asked what they felt their communities did well (Table 14).

Table 14: Community Strengths

Section 6: Case Studies

The third stage of this study was the development of case studies, developed from projects which responded to the survey. Projects were invited to express an interest if they would like to talk to us further about their projects and from those that responded, three were selected to be developed as case studies. These three projects were selected to represent a range in terms of the community groups that the projects work with, the ACE or adversity and geographical location (Table 15). The case study summaries are drawn up from a combination of the survey responses and data from an interview with each of the project leads.

Table 15: Case Study Projects

Case Study	Project Name	Community	Issues Addressed	Location
1	Community Youth Project	Young people including Gypsy Roma, South Asian and LGBTQ+	Isolation and lack of inclusion, mental health issues	South East Wales
2	West Wales Domestic Abuse Service	Adults and Children experiencing domestic abuse	Domestic violence	West Wales
3	Shake it up/Wild Elements	Foster carers & Children who are Looked After	Care experience and access to higher education	North Wales

6.1 Case Study 1 – Community Youth Project, Newport

The Community Youth Project supports young people (aged 6 - 25) in the Maindee area of Newport. It is a youth and community project which engages young people from diverse backgrounds (including the Gypsy Roma community and the British South Asian Community) to thrive and be supported to reach their full potential. The project provides drop-in sessions, one to one sessions, a girls' project and an LBGTQI+ group.

The project began in 2013 in response to the need for a safe space for young people in the area; young people were gathering outside of the community centre but not engaging positively. A street-based research project was conducted for one year which then led to a BBC Children in Need funded youth project (also funded by Gwent Police and Crime Commissioner (PCC). The aims were to motivate young people and develop a positive role in the community; for young people to have improved relationships with one another; for young people to be more aware of the choices and opportunities available to them and for young people to be supported to reach their full potential and be empowered to make positive decisions for themselves.

The overall aim of the project is to recognise the adversities that the young people who use the services often face, these include discrimination and poverty: *"These Gypsy Roma kids are marginalised, they are discriminated against, they are victims of hate speech and hate crime and completely misunderstood"*. The aim is to address these adversities by providing a safe community space

"These Gypsy Roma kids are marginalised, they are discriminated against, they are victims of hate speech and hate crime and completely misunderstood".

and the support that they need: *"Making them feel a part of a community, a safe place for them, someone to talk to, someone to love and care about them…they come from overcrowded households, poverty and they don't get much attention is the truth or if they do, it is often negative attention"*

"Making them feel a part of a community, a safe place for them, someone to talk to, someone to love and care about them…"

The services provided to young people vary, but they are often in response to the needs of the young people or where a gap in services has been identified. For example, an LGBTQI+ online group was set up recently, in recognition that there was a need for support for this group of people. However, it is acknowledged that additional needs exist, and the project would like to be able to extend services to more parts of the community: "*We want a community project, we want mothers, we want fathers, we want people who can't speak any English, we want everyone, but it is a process, we are only a small team, there is about six of us youth workers and everyone is part time, it is hard but the ethos of building a caring community is there"*

Of importance, is that services reflect the diverse nature of the community that they support: *"The dream is to expand Community House, because it is a safe and trusted place as a community hub. I would love to develop a community youth project, to have people that speak different languages, people that have walked different paths in life, people who are trusted by different communities, the possibilities are endless".*

The overriding aim of the project is to support young people: *"It is all about just building young people from where they are at, going through life with them to get to where they want to get and helping them to get to the best version of themselves that they can be, it is quite simple, but difficult".* In part, this was about providing opportunities and activities which aim to build their confidence: "*We do trips that push them out of their comfort zone. Over the summer holiday…a group went to aqua park in Cardiff Bay…these are young people that have never been in water, don't know how to swim…they will never forget that".*

"It is all about just building young people from where they are at, going through life with them to get to where they want to get and helping them to get to the best version of themselves that they can be, it is quite simple, but difficult".

The COVID-19 pandemic resulted in a change in need and consequently, service provision: *"Over the last year and half, since the COVID pandemic, I think our project has been almost crisis response, which we never were before".* In part, this was because many other services switched to online provision however, this project felt that it was necessary to continue to see young people face to face: *"Through the pandemic, we have found that families have reached out and it's been because other services have closed, other services went online.* They found families were experiencing additional hardship due to the pandemic: "*These are the families that have one phone between ten people in a house…often the man's phone, the father or the older brother and he goes to work…digital poverty, food poverty, clothes poverty, there is poverty on lots of different levels".*

The Youth Community Project also has links with other service provision in the form of two partnership projects with a mental health charity. Using the relationships that they have established with young people in the community, youth workers have been able to facilitate access for mental health service workers. This partnership working was welcomed, and the idea was that it should be expanded to include a range of other services under one roof: *"I would like to see health, benefits, jobs, things for young people to do, support for parents, all in one place, ESOL (English to Speakers of other Languages) classes, all in one place. I would like to see it all as a big project, so that people can work really closely together to meet the wider needs".*

6.2 Case Study 2 – West Wales Domestic Abuse Service

The West Wales Domestic Abuse Service is a domestic abuse (DA) service based in the community. It began in 1976 in response to the need for women and children experiencing abuse from partners and family members. The aim of the work is to meet basic needs, prioritise safety and support to ensure that survivors and their children cope and recover from the trauma they have experienced. The service provides safe housing, practical advice and support including group work to enable people to understand the abuse they have experienced, counselling and ongoing support for adults and children, mentoring support and casework for up to two years.

