INCORPORATING ACES IN RELATIONSHIP-BASED SOCIAL WORK PRACTICE: THE FAMILY LIFE STORIES WORKBOOK

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Abstract

This article describes the development of the ‘Family Life Stories’ practice workbook. The initiative emerged from a pilot social work strategy in Northern Ireland to utilise the Adverse Childhood Experiences (ACES) research in frontline practice. ACEs research is currently having a significant impact on health and social care policy and practice across the UK. This article proposes that ACEs-awareness has potential benefits for child welfare social work, encouraging consideration of parent/caregivers’ and children’s lives beyond presenting referral concerns, with many parents involved with child welfare services known to have experienced multiple adversities themselves. However, when applied in a reductionist manner, ACEs-informed practice risks amplifying parental powerlessness, exacerbating feelings of shame and blame, and rendering structural inequalities invisible to assessment. Based on systemic and narrative therapeutic principles, the Family Life Stories workbook and guidance seeks to address concerns by using participative mapping activities. These assist practitioners to have purposeful conversations with parents in ways that promote engagement. The workbook aims to provide opportunities

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to consider with parents how previous experiences have influenced their life stories, the impact on their current situation, and their wishes for their children – maximising the benefit for parental wellbeing and engagement, while maintaining a focus on child safety. Although lacking a rigorous independent evaluation, feedback from social workers involved in the pilot demonstrates provisional acceptability to practitioners and parents. This novel practice approach provides one example of how to use the ACEs research to promote sensitive relationship-based practice within a social justice framework.

**Keywords:** childhood adversity; systemic practice; family therapy

**Introduction**

This article introduces the ‘Family Life Stories’ practice workbook which emerged from a pilot social work strategy in Northern Ireland (NI) from 2015 to utilise the Adverse Childhood Experiences (ACEs) research in frontline practice. This initiative sought to integrate knowledge of the critical importance of childhood relational experiences across the life-course into practitioners’ skill-set by designing practical tools to assist respectful, purposeful conversations with parents involved with child welfare services, many of whom are known to have themselves experienced multiple adversities (Bunting et al., 2017). A workbook (Mooney and Bunting, 2019) and accompanying practitioner guidance (Mooney and Coulter, 2019) was designed and piloted in one Health and Social Care (HSC) Trust before being introduced to over 800 NI social workers in different settings as part of a regional ACEs-awareness training initiative (2016–18). The workbook has also been introduced to local and national audiences, including Salvation Army UK and Ireland, and Tusla (Child and Family Agency Ireland). Before presenting an overview of the practice workbook, this article will consider the current influence of ACEs research on UK policy and service delivery; discuss the emergent problems from a practice perspective, particularly in child welfare contexts; and identify ways the evolving childhood adversities discourse may enhance sensitive relationship-based social work practice within a social justice framework.

**The prominence of ACEs research: problems and possibilities**

Recognising the critical importance of early life experiences is far from new (Bowlby, 1969). Yet the growing body of international ACEs research has led
to key messages being packaged in ways which have captured the widespread attention of cross-departmental policy makers, with all four UK nations adopting some form of ACEs-related strategy. In NI, this has involved the Department of Health (DoH) investing £1.5 million in the Early Intervention Transformation Programme roll-out of Trauma Informed Practice across health, social care, justice, education, housing, and community and voluntary sectors. At first glance it may appear that this widespread recognition of the detrimental impact of childhood adversity on individuals’ health and wellbeing in later life might offer the social work profession a rich vein of evidence to bring about change in how early adversity might be prevented and services delivered. However, recent developments have not been unproblematic or uncontested – as this journal edition attests.

The seminal US study (Felitti et al., 1998), since replicated in the UK (Bellis et al., 2015) identified the later life impact of some key childhood adverse experiences in simple numerical terms. Just ten experiences were included in the original study: different types of abuse (emotional, physical, sexual), neglect and household challenges (including familial mental health, imprisonment, substance misuse, domestic violence and parental separation). Such experiences were considered to have potentially fractured children’s lived experience of consistent physical, emotional and relational safety. Although the degree of later life impact differs somewhat between studies, all ACEs studies established a strong graded relationship between childhood adversities and a wide range of negative outcomes across multiple domains over the course of participants’ lives. A central issue identified by the ACEs research is the particular significance of multiple adversities – with those who experienced four or more adverse experiences most negatively impacted across their lives – their natural capacity for resilience and recovery worn down over time by multiple interacting stressors, with life expectancy reduced by up to 20 years for those with six or more adverse experiences (Felitti et al., 1998). These remain stark findings.

