

**Navigating Vulnerability and Resilience:
The impact of Adverse Childhood Experiences
on adolescent transitions – Lessons for Youth
Work**

Rachael Major

2204546

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DECLARATION FORM



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1. This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

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2. This dissertation is being submitted in partial fulfilment of the requirements for the degree of Bachelor of Arts in Youth Work and Social Education (ETS Endorsed).

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3. This dissertation is the result of my own independent work/investigation, except where otherwise stated.

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Abstract

Background

Exposure to adverse childhood experiences (ACEs) is associated with adverse impacts on adolescent transitions.

Purpose

The purpose of this study is to raise awareness towards youth workers on the impact that Adverse Childhood Experiences (ACEs) has on adolescent transitions. In particular, the focus is on the three main transitions of adolescence, namely, biological, social and cognitive. Following this, to provide enhanced support for those affected by ACEs, the results of this research will go towards further training to youth workers, including the implementation of new resources, tools and strategies.

Methodology

This qualitative study was conducted using eight participants who completed an open-ended questionnaire. These participants included six youth workers, a young person's counsellor, and a parallel lives case manager. The data was analysed using thematic analysis to identify themes and new perspectives that emerged.

Results

This study found that ACEs can have multiple impacts on adolescent transitions-biological, social and cognitive. However, it depends on the extent of exposure and individual coping mechanisms. For example, this can include obesity, lack of trust in adults, and having difficulty in processing emotions healthily. Youth Work can be viewed as an intervention for ACEs with the appropriate training, youth workers may not be ACEs practitioners, however, they come across many young people affected by ACEs. The most common approaches and best practices to support young people from Youth Workers include building relationships, creating safe spaces and providing a person-centred approach.

Conclusion

Whilst it is not possible to prevent the exposure of ACEs among young people, it is possible for youth workers to provide them with positive childhood experiences in relation to the approaches and support that they provide. Youth workers are viewed as a protective factor and a vital lifeline for young people affected by ACEs by promoting positive development and being a source of resilience, therefore mandatory trauma informed training will enhance Youth Work practice.

Future recommendations

- 1) Consider expanding the ten known ACEs as there are wider factors that can impact adolescence development.
- 2) Provide trauma informed training opportunities for experienced or beginner youth workers in a way that reflects the values of Youth Work.

- 3) Consider using new tools for measuring interventions.
- 4) Trauma informed training at schools to reduce instances of exclusion.

Key words: Adverse Childhood Experiences; transitions; biological; social; cognitive.

Acronyms

ACEs - Adverse Childhood Experiences

COVID-19 - Coronavirus

DV - Domestic Violence

NOS (CLDSCS) - Youth Work National Occupational Standards (CLD Standards Council Scotland)

NYA – National Youth Agency

PCEs – Positive Childhood Experiences

Chapter 1 - Introduction

Adverse Childhood Experiences (ACEs) are defined as stressful events that occur during a person's childhood that can impact their health and well-being which can have lasting effects through to adulthood (Coleman and Hendry, 1999; Hendry and Kloep, 2012). The researcher has experience working with young people affected by ACEs. Additionally, having previously undertaken a NAOMIE needs assessment (Ingram and Harris, 2001), the researcher established the need for Youth Work practitioners to focus on having a better understanding of young people's experiences of adolescent transitions, particularly those affected by ACEs.

Adolescence is the transition between childhood and adulthood and many young people will be vulnerable during this period as they go through the three main transitions, which are the biological, cognitive, and social changes (Hendry and Kloep, 2012; Allen and Waterman, 2025). Toxic stress from ACEs can create further complications and increase their vulnerability during these transitions, such as impacting brain development, affecting how their bodies respond to stress, and increasing health problems (CDC, 2021a).

Much of this information resulted from The ACE Study (Permanente 1995 cited in Smith, 2018) presents the 'Ace Pyramid', a framework that identifies a link between childhood experiences, and adult health and well-being outcomes. For example, this includes disrupted neurodevelopment and early death (Smith, 2018; CDC, 2021a). This demonstrates the need and benefits of Youth Work practitioners having training surrounding ACEs to further support and provide informal learning opportunities for young people as they progress through their transitions. Therefore, it is hoped this study will add to the existing literature and that the knowledge gained will inform future Youth Work training, resulting in enhanced support for young people affected by ACEs.

There are three key aims for this study. The first is to understand how, and to what extent, the three main adolescent transitions are affected by ACEs. To do this, the current, relevant body of literature will be explored to provide the researcher with background knowledge to give an insight into the short and long term impacts of trauma.

The second aim is to analyse resilience factors and identify best practices that mitigate the effects of ACEs. This will help the researcher identify the most effective ways youth workers can develop appropriate interventions and programs aimed at reducing the impact of ACEs. This study will include a pragmatism approach focusing on “qualitative data” (Grix, 2004, p. 119; Kumar, 2014, p. 192) collected via questionnaires, and if necessary, with follow up informal interviews. This will be done by asking participants, who are experienced youth practitioners, to complete a questionnaire regarding their experiences of working with young people affected by ACEs. This is an opportunity to gain first-hand professional opinions regarding the impact ACEs can have on young people during adolescence, the resilience factors involved, as well as the best practices to support them.

From the questionnaire responses, the researcher will focus on examining and identifying the impacts of ACEs, the factors that contribute to building resilience in adolescents, as well as best practice to mitigate for any negative impact. The researcher will follow the 6-phase coding framework (Braun and Clarke, 2006 cited in Grout, 2021) for thematic analysis to identify themes, patterns and explore new perspectives found in this data.

It is important to note that although the majority of these practitioners will be youth workers, professionals from different fields will be included. For example, youth councillors, who may have different ideas on how ACEs are regarded, and this may influence the support they provide. As a result, all young people affected by ACEs would hopefully benefit from receiving support from trauma informed professionals in various fields, not just from Youth Workers.

Following on from this, once the data has been collated and analysed, it will be used to inform future practice, aim three will focus on training opportunities for Youth Work practitioners. The training will focus on the most effective ways to engage and support young people affected by ACEs, during adolescent transitions. This would also be used to improve policy within the services provided, and would help ensure that youth work professionals practice in accordance with the 5 pillars of youth work (Youth Work in Wales Review Group, 2022) and the Youth Work National Occupational Standards values (CLD Standards Council Scotland, 2019) (NOS, CLDSCS). For example, this training will include:

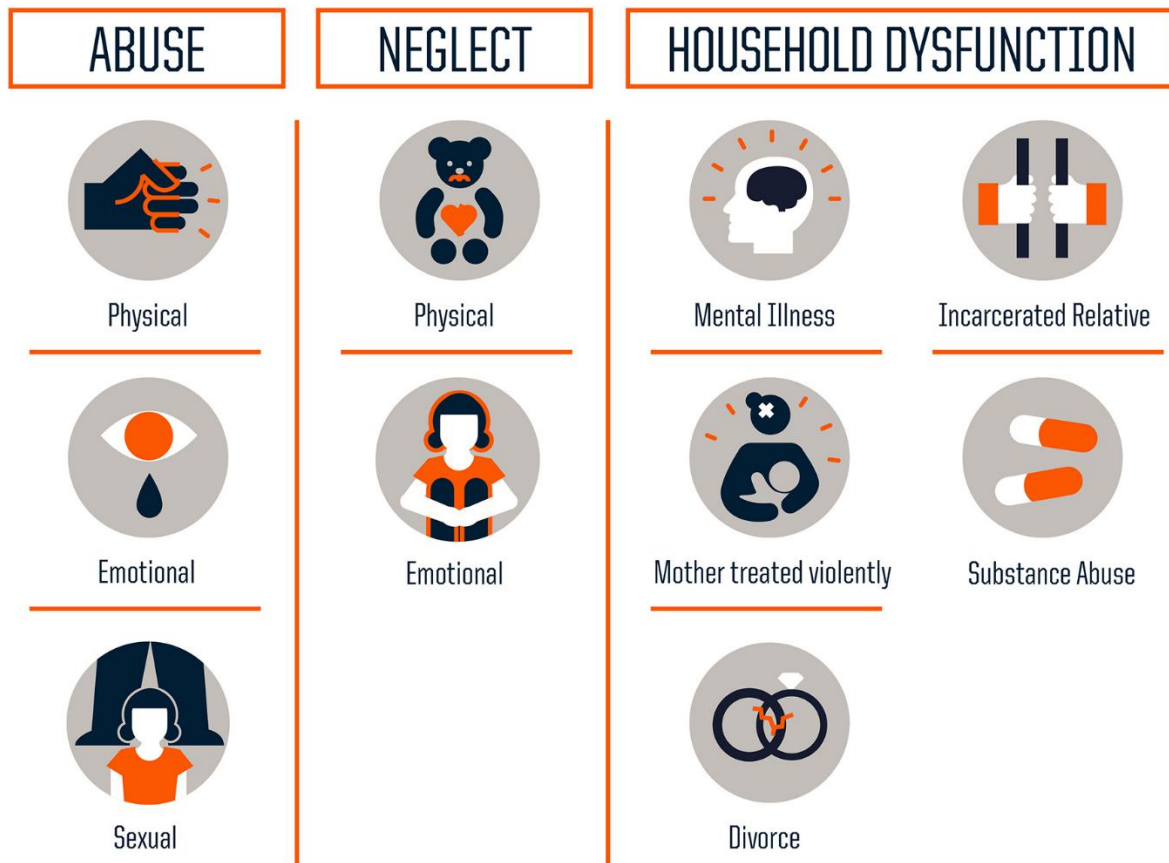
- Knowledge on the impact ACEs has on youth development during the biological, social and cognitive transitions.
- Building young people's resilience by implementing enhanced support through new resources, tools and practical coping strategies to overcome challenges.
- Becoming trauma informed, implementing approaches to building relationships with young people affected by ACEs, providing them with a sense of belonging and improving their emotional well-being.
- Creating supportive environments such as a safe space for young people to heal, develop and grow positively.

The following literature review examines these themes.

Chapter 2 - Literature Review

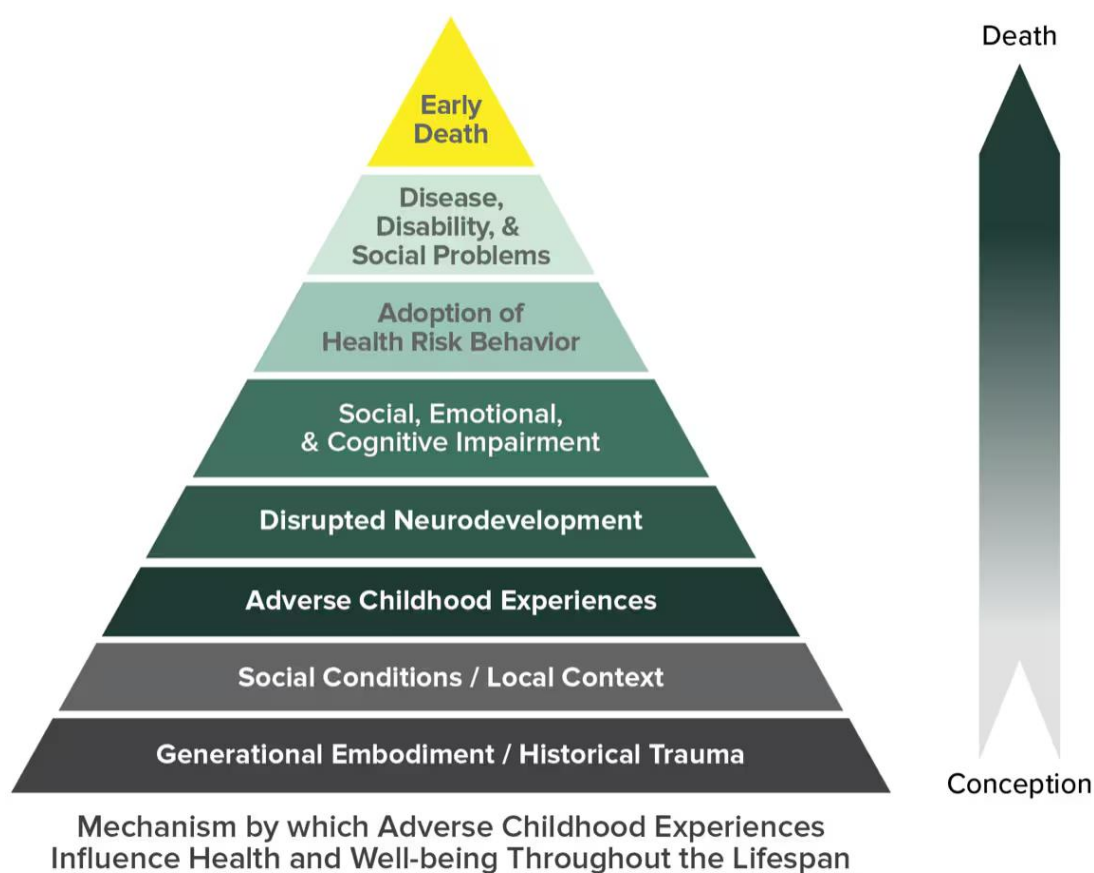
Cottrell (2014) explains there are many reasons as to why a researcher may undertake a literature review. One of the main reasons is to identify what has already been explored, and to develop a deeper understanding of the chosen field. Additionally, there is an opportunity to see how the outcomes of this study contribute to the existing literature (Cottrell, 2014). This literature review will analyse existing research surrounding the impact ACEs have on adolescents during the biological, social and cognitive transitions. The literature review will also examine the most effective resilience factors to mitigate the effects of ACEs, and the best practices to support young people.

