



Camau Cynnar
gyda'n Gilydd
Early Action
Together

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

The Early Action Together Programme:

Outcomes, impacts and lessons
for future transformation



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February 2021

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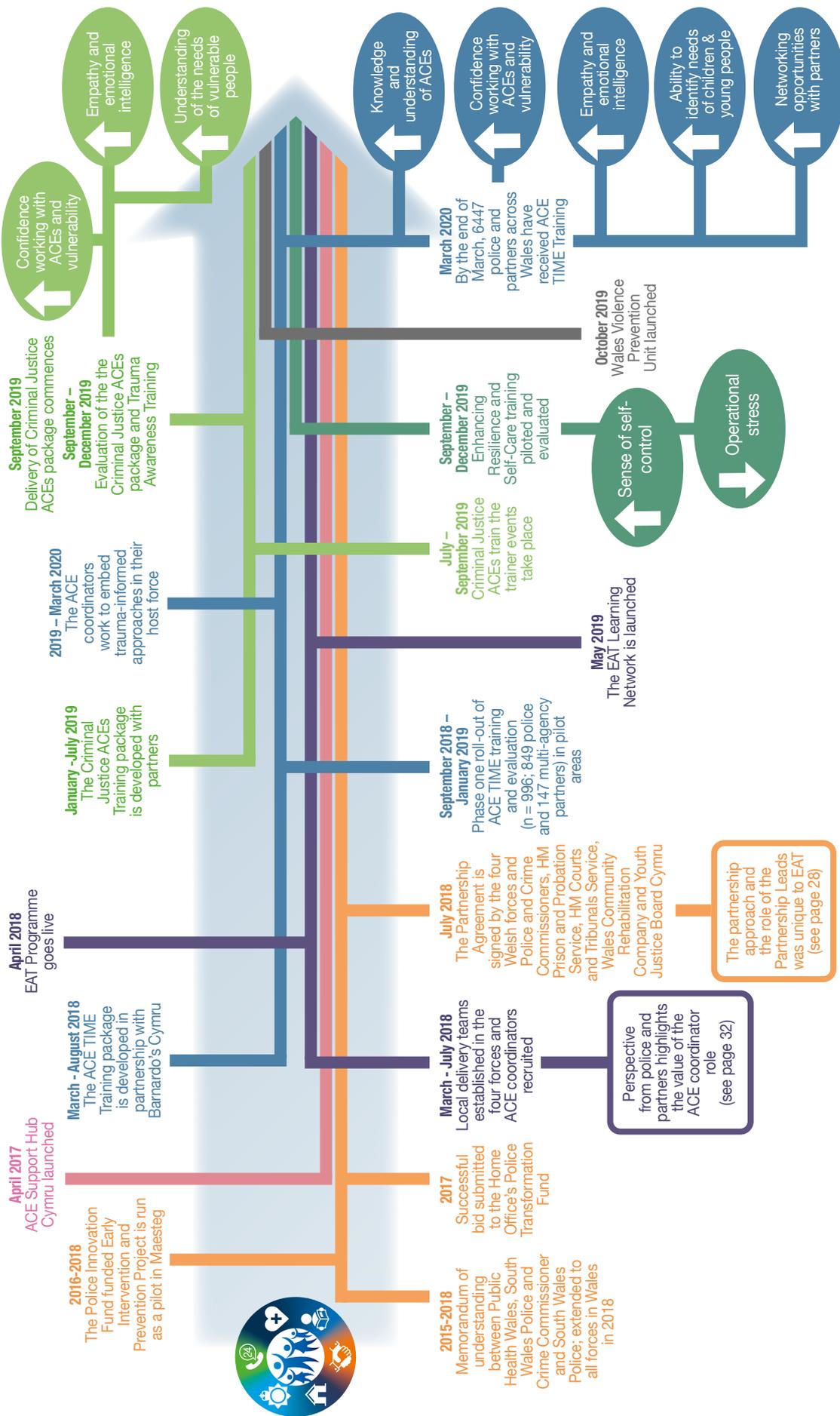
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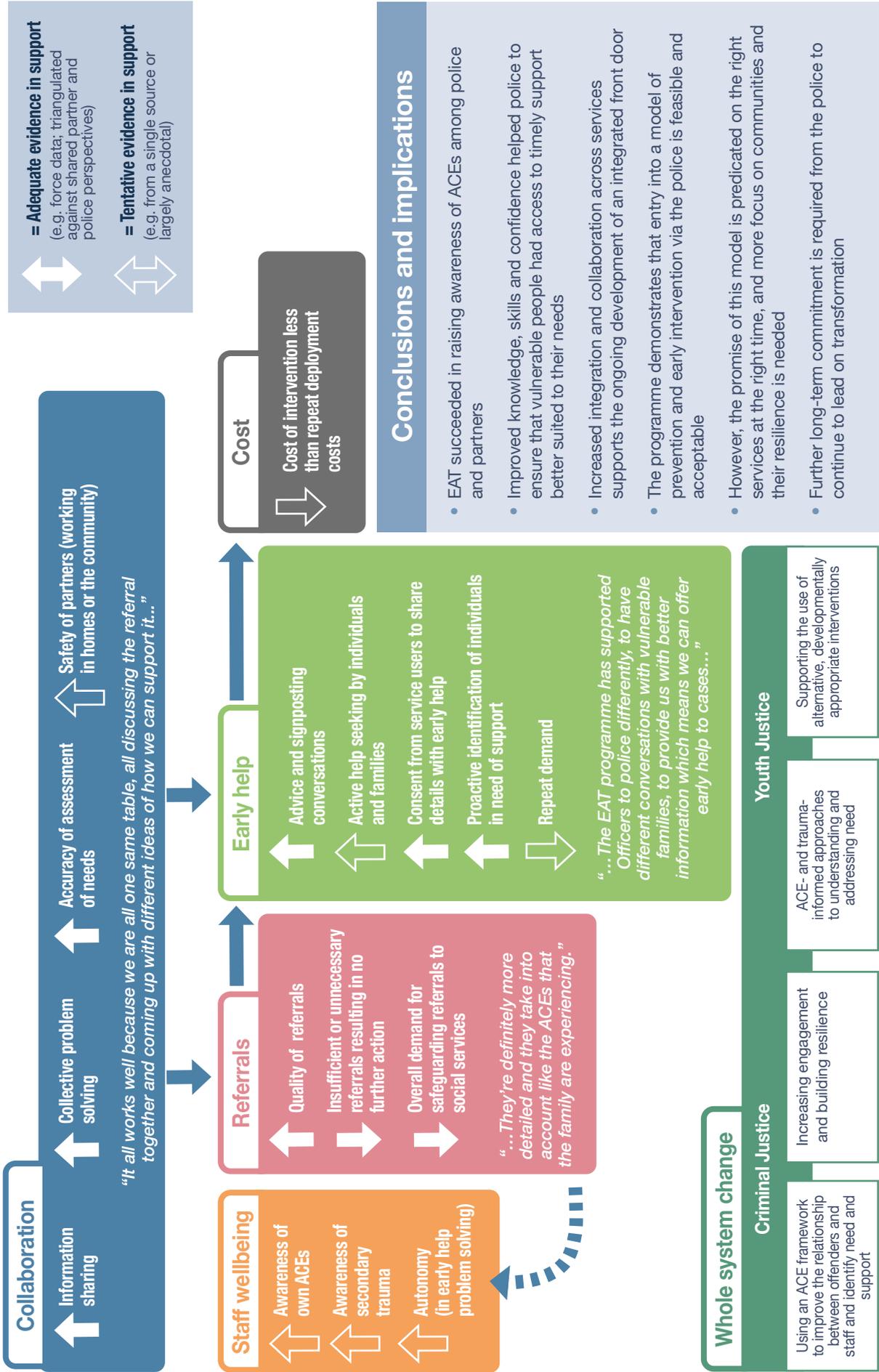
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The Early Action Together (EAT) Programme – Summary of implementation and evaluation

A transformational programme using an ACE-informed approach to change the way the police and partners understand and respond to vulnerability.



The Early Action Together Programme – Summary of outcomes and impacts



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1. Background

As decades of research now inform our understanding of the potentially profound and devastating impact of childhood adversity, toxic stress and trauma on the health and wellbeing of individuals, families and communities,¹⁻² there is widespread recognition of the importance of both early intervention and prevention for supporting society's most vulnerable.³⁻⁴ By identifying and providing appropriate support to those who are most at risk of poor outcomes at the earliest opportunity, problems such as poor mental health or engagement in criminal behaviour can be prevented entirely or their escalation halted. Throughout every stage of the life course, people can be supported and empowered to build resilience and develop the skills and attributes needed to face both the acute and everyday challenges of life, helping to mitigate the impacts of adversity and break cycles of complex need, economic instability and limited life opportunities.⁵⁻⁶ Wales has been leading in many of these areas and this report outlines progress in developing a public health approach to policing that uses an understanding of adverse childhood experiences (ACEs) and trauma to better respond to vulnerability.

This report...

Over the past three years, a partnership of the four Welsh police forces, Barnardo's Cymru, Her Majesty's Prison and Probation Service and Public Health Wales has worked together to bring about substantive change in the culture and operation of policing and criminal justice in Wales. Consistent with the wider legislative and policy context nationally, the Early Action Together (EAT) Programme has sought to transform the way that vulnerable children and adults across Wales are identified and supported, by reframing how we think about need, recognising the potentially profound and lasting impacts of ACEs, addressing how we work together sustainably, providing integrated support pathways that are available 24/7, and tipping the scales to prioritise prevention and early intervention. The £6.8 million programme was funded by the Home Office as part of the Police Transformation Fund, building on the findings of the Early Intervention Project pilot that took place in Maesteg. This report provides an overview of what the EAT programme has achieved and consolidates evidence of impact and effectiveness generated from the programme to date. The findings and conclusions presented are intended to provide a coherent and achievable business case for further action and may be of interest to those with responsibilities for system change and responding to vulnerability at national, regional and local levels.

1.1 Welsh Government investment in ACEs

Since the initial conception of the first national ACEs survey in 2015,⁷ the ACE agenda has been gaining momentum in Wales, with extensive work in academia and practice exploring the nature and impacts of childhood adversity, as well as how this understanding can be used in practice across a variety of sectors. Welsh Government have consistently supported the development of this agenda through their commitment to giving every child the best start in life and supporting and protecting the wellbeing of future generations.⁸ Through key policies, they have focused on developing ACE-aware public services, driving preventative approaches, and building resilience in those whose lives have been impacted by ACEs or other trauma. A commitment to tackling ACEs is also set out in the current Programme for Government (*Taking Wales Forward*)⁹ and its national strategy (*Prosperity for All*)¹⁰, with Welsh Government prioritising ACEs in the 2016-2021 assembly term. Through Cymru Well Wales – a collaborative of organisations from the public, voluntary, charitable and commercial sectors that work together for better health for the people of Wales – Welsh Government have supported the

establishment of the ACE Support Hub for Wales (see Box 1) and have applied an ACEs framework across policy areas such as education, housing, youth work and in supporting vulnerable groups such as refugees and asylum seekers. In 2019, a collaborative unit was developed to prevent all forms of violence across Wales using a public health approach (see Box 2). In 2020, a review of Welsh Government ACEs policy was requested by the Deputy Minister for Health and Social Services to inform future policy direction.

Box 1. The ACE Support Hub

The Cymru Well Wales ACE Support Hub aims to help create the environment for change by supporting individuals, organisations and communities to be ACE aware, to prevent ACEs, to support early intervention that mitigates the impacts when children are exposed to ACEs, and to help break intergenerational cycles by building resilience in adults who have suffered childhood adversity. To achieve these aims, the hub focuses on disseminating information about ACEs, sharing evidence and learning from best practice, developing the knowledge and skills of professionals, and driving change and system transformation at both local and national levels. The work of the hub is based on the core principles of inclusivity, harnessing the power of relationships, promoting kind and compassionate services and society, and challenging structural inequalities. The work of the ACE Hub includes developing and delivering an ACE- and trauma-informed whole school approach for primary and secondary schools, as well as further and higher education settings, and training in psychologically informed environments with staff working in third sector homelessness and housing-related support providers, housing associations and local authority housing teams.