"…the hope really is to get them to a place in which their welfare acknowledges that that abuse is not right"

The service works with both parents and children: *"We are trying to develop a more holistic approach in terms of understanding that if you can work earlier on with children who have witnessed and experienced domestic abuse through their parents…the hope really is to get them to a place in which their welfare acknowledges that that abuse is not right"*. In addition, this service works with the non-abusive parent as much as possible to increase understanding of the impact on the children.

More recently, a new project has been developed which endeavours to work with both parents and children together: *"Previously, there was an adult service and there was a children's service, but it didn't seem to be as integrated as it should be. Over the last three years we have worked really hard to get it more holistic"*. Workers work with parents and children together to strengthen the parent-child bond: *"Part of the thinking behind the holistic approach is if the child can understand who is doing what to whom and the survivor understands what is going on, hopefully, there can be a strengthening of a bond"*

It is evident that domestic abuse often links with other ACEs and this is reflected in the work that is undertaken: *"Certainly, with the ACEs agenda…we have been saying for years within the domestic abuse field that actually, what you find is that if someone has experienced…domestic abuse, the reality is that there is going to be other ACEs present"*. Acknowledging this, workers will concentrate, not only on domestic abuse, but also other factors which affect service users: *"The programmes will at the heart identify domestic abuse but also trying to build resilience, if you are taking that ACEs view, you are also trying to build resilience"*.

As a result, workers need to be able to access support for a range of needs: *"People think that domestic abuse support workers just do emotional support for people, but actually a support worker has to be incredibly practical…we spend quite a lot of time as a team thinking… what resources are out there that people can link in, in order to make the change that is needed"*. An example is the work this project does around housing services: *"One of the issues that we have identified through the service users is that housing is a big issue and so we've now got a worker that will be working around a housing pathway…to see if we can develop some pathways of support so that people don't have to leave their house"*.

It was apparent that the services provided by this project meet the needs of different members of the community: *"We have got an older people's project…they all said 'what we loved about your organisation was that you listened to us, you believed in us and you didn't tell us that we should leave…you didn't tell us what to do, you allowed us to understand that we knew how to keep ourselves safe'"*. It was also apparent that this service is rooted in and represents the community that it serves *"We are based in the community, we are of the community, certainly, our helpline and refuge work is very much…we are out in the community doing things…we go to meetings to talk about what we do"*

This project is keen to develop services in partnerships with other organisations: *"A really good example we have done…is to try to connect with a mental health charity locally and actually work together to try to bring about big change"*. Additionally, it was felt that it was important to develop partnership working with health professionals and to ensure health professionals have a good understanding of domestic abuse: "*We are trying to work with health colleagues at the moment around developing work with GPs…if there could be a way of finding a way that GPs particularly, not just practice managers but GPs could link in with DA services and really understand how you could potentially use social prescribing to really get to DA and really help people and not just prescribing medication, that would be a culture shift"*.

6.3 Case Study 3 – Wild Elements (Shake it Up), North Wales

The aims of the Wild Elements project are to use the outdoors to promote health and wellbeing for children and young people: ***"We are an outdoor organisation so our aim is to help people to enjoy the outdoors, conserve the outdoors and the natural world and educate people on how they can do their bit as well, from their homes".*** **The organisation works with a range of groups:** ***"We have worked with NEET (Not in Education, Employment or Training) groups, we have worked with young offenders, so we have quite a broad range…our main audience really is people who are at a disadvantage of some sort".*** **These services are offered to children and young people across a range of ages:** ***"We work with all ages…we have had a natures playgroup which is 0-4 in which we do a lot of sensory things and a lot of encouraging parents to play with their children in that. We do sessions for over 16s with young carers, 16-25".***

The service offers a range of activities to children and young people: *"We do den building, mud play, we paint with mud, we face paint with mud, we have got a mud kitchen; allowing and encouraging children to get dirty and not worry that they have a bit of dirt on their clothes or their hands and giving them that freedom to explore the woodland at their own pace".* The aim is to address trauma and improve mental health and wellbeing: "*We understand and strive to make sure that people in general get outdoors and enjoy the outdoors and enjoy nature and when you bring that into children who have experienced trauma, the wellbeing and mental health effects on that are huge and can be seen within days of each other, from not having access to the outdoors to being outdoors; we see dramatic effects over a period of sessions".*

> *"…the wellbeing and mental health effects on that are huge and can be seen within days of each other, from not having access to the outdoors to being outdoors; we see dramatic effects over a period of sessions"*

Shake it Up is a research project within the Wild Elements organisation. The research was prompted by the recognition that the educational attainment levels of foster children in Wales are lower than those who live with their birth families. The aims of the research are to identify key barriers to higher education and further education that care leavers and children in care face, to identify solutions and key areas of support that care leavers and children in care need whilst in education and learn how to implement solutions and findings. Staff work with foster carers, care leavers and children in care to deliver five sessions involving crafts, fun, games, teambuilding exercises, forest school activities storytelling and nature connections. Staff also undertake surveys with school teaching staff as well as with foster carers to identify the needs, solutions and potential benefits that support will make to children and foster families.

