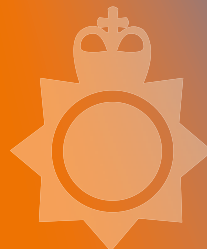
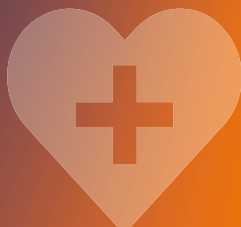




**Camau Cynnar
gyda'n Gilydd**
**Early Action
Together**

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

**An evaluation of the Criminal Justice
Adverse Childhood Experience (ACEs) training
and Trauma Awareness Training (TAT):
national roll out to members of
Her Majesty's Prison and Probation Service
(HMPPS) across Wales.**



An evaluation of the Criminal Justice Adverse Childhood Experience (ACEs) training and Trauma Awareness Training (TAT): national roll out to members of Her Majesty's Prison and Probation Service (HMPPS) across Wales.

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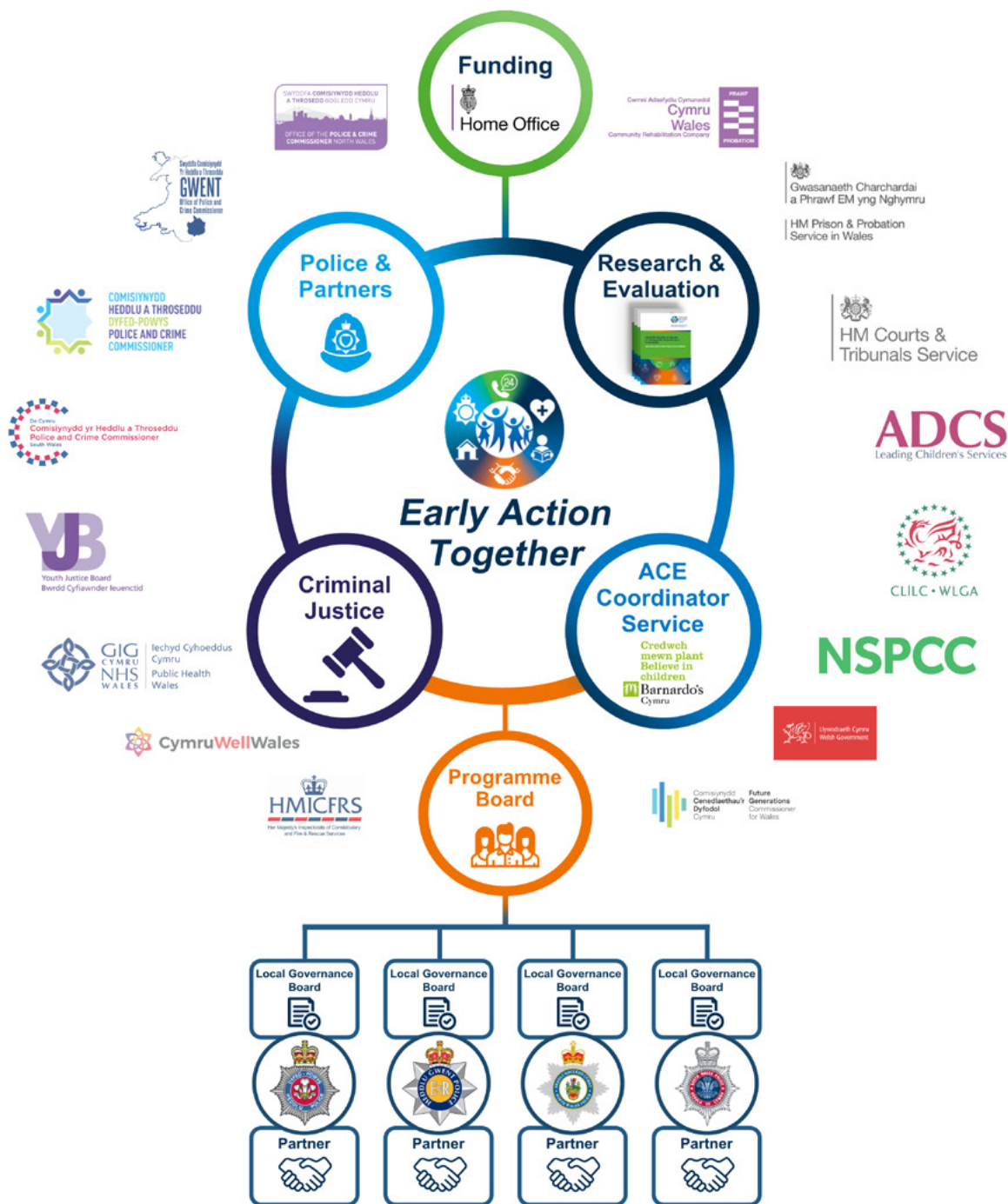
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Early Action Together Programme Structure



Overall Programme Aims

To transform police and partner responses to vulnerability, to deliver a multi-agency whole systems approach to enable early intervention and preventative activity when Adverse Childhood Experiences (ACEs) and trauma are evident and families are at risk of poor outcomes.

Overall Programme Objectives

-  A competent and confident workforce to respond more effectively to vulnerability using an ACE informed approach in both fast and slow time policing.
-  Organisational capacity and capability, which proactively meets changing demands.
-  A 24/7 single integrated 'front door' for vulnerability that signposts, supports and safeguards encompassing 'blue light', welfare and health services.
-  A whole system response to vulnerability by implementing ACE informed approaches for operational policing and key partners.

The National Adverse Childhood Experiences Approach to Policing Vulnerability:



Camau Cynnar
gyda'n Gilydd
Early Action
Together

Early Action Together (E.A.T) programme

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

Funded by the Home Office to deliver a national programme of change across Wales (2018-2020), the E.A.T programme is a unique collaboration between Public Health Wales (PHW), the four Welsh Police Forces and Police and Crime Commissioners, in partnership with Criminal Justice, Youth Justice, and third sector organisations.

The programme sets out to address the increasing demand of vulnerability on services to transform how police and partner agencies work together to respond to vulnerability beyond statutory safeguarding. Recognising the importance of early intervention and preventative action, the programme will develop a whole systems response to vulnerability to ensure pathways for support are available for the police when vulnerability falls below thresholds for statutory support. Building into current systems, this work will utilise existing community assets to develop a bank of resources for police and partners to draw upon when supporting people in their communities.

This report is one of a series of research publications that will enable us to understand and evidence the impact of the E.A.T programme:

- Transitioning from police innovation to a national programme of transformation: an overview of the upscaling of Adverse Childhood Experience (ACE) and trauma-informed training and evaluation
- Understanding the landscape of policing when responding to vulnerability: interviews with frontline officers across Wales
- An evaluation of the Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training: national roll out to police and partners
- Enabling early intervention and prevention in the policing of vulnerability: an evaluation of the role of police in multi-agency integrated service delivery
- Police perspectives on the impact of the Adverse Childhood Experience Trauma Informed Multi-Agency Early Action Together (ACE TIME) training across Wales.
- Enhancing Resilience and Self-Care Skills (ERAS) training: a pilot evaluation of the delivery of a psycho-educational training programme within policing
- Understanding non-emergency and non-deployed demand to North Wales Police: an observational study of the Joint Communication Centre
- Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training: a 15-month police and partners follow-up.

This programme of research investigates the impact of an early intervention and prevention response to vulnerability in policing and the criminal justice system. Research and evaluation is being completed around the ACE TIME training, and how it has been embedded; in addition to the evaluation of the wellbeing of police and partners. **For more information about the E.A.T programme please visit the website: www.aces.me.uk**



Contents

Executive Summary	5
Introduction	8
Responding to ACEs and trauma within the criminal justice system	8
Developing an ACE and trauma-informed workforce	8
Delivering training in prison and probation services	9
Adverse Childhood Experiences (ACES) training	9
Trauma Awareness Training (TAT)	10
Aims and objectives	10
Method	11
ACEs training evaluation	11
TAT evaluation	11
Findings	12
Participant characteristics	12
Knowledge and awareness of ACEs: Confidence in working with ACEs	13
Knowledge and awareness of ACEs: Confidence in working with vulnerability	14
Knowledge and awareness of ACEs: Post-ACEs training	15
Knowledge and awareness of ACEs and trauma: Post-TAT	16
Understanding of ACE and trauma informed approaches	17
Embedding the training into practice: Confidence in responding to vulnerability using an ACE and trauma informed approach	18
Embedding the training into practice: Competence in responding to vulnerability using an ACE and trauma informed approach	19
Quality and delivery of training: Post-ACEs training	20
Quality and delivery of training: Post-TAT	20
Additional qualitative findings: ACEs training	21
Additional qualitative findings: TAT	22
Discussion	23
Knowledge and awareness of ACEs and trauma	23
Confidence in using ACE and trauma-informed approaches in practice	24
Quality and delivery of training	26
Conclusion	26
Limitations	26
Recommendations	27
References	28
Appendix 1 – Full methodology	29
Appendix 2 – Supplementary data	31

Acronyms used in the report

ACE	Adverse Childhood Experience
ACE TIME	Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together
CRC	Community Rehabilitation Company
E.A.T	Early Action Together
FMI	Five Minute Interventions
HMP	Her Majesty's Prison
HMPPS	Her Majesty's Prison and Probation Service
LENS	Look; Explore; Needs; Signpost; Support; Safeguard
NPS	National Probation Service
NSPCC	The National Society for the Prevention of Cruelty to Children
PHW	Public Health Wales
SASH	Suicide and Self Harm
TAT	Trauma Awareness Training