The original ACE Study (Permanente, 1995, cited in Smith, 2018) provided their participants with a confidential survey based on their childhood experiences, current health, and behaviours (Smith, 2018; CDC, 2021a). As a result, the study identified that there are ten types of ACEs, categorised into three groups- abuse, neglect, and household dysfunction. A detailed overview of the ten types of ACE's are illustrated in the image below. Currently, the three most common types of ACEs that young people experience are physical abuse, emotional abuse, and living in in a household with a mentally ill person (Knott, 2023).



(Starecheski, 2015)

Additionally, as previously noted in the introduction chapter, the results of this study also led to the ‘ACE Pyramid’ (Permanente 1995 cited in Smith 2018). The image below illustrates the influence of ACEs on the three main transitions of adolescence, namely, biological, social, and cognitive (Hendry and Kloep, 2012; Allen and Waterman, 2025).



(CDC, 2021b)

Focusing on these transitions further, starting with biological, Asmundson and Afifi (2020, p. 74) suggest that stress such as ACEs, during sensitive periods of adolescent development, can cause systems of the body to “operate differently”. This can lead to chronic inflammation, increasing the risk of poor health conditions such as cancers, cardiovascular disease (CVD) and metabolic disorders (Asmundson and Afifi, 2020). Moreover, individuals affected by ACEs may choose to engage in high-risk health behaviours as a coping strategy, for example, substance misuse or eating habits resulting in obesity and diabetes (Asmundson and Afifi, 2020; Salisbury Psychology, 2025). Whilst there is evidence raising awareness of the biological impact of ACEs, Turner (2019, np) suggests that there is a “danger” where the

solutions of ACEs are medical related. For example, the danger is where the focus moves to identifying and treating young people, instead of preventing their exposure to ACEs.

Nevertheless, even if there were no long-lasting biological effects, living with the negative impacts caused by ACEs “would still be wrong” (Turner, 2019, np).

Furthermore, in relation to the social transition, those affected by ACEs may have difficulty in developing healthy relationships due to a lack of trust, poor emotional regulation skills, and maladaptive coping strategies (Tzouvara *et al*, 2023; Salisbury Psychology, 2025), increasing the chances of social isolation and loneliness. However, it is important to note that although ACEs can contribute to isolation and loneliness, it is not the only contributing factor. For example, Jackson, (2022) provides examples of other factors, for instance, social media, young people being bullied, or comparing their abilities to others.

The last transition is cognitive, and according to the New Jersey Paediatric Neuroscience Institute (2024), ACEs can cause effects relating to changes in brain structure, hinder the development of neural connections, affect cognitive abilities, and emotional regulation. Moreover, children exposed to ACEs are at higher risk of developing mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) (New Jersey Paediatric Neuroscience Institute, 2024). Similarly, Waite and Ryan (2020) explain how, when confronted with a threat, structures within the limbic system, which is the brain’s emotion control centre, trigger the body’s survival responses. For those young people experiencing continuous trauma or stress, such as ACEs, this can result in overwhelming pressures on the brain, which can further impair their ability to cope (Waite and Ryan, 2020).

Additionally, the long-term cognitive impacts due to ACEs, indicated by Salisbury Psychology (2025, np), include:

- An increase in chronic stress, causing lasting effects on brain health.
- Higher risks of increasing vulnerability and developing mental illnesses later in life.
- Long-term consequences on overall well-being, impacting relationships, employment, and physical health.

Although it is clear from the above that ACEs can cause negative effects, it is unclear to what extent. As previously mentioned, it was identified that there are ten types of adversity (Smith, 2018; CDC, 2021a), however, Turner (2019, np) suggests that a focus on ten ACEs is “too narrow”. For example, there is no mention about other contributing factors to trauma, such as bullying or homelessness (Turner, 2019; Asmussen *et al*, 2020).

Within the literature there are interesting references to resilience. For example, Soleimanpour *et al.* (2017) present two responses in relation to the needs of adolescents who have been exposed to ACEs, the first being the importance of screening and identification. They outline the advantages of these screenings as being “brief, are less resource intensive, and can quickly identify youth who are at risk and who require additional, more intensive screening and a follow-up” (Soleimanpour *et al.*, 2017, p. 110). They also highlight how screenings enable providers to understand each young person’s trauma history, allowing them to adjust future encounters and interventions accordingly. However, ACEs Aware (2025) suggest the screening process itself can potentially retraumatise a young person and slow down progress if there are not appropriate interventions in place. Therefore, it is important for providers to administer screenings in a trauma-informed manner that avoids re-traumatisation (Asmussen, 2020; ACEs Aware, 2025). Additionally, an article presented by Gentry and Paterson (2022) states there is no agreement within literature as to what the most suitable screening tool,

setting for administration, time taken, or frequency of use is. Moreover, there is limited evidence on safety, such as the risk of re-traumatisation previously mentioned, and there is limited evidence available on the most appropriate age for ACEs screening. Therefore, whilst there are challenges associated with ACEs screening, the positive outcomes related to targeted support and early intervention outweigh these challenges.

The second response, presented by Soleimanpour *et al.* (2017), is cognitive-behavioural therapy (CBT); this has a substantial amount of evidence supporting its effectiveness in treating trauma. This approach is used to address the several domains of trauma, teaching skills to manage behaviour, process the trauma, and enhance an individual's feeling of safety and trust, which is particularly useful for those with PTSD (Soleimanpour *et al.*, 2017; PTSD UK, 2025)). Indeed, between 2022-2023, CBT was the most effective form of therapy in relation to improvement and recovery from trauma, averaging at 60.7% success rate (NHS, 2024). CBT can be provided within school settings, and staff are in a good position to support adolescents who have been exposed to ACEs, given that young people spend a substantial amount of time there. All schools should have a mental health lead, a person responsible for providing mental health services to students, for example, a school counsellor or nurse (Gov.UK, 2025). Although this is a positive, it is unclear as to whether there is enough support for all students, as a mental health 'lead' is usually considered to be only one person. New research presented by Young Minds (2025) shows that many young people are struggling with their mental health, particularly since COVID-19. For example, 40% of students stated that there were no school counsellors available at their school for them to receive support (Young Minds, 2025). As a result, schools urgently need funding to provide young people with more mental health support (Young Minds, 2025).

Moreover, for those young people who have been exposed to ACEs, CBT uses a variety of interventions to meet their needs such as relaxation methods and regulation skills (Soleimanpour *et al.*, 2017; PTSD UK, 2025). These strategies can be tailored to the extent of the trauma that they are exposed to, and schools are in a better position to also build their resilience (Soleimanpour *et al.*, 2017). Supporting this, an intervention designed specifically for schools is Cognitive–Behavioural Intervention for Trauma in Schools (CBITS) (Trauma Informed Schools UK, 2025). CBITS support schools, communities, and other organisations to build relationships with students so those affected by ACEs can heal mentally and physically (Soleimanpour *et al.*, 2017; Trauma Informed Schools UK, 2025). Therapy sessions are provided to young people in schools, helping to reduce trauma-related symptoms and promote coping skills, building their resilience. CBITS has been shown to lower the negative impacts of trauma exposure including depression, psychosocial dysfunction, and academic functioning, particularly among diverse, low-income students (Soleimanpour *et al.*, 2017; Trauma Informed Schools UK, 2025). Youth workers often work in partnership, especially when two or more practitioners from different agencies share the same goal (CWVYS, 2014). Therefore, school-based youth workers can refer young people to counsellors to receive CBITS, so it would be useful for youth workers to be offered appropriate training around the benefits of this therapy for promoting resilience in young people.

Lastly, providing young people with opportunities to build healthy relationships with youth workers can be a “source of resilience” (The Outward Bound Trust, 2025, np). Likewise, enabling young people to build relationships with trusted adults in this way, can help reduce the impact of ACEs. This is because the brain is shaped by *all* the relationships they build from birth, and the youth worker has the unique capacity to reach young people who may be vulnerable (YouthBorders, 2020; The Outward Bound Trust, 2025). They do this by filling

any gaps left by home life and school, and supporting their future wellbeing by helping to ease any difficulties caused by their ACEs (YouthBorders, 2020; The Outward Bound Trust, 2025). YouthBorders (2020) suggests that young people affected by ACEs may lack a positive adult role model. Keeping this in mind, Jackson (2024, np) explains how building relationships with young people who have been exposed to trauma is an “underrated but an essential skill in Youth Work” as it can help build trust. Therefore, the key aspect is that the young person decides who they feel is the trusted adult they want the relationship with, rather than this being imposed upon them (Sapin, 2013; YouthBorders, 2020).

By the nature of Youth Work and its voluntary relationship, young people must be free to choose to participate (Sapin, 2013; CLDSCS, 2019). *The Impact of Community-based Universal Youth Work in Scotland* (2020 cited in YouthBorders, 2020, p. 5) identified that being a trusted adult is one of the main attributes of a youth worker. This research reported that many young people expressed their acknowledgement of a youth worker as a trusted adult by providing them with advice, support, and encouragement. Often, youth workers are aware of the young people’s circumstances and needs, enabling them to provide appropriate tailored individual support. As a result, youth workers who foster supportive relationships, have positive impacts on young people over many years (National Youth Agency, 2023; Youth Employment UK, 2025). Therefore, this would be an opportunity for youth workers to receive updated training on ACEs to ensure the best support and practices can be provided, given that the quality of the relationships being built can be life changing.

In summary, this literature review explored research examining the impact of ACEs on adolescents during the biological, social and cognitive transitions. It also explored resilience factors that helped mitigate the effects of ACEs, as well as best practices in supporting young people. It was found that during biological transitions, young people who experienced ACEs

in childhood, had an increased chance of developing physical health conditions, and this was exacerbated by their engagement in risky behaviours. It also appeared that there may be a danger of practitioners focusing on wanting to medically treat young people instead of preventing their exposure to ACEs.

In terms of social transition, difficulties in developing healthy relationships appeared to be a key factor. However, there are other factors contributing to isolation and loneliness, such as bullying and homelessness mentioned above. It was noted that during cognitive transitions, pressures on the brain can impair the body's reactions to a threat, affecting a young person's levels of resilience. As a result, long-term consequences may occur due to impaired cognitive development (Salisbury Psychology 2025).

There is limited research regarding to what extent ACEs impact on adolescent transitions. Also, there is not enough research on the effects of other contributing factors to trauma, and whether there needs to be a focus on wider issues, and not just ten ACEs cited. ACEs screening presents opportunities and challenges; it is useful in terms of needing less resources and can quickly help identify a young person that has experienced ACEs. However, there is a risk of potentially re-traumatising a young person and there is no current agreement on the most effective way for this screening to be used.

