

Evaluation of a Structured Multi-Agency, Early Intervention Approach to Vulnerability with Neighbourhood Policing Teams





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Acronyms and Definitions used in the report

AC	ACE Coordinator: Social care practitioners responsible for setting up and supporting police and partners to embed trauma-informed practice as well as delivering Adverse Childhood Experience (ACE) Informed Approach to Policing Vulnerability Training.
ACE	Adverse Childhood Experiences: Stressful experiences that occur before the age of 18 that directly harm a child (e.g. physical abuse) or through their environment (e.g. parental substance misuse).
APVT	Adverse Childhood Experience Informed Approach to Policing Vulnerability Training: Training for police staff covering the impact of trauma on development, ways to identify and respond to ACEs and how to build resilience in children. [Shortened to ACE Policing Vulnerability Training (APVT) for purpose of reporting.]
BCBC	Bridgend County Borough Council: A governing body of Bridgend County Borough that provides services such as social care, housing and education services.
BCU	Basic Command Unit: The largest geographical sections that police force areas are divided into. South Wales Police force has separated into Central, Eastern, Northern and Western BCUs.
BOLO	Be On the Look-Out: A police term issued to officers based on specific criminal intelligence.
EH	Early Help: A local authority service made up of a range of professionals that aim to support children and families in need at the earliest opportunity.
NBM	Neighbourhood Beat Manager: A police officer responsible for a certain community area.
NPT	Neighbourhood Policing Team: A range of roles that work together in a community area to understand the local community issues, reduce crime and increase police presence.
PC	Police Constable: Lowest ranking police officer.
PCSO	Police Community Support Officer: Members of the Neighbourhood Policing Team that patrol the local area, interact with members of the public and deal with enquiries.
PPN	Public Protection Notification: A safeguarding referral form used by South Wales Police Force to record and pass on their concerns about an individual.
PPU	Public Protection Unit: Specialist department within the police that oversees safeguarding.
PS	Police Sergeant: Senior operational role with management responsibilities.
SLO	School Liaison Officer: A police officer dedicated to working with schools and their communities.
SWP	South Wales Police: One of four territorial police forces in Wales.

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Executive summary

The *Early Intervention and Prevention Project (EIPP): Breaking the Generational Cycle of Crime*¹ investigated the role of policing in responding to vulnerability in the South Wales Police force (SWP). High level research involving extensive access to police practice, with almost 400 hours of operational policing observed, interviews and focus groups with frontline Police Officers conducted and a detailed analysis of safeguarding referral data for a 12-month period, highlighted the high level of demand related to vulnerability that SWP responded to. Furthermore, the research found that traditional policing methods, training and systems were not designed to meet the level and type of demand faced by Police around vulnerability. The EIPP has developed a platform of much needed understanding around policing demand and response to vulnerability and informed five key recommendations for action¹ that have been accepted for trial in SWP force area.

Recommendation One of the EIPP was to build a structured multi-agency, early intervention approach to vulnerability within Neighbourhood Policing Teams (NPTs). Recommendation Two was to develop ACE Policing Vulnerability (APV) Training which was delivered between April and May 2017 and the short term impacts of the training independently evaluated by Public Health Wales (PHW)².

This evaluation report has two aims:

- (1) To understand the process change and impact of the trial of a structured multi-agency, early intervention approach to vulnerability with NPTs.
- (2) To investigate the longer term impacts on policing practice of those who attended the APV Training to further inform the development of a multi-agency early intervention approach to vulnerability for roll-out and scale up at both regional and national level.

The structured multi-agency, early intervention approach to vulnerability pilot tested new arrangements between NPTs and the Bridgend County Borough Council (BCBC) Early Help team^a to enable a more effective, response to vulnerability demand, with a focus on children, young people and their parents/ carers. It aimed to:

- Understand the process of safeguarding referrals made by SWP, known regionally as Public Protection Notifications (PPNs) in regards to the majority not being taken forward by statutory agencies as a result of not meeting statutory thresholds as identified through the Early Intervention and Prevention project¹;
- Test a new enhanced role for NPTs to work in a collaborative way with the Local Authority and other partners at the earliest point.

The pilot^b (see Box 1) has been operational since 26th June 2017. Public Health Wales carried out an independent evaluation of the trial and test arrangements of the pilot to understand the process change that informed the new multi-agency arrangements between NPTs and the BCBC Early Help team; the effectiveness of this change; the impact the pilot had on multi-agency working; and how the ACE Coordinators role helped to facilitate this change.

a Early Help teams exist as part of the Information, Advice and Assistant (IAA) requirement of the Social Services and Wellbeing Act (2014), the setup of these teams differs across Local Authorities.

b It needs to be caveated that throughout this evaluation the process was constantly being developed and refined in response to 'trial and error' and service-led demands and remains fragile and 'fluid' in nature with further refinement required.

Box 1: Description of the structured piloted multi-agency, early intervention approach to vulnerability with Neighbourhood Policing Teams (NPTs)

The pilot established collaborative working arrangements between Police and Early Help to allow services to work together to identify and provide early interventions for vulnerable families. New systems and processes in place allow safeguarding PPN referrals to include the number and type of Adverse Childhood Experiences (ACEs) identified, with pathways for those not reaching statutory thresholds, but may benefit from early intervention. Follow up queries allow information to be shared between co-located policing and Early Help.

Action plans developed post-initial assessment may include joint visits between police and Early Help to the family home, to the child's school and/or recommended referrals to other services.

The implementation of this new approach employed a business change model by bringing in both a Police Lead and an independent/non-police Partnership Lead to oversee both strategic and operational development.

As part of the pilot arrangements ACE Coordinators, seconded from NSPCC and Barnardo's as experienced social care practitioners, were employed to act as 'tactical advisors' supporting police and partners to develop and embed ACE and trauma informed collaborative practice and process change between NPTs and BCBC Early Help teams. This included the development and delivery of APV Training and an Early Action Toolkit, quality assurance and case reviews and direct support to operational staff during joint visits and screening.

Key Findings

Embedding the structured multi-agency early intervention approach to vulnerability within neighbourhood policing

- SWP and Early Help staff involved in the pilot were generally very positive about the approach.
- The independent Partnership Lead was seen as pivotal in facilitating police systems to be challenged, negotiated and adjusted to enable a more collaborative partnership way of working.
- Current policing practices need to be reviewed to allow engagement and working with families over longer periods of time, with less emphasis on performance indicators and closing cases.
- Co-locating police and Early Help in the PPN screening process has begun to successfully streamline the process of identifying and responding to cases of vulnerability suitable for early intervention; reducing reviewing time and better enabling communication between partners. However, the issue of inappropriate 'back covering' submission of PPNs still needs to be addressed.
- Concerns were reported around the continuation of the screener(s) being given dedicated time as part of their daily workload to complete tasks.
- The notion of the police responding to vulnerability, is still something that requires an immense culture change, with this shift requiring support from leaders within and across policing organisations.
- If responding to vulnerability is to be truly embedded as the vision of policing, initial recruitment, training and continuous professional development need to be aligned to these principles ensuring ALL police see vulnerability as their responsibility.

Contribution of the ACE Coordinators

- The ACE Coordinators' specialist social care knowledge, alongside the practical support of operational activities they provided, was acknowledged as a key contributing factor in influencing much of the culture change required for the approach and therefore integral to the overall success of the pilot.
 - Independently seconded from Barnardo's and NSPCC allowed the ACE Coordinators to provide objective support outside of police systems to aid organisational change; utilising established working relationships with statutory and non-statutory organisations.
 - Physical presence within NPTs enabled relationship building and ensured availability to address police queries around the process.
 - Attending joint visits provided practical and immediate on the ground support on how to engage with vulnerable families and reassurance to police unfamiliar with working in this way.
 - Introducing a social care perspective to policing increased awareness of issues around vulnerability with police staff, supporting knowledge transfer from ACE policing vulnerability training to practical implementation.

Positive outcomes of the new approach

- The implementation of the pilot improved and strengthened the relationship between the police and the BCBC Early Help team.
- Enhanced supportive role of NPTs employed within the community improved engagement with children and families
- Anecdotal evidence reported reductions in the number of repeat call-outs to families who had engaged, which in turn has reduced the demand for response officer attendance at properties.

Long-term impact of ACE-Informed Approach to Policing Vulnerability Training (APVT)

- A 6-month follow up of the training highlighted that participants' felt they had successfully applied the knowledge and skills gained from the training on trauma-informed care (TIC) into police practice.
- Impact on practice was clear in terms of PPNs: PPNs were now being more comprehensively completed before submission. ACEs within households were more consistently being identified and noted on PPNs.
- Interviews indicated that officers were able to put their training into practice, with identifying ACEs becoming embedded in their operational duties and perceived to be a daily task.
- Operational processes involved in the early intervention approach requires better awareness, with this potentially being overcome by developing written guidance clarifying the responsibilities of each individual role within the process.

Implications for roll-out

There was recognition by police and partners at all levels that an early intervention approach could both reduce future police demand and prevent later offending and has provided significant justification among partners for the continuation of the approach. There was clear agreement among participants that the approach employed during the pilot should be fully implemented and rolled out across the whole SWP force area; despite the process requiring refinement.

Conclusions and Recommendations

The evaluation identified a wide range of support for the retention and expansion of the pilot in the SWP force area due to the potential long-term impact that early intervention could have upon police demand. While still in its infancy, the pilot has demonstrated an operational working model of how police practice can be adapted to better meet the demands of the population they serve, when working collaboratively at a multi-agency level by enabling police officers to better understand and identify what is a safeguarding issue and what can be referred directly to alternative pathways such as early help

The real impact of the pilot has not been fully realised within this evaluation due to the constantly changing processes within the multi-agency approach as each service continued to shape the process within the constraints of their own sector while responding to more efficient ways of working together over time as a result of 'trial and test'. This is in part due to timescales; the 'fluid' nature of the process that is still being defined; and the need for systems to be further developed to allow monitoring data to be captured (particularly within the Early Help setting). It is essential that a more defined process of the early intervention approach is established before regional expansion and roll-out can move forward.

Recommendations:

The evaluation makes the following recommendations:

Local South Wales Police Force recommendations:

- The structured multi-agency, early intervention approach to addressing vulnerability should remain in the pilot areas, but should be modified in line with the findings of the evaluation to enable improved embedding to include:
 - A more defined process of the early intervention approach to be established before regional expansion and roll-out can move forward.
 - Further development of the screening between Police and Early Help of the new early intervention referrals. Although evaluation showed a positive move towards co-location of screening it still appears resource heavy. Further refinement of process to move away from co-location to a 'co-operation' model of screening between partners.
 - Explore the possibility of developing a generic risk and information collation role to work across agencies that would feed in to early intervention services.
 - Development of systems to allow monitoring of data on level of service demand to be captured as a result of the new approach to responding to low level vulnerability, particularly within the Early Help setting.
 - The pilot to operate a local partnership model for the screening of PPNs for early help. This will allow partners to better respond to local vulnerability issues and demand within the constraints of locally available resources. This will require the development of an enhanced and timelier interface with the Public Protection Unit (PPU) and an alternative systems approach for early help/intervention referrals that does not simply attach to existing PPNs that are there to capture safeguarding referrals.

- Development of written guidance clarifying the responsibilities of each individual role across police and partners within the process. Despite dissemination of information leaflets, outlining the agreed process between police and Early Help a lack of clarity still existed.
- There was agreement that the role of screener(s) needs protected time to complete the task and to ensure conflicting job demands do not exist. Future consideration needs to be given to who undertakes the screening and how information is recorded (specifically in relation to data collection system practicalities).
- A review of resources within the current PPU screening system to ascertain the possibility of utilising this resource in the early help setting.
- Research is required to develop an understanding of reach and impact of partners responding to vulnerability to increase the take up rate of families identified through the new approach who are offered early intervention.

Wales wide recommendations for a trauma-informed approach to policing:

- The ACE policing vulnerability training, including detail of the operational actions underlying the early intervention trauma-informed approach, should be rolled out across the remaining police sectors within SWP and all police force areas in Wales to ensure that police employ a consistent trauma-informed approach to their work.
- The ACE Coordinator role perceived to be crucial should remain part of the ongoing activities relating to the approach. In expanding the project across other Forces, the ACE Coordinator role should be positioned as an integral role, particularly in the delivery of the training for the police workforce.
- ACE Coordinator roles should maintain social care expertise, external to police, easily approachable and co-located in police stations.
- Further longer-term evaluation on the impact of the pilot across all partners in terms of capability, capacity, resources and the outcome for families (to include an economic assessment) would give additional evidence for the sustainability of this model.
- Further research is required to comprehensively examine the impact of this new way of working in terms of the impact of the role of the Police Lead, Partnership Lead and ACE Coordinator in influencing systems change.
- For sustainability and wider roll-out:
- Wider stakeholder engagement is required to lay the groundwork to the benefits and impact an ACE-informed multi-agency approach to responding to vulnerability could offer at local and national level. This could be driven through Public Service Boards (PSBs) to align the approach with joint working arrangements formally established through PSB plan objectives to deliver on achieving the wellbeing goals set out in the Wellbeing of Future Generations (Wales) Act (WFGA) 2015. This would place a statutory requirement on public bodies to work in ways that help to tackle ACEs.
- Establishment of an accountability framework as set out in the WFGA.
- Engagement with Her Majesty's Inspectorate of Constabulary (HMIC) and the Association of Police and Crime Commissioners (APCC) on taking forward discussions on appropriate inspection and performance measures to drive cultural change around policing vulnerability.

Moving forward:

There is a national commitment in Wales to identify, prevent and mitigate ACEs through working in a more trauma-informed way, looking to intervene at the earliest opportunity to support those at risk of vulnerability and build resilience across communities. Addressing ACEs is a key priority for many sectors including the National Health Service (NHS), Police, Education, Housing and Criminal Justice all of which have begun to implement ACE-informed approaches to practice at some level.

Drawing from the understanding and learning around policing demand and response to vulnerability gained from the EIPP, Public Health Wales, the four Police Forces and Police and Crime Commissioners and a range of partners across Wales have secured further funding from the Home Office Police Transformation Fund to enable the further development of this multi-agency, ACE-informed approach nationally over the next two years. Demonstrating this commitment across partners to work together to build resilience through a public health approach to policing and criminal justice in Wales a national partnership agreement has been drawn up and agreed to.

This new programme of work will encompass working with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE-informed services and organisations. The aims are to:

- Develop a competent and confident workforce to respond more effectively to vulnerability using an ACE-informed approach in both fast and slow time policing.
- Assist with a review of organisational capacity and capability within the wider collaborative partnership to proactively meet the changing demands on front line services.
- Explore the feasibility of a 24/7 single integrated 'front door' for vulnerability that signposts, supports and safeguards encompassing 'blue light', welfare and health services.
- Establish a clear plan to move towards a whole system response to vulnerability by implementing ACE-informed approaches for operational policing and key partners.

