Engaging multi-disciplinary practitioners in a complex field of social policy

A methodological discussion paper

Tom Ling and Michaela Bruckmayer
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Multi-disciplinary practitioners include all professionals, policymakers and researchers who can affect, or are affected by, the success of the organisation or service in question. For the Early Intervention Foundation (EIF), these include practitioners in social care, health care, education, research and the criminal justice system. Especially in complex areas of policy involving multiple disciplines, engaging practitioners offers the opportunity to include a wide range of expertise and experience to inform debates on policy and practice. However, understanding how to do so is challenging since each group will have its own training in, and experience of, the service in question. Consequently, there may be differences in the language and concepts used, and also in how each group makes sense of the circumstances in which they work.

This methodology paper discusses just one very focused component of the challenge of engaging multi-disciplinary practitioners: how practitioners from a wide range of backgrounds can be engaged through surveys. In the case of the research on which this paper is based, we used surveys to ask how practitioners collectively and individually interpret the available evidence in their field, and how this shapes their preferences and priorities for policy and practice. The results of the research we conducted were published separately by the EIF.¹ This report focuses solely on the methods used, and is written for other organisations or researchers considering a similar approach.

The issue of concern in the survey we conducted was Adverse Childhood Experiences (ACEs). ACEs are traditionally defined as ten categories of child maltreatment and family dysfunction that are psychologically traumatic for most children.² Studies have consistently linked these adversities to a range of poor physical and mental health outcomes in adulthood. However, the extent to which ACEs cause poor adult outcomes remains highly controversial, and questions remain about many common practice responses. Given these controversies, there was a particular focus on how the available evidence was interpreted and used by stakeholders, and how this informed their priorities and preferences for future policy and practice. The primary aim of this study was therefore to identify areas within current practice where there is consensus that is also consistent with the best evidence, as well as areas where a lack of agreement remains.

In this context, the EIF produced a report in 2020 which examined the evidence in terms of its strengths and weaknesses. The report concluded that ‘(T)he current popularity of the ACE narrative should not lead us to ignore the limitations in the current evidence base or be allowed to create the illusion that there are quick fixes to prevent adversity or to help people overcome it.’ However, given the continued controversy and lack of consensus regarding the ACEs evidence the EIF commissioned this study to identify areas within current practice where there is consensus that is consistent with the best evidence, as well as areas where a lack of consensus remains.

The study design involved a modified Delphi model that used three surveys to build cumulatively towards identifying areas of agreement and disagreement among EIF stakeholders regarding policies and practices and research in response to ACEs. This report will be of interest to researchers with an interest in using Delphi-like surveys in contexts where multiple stakeholders from diverse professional backgrounds are engaged in addressing shared, complex and difficult social challenges.

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1. Introduction

1.1. The context of this study: knowing how stakeholders make sense of evidence is important

The Early Intervention Foundation (EIF) is a UK government What Works Centre. Established in 2013, its mission is to ensure that effective early intervention is available and is used to improve the lives of children and young people at risk of poor outcomes. To help achieve this aim, EIF actively engages with and consults its stakeholders. In line with this mission, in September 2020 EIF commissioned RAND Europe to conduct a consensus-building exercise on the implications of Adverse Childhood Experiences research for UK policy and practice.

Adverse Childhood Experiences (ACEs) are traditionally understood as a set of 10 traumatic events or circumstances occurring before the age of 18 that have been shown through research 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. A landmark study published by Kaiser-Permanente and the US Centres for Disease Control in 1998 observed that a childhood history involving four or more ACEs increased the risk of a variety of life-limiting conditions in adulthood, such as heart disease, diabetes and suicidality.

The findings from the original ACE study have since been replicated numerous times across the globe, suggesting that the relationship between ACEs and poor adult outcomes may be causal. However, there are several methodological reasons as to why these findings may not be a strong or consistent as these studies suggest, calling into question assumptions of causality and ensuing ACE-related activities. These ten categories of maltreatment all interact, but each tends to relate to different areas of professional expertise. Therefore, policy and practice in relation to ACEs inherently involve different kinds of professional knowledge and expertise, each making sense of the evidence in their own ways. Yet each of these can relate to, and often share, a common narrative around the importance of ACEs. In February 2020, EIF carefully examined these controversies in a report that comprehensively considered the quality of the ACE’s evidence and many common practice responses. The report concluded that while ACEs research had helpfully raised awareness about the relationship between childhood adversities and negative adult

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outcomes, many interpretations of the ACEs evidence were not well supported by robust scientific evidence, nor were many practices responses.5

While this position was strongly endorsed by many of EIF’s audiences at the time the report was published, it was clear that a lack of consensus on how best to respond to ACEs continued.

Understanding more about the areas of agreement and difference – and where misconceptions continue to exist – is an important steppingstone towards this aim of taking the agenda forward.

1.2. What Works Centres such as the EIF aim to understand how stakeholders relate to and use evidence

EIF stakeholders vary in how they might approach evidence. Interpreting research results is further complicated by methodological disputes and the difficulty of disentangling the causes and consequences of ACEs from related factors, such as poverty, access to services, and power inequalities.6 As we have noted, diverse professional groups and researchers from different disciplines often make sense of evidence in ways that are influenced by their own professional background and experience. As Cunliffe explains:

The start point lies in exploring more embedded forms of knowledge, and we turn to situated knowledge as one possibility. Situated knowledge can be broadly defined as knowledge embedded within a social, historical, cultural and political time and place that reflects contextual features and lived experiences. It is based on the premise that we (both academics and practitioners) possess expertise, tacit and explicit knowledge about our lived contextualized experience that needs to be surfaced and understood…7

Stakeholders are likely to draw upon different ‘situated knowledge’ when engaging with evidence presented to them. Rycroft-Malone and colleagues suggest that training and experience especially influence practitioners’ understanding of what is ‘credible knowledge’.8

The consequence is that evidence (and publications summarising that evidence) may ‘land’ differently with different types of stakeholders. The lack of alignment in how agencies, policies and practitioners respond to the evidence can lead to mixed messaging, inconsistent approaches, lack of synergies and confusion among service users. One way to strengthen alignment is to build consensus among stakeholders about what the evidence implies for policy, practice and future research.