In responding to ACEs, CBT was found to be effective in supporting a young person to recover from trauma. Likewise, the CBITS programme, used exclusively in schools, further supports the use of CBT. However, struggles with funding, has resulted in the lack of young people being able to access an appropriate CBT practitioner. Specialist training in this field would also be useful for youth workers to widen their professional contribution. Building relationships with a youth worker can help build the trust young people have with adults.

Providing individual support or collaborating with others, youth workers can be a positive intervention for those affected by ACEs.

The next chapter covers methodology and methods.

Chapter 3 - Methodology/Methods

Introduction

Clough and Nutbrown (2012, p. 25) presents the “recipe” analogy to distinguish the difference between the terms “methodology” and “methods”. The methodology provides the main theoretical approach that guides the chosen methods and procedures for the research.

Whereas the methods can be seen as the “ingredients” of the research and are the tools used for gathering the data (Clough and Nutbrown, 2012, p. 25; Bhosale, 2023). This chapter explores the methodological approach and methods used for gathering data, whilst

Navigating resilience and vulnerability: The impact of Adverse Childhood Experiences on adolescent transitions – Lessons for Youth Work.

Methodology approach

This study will use a pragmatism approach with a focus on “Qualitative data” gathering (Grix, 2004, p. 119; Kumar, 2014, p. 192). The purpose of this in comparison to quantitative data, where a starting point (hypothesis) is to be tested, qualitative data is where opinions are gathered in an attempt to explain phenomena (Flick, 2015). Therefore, using a qualitative approach would benefit this study enabling the researcher to gain insight into the impact of ACEs, as well as appropriate interventions and practices to mitigate for their effects.

Additionally, qualitative data is a more focused approach being that the participants contribute their views and experiences (Holliday, 2012; Flick, 2015) and as a result, the researcher can gain a deeper understanding of the topic discussed, upholding Youth Work values.

Methods

Data was gathered via a set questionnaire that included nine open-ended questions (see Appendix 2). The researcher's supervisor checked the questionnaires before distribution, in terms of its design, accuracy and appropriateness. Questions were carefully designed to avoid bias, enabling the researcher to gain the most accurate data possible from professionals who work in trauma informed practice with young people. Open-ended questions focused on the impact of ACEs, interventions and training gleaned rich data, helping the researcher gain a deeper understanding of the participants' thoughts, feelings, opinions and understandings (Choi and Pak, 2004).

Using questionnaires as the preferred method had several advantages - it enabled the participants to take as many breaks needed to avoid feeling any pressure, allowed them time to process the information and provide considered responses. Additionally, there was no cost involved in creating and distributing the questionnaire (McLeod, 2023), and this method ensured consistency and efficiency making it quicker to gather data and easier to analyse themes (McLeod, 2023). Questionnaires were distributed via email, with follow-up reminders and check-in emails where necessary.

Prior to distribution of the final questionnaire, a small pilot study was conducted to identify any potential areas for improvement, and it was decided to edit one of the questions for clarification.

Although not necessary in this study, as responses garnered thorough data, a follow up informal interview could have been conducted, if needed, to enhance any responses from the initial questionnaire. During any follow up informal interviews, the researcher would have used active listening techniques, for example, responding appropriately, paying attention, and avoiding leading questions and prompts (Cuncic, 2024). In this way, informal interviews

encourage broad discussion and allow participants to freely express themselves, offering further insights that may not have emerged from the initial questionnaire responses (Hecker and Kalpokas, 2024). A follow up interview would also help ensure that the researcher has correctly interpreted the participants initial responses.

The preferred method for an informal interview would be to meet online as it offers more flexibility when scheduling a date and time without the need of travelling. Also, the participants may feel more comfortable being in an environment that is their own space, allowing them to feel more at ease, open and honest during the discussion. However, if Teams is not possible, the researcher has considered the following:

- Relaxed familiar environment.
- General risk assessment for lone-working completed (building/room, participant, researcher).
- Ensuring confidentiality.
- Consent

Participant consent for an audio recording will be gained in advance, if declined, the researcher will request to write notes that the participant will then be able to check for accuracy. Participants will be asked on the questionnaire to give consent for the researcher to contact them if they need further clarification or explanation on any of their responses (BERA, 2025).

Sample

This study was conducted using a small sample size giving more in-depth focus (Vasileiou *et al*, 2018).. Ten participants received the questionnaire, with eight respondents (as confirmed in chapter 4). Respondents included youth workers, a young person's counsellor, a youth worker student, and a Parallel Lives case manager who offers interventions to families that experience adolescent to parent abuse. All participants have an understanding, background and experience of working with young people affected by ACEs, to ensure relevant data was provided.

Data analysis

The researcher will follow the 6-phase coding framework (Braun and Clarke, 2006 cited in Grout, 2021) for thematic analysis to identify themes, patterns and explore new perspectives found in this data. To manage the thematic analysis, the researcher will thoroughly read through the data to understand the different perspectives, enabling the researcher to identify themes and consider how the profession of the practitioners may shape their perspective. If the researcher requests a follow up informal interview for clarification or further information on any of the participants responses, these will be recorded as evidence with the participants consent, either on a recording device or paper. The researcher will then transcribe the interviews drawing out key themes that emerge and put it in the appendix to provide an accurate record of the conversation.

Research considerations

An information sheet and consent form were sent out in advance of the questionnaires, having been checked by the researcher's supervisor prior to distribution. The participants were given two weeks to complete the questionnaire. The researcher checked in with them periodically during this time to encourage timely responses. The researcher had regular supervision for guidance and feedback. Travel arrangements and scheduling was considered and planned, in case a follow up interview was needed.

Ethical considerations

All participants were over the age of 18 years and were therefore legally able to give consent. A pre-meeting online took place prior to the questionnaire being distributed which included participants:

- Being made aware of the purpose of the research, and what it entails.
- Providing consent in relation to a further interview, should it be necessary, and for it to be recorded/notated for evidence and data gathering.
- Being provided with the researcher's contact details, should participants have any queries.
- Having an opportunity to ask any questions.
- Understanding their right to withdraw at any point.
- Understanding how their data is stored and protected.

All participants received an information sheet and a consent form, along with the questionnaire. This also included an option to state if they would be happy for the researcher to get back in contact with them for a follow up interview, if necessary. They will also be reminded that they have the right to withdraw at any time (BERA, 2025). All participants will

remain anonymous with the use of pseudonyms to protect their identity. For example, initials, participant 1, 2 (P1, P2). All participants will be reminded that, to protect the identity of others, they should also anonymise any examples they provide of scenarios from their practice. This will ensure that the identities and privacy of young people or others are also protected. If a further informal interview is necessary then this will be done on a one-to-one basis, between the researcher and the participant in a private room.

The researcher will have full control of this data, additionally, the supervisor and internal/external verifier/s may also have access to the data. This data will be stored until the dissertation is complete and assessed by the relevant examination board. The data will then be deleted, upholding the *Data Protection Act 2018* (Gov.UK, 2025). This data will be stored on password protected university computers/laptops and One Drive. They will include encryption to help prevent the data from being stolen or edited. Only one file of the research will be kept, there will be no duplications of data in multiple places. If by mistake that the audio recording does include identifying information, this part will be redacted from the transcript for the protection of others. If at any time a participant chooses to withdraw, the data they had provided will also be deleted.

Other considerations will be made to the University reputational risks and bias responses. To avoid this, the researcher will follow procedures relating ethical conduct and ethical approval such as the BERA Guidelines (2025), The Education Workforce Council (2024), and ETS Cymru (2012). The researcher will also ensure that the questions are clear and neutral to avoid leading the participants. The researcher will have regular supervision meetings to discuss any challenges or potential risks or the need for support.

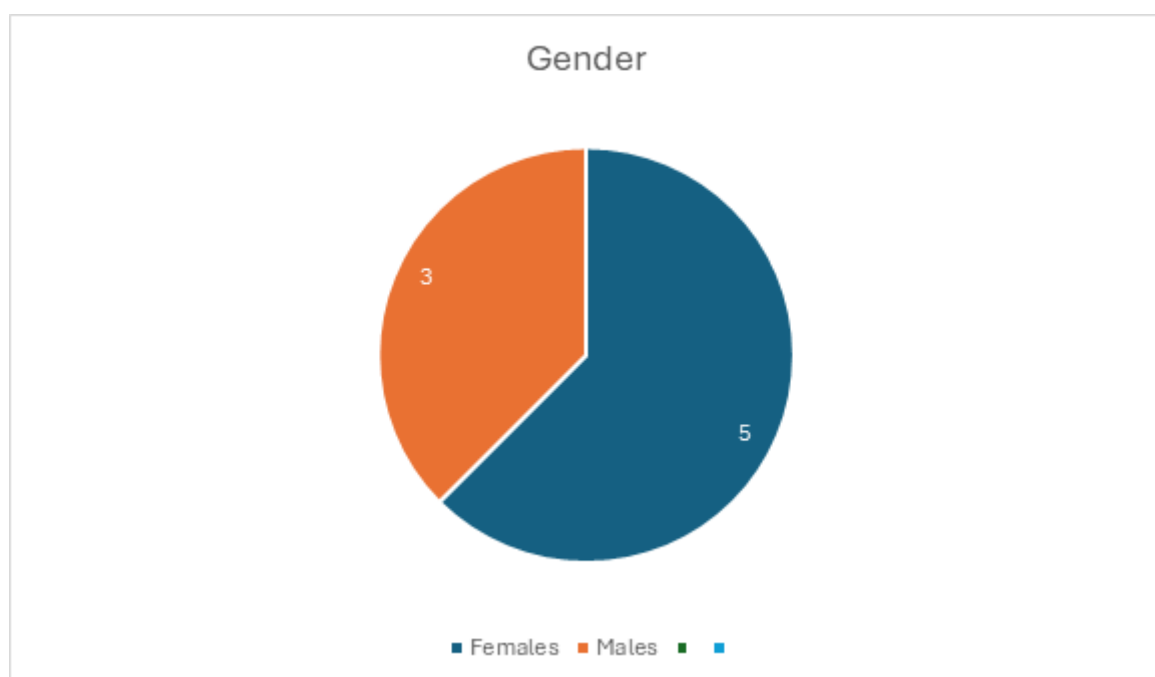
Limitations

- 1) The researcher had sent reminder emails to all participants regarding the deadline for the questionnaire to be returned by. However, the researcher had to follow up with some participants as not all questionnaires were returned by the set deadline.
- 2) Although there were themes presented across the responses, it was difficult to generalise the data being that it was a small group of participants. Therefore, these responses may not reflect views of a larger group of participants (Palmquist, 2024).
- 3) The accuracy of the results may have been enhanced if the responses were from young people. However, due to ethical considerations, this was not possible.

The following chapter will provide the presentation of data.