**Potential benefits for child welfare social work practice**

Where does this greater awareness of the long term impact of childhood adversity take social work with regard to service improvement? Firstly, it corresponds well with existing research which confirms children and families impacted by multiple adversities are over-represented in health, child welfare and justice settings (Bywaters et al., 2016; Devaney et al., 2012; Dierkhising

Family Life Stories


566
As a body of knowledge, it reaffirms that a child’s early relational experiences with the important adults in their lives continue to influence their life and identity as they grow and develop. The proliferation of recent ACEs discourse into interfacing sectors and services has the potential to enhance service collaboration, given insight into how adversities interact in people’s lives in more complex ways than ‘single issue’ services suggest.

The life-course perspective offered by the ACEs research also has potential benefits for social work practice. It may assist social workers to become interested in children’s lives beyond immediate referral concerns, countering a noted tendency at assessment to focus on presenting issues, missing other critical life experiences (Devaney et al., 2013). It provides a different lens to view presenting behaviours, especially risk-taking or challenging behaviours, as communication of harm or distress. In addition, consideration of parents’ lives and experiences growing up is encouraged. This can offer alternative ways to understand problematic parent behaviours and provide opportunities to explore how childhood experiences influence parent life stories and may impact their current situation. More useful engagement with parents may evolve – addressing perceived deficits in social work practice with parents involved with Social Services reporting confrontational interactions which leave them feeling powerless and unsupported, and a lack of concern and understanding for parents as individuals in their own right (Buckley et al., 2011; Bunting et al., 2017; Featherstone et al., 2014). In short, increasing awareness of ACEs and their impact over the life-course has the potential to move from a language of pathology, dysfunction and disorder – ‘what’s wrong with you?’ – and encourage a curiosity about the lives of children, parents and families involved with child welfare social work – ‘what happened to you?’ (Harris and Fallot, 2001).

The dangers of the ACEs rhetoric

However, ACEs research is not without well-informed challenge. Perhaps the very aspects that have popularised the ACEs discourse belie the issues of greatest concern. These include the rather simplistic messages that childhood adversity is common, and that it is easily prevented and recovered from once awareness is achieved. In contrast, research has established a high correlation between childhood adversity and socio-economic disadvantage (Metzler et al., 2017; Walsh et al., 2019). Ellis and Deitz (2017) astutely refer to this correlation as the ‘pair of ACEs’ – ‘adverse childhood experiences’ and ‘adverse community
environments’ – with poverty, community violence, precarious housing, and discrimination known to create and exacerbate difficulties for children and families. Childhood adversities are instead recognised as ‘complex social problems’ with no ‘quick fixes’ (Asmussen et al., 2020:4), arguably demanding greatest attention to the role of structural inequalities as a means of redress. Through this glaring omission the ACEs research and subsequent policy discourse has (for the most part) rendered poverty invisible, ‘the elephant in the room’ (DoH, 2018: 5) in relation to childhood adversity prevalence. This comes just at the time when the child poverty rate in the UK is at a record high (JRF, 2020). With regard to Social Services engagement, child welfare inequalities research clearly indicates that children in the most deprived neighbourhoods in all four UK nations are significantly more likely to be on the child protection register or ‘looked after’ (Bywaters et al., 2020).

In this context of rising inequalities (Marmot, 2020) and lack of attention to socio-economic circumstances, the original selection of ten family-related household adversities as the ACEs of choice accompanied by the language of ‘family dysfunction’ and ‘intergenerational transmission’ are criticised as deterministic and individualistic (Asmussen et al., 2020). Such language obscures the influence of more than ten years of UK government austerity measures which have consistently cut back universal services, further marginalising vulnerable families and communities, and leaving many agencies (including child and family social work) overstretched and under-resourced (Ferguson and Lavalette, 2013). In this context, the potential of the current ACEs rhetoric to mark out ‘a population of predominantly poor families as biologically damaged and damaging’ (White et al., 2019: 464) has been rightly identified as inherently stigmatising.