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1.3. The study adopted a modified Delphi to better understand agreement and difference among experts

The objective of the commissioned study was to strengthen EIF’s ability to promote and enable good practice by improving the EIF’s knowledge of their audience’s understanding of, and attitudes towards, the existing research relating to ACE policy and practice. The primary aim of this study was to identify areas within ACE-related policy and practice where there was consensus that was also consistent with the best evidence, as well as areas where a lack of agreement remains. This study therefore had two objectives:

1. To understand how the EIF ACEs report was viewed by EIF’s key audiences and identify areas of agreement and disagreement.
2. To achieve consensus on a set of next steps for taking ACEs’ research, policy and practice forward that are well-aligned with the best evidence.

Responding to the EIF’s request that the study employ a Delphi-style consensus-building survey, RAND Europe pragmatically adapted the ‘classic’ Delphi approach.9 While specific approaches to conducting Delphis vary, in general:

*Delphi may be characterized as a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem. To accomplish this ‘structured communication’ there is provided: some feedback of individual contributions of information and knowledge; some assessment of the group judgment or view; some opportunity for individuals to revise views; and some degree of anonymity for the individual responses.*10

The research team considered that since the stakeholders consulted were experts in different policy, practice and research areas, consensus might potentially be more elusive. Furthermore, while ‘classic’ Delphis are often used to arrive at a group opinion of experts in areas where there is limited research evidence, in this case – as described above – considerable evidence existed, but significant differences persisted in how to interpret and apply this evidence. For these reasons we opted for a more open approach that would solicit stakeholders’ opinions and judgements, in recognition that participants’ ‘situated knowledge’11 might lead different stakeholder groups to respond to questions in different ways. While we used ranking and rating, this modified Delphi also aimed to achieve a qualitative understanding of participants’ engagement with the evidence. We discuss this issue in Section 2.3 of this report.

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9 RAND developed the Delphi method in the 1950s. The original method entails a group of experts who anonymously reply to questionnaires and subsequently receive feedback in the form of a ‘group response’, after which the process repeats itself. The goal is to reduce the range of responses and arrive at something closer to consensus. See: https://www.rand.org/topics/delphi-method.html


2. Conducting a three-round Delphi

2.1. Overview: Surveys 1, 2 and 3

The Delphi-informed approach was implemented through three separate survey rounds. It engaged stakeholders from diverse professional backgrounds, including – but not limited to – frontline practitioners, local commissioners, central and local policymakers, charities and training providers. The three surveys (see Annex) were launched sequentially in November 2020, December 2020 and February 2021. Each survey was kept open for at least 2 weeks. The surveys were distributed by Accent, a full-service research agency working in close collaboration with RAND Europe.

The aim of Survey 1 included understanding stakeholders’ views on the of EIF Report, *Adverse Childhood Experiences: What we know, what we don’t know, and what should happen next.* Survey 1 was distributed to 199 stakeholders (see Table 2) who were identified by the EIF. Stakeholders were provided with summary findings from the EIF Report and invited to comment on these. The EIF Report provided an up-to-date account of the available research – along with reflections on this research – and was therefore a good basis for testing stakeholders’ views on, and responses to, current research. The survey also included questions about how stakeholders received the EIF report.

Fifty respondents completed the entire survey. A further 20 completed at least 25% of it, and their responses were also included in the analysis. The results of Survey 1 were presented in a short summary report to the EIF in November 2020.

In addition to providing feedback on the summaries from the EIF report, respondents to Survey 1 provided some 200 qualitative suggestions on what they considered to be the most important steps for future ACE-related research, policy and practice. Similar or closely related suggestions were condensed into 54 points in order to inform the second survey and keep it to a manageable length. We kept the original language and conceptual framing used by participants where possible, with small adjustments where it was necessary to ensure that the statements were clear and unambiguous.

The aim of Survey 2 was to understand consensus (or disagreement) among diverse groups, so that acceptable priorities might be identified and agreed with EIF’s key audiences. To achieve this, we asked participants to indicate their level of agreement or disagreement with the 54 statements.

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We grouped the statements within the following eight thematic areas:

- The use of ACE screening in frontline practice;
- The appropriateness of the ACE framework for informing policy and practice decisions;
- The increased use of ACE awareness training;
- The increased use of trauma-informed care;
- The implementation of ACE-related public health strategies and system reform;
- The enhancement of current provision;
- Methods for improving how information about the prevalence of ACEs is captured and shared; and
- Activities aimed at improving a shared understanding of ACEs at the national level.

The aim of this process was to facilitate a narrowing down of priorities and help move towards consensus on the next steps to take. A total of 41 respondents out of the 199 invited (who had also been invited to participate in the first survey) completed Survey 2. One additional respondent completed more than 60% of the survey, and their responses were included where possible. The results indicated some areas of strong consensus, remaining areas of disagreement, and some areas where a significant number of respondents stated they were uncertain. In Survey 2, we defined 'consensus' as existing where at least 70% of respondents selected either 'strongly agree' and 'agree', or 'disagree' and 'strongly disagree'. The results of Survey 2 were presented to the EIF in a summary report in January 2021. The analysis identified some strong areas of agreement.