Chapter 4 – Presentation of data

This section will present the data provided by the participants (P1-P8) (see appendix 2 for questionnaire). The purpose of this chapter is to inform the reader of the outcome of this study and “does justice” for the amount of work the researcher has undertaken (Cottrell, 2014, p.177). After analysing the data through the 6-phase coding framework (Braun and Clarke, 2006 cited in Grout, 2021), the researcher identified themes from the participants’ responses; these key findings focus on the purpose of this study. For example, on the impact ACEs has on adolescent transitions, identifying those affected by ACEs, appropriate support and interventions, and training and recommendations for youth workers. A total of eight out of ten participants took part as shown in the graph below



Graph 1: Number of male and female participants

In response to question one, where participants were asked what ACEs they encounter the most. Common themes include both physical and emotional neglect, household dysfunction, particularly substance misuse, are the most common ACEs these practitioners encounter

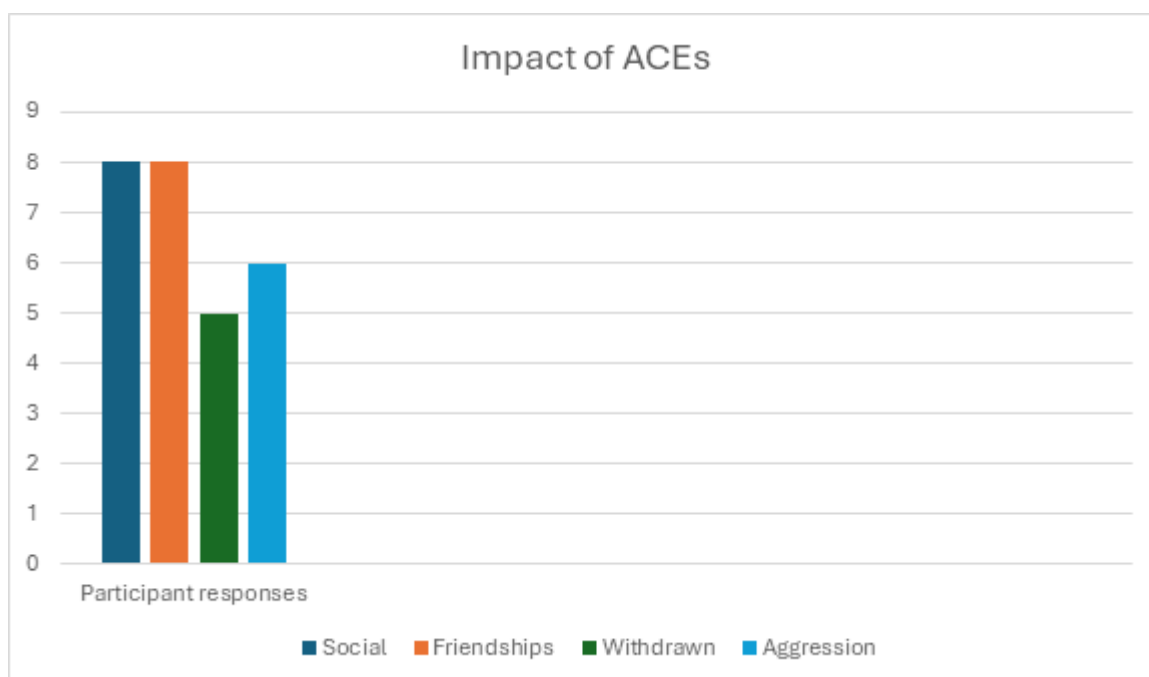
when working with young people. In relation to neglect, many consider that this is due to the deprived areas that young people live in. In relation to this, P8 explained further that many parents are still recovering from the impacts of coronavirus (COVID-19), struggling with the current cost of living crisis, whilst other parents have “fled from countries” at war such as Ukraine. Similarly, other participants mentioned that families often struggle to afford essentials such as food, clothing, heating, and rely on free school meals for their children. It was also highlighted that housing instability has become more common with many young people experiencing frequent moves as a result of evictions due to unsuitable living conditions.

In relation to parents or carers, substance misuse has increased. Participants cite that this is often due to parents dealing with mental health challenges and they use substances to cope from these traumatic events, in many cases the parent/carers has had the same experience in their childhood, where their parents have also misused substances. Participants say that young people in these environments often face neglect, a lack of supervision, increases their risk of being exposed to criminal activities, and taking on adult responsibilities such as caring for their siblings or managing household tasks.

In response to question two, a common theme across all responses was that these practitioners recognise that all young people process their ACEs differently, sharing examples on how the three main transitions of adolescence may be impacted. Starting with the biological transition, the most common themes presented by the participants’ responses were in relation to the outcomes of chronic stress and self-harm. All participants highlighted that exposure to chronic stress leads to consistently high cortisol levels, this may result in fatigue, sleep disturbances, frequent illnesses, and long-term health problems such as heart disease, obesity, and mental health disorders. Additionally, P1 mentioned how young people who experience high stress during their childhood may develop unhealthy coping

mechanisms, such as emotional eating or substance use, which can further impact their well-being. Furthermore, participants mentioned that many of the young people they have worked with have self-harmed to manage and process their emotions. However, P8 highlighted that self-harm “manifested” in ways like starting fights as a form of self-punishment, intentionally taking part in risky behaviours, sharing inappropriate images, or misusing substances.

The most common theme in relation to the social transition was the difficulty young people have in trusting adults, with all eight participants stating this. Additionally, P6 noted young people’s difficulty in trusting adults based on their gender. For example, if their dad is a perpetrator of domestic violence (DV), they may struggle to work with male professionals. All participants said that this lack of trust can increase their reluctance in seeking help or opening up about their struggles. It was also highlighted that young people exposed to ACEs may struggle with social skills, difficulties in making or maintaining friendships and become withdrawn or develop aggressive behaviours as a defence mechanism, as shown in the graph below.



Graph 2: Impact of ACEs

Five participants mentioned how, as a result, young people may seek belonging in groups who engage in risk-taking behaviours such as substance misuse or antisocial behaviour as an attempt to gain acceptance and a sense of control. Moreover, they noticed that young people may fall behind in their learning, as their home may not always be a safe space to concentrate on their studies. P4 stated that when home life is tough for young people, schools may become their safe space, however, transitioning into adolescence often brings confusion regarding relationships and whilst schools may offer safety, young people's behaviour can still be challenging. P5 also said that young people who experience having issues with teachers may result in exclusion, putting more strain on them as they are being exposed to ACEs more frequently by being at home.

The last transition, cognitive, many participants quoted young people as feeling “broken” or see themselves as “to blame” for things happening at home. This negative thought cycle often leads to feelings of helplessness and hopelessness which, sometimes, can manifest in outbursts. Participants noted that young people are then labelled ‘bad’ or ‘naughty’ for their behaviour and they often take on the role of being the ‘naughty child’. Additionally, many participants highlighted the chronic stress that can develop which can lead to difficulties concentrating in school, memory issues, and impaired decision-making. Participants mentioned how the lack of emotional support at home may result in young people struggling to process their emotions healthily which may lead to mood swings, impulsivity and managing frustration. One participant emphasised that young people are in a constant state of exploring their identity, and that when they experience issues at home, this self-identity can get “wrapped with shame, halting or slowing the development of the healthy self”, increasing the long-term mental health struggles and quality of life. Another participant highlighted the educational aspects, for example, young people may find it harder to focus on education, some may disengage from learning all together, leading to lower confidence and future

opportunities. Overall, participants believe that ACEs have a significant impact on the cognitive, social and biological transitions, particularly during adolescence; as P2 shared that “When the focus is on survival, this is taken away from developmental fulfilment”.

In response to question three, a common theme in relation to screening/identifying young people affected by ACEs was that those participants who are youth workers, do not screen for ACEs. However, they identify young people through observation and conversation. For example, many six participants highlighted that young people display signs of ACEs through their behaviour - frequent mood swings, difficulty managing frustration, anxious, disengaged, and some may seek control or attention through disruptive behaviour, or involvement in risky activities. P1 also explained further that those who experience household dysfunction are often overly sensitive to loud noises or sudden movements. P4 said that although youth workers do not conduct a formal ACE screening test, a common theme was that their teams communicate regularly to discuss observations in reflection after sessions, ensuring that concerns are not overlooked. Additionally, P4 mentioned that should there be suspected ACEs present they will collaborate with schools, social services, and local support agencies to ensure appropriate interventions are implemented. Moreover, seven participants said that often during engagement in projects/activities, young people feel safe, supported and comfortable enough to disclose their experiences, one participant believes that that this is because youth workers want to see the young person as greater than just a number or just another “ACE kid”.

Moreover, the two respondents who are not youth workers gave similar responses in that P3 said they use assessments such as “CORE-10” to measure psychological distress, that along with visual and conversational assessment. P6 also explained that relevant information

regarding ACEs is a requirement to be disclosed (confirmed and potential) within a young person's referral form.

In response to questions four which focused on the approaches used to build relationships and trust. The most common themes presented by participants is a person-centred approach, relating to creating safe spaces. P1, P2 and P4 emphasised the importance of patience, persistence and active listening skills, P2 also commented on how these skills “show the young person that you care” when building a relationship. P2 also highlighted “strength-based approaches” which focuses on the young person's skills, interests and achievements. Moreover, P3 explained how she focuses on “child centred core practises” including empathy, congruence, and unconditional positive regard, creating and holding a safe space for young people where they are treated with interest and respect. Additionally, P3 stated that she also incorporates child themed CBT exercises as “working collaboratively with the child can bring fun as well as learning”. All participants highlighted the importance of trust, in particular P7 explained how youth workers play a key role in providing a safe and supportive environment for young people by using approaches that establish trust and help them feel understood, safe, and supported. P7 further explains how a safe environment is crucial for building trust, where a stable routine and clear boundaries, can ensure physical and emotional safety for young people as “A youth worker is often the consistent and trusted adult for a young person”. Participants also highlighted that, over time, these healthy relationships can enable the young person to heal from their experiences and build the resilience they need to overcome challenges and thrive. P8 provided some examples of factors to building safe spaces and positive relationships within Youth Work, which include “1:1 work with young people, emphasising that we are there FOR young people, and meeting with them regularly over an extended period of time”.

In response to question 5, where participants were asked how they support young people affected by ACEs. Common themes were collaborating with practitioners, group work and reflecting the values of Youth Work. P1, P2 and P3 highlighted the importance of regular meetings with their teams, as regular assessments and reviews outline the key support young people need. Also creating safety plans with the young people, giving them knowledge on who they can go to if they feel unsafe, for example, mental health services, counsellors, or peer support groups. Participants highlighted the benefits of group work activities, for example, P5 explained how this can be done through sports, arts, and collaborative tasks to develop social skills, communication, and trust in others. By creating group activities enables young people to “improve their ability to manage conflicts, express their emotions, and build healthy relationships”. Similarly, P7 explained how group work enables “young people to share their experiences and learn from one another”. Moreover, P8 stated that “time, understanding and patience are the greatest tools needed” when working with young people affected by ACEs, as she believes the principles, values and vision of Youth Work are reflected. P8 explains further that “Youth Work isn’t simply a way of working or thinking but it’s a way of being”. For example, genuinely being interested in a young person and their experiences, wanting to know what it’s like to walk in their shoes without judgement and assumption, letting young people express themselves and to accept them for doing so. Lastly, P3 bases her support on the “present model of Geldard and Foo, which focuses on existentialism: the search for meaning in life, freedom and responsibility”, explaining that this growth orientated model works collaboratively with the young person, enabling them to be the expert on themselves.

In response to question six, the most common ACEs training participants had received was trauma-informed care, such as workshops, resilience-building programs, and safeguarding training for professionals working with children. P4 explained how this training focuses on

understanding trauma, how it manifests in behaviour, and the strategies for providing support in a way that avoids re-traumatisation. This training also emphasises the importance of building trust, safety, and consistency for young people who have experienced neglect, abuse, or household dysfunction. Additionally, P3 highlighted having training in trauma-based play therapy, body psychotherapy, and rewind therapy for older adolescents. Participants who are youth workers stated that they had not had specific ACEs training, but it had been touched upon in other courses, such as mental health first-aid and in their Youth Work undergraduate and postgraduate degrees. A common theme regarding changes to policy or practice were considerations made to other factors that may be deemed an ACE. For example, P6 believes that there are ACEs missing from the current list of ten, including, living in poverty. This is not recognised as an ACE, but as P6 explained there are multiple negative factors that impact young people in poverty. Moreover, many participants suggested that they would like to integrate trauma informed practice across all youth services, enabling updated training to all staff, and enforcements to be made to all public youth services to adopt trauma informed care. P3 also suggested the need for more awareness in schools regarding the physiological impacts of trauma, as a young person who experiences physical trauma needs “sensitive and educated understanding of what is happening to them”.

In response to question seven, participants understood the concept of CBT, and commented on it being a useful intervention. They provided examples of its benefits, including how it is useful for helping young people to manage their emotions, change negative thought patterns and develop healthy coping strategies. Furthermore, many participants commented on the environment that CBT is delivered in. For example, P4 and P5 explained how they would refer young people to a CBT practitioner. P5 explained further how it would be difficult to provide CBT one-to-one in a youth club setting, given the high numbers of attendants. When CBT is delivered in a trauma informed environment “the therapeutic relationship is

prioritised, and interventions are tailored to the unique needs of the individual”. Additionally, participants highlighted that CBT can be beneficial, depending on the ACE, for example, P6 explained how CBT can be suitable for some young people but not for others, as many found that “speaking openly about their trauma can be very challenging”.