For more information on the ACE Hub, visit
<https://www.aceawarewales.com/>



Box 2. The Wales Violence Prevention Unit (VPU)

Established through funding from the Home Office in 2019, the VPU brings together core members from police forces, the Police and Crime Commissioners, Public Health Wales, Her Majesty's Prison and Probation Service (HMPPS), Home Office Immigration and the voluntary sector in a public health approach to preventing violence. As well as supporting the delivery of evidence-informed programmes with partners addressing issues such as knife crime and reaching young people who have been hospitalised by violence, the VPU commissions and delivers research and evaluation projects across Wales.

For more information on the VPU, visit
<https://www.violencepreventionwales.co.uk/>



1.2 Transformation of public services

Wales has unique legislation that requires public bodies to think about people now and in the future when they make their decisions. The Well-being of Future Generations (Wales) Actⁱ, which became law on the 1st April 2016, sets out a common national vision for holistic wellbeing in Wales based on four pillars: environmental; social; cultural; and economic wellbeing. The Act also established 19 Public Services Boards (PSBs) across Wales to improve joint working and encourage collaboration and integration in the delivery of public services. Under the Act, PSBs have a duty to improve wellbeing and must collectively assess the wellbeing of the population in their areas, choose local wellbeing objectives and prepare a local wellbeing plan. The Act requires public bodies to work to a sustainable development principle, underpinned by the five ways of working. All of this provides an opportunity to transform systems in Wales; the legislative vehicle to drive the change is already in place. The Future Generations Commissioner helps public bodies change their behaviour, promote the sustainable development principle and monitor and assess the extent to which they meet their specific objectives.

1.3 Challenges in policing

The complex needs of diverse communities, against a backdrop of economic, political and social change, amount to a rising demand on public services.¹¹ The role of the police has changed, in part due to the withdrawal of other services. Frontline officers are responding not only to crime, but to issues of public safety, welfare and vulnerability, where opportunities for early intervention and prevention emerge.¹²⁻¹³ A significant amount of police time is taken up dealing with mental health; for example, in 2018, the Metropolitan Police Service reported receiving a call about a mental health concern once every four minutes.¹⁴ However, despite population growth and associated rising inequalities and social fragmentation,¹⁵ the number of police officers currently on our streets and in our communities remains at levels lower than throughout the previous decade.¹³ This has resulted in a shift away from more traditional methods of neighbourhood policing, with declines in the numbers in supporting roles such as police community support officers (PCSOs) and special constables.¹⁶ⁱⁱ Effectiveness in policing is not just a numbers game though – in 2019, an assessment of policing in England and Wales indicated that police services need to be much better at maximising the potential of their workforces, by building specialist skills and problem solving.¹³ The need for reform in policing is apparent, with emphasis on collaboration and integration between police forces and other public services, and using evidence-based solutions to policing problems that move away from solely reactive techniques.¹³ To meet the challenges of policing in the 21st century, small changes will not suffice and police forces must overcome parochialism to develop fundamentally different models and ways of working.

1.4 The origins and evolution of EAT

Funded by the Home Office Police Transformation Fund, the EAT programme is a unique collaboration between the four Welsh Police Forces and Police and Crime Commissioners, Public Health Wales, and partners in criminal justice, youth justice and third sector organisations (see Box 3). Formed in 2018, EAT builds on earlier Police Innovation work with South Wales Police, which began to explore opportunities for prevention and early intervention to break cycles of adversity and crime, by initially developing and piloting training on ACEs and vulnerability for police and partners.¹⁷

i For more information, see <https://www.futuregenerations.wales/>

ii In Wales, the Welsh Government has maintained its commitment to funding PCSOs with £16.8 million allocated for 500 PCSOs for 2020-2021.

Box 3. Partners in the EAT programme



Figure 1. Programme delivery structure



1.4.1 Structure and governance

The structure of the EAT programme is summarised in Figure 1. Work in each of the four police forces was delivered by a local delivery team (LDT), consisting of a police lead (chief inspector rank or above), a partnership lead (seconded from partner agencies) and project delivery staff. The role of the partnership lead was to ensure cross-fertilisation of knowledge and skills relating to vulnerability, and is explored further in section 3.1.7. LDTs were each governed by a Local Programme Board, chaired by their respective National Police Chiefs Council lead, which ensured alignment of broader work and resources. The local work was brought together under a National Programme Board, with a membership consisting of key national partners (see Box 3).

1.4.2 Aim and objectives

The programme's mission is to facilitate the transformation of policing in Wales to a multi-agency, ACE-informed approach that enables early intervention and root cause prevention. The EAT programme set out to do this by using current global and national evidence on ACEs and trauma to create a shift in attitudes and thinking across policing and the criminal justice system, towards a prevention first model and a 24/7 front door response to vulnerability. This mission was conceived as four key strategic programme objectives, outlined in Box 4. These objectives were pursued based on core principles of design and delivery, including working differently not more, focusing on people rather than processes, and being led by evidence, not assumption.

Box 4. Programme Objectives

Objective 1 - A competent and confident workforce to respond more effectively to vulnerability using an ACE-informed approach in both fast and slow time policing

Objective 2 - Organisational capacity and capability which proactively meets changing demands

Objective 3 - A 24/7 single integrated 'front door' for vulnerability that signposts, supports and safeguards, encompassing 'blue light', welfare and health services

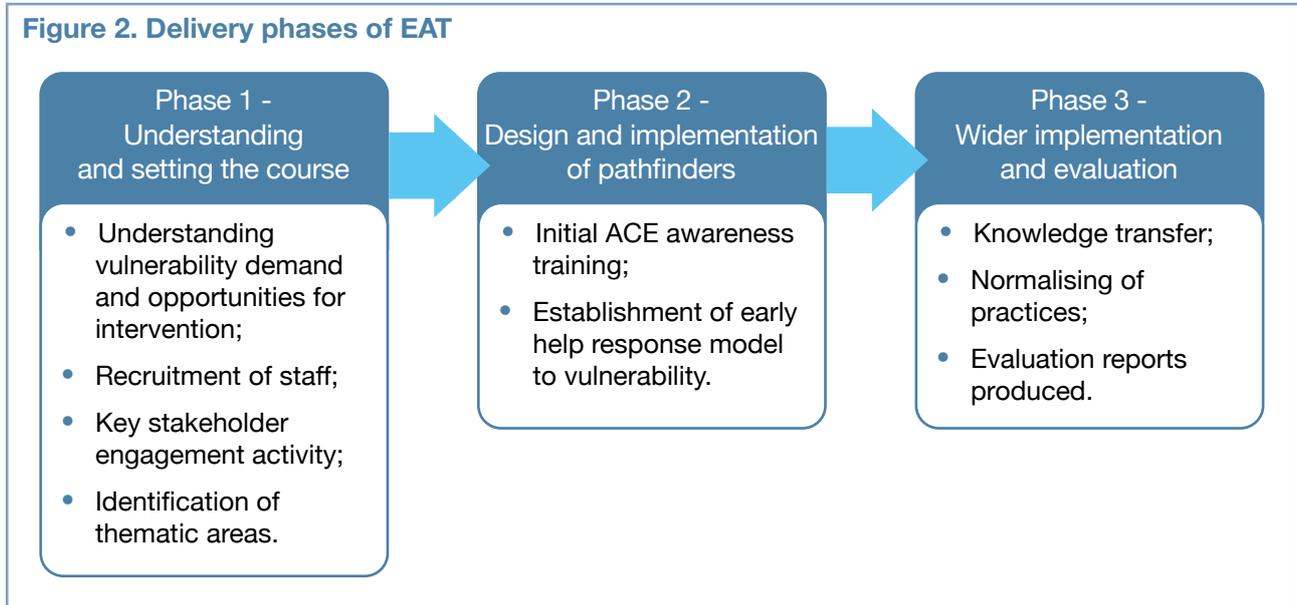
Objective 4 - A whole system response to vulnerability by implementing ACE-informed approaches for operational policing and key partners

1.4.3 Evaluation framework and programme outputs

To assess the effectiveness and impacts of EAT, this report draws across data from a number of sources: (1) published quantitative evaluation findings from the programme's research team (e.g. scores and scales exploring police and partners' confidence in responding to vulnerability both before and after training); (2) published qualitative data collected from police and partners during the course of the programme; (3) data derived from supplementary discussion with partnership leads in three of the four police forces; (4) case studies and feedback provided to forces by stakeholders and service users; (5) response and referral data provided by forces and analysed for the purposes of this report.

2. Programme implementation

The EAT programme was structured into three delivery phases, which are summarised in Figure 2. Monitoring and evaluation activity was conducted in each phase to inform ongoing programme development.



Implementation of EAT began in 2018. In consultation with the national programme team, each Local Programme Board (see 1.4.1) set out the scope of delivery within their force area, based on identified need, priorities and research conducted in the set up phase of the programme (Figure 2). The following subsections provide a very brief overview of the priorities and delivery in each force area, as well as by criminal justice partners.

2.1 South Wales Police (SWP)

Pathfinder areas: In SWP, the focus was on building upon the work of the previous Early Intervention Project which had developed a localised joint screening and early intervention arrangement between neighbourhood policing and the local authority early help service.

Thematic area: Serious violence.

Training: The rollout of the ACE TIME training programme (see Box 5) was organised between the local EAT delivery team, the ACE coordinators and the Force Learning and Development Services. The initial focus was on training cohorts of Basic Command Unit (BCU) officers and PCSOs in advance of rolling out the joint screening and Early Help PCSO pilots, with training rolled out in the Northern BCU first.

The South Wales **Police and Crime Reduction Plan 2017-2021** set out the six priorities for the service:

1. Reduce and prevent crime and anti-social behaviour
2. Improve the way we connect with, involve and inform our communities
3. Protect the most vulnerable in our communities.
4. Spend your money wisely
5. Make sure the local criminal justice system works effectively and efficiently
6. Contribute to the strategic policing requirement and successfully police major events

Embedding with ACE coordinators: ACE coordinators cascaded station presence across the force area to support officers in applying a trauma-informed, early intervention approach in practice, updating LDTs with identified themes and best practice to support programme objectives. ACE coordinators were also key to the operational implementation of Early Help PCSOs. They coordinated and developed workshops to support learning needs identified, focused on strengthening relationships with key partners and shared learning across the force as the approach expanded.

Early help model: The existing early intervention model was further developed through three projects: (1) a joint early intervention screen of public protection notices (PPNs) undertaken by the local authority and BCU public protection; (2) the embedding of PCSOs within the local authority early help arrangements; and (3) developing an enhanced social care problem solving model within the Force Public Service Centre, which responds to '999' and '101' calls. This involved basing a social worker in the Public Service Centre who was able to review vulnerability calls within their area, access social services information, liaise with the Mental Health Triage team and Missing Person team to provide support to deployed officers, resolve the call or refer to social services.

In development: Using evidence gathered as part of the local EAT programme, SWP have now embarked on a force change programme to refocus their approach to vulnerability. Through three interdependent pilots, this work will explore how the force can enhance its response to those with social and mental health needs by ensuring that they are able to access the right service at the earliest point of contact. The pilots will focus on enhancing police and partnership problem solving in the Public Service Centre, on police first deployment and within the community through neighbourhood policing teams.

2.2 Gwent Police

Pathfinder areas: Blaenau Gwent and Newport.

Thematic area: Education – Operation Encompassⁱⁱⁱ was adopted by Newport City Council in December 2018 and implemented across Gwent in March 2019. Gwent Police piloted an alternative policing in schools approach which included #NXTGEN vocational qualification.^{iv}

Training: Between November 2018 and March 2020, ACE TIME training was delivered to all frontline, custody and control room staff in Gwent. ACE coordinators also developed bespoke workshops with a focus on improving the quality of PPNs, referral pathways to early intervention and local support services. Workshops were rolled out force-wide.

Embedding with ACE coordinators: See above. ACE coordinators were also part of the monitoring and quality control process for PPNs to support learning and highlight best practice. They attended meetings with key partners to strengthen partnership and early intervention working.