We were interested in exploring these general agreements (and disagreements) in more detail by understanding respondents' strength of agreement and prioritisation once they had the opportunity to see what their colleagues thought. Subsequently, the final survey – Survey 3 – was distributed only to participants who had previously engaged with at least one of the previous surveys. Accordingly, 69 stakeholders were invited to take part, 32 of whom completed Survey 3. In total, 13 stakeholders (or 19% of participants in Survey 3) completed all three surveys.

The aim of Survey 3 was to ask respondents to revisit a selection of the 54 statements that stakeholders in Survey 2 had rated their agreement and disagreement. In Survey 3, we showed participants aggregated results of their colleagues' ratings – agreement or disagreement – of selected statements from Survey 2. We asked them to reflect on their own views – now that they had been presented with their colleagues' views – and to rate their level of agreement or disagreement with the statements on a 5-point scale ('strongly agree', 'agree', 'disagree', 'strongly disagree', and 'don't know'). In cases where respondents selected 'don't know' as their answer choice, they were asked to provide qualitative comments explaining their response. As a leading research entity in the field, EIF is also interested in where stakeholders respond with 'don't know' to understand if, and how far, future research would help address this.

In addition, we also asked respondents in Survey 3 to consider statements that had achieved as much as 85% or 90% consensus in Survey 2, and rank-order them from highest to lowest priority.

2.2. Background of respondents

Table 1 and Table 2 outline the background of participants in each survey. We do not have details of the backgrounds of stakeholders who did not respond to the invitation to participate.
Table 1: Respondents’ self-reported background, per survey

<table>
<thead>
<tr>
<th>Stakeholder category</th>
<th>Survey 1 N</th>
<th>Survey 2 N</th>
<th>Survey 3 N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central government</td>
<td>5</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Local government</td>
<td>13</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>What works centre</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Third sector/charity</td>
<td>21</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Professional college or organisation</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Academic/research</td>
<td>22</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Frontline practice</td>
<td>10</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 2: Self-reported focus of work

<table>
<thead>
<tr>
<th>Respondents’ focus of work</th>
<th>Survey 1 N</th>
<th>Survey 2 N</th>
<th>Survey 3 N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood education</td>
<td>10</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Mental health and well-being</td>
<td>12</td>
<td>30</td>
<td>19</td>
</tr>
<tr>
<td>Children’s conduct and youth justice</td>
<td>4</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Physical health</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Child maltreatment</td>
<td>6</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>38</td>
<td>20</td>
<td>9</td>
</tr>
</tbody>
</table>

In Survey 1, 5 respondents (7%) indicated that they focused ‘specifically on working with children or families from black or minority ethnic background (BAME)’. None of the respondents to Survey 2 or 3 stated that their role focused specifically on BAME children or families.

2.3. Reflections on using a Delphi with a diverse group of participants

There are a number of reflections we can make about applying a Delphi method in this case. It is hoped that these will help inform future efforts to engage a complex group of stakeholders.
2.3.1. Using participants’ own language to provide a level playing field of terminology and perspective

We wanted to understand how stakeholder groups reacted to the views of other stakeholders (so a separate Delphi for each stakeholder or disciplinary group, for example, would not have been helpful). This meant we were presented with a problem of what vocabulary and what perspectives to use in Surveys 2 and 3. Choices of statements about research evidence and practice may appear to some to privilege the underlying conceptualisations of one stakeholder group over another. Equally, we did not want to impose our own vocabulary and perspectives (and neither did EIF), so we opted, as far as possible, to use the language of the participants’ responses to Survey 1 (after removing ambiguities or potentially confusing phrasing).

We explained this approach in the introduction to Survey 2 and 3, but not all participants were comfortable with the perspectives offered, and a very small number (fewer than 5) were concerned that the survey reflected a view that was biased towards one particular perspective. However, despite these objections, debate, argument and consensus were all achieved through a structured conversation made possible through our modified Delphi, and we would not want to suggest that ‘situated knowledge’ made inter-disciplinary conversations impossible.

2.3.2. Minimising selection criteria to ensure engagement with a diverse range of practitioners

It should be noted that a more conventional Delphi method involves recruiting experts on the basis of their expertise, most often demonstrated by qualifications, publications or reputation. We avoided a minimum education requirement, and preferred instead to use EIF’s contacts to identify those with a known engagement with (and commitment to) this topic. We used the EIF publication (with which most participants were familiar) as a common reference point. This approach achieved a meaningful debate and dialogue among participants, but it also illustrated an inherent tension within the Delphi method. Delphis include elements of constructivism (an interest in how participants make sense of the world they describe) and positivism (quantifying ‘real’ differences in the social world).13 By relaxing controls over the range of participants, and being relatively open to defining issues in participants’ own words, we gain in understanding of sense-making but may reduce our ability to quantify objective agreement and difference. However, the strength of the Delphi method has always been pragmatic rather than epistemological. It provides an anonymous space where participants may honestly exchange views without the need to physically co-locate, and it creates a more holistic debate without becoming narrowly dominated by one set of opinions or another. Minimising the selection criteria supported a more inclusive and rounded set of insights.

2.3.3. Taking practical steps to manage potential weaknesses in the Delphi method

Recognised weaknesses14 of Delphi methods include the fact that it is time-consuming (for both respondents and researchers), and recruiting participants and maintaining interest across rounds of survey-work can be

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difficult. However, our three-stage Delphi structure was in line with most Delphis, and the numbers involved in – and attrition rates of – our three surveys were within the range of typical Delphi panels. By making the surveys as easy to use and visually appealing as possible, we were able to maintain an acceptable level of engagement.

