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BSc (Hons) Health and Social Care

Independent Project (BMHP6020_BIRM)

Component 1: Element 1 – Project Proposal

Word Count: ~500 words (excluding references)

Project Title

An Investigation into the Long-Term Mental Health Outcomes of Adverse Childhood Experiences (ACEs) Among Marginalised and Vulnerable Populations in England and Wales: Implications for NHS Health and Social Care Practice

1. Aim

The proposed project will critically examine the long-term mental health consequences of Adverse Childhood Experiences (ACEs) in vulnerable and marginalised groups in England and Wales, and will assess the degree to which the current NHS health and social care delivery model is effective in meeting the needs of individuals with disadvantaged backgrounds in a complex and trauma-informed manner.

2. Objectives

The overall purpose is to identify and analyse the prevalence and typology of adverse childhood experiences (ACEs) and clarify the inequitable distribution of the effects of such experiences on disadvantaged groups around England and Wales. The second goal is to critically examine the available academic literature, NHS policy documents and government reports so as to determine the prevailing evidence base, as well as to determine the salient gaps in service provision. The third task is to assess the themes that are brought about by systematic thematic literature review, thus assessing the sufficiency of NHS trauma-informed interventions with ACE-affected groups. The fourth goal is to create evidence-based recommendations to be presented to the NHS commissioners, practices, and policymakers that would strengthen the provision of trauma-sensitive services and inform future research activities.

3. Background / Rationale

Adverse Childhood Experiences refer to traumatic childhood events such as abuse, neglect, and household dysfunction, and are strongly linked with long-term physical and psychological damage. ACEs are unevenly distributed in England and Wales, with the most disadvantaged and marginalised groups being more affected by this proportion (Bhutta et al., 2023; Office for Health Inequalities and Disparities, 2026). Although the NHS policies have increasingly acknowledged it, provision is often not

taking sufficiently trauma-informed approaches when working with individuals who experience structural barriers to mental health care (NHS England, 2023; Public Health Wales, 2022). It is also noted that socially disadvantaged groups have an increased ACE-induced psychopathological vulnerability, but they are underserved systematically (Villadsen et al., 2023; Hughes et al., 2025). This project thus fills a verifiable evidence gap in the UK evidence base, and adds to the discourse of health inequalities and NHS mental health transformation, and produces equity-centred and practice-based results to health and social care practitioners in England and Wales.

4. Methods

The secondary qualitative research design will be utilized, and the systematic thematic literature review will be chosen as the main methodological approach. The sources will be located in CINAHL, PubMed, PsycINFO, and the UWTSD Library, but limited to publications pertaining to the UK and within the scope of 20222026. Synthesis According to Braun and Clarke (2022), thematic analysis will be used to synthesise the emergent patterns. The rigour of ethics will be ensured by the proper Harvard reference, and critical evaluation of sources and plagiarism will be avoided.

5. Resources

UWTSD Library, CINAHL, PubMed, PsycINFO, NHS England repository, Public Health Wales, OHID, GOV.UK policy archive, Zotero reference management software, and BMHP6020 Moodle resources.

6. Timescale

Term 2 Weeks 1 to 6: proposal submission and literature searching. Week 3 1-5 thematic analysis and methods poster. Week 6 to 10 Term 3: dissertation writing and dissertation submission.

7. Self-Reflection as Researcher

The projects I have already done in my life, especially related to working with the public health modules, offer a solid background for the given project. Issues will involve dealing with the scope of the literature, considering word count limits, which will be tackled by means of systematic note-taking and frequent interaction with the supervisor in order to train my analytical and academic writing abilities.

References

Bhutta, Z., Bhavnani, S., Betancourt, T., Tomlinson, M. and Patel, V. (2023) 'Adverse childhood experiences and lifelong health', *Nature Medicine*, 29, pp. 1639–1648. doi: 10.1038/s41591-023-02426-0.

Braun, V. and Clarke, V. (2022). *Thematic Analysis: A Practical Guide*. London: SAGE Publications.

Hughes, K., Bellis, M., Ford, K., Sharp, C., Hopkins, J., Hill, R. and Cresswell, K. (2025) 'Adverse childhood and school experiences: a retrospective cross-sectional study examining their associations with health-related behaviours and mental health', *BMC Public Health*, 25. doi: 10.1186/s12889-025-21788-3.

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Office for Health Improvement and Disparities (2026) *GOV.UK*. Available at: https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities (Accessed: 26 February 2026).

Public Health Wales NHS Trust (2022) *Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity*. Cardiff: Public Health Wales NHS Trust. Available at: https://traumaframeworkcymru.com/wp-content/uploads/2022/07/Trauma-Informed-Wales-Framework.pdf (Accessed: 27 February 2026).

Villadsen, A., Asaria, M., Skarda, I., Ploubidis, G., Williams, M., Brunner, E., and Cookson, R. (2023) ‘Clustering of adverse health and educational outcomes in adolescence following early childhood disadvantage: population-based retrospective UK cohort study’, *The Lancet Public Health*, 8(4), pp. e286–e293. doi: 10.1016/S2468-2667(23)00029-4.