Executive Summary

Background

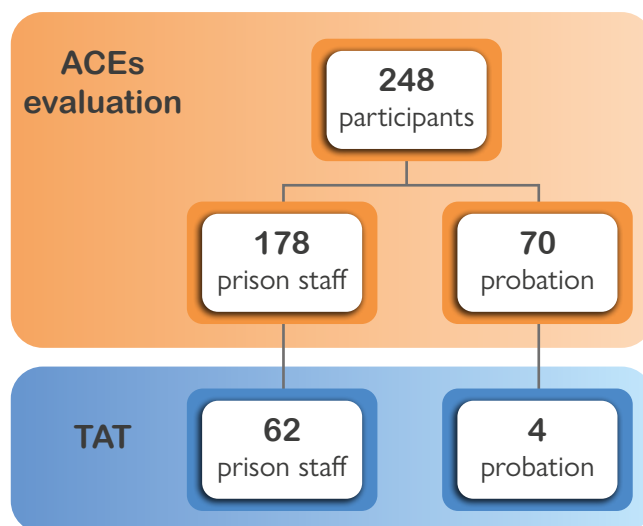
Her Majesty's Prison and Probation Service (HMPPS) often work with the most vulnerable and complex people in society. There is a high prevalence of adverse childhood experiences (ACEs) within the offending population, and often past traumas can manifest in challenging behaviour which can be extremely difficult for criminal justice professionals to manage. The HMPPS business plan 2018-19 recognises that increased staff training is key to improving responses to those in the criminal justice system with complex needs. Whilst HMPPS programmes are working towards person-centred practice, combining these interventions within ACE and trauma-informed approaches can create a whole-systems approach to improving responses to vulnerability and mitigate the impacts of ACEs and trauma



As part of the Early Action Together (E.A.T) programme, ACEs training and Trauma Awareness Training (TAT) were developed to enhance staff knowledge and skills to support those in the criminal justice system affected by ACEs and trauma. The ACEs training, which was developed from an evidence-based package delivered to police and partners across Wales [1] aimed to increase trainee knowledge and awareness of ACEs and confidence in working with vulnerability within a prison and probation context. TAT was developed by the Criminal Justice Trauma Informed Prisons Project, in collaboration with the Forensic Psychology Service. This package is specifically for those working on a one-to-one basis with service users. It is used to upskill prison officers with key worker responsibilities, with the aim to help staff recognise signs of trauma and gain practical skills to use within a trauma-informed approach. It is anticipated that strengthening the focus on ACE and trauma informed approaches in practice can reduce re-traumatisation for those who have experienced trauma, support service-user compliance and improve signposting based on individual needs. Evaluating these training packages will provide an evidence-base to help inform HMPPS of the effectiveness of ACEs training and TAT on staff knowledge, understanding of ACEs and trauma and attitudes towards ACE and trauma-informed approaches. This evidence-base may then enable better informed prioritisation and strategic decision making about the training provided by HMPPS.

Methods

Public Health Wales carried out an independent evaluation of the ACEs training and TAT delivered to HMPPS staff across Wales, to assess the impact of the training on the knowledge, attitudes and practice of participants. The evaluation utilised pre- and post-training surveys that comprised of previously validated measures. Within the surveys, quantitative data was collected using Likert scales and qualitative data was collected using open comments. Evaluation participants were drawn from 32 training sessions conducted within prison and probation establishments across Wales between July and December 2019 (23 ACEs, 9 TAT).



Findings

Key findings from the evaluation are summarised in the table below. Results from the ACEs training are highlighted in orange and the TAT highlighted in blue.

Measure	Pre-ACEs (n=248)	Post-ACEs (n=248)	Post-TAT (n=66) Comparison to post-ACEs
Knowledge and awareness of ACEs: confidence working with ACEs	58% participants reported being confident	99% participants reported being confident 93% participants reported increased confidence* ; (M 8.9 out of 10)	n/a
Knowledge and awareness of ACEs: confidence working vulnerability	98% of participants reported being confident	99% participants reported being confident 63% participants reported increased confidence* (M 8.6 out of 10)	100% reported being confident 57% participants reported increased confidence* (M 8.8)
Training usefulness in improving participant knowledge and awareness of ACEs and trauma**	n/a	Participants rated ACEs training 'very useful' (M 4.5-4.8 out of 5)	Participants rated TAT 'very useful' (M 4.5-4.8)
Understanding of ACE and trauma informed approaches, based on agreement with key training statements	n/a	Overall participants agreed/strongly agreed with key ACEs training statements	Overall participants agreed/strongly agreed with key TAT statements
Embedding training into practice: confidence in responding to vulnerability using an ACE and trauma informed approach	n/a	97% of participants reported being 'moderately to highly confident' 58% of participants reported as 'highly confident'	97% of participants reported being 'moderately to highly confident' 82% of participants reported no change in confidence
Embedding training into practice: competence in responding to vulnerability using an ACE and trauma informed approach	n/a	97% of participants reported being 'moderately to highly competent' 51% of participants reported as 'highly competent'	98% of participants reported being 'moderately to highly competent' 75% of participants reported no change in competence
Quality and delivery of training	n/a	Over 90% of participants rated all aspects of ACEs training 'Good to Excellent' with mean scores in the 'Excellent' range	Almost 100% of participants rated all aspects of TAT 'Good to Excellent' with mean scores in the 'Excellent' range
Qualitative comments	n/a	<ul style="list-style-type: none"> Using ACE LENS¹ to implement training in practice. Time barriers to implementing training. Change to daily interactions with service users. ACEs training confirms current practice. 	<ul style="list-style-type: none"> TAT as a useful addition to ACEs training. Benefit of learning grounding techniques. Understanding of asking about trauma on a 'need to know basis'.

1 Look; Explore; Needs; Signpost; Support; Safeguard

* Statistically significant result (p<0.05)

** Items were worded differently at post-TAT to relate more specifically to trauma and extra items added

Conclusion

To conclude, following attendance to ACEs training and TAT, participants understanding of ACEs and trauma increased, in addition to increasing confidence and competence in using ACE and trauma-informed approaches in practice. These results support earlier findings from the ACE TIME evaluation on police and multi-agency partners [2]. Participants also had positive attitudes towards ACE and trauma-informed approaches and rated all aspects of training delivery and quality as excellent. Furthermore, the findings from this evaluation could be used to inform decisions on any roll out of both training packages to all prisons and probation establishments across Wales.

Ultimately, ACE and trauma-informed approaches can build a positive working culture and provide practical opportunities to improve support for vulnerable individuals, without causing re-traumatisation. Although this evaluation provides some evidence of change in participant knowledge and confidence, it does not evaluate change in practice. Therefore, further research into the sustainability of the training messages on prison and probation staff knowledge and practice would be beneficial.

Recommendations

A number of recommendations are proposed from the current findings (see Box 1) intended for the criminal justice service.

Box 1: Recommendations for HMPPS

Delivery of ACE training and TAT:

- Strengthen key training messages to address the misconceptions of using an ACE-informed approach in practice; specifically in relation to scoring of ACEs on a check list and ACEs being the responsibility of social workers.
- During the ACEs training, emphasise that using ACE and trauma-informed approaches in practice does not require seeking disclosures of trauma.

Embedding training into practice:

- To further explore the use of the 'train the trainer' model as a method to train all members of criminal justice staff to be aware of ACE and trauma informed approaches, in order to embed the training into practice.
- To consider the feasibility of a roll out of TAT to prison officers taking on key worker roles to improve understanding of trauma-informed approaches and response to vulnerable individuals.

Future research

- Conduct a follow-up study to accurately assess the longer-term impacts of the training and whether ACE and trauma-informed approaches have been embedded into daily practice.
- Further research on the benefits of supplementing ACEs training with TAT for staff who have one-to-one roles working with those affected by trauma.
- Further research to fully assess the benefits of using the 'train the trainer' model.

Introduction

Responding to ACEs and trauma within the criminal justice system

Her Majesty's Prison and Probation Service (HMPPS) manages some of the most vulnerable and complex people within society. It has been evidenced that many of these vulnerabilities can stem from early childhood trauma, with high levels of adverse childhood experiences (ACEs) amongst those who have committed offences [3]. Experiencing ACEs and trauma (e.g. physical and sexual abuse and domestic violence) can have a detrimental impact on an individual's life outcomes, and is often associated with poor physical and mental health, high alcohol and drug use, reduced morbidity and prolific offending [4,5]. Furthermore, the research highlights that exposure to ACEs is often passed onto successive generations, creating intergenerational cycles of childhood adversity [5]. Research from a Welsh male prison found that 84% of prisoners had experienced at least one ACE and 46% had experienced four or more [3]; significantly higher than the general population in Wales (47% with one ACE and 14% with four or more). Therefore, prisons, which are often confined environments, are densely populated with vulnerable people that often have multiple and complex needs.

Professionals across sectors (i.e. police, education, housing, prison and probation) have reported challenges working with complex vulnerability and supporting individuals affected by trauma [8]. Experiencing ACEs and trauma can have a lifelong impact on individuals and can manifest itself as problematic behaviours which can often be difficult to manage. This can increase the risk of harm to individuals and their families, staff across the criminal justice system, the security of custody settings and the general public. This includes anti-social behaviours, violence towards others and self-destructive and suicidal behaviours [7]. For example, within the UK self-harm in prisons was reported to be at a record high, with 57,986 incidents recorded in 2018 [8]. Furthermore, there were 34,223 incidents of violence reported in prisons nationally, 29% of which were reported to be against staff [8].