The Shake it Up project works with children in care to understand access to education: *"The aim of the project was to discover the needs and issues within the support for education but also it was there to increase self-esteem of the children...to improve self-esteem, to get them out of house and off the screens and into the natural world, to explore and build their confidence and improve their mental health".* As a result of the findings of this project: "*My recommendation having briefly looked at the data and the stories that have been shared with us is that the need for the support to be relayed back to the carers that needs to be more accessible. What we are finding is that carers don't know what is available, so they are funding things themselves".*

> *"…to improve self-esteem, to get them out of house and off the screens and into the natural world, to explore and build their confidence and improve their mental health"*

Section 7: Discussion

Community based interventions can build collective resilience, support individuals with services, and build strong bonds to a group (or a culture), all of which have been shown to be important factors in preventing and mitigating the impacts of ACEs (Hughes et al., 2018). The aim of this project was to identify effective interventions relating to the prevention and mitigation of ACEs, including projects at the community level across Wales. Data were collected in three stages: stage one was a scoping review of international published literature to identify effective interventions; stage two was a survey to identify and map community level projects across Wales which aim to prevent and address the impact of ACEs and childhood adversity; stage three used interviews with the project leads of three community projects to collect more in-depth information about the project and develop case studies.

This section brings together evidence by providing a summary of the findings for each of the three stages, identifying gaps in the evidence and outlining the need for further research. It also considers the strengths and limitations of this research, and the impact of COVID-19 on childhood adversity.

7.1 Stage One: Scoping Review of the Literature

The literature indicates that the complex and pervasive nature of ACEs suggests that there is no single or simple solution, instead system wide strategies involving multiple interventions are required to adequately prevent and reduce the impact of ACEs (Asmussen et al., 2019). Consequently, the response needs to extend across sectors and include health, social care, policing, education and community, as well as extend across the life course, from early childhood through to adulthood (Di Lemma et al., 2019). Within this, involving and empowering local communities, particularly disadvantaged groups, can promote health and wellbeing and reduce inequalities. Key within this are participatory approaches which can directly address marginalisation and acknowledges the importance of community engagement as a strategy for health improvement, particularly as it leads to services that better meet the community member's needs (Public Health England, 2020).

The scoping review identified 21 papers which met the inclusion criteria (Appendix A); these papers provide evidence of interventions which have been found to be effective at preventing or mitigating ACEs and childhood adversity. Examples of successful interventions were noted in each of three categories: universal, targeted selective, and targeted indicated. The literature also outlined community-based projects which focussed on bringing together services to address a broad range of factors which contribute to ACEs. These successful initiatives involved the movement to build resilient, trauma informed communities and programmes brought together stakeholders from different community sectors: community members; parents; youth; policy makers; health and social service providers; funders and researchers to develop coordinated community responses (Matlin et al., 2019). Examples of a range of community programmes, predominantly implemented in the US, include Strong Communities and Building Community Resilience. While far fewer programmes have been implemented in the UK, these include the Strengthening Families Initiative and Communities that Care.

While the literature provides evidence of the success of these larger multi sectoral programmes, there was very little evidence in relation to smaller, grass roots community projects, possibly as result of a lack of rigorous evaluation of programmes due to restricted funding. There was also a dearth of evidence in terms of the experience of service users who benefit from the community programmes.

7.2 Stage Two: Survey of Community Projects across Wales

The survey had 54 responses in total with every local authority in Wales represented. The projects were set up for a range of reasons, including tackling deprivation, supporting mental and physical health, bridging gaps in the existing system, personal experiences and the impact of COVID-19. The adversity addressed by the projects includes domestic abuse, substance misuse, those involved in the care system, homelessness, involvement in the criminal justice system and social, emotional and wellbeing needs. Community groups who were beneficiaries of the projects include new and expectant parents, families, children and young people, adults, and community groups.

The projects which responded to the survey varied in terms of size and funding and can be divided into three categories.

1. Projects which are part of funded, Wales or UK wide initiatives. These include Flying Start (Welsh Government), the Housing Support Grant (Welsh Government), the Youth Justice Blueprint (Ministry of Justice) and Youth Offending Teams (HMMPS).