Early help model: Early Intervention Projects went live in both pathfinder areas in May 2019. These projects offered early intervention and support to families who do not meet statutory safeguarding

The Gwent Police and Crime Reduction Plan 2017-2021 set out the five priorities for the service:

1. Crime Prevention
2. Supporting Victims
3. Community Cohesion
4. Tackling Anti-Social Behaviour
5. Effective Service Delivery

ⁱⁱⁱ Operation Encompass directly connects the police with schools to ensure support for children living with domestic abuse in their homes when there has been a police attended incident of abuse.

^{iv} The #NXTGEN project supports year 10/11 pupils identified as vulnerable to achieve a level 2 BTEC qualification in leadership and personal responsibility.

thresholds and who otherwise would not have received any offer of support. In Blaenau Gwent, a detective sergeant was co-located within the front door to undertake joint initial screening of PPNs, lateral checks and carry out strategy discussions so as to ensure earlier information sharing and collaborative decision making, and that families are offered access to services earlier. In November 2019, a safeguarding social worker was co-located in the force control room to provide live-time advice, guidance and support to officers in relation to the safeguarding of children.^v

In development: Work is currently ongoing to develop a vulnerability training framework and the implementation of multi-agency, all age, safeguarding early intervention and prevention hubs to cover the whole force area.

2.3 Dyfed-Powys Police (DPP)

Pathfinder area: Ceredigion.

Thematic area: Emotional health and wellbeing of staff – the LDT worked collaboratively with specialist mental health practitioners in Hywel Dda University Health Board to develop and pilot a psychoeducational training package (*enhancing resilience and self-care skills*), drawing on principles of cognitive behavioural therapy (CBT) to help attendees develop skills to manage their emotional vulnerability and build resilience (see section 3.1.5).

The Dyfed-Powys **Police and Crime Reduction Plan 2017-2021** set out the four priorities for the service:

1. Keeping communities safe
2. Safeguarding the vulnerable
3. Protecting our communities from serious threat
4. Connecting communities

Training/Early help model: Ahead of rolling out the ACE TIME training in each area, engagement took place with the heads of service within the local authority's safeguarding teams and the Regional Safeguarding Board to secure buy-in and support and to achieve a better understanding of early intervention pathways. In order to embed the learning, the ACE coordinators regularly attended stations to provide advice, guidance and support to operational officers.

Embedding with ACE coordinators: ACE coordinators liaised with inspectors, sergeants, officers and PCSOs across the force area. Due to geographical challenges, the team offered a targeted observation approach with neighbourhood policing teams to promote early intervention and a trauma-informed approach. They supported officers in transferring the learning from ACE TIME training when completing safeguarding referrals. ACE coordinators captured emerging themes, best practice and recommendations to inform work completed with the LDT.

In development: Work is ongoing to develop and introduce a Force Vulnerability Hub to coordinate a better response to lower level vulnerabilities through co-locating specialist safeguarding officers and neighbourhood policing harm reduction and problem solving staff. The hub will also introduce a new triage and assessment desk to research and share information with early intervention pathways and neighbourhood policing problem solving teams based in the BCUs.

^v This 12 month pilot, funded by the Police and Crime Commissioner, has been independently evaluated by Rhian Bowen-Davies, and recommendations for the future delivery model are being considered.

2.4 North Wales Police (NWP)

Pathfinder areas: Anglesey and Flintshire.

Thematic area: Improving individual and community resilience through social navigation.

Training: ACE TIME training was sequenced and rolled out geographically in three phases (Phase 1: Dec 2018 – May 2019; Phase 2: May – Nov 2019; Phase 3: Nov 2019 – Mar 2020).

Embedding with ACE coordinators: A structured embedding approach was designed and delivered by ACE coordinators, mapping out response and neighbourhood policing team rotas across the 6 counties to ensure: a targeted strategy of 1:1s with inspectors and sergeants; inputs into operational briefings to reiterate key messages; and follow up sessions to support operational implementation. Resources (e.g. sergeant packs; presentation materials) were developed in collaboration with officers to support the implementation of early help and problem solving processes and improve the quality of safeguarding referrals.

Early help model: The LDT comprehensively scoped the early help provisions across county areas with key partners and stakeholders. New early help pathways and agreed referral processes were incorporated into the training by ACE coordinators. After delivery of the ACE TIME training across the frontline police workforce, there was the introduction of a new early help referral form for immediate operational use by attendees. Post-training embedding focused on supporting officer confidence in identifying the most appropriate course of action and improving the quality of signposting, support and safeguarding approaches, through station visits, rota briefings and the development of resources.

In development: Work is ongoing to develop a knowledge and skills framework, with the ACE coordinators developing a host of digital products, including a digital version of ACE TIME, a bespoke e-learning product and short refreshers around ACEs and trauma, early help and making quality CID.16 referrals.

The North Wales **Police and Crime Plan 2017-2021** set out five priorities for the service:

1. Domestic Abuse
2. Modern Slavery
3. Organised Crime
4. Sexual Abuse (including Child Sexual Exploitation)
5. Delivering Safer Neighbourhoods

2.5 Implementation in criminal justice

As a key partner in the EAT programme, Her Majesty's Prison and Probation Service (HMPPS) have a vision for individuals, their families and staff to feel enabled to address ACEs and supported to manage the impact of ACEs across the life course. In 2019, a criminal justice expert advisory and evidence group adapted ACE TIME training (see Box 5) for delivery to frontline staff working with offenders in both community and custody settings across Wales. Further bespoke training was also developed to provide prison and probation staff with practical skills to manage those who have experienced trauma. This included improving their understanding of behaviour as responses to perceived threat/triggers and how to overcome barriers to creating safe environments within a custodial setting.

Box 5. ACE TIME training

Training was delivered to police officers, staff and multi-agency partners across all four police forces by ACE coordinators - proficient facilitators from Barnardo's Cymru with experience of working with vulnerability across a range of sectors. The aims of the ACE TIME training were three-fold:

1. To support the workforce to increase awareness of ACEs, related trauma, and their impact across the life course;
2. To enable individuals to competently and confidently respond using an ACE-informed approach;
3. To support a whole-system approach with partners to prevent and mitigate ACEs.

The one-day training course included lecture material, group discussion and exercises, and was comprised of two core modules:

Module 1: ACE-awareness

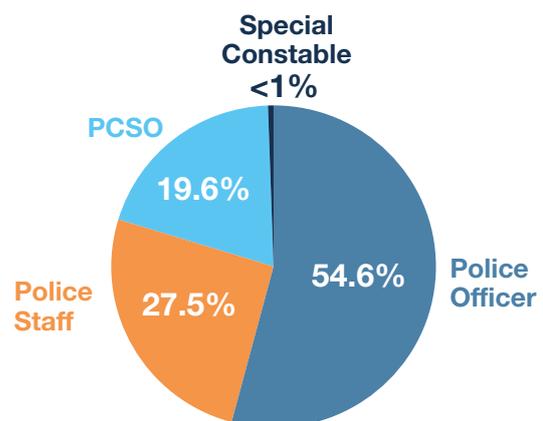
Introduced trainees to key constructs such as ACEs, vulnerability, secondary and vicarious trauma, and explored the impact of trauma and toxic stress on brain development, behaviour and response to threat. In this module, trainees also considered their own wellbeing.

Module 2: ACEs and policing (applied to practice)

Outlined the application of the ACE LENS* to policing, explored tactical skills, communication and effective responses to trauma, as well as how to promote resilience to mitigate the effects of ACEs. In this module, available local and national pathways and resources were also explored.

Spotlight – ACE TIME Training in SWP

Training was delivered to a total of 1295 participants in SWP. Over half of participants were police officers. A variety of teams were included in training, from neighbourhood policing teams, to the Public Services Centre (call centre). New recruits to the force made up 15% of those trained.



*Look, explore needs, signpost, support, safeguard

See 3.1.5 for details on the inclusion of staff wellbeing messages in training. More information about the role of the ACE coordinators can be found in section 3.3; Box 20.

3. Findings

The following sections highlight some of the key outcomes from the EAT programme derived from evaluation reports or identified and evidenced by the local delivery teams. Where possible, achievements that have been made across all four forces are outlined. However, force-specific information is also shared to indicate where divergences in programme delivery by area (see sections 2.1-2.4 for details of programme delivery by force) have resulted in unique impacts. Throughout this section, data provided by forces is presented (*'In Figures'*) and the voices of both police staff and partners are reflected.

3.1 Effectiveness

3.1.1 Improved knowledge, awareness and skills for police and partners

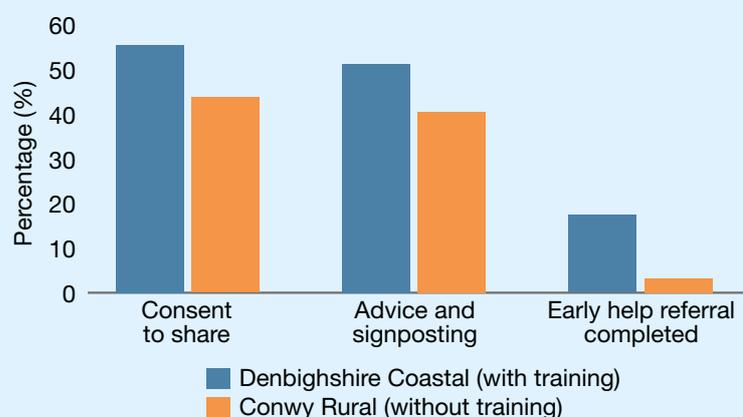
ACE TIME training effectively developed police and partners' understanding of ACEs and their impact, as well as confidence in working with vulnerable people and those who have experienced ACEs.

The package of ACE TIME training and its follow up support (see Box 5) positively impacted police and partners' knowledge and understanding of ACEs and their intergenerational transmission, affording them a greater understanding of how both early experiences of childhood adversity, and trauma throughout the life course, may influence a person's behaviour – a more holistic approach. As well as providing important contextualisation for existing evidence, such as national prevalence study findings, the training significantly increased police, multi-agency partner and criminal justice participants' confidence in working with ACEs and vulnerability by improving their emotional intelligence and capacity for empathy. ACE coordinators responsible for delivering the training suggested there was a visible impact on learners during the training, and that this learning directly

In Figures

The Denbighshire local authority area in North Wales is split into two sub-areas: Denbighshire Coastal, which received ACE TIME training; and Conwy rural, where staff and partners were not trained. This offers a naturalistic comparison across the two areas. The bar chart below shows early help problem solving, both with (blue bars) and without (orange bars) ACE TIME training.

Early help problem solving outcomes when early help support needs were identified in cases in Denbighshire Coastal (n=304) and Conwy Rural (n=121); 1st Jan- 1st Sep 2020.



- With ACE TIME training, police officers obtained consent from the public for early help support more, provided advice and signposting to a greater proportion of cases, and completed five times as many early help referrals.

influenced their practice after the sessions. For example, in NWP, trainees were given the skills and confidence to encourage people to give their consent to being referred to early help provisions (see section 3.1.4). With aide memoirs provided to support the training, and materials describing local resources produced for police and the public, officers were more confident in delivering signposting conversations. The impact of training on early help referral and signposting in NWP is evidenced *In Figures* above.

In Figures

Between March and December 2019, Gwent Police notified Local Authorities of 3855 incidents of Domestic Abuse involving 6759 children. 18% of the children identified (1241) experienced more than one incident of domestic abuse during this period and 38 children (3%) experienced more than one high risk incident.

Many aspects of the training were described by participants as 'powerful' or 'impactful' as personal stories or case studies were shared. Improvements in communication following training supported more positive interactions with vulnerable people. Participants reported changing the way they asked questions or collected information relevant to thresholds for safeguarding and support (*In Figures*), and therefore felt better able to identify the needs of the child or young person in incidents involving families. Nevertheless, there was a sense that training should provide more consideration of adult safeguarding processes. For some participants, the ACE TIME training fundamentally changed the way

they think about vulnerable people and their needs. For others, it offered an opportunity for reflection, provided a framework to support their existing knowledge and introduced a common parlance that supported a better shared understanding with colleagues and other agencies (see section 3.1.3). Potential unintended effects of the training are identified in Box 6 and its equity is discussed in Box 7.