Developing an ACE and trauma-informed workforce

HMPPS has worked to reform prison services and improve how vulnerable individuals are supported within the criminal justice system [9]. The UK government has highlighted a need to improve prison culture and ways of working, training staff to enhance the support they can offer to meet the needs of those in the criminal justice system. Furthermore, ACEs are featured prominently within the joint HMPPS and Welsh Government 'Framework to Support Positive Change for those at Risk of Offending in Wales (2018-23)', which also acknowledges the importance of partner organisations in addressing the impact of trauma relating to ACEs, to achieve sustained reductions in offending and help improve life outcomes. The framework highlights the need for prevention and early intervention, integrated service delivery (i.e. cross-agency collaboration and integrated working) and staff training on ACEs and trauma.

Over recent years, there has been an extensive effort to develop ACE and trauma informed approaches to vulnerability in Wales [10,11]. The E.A.T. programme has aimed to promote a Wales-wide whole systems approach to vulnerability, by strengthening multi-agency working and enabling access to early intervention and prevention. As part of the E.A.T. programme, and the work of the ACE Support Hub, ACEs training has been developed and delivered Wales-wide to professionals working across a range of sectors, including the police, education, housing, youth justice and social care. Findings from the 'ACE Trauma Informed Multi-agency Early Action Together (TIME)' training evaluation, delivered to police and partners, showed that the training increased awareness of ACEs and related trauma and that staff felt more competent and confident to respond in a trauma- and ACE-informed way [2].

HMPPS is a key partner in the E.A.T. programme, supporting the ambition to create an ACE and trauma informed workforce across Wales. Within the criminal justice sector, the vision is for individuals, their families and staff to feel enabled to address ACEs and supported to manage the impact of ACEs on the

life course. Through training, staff can better understand that the behaviours displayed by those who have offended may be symptoms of trauma, and provide them with approaches to respond to these behaviours. This may improve the interactions between service users and criminal justice staff (e.g. prison and probation officers), which in turn, can contribute to increased engagement with services and compliance, and has potential to support initiatives aimed at reducing violence, self-harming behaviours and suicide attempts. Furthermore, the training can provide staff with the knowledge and skills to build resilience in those who have offended, which can be achieved through activities such as exercise, sports, and arts programmes.

Delivering training in prison and probation services

Two training packages have been developed for staff in prison and probation services, including ACEs training for all frontline staff working with those who have offended, and an enhanced training package to further develop the knowledge and skills of those in specialist roles working more directly with vulnerable prisoners (e.g. offender managers). Both training packages have been developed as day-long classroom based training, which are interactive to encourage active learning, and encompasses a range of delivery methods such as power-point presentations, video clips, group activities, role play and discussions.

Adverse Childhood Experiences (ACEs) training

A criminal justice expert advisory and evidence group adapted the ACE TIME training package for bespoke delivery to frontline staff working with those who have offended in both community and custody settings across Wales. The training had the following objectives:

- Supporting the workforce to increase awareness of ACEs, related trauma and impact across the life course;
- Enabling individuals to competently and confidently respond using an ACE informed approach; and,
- Supporting a whole system approach with partners to prevent and mitigate ACEs.

The training was split into two modules; module A involved an introduction to ACEs and trauma, and module B operationalised the evidence from module A into practice (see Box 2). The training was been delivered by the ACE coordinators² from the Trauma Informed Prisons Project and experienced prison and probation staff trained using a ‘train the trainer’ model.

Box 2: The ACEs training content

Morning session (Module A)	Afternoon session (Module B)
<ul style="list-style-type: none"> • Working with vulnerability • Understanding ACEs and their impact on life outcomes and service demand • Importance of early intervention in preventing and mitigating ACEs, and the intergenerational transmission • Understanding the impact of trauma on brain development, behaviour and responses to threat • Secondary and vicarious trauma and workforce well-being 	<ul style="list-style-type: none"> • Components of a trauma informed approach and how to embed this into practice to mitigate the impact of ACEs • Communication skills and effective responses to trauma • Application of the ACE LENS (Look; Explore; Needs; Signpost; Support; Safeguard) to working practice • Building resilience to break the cycle of adversity • Working together for a trauma-informed early intervention approach • Local resources and pathways available.

2 There were four criminal justice ACE Coordinators, who were experienced in working with those who have offended.

Trauma Awareness Training (TAT)

In addition to the ACEs training, the Trauma Awareness Training (TAT) package was developed to improve participant understanding of trauma and provide them with practical skills to manage those who have experienced trauma, including techniques to reduce re-traumatisation.

The TAT package aimed to meet the following objectives:

- To develop understanding and awareness of trauma;
- To introduce the concept of a trauma-informed approach and what this means in a custodial setting;
- To develop understanding of challenges faced when working with people who have experienced trauma; and,
- To start the process of developing a toolkit of skills and strategies to support people who have experienced trauma.

TAT was developed by the Trauma Informed Prisons Project in collaboration with the Forensic Psychology Service, as well as operational and strategic leads in Wales. TAT was designed to be delivered to offender managers and staff in key worker roles who work more closely with those who have offended (see Box 3).

Box 3: The TAT content	
Morning session	Afternoon session
<ul style="list-style-type: none"> • Understanding trauma and the impact on an individual, including their development, presenting behaviour and life outcomes • Trauma-informed approaches, including the core values, how to create safe environments, responding to emerging trauma and preventing further traumatisation • Understanding behaviour as responses to perceived threat/triggers and how to overcome barriers to creating safe environments within a custodial setting 	<ul style="list-style-type: none"> • Benefits of trauma informed approaches and the impact on both prison staff and those in their care • Guidance on developing therapeutic, trusting relationships in custody and how to build rapport and engage those they are working with • Applying ACEs and trauma to Case Formulation Practice and motivational interviewing • Appropriateness of exploring traumatic experiences and managing disclosures, recognising the limitations within their roles to manage trauma • Staff well-being, including the risk of vicarious trauma and the role of self-care

Aims and objectives

Public Health Wales was commissioned to carry out an independent evaluation of the ACEs training and TAT delivered to prison and probation staff in Wales. The overarching aim of the evaluation was to assess the impact of the training on the knowledge, attitudes and practice of criminal justice professionals.

The objectives of this evaluation were:

1. To examine if attendance to the training had an impact on knowledge and awareness of ACEs and trauma, including confidence in working with ACEs and vulnerability;
2. To understand the impact of the training on decision making and practice within the workforce, exploring whether participants felt confident and competent to respond to vulnerability using an ACE informed approach;
3. To assess the quality and delivery of the training within the prison and probation context, based on the proposed 'train the trainer' model.

Method

The ACE and TAT packages were evaluated using pre- and post- training surveys. This utilised a mixed methods design capturing quantitative data measured on Likert scales and qualitative data (open comments) from each survey (see Appendix 1 for full methodology). All procedures were approved by Health and Care Research Wales, Public Health Wales Research and Development and the National Research Committee (IRAS ref: 2535898).

ACEs training evaluation

Between the period of July to December 2019, prison and probation workforces throughout Wales were invited to ACEs training within their establishments. This included members of the National Probation Service (NPS) and Wales Probation Services (formerly Wales CRC) in Cardiff, Bridgend, Swansea, Newport and Wrexham, as well as prison staff working in HMP Parc, HMP Cardiff, HMP Prescoed, HMP Swansea, HMP Usk and HMP Berwyn. In total, 23 training sessions were held and 270 prison and probation staff attended the training.

A member of the research team attended each session and sought consent from those being trained to take part in the evaluation. The evaluation involved completing a voluntary survey at two time points; immediately before and immediately after the ACEs training. Participants were given information sheets and consent forms prior to taking part and had the option to complete the survey electronically on a tablet or using a hard paper copy. The evaluations included questions around confidence in working with vulnerability, embedding the training into practice, and quality of the training package (see Appendix 1 for procedures followed and all the measures included in the surveys).

Of those who attended ACEs training there was a 90.9% uptake to the training evaluation. The analysis presents the 248 participants who provided data at both time points (pre- and post-ACEs training).

TAT evaluation

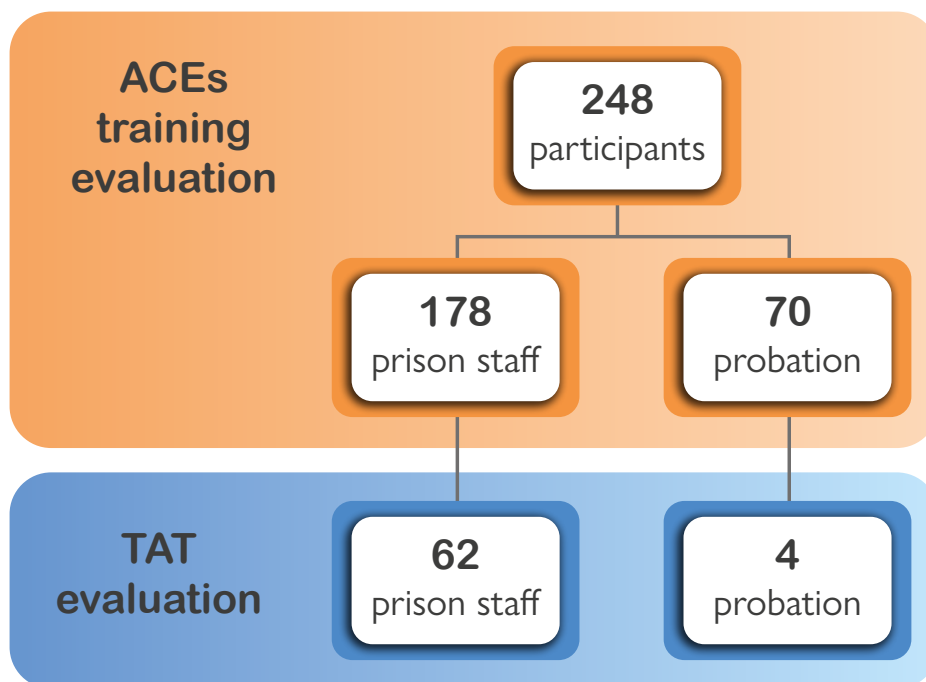
TAT sessions were run alongside ACEs training for prison staff working across Wales. Trainees usually attended TAT the day after completing the ACEs training; however, later TAT sessions were arranged for those who were unable to attend TAT the day after ACEs training. The longest period between ACEs training and TAT was one month. Participants were provided with information sheets and consent forms prior to taking part in a post-training survey. Many of the survey questions were repeated from the survey used at the ACEs training, in addition to new questions specifically related to trauma awareness. There was an evaluation uptake of 99% with 66 participants who provided data at all three time points (pre-ACEs, post-ACEs, post-TAT), which is presented in the findings.