2. Projects which operate under the umbrella of broader third sector or charity groups. Examples include initiatives such as Clear (part of Change that Lasts) which is a partnership between Welsh Women's Aid and Respect and services run by NSPCC for expectant and new parents (Pregnancy in Mind; Baby Steps; Building Blocks).

3. Community projects which have been set up in response to community need (grass roots community projects). These address a diverse range of adversities and community groups and often have limited and/or short-term funding. An example is the Community Youth Project which supports young people from diverse communities in Newport.

Echoing the international literature, while larger, funded programmes are subject to evaluation and oversight. There is far less knowledge and understanding of smaller, grass roots community projects, both in terms of the services they provide and the impact on the communities with which they work. This survey was an attempt to identify and map grass roots community programmes across Wales, and while the survey did elicit responses from projects across Wales, we estimate that there are significantly more projects than responded to the survey. As such, the survey findings provide a snapshot of provision rather than an exhaustive list. Also, many of the responses were from larger, funded project with less responses from smaller, grass roots projects. This gap in evidence has two implications:

First, grass roots community groups provide valuable services in terms of addressing a range of adversities with diverse community groups, however a lack of knowledge about these groups will impact on the ability to provide a joined-up community response. Accurate information of service provision in each geographical area is necessary to ensure that other service providers, community groups and professionals working in health and social services could refer to these services, providing a joined-up response in terms of ACE prevention, as well as the potential to increase social prescribing and partnership working.

Second, a lack of knowledge and understanding about grass roots community projects has implications for the long-term support of these services. In the survey responses, many projects indicate that additional resources were necessary to support existing services and enable service provision in the longer term. Additional funding would enable the continuation and expansion of services by funding workers' contracts, securing venues and ensuring services continue to be provided. Currently, there is a gap in the evidence in terms of how these projects could best be supported.

Further research, possibly utilising different methods of data collection, could identify projects that have yet to be mapped. Associated with this is the need to identify and develop an understanding of barriers which might exist in terms of engagement for these projects and, once barriers are identified, to develop effective methods to overcome them and to encourage and support engagement. Finally, further research could explore the most effective way to provide support to these projects.

7.3 Stage Three: Case Studies

The case studies detailed three projects across Wales; a community hub for young people in Newport (Community Youth Project); a domestic abuse service in West Wales (West Wales Domestic Abuse Service); and an outdoor experience for children who are looked after and foster carers in North Wales (Wild Elements).

This data indicate that services are often established to respond to the needs of the community and are shaped by the communities in which they are located. As a result, where services reflect the communities they serve, they are effective at reaching and addressing the needs of diverse community members. Also, where services are small scale and rooted within the community, they are flexible and able to adapt quickly to changing circumstances. Additionally, these projects often work with other services to enhance provision, using their trusted status to facilitate wider support.

Echoing the wider literature, there is a gap in evidence in terms of the way that service users experience services provided by these community groups. Also, the way that differently funded community provision (reflected in the three categories outlined above) interact with the communities that they serve. Further research could explore the experiences of services users in terms of a range of community provision to identify how such programmes interact with the community.

7.4 Strengths and Limitations of the Study

This research used a scoping review method, scoping reviews are an ideal tool to determine the scope or coverage of a body of literature and are useful for examining emerging evidence. They are systematic, transparent and reproducible and include steps to reduce error and increase reliability and ensure data is extracted and presented in a structured way (Munn et al., 2018). Scoping reviews are also particularly useful when a body of literature exhibits a complex nature since they have a great utility for synthesising research evidence and are often used to map existing literature (Peters et al., 2015). However, while scoping reviews can provide an overview or map of the evidence and so are useful when clarification around a concept or theory is required, they have inherent limitations because the focus is to provide breadth rather than depth of information in a particular topic (Tricco et al., 2016).

It is acknowledged that the survey responses represent a snapshot of community provision rather than an exhaustive list, however, this project begins to build a body of evidence in terms of projects across Wales which aim to prevent ACEs and which operate at the community level. While it is acknowledged that online surveys have many advantages over traditional postal surveys, including a reduction of cost and ease of analysis, evidence indicates that the response rate is not as high as that generated by mail surveys, estimated to be 11% lower than other survey modes. Several factors are proven to impact on the response rate, including the length of the survey, with a negative relationship between completion rate and survey length and question difficulty (Saleh and Bista, 2017).

7.5 The Impact of COVID-19

The COVID-19 pandemic has exacerbated several factors which are related to ACEs and childhood adversity. These include the mental health of young people, the impact of school closures, child abuse, poverty and domestic abuse and violence (Cowie and Myers, 2021, Barnardo's, 2020, Lee, 2020, Garstang et al., 2020, United Nations, 2021).

International research evidence indicates that pandemics such a COVID-19 have an negative impact on mental health, particularly of children and young people who are at risk of increased anxiety and other mental health problems with an accompanying decrease in emotional wellbeing (Cowie and Myers, 2021). Statistics indicate that before the pandemic, one in eight five- to 19-year-olds already had a diagnosable mental health condition with children from low-income families four times more likely to experience mental health problems than children from high income families. This situation has been exacerbated by the pandemic with a YouGov survey indicating that one in three 8-24 year olds surveyed have suffered additional mental health challenges during lockdown, a trend more pronounced for vulnerable children due to increasing financial and emotional pressures, and a rise in domestic abuse (Barnardo's, 2020).