1. Introduction

1.1 Adverse Childhood Experiences

Stressful events that directly harm the child or their environment are known as Adverse Childhood Experiences (ACEs) and include physical abuse, parental incarceration and domestic violence³⁻¹². Research has shown that children who experience ACEs are more likely to engage in health-harming behaviours and have an increased risk for poor mental wellbeing and morbidity later in life³⁻¹¹. In 2015, a national survey in Wales found that children who had experienced four or more ACEs were 14 times more likely to have been a victim of violence and 15 times more likely to have committed violence against another person in the last 12 months⁷.

Some children who experience ACEs avoid the negative associated outcomes in adulthood. Resilience can be strengthened in children by ensuring they have a stable relationship with a caring adult, skills to manage behaviours and emotions, connection to traditions and the belief that they can overcome hardship^{8,12,13}. Strengthening these protective factors provides children with the resources to protect themselves from adversity and reduces the prevalence of health-harming behaviours later in life¹⁴.

1.2 Importance of a multi-agency, trauma-informed response to vulnerability

Police have faced an increase in demand to respond to complex welfare, public safety and vulnerability issues¹⁵. The Police therefore are well placed to identify ACEs in vulnerable children and families, and intervene in order to build resilience and prevent the transmission of ACEs to the next generation. By applying an 'ACE lens', recognising the signs and symptoms of trauma and realising the widespread impact it can have on an individual's life, officers can develop a better understanding of the root causes of behaviour and promote individuals' protective factors.

A collaborative approach to intervening with children and families who are vulnerable is likely to provide better support and improve professional practice¹⁶. The benefits of a multi-agency approach to vulnerability have previously been identified (e.g. better sharing of information and expertise¹⁷⁻²⁹, and improved victim safety²⁰). Joint approaches to screening safeguarding referrals¹⁹ and responding to welfare issues²²⁻²⁴ have been set up in the UK with the aim of facilitating better communication and information sharing across agencies, and improving individuals' outcomes. For example, an evaluation of a multi-agency pilot over 21 months found that when police and Social Services screened domestic violence notifications together the number of re-referrals to Children's Social Services reduced²¹. It was reported that the pilot helped to provide Social Services with more information about the cases and avoid duplication of work²¹.

The importance of the multi-agency response to vulnerability becoming trauma-informed has been recognised^{25,26}. A trauma-informed approach has been defined as one that understands the impact of trauma, identifies the signs of trauma, acts by applying knowledge of trauma and seeks to avoid re-traumatisation²⁵. Training programmes have been developed for social care workers in America²⁸⁻³⁰, and frontline police officers internationally and in the UK^{2,31-34}. A trauma-informed partnership approach has been set up in the US to respond to violent incidents with the aim of supporting the child and making referrals to other services where appropriate but has not yet been evaluated³⁵. Potential barriers to effective multi-agency working have been highlighted by previous research such as a lack of understanding about the other agencies, differing priorities and delayed decision making^{18,36,37}.

1.3 South Wales Police and Social Services context

When vulnerability is identified by officers in South Wales Police (SWP) they are required to submit a safeguarding referral called a Public Protection Notification (PPN) within 24 hours of the incident. The PPN details the type of vulnerability (i.e. Domestic Abuse and Violence, Child Concern, Honour Based Violence, Vulnerable Adult and Child Sexual Exploitation), the officer's concern and their risk assessment. PPNs are received by the Public Protection Unit (PPU), a specialist department based in the police, where they are reviewed, and further risk assessed and where appropriate shared with partner agencies (e.g. Social Services).

When Social Services receive a referral, an assessment is carried out to establish if the individual meets the threshold for intervention and whether a care and support plan is required³⁸. Early Help hubs within Social Services provide support to children and their families who do not meet the threshold but have unmet needs and require additional support³⁹. Early Help hubs/teams exist as part of the Information, Advice and Assistance (IAA) requirement of the Social Services and Wellbeing Act (2014), although the setup of these teams differs across Local Authorities, the hubs work to enable children and families to access services that can build resilience for example, parenting programmes and group support. They take an early intervention approach⁴⁰ which is one that seeks to take action at the earliest opportunity and prevent problems from developing⁴¹. The South Wales Police & Crime Plan 2018-21 also sets out an aim for the force to promote early intervention and act in prompt and positive way⁴². Intervening early and providing timely support, particularly when working collaboratively, are likely to have significant cost benefits for a range of agencies (e.g. health, criminal justice system and Social Services)⁴³⁻⁴⁷.

1.4 The evaluation of the response to vulnerability by South Wales Police

The system in place for SWP to respond to vulnerability has been examined as part of the Early Intervention and Prevention project: Breaking the Generational Cycles of Crime¹. Public Health Wales (PHW), NSPCC and Barnardo's collaborated on the Police Innovation Funded project. A range of methods were used to understand the current SWP process, how police officers perceive their ability to respond to vulnerability and how partner agencies collaborate. Safeguarding referral data provided by SWP and Bridgend Country Borough Council (BCBC) was analysed to assess the level of demand and repeat activity in the system. The report produced five recommendations¹ and this pilot focused on the first: *To pilot a structured multi-agency, early intervention approach to vulnerability with Neighbourhood Policing Teams (NPTs)*; and third: *To work with the police Public Protection Department (PPD) to develop an ACE-informed approach to the existing PPN process*.

The recommendation is based on findings that highlighted challenges with multi-agency working and a need for a shared understanding of vulnerability and risk thresholds¹. Child and Adult Social Services received a large number of PPNs and the majority were closed for no further action. It was recommended that this pilot addressed the lack of action and to ensure those who present with low level vulnerability get help when they need it. NPTs were identified as well placed to take an early intervention approach and work collaboratively with other agencies as the role provides opportunities for collecting detailed information, giving advice and supporting individuals. The approach aligns well with the Social Services and Well-being (Wales) Act 2014⁴⁸ and Well-being of Future Generation (Wales) Act 2015⁴⁹ which promote multi-agency working between public bodies and taking a preventative approach before problems become worse.

1.5 The multi-agency early intervention pilot

The pilot was set up in the Maesteg and Aberkenfig sectors^c, within a single Basic Command Unit (BCU) in June 2017 with the aim of identifying early intervention opportunities when police respond to vulnerable people particularly children and their families. The approach aimed to provide support to families that present with low level vulnerability and prevent them from becoming higher risk. Officers and PCSOs in the pilot area received ACE-Informed Approach to Policing Vulnerability Training (APVT) between April and May 2017. The training covered the impact of trauma on development, ACEs, skills for working with trauma and promoting resilience².

The pilot established collaborative working arrangements between Police and Early Help (see figure 1) to allow services to work together to identify and provide early interventions for vulnerable families. New systems and processes in place allow safeguarding Public Protection Notification (PPN) referrals to include the number and type of Adverse Childhood Experiences (ACEs) identified, with pathways for those not reaching statutory thresholds, but may benefit from early intervention. Follow up queries by a PC or PCSO to establish consent allows information to be shared between co-located policing and Early Help. Action plans developed post-initial assessment may include joint visits between police and Early Help to the family home, visits to the child's school and/or recommended referrals to other services.

The implementation of this new approach employed a business change model by bringing in both a Police Lead and an independent/non-police Partnership Lead to oversee both strategic and operational development. This development of this role allowed police systems to be challenged, negotiated and adjusted to enable a more collaborative partnership way of working.

As part of the pilot arrangements ACE Coordinators, seconded from NSPCC and Barnardo's as experienced social care practitioners, were employed to act as 'tactical advisors' supporting police and partners to develop and embed ACE and trauma informed collaborative practice and process change between NPTs and BCBC Early Help teams. This included the development and delivery of APVT and an Early Action Toolkit, quality assurance and case reviews and direct support to operational staff during joint visits and screening.

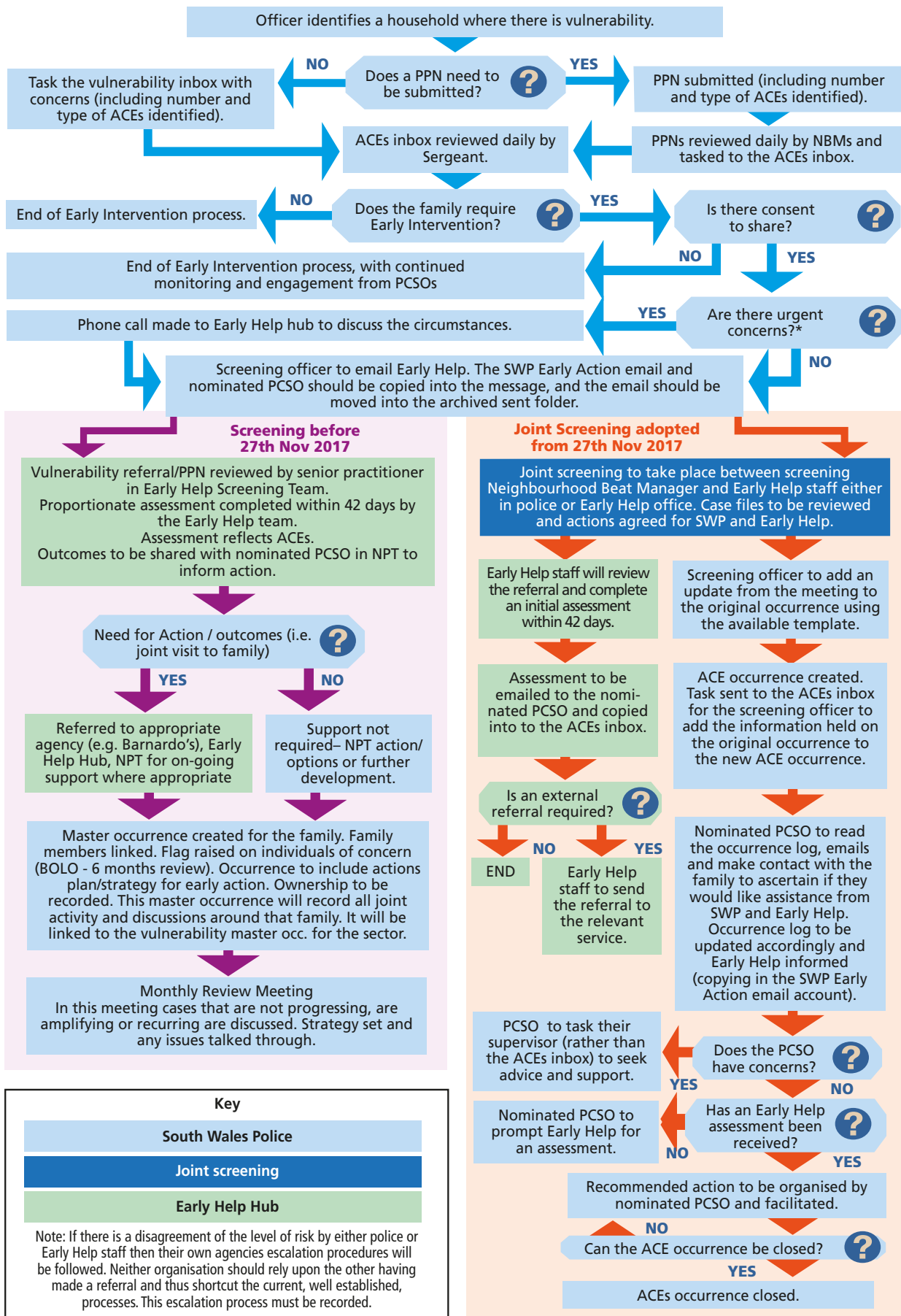
The pilot evaluation has the following primary objectives:

1. To understand the process of change and how the new multi-agency arrangements between NPTs and the BCBC Early Help team developed and the effectiveness of the change process.
2. To understand the impact of the pilot on multi-agency working and relationships between the police and the Early Help team.
3. To provide further police reflection on the ongoing effects of the 'ACE-Informed Approach to Policing Vulnerability Training' post training delivery.
4. To examine the impact of the pilot on early intervention demand on NPT and Early Help and potential impact on the PPN process.
5. To understand the impact of the ACE Coordinator role in facilitating change to police practice within the pilot arrangements

The evaluation also sought to identify whether the new approach could be sustained in the pilot areas, and recommendations for how the approach could be rolled out regionally within South Wales and nationally to other areas across Wales.

^c Maesteg and Aberkenfig sectors were selected as pilot areas as they were areas where there was most interest among staff.

Figure 1: Police and Early Help Process Map^d for early intervention approach to vulnerability



^d It needs to be caveated that throughout this evaluation the process was constantly being developed and refined in response to 'trial and test' and service-led demands and remains fragile and 'fluid' in nature with further refinement still required.

2. Method

This section describes the methods used to evaluate the structured multi-agency approach to vulnerability with neighbourhood policing teams and is a follow up to the research on the response to vulnerability by SWP¹ and the ACE policing vulnerability training (APVT) evaluation².

The evaluation was designed using a mixed methods approach, including both qualitative and quantitative data collections tools. Approval for the evaluation and confirmation that ethical approval from the NHS Research Ethics Committee (REC) was not required, were gained by the Public Health Wales R&D Office (11/10/2017). Informed consent was obtained from all participants.

2.1 Interviews

Those interviewed included: Police Officers of different ranks, Police Community Support Officers (PCSOs), Early Help staff and senior management, the ACE Coordinators and those involved in the strategic development of the new approach. Interviews were held between November and December 2017.

Interviews with ACE Coordinators, project leads and police senior management

Six semi-structured interviews were conducted in total with a range of partners including ACE Coordinators, project leads and SWP senior management which aimed to explore how the new process was developed, their perceptions of the pilot and whether it could be rolled out to other areas. The role of the ACE Coordinators in supporting and advising police and Early Help staff was also explored. The length of interviews ranged from 27 minutes to 71 minutes (average 48 minutes).

Interviews with police officers

SWP officers working in the pilot area were invited to take part in a face-to-face interview to understand how joint working with the BCBC Early Help team has been embedded into their work and how they perceive the new processes. Officers were invited to take part through email invitation. Fifteen interviews were completed. Participants provided written consent and were informed that responses would be anonymised and confidential. All participants were working in NPTs and they varied by gender (9 male, 6 female) and role (9 PCSOs, 6 other^e).

Interviews with Early Help team in Bridgend Country Borough Council (BCBC)

Four members of the BCBC Early Help team took part in an individual face-to-face interview which explored their understanding and experience of the new process including its effectiveness in providing early intervention support and any impact on their relationship with the police. Staff were invited to take part by email.

2.2 Questionnaires

Training follow-up questionnaires for police

SWP officers and PCSOs that completed APVT approximately 6-months ago (between April and May 2017) were invited to complete questionnaires regarding their confidence in responding to vulnerability and applying their knowledge of ACEs into practice. Participants were also asked to complete the Attitudes Related to Trauma-Informed Care (ARTIC-35) questionnaire^f, which measures

^e Other includes sergeants, neighbourhood beat managers and school liaison officers.