Findings

This section presents the key findings of the evaluation and are based on the survey data collected from evaluation participants. Specifically, findings are presented on: knowledge and awareness of ACEs and trauma, confidence and competence working with ACEs and vulnerability, and quality and delivery of training. Where appropriate, open comments from the evaluation participants are presented alongside the relevant quantitative findings.

Participant characteristics

The research team evaluated 32 training sessions delivered within prison and probation establishments across Wales between July and December 2019 (23 ACEs training cohorts, 9 TAT cohorts). Total evaluation uptake numbers are presented below for each training package. In total, there were 96 male and 151 female participants for ACEs evaluations, and 28 male and 38 female participants for TAT evaluations. Overall, participant age was evenly distributed across age groups. See Table 1 (ACEs training) and Table 2 (TAT) in Appendix 2 for participant demographics overview.



Knowledge and awareness of ACEs: Confidence in working with ACEs

Improving participant confidence in working with ACEs was a fundamental objective of the ACEs training. Confidence was measured at pre- and post-ACEs training on a 10 point Likert scale from (1) 'not at all confident' to (10) 'completely confident'. Four separate confidence items were combined to create a mean score, where high scores are most desired.

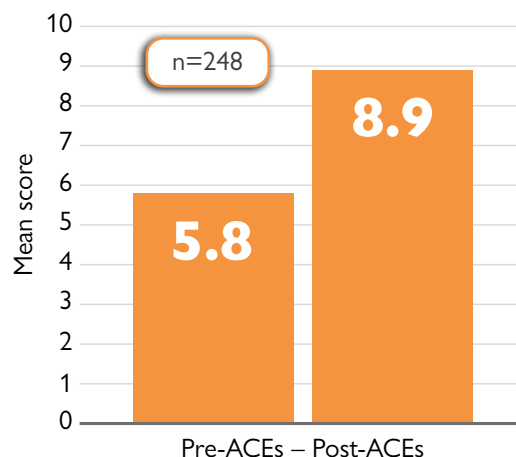
58% of participants reported being confident³ in working with ACEs, pre-ACEs training

99% of participants reported being confident³ in working with ACEs, post-ACEs training

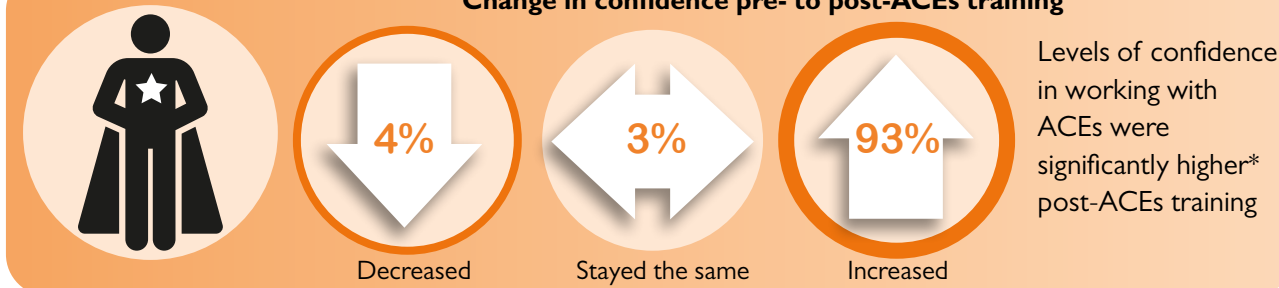
63% of participants reported they being highly confident⁴ in working with ACEs, post-ACEs training.

Similar proportions of participants were highly confident across genders, prison and probation staff, and length of service.

Figure of mean scores over time points for confidence in work with ACEs



Change in confidence pre- to post-ACEs training



Open response comments:

A number of evaluation participants commented on the value of an increased awareness of ACEs and how this improved their confidence (Prison n=25, Probation n=10 comments), where *“the training explained clearly how ACEs can affect people differently and how to deal with them individually”* (Prison). One participant mentioned never having considered ACEs when working with prisoners prior to ACEs training, however post-training felt they were able to *“develop/explore a package of support”* (Prison). Whilst some participants also expressed their confidence in working with ACEs prior to training (Prison n=10, Probation n=7 comments), they felt it was *“very good to reflect back on practice”* (Probation).

At pre-ACEs training participant confidence in working with ACEs was relatively low, however attendance at ACEs training significantly increased awareness of ACEs and confidence to apply this awareness in decision-making and practice. At post-ACEs training 63% reported they would feel 'highly confident' to respond to vulnerability using an ACE informed approach.

³ Participants were considered confident if they had a mean score of 6 to 10.

⁴ Participants were considered highly confident if they had a mean score of 9 to 10.

* Wilcoxon signed-rank test; $z=13.071$, $p<0.001$

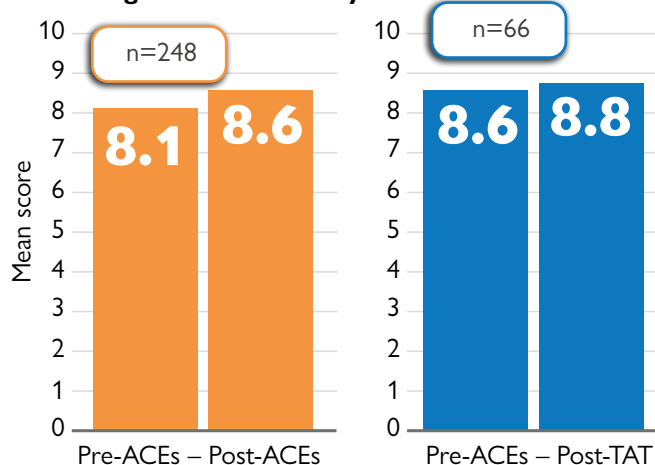
Knowledge and awareness of ACEs: Confidence in working with vulnerability

A key priority of both training packages was to improve participant’s confidence in working with vulnerability. Confidence was measured at pre-ACEs training, post-ACEs training and post-TAT. A 10 point Likert scale was used from (1) ‘not at all confident’ to (10) ‘completely confident’. Five separate confidence items were combined to create a mean score, where high scores represent higher levels of confidence.

46% of participants reported they were highly confident⁵ in working with vulnerability post-ACEs training⁶.

Females were 2 x more likely to feel highly confident in working with vulnerability than their male counterparts⁷. Respondents with **10+ years of service were 2.6 times more likely** to be highly confident⁸. There were no differences found for high confidence according to whether evaluation participants were prison or probation staff.

Figure of mean scores over time points for confidence in working with vulnerability

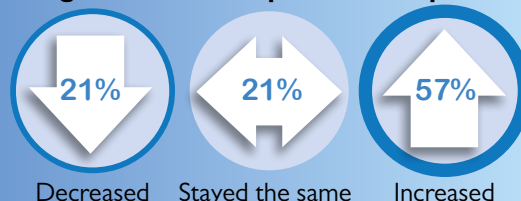


Change in confidence pre- to post-ACEs training



Confidence in responding to vulnerability significantly increased* at post-ACEs training

Change in confidence post-ACE to post-TAT



Those who participated in TAT had further increased** confidence compared to post-ACEs training

Open response comments:

Participants reported that ACEs training enhanced their knowledge on “*how to support victims of vulnerable backgrounds*” (Prison) (Prison n=13, Probation n=4). This included participants becoming more empathetic and patient towards vulnerable service users (Prison n=18, Probation n=4); e.g. one participant commented on the importance of being “*mindful of past experiences, which will determine response to vulnerable offenders*” (Prison).

Overall, participant confidence in working with vulnerability was relatively high at pre-ACEs training. However, the evidence suggests increased confidence at post-ACEs training and further gains in confidence at post-TAT. Participants who were female and had 10+ years’ experience in prison or probation were more likely to be ‘highly confident’ post-ACEs training.

5 Participants were considered highly confident if they had a mean score of 9 to 10.

6 98% of participants reported they were confident (mean score of 6 to 10) in working with vulnerability pre-ACEs training, 99% reported they were confident at post-ACEs training and 100% at post-TAT.

7 Binary logistic regression for gender, adjusted for length of service and organisation; AOR=2.019 (95% CI=1.163-3.505), p=0.013.