Talking about ACEs

However, despite these grave concerns, even critics note how the current popularity of the ACEs discourse has some ‘hopeful and helpful’ aspects, inviting an ‘appropriate interest in social history and experience in clinical work’ (White et al., 2019: 464). NHS Scotland’s short ACEs-awareness promotional video invites people to ‘talk about [ACES]’. Indeed, many therapeutic approaches assert that talking about adverse experiences creates opportunities to make connections across time, loosen their constraining hold and open up the possibility for non-shaming interactions, recovery and change (Seikkula, 2003; White, 2007). While talking about adversity may be a laudable goal,
there are inherent risks (as the ACEs discourse attests) depending on how the presence of ACEs in people’s lives is understood – either as personal deficits or as a response to a range of complex and interacting factors (Davidson et al., 2010; Spratt, 2012). Therefore, for social workers, knowing what to speak of, and how, demands due care and attention.

**Risks and challenges of using ACEs research in child welfare practice**

The challenges of incorporating ACEs research into practice are particularly pertinent in child welfare settings where social work involvement may be uninvited and unwelcome (Atwool, 2019). Paying due respect to parents as persons in their own right and attending supportively to their experiences of adversity, while holding the best interests of children as the key priority, is an inherent tension in child welfare practice. Instead of ushering in a ‘no blame’ culture, the deterministic and individualist ‘intergenerational transmission’ and ‘family dysfunction’ phrases used in ACEs promotional literature risks simply shifting the blame up a generational level. Such language may not help practitioners attend sensitively to both child and parents’ life histories when specifically tasked with forming professional judgements with regard to children’s wellbeing. Many parents who have experienced childhood adversity hold a level of shame and misplaced responsibility which contributes to making these experiences difficult to speak of. This reticence can be exacerbated by fear that they will be judged negatively, perceived as personally damaged and destined to repeat the cycle of adversity (Bunting and Lazenbatt, 2016; Gibson, 2015). Unlike therapeutic contexts where clients can exercise choice, parents in child welfare settings may feel mandated to engage and fear that their histories will be used against them as a predictor of poor parenting. It is also recognised that over-attention to negative childhood experiences, without consideration of protective factors or experiences (Narayan et al., 2018), can produce a ‘lopsided understanding’ of people’s lives (Leitch, 2017: 8). This risks amplifying the experience of trauma and potential for dysregulation. Cumulatively therefore, there are considerable challenges associated with talking about ACEs in child welfare settings, in particular the risk of re-stigmatising parents and exacerbating power differentials. This can inadvertently contribute to mutual worker/family misunderstanding and resentment, reduce the likelihood of engagement, and distract critical attention from negotiating useful ways forward.
The ‘Family Life Stories’ practice initiative

Based on systemic and narrative therapeutic principles (Freedman and Combs, 1995; Madsen, 2013), the Family Life Stories workbook and guidance emerged as a response to a pilot social work initiative to encourage practitioners in diverse settings to use the ACEs research findings in their everyday practice, particularly during referral and assessment processes (McBride, 2016). The workbook was developed to assist child welfare practitioners have ACEs-informed conversations with parents requiring longer term involvement in a sensitive and meaningful manner. This is in keeping with efforts to strengthen relationship-based practice (Ruch, 2005) and promote sustained professional engagement (Baginsky et al., 2010; Devaney et al., 2013). The workbook was sub-titled ‘helping practitioners talk with parents about difficult times when they were young’, avoiding the professional language of ACEs.

The workbook and guidance drew on the authors’ experience of teaching systemic practice to multidisciplinary professionals and sought to address the challenges discussed above. The associated practice guidance was developed to respond directly to the issues raised in discussion with practitioners during initial trainings and feedback. Concerns included fears about re-traumatising parents; worries that ACEs conversations might ‘open a can of worms’ or ‘Pandora’s box’, including historical safeguarding issues; and practitioner uncertainty about what to do with the information provided. An audio-recorded group discussion was undertaken with two Family Intervention Teams involved in the pilot with practitioner quotations included in the guidance. While recognising the potential for bias in the absence of a rigorous and independent evaluation of the workbook, recounted practice benefits included: creating an opportunity for a different type of reflective conversation with parents; parents appreciating having time on their own; practitioners feeling invigorated about their practice; and the tools contributing to building more purposeful relationships with parents which in turn helped build safety for children. These reported impacts warrant further investigation to establish their robustness.

Underpinning principles

The workbook guidance is underpinned by four key principles considered central to the practitioner’s orientation.