^f *Please note, internal reliability scores for the ARTIC tool indicate potential validity issues for use with the cohort groups in this evaluation. Further work is underway, seeking to adapt and develop a tool that is relevant for policing and partner cohorts.

professionals' attitudes towards working with people who have experienced trauma⁵⁰. The Traumatic Stress Institute developed the tool and it consists of 35 items rated on a 7-point Likert scale from 1 (unfavourable attitudes) to 7 (favourable attitudes). Members of the research team attended police stations in the pilot area to invite officers and PSCOs to take part. Out of 151 participants who completed the original training, thirty-one completed the 6-month follow up questionnaire (21% follow up).

2.3 South Wales Police and Early Help referral data

SWP provided Public Protection Notification (PPN) data, extracted from Niche, for the period July 2016 - February 2017 and July 2017 – February 2018 including the total number of PPNs reviewed, number of ACE occurrences created against a PPN, number of occurrences where early help was accepted and number of ACE occurrences that remain open (i.e. referred to Early Help). Data was requested from BCBC on the number of referrals received by Early Help, the referral outcome (i.e. Early Help assessment, no further action, referred to another agency for action) and number of adults and children included on referrals; however they were unable to provide any data for this time period due to the lack of a data monitoring system not yet developed within BCBC for the ACE screening assessment process. No personal identifiable data was provided. The data were used to identify any change in demand, as well as the officers' ability to identify and record ACEs.

2.4 Data analysis

Interviews were audio recorded and then transcribed by a professional transcription service. Thematic analysis was completed on ATLAS.ti. Version 7.1. Excel and SPSS Version 23 were used to analyse the quantitative data.

3. Follow up evaluation of the ACE-Informed Approach to Policing Vulnerability Training

Thirty-two SWP staff (21 neighbourhood policing; 11 response staff) who were part of the primary sample^g of officers who received the ACE-informed approach to policing vulnerability training^h in April and May 2017 completed evaluation questionnaires six months post training in order to evaluate the longer term effectiveness of the training. Over half (53%) of participants were working as PCSOs and the length of service ranged from two months to 20 years (see Table A1). At the time of the training, 11 participants had been working in response departments and so had attended Part 1 of the training only. Part 2 of the training was designed for neighbourhood staff and covered the importance of multi-agency communication, motivational interviewing techniques and how to build resilience in children.

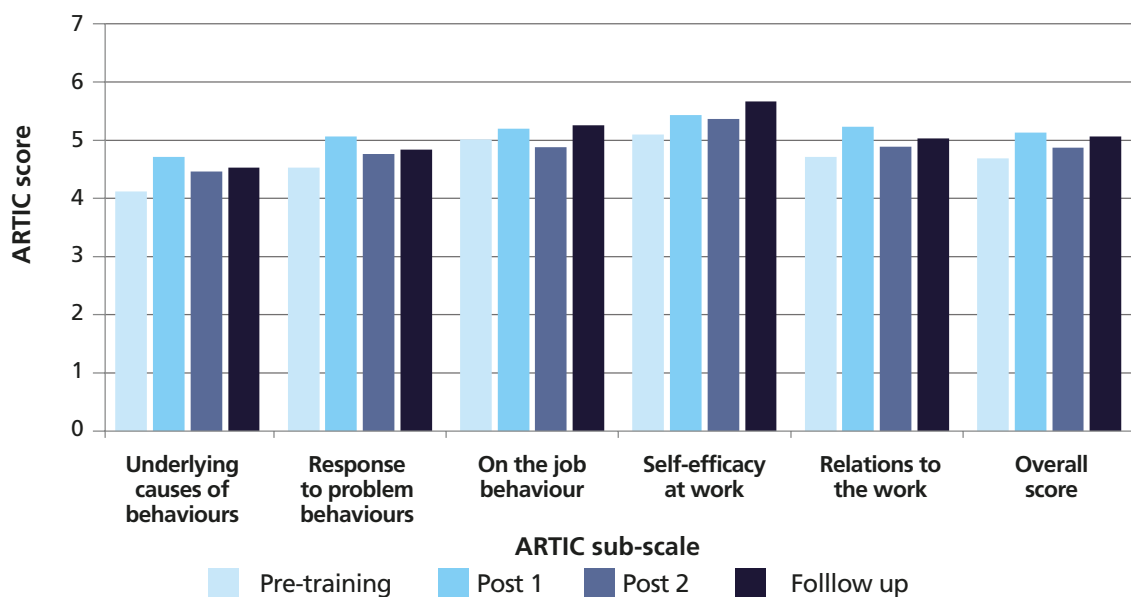
3.1 ACE/Trauma-informed care and practice

Participants were asked to rate their attitudes towards trauma-informed care from 1 to 7, with scores of 7 indicating positive attitudes. The mean ARTIC sub-scales and total score are shown in Table 1 and Figure 2.

Mean scores for all ARTIC sub-scales at follow up were higher than scores at pre-training demonstrating improved understanding of, and attitudes towards, trauma-informed care (see Table 1). For the full follow up sample, the initial difference between scores at pre-training and follow up were significant, with the exception of 'On the job behaviour' (see Table A2). Scores for the 'On the job behaviour' sub-scale in this sample (n=31) did not significantly change after part 1 or part 2 of the training compared to pre-training scores.

At the 6-month follow up, there were no significant differences for sub-scales and total ARTIC score by gender, job role or length of service (see Table A3).

Figure 2: Mean ARTIC scores for sub-scales pre, post 1, post 2 and 6-months following the training.



^g The primary sample (n=151) are SWP staff who took part in the first APVT (April-May 2017) and a full report of the evaluation is available.²
^h Referred to as ACE Policing Vulnerability Training (APVT) throughout this report.

Table 1: Mean ARTIC scores for those who completed the follow up evaluation.

ARTIC sub-scales	Pre-training* (original full sample, n=151)		Pre-training* (n=31)		Post 1* (original full sample, n=151)		Post 1* (n=31)		Post 2* (n=20)		Follow up (NPT only, n=20)		Follow up (full sample, n=31)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Underlying causes of problem behaviours and symptoms	4.21	0.59	4.12	0.56	4.69	0.7	4.71	0.60	4.46	0.95	4.61	0.85	4.53	0.87
Response to problem behaviours and symptoms	4.57	0.68	4.53	0.66	5.00	0.88	5.06	0.86	4.76	0.89	4.92	0.82	4.84	0.75
On the job behaviour	5.06	0.64	5.01	0.64	5.27	0.78	5.20	0.72	4.88	0.81	5.17	0.74	5.26	0.72
Self-efficacy at work	5.17	0.78	5.10	0.73	5.46	0.88	5.43	0.86	5.36	1.13	5.67	0.88	5.67	0.85
Relations to the work	4.77	0.77	4.71	0.58	5.01	0.94	5.23	0.81	4.89	0.98	5.09	0.77	5.03	0.71
Overall score	4.76	0.49	4.69	0.46	5.09	0.8	5.13	0.61	4.87	0.82	5.09	0.65	5.07	0.62
Range	3.40-6.79		3.54-5.60		3.09-7.00		3.85-6.37		2.91-6.20		4.23-6.91		3.83-6.91	

*Reproduced with permission from Ford K, Newbury A, Meredith Z, Evans J, Roderick J. (2017). *An evaluation of the Adverse Childhood Experience (ACE) Informed Approach to Policing Vulnerability Training pilot*. Cardiff: Public Health Wales NHS Trust.

3.2 Confidence to act in an ACE-informed way

Participants rated how confident they felt in responding to vulnerability and using a trauma-informed approach on items scored from 1 (not at all confident) to 10 (completely confident). Mean confidence scores for responding to vulnerable people, interacting sensitively, using professional judgement and identifying whether additional support is needed were higher at follow up compared to pre-training, post 1 and post 2 demonstrating an increase in confidence (see Table 2), suggesting that over time the learning from the training is embedding itself in to practice.

Participants reported the most confidence in their understanding of when a PPN needs to be submitted after part 1 of the training, however, at the 6-month follow up the mean score remained higher than pre-training and post 2. Participants reported confidence in their understanding of multi-agency approaches and the roles of different agencies at follow up was higher than pre-training and after part 1 of the training. Individuals who had attended part 2 of the training scored themselves higher in their understanding of other agencies at follow up compared to those who had only attended part 1.

Participants' mean confidence scores at follow up did not significantly differ by gender, role or length of service (see Table A4).

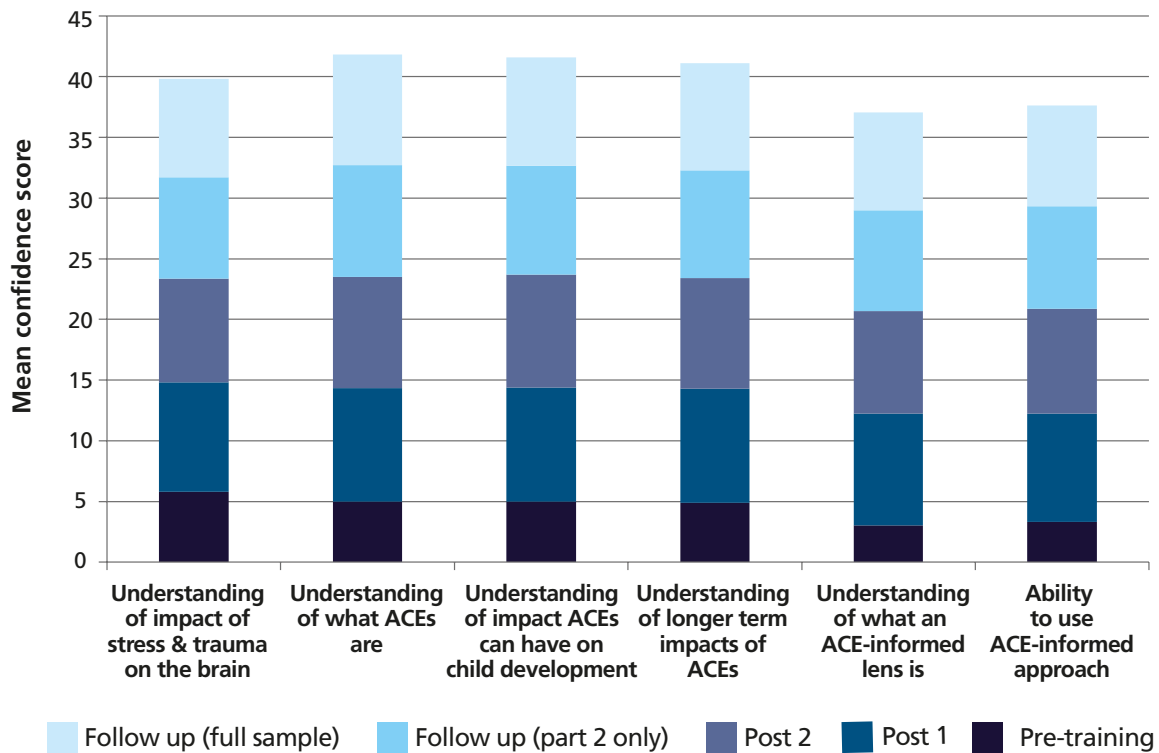
Table 2: Mean confidence scores for responding to vulnerable people.

Confidence scale	Pre-training* (original full sample, n=151)		Pre-training* (n=32)		Post 1* (original full sample, n=151)		Post 1* (n=32)		Post 2* (n=21)		Follow up (NPT only, n=21)		Follow up (Full sample, n=32)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Responding to vulnerable people in your role	7.49	1.46	7.66	1.58	8.55	1.07	8.63	1.29	8.19	0.87	8.71	1.23	8.78	1.16
Interacting with vulnerable people sensitively	7.79	1.28	8.06	1.54	8.53	1.11	8.66	1.26	8.24	1	8.9	0.77	8.94	1.01
Using your professional judgement	7.80	1.24	7.81	1.35	8.43	1.07	8.69	0.97	8.19	1.03	8.67	1.06	8.78	1.04
Ability to identify whether or not additional support is needed	7.75	1.26	7.88	1.18	8.53	1.05	8.66	0.97	8.19	1.08	8.52	1.03	8.66	0.94
Understanding of when a PPN needs to be submitted	8.44	1.44	8.61	1.12	8.85	1.33	9.06	1.01	8.86	0.96	8.9	1.34	9	1.3
Understanding of multi-agency approach & roles of different agencies	6.74	1.88	7.25	1.74	7.75	1.63	8.13	1.48	8.43	1.16	8.48	1.17	8.19	1.42

Reproduced with permission from Ford K, Newbury A, Meredith Z, Evans J, Roderick J. (2017). *An evaluation of the Adverse Childhood Experience (ACE) Informed Approach to Policing Vulnerability Training pilot*. Cardiff: Public Health Wales NHS Trust.

Participants’ reported confidence in their understanding of ACEs and an ACE-informed approach remained higher at 6-month follow up than it had been at pre-training (see Figure 3). However, scores had decreased slightly at follow up compared to Post 1 and Post 2 (see Table A5). There were no significant differences in scores by gender or length of service (see Table A6). There were significant differences in reported confidence at follow up by role when the rank of police officer only was considered. The PCs scored themselves lowest in their understanding of what an ACE-informed lens is and their ability to use an ACE-informed approach.

Figure 3: Mean confidence scores for understanding ACEs and an ACE-informed approach pre, post 1, post 2 training and at 6-month follow up.



3.3 Impact of the training on police practice

Participants were asked to reflect on whether their current policing practice had been influenced by the content covered in the training or not. All participants felt that their understanding of ACEs immediately post training had influenced their practice and the majority (90%) believed this at the 6-month follow up. Six participants at follow up commented on their increased understanding of ACEs and some stated that now they actively look to identify ACEs when working in the community: *“ACEs is at the forefront of my thinking when dealing with families”* (questionnaire F38, PCSO).

Participants were asked to indicate if they agreed or disagreed with statements relating to whether the training had impacted on their engagement with others. After part 2ⁱ of the training, two-thirds (67%) of participants reported that the training had influenced the way that they engaged with vulnerable people and other agencies. At the time of the follow up, the proportion of participants, reporting a change in their interaction with others decreased. Half (50%) of participants felt that the training had impacted on the way they work with other services and five individuals explained that their understanding of *“how other services can help”* had improved (interview questionnaire F16, PCSO). A few participants felt that they were now encouraging more involvement from other services and *“looking for help outside the police”* (questionnaire M47, PCSO).

At follow up, participants were more likely to report that the training had influenced their engagement with children (63%) than adults (47%). Of those participants who had noticed a change in their interactions, seven recorded that when working with children they now try to gather more information about *“their wellbeing and home life”* (questionnaire M46, PCSO).

Due to existing knowledge and skills, some participants felt their interactions with others had not changed and the way in which they engage with those who are vulnerable remains the same. *“I’ve always understood the importance of safeguarding children and identifying any traumas experienced by them relevant to a PPN submission”* (questionnaire F45, PC).

ⁱ Part 2 of the original training was only completed by neighbourhood police officers, 21 of the follow-up cohort were NPT, therefore part 2 comparisons n=21.)