A further potential weakness lies in the anonymity (although this can also be considered a strength), which may encourage some participants to feel less accountable for their responses, and to take less ownership over any conclusions and recommendations. The fact that participants had been selected because of their known engagement with ACEs probably helped manage this (and this was only minimally apparent in our study).

In addition, it is understood that generalising from the results requires care (reflecting the fact that findings are at least as much about constructing meaning as about quantifying objective differences). This was managed by being very clear – in both the report and this methodological discussion – about how the results were generated.

Finally, we had to decide how to make the voting options in Surveys 2 and 3 manageable in the time most respondents might commit to completing the survey. Consequently, we grouped these into themes (as described above). We approached this inductively before iterating our approach with EIF. Despite our best efforts, this clustering into eight areas might reflect our own prior assumptions. However, we do not consider that this posed a problem, either for the respondents or for the analysis.

2.4. In conclusion

The modified Delphi approach was a pragmatic response to the interest of EIF in understanding stakeholders’ views and, where feasible, contributing to their shared understanding. This could provide the basis for consensus-building in future, as well as indicating where there are continuing disagreements about what the evidence shows. It is a helpful guide to where preferred practice is or is not fully supported by the best available evidence. On this basis, we see our modified Delphi method as an approach that can successfully contribute to engaging multiple stakeholders in a complex field of social policy.
A.1. Survey 1

3447 - Full Questionnaire

Sample Variables Used: URN

1. SQSOURCE. SPECIFY THE TYPE OF RESPONDENT

☐ 1. opensurvey link
☐ 2. Newsletter and website
☐ 3. Client sample

QINTRO. Thank you for agreeing to participate in the Early Intervention Foundation’s consensus building exercise on identifying priorities for future ACEs policy, practice and research. As described in our recruitment letter, this will be a three-round exercise that will gather the views of a wide range of stakeholders with experience of working with vulnerable children to understand how the ACEs evidence might be brought forward in a way that is both practical and evidence-based.

The aims of this first round are to 1) understand your views about the EIF ACEs report and its recommendations and 2) gather your suggestions for the next steps for ACEs policy, practice and research.

This survey consists of the following four sections:

- Part 1: Asks three questions about your professional characteristics
- Part 2: Involves eight questions gathering your general views about the report
- Part 3: Asks whether you agree or disagree with 10 conclusions and recommendations from the report
- Part 4: Your views on three recommendations for the next steps in ACEs research and practice

While you might find it helpful to read the summary of the report (which can be accessed here) before beginning the survey, this is not essential. Once you access the survey, you will be guided to the relevant sections, which will enable you to respond. Our pilot testing suggests that it takes most people about 20 minutes in total to complete the survey. Our online platform will allow you to do this at your own pace and save your answers as you go along, meaning that you will not need to do this in one sitting.

We would be grateful if you could complete the survey by Friday, 13 November 2020.
Your answers to the survey will be used and reported anonymously so that you cannot be identified.

If you have any further questions about this survey or how your data will be used, please do not hesitate to contact the study leader from RAND Europe Prof. Tom Ling, tling@randeurope.org. Full details of the study are also attached in the information sheet sent in our previous email, along with a Privacy Notice outlining how we will use your data. Accent’s privacy statement is available at https://www.accent-mr.com/privacy-policy/.

Any answer you give will be treated in confidence in accordance with the Code of Conduct of the Market Research Society. If you would like to confirm Accent’s credentials type Accent in the search box at: https://www.mrs.org.uk/researchbuyersguide.

If you are happy to continue, please click below.

☐ 1. I agree to participate in this survey

For convenience you can stop and return to complete the questionnaire as many times as you wish, although once submitted you will not be able to enter again. #MTEXT#

Q1. Please select the category that corresponds with your organisation. You may pick more than one.

Please tick all that apply

☐ Central government
☐ Local government
☐ What works centre
☐ Third sector/charity
☐ Professional college or organisation
☐ Academic/research
☐ Frontline practice
☐ Other (Please write in)

Q2. Please select the category that best corresponds with the focus of your work.

☐ 1. Childhood education
☐ 2. Mental health and wellbeing
☐ 3. Children’s conduct and youth justice
☐ 4. Physical health
☐ 5. Child maltreatment
☐ 6. Other (Please write in)
Q2A. Does your role focus specifically on working with children or families from black or minority ethnic background (BAME)?

○ 1. Yes
○ 2. No

Q3. Were you aware of the above-mentioned report before participating in this study?

○ 1. Yes
○ 2. No

Q4. Had you read the report (either summary or the main report) before participating in this study?

○ 1. Yes
○ 2. No

Q5. How familiar was the concept 'Adverse Childhood Experiences (ACEs)' to you before your participation in this study (or before you read the EIF’s report)?

○ 1. Not at all familiar
○ 2. Somewhat familiar
○ 3. Extremely familiar
○ 4. Don’t know

Q6. To what extent did the EIF’s report increase your knowledge and understanding of the concept of Adverse Childhood Experiences (ACEs)?

○ 1. Not at all
○ 2. To some extent
○ 3. To a great extent
○ 4. Don’t know

Q7. To what extent do you feel the report achieves its aims of summarising the evidence underpinning the ACEs?

○ 1. Not at all
○ 2. To some extent
○ 3. To a great extent
○ 4. Don’t know

To what extent do you agree or disagree with the following statements?
The EIF report summary included three conclusions about the usefulness of the ACEs evidence and recent policy and practice responses. In this section, we would like to understand the extent to which you agree or disagree with these conclusions.

**Q11A.** The first conclusion involves the strengths and weaknesses of the ACEs narrative, as described in the first section of the summary.

Research into adverse childhood experiences (ACEs) has generated a powerful and accessible narrative which has helpfully increased awareness of the lifetime impact of early adversity on children’s outcomes. However, it has resulted in several misconceptions which must be addressed as the ACE agenda is taken forward.