Parents and families are important: A significant body of literature, including ACEs research, identifies just how important family relationships are for the
Suzanne Mooney, Lisa Bunting & Stephen Coulter

wellbeing of individual members over the life-course, for good and ill (Walsh, 2016). While recognising parents and families as potentially powerful resources in children’s lives, it is vital to avoid romanticising families and remain astutely aware of the harm that also occurs in families. However, until such times as parents are assessed as unable to provide adequate care for their children, it is essentially parental behaviours which will either enhance or diminish child safety and wellbeing. For practitioners interested in promoting children’s welfare, it is therefore vital to get to know parent and family resources and constraints, and establish good working relationships. While research shows that parents can feel powerless in their engagement with statutory services, it also demonstrates that they are able to engage with professional concerns more constructively if they feel practitioners have a better understanding and appreciation of their difficulties (Bunting et al., 2017; Featherstone et al., 2014).

As one practitioner involved in the pilot noted:

That investment even in terms of time – that’s not going to be completely lost on our parents – they will be used to people flitting in and out of their house and checking if everyone’s alright... it’s the parents we need to work with to reduce the risk for the child.

Remembering parents as persons and the parent-child relationship as life-long can help practitioners invest in building respectful and collaborative relationships – even if decisions must be taken to remove children from parental care on a short or longer-term basis. It is imperative therefore for practitioners to understand how parents make sense of the problems in their lives, what they believe contributed to their formation and what would help toward resolution (Madsen, 2013).

Parenting is tough – parents need support too: Parenting is a complex, ever-changing range of micro-practices which can be testing of physical and emotional energy, resilience and relationships (Volmert et al., 2016). Additionally, many parents involved with child welfare services have been impacted by multiple stressors (including poverty, community and domestic violence, unemployment, illness) which can have a chronic deleterious impact on their capacity to be available for their children (Davidson et al., 2012; Gupta, 2015; Spratt, 2012; Webb et al., 2014). The life-course perspective afforded by the ACEs research, invites practitioners to remember that parents were once children too, and for most, they wish to be good parents for their own children, often wanting to give their children a better childhood experience than they had themselves. While resilience literature makes reference to the importance of the ‘one available adult’ (Shonkoff et al., 2015), no one person is ever enough on their own when it comes to child-rearing. All parents need
support and the more stressors, the more support may be required, including increased attention to interfacing socio-economic conditions (Volmert et al., 2016). Practitioners are advised to use their conversations with parents to seek out relationships that can serve as a ‘community of support’ in parents’ lives (Madsen, 2013: 4), likely to include immediate and extended family, friends and neighbours as well as professional services.

Parenting practices and ‘doing’ family: As human beings, our experience of life and personal identity are profoundly influenced by the stories we tell about our lives, and the stories told about us (Madsen, 2013). These stories can become the dominant narratives of our lives, shaping experience (White, 2007). It is argued that it is in families, that we come as children to know who we are in the world – these experiences and stories unconsciously shaping, resourcing and constraining our behavioural responses and sense of self (Driessnack, 2017). Embedded in broader cultural narratives, stories of ourselves continue into adulthood, creating meaning that provides a sense of self through time and in relation to ‘family’ (Fivush, 2008). Family stories of growing up and being parented take on new influence when individuals become parents themselves. It is essential therefore for practitioners to think less about being a family and more about ‘doing’ family, extending their ideas of ‘family’ beyond heteronormative structures to encompass the diverse shapes and sizes that families take. Practitioners should become curious about family practices – doing ... bed times, meal times, bath times, school – doing ... love, comfort, arguments, making up – while recognising that all families ‘do family’ differently.

Family life stories – beyond the ‘single story’: Parents who have experienced childhood adversity may have developed a dominant problem-focused narrative of their lives that offers little hope of a more positive future (Bunting and Lazenbatt, 2016). Helping parents identify and explore such narratives in order to deconstruct, revise and develop more hopeful possibilities drawing on overlooked aspects of their histories, can enable new understanding and a move toward greater personal wellbeing (Freedman and Combs, 1996). Different types of dialogue can differentially impact parental self-perception and motivation for change (Miller and Rollnick, 2012). For example, supporting parents to retell the story of their family’s positive moments and their ability to come through difficult times (Driessnack, 2017) can be affirming of personal worth and galvanise hopeful family practices. Using conversations with parents to search for and affirm personal strengths and resilience, while acknowledging and appreciating difficult life experiences in the context of the wider social and economic circumstances of their lives, does not mean minimising presenting concerns or harm. Instead, recognising
the whole of people’s lives, helps counter the shame that people experience when talking of adversity (Gibson, 2015).