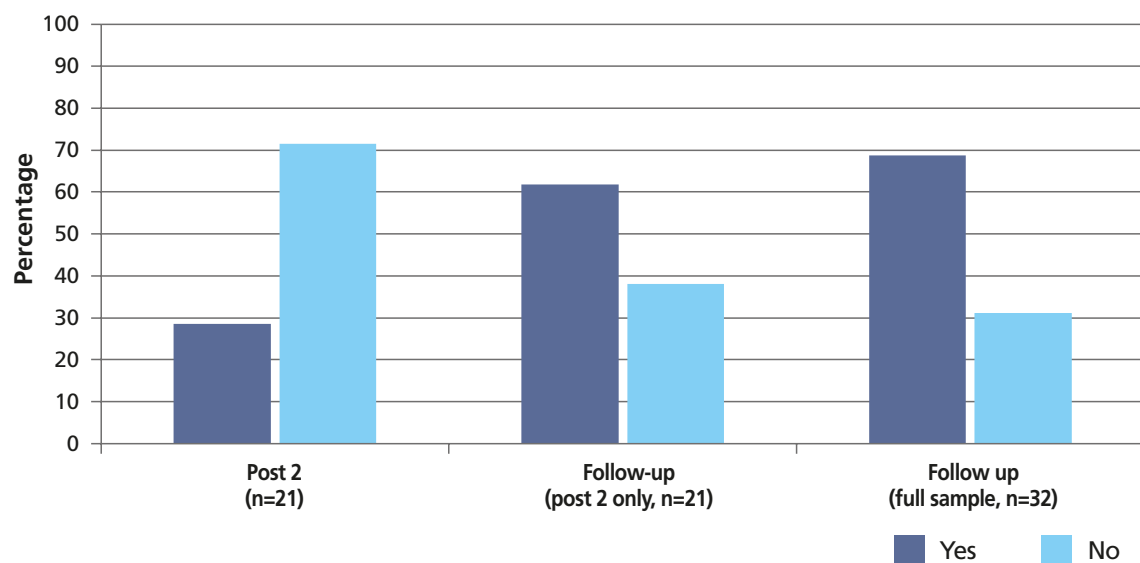
During 6-month follow up nearly all (94%) participants reported that since the training they had applied their knowledge of ACEs and the impact that trauma can have into practice, however less than half (43%) of those who attended Part 2 agreed that they had applied the motivational interview techniques that were covered (see Table 3); arguably this could be in part due to having had more time and opportunity to apply such techniques since the original training.

Table 3: Reported application of training into police practice

	Yes		No		Not applicable		Total	
	n	%	n	%	n	%	n	%
Part 1 training content into practice								
Knowledge of ACEs and trauma	30	93.75	2	6.25	-	-	32	100.00
Part 2 training content into practice								
Tactical skills	15	71.43	6	28.57	-	-	21	100.00
Building resilience in children	13	61.90	6	28.57	2	9.52	21	100.00
Motivational interviewing techniques	9	42.86	4	19.05	8	38.10	21	100.00

Following on from the original evaluation² there was an increase in the number of participants that reported using the ACE LENS card, see Figure 4. This increased six months later to 62% of participants who agreed that they had used the card.

Figure 4: Participants’ reported use of the ACE LENS card in practice.



Data collected from Interviews conducted with a range of partners involved in the pilot of the new approach support the aforementioned findings. Varying degrees of use of the ACE LENS card were reported by interview participants, although it was generally perceived to be a helpful resource:

“I found those quite useful actually...just having them there because you know there’s lots of things going on when you call, you can’t remember everything...So having the cards was just...to jog your memory”

Interview 15, NBM

In some cases participants reported initially using the ACE LENS card but, following increased operational experience, no longer needing it:

“[I used] the lens card...when we first started doing it, so I could identify how many ACEs, that was useful then...I don’t need that anymore...but you know it was useful.”

Interview 11, PCSO

The majority of participants after Part 1 (91%) and Part 2 (81%) of the training reported that the knowledge and understanding that they gained from the training had influenced their decision-making about PPN submission². At the follow up, participants were asked to select from a list of the ways in which their PPN submission had been influenced by the training. All participants selected one or more ways in which their PPN submission had changed. They were most likely to report that the training had affected how they were completing the PPN as they were now including ACEs that they had identified when in the community (88%), see Figure 5. The second most common option selected was that the training had affected the information that they gathered about the named person on the PPN (72%). Participants were least likely to agree that the training had affected the number of PPNs they submitted (19%) and the frequency of consent obtained from the vulnerable individual named on the PPN (28%).

In concurrence with the questionnaire data, the interviews also revealed a consensus that the training had not influenced the number of PPNs submitted. Participants did, however, indicate that the training received had impacted upon the amount, and quality of information provided within the PPNs:

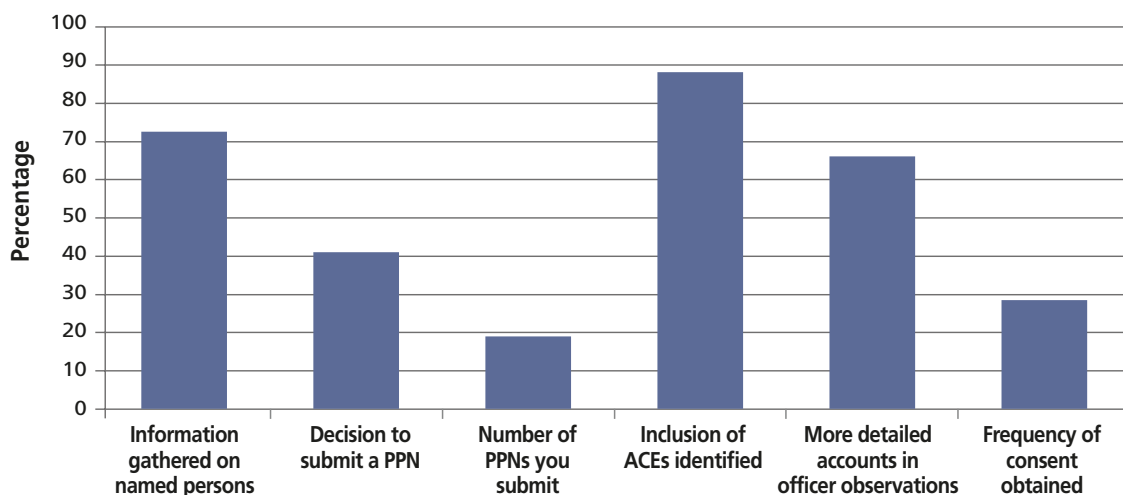
"[After the training] you notice things a lot more for PPNs...it's a lot more detailed they're going in now, because you know what you're looking for and what to put on the PPNs...I wouldn't say that it's affected how many I put in though, just the detail."

Interview 30, PCSO

"With the ACEs now, I think we're a lot more detailed in what we're actually telling the officers or the support workers when they do the screenings, we're not just saying... the dad's got mental health and that's it...after speaking to the family, we'll actually say, dad suffers from this and this. Dad doesn't work, he'll sit around. He doesn't pick up the children from school and so on...the details in each PPN now is a lot more greater... so they can understand what we're actually trying to say, rather than putting 10 PPNs in of the same thing...it's easier for us to put one in, covering all the bases."

Interview 27, PCSO

Figure 5: Percentage of participants who agreed that the training had impacted on their PPN submission (n=32).



Three quarters (77.42%; 24/31) of participants had not identified any additional training needs at the 6-month follow up since attending the initial training sessions.

3.4 'New-starters' training within pilot area

Fourteen police officers and PCSOs of varied levels of experience who had been newly recruited into their current role participated in the APVT and completed questionnaires and ARTIC scores before and after the session. Just over half (57%) of the participants were male and the majority (71%) were aged 18-25 (see Table A7). Findings on improved attitudes and confidence levels towards trauma-informed care were reported to have increased among participants in line with the original APVT².

Additional to the previous training evaluation participants were asked to reflect on when the best time would be to deliver the APVT to new recruits. The majority (79%) felt it would be best to deliver the training before police staff are deployed operationally, a few participants commented that facilitating the training at that stage would increase officers' *"awareness"* (questionnaire F65, PC) and *"knowledge ready for their first operational shift"* (questionnaire M98, PCSO).

4. Public Protection Notification (PPN) demand during the pilot

PPN police data for the pilot areas of Maesteg and Aberkenfig generally showed that the number of PPNs being reviewed had not increased significantly during the pilot period of (July 2017-February 2018), with the exception of July 2017 when compared to the same periods the previous year, see Table 4. This supports reflections from operational staff (see Section 5) that suggest the multi-agency approach has not increased number of PPN referrals. While the new approach would not expect to see a large reduction in the number of PPNs being submitted, as PPNs are still being produced as part of the safeguarding referral process, the expectation would be that repeat PPNs would be reduced due to earlier intervention through the enhanced role of the NPTs and Early Help.

Table 4: Number of PPNs reviewed within the pilot area

	Number of PPN submissions		% change in number of PPNs submitted
	2016/17	2017/18	
Jul	163	232	42.3
Aug	171	175	2.3
Sept	206	187	-9.2
Oct	227	231	1.8
Nov	227	177	-22.0
Dec	220	208	-5.5
Jan	218	201	-7.8
Feb	146	144	-1.4
Total	1578	1555	-1.5

The total number of ACE occurrences^j created against a PPN during the pilot period was 163 and accounted for just over 10% of the total number of PPN referrals reviewed (Table 5). Of those ACE occurrences generated almost a quarter (23.9%, n=39) accepted early help intervention.

Table 5: Number of ACE occurrences created and actioned across the pilot area

2017/2018	No. of PPNs reviewed	No. of ACE occurrences created against a PPN	% of PPNs that resulted in ACE occurrence being created	No. of ACE occurrences where early help was accepted	% of ACE occurrences where early help was accepted
Jul	232	30	12.9	7	23.3
Aug	175	21	12.0	3	14.3
Sept	187	21	11.2	2	9.5
Oct	231	19	8.2	4	21.1
Nov	177	25	14.1	7	28.0
Dec	208	13	6.3	7	53.8
Jan	201	27	13.4	7	25.9
Feb	144	7	4.9	2	28.6
Total	1555	163	10.5	39	23.9

^j An ACE occurrence is generated against a PPN referral that has been reviewed and deemed to be appropriate for early help intervention. A new tick box allowing officers to select ACEs present now sits on the referral system for an 'ACE count'.

5. Qualitative findings from interviews with Police and partners involved in the structured, multi-agency, early intervention approach to vulnerability with Neighbourhood Policing Teams pilot

This section explores the findings from face-to-face interviews with a range of partners involved in the piloting of the multi-agency, early intervention approach to vulnerability with Neighbourhood Policing Teams (NPTs). Findings cover a broad range of topics including: the impact of the approach on police practice and processes, perceptions of the approach, collaborative working, the importance of early intervention, challenges/ barriers experienced and explores considerations for the roll out of the approach, both at a regional and national level, such as support, resources, and capacity.

5.1 The Multi-Agency, Early Intervention Approach

ACE Coordinator role contribution

The ACE Coordinators, who were independently employed by Barnardo's and the NSPCC and seconded in to the pilot, were involved in the development, design, delivery and establishment of the pilot. There was a clear consensus, evident across all participating partners and the spectrum of roles involved in the pilot (both frontline officers and those occupying strategic posts), that the contribution of the ACE Coordinators was perceived to be integral to the new approach:

"It's significant the impact...that they've had in that role, but it's a dual role, so it's the training and delivering the training, and being very credible in delivering that training and...having that expert knowledge to deliver that.... The other part of their role is the workforce development... how they move alongside that workforce and support them in their changing practice."

Interview 5, Strategic Lead

"I just think they're really great. They're really good at what they do and, I know they support me and my colleagues very well, and I think the project's amazing. I mean it. I really am behind it."

Interview 11, PCSO

It was felt that the ACE Coordinators' specialist knowledge of social care practice, developed from their wealth of experience working with vulnerable children and families, was an important feature of their contribution to the establishment of the pilot. The interviews also indicated that the ACE Coordinators' willingness to be available and approachable, with social care knowledge to support staff contributed to the success of the pilot as this was seen to be instrumental in encouraging engagement from participants and helping facilitate cultural change:

"[They were] a real catalyst for change in amongst the culture, personalities has been helpful with that. I'm going to quote a chief officer who I spoke to this week, who said [of] one of the ACE Coordinators, "If we could bottle her up and give her to every team, my God, that would make a difference." So, personality's really important, but what that leads me to really see is actually how key they are to the catalyst of change. If we hadn't had those on board, this would never have got off the ground..."

Interview 3, Police SMT

Additionally, their availability to both the police and Early Help team was viewed as a particularly supportive element of their role as they attended joint visits with PCSOs and were often present at stations, where they allotted time to be located alongside officers. It was also felt that the ACE Coordinator role provided important assistance for officers via the provision of ongoing operational support and guidance throughout the duration of the pilot process:

"I don't know the day to day workings of departments like social services. I don't have that knowledge. So it's great to have somebody on hand that you can speak to and ask them questions about how it actually works..., because they're the most knowledgeable in that area"

Interview 6, Sergeant

"They've [ACE Coordinators] been absolutely amazing helping us out, whenever we've got an issue or a question about a family...or approaching a family, they're always here to support you, um, if they're not in the station you feel comfortable enough to pick up the phone or email them, and they're back in touch right away."

Interview 27, PCSO

When considering the future of the ACE Coordinator role, in terms of the continuation of the project in SWP and the establishment of the project on a national scale, the interview data suggested that the role should remain external to the police to ensure that it continues to link in an external, childcare sector, perspective:

"We also need to ensure that...[the ACE Coordinators don't] just become a police resource [or]...become employed and integrated within policing, because that means that we would lose the very essence of what they're there for. Which is independence and to bring some challenge and to bring a different view from another sector into policing."

Interview 5, Strategic Lead

Going forwards, one participant suggested that the role should continue to function as a "critical friend" (Interview 3, Police SMT), drawing on specialist knowledge which the police themselves do not hold, to contribute to the continued development, and review, of the approach.

On-going effects of training

To provide a foundation to the new approach officers involved in the pilot received 'ACE Informed Approach to Policing Vulnerability Training' which was delivered by the ACE Coordinators. The interview data, collected six months after the initial training, indicated that the knowledge and skills acquired from the training had been maintained and embedded in to daily practice. Two PCSOs, when asked what opportunities they'd had to put the training into practice during the subsequent six months, responded:

"Every time you go to a call. You...start thinking about ACEs. It's almost second nature now...the ACE is at the front of your mind. It's always there, so you think, oh, there's a number of ACEs there."

Interview 28, PCSO

"It's a...daily task now...if it's not going out and speaking to a family, or...phoning a family or going out with a support worker to do...a joint visit, it's going around and seeing them. How's everything going? We're in contact with the schools a lot...[we're] putting...everything we've learned in training into play"

Interview 27, PCSO

Providing participants with opportunities to refresh their knowledge at various different stages of the implementation may help further embed the approach. "I think it's one of those things you need to constantly like revise over, because you can forget a little bit. Like refreshers would be quite

good, I think.” (Interview 30, PCSO). ACEs information boards in the stations, set up by the ACE Coordinators, were also identified by a number of participants as being useful ongoing resources that could be referred to throughout the pilot. The boards included information on ACEs, leaflets for different services in the area that could support vulnerable children and families, and relevant contact details.