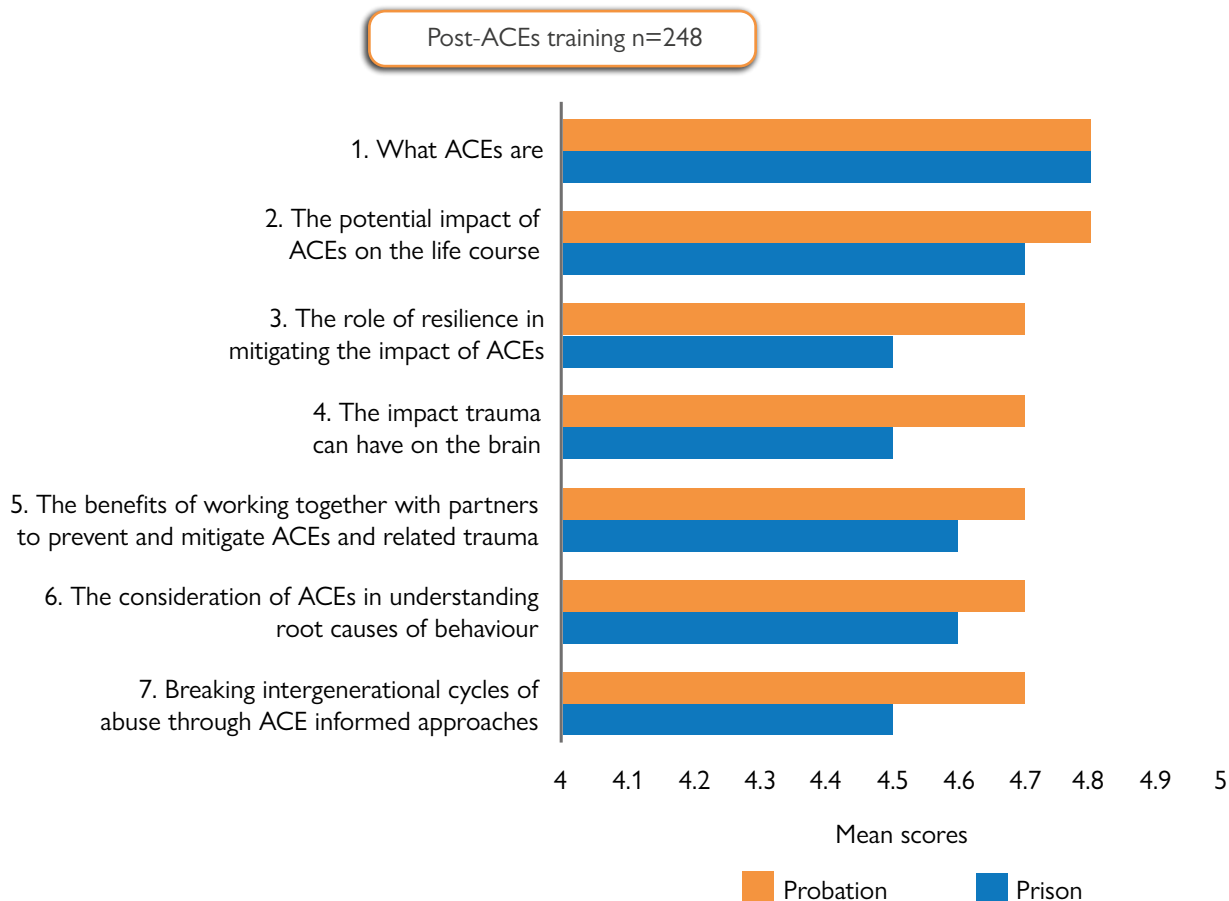
8 When compared with those with <1 years experience; Binary logistic regression for length of service, adjusted for gender and organisation; AOR=2.639 (95% CI=1.160-6.007), p=0.021.

* Wilcoxon signed-rank test; z=7.775, p<0.001

** Wilcoxon signed-rank test; z=3.457, p<0.001

Knowledge and awareness of ACEs: Post-ACEs training

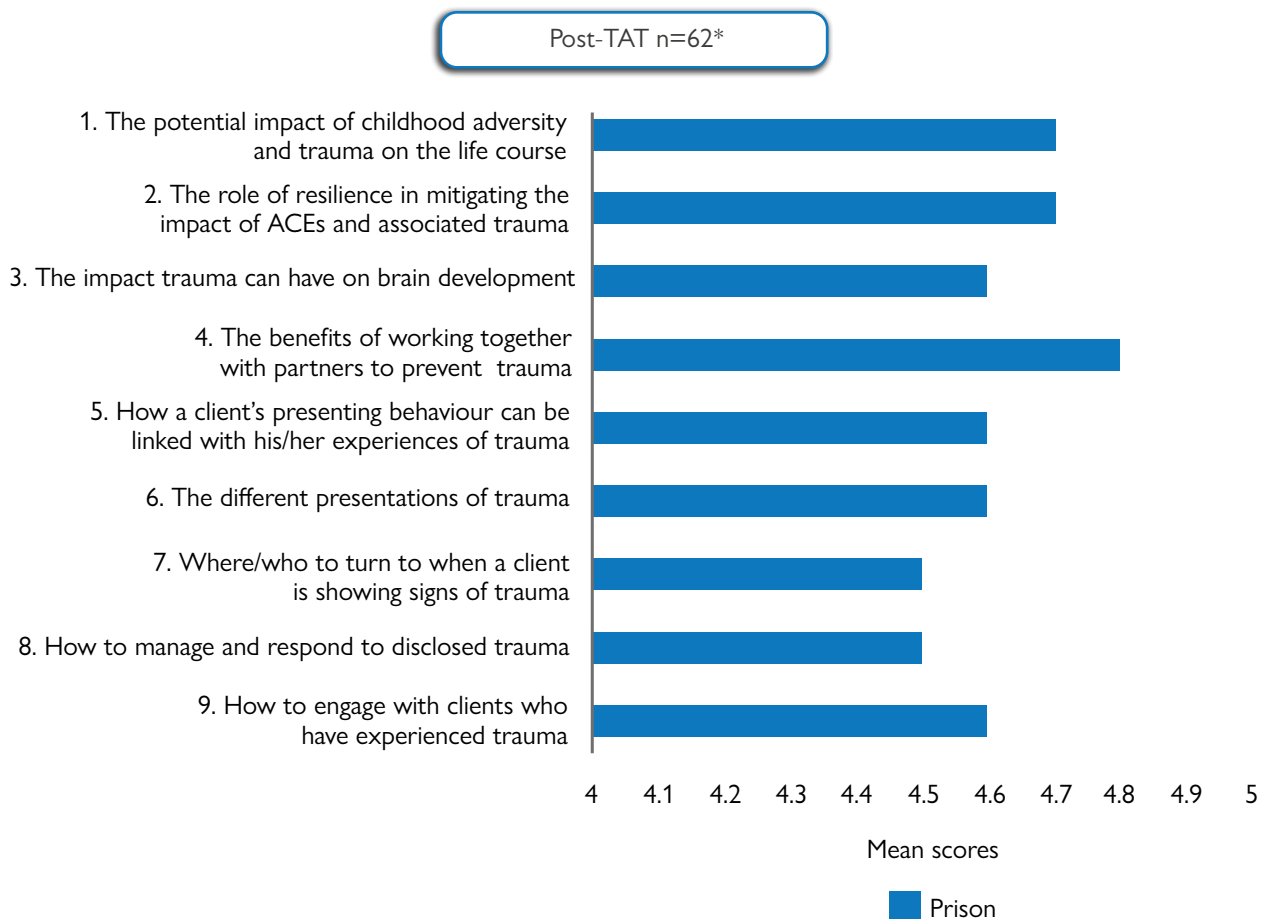
A key aspect of the ACEs training package was to increase participant knowledge and awareness of ACEs. Although TAT does not specifically aim to increase knowledge of ACEs, the training could reinforce learning from ACEs training and enhance knowledge of ACEs indirectly. Therefore data was collected for specific items at post-ACEs and post-TAT. Seven items were used to rate how useful the training was in advancing participant knowledge and awareness of ACEs. This was measured on a 5 point Likert scale from (1) 'not at all' to (5) 'very much so', where higher scores represent higher knowledge and awareness.



Overall, the above results show that participant knowledge and awareness of ACEs scored high at post-ACEs training, with mean scores for each item ranging from 4.5 to 4.8. However, probation staff scored slightly higher in comparison to prison staff, particularly for items such as 'the role of resilience in mitigating the impact of ACEs' and 'breaking intergenerational cycles of abuse through ACE informed approaches'.

Knowledge and awareness of ACEs and trauma: Post-TAT

This measure was adapted from post-ACEs training to assess knowledge and awareness of ACEs and trauma at post-TAT. Nine items were used to rate how useful the training was in advancing participant knowledge and awareness of ACEs and trauma. The same 5 point Likert scale was used from (1) 'not at all' to (5) 'very much so', where higher scores represent higher levels of knowledge and awareness.