The workbook

The workbook incorporates four distinct activities: relationships map; life map; preferred futures; feedback. It is designed to help practitioners and parents explore previous life experiences while maintaining a focus on the reason for their involvement with Social Services. The workbook comprises a mixture of diagrammatic mapping tools (genograms, ecomaps, timelines) that are recognised social work activities (Hartman, 1995; Parker and Bradley, 2015), originally developed in Systemic Family Therapy. Such interactive activities are aimed at reducing parent anxiety by deflecting focus to a shared practical task, levelling power differentials and mitigating (to some extent) the potential shame experienced by parents when invited to talk about their lives. As one practitioner stated:

Trying not to have a blaming culture... this process does actually connect with parents because they feel so stigmatised... it does filter through when people have time to tell their story... that we are not there to blame.

The visual nature of the activities is also designed to help people make their own connections with the issues discussed (Hartman, 1995). Such mapping activities allow parents and practitioners to explore important relationships and experiences in the parent’s life, while keeping in mind (and on the page) the safety and wellbeing of the children. It is anticipated that these conversations can help practitioners and parents to get to know the influences on parenting practices, and to stimulate curiosity about the parent’s life. This was recounted by one practitioner involved in the pilot:

In this field, you don’t do a lot of what you thought you would do as a Social Worker... with ACEs, you actually do get out there... you feel people do open up and tell you their story... it’s an opportunity.

In these ways, parents may start to develop a deeper appreciation of their own lives, making new connections and finding more compassionate ways to understand their actions within the larger context of their lived experience – Why do I lash out in anger? How come I struggle to hug my little boy?

Practice guidance is provided for each activity as well as how to set the context for a reflective conversation with parents. Practitioners should be able
to clarify in simple language why talking about parental life experiences may be helpful. They are encouraged to experiment with formulating an introductory statement, identify their hopes for the parent experience of the activities and be prepared to address parent worries. Practitioners involved in the pilot stated they found the activities most useful with new cases, re-referrals, when the case transferred, or when they felt ‘stuck’:

... because you’ve been involved for so long ... and different Social Workers ... things tend to get lost along the line, so actually sitting down and talking to [a mother] about her own history and her own difficulties – it was a really good social history tool ... good to get people talking about their own upbringing, what’s happened in their life - to open up.

The workbook recommends that practitioners take time before each session to think carefully about the unique family circumstances as a means of attuning to what this particular parent may be concerned about if invited to talk of early life experiences. It is always useful to identify potential strengths in the family referral that could be drawn upon in the conversation, remembering that there may be aspects of the parent’s life that the practitioner views as positive but which the parent may feel ashamed of or be fearful they will be judged negatively about. Becoming aware of any strengths that can be amplified in the course of the conversation guards against the dominance of problem-saturated narratives.

Activity 1: Relationships – what was it like growing up in your house?

The first activity includes a combination of genograms (family trees) and ecomaps (social network maps) as a means of understanding parents within their family and community contexts, and helping them talk about important people and experiences growing up. Displaying family information over three generations can provide a brief overview of family patterns, and give ideas about how problems evolve (McGoldrick et al., 2007). Drawing a relationship map with a parent creates an opportunity to explore and re-tell family stories, enabling re-authoring of difficult times and tracking down family resources and wisdom (Chrzastowski, 2011). Practitioners are encouraged to keep symbols to a minimum, and use the activity to help parents consider their own childhood experiences as a means to connect with their concerns and hopes for their own children. Practitioners are also encouraged to ‘think network’ and add important adults beyond their nuclear family. Enquiring explicitly about caregiving/receiving experiences and everyday family practices is designed to help
parents reflect on their experience of being parented at the age of their own children and make connections with their lives in a different way. For example, what was it that their own parents did or did not do that they now value or want to do differently?