In response to question eight, a common theme presented by participants was in relation to observation, in particular, positive changes in behaviour when measuring the effectiveness of their interventions. P3, P4 and P5 explained how observation is key when noticing changes in behaviour, as this includes the young person’s engagement in relation to activities, their communication styles and interactions with each other. Additionally, recognising changes in their body language and eye contact, levels of self-care, as well as what the young person directly tells staff regarding their experiences and any changes in their life. In particular, P4 explained that not only do observations consider the behavioural, emotional, or social changes they have noticed in the young person, but it also “provides critical insights into how well the interventions are working”. Moreover, another common theme was that participants use evaluation to measure the effectiveness of interventions through feedback and evaluation forms. For example, P7 explained how feedback can be done through surveys, questionnaires or through discussions with the young person, their family, or teachers. Also, P7 measures the impact of interventions over longer periods by reviewing the success of the young person at school, employment and their engagement within their community. Furthermore, P6 and P2 evaluate through scores. For example, P6 evaluates at the end of the intervention to determine whether it has had an impact. This is done by scaling from 1-5 as well as asking for further comments. P2 explained that she uses CORE 10 scores for older adolescents, as changes are recorded quantitatively and qualitatively to be able to show and understand the changes made.

In response to question nine, which asked participants to provide advice to beginner youth workers. The most common themes presented by participants was to not forget Youth Work values, undertake ACEs training and understand that every young person is different. In relation to Youth Work, P8 explained “as a youth worker it isn’t your job to ‘fix’ ACEs, your job is to be there FOR the young person”. Following on from this, participants highlighted that, for beginner youth workers who are working with adolescents affected by ACEs, a key aspect is to build trust and create a safe, supportive environment. P5 suggested to approach each young person with “patience, empathy, and understanding, recognizing that their healing journey may be slow but deeply rewarding”. Additionally, P7 suggested to “not ever give up on a young person, keep on being patient and very supportive and understand the young people you are working with”. Moreover, participants recommended ACEs training, doing some research, and reading relevant policies/legislation as youth workers will then be equipped to use trauma-informed practices that focus on emotional regulation, to enable collaboration with other professionals to support young people. Lastly, participants suggested asking for help or guidance when unsure what to do and that it is important to understand all young people have different backgrounds, as P6 stated “No 2 cases are the same”. P6 further explained the importance of taking the time to get to know the young person, to build trust, as this will make them aware that they are with a safe and trusted adult.

The following chapter focuses on the discussion.

Chapter 5 - Discussion

The purpose of this chapter is for the researcher to interpret and describe the significance of the results in relation to what was already known about the research being investigated, and to explain any new understanding and insights that emerged (Cottrell, 2015; University of Southern California, 2025). This chapter discusses the data and themes that emerged from this study, links will be made to the literature review where relevant.

It was highlighted in the literature review that physical abuse, emotional abuse, and living in in a household with a mentally ill person (Knott, 2023) were the most common types of ACEs young people experience. Whilst these are still present, this research study highlighted that physical and emotional neglect, household dysfunction and particularly substance misuse, are the most common types of ACEs that youth workers come across in young people. Research found in this study showed that participant 8 (P8) provided an example of Covid-19 as to one of the reasons to why this may be. Supporting this, the Centre for Social Justice (nd, cited in Kids Matter, 2025) reported that 39% of people who were in recovery had relapsed in their addiction during lockdown, and that a child of an alcoholic has a six times increased risk of experiencing abuse at home.

It was highlighted in the literature review that ACEs can increase health problems and develop unhealthy coping strategies such as substance misuse (Asmundson and Afifi, 2020; Salisbury Psychology, 2025). This study discovered a new viewpoint where young people self-harm to cope with their emotions. P8 explained how this has manifested in ways such as “starting fights as a form of self-punishment” and “intentionally taking part in risky behaviour”. However, Russell (2019) provides an example on how impulsivity is linked to ACEs by suggesting that children of impulsive parents may be more likely to experience ACEs due to inheriting their parents’ traits. Impulsivity correlates to accidents, self-harm and

substance use, therefore self-harm may not be directly due to ACEs, but to impulsivity (Russell, 2019). This example demonstrates that it is unclear to know whether ACEs has a direct link to self-harm or whether experiencing ACEs indicates that a person may have other traits that leads to self-harming.

Furthermore, in relation to the social transition, the results of this study were similar to existing literature, where both highlighted that young people who have experienced ACEs, lack trust in adults (YouthBorders, 2020). This study found that gender can play a part in this lack of trust where P6 provided an example of how young people may have difficulty building relationships with male professionals if their dad is a perpetrator of DV. Whilst there is a lack of research regarding whether gender of the professional plays a part in increasing/decreasing trust, it has been highlighted in a previous article that ACEs can affect trust in relation to professionals across all public services (Bellis *et al.*, 2024), not just based on their gender. Additionally, this study found that young people who experience ACEs have an increased risk of exclusions from school due to behavioural challenges. Not only does this exclude them from socialising but also increases emotional behavioural problems, low self-esteem, and their ability to form positive relationships with adults (Yassin, 2024; Public Health Wales, 2025). Whilst schools often implement exclusions as an intervention, it is often those who are excluded who are the ones that are “most vulnerable” (Children’s Commissioner, 2025, np). For example, schools may exclude a young person for the safety of other students and staff, however, the safety of the young person excluded decreases as their exposure to ACEs at home increases.

Furthermore, from this study, the cognitive transition provided new perspectives in relation to self-identity when a participant explained that the self-identity of a young person can get “wrapped with shame, halting or slowing the development of the healthy self” when

experiences issues at home. This is supported by Bronfenbrenner's Ecological Systems theory (1997 cited in Guy-Evans, 2024) where it is explained that a person's development is influenced by the environment that they are in. For example, family, friends, and school all play a part in developing self-identity. However, according to Wong *et al.* (2018), ACEs disrupts a coherent self-identity as it can create recurrent traumatic thoughts and feelings, disrupting self-understanding. Whilst this a possibility, not everyone who experiences ACEs will have a disrupted self-identity, for example, it can depend on the severity of ACEs and individual coping mechanisms (Gloucestershire Healthy Living and Learning, 2025).

Moreover, both previous research explored in the literature review and this study highlighted that there are multiple other adversities that can have an impact on a young person's development. For example, P6 mentioned "poverty" being one, and further research suggests that this can also include discrimination and peer victimisation (Asmussen *et al.*, 2020).

Whilst the ten original ACEs are still present among young people today, it appears that a focus on these ACEs alone risks missing young people who need help just as much as those being identified.

Furthermore, although previous research and this study have found many benefits of CBT, it is not something that is known to be provided by youth workers. However, it was found in this study that P3 incorporates child CBT exercises into activities. For example, this can include relaxation techniques and positive reframing exercises (The Mulberry Bush, 2025). Similarly, these exercises are also incorporated in Youth Work through workshops, youth workers may not be CBT therapists but will use similar techniques that encourage young people to manage their emotions and behaviours (Youth Endowment Fund, 2025). For example, this includes breathing techniques and coping strategies. Therefore, this is a

valuable opportunity for youth workers to enhance their current skills through CBT techniques training.

Moving on, this study found that assessments such as CORE-10, a ten-item measure asking how people felt over the past week (CORC, 2025), can be useful when monitoring changes and outcomes of the intervention. Whilst these assessments are not used in Youth Work, it may be an opportunity for youth workers to be provided with a measuring tool to fully identify the success of their interventions and make changes where necessary, enhancing any data gleaned from observation and conversations with young people.

Moreover, it was emphasised in the literature review the underrated skill of youth workers building positive relationships with young people who have experienced ACEs (Jackson, 2024). This study emphasised the importance of trust when building those relationships, in particular, it was found that this trust is built through person-centred approaches and creating safe spaces. Many young people affected by ACEs lack a positive role model (YouthBorders, 2020), and often, a youth worker may be the only positive adult in their lives who can offer them a safe space. A youth worker who uses person-centred approaches, enables the young person to be aware that they are the focus in relation to their needs, wants, interests, desires, and goals (Youth special, 2015). Whilst developing a trusted relationship is important, the “value of boundaries” (NYA, p.2, 2021) should not be forgotten. Boundaries intend to support this professional relationship and are needed when working with vulnerable young people (NYA, 2021; Coles, 2024).

Lastly, it was found from this study that the best ways to support young people affected by ACEs is through collaboration with other practitioners, group work, and reflecting the values of Youth Work in practice. Although this is already known from a youth worker’s perspective as these suggestions can be found in the Youth Work NOS (CLSCS, 2019), this

finding raises a question on how to maximise the support given. Youth workers may not be ACEs practitioners; however, they often encounter young people who have experiences ACEs or other traumatic events. Whilst it is not possible to prevent young people from experiencing ACEs, youth workers can provide them with positive childhood experiences (PCEs) (PINETREE Institute, 2025), for example, an opportunity for young people to talk about their feelings and feel supported. Therefore, it would be beneficial for youth workers to receive mandatory trauma-informed training, particularly, in a way that reflects the values of Youth Work (CLDSCS, 2019; Youth Work in Wales Review group, 2022). Focusing on the impact of ACEs, creating safe spaces and building relationships, would hopefully enhance their ability to understand and respond to the impact of a young person's trauma and promote healing and resilience.

Chapter 6 - Conclusion

In conclusion, the purpose of this dissertation has been to examine ways Youth Work professionals can gain a better understanding of young people's experiences of ACEs during adolescent transitions, particularly, the biological, physical and social transitions. The outcome of this research will help towards youth workers receiving up to date training that implements new resources, tools and strategies in their practice to provide enhanced support for those affected by ACEs.

This study firstly focused on one of its key aims of understanding and exploring the impact of ACEs on adolescence transitions. For example, in relation to the biological transition, it was found in previous research and this study that ACEs can increase fatigue, sleep disturbances, frequent illnesses, and long-term health problems such as heart disease and obesity. In relation to the social transition, the main challenge found in this study is that ACEs presents is the lack of trust young people have in trusting adults. This lack of trust can increase their reluctance in seeking help or openly speak about their struggles, as a result, young people may seek belonging in groups who engage in risk-taking behaviours such as substance misuse or antisocial behaviour as an attempt to gain acceptance and a sense of control. This lack of trust can also present challenges as school; not only may young people struggle with social skills, difficulties in making or maintaining friendships, become withdrawn or develop aggressive behaviours as a defence mechanism. Also, their lack of trust with teachers may result in exclusions, increasing their exposure to ACEs more frequently by being at home. The last transition cognitive found that the lack of emotional support at home may result in young people struggling to process their emotions healthily which may lead to mood swings, impulsivity and unable to manage frustration. Additionally, it was highlighted that chronic stress can develop which may lead to difficulties concentrating in school, memory issues, and impaired decision-making. Furthermore, adolescence often brings confusion when exploring

their identity and their place in society, this confusion becomes heightened when young people experience ACEs, for example, young people who are labelled as ‘bad’ or ‘naughty’ for their behaviour often take on the role of being the ‘naughty child’. As a result, the underlying ACEs may be overlooked due to their behaviour, missing out on opportunities for the appropriate support and interventions to develop a positive sense of self. Although this knowledge was gained, the extent in which ACEs impacts all three of these transitions is still unknown as it varies depending on the degree of exposure and individual coping mechanisms. However, these findings indicate that ACEs can create substantial challenges during these transitions in adolescent development, therefore further research is needed to fully understand this impact.

Moreover, whilst it is not possible to prevent the exposure of ACEs in the lives of young people, it is possible for youth workers to provide young people with PCEs, particularly in relation to the approaches and support they provide. For example, it was found that the best approaches used include a person-centred approach, relating to creating safe spaces that meet the needs of the young person. Youth Work with its unique, value driven approach to the lives of young people offers these safe spaces for young people with one of its guiding principles being to start where young people are (CLDSCS, 2019). Youth workers are often the only positive adult relationship that young people affected by ACEs have. This safe environment is crucial for building trust, where consistency in routines and clear boundaries, can ensure physical and emotional safety for young people.

Furthermore, youth workers have a variety of methods of providing support, with the most popular being collaboration with other agencies and practitioners, such as counsellors, teachers, and wider services (police, social services, substance misuse teams). Additionally, youth workers are flexible in how they practice, reflecting the values of Youth Work. For example, support can be provided via group work, one-to-one, offering opportunities for skill-building, and providing positive activities that can encourage young people to heal from their trauma.