Participants commended the multi-agency nature of the training provision, which provided important networking opportunities and allowed them to share different perspectives and explore the roles and expectations of the different agencies. There was widespread support for extending the training to other partners. Although police showed positive support for the primary training messages, suggesting an awareness of the importance of an understanding of ACEs for policing, findings from training evaluations also suggest they did not always recognise their role in a multi-agency response to vulnerability, and that multi-agency partners may have experienced the training differently. ACE TIME training delivered in criminal justice settings (see section 2.5) was also commended for highlighting how prison and probation staff can work with partners to address trauma.

“Having multi-agency come in, it kind of breaks those barriers down. Because we’re like well, ‘why aren’t they doing that?’... ‘this is how we do it and why...’”

(PC, DPP)

The roll out of ACE TIME training during the programme has laid the foundations for longer-term trauma or ACE-informed training frameworks across the forces. For example, Gwent police are currently driving a force-specific response to learning and development needs by developing a *Trauma-informed Workforce Vulnerability Training Framework*.

Box 6. Unintended effects

The intended outcomes aligned with the EAT programme's objectives were outlined in a logic model and are referenced throughout the published evaluations from the programme (see Appendix 1 for logic model). However, it is important to highlight any unexpected or unintended effects of an intervention or transformation/change programme, both positive and negative. The points below relate specifically to the ACE TIME training, but may be reinforced by other parts of the programme.



There is some suggestion from training outcomes and participant feedback that the concept of ACEs may be framed by some as a definitive list, offering some sense of thresholds for support and an opportunity for prioritising cases. Although the training discussed the misuse of ACEs, and any deterministic views cannot be aligned to the core messages of the training, ideas such as being able to 'see' that a person has ACEs suggest that some trainees may not fully grasp the relationship between poverty/deprivation and adversity. For the purposes of clear information sharing with partners, describing/labelling individual ACEs may have some value, but this also suggests a potential disregard for the complex nature of childhood adversity and trauma, the impact of other experiences not traditionally within the conceptualisation of ACEs (e.g. bereavement; bullying) and the important role of resilience and protective factors.



The training was positively viewed as helping to address negative stereotypes held by both police and partners. As an effect of simply being in a room together and having a shared learning experience, participants reported achieving a deeper understanding of the roles, motivations and experiences of colleagues from other agencies, alleviating some concerns about their different characteristics or approaches.

Box 7. Equity

It is important to consider evidence of any differential impact of the EAT programme on participants and stakeholders. Whilst no evidence was found to suggest that the programme had any negative impact on wider socioeconomic inequalities, there was some suggestion from published evaluations that certain groups may be more responsive to the ACE TIME training and better aligned to the objectives of the programme.

- **Gender:** Female police officers reported greater support for the training messages and felt significantly more enabled to confidently and competently respond to vulnerability. Positive impacts of training were sustained for females at longer-term follow up.
- **Age and length of service:** Those with more years of service were more confident in working with ACEs and vulnerability across both police and criminal justice trainees. However, younger police and those with less time served experienced the greatest confidence benefit from the training, resulting in individuals with less than three years' experience leaving the training with confidence levels equivalent to police officers who had served for 20 years or more. Following training, a greater proportion of younger trainees continued to support the notion that vulnerability is the responsibility of social workers (rather than the police), suggesting a lack of understanding of a combined multi-agency response.
- **Role:** Some roles reported feeling better able to achieve the aims of the training. Control room and support staff in particular had difficulty understanding how they could apply their learning, whilst those in certain response roles reported that they have limited time and opportunity to build the required level of rapport with families. Training had the greatest positive impact on those who already reported a personal interest in the topic. Training in criminal justice had a more positive impact on probation than prison staff, with the suggestion that the complexity of the setting and the punitive nature of prisons makes it difficult for prison staff to advocate or promote behavioural or cultural change. Multi-agency partners who engaged in training with police typically experienced less change in their knowledge or attitudes following training, although this may be an effect of them already working with more ACE- or trauma-informed models. At longer-term follow up, positive impacts of training were more likely to be sustained in multi-agency partners.

More widely across the programme, a lack of engagement with health as a partner was highlighted.

3.1.2 Impact on referrals

Police and partners reported that ACE TIME training supported officers in submitting better quality safeguarding referrals, with fewer insufficient or unnecessary referrals. More referrals were made directly to early help provisions.

Evidence indicates an improvement in the quality of safeguarding referrals (PPNs or CID.16s) by the police throughout the course of the EAT programme. Whilst police officers reported that the EAT training helped them to give greater consideration to the complex and multifaceted nature of vulnerability and need, and therefore to the information they would need to include in a referral, it also provided a common (ACEs) framework within which to share understanding with partners (*In Figures*; Box 8). Importantly, this resulted in fewer insufficient or unnecessary referrals, i.e. those that are closed by social services with no further action (NFA). In Gwent, police were further supported in delivering high quality PPNs with a bespoke additional training session delivered by ACE coordinators, which was considered hugely valuable and impactful.

“There’s been an improvement in the PPNs definitely because before they were really basic. You know sometimes like one line of information, which is unhelpful really to us. So, they’re definitely more detailed and they take into account like the ACEs that the family are experiencing.”

(Family Support; South Wales).

In Figures

Presence of a child/children and school name is recorded in three quarters of all PPNs completed by Gwent Police. Prior to EAT, this proportion was around a third.

In Figures

In Blaenau Gwent (Gwent), by Sept 2019, as few as 7% of referrals were recorded as NFA, compared with 42% earlier in May that year.

With the development and/or refinement of early help pathways and processes, the programme also supported police in reducing the overall demand for safeguarding referrals, by allowing referrals to be made directly to early help provisions (e.g. hubs; see 3.1.4) and giving officers the skills and confidence to empower individuals in active help seeking (i.e. through advice and signposting conversations) when a referral may not be necessary. In SWP, for example, a PCSO resource is provided to early help hubs – a role that supports information sharing and problem solving and offers an alternative pathway to safeguarding referrals (see section 3.1.4 for the impact of this role in early help).

In Figures

Police referrals account for a significant proportion of the core demand to Children’s Services in North Wales. Data from one local authority shows that, prior to EAT in 2018, police referrals (CID.16s) accounted for 52.2% of all referrals to Children’s Services. This proportion reduced to 46.7% in 2019, and 44.1% in 2020.

Feedback from some police officers suggested that despite these improvements, they were unsure of the causality between improved referrals and better outcomes for service users. Across forces, different processes were put in place to ensure officers received feedback on the appropriateness of their referrals and what support was subsequently provided to children and families. These developments have been linked not only to improved referral quality, but to staff wellbeing (see 3.1.5).

Box 8. Case study of improved CID.16 referral quality (NWP)

Background: A mother contacted police regarding her son, who she stated had attacked her earlier that evening and self-harmed the previous night, resulting in the dispatch of an ambulance. The boy had previously disclosed sexual assault by his father; the subject of an ongoing investigation.

Impact of EAT: The quality of the CID.16 submitted by the police was improved as the officer described the history of the family, highlighting the mother’s and the son’s vulnerability. This is evidenced in the following excerpts:

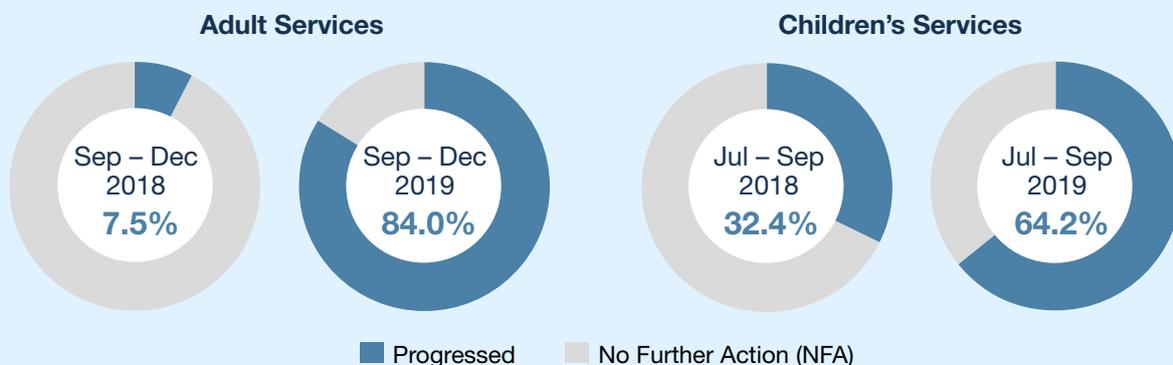
- *Mother and father separated due to behaviour towards her (parental separation)*
- *Mother has disclosed that her husband would verbally abuse her (verbal abuse)*
- *Son was allegedly locked under the stairs and experienced rough handling by his father as a form of punishment (physical abuse)*
- *Possible sexual abuse of the son by his father (sexual abuse)*
- *Son has stated that he wants to end his life on his 10th birthday and has tried to harm himself. Mother has a mental health warning marker on the records management system due to suffering from anxiety (mental health)*

Outcomes: The referral was passed from social services to the Youth Justice Service. Feedback from a senior practitioner highlighted how the detail provided in the referral by the police officer had been instrumental in ensuring the family were supported.

“The young person would not have been considered for Prevention without the information contained within the CID.16 and the excellent work completed by the officer who obviously took his time and showed great understanding as to the young person’s very traumatic past; he has without doubt helped to put in place services and support which it is hoped will reduce the risk to himself [the child] and support the family.”

In Figures

The following data show the positive change in the proportion of referrals by the police to Adult Services in Anglesey and Children’s Services in Flintshire (NWP) that resulted in no further action (i.e. referral attrition) from 2018 to 2019



- With ACE TIME training and embedding support from ACE coordinators (see Box 19; section 3.3), police officers were able to submit better quality referrals to social services, and identify when referral may not be the most appropriate action, subsequently diverting families through early help pathways and avoiding unnecessary referrals.

3.1.3 Increased collaboration with partners to provide an integrated front door

Police and partners reported that increased information sharing between agencies and joint decision making led to improved outcomes for those in need.

Across each force area, the EAT programme has allowed police capacity to be built into existing systems and processes for non-statutory referrals. For example, in Bridgend (SWP), Blaenau Gwent and Newport (Gwent Police) police collaborate on the initial screening of referrals at the single point of access and are able to share information to inform risk assessments and decision making on the most appropriate pathway(s) for support. This has reduced the number of referrals that are sent to statutory services and increased the proportion actioned by early help hubs (see 3.1.4). Both police and partners expressed positive attitudes towards the joint screening of referrals at the front door.

“It all works well because we are all one same table, all discussing the referral together and coming up with different ideas of how we can support it. The knowledge within the hub is brilliant and the decision-making is brilliant, I feel because we work so well together.”

(PC; NWP)

In Figures

- According to Gwent Police, around 10% of police officer deployment is prevented each month by the Safeguarding Senior Practitioner (SSP).
- Between Nov 2019 and Mar 2020, the SSP was asked to advise on nearly 600 incidents relating to child safeguarding.
- In June 2020 alone, there were 34 occasions when the SSP was able to deal with issues, so no deployment was required.
- Gwent Police estimated the minimum cost saving per one avoided deployment at £165.48, suggesting that by working one shift over six months, the SSP had saved the force £16,051.56.
- 100% of officers interviewed for an evaluation of the SSP pilot said that working with the SSP had enhanced their skills and confidence in safeguarding children.

From November 2019, a pilot was delivered in Gwent, which co-located a Safeguarding Senior Practitioner (SSP) from Children’s Services within the force control room. The role of the SSP is to proactively monitor live time incidents and provide advice, guidance and support regarding safeguarding to frontline police officers, as well as liaising with relevant social services and directly with members of the public, where appropriate. The SSP is able to share information with police officers to enhance effective early decision making, improving responses to vulnerability and safeguarding from the first point of contact (*In Figures*). The adopted co-location model has provided an integrated front door approach for all concerns relating to children; a model which there is ambition to replicate across other local authorities. The value of this approach was further highlighted in inspection findings for the safeguarding of children (see Box 9).