To what extent do you agree with this concluding statement?

- [ ] 1. Strongly agree
- [ ] 2. Agree
- [ ] 3. Disagree
- [ ] 4. Strongly disagree
Q11AX. Please tell us more about why you disagree with this conclusion.

Q11B. The second conclusion involves the limitations of the ACEs evidencebase, as described in the second section of the summary.

The current popularity of the ACE narrative should not lead us to ignore the limitations in the current evidence base or be allowed to create the illusion that there are quick fixes to prevent adversity or to help people overcome it.

To what extent do you agree with this concluding statement?

- ☐ 1. Strongly agree
- ☐ 2. Agree
- ☐ 3. Disagree
- ☐ 4. Strongly disagree

Q11BX. Please tell us more about why you disagree with this conclusion.

Q11C. The third conclusion involves the limitations of the ACEs evidence base, as described in the third section of the summary.

The current enthusiasm for tackling ACEs should be channelled into creating comprehensive public health approaches in local communities, built on the evidence of what works to improve outcomes for children.

To what extent do you agree with this concluding statement?

- ☐ 1. Strongly agree
- ☐ 2. Agree
- ☐ 3. Disagree
- ☐ 4. Strongly disagree
Q11CX. Please tell us more about why you disagree with this conclusion.

The EIF report summary additionally included seven recommendations about the strength of the ACEs evidence and policy and practice responses. In this section, we would like to understand the extent to which you agree or disagree with these recommendations.

Q12A. The **first recommendation** is based on limitations about what is currently known about the prevalence of ACEs described in this section.

*We need to improve our estimates of the prevalence of ACEs, so we know who the most vulnerable children are and can make interventions available to them as and when needed.*

To what extent do you agree with this first recommendation?

- [ ] 1. Strongly agree
- [ ] 2. Agree
- [ ] 3. Disagree
- [ ] 4. Strongly disagree

Q12AX. Please tell us more about why you disagree with this recommendation.

Q12B. The **second recommendation** is based on the limitations identified in our report of using adult recall to understand the impact of ACEs on adult outcomes, as described in this section.

*We recommend that methods be introduced to permit ACE surveys to be conducted with children at the national level on a regular basis.*

To what extent do you agree with this second recommendation?

- [ ] 1. Strongly agree
- [ ] 2. Agree
- [ ] 3. Disagree
- [ ] 4. Strongly disagree

Q12BX. Please tell us more about why you disagree with this recommendation.
Q12C. The **third recommendation** is based on recent evidence showing that poor adult outcomes are also predicted by negative childhood circumstances in addition to the original 10 ACEs, as described in [this section](#).

*A focus on the original 10 ACEs to the exclusion of other factors risks missing people who also need help. We must therefore look beyond the original ACE categories to understand children’s needs in a more holistic way.*

To what extent do you agree with this third recommendation?

Q12CX. Please tell us more about why you disagree with this recommendation.

---

Q12D. The **fourth recommendation** is based on the preliminary nature of the biological evidence linking ACE-related stress to poor adult outcomes, as described in [this section](#).

*We need to increase the availability of interventions with known evidence of stopping and reducing the social processes contributing to ACEs, while investigations into the neurobiological basis of ACEs continue.*

To what extent do you agree with this fourth recommendation?

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree

Q12DX. Please tell us more about why you disagree with this recommendation.

---

Q12E. The **fifth recommendation** is based on the current lack of evidence underpinning ACE screening practices, as described in [this section](#).
We currently know very little about the effectiveness of ACE screening and routine enquiry. We therefore recommend that further research is necessary to investigate the safety and accuracy of ACE screening before it is used more widely.

To what extent do you agree with this fifth recommendation?

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree

Q12EX. Please tell us more about why you disagree with this recommendation.

Q12F. The sixth recommendation is based on the current lack of evidence underpinning trauma-informed care, as described in this section.

Increased specification and further rigorous testing are therefore necessary before the potential of trauma-informed care for reducing symptoms of trauma can be fully understood.

To what extent do you agree with this sixth recommendation?

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree

Q12FX. Please tell us more about why you disagree with this recommendation.

Q12G. The seventh recommendation is based on evidence around delivering evidence-based early interventions through a comprehensive public health approach, as described in this section.

Many ACEs could be prevented or substantially reduced if more evidence-based interventions were made available through comprehensive public health strategy aimed at improving the lives of vulnerable children.

To what extent do you agree with this seventh recommendation?
Q12GX. Please tell us more about why you disagree with this recommendation.

Q13. The Early Intervention Foundation (EIF) would like to know more about how this report was received by you and your colleagues. Is there anything you would like to add regarding how you understood and responded to the report?

The aim of the EIF report was to summarise the evidence about Adverse Childhood Experiences (ACEs) and common ACE-related practices. The next step is to decide what this evidence means for policy and practice.

We would like you to suggest up to 3 ‘next steps’ which you think should be taken in order to prevent, detect and respond to ACES, in order to reduce harms and improve long term outcomes.

- These next steps can include anything from small changes in day-to-day practice to large-scale policy changes.

- You can suggest next steps for any professional group or for policy makers. We encourage you to avoid high-level suggestions (for example ‘improved education system’ or ‘more joined up working’); instead, we invite you to be as precise as possible and suggest concrete actions and steps.

- Your suggested next steps can be based on the evidence in the EIF report and/or based on your experience and knowledge.

Q14A. Next step suggestion 1

What is the change or action? (e.g. ‘To deliver this next step the following actions would need to be involved’.)
Q14B. Who should take the step?