An additional suggestion to ingrain the approach, which could be addressed via the initial training, was a greater focus on the practical actions to be taken by the police, as this PCSO stated: “...there needs to be more training on what we can do...and what services we can actually recommend” (Interview 10, PCSO).

The content and focus of the training, and how this could be modified for the future, was also reflected upon by one of the ACE Coordinators:

“I mean, in retrospect, there’s changes I would have made in relation to training. You know, bringing the motivation of change from the training, straight into a process and practice change. It’d have a bit more of a hit to it. Because you’d have that momentum. Because obviously the process we’d done, we delivered training, not knowing what change was going to come, and, so obviously going forward that would be more impactful. And maybe would overcome some...issues as well.”

Interview 1, ACE Coordinator

Providing more detail of the practicalities and actions involved in the approach within the initial training/ refresher training could therefore be considered for the roll-out of the project as this is something the police felt they could benefit from. Given the task-oriented nature of policing the arrangements and actions underlying the approach were of significant importance to them. Unfortunately, however, this was not possible to include in the original training package as at the stage the training was designed it was unclear precisely how the approach would be practically executed. Therefore clear details of the process itself and the specific actions underlying the approach could not be included within the initial training.

Understanding of the approach

The aims and the focus of the approach, referenced in section 1.5 were well understood by those involved in the pilot:

“I understand that we are trying to identify ACEs when we are attending calls and by screening PPNs...And some of those children that have these ACEs are identified then we look into refer[ing] them if they’re not already in the system and being supported then we look into refer[ing] them to Early Help in view of getting them some support.”

Interview 15, NBM

“It really is about, for me anyway, about meeting the young people and intervening while they’re still young enough, where we can make a difference. And at the moment, as a community officer, we try to get out and meet these kids through the schools and events and things, but actually, recognising it and being able to go to the house and being able to discuss it with other agencies, like Early Help, who I’d not heard of before the training, is really helpful.”

Interview 28, PCSO

The interviews did, however, highlight that some participants involved in the pilot had less understanding about the practical application of the approach, including the processes and actions that underpin it, the agencies participating and the responsibilities allocated to those involved:

“I still feel like everyone needs a bit of clarification as to the process fully. We all seem to be a little bit lost, now and then. As to what we’re really meant

to be doing. I don't know, if there's like a sort of...if there could be an actual timeline...I think everyone gets a little bit lost with each process"

Interview 30, PCSO

"Because I think there's a lot of, you know, understanding still needed about what are the differences between assessment team, within social services and the early intervention, Early Help team. So, it's supporting PCSOs in the language that's being used back and fore to, in emails, which is kind of a new world for...police"

Interview 2, ACE Coordinator

"When we were originally liaising with the police, we didn't know, I've said this a million times, but none of us really knew who...should be making them decisions as to yes, we, this family needs a visit and this family doesn't....So when we do say, yes, this family needs a visit, who is the person to contact them, is it Early Help or is it the police?"

Interview 21, Early Help

Despite indication of a lack of clarity in reference to the process, some of the participants recognised that the pilot process is "...just the beginning of a journey" (Interview 5, Strategic Lead) and that understanding of how the approach works in practice will develop further within the workforce over time. In addition, suggestions for mitigating the lack of understanding were offered by participants, such as the development and introduction of clear guidance to reference:

"[We need] just more clear guidance, I suppose, because obviously at the moment it is a pilot. It is trial and error, but obviously if it's something that's going to be rolled out, we need to obviously learn from what has gone well and what hasn't gone well here and clear guidelines need to be put in place...going forward."

Interview 21, Early Help

5.2 Impact on Police Process and Practice

The interviews evidenced changes in both police practice and process as a result of the introduction of the approach within the pilot areas. The changes included multi-agency collaboration, the introduction of a screening process and joint visits.

Multi-agency working

An integral feature of the new approach was the multi-agency collaboration between the police and the BCBC Early Help team. The interviews highlighted that participants perceived the pilot to have been successful in cultivating better links between police and their partners:

"It's about that united front, and that's where the strength [of the approach] is, so it's that joined-up approach. It's about not working in silos, it's about tapping into other people's resources so you can meet the family's needs"

Interview 1, ACE Coordinator

"It's definitely had a positive impact, because in terms of Early Help, before the pilot, we never had any contact whatsoever, but obviously now we're having contact on a daily basis. I think it's particularly good for information sharing..."

Interview 6, Sergeant

Notably, the interviews also identified that the pilot had not only further encouraged partnership working between the police and Early Help but that links had been established with other additional external agencies and provided a "knowledge boost" (Interview 6, Sergeant) in terms of additional resources:

“As a result of knowing what Early Help do and who they refer to, we’ve also had inputs from Calan DVS and Hafan Cymru, who also come to the station as well to give inputs to the PCSOs...Prior to this we’ve...known they exist, but...no real idea what they do. .”

Interview 6, Sergeant

“We’ve got so many organisations now that we can ring someone up and say... what’s your advice on this?...so it’s a lot more accessible for everyone I think.”

Interview 16, PCSO

“But not just the Early Help Hub, it’s helped provide the neighbourhood teams with even more assistance [with] what the partners of the Early Help Hub bring as well. It’s helped to provide a flow of that information back and forth. So, it’s increased the knowledge base of our neighbourhood teams, in terms of what’s available to assist in the community.”

Interview 20, Police SMT

As a result of the police’s wider awareness of, and engagement with, external agencies, children, young people and families should benefit from improved options for support and intervention. As the police have increased their awareness of the support and services available within their localities they are equipped with the ability to refer to these services where necessary.

Further examples of the positive outcomes of the pilot and the multi-agency approach were provided by both Police Senior Management Team (SMT) and one of the strategic leads:

“When we look at outcomes such as improved relationships, improved data sharing, improved joint decision-making about risk, they’ve all been successful.”

Interview 3, Police SMT

“We’ve seen clear evidence of information sharing...of decision making...of follow-up...an earlier response to the first occurrence and...process compliance”

Interview 4, Strategic Lead

As the quotations above demonstrate, both participants perceived the multi-agency approach to have improved communication and information sharing between agencies, which was elaborated upon:

“With communication, that’s working really well, and we are finding out more things about families, so [the police are] able to meet their needs. So that’s... great...It’s been a really good exercise to gain more information and to provide the extra support, and I think having the police on board with us, it’s a powerful message to families that we are all working together [to provide support].”

Interview 23, Early Help

Moving forward there is potential to include other agencies in a broader, more comprehensive, multi-agency response to ACEs and supporting vulnerable families:

“Huge potential [in] bringing in other partners...CAMHS, housing, youth offending service [with the] potential to identify people outside of the PPN process...widening it...rather than just relying on PPNs, and that multi-agency team then can identify the best way into [supporting] those families.”

Interview 3, Police SMT

The multi-agency approach has led to increased information being available to all participating agencies therefore culminating in improved assessments and understanding of the type of support families could benefit from. In addition, the pilot has facilitated a shared vocabulary around ACEs: *“All the services are on the same wavelength...and it makes it so much easier”* (Interview 27, PCSO). Arguably this collective understanding of what ACEs are, established by the pilot, has helped to strengthen the collaboration between agencies:

"I've spoken to housing officers about it and instantly they're 'Oh, yes, yes, we were there in ACEs training."

Interview 18, PCSO

"You've got the multi-agency approach which hasn't been done before... we're all linked together and we're all working as one, which makes it far easier, because you can't do it on your own..."

Interview 16, PCSO

Furthermore, the pilot has also provided some *"evidence that information is being shared at an earl[ier] point"* (Interview 4, Strategic Lead) than it was prior to the pilot. Instead of Early Help having to wait for the PPN to filter through to them, information is being shared between police and Early Help before this in an attempt to intervene at the earliest possible opportunity.

Despite there being a range of positive outcomes from the collaborative working aspect of the pilot there were also some challenges involved in the multi-agency approach, for example, the practicalities involved in sharing information were raised as a concern:

"if we could get one person with the two databases to come up with one outcome that would probably be the better option. So, I see that as an opportunity, or an IT solution where we can output a file that they can just import straight into their system or vice versa."

Interview 3, Police SMT

Several police interviews also highlighted concerns about the outcomes of cases. One officer, when asked if they received any information about what had happened to the cases they had referred to Early Help stated:

"we're still not getting much feedback from Early Help..."

Interview 13, Sergeant

"...generally if we need to get in touch with Early Help, it's an email, and I'll be completely honest, nine times out of 10, you don't get a reply, or if you do, it's weeks down the line..."

Interview 12, PCSO

This issue could perhaps be explained by the capacity of the Early Help team which was referenced by one of the ACE Coordinators:

"But I think they've got their own challenges that, they've got one or two workers that are, being able to email back, so I think if they had more staff, I think it would improve things."

Interview 2, ACE Coordinator

Therefore the capacity of the police and the Early Help team will have had a significant impact on the amount and frequency of communication between teams. Significantly the capacity of both the police and the Early Help team was regularly referenced throughout the interviews and was identified as a prominent challenge in the delivery, and sustainability, of the approach.

In addition to developing joint working between the police and Early Help, the pilot further encouraged the police to engage with Education around their ACEs work, and this was referenced in a number of interviews. For example; one Sergeant identified that the *"PCSOs [are] engaging more with the schools, attending and speaking to them, all different children...they're in more contact"* (Interview 13, Sergeant). The purpose of this was outlined by one of the ACE Coordinators: *"PCSOs are now working more closely with Education, to get a better understanding of the situation."* (Interview 1, ACE Coordinator).

The importance of the relationship between the police and Education is apparent alongside the need to develop a more cohesive approach, across all agencies. It was felt that schools had a significant role to play given the amount of contact they have with children: *"...they have probably more contact*

than families and friends, because they're...in their facility for so long, for hours a day" (Interview 11, PCSO).

Another two participants elaborated upon why they felt that schools should be involved:

"...it's imperative that the schools are on board...they're the organisation who...know these...children from such a young age, and they see them develop, they see their concerns...they see their personalities...every day. And they know when there's something wrong with an individual so as far as early help is concerned...they're...a priority."

Interview 17, PC

The combination of both Early Help and Education^k involved would broaden the opportunities for early intervention and arguably strengthen the approach.

Screening

One of the most significant elements of the new approach was the screening process whereby a screening officer (Sergeant or NBM) is informed when vulnerability has been identified and the individual has provided consent for their information to be shared with Early Help. The screener's role is then to screen the individual's police records and the records of their family members. The screener compiles information for the Early Help team on the ACEs that have been identified, any relevant previous involvement that the family have had with the police and information on the current PPN. Early Help staff review the information from SWP and screen their records for further information about the family and identify whether they have previously engaged with the service. It was hoped that this process would enable the identification of families who would be suitable to receive support at an earlier stage and prior to requiring crisis intervention.

At the beginning of the pilot concerns regarding the screening process was mentioned by a large number of participants alongside the length of the process, describing it as *"very time consuming"* (Interview 21, Early Help):

"The process itself seems like a long process ...I think trawling through our system is long and tedious...[and] some of these people have got hundreds of occurrences linked to them."

Interview 15, NBM

"...It is a bit of a long-winded process I would say. There's a lot of duplication of work where we would say well why can't someone in Early Help do the screening and do it directly? Rather than involving us to ...I understand there's a method behind it and there's a rationale as to."

Interview 14, PC/NBM

The feedback received from the police, as referenced above, suggested that they found it difficult to balance the responsibility of screening with their normal duties and subsequently discussions of the screening process progressed onto *who* would be best placed to undertake the screening role. As the quotations above and below illustrate the Neighbourhood Beat Managers (NBMs) were very vocal in their opposition to being allocated the screening role due to their job demands:

"We're [spread thin], and nothing gets done properly, so, I think to have it done properly, and done justice, if there was a dedicated person for that role..."

Interview 9, NBM

^k Public Health Wales are currently independently evaluating the Adverse Childhood Experience (ACE) Informed Whole School Approach to addressing vulnerability and risk within a school setting as part of the wider Early Intervention and Prevention Project funded by the Home Office Police Innovation Fund.

There was no agreement regarding precisely who should occupy the screening role. It was felt by senior police management that Neighbourhood Beat Managers (NBM) were best placed to act as screeners due to the level of risk assessment required. However, the consensus arising from the interviews was that whomever was allocated the responsibility for screening should be entirely dedicated to this and they should be given sufficient capacity: *"I think that people doing the screening have to be dedicated to just doing the screening...they just need the allocated time for it"* (Interview 13, Sergeant).

During the early stage of the evaluation, it was suggested that co-location of the screener with Early Help could be the answer:

"the process at the moment...it's quite ad hoc getting officers in to do the screening...long term it needs to...be a specific role working in the same environment as Early Help, because...when both are sitting together in the same office...things can be dealt with a lot quicker, and both agencies are open to the same computer systems...And there's more cooperation then."

Interview 17, PC

Move to co-location/ joint screening

As the pilot progressed the screening process was modified and there was a move to co-located screening, although there was not a substantial amount of discussion relating to this as many of the interviews took place prior to this having been set up or just shortly after. The initial perceptions of this adaptation were very positive, however, the joint screening would need to be revisited at a later date to assess its effectiveness and the longer-term impact. Justification for undertaking joint screening was clear:

"The whole point of the joint screening is that we will interact with each other live and update each other's systems there and then...We were having a time delay, so we were sending emails from our assessments to the Early Help Hub, but we may not have been getting emails back for two to three days."

Interview 20, Police SMT

"it's only very recently [that the joint screening began]...I've been meeting with the police every single day. There's five PCs in total, so they've got a rota based on their shifts.But they get consistency our end 'cause it's me who they meet with every single day...for decision making and just having them conversations, it's..., a lot more efficient, and we can decide together."

Interview 21, Early Help

Therefore although the initial discussions suggested the joint screening had reduced the time involved in this process itself there was indication that there was a lack of consistency in the screeners being sent from the police, despite the feedback calling for this responsibility to be allocated to one specific individual. In addition, a service challenge identified by Early Help was the significant investment of staff time required in this approach to screening that resulted in very few referrals for them:

"Joint screening...The only issue with me really is we've taken that member of staff away from the Early Help world, ...and we're only having...one referral for that, for example, can we justify that time then, so we're probably going to need data around the joint screening and the decision making."

Interview 24, Early Help

Despite some reservations, outlined by the quotations above, many of those interviewed in the pilot perceived co-location to be an effective way to move forward with the screening:

"it's been mentioned that...further on into the project, that we will be having the police in hubs with us, and I think that would be amazing. I think it'd be a really, really positive move forward."