The closure of schools can result in limited access to friendship groups which can cause stress and anxiety (Cowie and Myers, 2021). Additionally, schools provide important support for young people with mental health issues and school closures due to the pandemic resulted in a lack of access to resources including mental health support. The lack of access to peer support groups and face to face services was particularly problematic for young people who find support by phone or online challenging (Lee, 2020). Schools are also at the frontline of child safeguarding, with educational staff often the first to report potential child abuse. There are concerns that school closures resulted in vulnerable children being invisible to professionals. One study found a 39.7% reduction in referrals made in 2020 compared to 2018; this drop coincided with the near total absence of referrals made by schools after the school closure and with no recovery in schools' referrals after schools partially reopened in June 2020. Additionally, since referrals from other sources did not increase in 2020, it indicates that other agencies did not compensate for school closure (Garstang et al., 2020).

Evidence also indicates that the impact of social distancing in an abusive home resulted in increased risk of child abuse, neglect and exploitation. Reports of children being abused at home surged by almost a third after lockdown was imposed, with a 32% increase in calls to the NSPCC. In some cases, fears about the virus were exploited by the perpetrators to withhold access to children, cut off contact to family and friends, and monitor movement under the pretext of keeping them safe from the virus. Those affected said this made it difficult to leave home and speak out (Cowie and Myers, 2021).

In terms of those most at risk, COVID-19 has compounded existing inequalities with vulnerable and marginalised children facing additional challenges including digital poverty. Issues of food poverty have also been exacerbated and nutritionally disadvantaged pupils in Wales ate less fruit and vegetables, did less exercise and had more takeaways during lockdown (BBC News, 2021).

Further, since the outbreak of COVID-19, data have shown that many types of VAWDASV, particularly domestic violence have intensified, with calls to helplines increasing fivefold in some countries (United Nations, 2021). As a consequence of restrictions on movement, the need for social isolation and restricted access to support services, friends and family, survivors of domestic abuse have less access to support, thus increasing the risk of harm (UN General Assembly, 2020). Children are often the silent witnesses of such violence and the extent of the impact on them is a key cause for concern.

7.6 Summary

It is acknowledged that ACEs are not inevitable. Consequently, the focus should be on preventing childhood adversity and providing trauma informed support to those who have been impacted by ACEs by adopting a strengths-based approach and building resilience. To be effective, such interventions need to be embedded within public health policies which address the wider social determinants of health, including poverty, unemployment and discrimination (Welsh Government, 2021). Improving the environments and systems within which most children interact can increase the presence of protective factors that can prevent ACEs and build resilience (Srivastav et al., 2020). National and local policies have a critical role to play in addressing wider social and economic conditions that can increase the likelihood of children being exposed to early adversity, including factors such as poverty and community crime, which negatively impact children's development and are associated with ACEs (Asmussen et al., 2019).

Community-based interventions that strengthen neighbourhood-level resources may be most effective in buffering the toxic stress response in children while positive environmental changes can improve childhood outcomes, even in extreme cases of adversity. Community based interventions have been shown to be effective and long-term follow up of children involved in interventional programs exhibit enduring behaviour and health effects (Franke, 2014). However, system-wide strategies for preventing or reducing ACEs are not easy or cheap and the evidence suggests that the successful delivery and integration of effective activities requires time, skill and commitment that is not currently available in most community systems. To overcome this would require long-term public investment in system wide approaches, covering the intervention costs, workforce development, multiagency working, governance, and evaluation so that the impact of various intervention combination and multiagency approaches can be tested and compared (Asmussen et al., 2019).

Section 8: Conclusion

A joined-up community approach can have a significant impact on children facing adversity. There are numerous community projects across Wales providing a range of services to address factors associated with ACEs and adversity but there is a lack of knowledge about many of these projects, their impact on the communities they serve and the best way that they can be supported.

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Appendix A: Table of Included Papers