Please type in (up to 300 characters)

Q14C. What issue would this address/ what benefit would it bring? Why do you think this is a good next step?

Please type in (up to 300 characters)

Q14D. The next step could be put into practice in:

- 1. 1 year
- 2. 2-5 years
- 3. more than 5 years

Q15A. Next step suggestion 2

What is the change or action? (e.g. 'To deliver this next step the following actions would need to be involved...')

Please type in (up to 600 characters)

Q15B. Who should take the step?
Q15C. What issue would this address/what benefit would it bring? Why do you think this is a good next step?

Please type in (up to 300 characters)

Q15D. The next step could be put into practice in:

- 1. 1 year
- 2. 2-5 years
- 3. more than 5 years

Q16A. Next step suggestion 3

What is the change or action? (e.g. 'To deliver this next step the following actions would need to be involved...')

Please type in (up to 600 characters)

Q16B. Who should take the step?

Please type in (up to 300 characters)

Q16C. What issue would this address/what benefit would it bring? Why do you think this is a good next step?
Q16D. The next step could be put into practice in:…

- 1. 1 year
- 2. 2-5 years
- 3. more than 5 years

QRECONTACT. Thank you for completing this survey.

Survey two will be distributed in December 2020. In survey two, you will be invited to review, assess and prioritise a consolidated list of next steps, which the RAND Europe research team will distil from the suggestions from respondents to this survey.

Survey 2 will take about 20 minutes to complete.

We would very much value your participation in survey 2, please tick below if you are happy to receive an invitation to the survey in December. This is an opportunity for you and your colleagues to help shape the national agenda in this important area of work.

- 1. I am happy to receive an invitation to the survey in December
- 2. I do not want to receive an invitation to the survey in December

If you have any questions, please do not hesitate to contact Tom Ling at tling@randeurope.org
A.2. Survey 2

QINTRO.

Building consensus on the implications of Adverse Childhood Experiences (ACEs) research for UK policy and practice

Thank you for agreeing to participate in the Early Intervention Foundation’s consensus building exercise on priorities for future Adverse Childhood Experiences (ACEs) policy, practice and research. As described in our email text, this is a three-round exercise that is gathering the views of a wide range of stakeholders with experience of working with vulnerable children, so we can better understand how the ACEs evidence can be brought forward in a way that is both practical and evidence-based.

Findings from the first round

In the first round, we recruited participants from a wide range of audiences to identify three priorities or ‘next steps’ for bringing ACEs policy, practice and research forward. Over 70 respondents provided over 200 thoughtful suggestions. These respondents represented a wide range of audiences that included frontline practitioners, local commissioners, central and local policy makers, charities, training providers and those with lived experience. The diversity of these audiences resulted in a wide range of views, including some which were in direct opposition.

Aim of the second round

The aim of this second round is to further understand where consensus might be reached within this diverse range of views, so that a set of actionable priorities can be identified and taken forward with EIF’s key audiences. It is not necessary for you to have responded to the first round to participate in this second survey.

This will be accomplished through your agreement/disagreement with a set of 54 statements, derived from the 200 priorities suggested in the first round. We have grouped these statements within the following 8 thematic areas:

- The use of ACEs screening in frontline practice
- The appropriateness of the ACEs framework for informing policy and practice decisions
- The increased use of ACE awareness training
- The increased use of trauma-informed care
• The implementation of ACE-related public health strategies and system reform
• The enhancement of current provision
• Methods for improving how information about the prevalence of ACEs is captured and shared
• Activities aimed at improving a shared understanding of ACEs at the national level

Completing this survey

The aim of this second round is to identify areas of broad agreement and disagreement, so please feel free to agree/disagree with as many statements as you see fit. More explicit areas of consensus will then be identified in the third round, when participants will be asked to refine their positions and rank order the statements.

In as many cases as possible, we have included the exact wording offered by participants in the first round to ensure the authenticity of views while also providing clear and balanced survey questions.

However, if you feel your views have not been adequately captured, please add them to the open text boxes provided at the end of the statements.

Our pilot testing suggests that it will take less than 15 minutes to agree or disagree with these statements. Our online platform will allow you to do this at your own pace and save your answers as you go along, meaning that you will not need to complete this in one sitting. We would be grateful if you could complete the survey by end of day on January 14th, 2020.

Your answers to the survey will be used and reported anonymously so that you cannot be identified. Full details of the study are also attached in the information sheet sent in our previous email, along with a Privacy Notice outlining how we will use your data. Accent’s privacy statement is available at https://www.accent-mr.com/privacy-policy/.

If you have any further questions about this survey or how your data will be used, please do not hesitate to contact the study leader from RAND Europe Prof. Tom Ling, tling@randeurope.org. Any answer you give will be treated in confidence in accordance with the Code of Conduct of the Market Research Society. If you would like to confirm Accent’s credentials type Accent in the search box at: https://www.mrs.org.uk/researchbuyersguide.

If you are happy to continue, please click below.

☐ 1. I agree to participate in this survey

For convenience you can stop and return to complete the questionnaire as many times as you wish, although once submitted you will not be able to enter again.
Q1. Please select the category that corresponds best to your organisation. You may choose as many as you need.

Please tick all that apply

☐ 1. Central government
☐ 2. Local government
☐ 3. What Works Centre
☐ 4. Third sector/charity
☐ 5. Professional college or organisation
☐ 6. Academic/research
☐ 7. Frontline practice
☐ 8. Other (Please write in)

Q2. Please select the category that best corresponds with the focus of your work.

Please tick all that apply

☐ 1. Childhood education
☐ 2. Mental health and wellbeing
☐ 3. Children’s conduct and youth justice
☐ 4. Physical health
☐ 5. Child maltreatment
☐ 6. Other (Please write in)

Q3. Does your role focus specifically on working with children or families from black or minority ethnic background (BAME)?