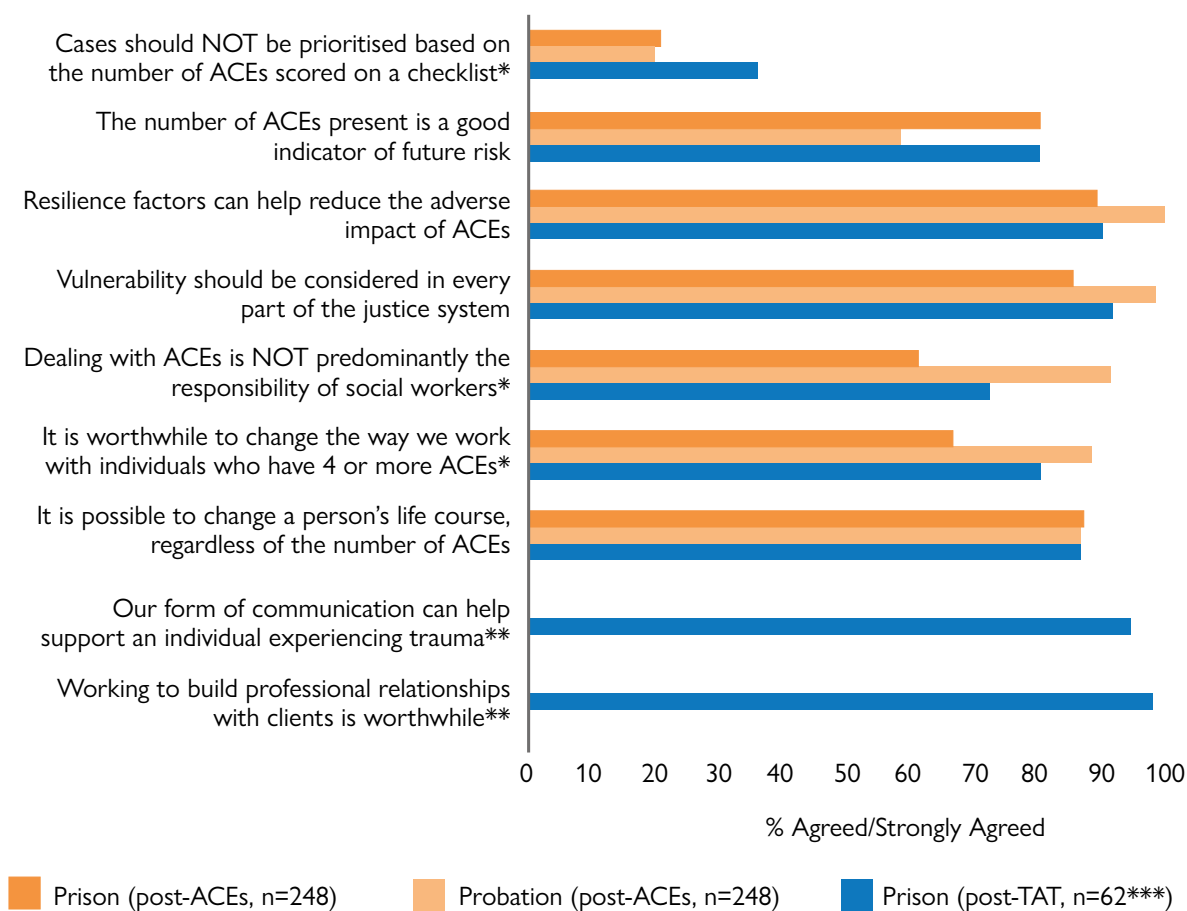


Following attendance to TAT, participants rated the training useful in advancing their knowledge and awareness of ACEs and trauma, with mean scores ranging from 4.5 to 4.8. Specifically, the role of resilience in mitigating the impact of ACEs and trauma rose from 4.5 at post-ACEs to 4.7 at post-TAT. And the benefits of working with partners to prevent trauma rose from 4.6 at post-ACEs to 4.8 at post-TAT. This is an interesting finding as the cohort of TAT participants were largely prison staff, therefore attendance to TAT contributed to increasing their understanding of multi-agency working and resilience factors.

* Full TAT sample was 66, however four probation staff were excluded from analyses due to the sample size being too small for meaningful comparisons to be made. Therefore, results for prison staff only are presented.

Understanding of ACE and trauma informed approaches

A number of statements with key training messages were included at post-ACEs training and post-TAT, to measure participant understanding and attitude towards ACE and trauma informed approaches. The first seven items in the chart below were measured at post-ACEs training and post-TAT and the final two items were only included at post-TAT. The post-ACEs sample were split into prison and probation, whereas post-TAT results are only prison staff*. For each item participants could rate on a 5-point Likert scale the extent to which they agreed with each statement from (1) 'strongly disagree' to (5) 'strongly agree'. The chart below presents the mean scores of agreement with each statement, where the higher scores were the desired outcome.



Overall, participants largely agreed with all training statements. However, at post-ACEs and post-TAT prison and probation staff scored lower on the statement: 'cases should NOT be prioritised based on the number of ACEs scored on checklist'. At post-TAT, mean scores were slightly higher for prison staff in comparison to scores at post-ACEs.

*Original negative statements have been re-worded to positive for ease of displaying the information collectively.

**Additional statements only included during TAT evaluation.

***Full TAT sample was 66, however four probation staff were excluded from analyses due to the sample size being too small for meaningful comparisons to be made.

Embedding the training into practice: Confidence in responding to vulnerability using an ACE and trauma informed approach

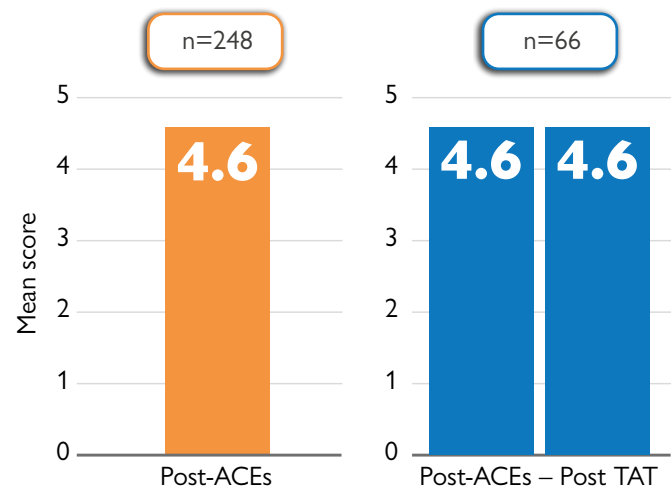
A key objective of both training packages was to increase participant confidence in responding to vulnerability using an ACE and trauma-informed approach. Confidence in using this approach in practice was measured at post-ACEs training and post-TAT. Participants were asked to rate their confidence on a 5 point Likert scale from (1) 'not at all' to (5) 'very much so'. In addition, there was an open text box to provide explanations for their responses.

97% of participants reported they were moderately to highly confident⁹ at post-ACEs training and post-TAT.

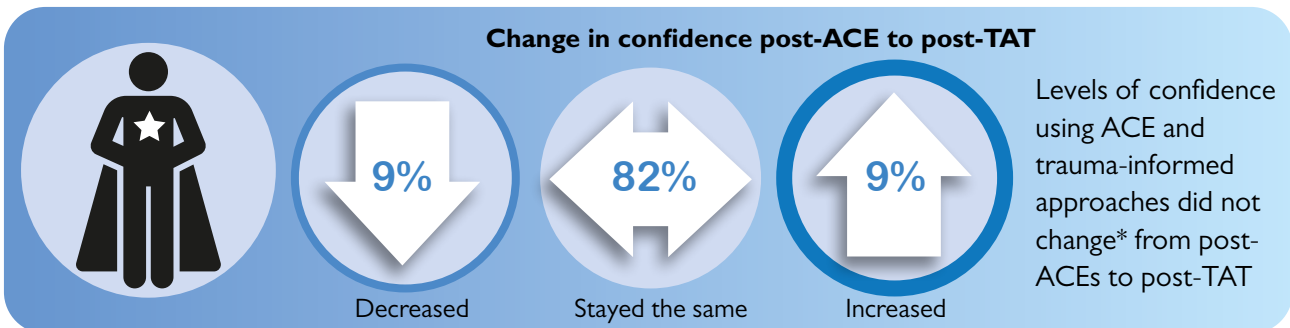
58% of participants reported they were highly confident¹⁰ at post-ACEs training.

Respondents with **10+ years in service** were **3 times more likely** to be highly confident in embedding the training into practice¹¹. There were no differences found for high confidence according to gender and prison or probation staff.

Figure of mean scores over time points for confidence in using ACE and trauma-informed approaches



Change in confidence post-ACE to post-TAT



Open response comments:

Common responses to confidence in using ACE and trauma-informed approaches was having open-mindedness to challenge behaviours (Prison n=21, Probation n=3 comments); e.g. the training provided a "greater understanding of issues that individuals may have experienced which are not visible on the surface, how it influences current behaviour and what support can be accessed" (Probation). Participants also mentioned improving their communication skills which could be used in interactions with all service users (Prison n=21, Probation n=6).

Overall, confidence in using ACE and trauma-informed approaches were highly rated at post-ACEs training. Over half the sample reported being 'highly confident'. However, levels of confidence at post-TAT did not change. Results show that 82% of the sample rated their confidence at post-ACEs the same as their confidence at post-TAT.

⁹ Participants were considered to have moderate to high confidence if they had a mean score of 4 to 5.

¹⁰ Participants were considered highly confident if they had a mean score of 5.

¹¹ When compared with those with <1 years service; Binary logistic regression for length of service, adjusted for gender and organisation; AOR=3.235(95% CI=1.412-7.414), p=0.006.

* Wilcoxon signed-rank test; z=-0.258, p=0.796

Embedding the training into practice: Competence in responding to vulnerability using an ACE and trauma informed approach

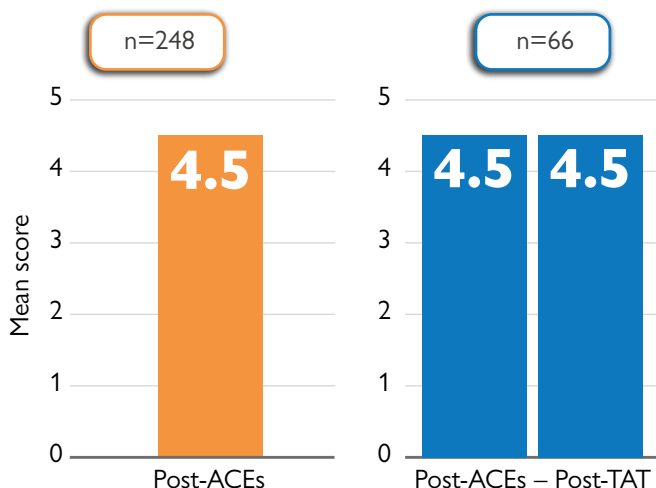
Participants were also asked to rate their competence to respond using an ACE and trauma-informed approach. This was used to further understand ways the training would be embedded in practice. Competence was measured on a 5 point Likert scale from (1) 'not at all' to (5) 'very much so', with an open text box to explain their answers.