Lead Author	Year	Title	Summary
Asmussen	2020	Adverse Childhood Experiences: what we know, what we don't know, and what should happen next.	This review examines the evidence-base for adverse childhood experiences (ACE) and considers the strength of evidence underpinning common responses to ACEs, including routine ACE screening and trauma-informed care
Asmussen	2019	The Potential of Early Intervention for Preventing and Reducing ACE-Related Trauma	This article identifies twenty-four interventions with causal evidence of preventing or reducing ACE-related trauma and considers how they could be offered through system-wide strategies aimed at improving the lives of children who are at the greatest risk.
Blitz	2013	Prevention through collaboration: Family engagement with rural schools and families living in poverty	This study demonstrates ways in which trauma informed practices can be applied to mezzo- and macro-level services. Lessons learned from these efforts show that initial systems change can occur with outreach to a small sample of hard-to-reach families, potentially creating system readiness for larger change.
Brennan	2020	Effective prevention of ACEs in Adverse childhood experiences: Using evidence to advance research, practice, policy, and prevention.	This chapter explores universal, targeted, and indicated programs that aim to prevent childhood adversity or prevent the recurrence of adversity.
Condon	2019	Toxic Stress and Vulnerable Mothers: A Multilevel Framework of Stressors and Strengths	This article aims to advance the science of toxic stress prevention by exploring the stressors and strengths experienced by vulnerable mothers through application of a theoretical framework.
Danielson	2019	Connecting adverse childhood experiences and community health to promote health equity	This paper is intended to establish a common language for how community healing can address ACEs and foster health equity.|
Ellis	2017	A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model	Proposes a transformative approach to foster collaboration across child health, public health, and community-based agencies to address the root causes of toxic stress and childhood adversity and to build community resilience.
Franke	2014	Toxic Stress: Effects, Prevention and Treatment	This article briefly summarises the findings in recent studies on toxic stress and childhood adversity following the publication of the American Academy of Pediatrics (AAP) Policy Report on the effects of toxic stress.

Hall	2012	Reducing adverse childhood experiences (ACE) by building capacity: A summary of Washington family policy council research findings,	In this study, researchers sought to demonstrate the strong impact of the community networks' capacity to interrupt health and social problems.
Kagi	2012	Translating the adverse childhood experiences (ACE) study into public policy: progress and possibility in Washington state.	This introduction to the themed issue overviews the Adverse Childhood Experiences (ACE) Study and discusses prevention and intervention with ACE and their consequences in communities.
Klevens	2019	Essentials for Childhood: Planting the Seeds for a Public Health Approach to Preventing Child Maltreatment	This article describes how the Centres for Disease Control and Prevention used a public health approach to develop a narrative, relationships, and strategy to prevent child maltreatment.
Larkin	2012	Mobilizing resilience and recovery in response to adverse childhood experiences (ACE): A restorative integral support (RIS) case study	The current empirical case study presents the Committee on the Shelterless (COTS), in Petaluma, CA, as an example of one social service agency employing RIS to break cycles of homelessness.
Di Lemma	2019	Responding to adverse childhood experiences: an evidence review of interventions to prevent and address adversity across the life course	The review identifies over 100 programmes and interventions which were collated across four common approaches: supporting parenting; building relationships and resilience; early identification of adversity and responding to trauma and specific ACEs.
Longhi	2019	How to increase community-wide resilience and decrease inequalities due to adverse childhood experiences (ACEs): Strategies from Walla Walla, Washington	This paper summarises the evidence that community-wide resilience moderates such impacts and examines how resilience can be increased by strategic interventions focused on community capacity building; Trauma-Informed Practices (TIPs) by staff in community organizations; and cultural change.
Mayer	2012	Adolescent parents and their children: A multifaceted approach to prevention of Adverse Childhood Experiences (ACE)	This current article proposes a universal, multifaceted, and interdisciplinary prevention science model that has two targets: adolescent parents and their children
Oral	2016	Adverse childhood experiences and trauma informed care: the future of health care	This article reviews childhood adversity and traumatic toxic stress, presents epidemiologic data on the prevalence of ACEs and their physical and mental health impacts, and discusses intervention modalities for prevention.
Pachter	2017	Developing a Community-Wide Initiative to Address Childhood Adversity and Toxic Stress: A Case Study of The Philadelphia ACE Task Force	This article describes the origins and metamorphosis of the Philadelphia ACE Task Force, which initially was narrowly focused on screening for adverse childhood experiences (ACEs) in health care settings but expanded its focus to better represent a true community-based approach to sharing experiences with addressing childhood adversity in multiple sectors of the city and region.

Public Health England	2020	No child left behind: a public health informed approach to improving outcomes for vulnerable children	This report sets out how adopting a public health informed approach offers substantial opportunities to reduce inequalities and improve health and wellbeing outcomes for the most vulnerable children
Rog	2021	Opportunities for psychologists to enact community change through adverse childhood experiences, trauma, and resilience networks	This article describes the structure, operation, and accomplishments of these networks to make a case for the ways in which psychologists, working with other professionals and grassroots leaders, can contribute to these efforts.
Star	2019	Putting Children at the Heart of Policy	This article explores the developmental methods used to create the acts and how the best interests of children are addressed by the public health agenda, whose aim is to work nationally across all sectors to achieve a thriving society and optimum health and wellbeing for the present and future generations' (PHW, 2016)
Woods-Jaeger	2018	Development, Feasibility, and Refinement of a Toxic Stress Prevention Research Program	This paper describes the iterative development of a community-based intervention, 2Gen Thrive, which was designed to prevent toxic stress and promote resilience by improving caregiver capacity to respond to children's emotional, behavioural, and developmental needs.

Appendix B: Survey – English Version

Respondent Details

1. Please give your name.....

2. What is the name of the project you are involved in?

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.....