Interview 23, Early Help

"A real advantage of co-locating...[is] that work then can be shared between [agencies] and it makes it sustainable, even if it's a part-time co-location, but it's some sort of multi-agency tasking process on a daily basis then."

Interview 3, Police SMT

Joint visits

As part of the new approach joint visits were conducted by police with either a member of the Early Help team or the ACE Coordinators, the ACE Coordinators only participated in the joint visits initially to provide the police with additional support and guidance. Six of the nine PCSOs interviewed reported that they had been involved in joint visits, each PCSO reported having attended only one or two visits each, the early stage of the pilot may explain this. Conversely, families' desire to engage with this aspect of the pilot may also account for the low number of joint visits completed:

"I have done one joint visit, the rest of them [cases] I...generally just speak to the family myself and, most of the time, they don't want to be put in contact with Early Help anyway."

Interview 12, PCSO

"I know there's been times when Early Help have tried to engage with the family, and the families haven't wanted Early Help to attend for whatever reason, but they've been open for PCSOs to attend."

Interview 6, Sergeant

This reported reluctance to engage with Early Help could be symptomatic of wider concerns about social services involvement with a family and a fear of what the consequences of that involvement could be, as this PCSO explains:

"I think [families] fear that Early Help means social services are going to come in and the kids are going to be taken away...I think that's what goes through their minds, even though they are reassured that that's not what Early Help are going to be doing."

Interview 12, PCSO

Although some families refused help initially, it was felt that the first engagement may lay the foundations for the future via building a relationship with the families. Even where the original offer of support was declined families were informed that they could seek support at a later stage, with both the police and Early Help leaving the door open for future contact:

"She's got my contact number, as well as for the Early Help Worker. I think she hasn't jumped on board...straightaway, she was going to mull it over, but she's open to contact either of us in the future if she needs any more advice on anything."

Interview 30, PCSO

Therefore it was felt that this earlier engagement could have a positive impact:

"the majority of the families say no, to help...But maybe...in a subconscious way... [there's been a] positive effect, because...they're thinking...somebody's ringing me asking how things are...a week later down the line. Somebody's looking out for us."

Interview 12, PCSO

So although both the early stage of the pilot and families' concerns about social services interventions may have affected the number of joint visits that were completed during the pilot, positive feedback was received regarding the joint visits that *had* taken place:

"It's worked really well...one of the very first visits I went out on with the PCSO, the results that we had instantly were amazing. [...] one ACE co-ordinator...went out and did a joint visit as well with the PCSO. And then obviously, they advocated for Early Help and that's when I got on board. So I spoke to mum, I was able to literally visit the next day and mum was so grateful."

Interview 21, Early Help

"...the Police ACE Coordinators and the Early Help worker...going out with them I found was a great help. Because joint visits, you have two angles where you have an officer who is always around your area, who then you've got a familiar face you can keep in touch with and just speak to about anything. And then you have the family support worker, who obviously has a bit of distance, but, they're the ones who overall are giving you that support, and they're telling you what's out there."

Interview 27, PCSO

In addition, a Sergeant viewed the joint visits as one of the most significant aspects of the support provided by Early Help, perceiving them to be a mechanism through which PCSOs could acquire additional skills to address vulnerability by being present during the early help formal assessment process:

"The biggest support from Early Help has actually been...the information sharing. But also a willingness from them to go out and do joint visits with the PCSOs. Obviously the PCSOs have a certain level of knowledge in terms of vulnerability and what they can do, and what services can be offered, but the fact is this is being done together with Early Help workers and PCSOs, it's great to upskill the PCSOs..."

Interview 6, Sergeant.

5.3 Perceptions of the Multi-Agency, Early Intervention Approach

Importance of early intervention

The vast majority of participants perceived the new approach to be a positive development and several participants asserted the value of taking an early intervention approach:

"I'm a massive advocate of early intervention, and it's something that was needed really...the standard and medium PPNs were going in...and there wasn't really any positive action coming from it, so something had to be done...and it's imperative really...to start at the earliest time."

Interview 17, PC

The above quotation demonstrates the impact that an early intervention approach can have for those families that participated in it, ensuring that some action is taken for that family, at an earlier stage, as this officer elaborates: *"people only normally ring us when they're in a crisis, so...we are hitting them earlier...to get the true early intervention."* (Interview 17, PC)

Importantly, the longer-term impact that early intervention can have was also recognised by the pilot participants:

"I fully believe in what you're trying to do...the validity of it and the potential for, say, 10 years down the line, could be massive..."

Interview 9, NBM

It was recognised, however, that not all successes will be visible at such an early stage of the pilot, given the impact of ACEs on the life course, *"It probably will take years for us to see the benefits of this"* (Interview 17, PC).

Despite acknowledgement that some effects of the pilot may not take place during the time the pilot itself is running it was noted that implementing the pilot had impacted positively on the police approach as a whole:

"I like [the approach], and for me, it helps me build relationships in the community as well, because they can see that, oh, the police are not just here for...bad things... they're also here to support us in that community...I think it's worked."

Interview 11, PCSO

Engagement with children and families

One of the benefits of the new approach identified via the interviews was that it enabled improved engagement with children and families as a result of adopting a more supportive approach to policing. There was further elaboration upon how the new approach had facilitated improved interactions with children and families:

"...we're not only seeing a difference in the people we work with, such as the children, or the families, but it, it's our face out in the community...For example, a child [name] with ACEs if I saw him before working with the family, it would be just a hello, and there'd be a hello and he'd walk off, whereas now, if I see him in the street, he'll approach me and he'll speak to me, ...they don't see an officer so much as someone who's going there to tell them off, it's, we're here to help you"

Interview 27, PCSO

Feedback suggests that the pilot has allowed PCSOs to establish an increased presence in the community allowing them to develop relationships with families which has encouraged the children to speak with them if they need help. Another participant perceived that the new approach had increased the trust that the community had in the police: *"I think they genuinely trust me as well, and so, the connections I've made with them...like if I see them around town, they will come and talk to me"* Interview 11, PCSO.

The increased face-to-face interaction in the community that the pilot facilitated may have also helped improve the relationships between families and the police, as officers were becoming known to the communities:

"...it's people communicating and telling them, look, [the police are] here to help you, and that's the main difference I've seen, as well as the people actually willing to speak to you with children. Because they never used to speak to us...it's good because you're meeting a lot more people. It's a lot more face time. It's not a case of going to a house and leaving it, and then just, the next person comes along and deals with it, another officer. It's face value it is, and families appreciate that a lot more..."

Interview 27, PCSO

Therefore employing a more interactive, community-based, supportive approach to policing was perceived to have had a positive impact upon neighbourhood policing.

5.4 Effectiveness of Approach

Reduction of repeat incidents

In addition to improving relationships with families, the interview data indicated that a range of encouraging outcomes occurred as a result of the introduction of the new approach including a reduction in repeat incidents for families engaged in the approach:

“I think the benefit that we’re getting from it is the people who have had successful interactions with those families who have been...willing for Early Help and us to work with them, I think we show that the...volume of incidents reported for those families are decreasing.”

Interview 6, Sergeant

Effectiveness for children and families

Interviews evidenced a clear perception of positive outcomes for families as a result of the introduction of the pilot activities. There was also indication that the new approach had meant that actions were being taken for families where, under the previous approach, they would not have been:

“There are a lot of positives to take out of [the pilot] as well. You think of the old system... with it just being PPN [submitted]...and possibly never even read. But now they’re getting picked up, someone’s going regardless whether they’re taking the help or not.”

Interview 18, PCSO

“So, we know that from the earlier research that the team carried out that 89% of PPNs drop off at that first point... So, if we can direct that [demand] straight to the neighbourhood team, we collapse timeframes and bring that service...closer...”

Interview 3, Police SMT

In addition, the interview extract above suggests, in comparison to the former system, the new approach allows for actions to be taken for families at a much earlier point. Rather than a PPN being submitted and not being acted upon where the consequence is that the family only receive help at a time of crisis, there is, now, an avenue for action that can be taken shortly after the PPN is submitted.

The interviews also highlighted that positive feedback on the intervention had been provided directly by one of the families who had engaged in the pilot and they had visited the Assistant Chief Constable to express their thanks for the support provided:

“And they were thrilled, because, the[ir] child [who had experienced] ACEs, you could tell from seeing him, from the first day and the last time I saw him, the difference. He was more confident. He was more chatty...we’ve closed down the case now with the family because we checked with mum, is there anything else you need for your child? Do you want any more support? And they were like, no, we’re really happy with how things were going now, which was great to see.”

Interview 27, PCSO

5.5 Challenges and Barriers

Despite receiving positive feedback on a wide range of aspects of the new approach, including improved collaborative working, the effectiveness of early intervention and improved relationships with families, conversely, a number of interviews revealed some challenges encountered during the implementation of the pilot.

Measuring success

Given the nature of ACEs and the effects they may have upon an individual's life course one of the participants noted *"it's going to be a long time till we see the results of [the approach]."* (Interview 15, NBM). It may take a number of years to see the impact any early intervention may have had upon families and therefore it is important to acknowledge the difficulties in measuring success. The participants did, however, advocate for a continuation of the approach in recognition of the desired long-term impact:

"I think we need to...invest in this long-term, because short-term, I don't think you will see...massive benefits at the moment... I think it [the approach] should stay, but we need to be patient, and it needs to have the long-term investment."

Interview 17, SLO

Although the interviews highlighted a number of positive outcomes that have arisen from the pilot activities to date it was also recognised that some of the more impactful effects may take years to become apparent. Furthermore, it was noted that to be able to assess the impact that the new approach has had on families thus far it would also be beneficial to speak directly to them:

"I think it [the approach] has been effective in terms of the...families we've identified who have been open to the process, and obviously we've been able to show... the amount of demand they've been placing on the police, but obviously we don't know at the moment whether...the issues in the house have been sorted."

Interview 6, Sergeant

Future evaluation of the approach could include direct engagement with families in order to examine the impact of the approach from the families' own perspectives.

Attitudes and culture change

The most common challenge reported by participants in the pilot related to the views of some officers, regarding the work they perceived the police force should be doing. Interviews highlighted some resistance to change in working among police; with some officers expressing that actions undertaken as part of the new approach did not fall within their remit:

"...we're here for crime and nothing else, but a lot of what we do is not crime based, it's around vulnerability, and it's necessary, however this is another... stack on the shoulders that are already overloaded as far as I'm concerned."

Interview 9, NBM

"I think, there's a lot of officers that would have signed up for a police role, for your stereotypical, old school, blue lights and pub fights... policing issue of crime, so just us...highlighting, actually 90% of your work is vulnerability, a lot of officers would be like, that's not what I signed up for."

Interview 2, ACE Coordinator

There is still a need to raise awareness with police about the nature of demand, the police role and the levels of vulnerability that are experienced by the public. However, the continual refinement of the approach during the evaluation and the experience of officers being involved in the screening process has had a positive impact on perceptions of vulnerability. As the South Wales Police and Crime Commissioner *Police and Crime Reduction Plan 2016 – 2021* identified 89% of police contact with the public, in the SWP force area, was not directly related to crime and instead was classified as relating to complex welfare, public safety or vulnerability issues.

There was recognition from within the police, that some cultural change was required to ensure successful implementation of the new approach that requires a different style of policing. Participants felt the pilot was *“bringing two worlds together”* (Interview 2, ACE Coordinator) combining a police and social work approach and that the two workforces *“have more probably in common than...they realise in regard to the population they’re working with and the challenges that throws up”* (Interview 4, Strategic Lead). Therefore although there was some resistance encountered it was noted that newer police recruits were less likely to hold the views outlined by the earlier SMT quotation. Instead, some participants felt skills acquired from the APVT and the social work perspective were highly valuable for police given the overlap of the population that both social services and police respond to:

“Some of the experiences I’ve had working with the police, over...is...I didn’t come into this job to be a social worker’. Some of that stuff is evaporating as, as actually, younger people [or] new people are coming into policing who see it differently... [and] actually this is about a set of skills that you need to work with vulnerable people.”

Interview 4, Strategic Lead

Another aspect of police culture mentioned in the interviews was the *“task-oriented”* (Interview 1, ACE Coordinator) nature of policing which participants felt needed to be addressed for the pilot to work effectively:

“[the police] are quite driven to get...your job done and get rid of it...and that’s how police work, you just get there as quick as possible, they finish and move on. Lots of sergeants and inspectors don’t like keeping stuff on workloads.”

Interview 18, PCSO

This approach was identified as being in direct contrast to the Early Help approach:

“I think a lot of it from the police point of view is still target orientated, let’s get here, let’s go and get it done. Tell us the outcome, we’ll finalise it off or do something else with it, we’re very wanting to get things done and see results straight away and feedback straight away. I suppose Early Help don’t work like that, it’s the longer picture...”

Interview 13, Sergeant

Therefore challenging and adapting the way the police approach cases with vulnerable families and recognising that work with these families may need to take place over a longer period of time than they’re traditionally used to, is part of the cultural change required for embedding and sustaining the early intervention approach. Encouraging the police to work differently and engage with families in a different way accounts for a fundamental aspect of the approach as the success and further roll-out of the approach *“stands and falls really on what the police appetite is”* (Interview 4, Strategic Lead).

Support for the approach

Whilst the attitudes of some police officers were identified as challenging, conversely, the interviews did recognise the support SWP, as a force, had given to the implementation of the approach. This support, particularly from senior officers, was perceived integral to the successful running of the pilot:

“I think [the pilot is] an amazing piece of work that the police have committed to. I appreciate how busy South Wales Police are, and they’ve really...set the bar very high.”

Interview 2, ACE Coordinator

“I’ve had lots of support from the SMT (Senior Management Team) to...spend time doing this and not to drag me off to do other things... I think we’ve been quite lucky in terms of the resources we’ve had to introduce it, and the support we’ve had...I think with this, because of the support we’ve had from everyone, I think people understand that it’s here now and...it’s part of our daily working.”

Interview 6, Sergeant

The interviews highlighted that the support SWP provided came from a broad range of roles, both strategic and operational. The support provided by one of the Sergeants in the pilot areas was recognised as particularly instrumental in the operational side of the approach:

“my Sergeant’s amazing. Any advice...even if it’s something he’s gone over 10 times, he’s still happy to go over it, [...]t. And my other colleagues as well ...I find that I learn better, and I can take on board what’s best, when I speak to other people, so with their experiences, you know?”

Interview 11, PCSO

5.6 Considerations for Roll-out

The interviews identified a range of topics that should be considered for the roll-out of the approach, both locally and nationally, many of which have already been outlined in the preceding sections.

Support for retention and roll-out

There was clear agreement that the pilot should remain in the SWP force area and one participant described the approach as *“the future of neighbourhood policing”* (Interview 4, Strategic Lead). A member of the police SMT also felt it was a: *“Great opportunity...and I see it growing. So, I don’t see us going backwards from this.”* (Interview 3, Police SMT).

Those occupying more operational roles were also supportive of the proposed continuation of the approach: *“I’m glad that it’s staying because if you can help one child, or do anything to help somebody it’s worth everything”* (Interview 10, PCSO).