☐ 1. Yes
☐ 2. No

Please indicate the extent to which you agree or disagree with the following statements about
Q5. If you feel your suggestion is not represented, or would like to make further suggestions about [ ] please do so here.

A number of comments and recommendations were made about the [ ]. Please indicate the extent to which you agree or disagree with these recommendations.

Q6R1. [ ]

Q7. If you feel your suggestions [ ] have not been represented, or would like to make further suggestions [ ] please do so here.

Please indicate the extent to which you agree or disagree with the following statements about the increased use [ ]

Q8R1. [ ]
<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q9.** If you feel your suggestion is not represented, or would like to make further suggestions please do so here.

Please indicate the extent to which you agree or disagree with the following statements about

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q10R1.**

**Q11.** If you feel your suggestions have not been represented, or would like to make further suggestions, please do so here.

A number of respondents made suggestions. Please indicate the extent to which you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q12R1.**

**Q13.** If you feel your suggestions have not been represented, or would like to make further suggestions please do so here.

A fair number of participants provided suggestions about...
please indicate the extent to which you agree or disagree with the following statements.

**Q14R1.**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**Q15.** If you feel your suggestions about please do so here.

A number of respondents identified the need for .

Please indicate the extent to which you agree and disagree with the following statements.

**Q16R1.**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**Q17.** If you feel your suggestions about have not been represented, or would like to make further suggestions please do so here.

Some respondents suggested that more could be done to .

Please indicate the extent to which you agree and disagree with the following statements.

**Q18R1.**
**Q19.** If you feel your suggestions about have not been represented, or would like to make further suggestions please do so here.

Strongly agree  Agree  Disagree  Strongly disagree  Don’t know

---

**QENDTEXT.** Thank you for completing this survey.

The results of this survey will be analysed and used to structure our third and final survey to be distributed in January 2021. In survey three, you will be invited to review, assess and prioritise a consolidated list of next steps, which the RAND Europe research team will distil from the suggestions from respondents to this survey. Survey 3 will take about 20 minutes to complete.

We would very much value your participation in survey 3, please tick below if you are happy to receive an invitation to the survey in January. This is an opportunity for you and your colleagues to help shape the national agenda in this important area of work.

- [ ] 1. I am happy to receive an invitation to the survey in January
- [ ] 2. I do not want to receive an invitation to the survey in January

If you have any questions, please do not hesitate to contact Tom Ling at tling@randeurope.org.
A.3. Survey 3

QINTRO.

Building consensus on the implications of Adverse Childhood Experiences (ACEs) research for UK policy and practice: survey 3

Thank you for agreeing to participate in the Early Intervention Foundation’s consensus building exercise on priorities for future Adverse Childhood Experiences (ACEs) policy, practice and research. As described in our recruitment letter, this is a three-round exercise that is gathering the views of a wide range of stakeholders with experience of working with vulnerable children, so we can better understand how the ACEs evidence can be brought forward in a way that is both practical and evidence-based.

In the first survey, we asked stakeholders from a diverse range of backgrounds for suggestions for next steps for ACEs related policy and practice and received over 200 thoughtful suggestions. In the second round we reduced the 200 suggestions to 54 statements where there was clear overlap and asked participants whether they agreed or disagreed with them. The results of this exercise identified areas of strong consensus, remaining areas of disagreement, and some areas where a significant number of respondents stated they were uncertain.

In this third and final round, we are asking participants to revisit these statements.

In areas where there is strong agreement, we would like you to prioritise them by rank-ordering them according to what you believe is most important for preventing ACEs and improving outcomes for children who have experienced ACEs.

In areas where disagreement remains, we ask participants whether they continue to agree or disagree with them, in light of the other participants’ responses.

In areas where you remain uncertain, we would like you to explain briefly why.

You can participate in this round, even if you did not complete the previous survey.

Completing this survey

Our pilot testing suggests that it will take less than ten minutes to complete this survey. Our online platform will allow you to do this at your own pace and save your answers as you go along, meaning that
you will not need to do this in one sitting. We would be grateful if you could complete the survey by Friday, 26 February 2020.

Your answers to the survey will be used and reported anonymously so that you cannot be identified. Full details of the study are also attached in the information sheet sent in our previous email, along with a Privacy Notice, outlining how we will use your data. Accent’s privacy statement is available at https://www.accent-mr.com/privacy-policy/.

If you have any further questions about this survey or how your data will be used, please do not hesitate to contact the study leader from RAND Europe Prof. Tom Ling, tom_ling@randeurope.org. Any answer you give will be treated in confidence in accordance with the Code of Conduct of the Market Research Society. If you would like to confirm Accent’s credentials type Accent in the search box at: https://www.mrs.org.uk/researchbuyersguide.

If you are happy to continue, please click below.

☐ I agree to participate in this survey

Q1. Please select the category that corresponds best to your organisation. You may choose as many as you need.

Please tick all that apply

☐ 1. Central government
☐ 2. Local government
☐ 3. What Works Centre
☐ 4. Third sector/charity
☐ 5. Professional college or organisation
☐ 6. Academic/research
☐ 7. Frontline practice
☐ 8. Other (Please write in)

Q2. Please select the category that best corresponds with the focus of your work.

You may choose as many as you need.

Please tick all that apply

☐ 1. Childhood education
☐ 2. Mental health and wellbeing
☐ 3. Children’s conduct and youth justice
☐ 4. Physical health
☐ 5. Child maltreatment
☐ 6. Other (Please write in)

Q3. Does your role focus specifically on working with children or families from black, Asian and minority ethnic background (BAME)?
1. Yes
2. No

Q4R1. Findings from Survey 2 revealed a range of different opinions about the use

In light of these responses, please indicate your level of agreement with each statement. If you don’t know, or are unsure, you will be prompted to briefly tell us why.