Whilst flexibility within Youth Work is already well understood, the next step is looking at how youth workers can maximise the support they provide. One possible solution is trauma informed care, as this form of training was highly recommended across participant responses. Youth workers may not be ACEs practitioners, however they encounter many young people who experience ACEs, and with the correct training Youth Work can offer a vital lifeline for young people affected by ACEs, promoting positive development and being a source of resilience.

From the dissertation, listed below are several recommendations that have emerged:

- 1) It is recommended to review the current ten known ACEs. This is because it was found that there are multiple other factors that can impact the development and well-being of young people, for example, bullying and poverty. Therefore, future research may benefit from these wider factors being taken into consideration.
- 2) Training that focuses on the approaches used and support provided by youth workers, but from a trauma informed perspective. This way it keeps in focus the values of Youth Work. This training should be especially offered to Youth Work students to enable them to be well prepared when starting out in their career.
- 3) Whilst observation and dialogue are useful for gauging the success of interventions, the final recommendation is to consider the use of new tools. These can be adapted to enhance the progress of interventions and identify areas improvement.

- 4) Trauma informed training at schools to help reduce the number of exclusions. It was discovered in this study that young people who have been exposed to ACEs experience high instances of exclusion from school due to their challenging behaviour. This in turn can lead to an increase in their exposure to ACEs as they end up spending more time at home. This training could help teachers recognise and respond to challenging behaviours appropriately, and help them to consider other options before resorting to exclusions.

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Appendices

Appendix 1: Application for ethical approval

APPLICATION FOR ETHICAL APPROVAL

RESEARCH STUDENTS

This form is to be completed by the student within **SIX** months for full-time students and **TWELVE** months for part time students, after the commencement of the research degree or following progression to Part Two of your course.

Once complete, submit this form via the **MyTSD Doctoral College Portal** at (<https://mytsd.uwtsd.ac.uk>).

This document is also available in Welsh.

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk, with the title ‘Ethical Approval’ followed by your name.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University’s insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: “creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications”. As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the “principal researcher”.

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity.
Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Rachael Ann Major				
2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐	
	Undergraduate Student	☒	Taught Postgraduate Student	☐	Postgraduate Research Student	☐

3	Institute/Academic Discipline/Centre:	Institute of Education and Humanities centre for childhood, youth and education
4	Campus:	Carmarthen
5	E-mail address:	2204546@student.uwtsd.ac.uk
6	Contact Telephone Number:	07866852062
For students:		
7	Student Number:	2204546
8	Programme of Study:	Youth Work and Social Education (BA)
9	Director of Studies/Supervisor:	Alana Enoch

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle?	YES	☒	NO	☐
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	(please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)				
				Date	
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
		Institute Research Committee	☐		
		Other (write in) Supervisor Alana Enoch	x		4th of December 2024

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.	
1	UWTSD Research Ethics & Integrity Code of Practice	x
2	UWTSD Research Data Management Policy	x
3	[List any other relevant documents here] BERA (2024) <i>Ethical Guidelines for Educational Research</i>. Available at: https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-fifth-edition-2024 (Accessed: 26 November 2024) CLD Standards Council Scotland (2019) <i>Youth Work National Occupational Standards</i>. Available at: https://cldstandardscouncil.org.uk/wp-content/uploads/YouthWorkNOS2019Intro.pdf (Accessed: 26 November 2024) ETS Cymru (2012) <i>Code of Occupational Ethics for the Youth service in Wales</i>. Available at: https://www.etswales.org.uk/resource/g_2_Code_of_Occupational_Ethics_Feb_2012_Eng.pdf (Accessed: 26 November 2024) Education Workforce Council (2024) <i>Code of Professional Conduct and Practice</i>. Available at: https://www.ewc.wales/site/index.php/en/fitness-to-practise/code-of-professional-conduct-and-practice (Accessed: 9 January 2025)	☐

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

1	Institution	N/A				
2	Contact person name	N/A				
3	Contact person e-mail address	N/A				
4	Is your research externally funded?	YES	☐	NO	x	
5	Are you in receipt of a KESS scholarship?	YES	☐	NO	x	
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	x
7		Employed	YES	☐	NO	x
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES then the permission question below does not need to be answered.	YES	☐	NO	x
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	x

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	YES	☐	NO	x
	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).				

SECTION E: Details of Research Activity

1	Indicative title:	Navigating Resilience and Vulnerability: The impact of Adverse Childhood Experiences on adolescent transitions- Lessons for Youth Work.		
2	Proposed start date:	16th of December 2024	Proposed end date:	7th of May 2024
	Introduction to the Research (maximum 300 words per section) Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below: <i>Purpose of Research Activity</i> <i>Proposed Research Question</i> <i>Aims of Research Activity</i> <i>Objectives of Research Activity</i> Demonstrate, briefly, how <u>Existing Research</u> has informed the proposed activity and explain <i>What the research activity will add to the body of knowledge</i> <i>How it addresses an area of importance.</i>			
3	Purpose of Research Activity The researcher undertook a NAOMIE needs assessment during her time on placement. The need was established for a focus on Youth Work professionals having a better understanding of young people’s experiences of adolescent transitions, from childhood to adulthood. For example, this includes the biological, physical and social transitions (Allen and Waterman, 2025). Particularly a focus on those going through transitions that have been affected by Adverse Childhood Experiences (ACEs). These have been defined as stressful events that occur during a person’s childhood that can impact their health and well-being (Coleman and Hendry, 1999; Hendry and Kleoep, 2012). Following this, to implement new resources, tools and strategies, a particular intention of providing enhanced support for those affected by ACEs from Youth Work practitioners will go towards further training surrounding ACEs. or example, this training will include: - The impact ACEs has on youth development such as the cognitive, social and biological transitions. - Building young people’s resilience such as strategies to overcome their challenges. - Trauma informed education such as the approaches to building relationships, providing young people with a sense of belonging and improving their emotional well-being. - Creating supportive environments such as a safe space for young people to heal, develop and grow positively. Allen, B. and Waterman, H,. (2025) <i>Stages of Adolescence</i>. Available at: https://www.healthychildren.org/English/ages-stages/teen/Pages/Stages-of-			

	Adolescence.aspxhttps://www.healthychildren.org/English/ages-stages/teen/Pages/Stages-of-Adolescence.aspx (Accessed: 9 January 2025) Coleman, J. and Hendry, L. (1999). <i>The Nature of Adolescence</i>, 3rd edn, Routledge: London Hendry, L and Kleoep, M (2012) <i>Adolescence and Adulthood Transitions and Transformations</i>. PALGRAVE MACMILLAN: Red Globe Press (this box should expand as you type)
4	Research Question Navigating Resilience and Vulnerability: The impact of Adverse Childhood Experiences on adolescent transitions - Lessons for Youth Work. (this box should expand as you type)
5	Aims of Research Activity The first aim of this research is to explore how and to what extent the three main adolescent transitions namely the biological, social and cognitive transitions are affected by ACEs. The second aim is to analyse resilience factors and identify best practices that mitigate the effects of ACEs. Once these are established, aim three will focus on implementing further training for Youth Work practitioners. For example, the resources, tools and strategies they can use to support adolescents who have experienced ACEs, during their transitions. Hendry and Kloepe, 1999; Coleman and Hendry, 2012) explain how adolescence is the transition between childhood and adulthood and many young people will be vulnerable during this period as they go through the biological, social and cognitive transitions. For those who have experienced ACEs, The ACE Study (Permanente 1995 cited in Smith, 2018) presents the ‘Ace Pyramid’, a framework that identifies a link between childhood experiences, and adult health and well-being outcomes. For example, this includes disrupted neurodevelopment and early death (Smith, 2018; CDC, 2024). This demonstrates the need and benefits of Youth Work practitioners having training surrounding ACEs to further support and provide informal non formal learning opportunities for young people as they progress through their transitions. CDC (2024). <i>About the CDC-Kaiser ACE Study</i>. Available at: https://www.cdc.gov/violenceprevention/aces/about.html (Accessed:14 December 2024) Coleman, J and Hendry, L (1999). <i>The Nature of Adolescence</i>, 3rd edn, Routledge: London Hendry, L and Kloepe, M (2012). <i>Adolescence and Adulthood Transitions and Transformations</i>. PALGRAVE MACMILLAN: Red Globe Press Smith, L (2018) <i>Iriss</i>. Available at: https://www.iriss.org.uk/resources/esss-outlines/aces (Accessed: 14 December 2024) (this box should expand as you type)
6	Objectives of Research Activity The first objective will be to review the current body of literature regarding how ACEs affect the physical, social and cognitive transitions that young people experience during adolescence, and explore

	relevant literature and research to gain a better understanding of the research topic. The second objective will be to provide youth practitioners with a questionnaire who have particular experience of working with young people affected by ACEs. Gaining first-hand professional opinions regarding the impact ACEs can have on young people. Followed by a further informal interview if necessary. From the questionnaire responses, objective three will focus on examining and identifying the impacts of ACEs and furthermore identify factors that contribute to building resilience in adolescents who have experienced ACEs. It is important to note that majority of these practitioners will be Youth workers as professionals from different fields may have different concepts on what ACEs is and how they provide support. In addition from the questionnaire responses, objective four is to determine the best practices for youth practitioners, particularly the strategies used to mitigate the negative effects of ACEs. Lastly, objective five, once the data has been collated and analysed, this will be used to inform future practice, with and exploration of any training opportunities for Youth Work professionals. This will focus on the most effective ways to engage and support young people affected by ACEs, during adolescent transitions. This would also be used to improve policy within the services provided, as this would ensure that youth work professionals work in accordance with the 5 pillars of youth work (Youth Work in Wales Review Group, 2022) and the National Occupational Standards values (CLD Standards Council Scotland, 2019). Reference List: CLD Standards Council Scotland (2019) <i>Youth Work National Occupational Standards</i>. Available at: https://cldstandardscouncil.org.uk/wp-content/uploads/YouthWorkNOS2019Intro.pdf (Accessed: 28 November 2024). Youth Work in Wales Review Group (2022) <i>Youth Work in Wales: Principles and Purposes</i>, Cardiff: Youth Work in Wales Review Group. (this box should expand as you type)
	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here, but should instead describe how you intend to collect the data necessary for you to complete your project.
7	This research will include a pragmatism approach there will be a focus on “Qualitative data” collected via questionnaires, and if necessary, with follow up informal interviews to gain in-depth primary research from professionals who work in trauma informed practice with young people (Grix, 2004, p. 119; Kumar, 2014, p. 192). The researcher will research relevant literature, statistics and theories to support this primary data once it has been collected; this where the use of “Quantitative data” may be included (Grix, 2004, p. 117; Kumar, 2014, p. 201). The researcher will follow the 6-phase coding framework (Braun and Clarke, 2006 cited in Grout, 2021) for thematic analysis to identify themes, patterns and explore new perspectives found in this data. These interviews will be recorded as evidence either on a recording device or paper, the researcher will then transcribe the interviews and put it in the appendix to provide an accurate record of the conversation.

Questionnaire:

Using questionnaires is the preferred method, this will allow the participants to take as many breaks as they would like to avoid any pressure, take time to process information, and give considered responses. The researcher has considered the following as the reasons behind this preferred method:

- Design- Questions will be designed to avoid any bias, focusing on open ended questions to gain a deeper understanding on the thoughts, feelings and opinions of the participants.
- Distribution - Via email as there is a small number of participants, and the researcher can send follow up emails if necessary. The researcher's supervisor will check the questionnaire before distributing. A small pilot study will be conducted to test the questionnaire and identify areas of improvement.
- Consistency - All participants receive the same set of initial questions, easier to analyse themes.
- Efficiency - quicker data gathering from larger numbers of participants (McLeod, 2023)
- No cost to create a questionnaire (McLeod, 2023)

Follow up Discussion/interview:

The purpose in having this follow up discussion/interview if necessary will ensure that the researcher has correctly interpreted the participants responses. Also, the idea of open ended questions is that they encourage broad discussion, glean opinions and understandings. This will allow the participants to further express themselves freely, offering further insights that might not emerge in other methods such as a questionnaire (Hecker and Kalpokas, 2024).