When asked about whether the approach should remain in the SWP force area two participants also referenced the long-term impact that the approach could have:

“I think everyone understands that ACEs [approach] is here for the future...I think that people understand that there’s...a need for it...if we can work with families now to reduce future demand, it reduces demand on the police going forward.”

Interview 6, Sergeant

Recognition that this early identification approach could both reduce future police demand and prevent offending at a later stage in an individual’s life provides significant justification for continuation of the approach.

In addition, one PCSO described the pilot activities as *“a game changer”* (Interview 16, PCSO), whilst another felt that the approach *“should be rolled out everywhere”* (Interview 28, PCSO). An additional PCSO elaborated upon why they felt the approach should expand into the other force areas, suggesting that far more families could benefit from early intervention:

“It’s obviously working, isn’t it...I’m surprised how many people have actually jumped on board, and I think there’s probably a lot more families which we haven’t actually gained access to yet... so it’ll be good to see how it expands, definitely.”

Interview 30, PCSO

Support for the expansion of the approach was also received from Early Help who noted that ACEs are *“a big driver by Welsh Government. Lots of reference is given to ACEs”* (Interview 24, Early Help) and this provided significant justification for roll-out of the approach across Wales.

As the previous section noted, the buy-in and support from senior officers is integral for both the retention and roll-out of the approach and this is something that must be cultivated going forward:

"It needs to be supported from the SMT (Senior Management Team), from the Chief Inspector and higher, it needs to be given a lot...to purely understand its value, and it shouldn't be treated as something which is just...a tick box process..., it should be given value really."

Interview 6, Sergeant

"As long as you got...senior level saying this is what we want...once you get that commitment of, this is going to be your day to day practice, this is daily business, then yes it will [continue]."

Interview 2, ACE Coordinator

Expansion of the multi-agency approach

When being asked about what should be considered for the roll-out of the pilot a number of participants referenced the need to involve additional organisations in the multi-agency approach. The approach could benefit from the participation of certain organisations given the relationships that may have already been established with communities and consequent knowledge they will have built:

"I think the one thing for me is other organisations that are not involved in the areas, like community centres and youth clubs...They have a lot of dealings with families and children and young people and...they do go in and they do talk to the people in these places...I think that's what's missing..."

Interview 23, Early Help

There was also a recommendation received about linking in directly with other programmes of work to facilitate a wider, more holistic, collaborative approach:

"It needs to be seen seriously by other partners. It needs to be linked to other projects and other programmes of work that are trying to do the same thing. And I'm not sure that those links have yet been made between other areas and that's a systems thing."

Interview 5, Strategic Lead

Furthermore, a member of Early Help staff also proposed the establishment of multi-agency hubs as a mechanism through which a wider range of organisations could participate in the expansion of the approach with these hubs reducing the numbers of referrals being sent through to the Multi-Agency Safeguarding Hub (MASH):

"The way forward is that co-location... We need multi-agency hubs, and... don't confuse that with a MASH... what I'm talking about here is lower level... so it's before it even reaches [the MASH], so if it can't be resolved, we would see the hubs then escalating it through...to the MASH."

Interview 19, Early Help

Importantly, joining up both the strategic and operational aspects of the approach, not only within the police force but with external agencies, was perceived as being integral for the expansion of the approach:

"Going out wider, I think the strategy would need to be that we need to get the buy-in at the PSB (Public Service Board) as well as the operational. So, I see that the lesson learnt out of [the pilot]...is that we need to have that very high strategic influence at the same time as we're looking at the operational and tactical so that we're joining up..."

Interview 3, Police SMT

Resources and capacity

Two of the most commonly referenced considerations for both the sustainability and expansion of the programme were resources and capacity, although, as this quotation below demonstrates, the approach was set up using existing resources:

“There will always be changes that will need to be made to maintain [the approach] ... but what we try to do...is to try and ensure we’re doing it within existing resources, from the very beginning...So, it’s being done within existing staff that I’ve got from my Response Officers and my neighbourhood teams. From the Early Help Hub perspective, it’s being done with existing staff there as well. What it is, as a new setup ... a new way of working for us, within existing availabilities. So, there’s no reason why it can’t be sustainable long-term. The whole way we set it up was for that reason.”

Interview 20, Police SMT

Despite efforts to ensure that the pilot was established using existing resources, the interviews evidenced that the approach had impacted upon individuals’ workloads and one PC expressed being overwhelmed by the additional responsibilities the approach required: *“We are so overrun...I can’t even describe what it’s like coming to work sometimes...We can’t do our normal job justice at the moment...”* (Interview 9, NBM). One of the NBMs highlighted that they were *“not getting ring-fenced to do this”* (Interview 15, NBM) and, as a result, they had to balance their existing responsibilities with the additional demands of the new approach. As a consequence of these capacity issues there were concerns about how the approach could be sustained and rolled out without the provision of additional resources:

“...you’ve got a police organisation who have undergone financial cuts, their demand is increasing and increasing and increasing...They [the police] haven’t had any more time to do this. They’ve still got their own workload, which is increasing daily...and this is additional, and this is a long-term investment, as opposed to a short term...we’re looking to influence not only this generation, but significantly the next generation, so sustainability is crucial for this.”

Interview 2, ACE Coordinator

Concerns about capacity for further expansion of the pilot were not only restricted to the police, Early Help also voiced some apprehension about sustainability and roll-out with one member of staff stating for this to be plausible more staff were required: *“It’s more bodies, we need more bodies”* (Interview 23, Early Help). Another member of Early Help also raised their concerns about capacity:

“Obviously...at the moment, there’s just myself doing it [screening], just for the pilot area, so they would need to consider...more resources. And...potentially employing somebody full-time just to do the ACEs, because it is literally a full-time job. And across the local authority, it could even be more than one job...”

Interview 21, Early Help

There was, however, recognition that although increased resources are required initially, over a longer period of time application of the new approach should eventually reduce demand for interventions from the police:

“in the future, actually capacity should reduce, and become less of an issue, but because we’re running it as a pilot outside other processes, it’s making sure that we... think of a smarter way of doing it, so capacity would, you know, with the kind of, the day job at this point in time is probably the one that is, is more significant.”

Interview 19, Early Help

Therefore, although some investment in resources is required it was recognised within the pilot that investment in an early intervention approach now will ultimately save money later: *“More money [is needed]...it’s all about funding...spend a little now, save a fortune in the future.”* (Interview 18, PCSO)

6. Discussion and Recommendations

The *Early Intervention and Prevention Project (EIPP): Breaking the Generational Cycle of Crime*¹ investigated the role of policing in responding to vulnerability in the South Wales Police force (SWP). High level research involving extensive access to police practice, with over 400 hours of operational policing observed, interviews and focus groups with frontline Police Officers conducted and a detailed analysis of safeguarding referral data for a 12-month period, highlighted the high level of demand related to vulnerability that SWP responded to. Furthermore, the research found that traditional policing methods, training and systems were not designed to meet the level and type of demand faced by Police around vulnerability. The EIPP has developed a platform of much needed understanding around policing demand and response to vulnerability and informed five key recommendations for action¹ that have been accepted for trial in SWP force area.

Recommendation One of the EIPP was to build a structured multi-agency, early intervention approach to vulnerability within Neighbourhood Policing Teams (NPTs). Recommendation Two was to develop ACE Policing Vulnerability Training (APVT) which was delivered between April and May 2017 and the short term impacts of the training independently evaluated by Public Health Wales (PHW)².

The aims of the pilot were to develop and implement a policing model that better identifies and responds to vulnerability and provides a specific route for early intervention. The introduction of this new approach was an attempt to meet existing levels of demand around vulnerability and ensure vulnerable people get the support they need at the earliest possible opportunity. Since the commencement of the pilot on 26th June 2017 SWP have worked collaboratively with Bridgend County Borough Council's (BCBC) Early Help team to deliver an enhanced approach to dealing with vulnerability in two pilot areas. This evaluation examined the development, impact and effectiveness of its implementation. The evaluation identified a number of positive outcomes of the pilot including improved multi-agency working and an increase in actions taken to support vulnerable families and children.

The findings of the evaluation have a number of implications for SWP in reference to the retention and expansion of this approach within the force area as well as for the roll-out of this approach across the remaining three force areas in Wales. This Section will now discuss the wide range of implications of the evaluation prior to presenting the recommendations arising from the research.

Embedding the structured multi-agency early intervention approach to vulnerability within neighbourhood policing

The evaluation established that SWP and Early Help staff were generally positive about the approach. Many of the participants were supportive of early intervention as a concept and the impact this type of approach can have upon children and families. Importantly, there was also recognition from the police regarding the longer-term implications of an early intervention approach and awareness that actions undertaken at the time of the pilot would not necessarily have an immediate impact. Instead, it was acknowledged that it may take some time to see the effects of the intervention, given the longitudinal consequences of ACEs over the life-course.

Initial perceptions of the adaptation of the screening process to be co-located was very positive and has begun to successfully streamline the process of identifying and responding to cases of vulnerability suitable for early intervention; reducing reviewing time and better enabling communication between partners. However, considerations still need to be made around the screener(s) being given dedicated time as part of their 'day job' to complete tasks.

Despite the majority of participants voicing support for the new approach, interviews revealed that some resistance to the approach remains. The interviews highlighted that some police officers even after ACE awareness training perceived some tasks involved in the pilot to be outside of the police officer remit, viewing certain activities as the responsibility of social workers. This suggests that to effectively embed the approach there is not only a need for further awareness raising of the benefits of working in a trauma-informed way but also the need to address the deep-seated nature of silo working that exists across all sectors, requiring an immense culture shift and support among the leadership within and across policing organisations.

In addition to this, the task-oriented nature of policing and the consequent desire to close cases as quickly as possible was also raised as an area requiring attention. Encouraging the police to adapt their current practices and engage with families over a longer period of time was perceived to be integral to the success of the pilot. For roll-out consideration should be given to develop a case recording system that allows cases to remain open without reflecting 'inactivity' across police workload.

Further to this there is a need to ensure the vision of policing is aligned to this 'new way' of working in policing vulnerability, to address the perceptions of frontline police about their role in the initial recruitment and training stage to ensure ALL police see vulnerability as their responsibility. There is an opportunity here to ensure the expectations of policing from those newly recruited and the skill sets required to police vulnerability are matched to those the sector is recruiting as frontline staff.

Contribution of the ACE Coordinators

The evaluation identified that the ACE Coordinator role was perceived to be instrumental in the development, delivery, and sustainability of the new approach. The ACE Coordinators' specialist knowledge was highly valued specifically in regard to delivery of the training. Their practical support of operational activities was acknowledged as a key contributing factor in influencing some of the culture changes required for the approach and therefore integral to the overall success of the pilot, further it was felt that the ACE Coordinator role should remain external to the police.

Positive outcomes of the new approach

The evaluation revealed that the new approach had impacted upon both police process and practice and one of the most significant outcomes of the pilot was improved multi-agency working. The implementation of the pilot had improved and strengthened the relationship between the police and the BCBC Early Help team. Although, in moving forward, addressing the communications challenges highlighted through the evaluation (such as delays in hearing back from Early Help and timeframes for receiving such responses) would help further improve the relationship. In addition to improved engagement between the police and Early Help, the study evidenced that the approach had encouraged the police to establish links with a wider range of partner agencies, such as specialist domestic abuse services.

Participants reported that the approach had facilitated improved engagement with children and families as a result of employing a more enhanced community-based, supportive approach. PCSOs having more involvement in communities and becoming known to them meant that the approach had allowed for trust to be established between the police and families within the local areas. Anecdotal evidence reported reductions in the number of repeat call-outs to families who had engaged in the approach, which in turn has reduced the demand for response officer attendance at properties. This reduction in repeat call-outs may indicate that families are receiving support from PCSOs or from agencies external to the police, therefore reducing crisis-point interventions. Moreover, in comparison to the former system, it was perceived that the new approach allowed for actions to be taken for

families who wouldn't previously have received any support and at a much earlier point in time; in an attempt to reduce the amount of crisis intervention required. The evaluation suggests that the new approach has not only better addressed the needs of families but has also begun to reduce the demand on the police by attempting to prevent engagements at a later, intensified, stage.

Participants recognised that not all successes would be visible at such an early stage of the pilot given the impact of ACEs on the life course. In regards to analysing the impact of the approach (such as the longer-term sustainability, outcomes for children and families, impact on police demand and effects on repeat callers) attention needs to be given to how the long-term benefits can be measured and monitored. This is an important consideration for partners such as Early Help who need to evidence positive outcomes to potentially secure future funding.

The evaluation had set out to collect monitoring data from both the police and the Early Help team to assess the demand placed on both services as a result of the early screening of PPNs. This did not prove possible during the time scales of the evaluation. Further time is required within the approach to allow for the necessary systems to capture this information to be developed in a robust way by partner agencies. However, police PPN data did show that the number of PPNs reviewed during the pilot period had not really changed when compared to the same period the previous year. This supports findings reflected during interviews that suggest the multi-agency approach has not increased PPN demand in terms of numbers, although due to the nature of the new review process it should be acknowledged the each PPN review takes more time to complete. Additionally, while the new approach did not expect to see a reduction in the number of PPNs being submitted as PPNs are still being produced as part of the safeguarding referral process, the expectation would be that repeat PPNs would be reduced due to earlier intervention through the enhanced role of the NPTs and Early Help. Future evaluation of repeat the submission of repeat PPNs to help measure the impact of the new enhanced approach would be beneficial, current time frames meant that numbers were too small to have any real significance within the current evaluation.

Given the longitudinal effects of ACEs upon the life course of individuals it would be beneficial to assess the impact of the new approach over a longer period of time, which would allow for some analysis of both its effectiveness and sustainability as an approach. As the pilot was still in its early stages when the evaluation was completed and certain elements (such as the joint screening) had only recently commenced, there would be value in revisiting the approach at a later stage for further evaluation. For example, suggestions that co-location had been positive in easing resources, speeding up screening and creating good working relationships with Early Help and SWP could be explored in greater detail once further established.

Within the scope of the study there was no engagement with families who accepted early intervention as part of the pilot. Further evaluation should seek to explore the impact that the pilot has had on those individuals and families that engaged with it. Understanding their perceptions and acquiring their feedback (for example investigating reasons for reluctance to engage) would allow for a more comprehensive understanding of the effectiveness of the approach.

Additionally, while the evaluation showed much support across police and partners for the introduction of the new enhanced approach for dealing with vulnerability, participation in interviews was voluntary, therefore potentially those that were not supportive of the enhanced working arrangements may have declined to participate and consequently any negative or challenging views may not have been captured within the evaluation.

Long-term impact of ACE-Informed Approach to Policing Vulnerability Training

The evaluation explored the on-going effects of the APVT and the findings were positive. The 6-month follow up of the training highlighted that participants' mean scores for their understanding of trauma-informed care and confidence in responding to vulnerability remained higher than pre-training. Nearly all those surveyed felt they had successfully applied the knowledge and skills gained from the training of TIC into police practice. The majority felt the training had affected how they now completed PPNs, with many stating they were now clearly noting the ACEs that they had identified in the household on the PPNs.