Box 9. Inspection findings

A joint inspection of child protection arrangements in Newport in Dec 2019¹⁸ concluded that police and local authority worked well together to co-locate personnel at the safeguarding hub, resulting in “improved and timelier decision making”. The inspectors described the “comprehensive prevention offer” for Newport and the “shared ethos of safeguarding children and young people at different levels of vulnerability”. They were “reassured” to see the coordinated adoption of trauma-informed practice and ACEs work.

“The PCSO will sit with us, say we’ve got issues with a family...we’ve got kind of suspicions that maybe there are other things going on but they’ve not disclosed to us. We can message them to do checks on the families as well which has proved really really helpful.”

(Family Support Worker; South Wales).

Not only does this information sharing lead to improved outcomes for those in need, it also supports the safety of partners. For example, in South Wales, early help staff who are often required to lone work reported that the information they receive from the PCSO embedded in their hub allows them to put measures in place to mitigate the risk of harm when working in the community or visiting people’s homes. It is also suggested that through these collaborations, early help staff are strengthening the relationships between the police and the community by breaking down barriers to engagement for families who have difficulties trusting the police.

Box 10. Case study of effective PCSO and family support worker (FSW) collaboration (SWP)

Background: An early help referral was made for a 12 year old boy who lost his mother aged three and was cared for by his older sister, owing to his dad’s alcoholism. The boy was displaying aggressive behaviour at home and walking around with a knife to encourage things to go his own way.

Impact of EAT: The FSW initially engaged with the PCSO to identify any information held by the police on the family. As a result of this information, the FSW asked the PCSO to conduct a joint visit with the family. Drawing on their ACE TIME training, the PCSO spent time with the boy discussing the reasons for his behaviour in depth, before exploring the potential danger and consequences of associating with knives, for both him and his family. Information (e.g. on knife crime), support and reassurance was also provided to the boy’s carer.

Outcomes: The boy and his family have continued to engage with early help, with the FSW providing on-going emotional support. Since speaking to the PCSO, they boy has not displayed any further behaviour with a knife.

3.1.4 Providing early help

Building onto local systems and processes, the EAT programme supported police and partners to transform how help and support is provided, so vulnerable people can be reached earlier. Police reported that early help pathways allowed people to access more appropriate and timely support, reducing repeat demand for response officers.

The EAT programme has been instrumental across the four forces in helping police and partners to develop, embed or extend their early help offer. As the programme built into existing systems, this process was different in each area (for more information, see sections 2.1-2.4), where local delivery teams worked with local authorities to review existing practices and consider how to improve access for vulnerable people. An example of how the EAT programme helped to strengthen an existing Safeguarding Hub is described in Box 11. However, what is common to all forces and local authorities is the way that early help represents a significant transformation in how help and support is provided to vulnerable families, reducing the risk of problems escalating and the demand on referrals to social services (see 3.1.2), as referrals can alternatively be directly routed to early help hubs. Police and partners working in early help (also known as early intervention and prevention) services reported that such models resulted in more accurate assessments of risk and need, improved the management of cases, fostered a better understanding between professionals and achieved greater efficiencies in processes and resources. Partners also highlighted the integral role of the police in information

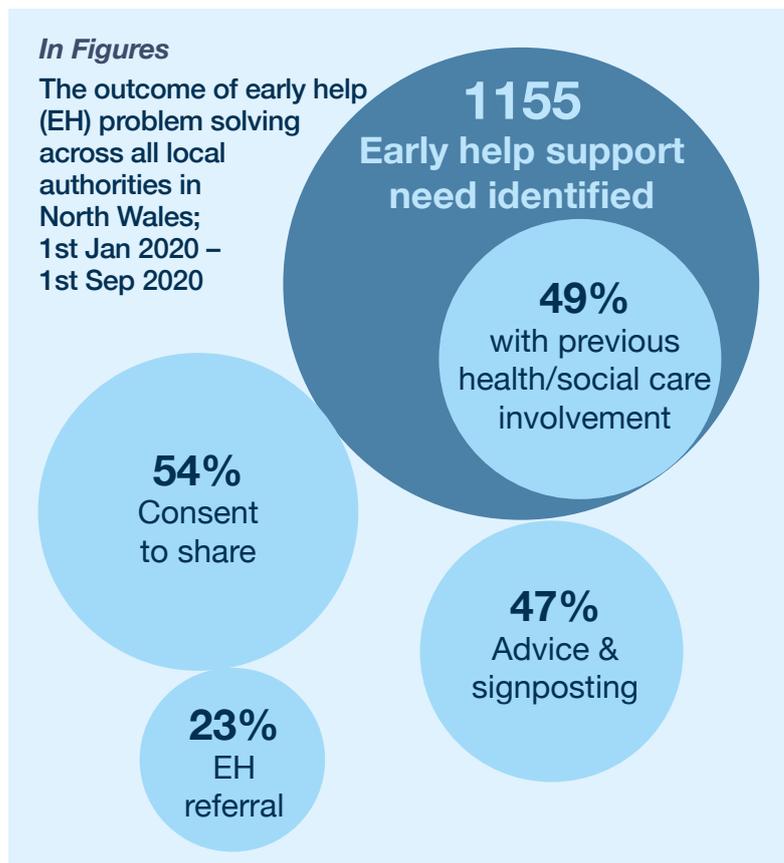
sharing (see 3.1.3). The ACE TIME training equips police with the practical skills, knowledge and understanding of vulnerability thresholds, early help problem solving options and new referral pathways to give them the autonomy to decide if a safeguarding referral is required.

To provide a performance measure and an auditable platform to capture early help problem solving, the EAT Police Lead in NWP designed a bespoke template which was embedded in NICHE – the police records management system. This template describes: the vulnerability or support need; any previous engagement with health and social care; consent to sharing information for early help support and intervention; and any problem solving action taken (e.g. advice and signposting; referral to other agency). Early help problem solving data is summarised *In Figures* and shows the level of support need identified by officers. The flow diagram (page 23) for the Early Intervention Project in Newport also provides an indication of the diverse range of needs that are referred to early help and the high levels of engagement from families, children and young people. Crucially, early help allows people to be provided with early intervention that they would not have received before.

In Cardiff (SWP), PCSOs embedded in the early help hub actively identify families requiring support and engage early help practitioners in joint decision making about required action(s). By running searches on NICHE, the PCSO identifies any young people that have been arrested, cautioned, received a community resolution, linked as a suspect in reported crime, released under investigation, linked to an incident as a subject or reported missing in the previous 24 hours. After detailing relevant police data, such as PPNs, previous arrests, domestic abuse incidents or intelligence logs, further checks are undertaken to identify if the young person is known to the child sexual exploitation team or has any warning markers. Family Help colleagues also identify if the family are known to Children's Services teams and, wherever possible, identify which school the young person attends. If the joint assessment identifies safeguarding concerns, a PPN is completed.

Box 11. Supporting the development of early help in Gwent

In Gwent, the EAT programme supported the development of a process map illustrating the existing organisational responses to vulnerability and identified opportunities for improved service efficiency and effectiveness through a Vulnerability Action Plan. From the mapping exercise, the programme was able to build into the existing Safeguarding Hub in Newport (the Early Intervention project; EIP) and worked alongside partners in Blaenau Gwent to develop a new co-location model between police and Children's Services. Both 'hubs' are responsible for screening all PPN police referrals to identify those that may be diverted from safeguarding to signposting and support. Quality assurance of PPNs is fed back to officers.



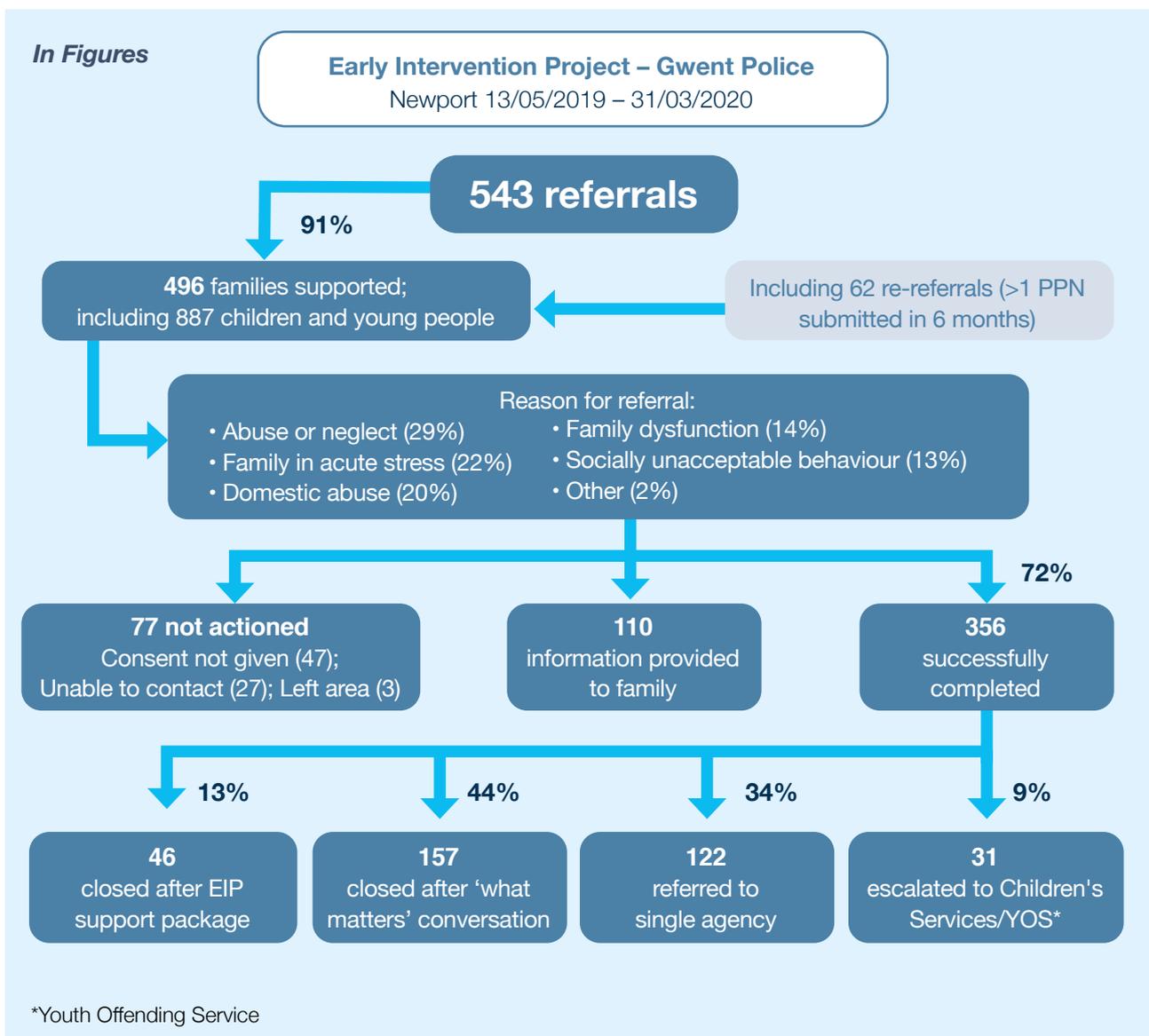
Alternatively, the PCSO will have a discussion with the family about a referral to early help services, which can be completed with their consent. The proportion of proactively identified young people who have experienced domestic violence or have reported missing episodes (see *In Figures*) highlights the value of this innovative application of an ACE-informed approach to supporting vulnerability.

In Figures

Between 12th June and 16th September 2020, the PCSO embedded in the Cardiff early help hub identified 679 young people as having police contact in the previous 24 hours. Over 1 in 5 of these young people were known to have experienced domestic violence within the family home, with 18% previously reported missing.

“To put it simply, the EAT programme has supported officers to police differently, to have different conversations with vulnerable families, to provide us with better information which means we can offer early help to cases that would have previously resulted in no offer of support, with the risk of problems escalating. We have seen a direct correlation between the EAT work and improved quality of referrals and referrals being appropriately routed directly to the Early Help Hub instead of via CID.16 safeguarding referrals.”

((Children's Services Manager, North Wales))



The case study below highlights the impact of early help on preventing repeat demand.