Setting - Via Teams. The preferred method would be to meet online as it offers more flexibility when scheduling a date and time without the need of travelling. Also the participants may feel more comfortable being in an environment that is their own space, allowing them to feel more at ease, open and honest during the discussion.

Face to face - If Teams not possible, with the following considerations:

- Relaxed environment,
- One-to-one ensuring that everything mentioned remains confidential.
- Risk Assessment on the building
- The researcher will inform someone such as a family member or supervisor about where she is going
- Active listening techniques for example, responding appropriately, paying attention, and avoiding leading questions and prompts.

Participant consent for an audio recording will be gained in advance, if declined, the researcher will request to write notes that the participant will then be able to check for accuracy.

Participants will be asked on the questionnaire to give consent for the researcher to contact them if they need further clarification or explanation on any of the responses.

Reference List:

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	ly%20measure%20relatively,closed%20questions%20to%20collect%20data. (Accessed: 6 December 2024) Hecker, J and Kalpokas, N. (2024) <i>The Guide to Interview Analysis</i>. Available at: https://atlasti.com/guides/interview-analysis-guide/advantages-of-research-interviews (Accessed: 6 December 2024) (this box should expand as you type)
	Location of research activity Identify all locations where research activity will take place.
8	Questionnaires will be distributed to 10 participants around Carmarthenshire. Follow up discussion or interview would be preferably online Teams. If face-to-face instead this would be in a quiet and comfortable setting. For example, their place of work or a room in a local library. (this box should expand as you type)
	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research then please state this.
9	N/A (this box should expand as you type)

10	Use of documentation not in the public domain: Are any documents <u>NOT</u> publicly available?	NO	x
		YES	☐
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. (this box should expand as you type)		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☐	x
13	A resilient Wales	x	☐
14	A healthier Wales	x	☐
15	A more equal Wales	x	☐
16	A Wales of cohesive communities	x	☐
17	A Wales of vibrant culture and thriving Welsh language	☐	x
18	A globally responsible Wales	☐	x
19	If YES to any of the above, please give details:		
	The research will relate to a healthier Wales: An improvement on young people's well-being and healthier relationships with professionals. Youth professionals will be provided with updated training around ACEs including a better understanding on the behaviours and emotions, responding to vulnerability and the support they give to mitigate the effects of ACEs. For example, this can include: - Early interventions. - Fostering resilience among adolescents. - Strategies including creating safe, supportive environments. - Enhancing their accessibility to mental health services. Furthermore the research activity will relate to a more equal Wales: Everyone has the same opportunities to reach their full potential to grow and develop. For example, in relation to those affected by aces, implementing strategies that provide support and resources, ensuring that they have access to quality education, safe environments and mental health services if required. Additionally, enabling everyone to receive non-judgemental support no matter what their background, age, gender or race, including those affected by ACEs. A Wales of cohesive communities: All communities with different backgrounds can live happily and secure together with a better understanding around ACEs. Emphasising the importance of community engagement to ensure that those affected by ACEs feel supported, respected and have a sense of belonging. A more resilient Wales: Building resilience in adolescents affected by ACEs. Focusing on: - Strengthening support systems. - Promoting mental health awareness - Providing resources for coping strategies (this box should expand as you type)		

SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	x	☐
2	Use of interviews?	x	☐
3	Use of focus groups?	☐	x

4	Use of participant diaries?	☐	x
5	Use of video or audio recording?	x	☐
6	Use of computer-generated log files?	☐	x
7	Participant observation with their knowledge?	☐	x
8	Participant observation without their knowledge?	☐	x
9	Access to personal or confidential information without the participants' specific consent?	☐	x
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	x
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	x
12	Investigation of participants involved in illegal activities?	☐	x
13	Use of procedures that involve deception?	☐	x
14	Administration of any substance, agent or placebo?	☐	x
15	Working with live vertebrate animals?	☐	x
16	Procedures that may have a negative impact on the environment?	☐	x
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	x
	Details of any other primary data collection method:		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	YES	NO
1	Students or staff at the University?	x	☐
2	Adults (over the age of 18 and competent to give consent)?	x	☐
3	Vulnerable adults?	☐	x
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	x
5	Prisoners?	☐	x
6	Young offenders?	☐	x
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	x
8	People engaged in illegal activities?	☐	x

9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.		
	Details of any other participant groups: (this box should expand as you type)	☐	x

	Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
10	How many participants are expected?	10 participants <i>(this box should expand as you type)</i>
11	Who will the participants be?	Practitioners who have had experience within trauma informed practice. For example, the following: • Professionally Qualified Youth Workers and students who are currently training to become professionally qualified that work or have experience in the field. • Young person counsellors • Therapists/play therapists • Professionals within the youth justice system Majority of the practitioners will be Youth Workers. The purpose of having other practitioners in other fields is so that all young people affected by ACEs can benefit from receiving support from all trauma informed professionals, if not a youth worker. To control the different perspectives in thematic analysis, the researcher will: 1) Thoroughly read through the data to understand the different perspectives if any. 2) Identify themes and consider how the profession of the practitioners may shape their perspective. Although there may be other professionals taking part not just youth workers. All participants will have an understanding or background experience working with young people affected by ACEs to ensure they provide relevant data.

		<i>(this box should expand as you type)</i>
12	How will you identify the participants?	The researcher has had the opportunity to have three different placements. She has direct links with practitioners from all 3 placements covering different areas in Carmarthenshire. For example these include Youth Workers and Youth Counsellors. These practitioners will be the participants as they have already shown an interest in taking part from having previous discussions regarding this research. Additionally Youth Work students at University who the researcher is in contact with have shown an interest in taking part. <i>(this box should expand as you type)</i>

	Information for participants:	YES	NO	N/A
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐
14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☒	☐	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☒	☐	☐
17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☒	☐	☐
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
22	If NO to any of above questions, please give an explanation			
	<i>(this box should expand as you type)</i>			

	Information for participants:	YES	NO	N/A
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with participants?	☐	☒	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
28	If YES to any question, please provide full details			
	(this box should expand as you type)			

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.		
1	Full risk assessment completed and appended?	Yes	
		No	X
2	Risks to participants For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		
	Risk to participants: 1. Privacy, consent and data protection. 2. Legal risks (this box should expand as you type)	How you will mitigate the risk to participants: 1. The researcher has read up on ethical guidance such as the BERA Guidelines (2024) which will be followed throughout. Also, prior to starting the research, this form will go through the ethics committee and be signed off for approval, ensuring this research will not go against any ethical principles. 2. If any of the participants were to disclose any form of criminal activity, the researcher must report it to the enforcement authorities. (this box should expand as you type)	

3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities		
	Before giving their full consent, all participants will be made aware of the following: • The purpose of this research in advance • For the researcher to get in contact with them should she need to discuss their answers further. • They have the option to view the questionnaire in advance. • They have the option to get in contact with the researcher at any time. • They do not have to answer all questions if they do not want to. • They have the right to withdraw at any time before giving their full consent. • If they choose to withdraw, the researcher will stop using their data and ask if they would like to remove the data they have already provided. In addition, the researcher will speak to her supervisor if necessary. The use of questionnaires will allow participants to have as many breaks as they would like should they need them. A debrief will be done at the end as a way for the researcher to check in with the participants and to discuss any queries they may have. <i>(this box should expand as you type)</i>		
4	Risks to the investigator For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest		
	<table border="1"> <tr> <td data-bbox="268 1227 598 2031"> 1. Safety risks of the building. 2. Meeting participants. 3. Conflict of interest. 4. Gaining bias responses. <i>(this box should expand as you type)</i> </td><td data-bbox="598 1227 1584 2031"> <i>How you will mitigate the risk to the investigator:</i> If the researcher should need to get in contact with a participant to further discuss their responses. Then the preferred method for the informal discussion/interview will take place online. However, if this is not possible and it needs to take place in person then the following will be done: 1) Risk assessment of the building will be completed in advance. Also, the interview will take place in a room where there is a window, ensuring extra safety for both the researcher and participant as they will be visible to others to avoid accusations. 2) Inform someone when meeting participants. For example, supervisor, family member or friend to where the researcher is going. If any of those contacted people have not heard from the researcher, they will be made aware to make a phone call. Arrangement times for a check in phone call will be made in advance. 3) Should there be any conflict. The researcher will comply with regulations to be able to manage conflict in the most appropriate way. The researcher will also disclose this with her supervisor to ensure the transparency of the researcher. </td></tr> </table>	1. Safety risks of the building. 2. Meeting participants. 3. Conflict of interest. 4. Gaining bias responses. <i>(this box should expand as you type)</i>	<i>How you will mitigate the risk to the investigator:</i> If the researcher should need to get in contact with a participant to further discuss their responses. Then the preferred method for the informal discussion/interview will take place online. However, if this is not possible and it needs to take place in person then the following will be done: 1) Risk assessment of the building will be completed in advance. Also, the interview will take place in a room where there is a window, ensuring extra safety for both the researcher and participant as they will be visible to others to avoid accusations. 2) Inform someone when meeting participants. For example, supervisor, family member or friend to where the researcher is going. If any of those contacted people have not heard from the researcher, they will be made aware to make a phone call. Arrangement times for a check in phone call will be made in advance. 3) Should there be any conflict. The researcher will comply with regulations to be able to manage conflict in the most appropriate way. The researcher will also disclose this with her supervisor to ensure the transparency of the researcher.
1. Safety risks of the building. 2. Meeting participants. 3. Conflict of interest. 4. Gaining bias responses. <i>(this box should expand as you type)</i>	<i>How you will mitigate the risk to the investigator:</i> If the researcher should need to get in contact with a participant to further discuss their responses. Then the preferred method for the informal discussion/interview will take place online. However, if this is not possible and it needs to take place in person then the following will be done: 1) Risk assessment of the building will be completed in advance. Also, the interview will take place in a room where there is a window, ensuring extra safety for both the researcher and participant as they will be visible to others to avoid accusations. 2) Inform someone when meeting participants. For example, supervisor, family member or friend to where the researcher is going. If any of those contacted people have not heard from the researcher, they will be made aware to make a phone call. Arrangement times for a check in phone call will be made in advance. 3) Should there be any conflict. The researcher will comply with regulations to be able to manage conflict in the most appropriate way. The researcher will also disclose this with her supervisor to ensure the transparency of the researcher.		

		4) Ensure that the questions are clear and neutral to avoid leading participants. The questionnaire will be looked at by the researcher's supervisor before it is distributed to the participants. 5) The researcher will have regular supervision meetings to discuss any challenges or potential risks or the need for support. <i>(this box should expand as you type)</i>
5	University/institutional risks For example: adverse publicity, financial loss, data protection	
	Risk to the University: Reputation risks <i>(this box should expand as you type)</i>	<i>How you will mitigate the risk to the University:</i> Following procedures relating ethical conduct and ethical approval such as the BERA Guidelines (2024), ensuring that there will be no reputational risks <i>(this box should expand as you type)</i>
6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems	
	Risk to the environment: N/A <i>(this box should expand as you type)</i>	<i>How you will mitigate the risk to environment:</i> N/A <i>(this box should expand as you type)</i>

Disclosure and Barring Service				
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☒	☐	☐
8	If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be	001800141088		

	subject to providing the appropriate certificate number.	
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SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
	The debrief will happen once the questionnaires are returned which will include the following: 1. Thanking the participants for their participation. 2. Discussing questions that they may have 3. Recap points from the pre-meeting, for example, explain how the researcher intends to use the information that they have provided. 4. Should the participants want to know the results of the feedback and the next steps for updated training around ACEs, an update meeting will be held after the research has been completed. <i>(this box should expand as you type)</i>
2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	The participants will be over the age of 18, therefore can legally give consent themselves. A pre-meeting online or in person will take place prior to the questionnaire being distributed which will include a discussion based on their consent. This will include: 1. Being made aware of the purpose of this research and what it entails. 2. Their consent in relation to having a further discussion/interview should it be necessary and for it to be recorded for evidence. 3. The option to see the questionnaire in advance. 4. They have the option to get in contact with the researcher at any time if they have any queries. Contact details will be given. 3. An opportunity for them to ask any questions that they may have. 4. The right to withdraw 5. Their data is protected. <i>(this box should expand as you type)</i>
3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	The participants will remain anonymous with the use of pseudonyms. Participants will be reminded that, to protect the identity of others, they should also anonymise any examples they provide of

	scenarios from their practice. This will ensure that the identities and privacy of young people or others are also protected. Their data will also be protected, see how in the following section. If a further discussion/interview is needed then this will be done on a one-to-one basis, between the researcher and the participant. This is so they can feel secure that the information they will provide will be gathered privately and will remain confidential. <i>(this box should expand as you type)</i>
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SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 “GDPR” and the Data Protection Act 2018 “DPA”)?	YES	NO
1	“Personal data” means any information relating to an identified or identifiable natural person (‘data subject’). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data.	☐	☒
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	<i>(this box should expand as you type)</i>		
	Does it involve special category data (as defined by the GDPR)?	YES	NO
3	“Special category data” means sensitive personal data consisting of information as to the data subjects’ – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	☐	☒
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	<i>(this box should expand as you type)</i>		