3. What is your job title/role in the project?

.....

.....

About your project

4. Where is the project provided? (name of area)

.....

.....

5. Which local authority area(s) does your project operate within? (select all that apply)

All-Wales		Isle of Anglesey	
Blaenau Gwent		Merthyr Tydfil	
Bridgend		Monmouthshire	
Caerphilly		Neath Port Talbot	
Cardiff		Newport	
Carmarthenshire		Pembrokeshire	
Ceredigion		Powys	
Conwy		Rhondda Cynon Taf	
Denbighshire		Swansea	
Flintshire		The Vale of Glamorgan	
Gwynedd		Torfaen	
		Wrexham	

6. Please provide a brief description of the project

.....

.....

.....

.....

7. When did the project start (month/year)?

.....

8. What prompted the project to be set up?

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9. What are the key aims of the project?

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10. How does it fulfil these aims? (please specify the types of services that are provided).

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11. Does this project target a specific community group?

- ☐ No
- ☐ Yes (please specify)

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12. Which members of the community mainly use the services provided by this project?

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13. How do you know if the project has been successful (what, if any, measures of success are used?).

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14. What costs are incurred in the running of the project

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15. Does the project receive funding from any source?

- ☐ No
- ☐ Yes (source and amount received)

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.....

16. How many people are involved in the running of the project?

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.....

17. How many of these are paid employees?

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18. How many of these are volunteers?

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.....

19. Has the project undergone an evaluation?

- ☐ No
- ☐ Yes (by the provider)
- ☐ Yes (by another organisation)

If yes, please give details

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.....

20. How do members of the community hear about/access this project?

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.....

21. Is this project underpinned by any theory or principles?

- ☐ No
- ☐ Yes

If yes, please give details

.....

.....

.....

22. Does the project fit with Welsh Government policies and initiatives?

- ☐ No
- ☐ Don't know
- ☐ Yes

If yes, please give details

.....

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.....

23. Does this project use a trauma informed approach?

- ☐ No
- ☐ Don't know
- ☐ Yes

If yes, please give details

.....

.....

.....

24. Does this project have links with any other projects in this community or elsewhere?

- ☐ No
- ☐ Yes (please specify)

.....

.....

.....

25. Does this project have links with any other community groups in this community or elsewhere?

- ☐ No
- ☐ Yes (please specify)

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.....

26. Do you think there is a need for the services the project provides to be expanded?

- ☐ No
- ☐ Yes - to address a broader range of issues .....
- ☐ Yes - to reach larger numbers of people .....

Other (please specify)

.....

.....

.....

27. If so, what would make this expansion possible?

Additional funding	
Other resources	
Training for staff/volunteers	
Publicity	
Other (please specify)	

28. For this service to continue in the longer term, what resources would be required?

Additional funding	
Other resources	
Training for staff/volunteers	
Publicity	
Other (please specify)	

29. What do you see as the key needs of this community?

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30. To what extent do you feel this project addresses some or all of those needs?

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31. Do you think that additional services are needed?

- ☐ No
- ☐ Yes (please specify)

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32. What do you feel your community does well?

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33. The research team would like to follow up the survey with a more detailed discussion of some projects (approximately five in total). Please let us know if you would be happy to be contacted to discuss your project in more detail (you will be contacted by email in the first instance).

No – I do not wish to be contacted to discuss the project in more detail.	
Yes – I do wish to be contacted to discuss this project in more detail.	

If yes, please provide an email address or contact number.

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34. Do you have any feedback on this survey?

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Thank you for taking the time to complete this survey.

Appendix C: Survey - Welsh Version

Manylion Ymatebwyr

1. Rhowch eich enw.....

2. Beth yw enw'r prosiect rydych chi'n rhan ohono?

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.....

3. Beth yw eich teitl/rôl swydd yn y prosiect?

.....

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Ynglŷn â'ch prosiect

4. Ble mae'r prosiect yn cael ei ddarparu? (enw'r ardal)

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.....

5. Ym mha ardal(oedd) awdurdod lleol y mae eich prosiect yn gweithredu ynddo? (dewiswch bopeth sy'n berthnasol)

Cymru Gyfan		Merthyr Tudful	
Blaenau Gwent		Sir Fynwy	
Pen-y-bont ar Ogwr		Castell-nedd Port Talbot	
Caerffili		Casnewydd	
Caerdydd		Sir Benfro	
Sir Gaerfyrddin		Powys	
Ceredigion		Rhondda Cynon Taf	
Conwy		Abertawe	
Sir Ddinbych		Dyffryn Morgannwg	
Sir y Fflint		Torfaen	
Gwynedd		Wrecsam	
Ynys Môn			

6. Rhowch ddisgrifiad byr o'r prosiect

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7. Pryd ddechreuodd y prosiect (mis/blwyddyn)??

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8. Beth ysgogodd sefydlu'r prosiect?

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9. Beth yw nodau allweddol y prosiect?