Chart shows results from survey 2

[Image of chart]

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q4R1DK. Please explain why you responded 'don’t know' to the following statement:

[Image of chart]

Q4R2. Chart shows results from survey 2

[Image of chart]

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know
Q4R2DK. Please explain why you responded 'don’t know' to the following statement:

[Blank]

Q4R3. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q4R3DK. Please explain why you responded 'don’t know' to the following statement:

[Blank]

Q4R4. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know
Q4R4DK. Please explain why you responded 'don't know' to the following statement:

[Image]

Q4R5. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q4R5DK. Please explain why you responded 'don't know' to the following statement:

[Image]

Q4R6. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know
Q4R6DK. Please explain why you responded 'don't know' to the following statement:

Q4R7. Chart shows results from survey 2.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q4R7DK. Please explain why you responded 'don’t know' to the following statement:

Q4R8. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know
Q4R8DK. Please explain why you responded 'don't know' to the following statement:


Q4R9. Chart shows results from survey 2.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q4R9DK. Please explain why you responded 'don't know' to the following statement:


Q4R10. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q4R10DK. Please explain why you responded 'don't know' to the following statement:


Q6R1. Findings from Survey 2 revealed differing opinions

In light of these responses, please indicate your level of agreement with each statement. If you don’t know, or are unsure, you will be prompted to briefly tell us why.

*Chart shows results from survey 2*

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q6R1DK. Please explain why you responded 'don’t know' to the following statement:

Q6R2. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

**Q6R2DK.** Please explain why you responded 'don’t know' to the following statement:

**Q6R3.** Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

**Q6R3DK.** Please explain why you responded 'don’t know' to the following statement:

**Q6R4.** Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know
Q6R4DK. Please explain why you responded 'don't know' to the following statement:


Q7R1. Findings from Survey 2 observed a range of differing opinions-

In light of these responses, please indicate your level of agreement with each statement. If you don’t know, or are unsure, you will be prompted to briefly tell us why.

*Chart shows results from survey 2*

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q7R1DK. Please explain why you responded 'don’t know' to the following statement


Q7R2. *Chart shows results from survey 2*

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know
Q7R2DK. Please explain why you responded ‘don’t know’ to the following statement:

[Blank space for explanation]

Q7R3. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q7R3DK. Please explain why you responded ‘don’t know’ to the following statement:

[Blank space for explanation]

% or more of the participants ‘strongly agreed’ or ‘agreed’ with statements that supported the need to

Please prioritise – according to what you believe is most important for preventing ACEs and improving outcomes for children who have experienced ACEs – these activities by rank ordering the following three statements. Please enter 1-2 in the boxes with 1 indicating the most important.
% or more of the participants 'strongly agreed' or 'agreed' with the following five statements regarding

Please now prioritise - according to what you believe is most important for preventing ACEs and improving outcomes for children who have experienced ACEs - these activities by rank ordering them. Please enter 1-5 in the boxes with 1 indicating the most important.

% or more of the participants 'strongly agreed' or 'agreed' with the need for
Please prioritise – according to what you believe is the most important for preventing ACEs and improving outcomes for children who have experienced ACEs – these activities by rank order – ordering the following eight statements. Please enter 1-8 in the boxes with 1 indicating the most important.

Q10R1

Q10R2

Q10R3

Q10R4

Q10R5

Q10R6

Q10R8

Q11R1. Survey 2 revealed a range of opinions regarding practices aimed

In light of these responses, please indicate your level of agreement with each statement. If you don’t know, or are unsure, you will be prompted to briefly tell us why.

Chart shows results from survey 2
Q11R1DK. Please explain why you responded ‘don’t know’ to the following statement:

Q11R2. Chart shows results from survey 2

Q11R2DK. Please explain why you responded ‘don’t know’ to the following statement:
Q11R3. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q11R3DK. Please explain why you responded 'don’t know' to the following statement:

Q11R4. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know
Q11R4DK. Please explain why you responded 'don’t know' to the following statement:

Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q12R1. Survey 2 revealed a range of opinions regarding practices aimed at improving a shared language and understanding of ACEs.

Q12R1DK. Please explain why you responded 'don’t know' to the following statement:
Q12R2. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q12R2DK. Please explain why you responded 'don't know' to the following statement:

Q12R3. Chart shows results from survey 2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know

Q12R3DK. Please explain why you responded 'don't know' to the following statement:
Q12R4. Chart shows results from survey 2

- [ ] 1. Strongly agree
- [ ] 2. Agree
- [ ] 3. Disagree
- [ ] 4. Strongly disagree
- [ ] 5. Don’t know

Q12R4DK. Please explain why you responded ‘don’t know’ to the following statement:

Q12R5. Chart shows results from survey 2

There was limited consensus regarding

Q12R5DK. Please explain why you responded ‘don’t know’ to the following statement:
% or more of the participants

Please now prioritise - according to what you believe is most important for preventing ACEs and improving outcomes for children who have experienced ACEs - these activities by rank ordering the following 11 statements. Please enter 1-11 in the boxes with 1 indicating the most important.

Q13R1

Q13R2

Q13R3

Q13R4

Q13R5

Q13R6

Q13R7

Q13R8

Q13R9

Q13R10

Q13R11
Thank you for completing this survey.

The results of this survey will be analysed and results will be shared with the EIF.

This is an opportunity for you and your colleagues to help shape the national agenda in this important area of work.

If you have any questions, please do not hesitate to contact Tom Ling at tling@randeurope.org