Box 12. Case study of early help and reducing repeat demand

Background: Over several months, police recorded frequent contact with a 17 year old girl under the care of social services and residing in supported accommodation (seven contacts in three months). Some police contacts generated safeguarding referrals and the police had observed intoxication on a number of occasions. Social services also reported concerns around underage drinking and the use of fake ID and this behaviour escalated to the girl's first arrest, for drunk and disorderly behaviour. The young person was due to start a training course at the local college in addition to first time employment. There were concerns that current behaviour may cause the young person to struggle to maintain college and employment.

Impact of EAT: The officer, who had received the ACE TIME training, conducted a welfare visit with the young person due to the escalating concerns and identified the need for intervention. Problem solving techniques, conducted with the young person, included discussing how their arrest could have been prevented, talking about the consequences of their behaviour and what personal responsibility they could have taken for themselves, and understanding additional help they may need and any disclosure they wished to make. The young person reacted very positively to this approach and opened up to officers about anger management issues, previous trauma and triggers for aggression and violence, as well as the recent loss of their primary stable positive relationship with a trusted adult (grandmother). Officers identified several ACEs that they felt could be impacting the young person's current behaviour challenges, including exposure to domestic violence, parental mental health and emotional neglect. The officer recognised that the intended college course may be a strong resilience factor for the young person and took the time to understand what she wanted to help her in the current situation. This allowed the young person to express that they wanted support with anger management and bereavement counselling. The officer completed a search of the DEWIS Cymru website with the young person to identify local anger management services and talked about support available through Barnardo's and the student welfare service at the college. The officer contacted the Local Family Information Service to identify any other local provisions for mental wellbeing and youth counselling and left their details as a point of contact for the young person.

Outcomes: Police contact was significantly reduced, with only four missing from home incidents in the three months following the positive police response, relating to late returns but with no grave concerns outlined. Strategy discussion with partner agency colleagues highlighted that the young person has settled into her college course, is doing really well, and is also heavily involved in dance.

3.1.5 Support for staff wellbeing

Police reported that staff wellbeing initiatives helped to address stigma around mental health and supported self-care. More initiatives are being developed as a result of EAT.

Following ACE TIME training, participants reported extending their awareness of ACEs to their own lives, including in their role as parents, as well as family members of active members of their communities. For some, the training enabled them to reflect on their own ACEs or history of trauma, with a positive sense that this training can be delivered safely, in a way that emphasises self-care. However, although wellbeing messages for staff were an important part of the training (see Box 13), it wasn't uncommon for participants in some forces to suggest that this content was not present or apparent.

Box 13. Officer wellbeing in ACE TIME training

Due to the nature of training content, the wellbeing of training participants was a key thread running throughout the ACE TIME training sessions. Learning from the initial cohort of training delivery was used by Barnardo's to strengthen this area. During the sessions, activities were used to explore personal and professional support options and examples were shared for discussion. Topics discussed ranged from praising and promoting options available, to outlining the barriers to accessing support resulting from stigma or police culture. The training also included an exploration of vicarious and secondary trauma, as well as practical grounding techniques to manage stressful situations. ACE coordinators continued to link with individuals following training where concerns were shared and were able to connect back with police processes and support. A list of support services was available during training and resources were also provided via email for participants following the session.

Across the four forces, other staff wellbeing initiatives were implemented as part of the programme. For example, Gwent Police have introduced *'Back up Buddy'* – a confidential online digital wellbeing resource for police officers, staff and their families. Trauma recovery training (*Retrain*) is also delivered to reduce the incidence and impact of post-traumatic stress and secondary or vicarious trauma. Wellbeing for officers continues to be a key priority within the trauma-informed skills and knowledge framework (see section 2.2). In Dyfed Powys, the force worked collaboratively with specialist mental health practitioners in Hywel Dda University Health Board to develop and pilot a psychoeducational training package specifically for police, based on the principles of cognitive behavioural therapy (CBT) – Enhancing Resilience and Self-care (ERAS; see *In Figures*). Training participants reported positive changes in their sense of self control, as well as small improvements in their overall mental wellbeing and a reduction in levels of operational stress. Training was described as providing a 'safe environment' in which useful elements of CBT were introduced to help stress management. Initially there were some modest improvements in resilience and use of positive coping strategies, although these outcomes were not reported at follow up.

In Figures

Over 9 in every 10 ERAS participants found the training useful, with two thirds placing most value on its preventative (rather than reactive) approach.

The provision of additional training and feedback to police on safeguarding referrals was highlighted as a positive contributor, not just to performance, but to staff autonomy, sense of purpose and achievement, and overall morale. For example, in Gwent, every officer receives feedback on the quality of their PPNs, and partners also provide feedback on the outcomes of referrals, resulting in officers feeling more valued.

"I provide feedback to the officers that do the referrals and the CID.16s, so that's good... let them know 'we've discussed your CID.16 and we're providing such and such support plan'... I think it's good for them to get that feedback, to know that they're really helping, that their referral's gone somewhere and is helping that family."

(Detective Sergeant, NWP)

3.1.6 Community impacts

The EAT programme may help to create ACE-aware families and communities, but further work is needed to consider this as an outcome.

In Figures

Over an 11 month period, 350 members of the public attended film screenings in North Wales.

Work has been undertaken to raise awareness of ACEs among members of the public in North Wales through community film screenings of *Resilience: the biology of stress and the science of hope* – a 60 minute award winning film that explains the impact of toxic stress on the developing brain and body, and discusses the relationship between adversity, poverty and poor outcomes, before exploring how children can be protected. Feedback from

attendees was very positive and highlighted that it is important for services not to assume that the lay person will be aware of concepts such as ACEs. Film screenings also inspired discussion among attendees about the need for whole system approaches to ACEs and trauma, such as prioritising investment in training within schools.

As part of the wider early help programme of work, SWP collaborated with Bridgend Association of Voluntary Organisations (BAVO) and Bridgend County Borough Council to place a Community Social Navigator from the Bridgend Multiagency Safeguarding Hub (MASH) within the BAVO team. Community Navigators help people in the local area to access community-level services, information and advice. They aim to support and empower people to improve their social and emotional wellbeing, and reduce social isolation, loneliness and exclusion. As well as working with older people and those with learning difficulties, Community Navigators can also work closely with individuals living with mild mental health conditions and with families in contact with the Early Help Hub. During the Coronavirus pandemic and associated lockdown, the MASH Community Navigator was able to offer telephone emotional support to individuals referred from social services and early help (*In Figures*). This low level support has contributed to preventing families from repeatedly returning into the system or from issues escalating before other services can be accessed. Positive feedback has been received from service users and partners. The MASH Community Navigator has also been instrumental in supporting the wider community, for example by sourcing donations for a Women's Refuge in Bridgend.

In Figures

Throughout the Coronavirus pandemic and associated lockdown, the MASH Community Navigator provided emotional support via the telephone to 14 referrals: 1 grandparent, 11 parents and 2 young people.

“I spoke to a mum who said that the Community Navigator has been an absolute godsend during this difficult time and she said she really doesn't know how she would have coped without her. Mum said that she actually looks forward to her calls and is so grateful for all of the support she has given.”

(Young Carers Coordinator, Bridgend MASH)

Although the EAT programme has not sought feedback from the public directly, findings from the Crime Survey for England and Wales (CSEW) provide insight into public perceptions of the police and their role in the community. Although perceptions of the police appear to remain relatively constant over time, force-specific data from the CSEW provided by SWP provides a tentative suggestion of some improvement in perceptions of respect (*In Figures*).

In Figures

In March 2020, 87.2% of respondents in South Wales felt that the police would treat them with respect; a 2% increase from 2018.

3.1.7 A whole-system approach to prevent and mitigate ACEs

Multi-agency trauma and ACE-informed approaches delivered in criminal justice and youth justice settings increased empathy and afforded a greater understanding of the needs of vulnerable people.

The previous sections highlight the many ways in which, throughout the EAT programme, the four forces engaged partners in the ACE agenda and sought to develop a shared ethos and understanding about vulnerability. The partnership approach has been defining for the EAT programme and instrumental in its successes. This is summarised by the Partnership Leads in Box 15.

It is too early in the life cycle of transformation to explore any potential impacts on the incidence of crime or overall demand for the police. However, work with partners in HMPPS and adaptation and delivery of the ACE TIME training alongside bespoke trauma-awareness training (TAT) provided 248 prison and probation staff with the knowledge and practical skills to support those who have experienced trauma and reduce or avoid the potential for re-traumatisation in custody. The programme's work with criminal justice aimed to improve the relationship between offenders and staff, increasing offender engagement and potential involvement in initiatives to increase resilience, improve wellbeing or prevent violence, all of which may support rehabilitation and reduce recidivism. Training participants reported increases in empathy, and valued being better able to understand and support the most vulnerable offenders. The continuing development of the ACE agenda within youth justice services is highlighted in Box 14.

In Figures

Following training, 97% of prison and probation staff reported feeling moderately or highly confident responding to vulnerability using an ACE- and trauma-informed approach.

"I will use the ACE LENS as a way of identifying need, contact and support."

(Probation Officer)

Box 14. ACE- and trauma-informed approaches in youth justice

To support practitioners in Youth Offending Services (YOS) to better understand and address the needs of children with trauma, Enhanced Case Management (ECM) – a multi-agency psychologically informed approach to supporting complex cases (e.g. with ACEs, trauma and/or multiple offences) in which a detailed history is considered - was piloted within SWP force area. This was further supported by Trauma Recovery Model (TRM) training with around 350 youth justice staff, which focuses on the impact of trauma on development and behaviour, as well as developmentally appropriate interventions. Children engaged in ECM had experienced high levels of adversity and had a multitude of complex needs. Most were involved with other services, such as mental health services. ECM was considered advantageous over traditional assessments, which would often only focus on immediate risk and criminal justice outcomes, rather than the child's needs. The multi-agency approach was also commended for improving cross-agency collaboration and fostering a shared understanding of the child's history, which could include the police providing information on the family. Partners reported that the model not only increased their empathy, improved trust, moved away from framing the child as an "offender" and gave the opportunity to include the child's voice in the case management process, it also gave professionals the evidence needed to advocate for alternative interventions, where appropriate.

"I would say the high proportion were [well attended] and you would always have the established services involved, we've had previous foster carers, current foster carers, care workers, social workers, education officers, teachers. You would draw on everybody you possibly could, youth service, educational psychology, disabilities, adoption services, you would just draw in everybody involved with that young person." (YOS caseworker)

Box 15. The role of the Partnership Lead

[Contributors: Shaun Kelly, Vicky Jones, Rhian Bowen-Davies]

The Partnership Lead role was a fundamental part of the National Early Action Together programme, and a very different approach within policing, grounded in the learning from the Home Office funded Early Intervention Project (EIP). The Partnership Lead shared the responsibility for the delivery of the local programme with a Police Lead, with the intention of the role being primarily focused on engaging with stakeholders to seek commitment to the programme and then to maintain the relationship through governance, communication and business change activities. However, the actual experience of the role, both for those in it and those working alongside, was that the Partnership Lead played a more significant role in the design and delivery of the pilots than the role specification implied. Some of the benefits highlighted by the leads themselves of the twin lead arrangement included a greater synergy in how local programmes were conceptualised, structured and delivered. The leads felt that the partnership role modelled and reflected back to both police and partners a joined up approach to organisational change at the levels of system and culture. Additionally the role was able to demonstrate and articulate to partners that the programme, although about policing, was also about being able to connect partner priorities and challenges with those of policing priorities to find common ground for a shared agenda.

In seeking to qualify the benefits of the Partnership Lead, a number of areas have been identified:

1. **Specialist professional knowledge** - allied to prevention and early intervention; and a familiarity with partner organisations' and stakeholders' governance, processes, policy, practice and culture.
2. **Trust and confidence building** - to find commonality between terminology and challenges and bring police and partners together to navigate and avoid many of the misunderstandings and assumptions that can hinder partnership working.
3. **Bringing a fresh perspective and different approaches** - by standing outside police practice and questioning assumptions, behaviours and practices that, as with all professions, remain tacitly accepted.
4. **Being outside the police culture and command chain** - challenging the often 'fast time top down' police-orientated decision making and encouraging a more co-productive and dynamic learning approach.
5. **Understanding the prevention and early intervention landscape and the priorities of partners** - in line with the Social Services and Wellbeing Act (Wales) 2014 and the Future Generations Act (Wales) 2015.