97% of respondents reported they were moderately to highly competent¹² at post-ACEs training, 98% were post-TAT.

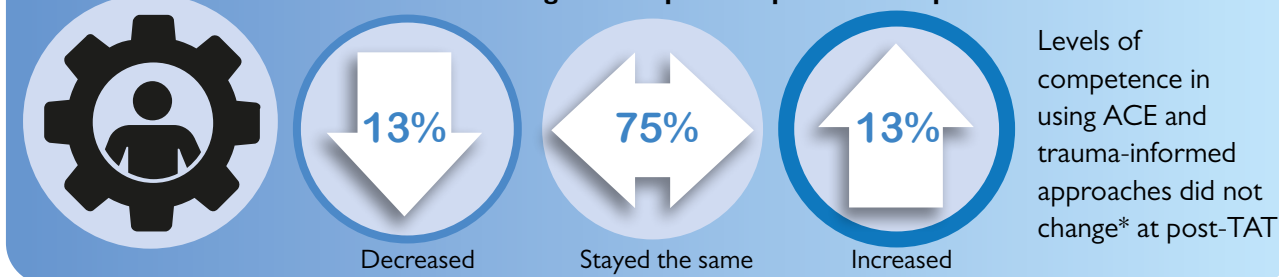
51% of respondents reported they were highly competent¹³ at post-ACEs training.

Respondents with **10+ years in service** were **3.7 times more likely** to report they felt highly competent in embedding the training into practice¹⁴. Additionally, those with **3-10 years in service** were **2.7 times more likely** report they felt highly competent in embedding the training into practice¹⁵.

Figure of mean scores over time points for confidence in using ACE and trauma-informed approaches



Change in competence post-ACE to post-TAT



Open response comments:

Comments in regards to competency were similar to that of confidence. However participants mentioned a need to use skills gained from training in practice to measure their competence (Prison n=8, Probation n=3). For example participants suggested: "it will take experience and opportunity to build competence" (Prison) and "I think further experience will increase my competency, particularly with regards to areas such as signposting" (Prison).

Participant competence in using ACE and trauma-informed approaches were highly rated at post-ACEs training and this did not change at post-TAT. Results show that being 'highly competent' at post-ACEs training was associated with longer years in service.

¹² Participants were considered to have moderate to high competence if they had a mean score of 4 to 5.

¹³ Participants were considered highly competent if they had a mean score of 5.

¹⁴ When compared with those with <1 year service; Binary logistic regression for length of service, adjusted for gender and organisation; AOR=3.749(95% CI=1.638-8.582), p=0.002.

¹⁵ When compared with those with <1 year service; Binary logistic regression for length of service, adjusted for gender and organisation; AOR=2.679(95% CI=1.161-6.179), p=0.021.

* Wilcoxon signed-rank test; z=-0.229, p=0.819

Quality and delivery of training: Post-ACEs training

At the end of each training day participants were asked to rate the quality and delivery of both training packages. This was scored on a 5 point Likert scaling from (1) 'very poor' to (5) 'excellent'. There were also open response boxes to give feedback on the most/least useful aspects of the training and anything participants would add/remove.

Quality = 92% rated Good to Excellent*

Delivery = 99% rated Good to Excellent

Trainers = 100% rated Good to Excellent



Collectively, prison and probation staff rated all aspects of the ACEs training as 'excellent' with mean scores ranging from 4.5 to 4.7*.

Open response comments:

A high proportion of participants agreed that ACEs training was a "great course full of relevant information" (Prison) and that they would not add or remove any elements. Specifically staff commented on the usefulness of videos and real life stories which could be applicable to their roles: "video clips and some clear examples made it real/relatable" (Probation). Also a number of participants praised the trainers: "the tutors were excellent with a great knowledge and fully understood class levels" (Prison).

Quality and delivery of training: Post-TAT

Quality = 100% rated Good to Excellent*

Delivery = 99% rated Good to Excellent

Trainers = 100% rated Good to Excellent



Collectively, prison and probation staff rated all aspects of the TAT as 'excellent' with mean scores ranging from 4.7 to 4.8*.

Open response comments:

Similar to ACEs training, TAT was very well received by participants with a high number of positive comments. Again relevancy to job role was mentioned where: "the training was very useful and will definitely inform future work" (Probation). Participants also mentioned that they would "recommend others to this course" (Prison). The only negative feedback was a small number of participants mentioned that some information in TAT was "repetitive to ACEs training" (Prison).

* Aspects considered good to excellent are represented by mean scores of 4 to 5 for all items. Mean scores above 4.5 are considered excellent.

Additional qualitative findings: ACEs training

Throughout the post evaluation surveys, there were a number of opportunities for participants to provide feedback on the training using open response comments. A number of comments have been used to support the findings acknowledged within this report, however additional themes were also identified.

Theme	Selected example quotes	Count
Time as a barrier to implementing training into practice	<i>“Time restrains and caseload/workload pressures. Also poor communication with other agencies”</i> (Prison)	39
	<i>“Not being given to the time to offer prisoners the support they need”</i> (Prison)	
	<i>“Time restraints, high caseloads, targets”</i> (Probation)	
ACE lens viewed as a useful tool to aid ACE-informed practice	<i>“I found LENS particularly useful and will use that from now on in my practice”</i> (Prison)	29
	<i>“Use the LENS model to respond to the needs and develop an informed sentence plan”</i> (Probation)	
	<i>“ I will use the ACE LENS as a way of identifying need, contact and support”</i> (Probation)	
Change to daily interactions with service users	<i>“Be more aware & attentive to the clues to ACEs in discussion with cases”</i> (Prison)	28
	<i>“I will look to ensure that the learning is applied into my contact with service users by ensuring ‘every contact matters’ is utilised to its fullest”</i> (Prison)	
	<i>“Be more mindful of how I talk to people”</i> (Probation)	
ACEs training confirms current practice	<i>“It enabled me to see that so much of an ACE informed approach is already a part of my everyday practice and so gave me the confidence to develop my practice”</i> (Prison)	17
	<i>“I have been using a trauma informed approach though out my career. This training has enabled me to review and refocus on key areas and how they impact on adulthood”</i> (Probation)	

Additional qualitative findings: TAT

The open response questions in the post-ACEs survey were included in the post-TAT survey. Additional questions related to this training package were also added such as: 'Has today's trauma awareness training built on any learning from the ACEs training recently attended?' and 'Please describe any knowledge/skills the training has made you aware of which could help support someone who has experienced trauma'.

Theme	Quotes	Count
TAT as a useful addition to ACEs training	<i>"It has fully supported yesterday [ACEs training] and developed further skills"</i> (Prison)	18
	<i>"They worked well together"</i> (Prison)	
	<i>"It has given me a good basis of knowledge about trauma-approached training and how it links with ACEs and the LENS approach"</i> (Prison)	
Asking about trauma on a need to know basis	<i>"Less is more. Not always necessary to ask about trauma"</i> (Prison)	11
	<i>"To not pry due to my own curiosity"</i> (Prison)	
	<i>"Not pressing them for more info just to be nosy"</i> (Prison)	
Benefit of learning 'grounding techniques'	<i>"By being more sensitive to people's needs and using appropriate grounding techniques"</i> (Prison)	10
	<i>"Grounding skills to help calm someone"</i> (Prison)	

Discussion

Criminal justice services face many challenges, with high levels of mental health problems and increasing self-harm and suicide rates amongst service users, as well as incidents of bullying, violence and staff assaults within prison establishments. Many of these vulnerabilities are higher among those who have offended with a history of trauma [3], which has an impact on their own wellbeing and safety, as well as that of their families and prison staff.

Introducing ACE and trauma-informed approaches within the criminal justice system can help make change towards a whole-systems approach to improving responses to vulnerable service users. Training has been developed for criminal justice staff to better understand the impact ACEs and trauma can have on presenting behaviours and provide them with approaches to respond. The aim of the training is to increase prison and probation staff knowledge of ways to build resilience in those who have offended and improve interactions between service users and staff. This has the potential to increase service user engagement and support initiatives aimed at reducing violence, self-harming behaviours and suicide attempts.

Knowledge and awareness of ACEs and trauma

The results show that respondents rated ACEs training as very useful in advancing their knowledge and awareness of ACEs; all 7 items used to score usefulness of the ACEs training had a mean score between 4.5 and 4.8 (5.0 being the highest). Open response comments supported these findings with participants stating that they had increased awareness of ACEs and understanding of the impact ACEs can have on behaviour. The sub-group of participants that attended TAT also rated the training as very useful in increasing their awareness of ACEs and trauma; 9 items used to score usefulness of the TAT had a mean score between 4.5 and 4.8 (5.0 being the highest). These findings suggest that both training packages had enhanced staff knowledge and awareness that behaviours displayed by those who have offended may be symptoms of trauma, which subsequently can provide them with the skills to respond to these behaviours holistically.

The extent to which participants understood ACE and trauma-informed approaches. This was determined by participant attitudes towards key training messages. Overall, both prison and probation staff agreed with all statements apart from “cases should not be prioritised based on the number of ACEs scored on a checklist”. This suggests that participants may have developed a limited understanding of the intended use of ACEs in practice, by using ACE count as a screening method for decision making [12]. This finding corroborates a similar misconception found in the police population following the ACE TIME training [13]. Research on ACEs has provided valuable insight into the detrimental impact traumatic events during childhood can have on individuals in later life, and has allowed us to quantify how prevalent these experiences are within different populations. It is not uncommon for professionals to want to use this evidence to inform service delivery such as using the number of ACEs as a screening tool. While research shows poor outcomes in later life is more prominent among individuals with 4+ ACEs, it is important to stress that ACEs and trauma can impact everyone differently, therefore cases should be treated based on individual need.