	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	YES	NO
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5	Manual files (i.e. in paper form)?	☐	x
6	University computers?	x	☐
7	Private company computers?	☐	x
8	Home or other personal computers?		x
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?		x
10	“Cloud” storage or websites?	x	
11	Other – specify:	☐	x
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation: 1) Anonymised/use of participant pseudonyms. For example, initials, participant 1, 2 (P1, P2) etc. 2) Further discussions/interviews if needed will be conducted on a one-to-one basis within private rooms, under no circumstances will this take place in a public area. 3) Password protected university computers/OneDrive. Both include encryption to prevent the data from being stolen or changed. 4) One file of the research will be kept, no duplications of data in multiple places. 5) If by mistake that the audio recording does include identifying information, this part will be deleted or blurred and also removed from the transcript for the protection of others. <i>(this box should expand as you type)</i>		

	Data Protection		
	Will the research activity involve any of the following activities:	YES	NO
13	Electronic transfer of data in any form?	☐	x
14	Sharing of data with others at the University outside of the immediate research team?	☐	x
15	Sharing of data with other organisations?	☐	x
16	Export of data outside the UK or importing of data from outside the UK?	☐	x
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	x
18	Publication of data that might allow identification of individuals?	☐	x

19	Use of data management system?	☐	x
20	Data archiving?	☐	x
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	N/A (this box should expand as you type)		
22	List all who will have access to the data generated by the research activity:		
	The researcher, and supervisor alone will have access to the data. (this box should expand as you type)		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	The researcher will have full control of this data. (this box should expand as you type)		
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
	Data will be kept until the dissertation is complete and the work is assessed by a relevant examination board. The data will be stored until the research has been completed will be deleted after the exam board, upholding the <i>Data Protection Act 2018</i> . (this box should expand as you type)		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. (Most relevant to academic staff)		
	N/A (this box should expand as you type)		
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	YES	x
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	x

SECTION K: Declaration

	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
1	Signature of applicant:	R.Major	Date: 3rd of December 2024

For STUDENT Submissions:

2	Director of Studies/Supervisor:	AE	Date:13/12/24
3	Signature:		

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date:
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☒	I have attached a copy of final/interim approval from external organisation (where appropriate)
☒	I have attached a full risk assessment (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

RESEARCH STUDENTS ONLY

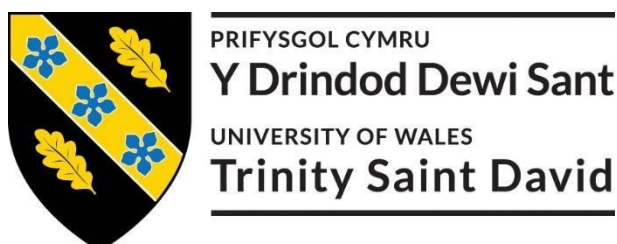
Once complete, submit this form via the **MyTSD Doctoral College Portal** at (<https://mytsd.uwtsd.ac.uk>).

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by your name.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

Appendix 2 – Information sheet



Rhif Adnabod Cyfranogwr: Participant Identification Number:		
PARTICIPANT INFORMATION SHEET		
Project Title: Navigating Resilience and Vulnerability: The impact of Adverse Childhood Experiences on adolescent transitions – Lessons for Youth Work.		

Dear Participant:

My name is Rachael Major and I am studying in the Academic Discipline of Childhood, Youth and Education.

I would like to invite you to participate in my research project. This project will explore the impact of Adverse Childhood Experiences (ACEs) on the three main transitions of adolescence: biological, physical and cognitive. The outcome of this research will go towards further training for Youth Work practitioners, providing them with the most effective resources, tools and strategies they can use to support adolescents, mitigating the effects of ACEs.

*Attached to this letter is a short questionnaire developed by myself which will assess your experience working with those affected by ACEs, including the best resilient factors, best practices and interventions needed. I believe your opinions will be extremely helpful to me.

Through your participation in the questionnaire, your responses will enhance my knowledge to gain a deeper understanding of the impacts of ACEs, highlighting the importance of addressing ACEs and improving systems for those affected.

All questionnaires will be kept strictly confidential to the researchers involved and at **NO** time will individual questionnaires be released to the general public. This gives you a chance to express your views in a confidential and anonymous forum and still be able to make a difference. Your participation in this study is completely voluntary so you can withdraw from the questionnaire at any stage.

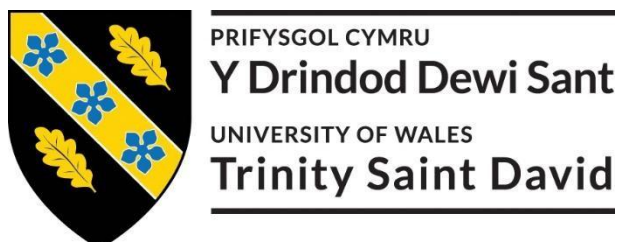
The questionnaire should take about 20 minutes to complete, but there is no time constraint. There are also no right or wrong answers. Attached to this letter along with the questionnaire is a consent form.

After careful and precise analysis of the data obtained from this questionnaire, I will be happy to provide you with a copy of the findings at your request. The results of this questionnaire will hopefully enhance my understanding of being trauma informed and hopefully enhance Youth Work provision. This data will be stored on password protected computers and will be deleted once the research has been completed. The results of the research will be fed back to myself and my dissertation supervisor.

Thank you in advance for your time and participation. If any questions do arise, feel free to contact me at your convenience.

ENW A CHYFEIRIAD YR YMCHWILYDD	NAME & ADDRESS OF RESEARCHER

Appendix 3 – Consent form



Rhif Adnabod Cyfranogwr: Participant Identification Number:		
FFURFLEN GANIATÂD CYFRANOGIAD		PARTICIPATION CONSENT FORM
Teitl Y Prosiect: / Project Title: Navigating Resilience and Vulnerability: The impact of Adverse Childhood Experiences on adolescent transitions – Lessons for Youth Work.		
Enw'r Ymchwilydd / Name of Researcher: Rachael Major		

Rhowch flaenlythrennau yn y blwch / Please initial box

1	Cadarnhaf fy mod wedi darllen a deall y daflen wybodaeth dyddiedig XXXX ar gyfer yr astudiaeth uchod. Rwyf wedi cael y cyfle i ystyried y wybodaeth, gofyn cwestiynau, ac rwyf wedi cael ateb boddhaol i'r rhain.	I confirm that I have read and understand the information sheet dated 11/03/2025 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	Deallaf fy mod yn cymryd rhan o'm gwirfodd a bod croeso i mi dynnu'n ôl ar unrhyw adeg, heb roi rheswm.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.	
3	Deallaf y gellir defnyddio unrhyw wybodaeth a roddir gennyf mewn adroddiadau, erthyglau neu gyflwyniadau gan y tîm ymchwil.	I understand that any information given by me may be used in future reports, articles or presentations by the research team.	
4	Deallaf na fydd fy enw'n ymddangos mewn unrhyw adroddiadau, erthyglau neu gyflwyniadau.	I understand that my name will not appear in any reports, articles or presentations.	
5	Cytunaf i gymryd rhan yn yr astudiaeth uchod	I agree to take part in the above study.	
Enw'r Cyfranogwr			

<i>Name of Participant</i>		
Llofnod Rhiant/Gwarcheidwad os yw'r Cyfranogwr o dan 18 oed <i>Parent/Guardian signature if Participant is under 18</i>		
Llofnod Cyfranogwr <i>Participant Signature</i>		
Ymchwilydd <i>Researcher</i>		Llofnodwyd Signature

Cewch wrthod cymryd rhan yn yr astudiaeth hon. Cewch ddod â'ch cyfranogiad yn yr astudiaeth hon i ben unrhyw bryd. Os penderfynwch barhau'n ddienw, bydd sicrhau hynny'n flaenoriaeth a chymerir pob cam ymarferol i guddio pwy ydych. Os yw'n well gennych fod yn anhysbys, ni fydd unrhyw wybodaeth yn eich enwi ar dapiau sain na thrawsgrifiadau o'r cyfweiliad hwn nac o unrhyw un arall. Ni fydd neb yn clywed unrhyw dapiau sain nac yn gweld unrhyw drawsgrifiadau heb eich cydsyniad o flaen llaw. Bydd deunyddiau a grëir yn sgil y cyfweiliad hwn neu unrhyw gyfweiliad arall yn aros yn gyfrinachol.

You may decline to participate in this study. You may end your participation in this study at any time. If you decide to remain anonymous, maintaining your anonymity will be a priority and every practical precaution will be taken to disguise your identity. If you prefer anonymity, there will not be any identifying information on audiotapes or transcripts of this or any interview. No-one will hear any audiotapes or see any transcripts without your prior consent. All materials generated from this or any interview will remain confidential.

Ar ôl llenwi'r ffurflen, dychwelwch hi yn yr amlen a ddarperir (lle bo'n berthnasol). Rhoddir un copi i'r cyfranogwr a chedwir y gwreiddiol yn ffeil y tîm ymchwilio yn:

When completed please return in the envelope provided (if applicable). One copy will be given to the participant and the original to be kept on the file of the research team at:

ENW A CHYFEIRIAD YR YMCHWILYDD	NAME & ADDRESS OF RESEARCHER

Adverse Childhood Experiences (ACEs) - Stressful or traumatic experiences that impact children and young people. For example:

- 1) **Abuse** - Physical, sexual, and emotional.
- 2) **Neglect** - Emotional and physical.
- 3) **Household** – Exposure to domestic violence, substance misuse, mental illness, parental separation/divorce and adult imprisonment.

Questions

- 1) In your experience, what are the most common types of ACEs that you encounter when working with young people? In addition, why do you think that is? Please explain your answer.
- 2) In your experience, how do ACEs impact on the **cognitive, social, and biological** transitions of young people you work with? For example, this may include their mental health, their ability to trust and their development. Please explain your answer.
- 3) How do you screen/identify young people who may have experienced ACEs during your practice? For example, do you use tools such as formal assessment forms or do you identify ACEs through dialogue, conversation or observation? Please explain your answer.
- 4) What approaches do you use to build positive relationships and trust with young people impacted by ACEs? Please explain your answer.

- 5) How do you support these young people in your practice? For example, are there examples of specific Youth Work approaches, strategies or interventions you use that you think are essential for those who work with young people affected by ACEs?
- 6) Can you provide examples of ACEs training you have attended, if any? Can you suggest any changes you would like to see in policy or practice to better support young people affected by ACEs? Please explain your answer.
- 7) What is your understanding of Cognitive Behavioral Therapy (CBT)? A talking therapy that helps to manage emotions. For example, the importance of dialogue and building relationships. How effective would CBT be in practice as an intervention to mitigate the effects of ACEs? Please explain your answer.
- 8) How do you measure the effectiveness of Youth Work interventions and support you provide to young people affected by ACEs? Please explain your answer.
- 9) What advice would you give to Youth Workers who are beginners in working with young people affected by ACEs? Please explain your answer.

If necessary, would you be happy to be contacted for a further discussion at a later date? If yes, please confirm by agreeing below.

I agree

I disagree

Please complete the questionnaire by Monday 24th of March 2025 and return to Rachael Major via 2204546@student.uwtsd.ac.uk

Thank you for your support and taking the time to complete this questionnaire.