Throughout the EAT programme, it has been recognised by partners that the role of the Partnership Lead has been pivotal to the high of degree of progress made both with police and partners. However, not all forces have chosen to retain this role as the Home Office funded programme drew to a close. This may be a reflection on the fact that the benefits of the role have not been reflected in the evaluation documents, or of the fact that this role was considered a 'programme benefit' rather than a business-as-usual critical role to embed and sustain the work. During the period of the programme there are examples of how the Partnership Lead role modelled the 'joined up' thinking in multi-agency innovation and transformation that is often promoted yet seldom realised. Bringing together a police and partner leadership team with attendant knowledge, skills and experience, and a wider perspective brought significant benefits in delivering locally ambitious and complex change projects. In turn this has brought about ways of working that have benefitted all agencies involved and most importantly the public, through enabling shared thinking, co-productive problem solving and increased police and partner confidence and understanding through a shared agenda. It is therefore a recommendation that any multi partnership innovation and transformation programme should consider this approach both during the programme and business as usual phases.

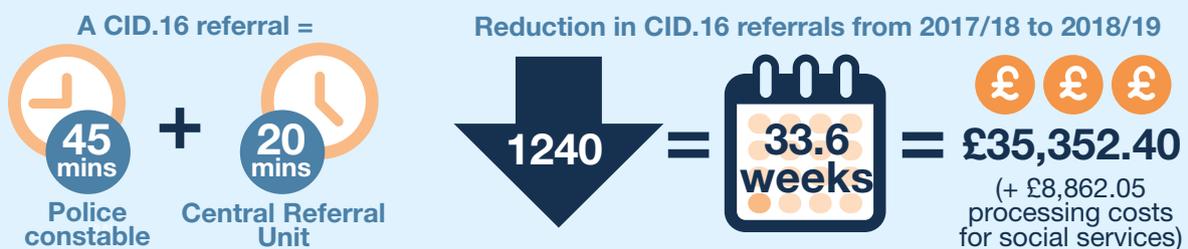
3.2 Cost avoidance

Case studies provided by the police suggest incident response costs have been avoided as a result of alternative early help pathways.

Across the forces and the partnership work with HMPPS, examples are provided below of where financial costs have been avoided for the police, or the relative cost of an intervention has been less than a more traditional deployment response. When considering the widespread reduction of safeguarding referrals (PPNs or CID.16s) and the diversion of vulnerable individuals and families to early help, affording a more appropriate or proportionate response as well as reducing repeat demand, it is evident that there is time (and therefore resource) saved for response policing (*In*

In Figures

Estimated police officer time and associated costs avoided by NWP
as a result of the reduction in safeguarding referrals



Box 16. Case study of estimated cost avoidance following a domestic incident (DPP)

Background: Officers were called to a domestic incident where a wife had been assaulted by her husband. The couple had five children (three of which were under the age of 18), many of whom witnessed the incident. The husband was arrested and a criminal investigation commenced. When taking a brief account from the children, it became apparent that this incident was not isolated and had been a culmination of a recurring course of events which had become normalized behaviour. Whilst the 12 year old child was tearful and struggling at school, the 14 year old was withdrawn and mentioned self-harm. The 16 year old child was annoyed with the police presence and supportive of the father.

Impact of EAT: The attending officer submitted a detailed referral expressing their concerns. They had just a few days earlier attended their ACE TIME training. After the initial referral, further conversations took place between the Detective Sergeant overseeing the crime and the Central Referral Unit to stress the importance of having a strategy discussion to support the family concerned. The content of the referral was fully trauma-informed.

Progress: The detailed referral led to an improved strategy discussion between police and Children's Services in terms of support that can be offered to the mother and her children.

Predicted outcomes: Appropriate early intervention could result in a reduced number of incidents, including less domestic calls involving the parents and a reduction in calls relating to the children.

Cost savings: (potential)

- One less basic non-incident attendance (including attendance and updating the force system = £92.00)
- OR – One less crime-related attendance (including attendance, evidence gathering, investigative tasks, management of offenders/suspects, updating systems and finalising investigation = £920.00)
- OR – One prevented other incident (e.g. simple missing person enquiry for one child = £690.00).

Box 17. Case study of cost avoidance in the prevention of escalating anti-social behaviour (SWP)

Background: An Early Help PCSO identified a six year old child from a number of anti-social behaviour and vulnerability referrals that were submitted by police. Behaviour was escalating, with eight calls to police in just six weeks, including involvement in low level criminality and risk of going missing. An early help referral was submitted by the PCSO to colleagues in the local authority to try and get help for the family.

Impact of EAT: The PCSO undertook a joint visit with an early help worker, during which the parents disclosed that they were struggling to control the child and he was on the cusp of being expelled from his primary school for poor behaviour and lack of attendance. The child was described as being angry and out of control, causing significant concern in the local community. A further joint visit was undertaken at the child's school, who were unaware of issues outside of school contributing to his behaviour. With awareness of these issues, the head teacher agreed to amend the child's teaching plan and provide additional teaching support to remove the threat of expulsion. The child's parents enrolled on a non-violent resolution course provided by early help to improve their parenting skills.

Outcomes: The parents are more confident in their parenting ability and the child is now attending school on a regular basis. There have been no further complaints from the community, and no further anti-social behaviour or vulnerability referrals; therefore no further demand on policing.

Cost savings: Each incident with the child (including receipt, assessment and deployment of call from police control room, deployed police resources and completion of referral documentation) is estimated to cost the force £67.19. Preventing one such incident a week could prevent £3,493.88 per year. Preventing one missing person report avoids costs of £690.00.

Box 18. Case study of cost avoidance in criminal justice

Background: A 24 year old male in prison was referred to the Supported Case Management Project due to repeated incidents of fire setting in his cell and self-harming behaviour. He had multiple prior convictions for violence and was serving a four year nine month sentence for arson and threats to kill. He was a non-engager for prison employment.

Costs incurred: In the 12 months prior to the project, the man had:

- Set six fires in his cell, at an estimated total cost of £12,000.00
- Committed five known incidents of violence against others, at a cost of £120.00
- Committed three known incidents of self-harm, requiring staff time and numerous review meetings, at a cost of £432.00
- Required 14 adjudications relating to in-prison offending, involving two prison officers, a senior officer and one governor, at a total cost of £987.00.

Impact of EAT: The individual was admitted to the cohort of men in the Supported Case Management work stream of the EAT Trauma Informed Prisons Project. His case was reviewed using an ACE- and trauma-informed case formulation methodology, led by a forensic psychologist. This formulation was fed into a bespoke intervention plan with achievable milestones, delivered by prison staff who had received Trauma Awareness Training (TAT; see section 2.5).

Outcomes: Since engaging with the project, the individual has not repeated any incidents of fire setting or self-harm. He has gained and maintained employment in which he is working towards a senior position, completed training in English, literacy and numeracy and achieved a "respect" card in acknowledgement of his positive behaviour.

Cost savings: Prevention of a repeat of the fire setting, self-harming and violent behaviour of the previous 12 months results in annual cost avoidance of £13,539.00.

3.3 Feasibility

The EAT programme evidences the feasibility of increased collaboration and integration between the police and other public services, although challenges remain in achieving the changes in organisational culture needed for widespread transformation.

The mission and objectives of the EAT programme, and the wider concept of transformation in policing and other services to better support the needs of society's most vulnerable, is exceptionally well aligned to existing legislation, national strategy/policy and the mandates of partners. Some key examples of this are highlighted in Box 19. A review by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services in 2019 described as a core tenant the need for reform in policing, calling for greater collaboration and integration between police forces and other public services to support, among other things, the growing demand from vulnerable and mentally ill people.¹³ Much evidence of this type of collaboration can be seen in the achievements of the EAT programme (see 3.1.3). To the extent that their views are known or reflected (e.g. through polls or surveys), the programme also appears to converge with the needs of the public. For example, in a YouGov poll of over 3,000 UK adults in December 2019 (before the UK was impacted by the Coronavirus pandemic), whilst a quarter of respondents felt that crime was the most important issue facing society, over half (53%) felt that health and wellbeing was most important.¹⁹ Further, ACEs and trauma are not rare, but many people who have experienced these types of adversity do not readily disclose this to professionals or services.

In published (training) evaluations, police and partners, including those in criminal justice, discuss some of the difficulties experienced in embedding an ACE- and trauma-informed approach when their time and resources are already overstretched. Other challenges include the diverse nature of incidents that they respond to - where the complexity of crime and/or the needs of service users means they feel that they are not always able to apply learning – and limited public engagement with police. However, throughout this report, numerous examples are provided which indicate that initial investment of time and resource in early help can in the least ensure that people receive more appropriate support more quickly, and potentially even reduce or prevent future demand. For some, the culture of policing continues to be a barrier to transformation, with concerns about the accountability of the police making it difficult at times to look beyond a traditional punitive response to crime. However, initiatives such as feedback on referrals from senior managers and partners in social services have shown success in reinforcing the vision for change. Developments in data/intelligence collection, sharing and reporting have supported the shift to early help problem solving (see 3.1.4). Whilst the ACE TIME training has provided the platform from which to change hearts and minds, across forces there is recognition of

Box 19. The EAT programme and national policy

The Well-being of Future Generations (Wales) 2015 Act and the Social Services and Well-being (Wales) Act are just two pieces of legislation that highlight the Welsh Government's commitment to prioritising collaborative working, integration, long-term planning and prevention to improve the well-being of everyone in Wales, particularly those people who need care and support.

Police Vision 2025 - Forces in England and Wales are working towards a vision for local policing which states that: 'By 2025, local policing will be aligned and, where appropriate, integrated with other local public services to improve outcomes for citizens and protect the vulnerable.'

Partnership agreement - Public Health Wales and policing and criminal justice partners across Wales have signed an agreement to work together to improve the quality of life, wellbeing and safety of people living in Wales.

the need to embed this within learning frameworks that provide ongoing training for new staff and continuous professional development for those already trained, in order to sustain confidence and competence. Where additional training has been dedicated to understanding and improving the referral process and pathways, this has contributed to both staff satisfaction and effectiveness.

The partnership approach described in Box 15 has been instrumental to the feasibility of this programme. Other building blocks to success include the involvement of credible subject matter experts in the form of ACE coordinators, who brought a wealth of experience working with vulnerability across different sectors to the programme, and whose passion and presence/ availability as a resource in police stations was pivotal to the translation of training into practice. Overall, ACE coordinators described very positive and productive working relationships within their local delivery teams. The impacts of the programme from the perspective of Barnardo's and the ACE coordinators are shared in Box 20.

Box 20. Barnardo's reflections on the ACE Coordinator Service and EAT

[Contributor: Liz Baker, Assistant Director of Children's Services]

Barnardo's Cymru welcomed the opportunity to work alongside Welsh police forces in this ambitious, innovative and creative programme. The ACE Coordinator Service was a centrally managed service with coordinators integrated into each force. The service contributed to the force plans, delivering training (see Box 5; section 2) and identifying areas of development. Delivery of workshops and the planned, structured station presence, supported embedding of the learning and translation into changes in police practice (see sections 2.1-2.4).

The ACE TIME training had a pivotal role in enhancing officers' knowledge, facilitating a shared language, and understanding of ACEs, related trauma and vulnerability. The training and embedding provided the motivation and means for officers to adapt their responses, supporting the benefits of early intervention. Multi-agency partners attending ACE TIME training alongside police supported the development of shared perspectives and understanding of safeguarding thresholds, and promoted partnership working.

The ACEs agenda has enabled a common language and the 'ACE LENS' tool was valued by officers. If we were starting this work today we would be promoting trauma-informed practice. This has two threads: change in direct practice response and organisational change, with the progress of the first being reliant on the progress of the second. Such a change programme requires systemic planning to ensure alignment of different elements of policing. As well as training frontline staff, it requires embedding in police force policies and plans and training across all ranks and roles. It requires steadfast leadership that communicates with conviction that the change is necessary and beneficial for police and the communities they serve.