Activity 2: Life map – good times, hard times

This activity builds on the idea of story-boarding, allowing parents to consider their current situation in the context of previous experiences. This over-time perspective is important as people characteristically lack time perspective during crisis, tending to magnify the present moment, losing sight of the influence of the past and becoming immobilised by overwhelming feelings (McGoldrick et al., 2011). Helping parents consider how their current situation may be influenced, but not determined, by past events can help restore a sense of life as continuous movement. This activity encourages consideration of the impact of transitions when stress can be heightened (Walsh, 2016). These might include normative life-course transitions (such as births and deaths), as well as changes in social and living circumstances. Parents may also identify key turning points in their lives which they ascribe with meaning for their life-course (Hockey and James, 2003). Practitioners are encouraged to ask about ‘the good times’ as well as ‘the hard times’. A focus on the impact of life events on individual and family wellbeing, relationships and practices is recommended, as opposed to needing to know the detailed content of such experiences which could be experienced as investigatory by the parent. Particular attention should be paid to care-giving/receiving narratives, explicitly appreciating the difficult times and helping parents identify what or who helped them get through these experiences to affirm appropriate help-seeking.

Where families had prior involvement with statutory services, it is recommended that their experience with social work (both positive and negative) is explored to help build a productive parent-worker relationship now.

Activity 3: Preferred futures

People’s ideas about their future influence what they do in the present (Kim, 2008). In therapeutic literature, time is conceptualised not as a linear process, but a ‘reflexive loop linking past, present and future’ (Boscolo and Bertrando, 1992: 121). While ACEs help connect past to present, social workers are also interested in connecting the present to the future through promoting positive change. This activity invites parents to future gaze and aims to help parents
re-engage with their hopes and dreams. Posing the question ‘if I were to meet you in 5 years’ time and things were going really well, what would life look like...?’ makes it clear that change is possible. Asking pertinent questions – ‘what might help you get there? What might get in the way? And what needs to happen next?’ – means that a future plan can emerge (Madsen, 2011). Practitioners are encouraged to ensure the goals belong to the parent. Additionally, it is recommended that they help parents be as specific as possible when describing their preferred futures as this makes it more likely that initial building blocks will be identified and acted upon. It is important that practitioners enquire about the parent’s preferred future for each of their children separately as children in families often have very different lived experiences. It is also essential to keep the steps small, realistic and based on their understanding of the parent’s circumstances to avoid setting them up to fail.

**Activity 4: Bringing the conversation to a close**

Closing the conversation is as important as preparation. Showing an interest in the parent’s experience of the activities, both during and after, helps demonstrate respect for them as persons in their own right. Given parental concerns about practitioner judgement, it is vital for the practitioner to set aside time toward the end of each session to appreciate the parent’s willingness to engage and explicitly share their own sense of how the conversation has gone and any new perspective that has emerged. In these small ways, practitioners demonstrate their commitment to making the sessions useful for the parent, respecting their position and dignity. A bespoke feedback form is provided which parents are invited to complete at the end of each session, as another means to show explicit interest in the parent experience and inform future actions.

**Conclusion**

ACEs research is having significant cross-departmental policy and practice impact throughout the UK. While welcomed by many as an opportunity to prevent and mitigate childhood adversity, the growing popularity of the ACEs narrative has evoked important challenges from social work academics and researchers. Identified risks include an over-attention to deficits, knowledge of parental adversity being used to predict poor parenting and insufficient attention to poverty, perpetuating the tendency for structural inequalities to
remain invisible in professional practice. Such well-informed critiques are changing the dialogue as to how ACEs research might best assist ethical relationship-based social work practice.

The Family Life Stories practice workbook emerged from a NI social work strategy to utilise ACEs research in frontline practice. It sought to address identified practice challenges and provide social workers with practical tools to maximise the potential benefits of the life-course perspective offered by the ACEs research. The workbook provides a means to enhance sensitive and purposeful engagement with parents involved with child welfare services, many of whom have experienced multiple adversities. Using participatory mapping activities based on systemic and narrative principles, the Family Life Stories workbook and guidance is a novel ACEs-informed practice approach within a social justice framework. It is designed to help practitioners navigate the challenges of attending to both child and parent life experiences, while maintaining a focus on child wellbeing as the central mandate for child welfare interventions. While lacking an independent and rigorous evaluation, practitioner feedback collated during the pilot demonstrates provisional acceptability to practitioners and parents.

Note
1. The term parent is used in this text to refer to a child’s primary caregiver. It is recognised that in some families, this may not be the child’s birth parent.

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References

Family Life Stories