The supplementary interviews indicated that six months after receiving the APVT officers had maintained the knowledge and skills they had developed as part of the original training. The interviews clearly evidenced that officers had been able to put their training into practice and that identifying ACEs had, for PCSOs particularly, become embedded in their operational duties and identifying ACEs was perceived to be a daily task.

Retrospectively, some officers referenced their desire to have a better awareness of the practicalities involved in the approach. Thus, it was felt that the training moving forward would benefit from including further details and specifics of the actions required to implement the approach at an operational level. For future application of the approach, written guidance should be developed clarifying the responsibilities of each individual and their role within the process.

Moving forward, there was a consensus that the training should continue to be delivered by ACE Coordinators, given their specialist knowledge, and continue to address culture change within the police. The research also briefly touched upon officers' perceptions about when it would be most beneficial for them to receive the training, the vast majority of those surveyed felt that the training should precede commencement of operational duties.

Expansion and roll-out

The evaluation identified a wide range of support for the retention of the pilot in the SWP force area and the potential long-term impact that early intervention could have upon police demand was provided as a justification for this. Participants also felt that the other police force areas could benefit from introducing the approach although the resources required and staff capacity were mentioned as areas to consider. Expanding upon the multi-agency approach, through including education (which has already begun in the pilot areas) and other agencies more broadly, was suggested for the roll-out in order to facilitate a more holistic, collaborative approach.

The real impact of the pilot has not been fully realised within this evaluation due to the constantly changing processes within the multi-agency approach as each service continued to shape the process within the constraints of their own sector while responding to more efficient ways of working together over time as a result of 'trial and test'. This is in part due to timescales; the 'fluid' nature of the process that is still being defined; and the need for systems to be further developed to allow monitoring data to be captured (particularly within the Early Help setting). It is essential that a more defined process of the early intervention approach is established before regional expansion and roll-out can move forward.

Recommendations:

The evaluation makes the following recommendations:

Local South Wales Police Force recommendations:

- The structured multi-agency, early intervention approach to addressing vulnerability should remain in the pilot areas, but should be modified in line with the findings of the evaluation to enable improved embedding to include:
 - A more defined process of the early intervention approach to be established before regional expansion and roll-out can move forward.
 - Further development of the screening between Police and Early Help of the new early intervention referrals. Although evaluation showed a positive move towards co-location of screening it still appears resource heavy. Further refinement of process to move away from co-location to a 'co-operation' model of screening between partners.
 - Explore the possibility of developing a generic risk and information collation role to work across agencies that would feed in to early intervention services.
 - Development of systems to allow monitoring of data on level of service demand to be captured as a result of the new approach to responding to low level vulnerability, particularly within the Early Help setting.
 - The pilot to operate a local partnership model for the screening of PPNs for early help. This will allow partners to better respond to local vulnerability issues and demand within the constraints of locally available resources. This will require the development of an enhanced and timelier interface with the Public Protection Unit (PPU) and an alternative systems approach for early help/intervention referrals that does not simply attach to existing PPNs that are there to capture safeguarding referrals.
- Development of written guidance clarifying the responsibilities of each individual role across police and partners within the process. Despite dissemination of information leaflets, outlining the agreed process between police and Early Help a lack of clarity still existed.
- There was agreement that the role of screener(s) needs protected time to complete the task and to ensure conflicting job demands do not exist. Future consideration needs to be given to who undertakes the screening and how information is recorded (specifically in relation to data collection system practicalities).
- A review of resources within the current PPU screening system to ascertain the possibility of utilising this resource in the early help setting.
- Research is required to develop an understanding of reach and impact of partners responding to vulnerability to increase the take up rate of families identified through the new approach who are offered early intervention.

Wales wide recommendations for a trauma-informed approach to policing:

- The ACE policing vulnerability training, including detail of the operational actions underlying the early intervention trauma-informed approach, should be rolled out across the remaining police sectors within SWP and all police force areas in Wales to ensure that police employ a consistent trauma-informed approach to their work.
- The ACE Coordinator role perceived to be crucial should remain part of the ongoing activities relating to the approach. In expanding the project across other Forces, the ACE Coordinator role should be positioned as an integral role, particularly in the delivery of the training for the police workforce.
- ACE Coordinator roles should maintain social care expertise, external to police, easily approachable and co-located in police stations.

- Further longer-term evaluation on the impact of the pilot across all partners in terms of capability, capacity, resources and the outcome for families (to include an economic assessment) would give additional evidence for the sustainability of this model.
- Further research is required to comprehensively examine the impact of this new way of working in terms of the impact of the role of the Police Lead, Partnership Lead and ACE Coordinator in influencing systems change.
- For sustainability and wider roll-out:
 - Wider stakeholder engagement is required to lay the groundwork to the benefits and impact an ACE-informed multi-agency approach to responding to vulnerability could offer at local and national level. This could be driven through Public Service Boards (PSBs) to align the approach with joint working arrangements formally established through PSB plan objectives to deliver on achieving the wellbeing goals set out in the Wellbeing of Future Generations (Wales) Act (WFGA) 2015. This would place a statutory requirement on public bodies to work in ways that help to tackle ACEs.
 - Establishment of an accountability framework as set out in the WFGA.
 - Engagement with Her Majesty's Inspectorate of Constabulary (HMIC) and the Association of Police and Crime Commissioners (APCC) on taking forward discussions on appropriate inspection and performance measures to drive cultural change around policing vulnerability.

Moving forward:

There is a national commitment in Wales to identify, prevent and mitigate ACEs through working in a more trauma-informed way, looking to intervene at the earliest opportunity to support those at risk of vulnerability and build resilience across communities. Addressing ACEs is a key priority for many sectors including the National Health Service (NHS), Police, Education, Housing and Criminal Justice all of which have begun to implement ACE-informed approaches to practice at some level.

Drawing from the understanding and learning around policing demand and response to vulnerability gained from the EIPP, Public Health Wales, the four Police Forces and Police and Crime Commissioners and a range of partners across Wales have secured further funding from the Home Office Police Transformation Fund to enable the further development of this multi-agency, ACE-informed approach nationally over the next two years. Demonstrating this commitment across partners to work together to build resilience through a public health approach to policing and criminal justice in Wales a national partnership agreement has been drawn up and agreed to.

This new programme of work will encompass working with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE-informed services and organisations. The aims are to:

- Develop a competent and confident workforce to respond more effectively to vulnerability using an ACE-informed approach in both fast and slow time policing.
- Assist with a review of organisational capacity and capability within the wider collaborative partnership to proactively meet the changing demands on front line services.
- Explore the feasibility of a 24/7 single integrated 'front door' for vulnerability that signposts, supports and safeguards encompassing 'blue light', welfare and health services.
- Establish a clear plan to move towards a whole system response to vulnerability by implementing ACE-informed approaches for operational policing and key partners.

Appendix

Table A1. Participant demographics

	Full sample*		Part 2*		Follow-up sample	
	n	%	n	%	n	%
Job role	151		59		32	
PSCO	44	29.14	42	71.19	17	53.13
Police Constable or above	107	70.86	17	28.81	15	46.88
Department	151		59		32	
Response	86	56.95	0	0.00	11	34.38
Neighbourhood	65	43.05	59	100.00	21	65.63
Length of service (years)	150		59		32	
<3	38	25.17	17	28.81	9	28.13
3-10	58	38.41	25	42.37	16	50.00
11-19	38	25.17	10	16.95	6	18.75
20+	16	10.60	7	11.86	**	-
Gender	151		59		32	
Male	94	62.25	33	55.93	17	53.13
Female	57	37.75	26	44.07	15	46.88
Age (years)	151		59		32	
18-25	19	12.58	8	13.56	*	-
26-35	52	34.44	20	33.90	15	46.88
36-45	49	32.45	16	27.12	9	28.13
46 +	31	20.53	15	25.42	*	-

*Reproduced with permission from Ford K, Newbury A, Meredith Z, Evans J, Roderick J. (2017). *An evaluation of the Adverse Childhood Experience (ACE) Informed Approach to Policing Vulnerability Training pilot*. Cardiff: Public Health Wales NHS Trust.

**Numbers smaller than 5 have been suppressed

Table A2. Mean ARTIC scores at post 1, post 2 and follow up compared to pre-training

	Underlying causes of problem behaviours and symptoms	Response to problem behaviours and symptoms	On the job behaviour	Self-efficacy at work	Relations to the work	Overall score
Pre-training (n=31)*						
Mean	4.12	4.53	5.01	5.1	4.71	4.69
SD	0.56	0.66	0.64	0.73	0.58	0.46
Post 1 (n=31)						
Mean	4.71	5.06	5.2	5.43	5.23	5.13
SD	0.60	0.86	0.72	0.86	0.81	0.61
p ^s	<0.01	<0.01	NS	<0.05	<0.01	<0.01
Post 2 (n=20)						
Mean	4.46	4.76	4.88	5.36	4.89	4.87
SD	0.95	0.89	0.81	1.13	0.98	0.82
p ^s	NS	NS	NS	NS	NS	NS
Follow up (part 2 only, n=20)						
Mean	4.61	4.92	5.17	5.67	5.09	5.09
SD	0.85	0.82	0.74	0.88	0.77	0.65
p ^s	NS	<0.05	NS	<0.01	NS	<0.05
Follow up (n=31)						
Mean	4.53	4.84	5.26	5.67	5.03	5.07
SD	0.87	0.75	0.72	0.85	0.71	0.62
p ^s	<0.05	<0.05	NS	<0.01	<0.05	<0.01

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Table A3. Follow up mean ARTIC scores by gender, role and length of service (n=31)

		Underlying causes of problem behaviours and symptoms	Response to problem behaviours and symptoms	On the job behaviour	Self-efficacy at work	Relations to the work	Overall score
All	Mean	4.53	4.84	5.26	5.67	5.03	5.07
	SD	0.87	0.75	0.72	0.85	0.71	0.62
Gender	Male	4.27	4.69	5.03	5.65	4.94	4.91
	Female	4.85	5.02	5.54	5.69	5.14	5.25
	<i>p</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>
Role	PCSO	4.47	4.73	5.02	5.76	5.04	5.01
	PC or above	4.60	4.97	5.55	5.55	5.02	5.14
	<i>p</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>
Length of service (years)	<3	4.54	4.82	5.18	5.86	5.11	5.10
	3 to 10	4.39	4.69	5.13	5.56	4.89	4.93
	11+	4.82	5.18	5.63	5.65	5.24	5.31
	<i>p</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>

Police constable (PC), Police Community Support Officer (PCSO), Police Sergeant (PS). NS= Not significant, SD= Standard Deviation.

Table A4. Follow up confidence scores for responding to vulnerable people by gender, role and length of service (n=32).

	Responding to vulnerable people in your role	Interacting with vulnerable people sensitively	Using your professional judgement	Ability to identify whether or not additional support is needed	Understanding of when a PPN needs to be submitted	Understanding of multi-agency approach & roles of different agencies
All						
Mean	8.78	8.94	8.78	8.66	9.00	8.19
SD	1.16	1.01	1.04	0.94	1.30	1.42
Gender						
Male	8.82	8.76	8.82	8.71	8.76	8.06
Female	8.73	9.13	8.73	8.60	9.27	8.33
<i>p</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>
Role						
PCSO	8.76	8.82	8.65	8.53	9.12	8.47
PC or above	8.80	9.07	8.93	8.80	8.87	7.87
<i>p</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>
Length of service (years)						
<3	8.56	8.67	8.33	8.56	8.78	8.00
3 to 10	8.69	8.88	8.75	8.56	8.81	8.00
11 +	9.29	9.43	9.43	9.00	9.71	8.86
<i>p</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>

Police constable (PC), Police Community Support Officer (PCSO), Police Sergeant (PS). NS= Not significant, SD= Standard Deviation.

Table A5. Mean confidence scores for understanding ACEs and trauma-informed approach.

	Pre-training * (n=32)		Post 1* (n=32)		Post 2* (n=21)		Follow up (Post 2 only, n=21)		Follow up (full sample, n=32)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Understanding of impact of stress & trauma on the brain	5.81	2.09	9.00	0.98	8.52	0.98	8.38	1.40	8.13	1.52
Understanding of what ACEs are	4.97	2.24	9.34	0.79	9.19	0.93	9.19	0.93	9.13	1.16
Understanding of impact ACEs can have on child development	5.00	2.21	9.38	0.79	9.33	0.66	8.95	1.07	8.94	1.19
Understanding of longer term impacts of ACEs into adolescence and adulthood	4.91	2.19	9.38	0.75	9.14	0.65	8.86	1.01	8.84	1.19
Understanding of what an ACE-informed lens is	3.03	2.04	9.22	0.94	8.43	1.03	8.29	1.45	8.09	1.49
Ability to use an ACE-informed approach	3.30	2.15	8.94	1.13	8.62	0.92	8.48	1.40	8.28	1.40

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Table A6. Follow up confidence scores for understanding ACEs and an ACE-informed approach by gender, role and length of service (n=32).

	Understanding of impact of stress & trauma on the brain	Understanding of what ACEs are	Understanding of impact ACEs can have on child development	Understanding of longer term impacts of ACEs	Understanding of what an ACE-informed lens is	Ability to use an ACE-informed approach
All						
Mean	8.13	9.13	8.94	8.84	8.09	8.28
SD	1.52	1.16	1.19	1.19	1.49	1.40
Gender						
Male	7.88	9.00	8.88	8.76	8.18	8.35
Female	8.40	9.27	9.00	8.93	8.00	8.20
<i>p</i>	NS	NS	NS	NS	NS	NS
Role						
PCSO	8.41	9.35	9.12	9.00	8.41	8.59
PC only	7.62	8.69	8.54	8.46	7.38 ^c	7.62 ^c
PC or above	7.80	8.87	8.73	8.67	7.73	7.93
<i>p</i>	NS	NS	NS	NS	NS	NS
Length of service (years)						
<3	8.56	9.22	9.00	8.89	8.00	8.22
3 to 10	7.75	9.06	8.94	8.81	7.88	8.13
Over 11 years	8.43	9.14	8.86	8.86	8.71	8.71
<i>p</i>	NS	NS	NS	NS	NS	NS

Police constable (PC), Police Community Support Officer (PCSO), Police Sergeant (PS). NS= Not significant, SD= Standard Deviation. ^cThe difference for these two sub-scales are significant when taking the rank of PC only into consideration.

Table A7. New starter participant demographics (n=14)

	n	%
Job role	14	
PC	12	85.71
PCSO	*	-
Police Sergeant	*	-
Length of service (years)	14	
<3	13	92.86
3-10	*	-
11-19	*	-
20+	0	0.00
Gender	14	
Male	8	57.14
Female	6	42.86
Age (years)	14	
18-25	10	71.43
26-35	*	-
36-45	*	-
46 +	0	0.00

*Number less than 5 have been suppressed.

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