

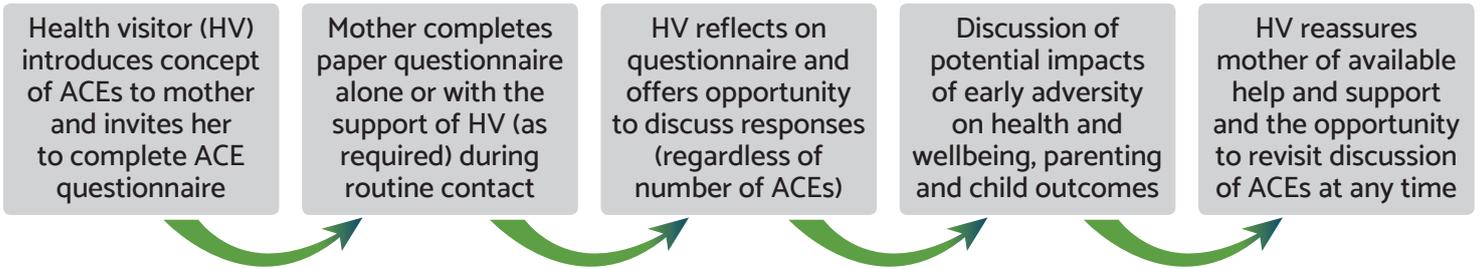
Asking about adverse childhood experiences (ACEs) in health visiting

Findings from a pilot study

ACE enquiry during routine contact was piloted by all health visitors across Anglesey in 2017/2018 with mothers aged 18 years and over. Mothers were invited to complete an ACE questionnaire at either 6 weeks or 6 months post-delivery.

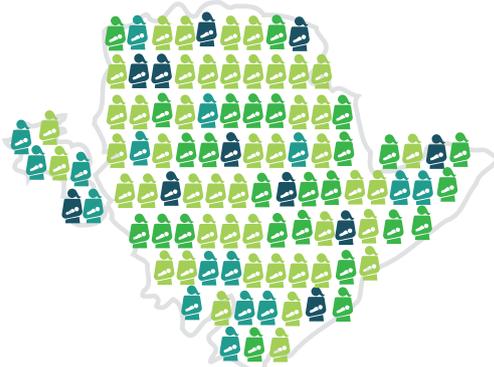
Process of ACE enquiry

90% of mothers that were asked agreed to take part in ACE enquiry (n=321)



Prevalence of ACEs among mothers

0 ACEs	47%
1 ACE	26%
2-3 ACEs	16%
≥4 ACEs	11%



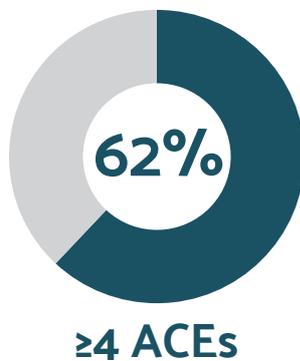
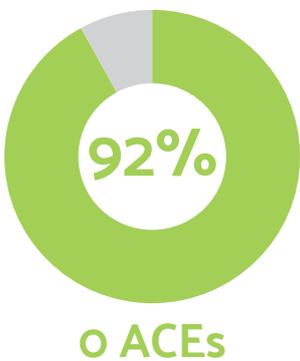
43%

of mothers with ACEs said it was the **first time they had told a professional service** about these experiences^a

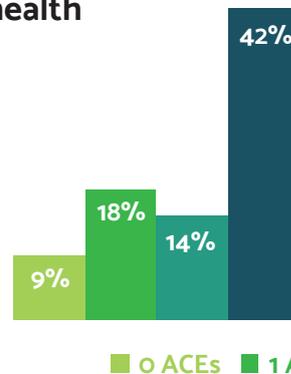


Maternal health and wellbeing^b

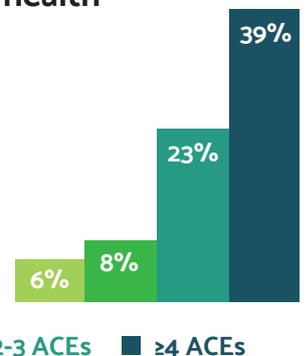
I feel like I belong in my community^c



Low self-rated physical health



Low self-rated mental health



The process of ACE enquiry was designed and delivered by Betsi Cadwaladr University Health Board with the support of a consultant facilitator appointed by Cyngor Sir Ynys Môn Isle of Anglesey Council. Public Health Wales were commissioned to independently evaluate this pilot.

^a n=116 mothers disclosed at least one ACE; ^b Mothers completed a series of questions about health and wellbeing at 6-months post-delivery ^c Percentage of mothers agreeing/strongly agreeing (likert scale: other possible responses were not sure; disagree; strongly disagree).



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Betsi Cadwaladr
University Health Board



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COUNTY COUNCIL



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Cymru
Public Health
Wales

What did mothers say?^d

Agreed/strongly agreed that ACE enquiry in health visiting is...

Acceptable **91%**

Important **81%**

Two out of three mothers agreed/strongly agreed that...



The **help and support** I received was **improved** because the HV understood my childhood better

What did health visitors say?^e

Mothers recognised the value of ACE enquiry, which made them think differently about how they wanted to parent their child(ren)

Initial concerns about time, capacity, the need for onward referral and causing upset were not realised during the pilot

HV would welcome a more flexible approach that allows them to use their professional judgement as to when to enquire and with which caregivers

ACE enquiry considerably improved understanding about families, challenged assumptions and created a greater openness and enduring trust in relationships with mothers

“The stand out take home point for me is how well placed we are as health visitors and how privileged we are for parents to confide in us and for us to be able to support them.”

The structured ACE questionnaire supported privacy in the home and was a quick and efficient method for gathering relevant information on families



Potential impacts of early ACE enquiry

At six month post-delivery differences between mothers who had early (6 weeks after delivery) or later (6 months after delivery) ACE enquiry included:

	Enquiry @ 6 weeks		Enquiry @ 6 months
Self-rated physical health as low	36%		50%
Emotional support available from friends & family	93%		73%
Family engaged in community	60%		36%

However in this pilot sample these differences did not reach statistical significance.

Conclusions:

- The evaluation finds considerable support for the feasibility and acceptability of ACE enquiry in health visiting for both service users and practitioners.
- Larger scale research and evaluation is now needed to test developments in ACE enquiry in other health visiting services. This should include consideration of the most suitable timing of enquiry and longer term outcomes for mothers and children.

^dService user feedback questions completed at 6-months post-delivery; response options on a likert scale (strongly agree; agree; not sure; disagree; strongly disagree). ^e Qualitative findings from practitioner feedback focus group following implementation (n=10 participants).