An element of this role was taken up by the ACE coordinators, insofar as they understood policing challenges but could explain and give evidence of why a trauma-informed approach would enable positive change. The respect given to the ACE coordinators by officers was due to their independence and expertise, rooted in Barnardo's practice of supporting children, young people and families.

Implementing trauma-informed practice cannot be done in isolation from officer wellbeing. The ACE coordinators supported officers with their own wellbeing throughout the programme, promoting self-care and access to internal and external support services (see Box 13; section 3.1.5 for more information).

3.4 Acceptability

The programme and its achievements are viewed positively by police and partners.

Throughout the evaluations of the programme, the positive views of police and partners are reflected, as professionals across all roles understand the current gaps in provision, and have seen the value of taking a different approach. Concepts that are clear and applicable - such as the ACE LENS model - easily translate into practice, and there is also evidence that the whole mind set shift required to transform has begun. Positive changes are reinforced by quantifiable impacts across the system.

“If you end up visiting maybe a shop lifter or a drug user, and they start to tell you about these things that have happened in earlier life, we are now aware. OK, I don’t just sit here and listen and not do anything. I’ve now got the power to find some support in place and try and undo some of that damage.”

(Police Officer, NWP)

“The Early Help Hub is a significant transformation in the way we target early help and support to vulnerable families experiencing ACEs in Flintshire. The EAT project has been integral to embedding and extending this transformation by driving forward a shared agenda to identify ACEs, associated vulnerability and where an offer of early help would be beneficial. This has led to improved quality of referrals to social services by the police, which enables us to better understand the presenting issues and make more informed decisions about the support that can be offered across agencies.”

(Senior Manager, Children’s Services)

Whilst acceptability for the general public remains largely unknown and is identified as an area for development, positive feedback from individuals and families supported by the programme suggests that an ACE- and trauma-informed approach to policing vulnerability can reach and engage those who need it most.

“The support has helped me build up a relationship with Dad. I’m feeling better at home.”

(16 year old involved with EIP, Newport)

4. Conclusions and implications

Since its conception in 2017, the EAT programme has broken ground in applying public health principles to policing and criminal justice, building on the concept of ACEs to reframe how these services and their partners identify, understand and support the complex needs of society's most vulnerable. This report collates the key impacts of the EAT programme, and in doing so shares learning that may be applied in other policing or public service contexts, as well as highlighting opportunities for additional investment and potential areas for future research.

From the published reports that evaluate the ACE TIME training, to the data provided by each of the four police forces, and the reflections of police and partners, there is sufficient and converging evidence to suggest that the programme succeeded in raising ACE awareness among police and partners (section 3.1.1). Building on this sound understanding of the impact of childhood adversity and trauma on individuals and their behaviour across the life course, trained officers fostered a deeper emotional intelligence that ultimately enabled them to identify those who may benefit from early help. For officers with less experience, training escalated both their understanding and empathy. With training, officers developed the confidence to problem solve differently – providing advice and signposting when appropriate, supporting individuals and families to access early help pathways or alternative sources of community support where needed, and completing higher quality and more informative safeguarding referrals when necessary (section 3.1.2). In the words of partners, it is apparent that the knowledge, skills and confidence of police helped to ensure that vulnerable people had access to more timely support that was better suited to their needs (section 3.1.4). Indications are also provided of ACE TIME training imparting a greater awareness of vicarious and secondary trauma among police and partners (section 3.1.5). As forces continue to develop and embed new approaches to supporting their staff and emphasising self-care, further work should consider how this increased awareness and attempts to address stigma may translate to wider positive outcomes for staff wellbeing.

Across the programme, there is adequate evidence of increased collaboration and integration across services, with clearer pathways for information sharing, and support from all sides for the feasibility of providing an integrated front door (section 3.1.3). Whilst some challenges aligning working practice and culture undoubtedly remain, here the EAT programme has demonstrated some of the key building blocks for success in innovation and transformation, which include: clear communication of a wider agenda for change supported at all levels of management; local delivery adapted to the needs of the implementation context; and a partnership approach that uses legitimate and experienced facilitators to build trust, confidence and a common understanding. Evidence is also emerging of how the principles and components of EAT can be successfully transferred across other parts of the system and future learning within criminal and youth justice will contribute to a growing and promising evidence base for the application of an ACEs framework across Wales (section 3.1.7).

Findings presented here provide tentative support for a reduction in repeat demand and associated cost avoidance for police (section 3.2), as the support received through multi-agency early help problem solving attempts to better address the complex needs of individuals and families, particularly where involvement in crime may not be their primary need. At present largely anecdotal, the quantification of such impacts is an important area for development and future monitoring. In particular, the case studies presented here should be used as a platform to explore if and how cost avoidance for police may displace demand to other services, supporting the case for investment in other parts of the system. What is evidenced is the success of EAT in diverting people away from inappropriate safeguarding referrals when an alternative approach may be more effective. The programme demonstrates that entry into a model of prevention and early intervention via the police

works (section 3.3). But the promise of this model is predicated on the right services being available at the right time and future research should also consider how some needs can be addressed without requiring such services, building on individual and community resilience. At present, it is not possible to examine the wider community impacts of the EAT programme, therefore it is imperative that future research considers the service user voice, including their experiences of an ACE-informed response in policing and early help problem solving, and the impact of this on perceptions of and satisfaction with engagement with the police.

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Appendix

Programme Objectives Logic Model

The following logic model has been designed to capture inputs, activities, outputs and outcomes (short, medium and long), in line with the college of policing approach.

Objective 1. A competent and confident workforce to respond more effectively to vulnerability in fast and slow time policing					
Inputs	Activities	Outputs	Outcomes		
			Short (1-3 years)	Medium (2-5 years)	
Delivery Support teams National Strategic team Research & Evaluation team Collaboration with College of Policing and National Police Chiefs Council (NPCC) Communications team Association of Police and Crime Commissioners (APCC)	Recruitment of ACE coordinators Delivery and evaluation of ACE informed vulnerability training to police and partners Develop and integrate professional judgement to vulnerability training programme Engage and influence to develop an agreed definition of an ACE approach to policing vulnerability Complete systems mapping exercise	1. ACE coordinators in post across Wales 2. Evidence based training programme 3. Number of training programmes delivered 4. Number and profile of staff trained 5. Understanding of current system wide approach to vulnerability	<ul style="list-style-type: none"> An agreed definition of an ACE approach to vulnerability across policing and partners Better informed and skilled workforce enabled to respond proactively and to protect citizens Confident and informed use of professional judgement Increase in vulnerability awareness amongst staff Increase in police engagement on vulnerability 	<ul style="list-style-type: none"> Appropriate, quality and consistent sharing of information for vulnerability Reduction in repeat vulnerability demand (PPNs, CID16s) Reduction in repeat demand for a single address Waste demand as a proportion of total demand (efficiency) Improvement in public/police/partner satisfaction in managing vulnerability Reduction in crime and sentencing 	Long (5-10 years) <ul style="list-style-type: none"> More cohesive communities Decrease in safeguarding demand Reduction in offender population Reduction in first time offending and recidivism Reduced transmission of ACEs across generations Reduction in homelessness Reduction in crime and sentencing

Objective 2. Organisational capacity and capability which proactively meets changing demand					
Inputs	Activities	Outputs	Outcomes		
			Short (1-3 years)	Medium (2-5 years)	
<p>Research & Evaluation Team</p> <p>National Strategic team</p> <p>Police Leadership</p> <p>Violence surveillance Programme</p> <p>Collaboration with key delivery partners (HR, occ health, data governance)</p> <p>Communications team</p>	<p>Mapping police and partner workforce capacity and capability to address vulnerability</p> <p>Use routine data for predictive policing</p> <p>informing preventative action</p> <p>Explore use of diverse work force skills that meet community needs outside traditional organisational boundaries</p> <p>Using evidence based approach to support each Force on staff wellbeing and resilience</p>	<ol style="list-style-type: none"> 1. Routinely produced reports which demonstrate community need and assets 2. Evidence-based staff wellbeing and resilience programme 3. Mapping staffing profile against demands of vulnerability 4. Development of new staffing model (including revision of recruitment/selection criteria and processes) and organisational change management programme 	<p>Staff model addressing needs</p> <p>Reduced levels of stress-related sickness</p> <p>Expertise, competence and job satisfaction</p> <p>Improved staff performance</p> <p>Increased autonomy</p> <p>Improved public confidence and victim satisfaction</p> <p>Improved staff confidence</p> <p>More responsive policing</p>	<p>Improved community cohesion</p> <p>More engaged communities</p> <p>Improved staff retention</p> <p>Improvement in public/police satisfaction in managing vulnerability</p> <p>Reduced demand on policing and partners</p> <p>Refining demand for public protection units towards 'critical few'</p> <p>Reduction in crime and sentencing</p>	<p>Reductions in peaks of anti-social behaviour and violence incidences</p> <p>Shift in organisational policing resourcing towards early intervention and prevention</p> <p>A diverse, motivated and capable workforce that evolves with workforce demands</p> <p>Reduction in crime and sentencing</p>

Objective 3. A 24/7 single integrated ‘front door’ for vulnerability that signposts, supports and safeguards encompassing ‘blue light’, welfare and health services

Inputs	Activities	Outputs	Outcomes		
			Short (1-3 years)	Medium (2-5 years)	Long (5-10 years)
<p>Engage and influence local authority and health (including First Response Services)</p> <p>Research & Evaluation Team</p> <p>ACE coordinators and their hosting organisations</p> <p>Communications team</p>	<p>Learning from evidence base, best practice and applied national and international examples</p> <p>Development of a method which ensures response to vulnerability is needs-led</p> <p>Test and trial of 24/7 approach to include integrated response with other professionals</p> <p>Refine and implement roll-out approach in line with learning and evidence/ move to business as usual</p>	<ol style="list-style-type: none"> 1. An increased diversity in service provision 2. Multi-agency response to vulnerability 3. Multi-agency response at time of crisis and need 	<ul style="list-style-type: none"> • Improved quality and consistency in PPNs • Reduce disparities in service between current agency operating hours and ensure reduction in repeat police call outs • A reduction in NFA's of PPNs • An increase in proactive policing and partner interventions to protect citizens and protect the vulnerable • An increase in appropriate direct police referrals to support (e.g. domestic violence services) 	<ul style="list-style-type: none"> • Reduction in reoffending rates • Reduction in Police call outs related to vulnerability (e.g. DV, Violence, alcohol related call outs) • Reduction in crime and sentencing • Increased integration of services evident 	<ul style="list-style-type: none"> • Shift in use of PPNs from risk based notification to pathways of response (signpost, support, safeguard) • Reduction in crime and sentencing

Objective 4. A whole system response to vulnerability by implementing ACE-informed approaches for operational policing and key partners					
Inputs	Activities	Outputs	Outcomes		
			Short (1-3 years)	Long (5-10 years)	
<p>Delivery support teams</p> <p>Neighbourhood policing</p> <p>National Strategic team</p> <p>Research & Evaluation Team</p> <p>Communications team</p> <p>Collaboration across multiple partners e.g. Local Authority & Health, Criminal Justice Partners and 3rd Sector organisations</p>	<p>Systems mapping and redesign</p> <p>Test working with partners for a whole system approach</p> <p>Influencing policy and strategy through knowledge transfer</p> <p>Using evidence to influence and identify future vision for policing and criminal justice system</p> <p>Promote shared agenda and create buy-in across partnerships</p> <p>Deliver integrated services across police forces, partners and national organisations to improve response to threat, harm and vulnerability</p>	<p>1. Linking data to measure impact of activity on health and wellbeing</p> <p>2. Understanding of how agencies prevent, mitigate, maintain or amplify adversity</p> <p>3. Delivery Framework for an effective whole-system response</p>	<p>• Effective management of risk and need</p> <p>• Minimising escalation of risk through delivering against need</p>	<p>• More effective prevention, mitigation of ACEs</p> <p>• Reduction in crime associated with ACEs e.g. violence, assault, drug related, sexual violence etc. and sentencing</p> <p>• Increase in restorative approaches</p>	<p>• Improved child and adult outcomes</p> <p>• Breaking the generational cycle of ACEs</p> <p>• Reduction in costs – more efficient service</p> <p>• Reduction in crime and sentencing</p>



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