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10. Sut mae'n cyflawni'r nodau hyn? (nodwch y mathau o wasanaethau a ddarperir).

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11. A yw'r prosiect hwn yn targedu grŵp cymunedol penodol?

- ☐ Na
- ☐ Ydy (nodwch os gwelwch yn dda)

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.....

12. Pa aelodau o'r gymuned sy'n defnyddio'r gwasanaethau a ddarperir gan y prosiect hwn yn bennaf?

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13. Sut ydych chi'n gwybod a yw'r prosiect wedi bod yn llwyddiannus (pa fesurau llwyddiant, os o gwbl, sy'n cael eu defnyddio?).

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14. Pa gostau ddaeth wrth redeg y prosiect?

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15. A yw'r prosiect yn derbyn cyllid o unrhyw ffynhonnell

- ☐ Na
- ☐ Ydy (ffynhonnell a'r swm a dderbyniwyd)

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16. Faint o bobl sy'n ymwneud â rhedeg y prosiect?

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17. Faint o'r rhain sy'n weithwyr cyflogedig?

.....

.....

18. Faint o'r rhain sy'n wirfoddolwyr?

.....

.....

19. A yw'r prosiect wedi cael ei werthuso?

- ☐ Na
- ☐ Ydy (gan y darparw)
- ☐ Ydy (gan sefydliad arall)

Os ydy, rhowch fanylion

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.....

20. Sut mae aelodau o'r gymuned yn clywed am/cael mynediad i'r prosiect hwn?

.....

.....

21. A oes unrhyw theori neu egwyddorion yn sail i'r prosiect hwn?

- ☐ Na
- ☐ Oes

Oes, rhowch fanylion

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22. A yw'r prosiect yn cyd-fynd â pholisïau a mentrau Llywodraeth Cymru?

- ☐ Na
- ☐ Ddim yn gwybod
- ☐ Ydy

Os ydy, rhowch fanylion

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.....

.....

23. A yw'r prosiect hwn yn defnyddio dull gwybodus o drawma?

- ☐ Na
- ☐ Ddim yn gwybod
- ☐ Ydy

Os ydy, rhowch fanylion

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24. A oes gan y prosiect hwn gysylltiadau ag unrhyw brosiectau eraill yn y gymuned hon neu yn rhywle arall?

- ☐ Na
- ☐ Oes (nodwch os gwelwch yn dda)

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25. A oes gan y prosiect hwn gysylltiadau ag unrhyw grwpiau cymunedol eraill yn y gymuned hon neu yn rhywle arall?

- ☐ Na
- ☐ Oes (nodwch os gwelwch yn dda)

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26. Ydych chi'n meddwl bod angen ehangu'r gwasanaethau y mae'r prosiect yn eu darparu?

- ☐ Na
- ☐ Ydw - i fynd i'r afael ag ystod ehangach o faterion .....
- ☐ Ydw - i gyrraedd niferoedd mwy o bobl .....

Arall (nodwch)

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27. Os felly, beth fyddai'n gwneud yr ehangu hwn yn bosibl?

Cyllid ychwanegol?	
Adnoddau eraill	
Hyfforddiant ar gyfer staff/ gwirfoddolwyr	
Cyhoeddusrwydd	
Arall (nodwch)	

28. Er mwyn i'r gwasanaeth hwn barhau yn y tymor hwy, pa adnoddau fyddai eu hangen?

Cyllid ychwanegol?	
Adnoddau eraill	
Hyfforddiant ar gyfer staff/ gwirfoddolwyr	
Cyhoeddusrwydd	
Arall (nodwch)	

29. Beth yn eich barn chi yw anghenion allweddol y gymuned hon?

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30. I ba raddau ydych chi'n teimlo bod y prosiect hwn yn mynd i'r afael â rhai neu'r cyfan o'r anghenion hynny?

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31. Ydych chi'n meddwl bod angen gwasanaethau ychwanegol?

- ☐ Na
- ☐ Ydw, nodwch os gwelwch yn dda

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32. Beth ydych chi'n teimlo bod eich cymuned yn ei wneud yn dda?

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33. Hoffai'r tîm ymchwil ddilyn yr arolwg gyda thrafodaeth fanylach o rai prosiectau (tua phump i gyd). Rhowch wybod i ni a fyddech chi'n hapus i gysylltu â chi i drafod eich prosiect yn fwy manwl (cysylltir â chi trwy e-bost yn y lle cyntaf).

Na - nid wyf am i chi gysylltu â mi i drafod y prosiect yn fwy manwl.	
Ydw - hoffwn i chi gysylltu â mi i drafod y prosiect hwn yn fwy manwl.	

lOs ydw, rhowch gyfeiriad e-bost neu rif cyswllt.

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.....

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34. A oes gennych unrhyw adborth ar yr arolwg hwn?

.....

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.....

Diolch i chi am gymryd yr amser i gwblhau'r arolwg hwn.

PROFIADAU NIWEIDIOL MEWN PLENTYNDOD
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