Results also showed that prison staff did not agree/strongly agree with the following statements as highly as probation staff: “it is worthwhile to change the way we work with individuals who have 4 or more ACEs” and “dealing with ACEs is not predominately the responsibility of social workers”. This may suggest that the training did not fully address the need for a multi-agency approach to ACEs, where the criminal justice system as a whole has a responsibility to mitigate the impacts of trauma. It is also important to note that prison staff are restricted in how they work with individuals because of the prison regime. While prison staff can work with service users to support their rehabilitation, probation officers are more likely to work on a one-to-one basis with individuals with the aim to aid rehabilitation.

Therefore, increasing knowledge of the ways prison staff can use ACE and trauma-informed approaches in practice is crucial to embed these approaches within prison settings. This also supports the introduction of key worker roles for prison officers, to educate them on how to support vulnerable service users on a one-to-one basis, using these approaches. Findings also show that attendance to TAT increased participant's agreement scores with each statement; suggesting that those who participated in TAT, had a great agreement with the training messages. Furthermore, whilst overall findings suggest that those who attended ACEs training agreed with a number of the ACE and trauma-informed statements, there may be rationale for all participants to attend TAT in order to further explain and address any misconceptions of these approaches and increase understanding of the key messages.

The majority of prison and probation staff reported a significant increase in confidence in working with ACEs (93%) and vulnerability (63%) following attendance to ACEs training. At pre-ACEs training, 58% of participants were confident in working with ACEs and this increased to 99% at post-ACEs (participants were considered confident if they had a mean score of 6 to 10). Equally, at post-ACEs training 63% of respondents reported being 'highly confident' in working with ACEs, with similar proportions of participants across genders, prison and probation and length of service. Overall, this highlights that attending ACEs training positively changed participant's confidence in working with ACEs. Participants confidence in working with vulnerability was measured at all three time points (pre-ACEs, post-ACEs and post-TAT). In this instance, 98% of participants were confident in working with vulnerability prior to receiving ACEs training and this increased to 99% at post-ACEs training. Open comment responses reflected the improvement in confidence, where participants reported that ACEs training enhanced their knowledge on ways to support vulnerable individuals. Results show that 46% of respondents were likely to be highly confident in working with vulnerability at post-ACEs training, with all participants on average being confident. Females were twice as likely to be highly confident and those who had 10+ years in service were 2.6 times more likely to be highly confident. Additionally, 100% of the subgroup of participants who attended TAT were confident in working with vulnerability. Therefore, while prison and probation staff were confident in working with vulnerability prior to training, attendance to ACEs and TAT contributed further to increasing participant confidence.

Confidence in using ACE and trauma-informed approaches in practice

To assess whether the training could be embedded into practice, participant's confidence and competence to respond using ACE and trauma-informed approaches were measured. At post-ACEs training, 97% of participants were moderately to highly confident in their response to vulnerability using an ACE informed approach; 58% of respondents reported being highly confident. There were no significant difference in confidence found for gender or organisation (prison or probation); however, those who had 10+ years in service were three times more likely to be highly confident compared to those with fewer years in service. Following TAT attendance, participant confidence levels did not change from levels reported at post-ACEs training, with 97% of participants being moderately to highly confident.

At the end of the ACEs training, 97% of participants were moderately to highly competent in their response to vulnerability using ACE and trauma-informed approaches; 51% of respondents reported that they were highly competent. Again, while there were no differences across gender or organisations (prison or probation), competence varied based on length of time in service. Respondents with 10+ years in service were 3.7 times more likely, and those with 3-10 years in service were 2.6 times more likely, to be highly competent than staff with fewer years in service. It is worth considering that those who have worked for HMPPS organisations for longer periods already felt confident and competent in their roles at pre-ACEs training and the training may have reinforced this. Additionally at post-TAT, participants' competence to use ACE and trauma-informed approaches did not change, with 98% of participants being moderately to highly competent. Nevertheless, a number of participants commented

in open responses that they would need to put new skills into practice to rate their competence accurately; suggesting that a follow-up evaluation may provide a more accurate representation of participants' confidence and competence in practice.

It is important to note that integrating ACE and trauma-informed approaches within the criminal justice system is complex. While HMPPS priorities aim to make prisons safe and supportive environments where embedding a rehabilitative culture is at the forefront, questions are raised on whether ACE and trauma-informed practice conflict with the punitive nature of the criminal justice system [14]. While prison staff receive training concerning aspects of vulnerability¹⁶, probation staff are likely to receive more in-depth training in this area. Also probation staff are more likely to work on a one-to-one basis with those who have offended, therefore could implement these approaches more easily. Prisons throughout Wales have introduced a focus on every contact counts and Five Minute Interventions (FMI), where ACE and trauma-informed approaches can be implemented within short interactions. However, prison settings also rely on strict boundaries to ensure prisoner and staff safety, and to maintain the security of the prison. Yet, ACE and trauma-informed approaches encourage positive service user-staff relationships which may come with safety risks such as violence, where service users may react negatively due to their experiences of ACEs and trauma. Therefore, the aim of ACE and trauma-informed practice is not to replace existing prison approaches, but to educate individual members of staff to use ACE and trauma-informed approaches safely within a punitive system. Ongoing work is being done as part of the E.A.T programme in conjunction with the Trauma Informed Prisons Project to embed ACE and trauma-informed approaches in practice through piloting the 'Support Case Management' (SCM) model (See Box 4).

Box 4: SCM model

SCM was developed for those who have offended who have experienced ACEs and trauma, where their current behaviour is deemed a concern. The SCM includes the identified service user cohort and their designated core staff producing a time-line detailing any milestones, traumas and successes, adding context to pivotal experiences encountered by the individual. From this an initial compassion-focused formulation and working guidance for the individual in question is created. This formulation is then collaboratively built upon with the service user prior to being shared with their core staff. Core staff were required to complete ACEs training and TAT in order implement this formulation moving forward and support the needs of the individual.

Participants also expressed barriers to implementing ACE and trauma-informed approaches into practice within open response comments; the most frequently reported barriers were time, resources and volume of work. A number of respondents felt as though they would need to spend more time with individuals to effectively implement this approach, however the level of existing work and number of cases within each caseload would make this extremely difficult. Another common response was a lack of engagement with those who have offended, where participants felt service users would not engage or discuss their trauma. Nevertheless, this may highlight an area of the ACEs training that may need improving as disclosures of trauma are not necessary to use a trauma-informed approach. In comparison, TAT promotes more explicitly a 'do no harm approach' when it comes to disclosures of trauma. This was reflected in open response comments where a number of participants suggested that it is not always necessary to ask about trauma due to own curiosity. Therefore, TAT added value to ACEs training where the participants could recognise signs of trauma without asking individuals what they have experienced. This may help professionals understand how their actions can impact individuals and help to avoid re-traumatisation.

¹⁶ For example: Suicide and Self Harm (SASH), brain injury and maturity training

Quality and delivery of training

Over 90% of prison and probation staff rated all aspects of ACEs training as good to excellent, with overall mean scores in the excellent range of 4.5 to 4.7 (5 being 'very excellent'); suggesting that the 'train the trainer' model was effective in delivering consistently high quality training. Within these mean scores trainers were rated based on their knowledge of materials, preparedness and ability to translate resources into operational examples. The high mean scores highlights the success of the 'train the trainer' model used in practice, where prison and probation organisations could roll out the ACEs training package internally to train all staff to use an ACE and trauma-informed approach. One of the benefits of internal members of staff delivering training is that it allows for the provision of relevant context to the training package related to their working environment. This model is also useful to address resource capacity and sustain training delivery over time. However, this is the first time the 'train the trainer' model has been used for this training, therefore further research is needed to assess this model fully. Almost 100% of all participants rated all aspects of TAT as good to excellent with mean scores in the excellent range of 4.7 to 4.8 out of 5; suggesting that overall the training was well received.

Conclusion

To conclude, following attendance to ACEs training and TAT, participants understanding of ACEs and trauma increased, in addition to moderate to high levels of confidence and competence in using ACE and trauma-informed approaches in practice. These results support earlier findings from the ACE TIME evaluation on police and multi-agency partners [2]. Participants also had positive attitudes towards ACE and trauma-informed approaches and collectively rated all aspects of training delivery and quality as excellent. Furthermore, the findings from this evaluation suggest that it may be worthwhile to explore the feasibility of rolling out both training packages to all prisons and probation establishments across Wales.

Ultimately, ACE and trauma-informed approaches can build a positive working culture and provide practical opportunities to improve support for vulnerable service users, without causing re-traumatisation. Although this evaluation provides some evidence of change in participant knowledge and confidence, it does not evaluate change in practice. Therefore, further research into the sustainability of the training messages on prison and probation staff knowledge and practice would be beneficial.

Limitations

A number of limitations were present in the current evaluation, including variation in the timeframe between delivery of the ACEs training and TAT in some areas which may have influenced recall; from the two training packages being delivered on two consecutive days to the training packages being one month apart. Triangulation of data was not possible due to all findings being based on self-report measures. In addition, while surveys can provide immediate feedback on the training packages, the long term effectiveness cannot be measured. More specifically, feedback from the trainers, researcher observations and longer-term follow up surveys/interviews with participants could fully evaluate both training packages.

This is the first time TAT has been evaluated, the sample size was relatively small and thus further evaluation with larger sample sizes would strengthen the evidence base. The evaluation was conducted in selected prison establishments within Wales and therefore findings may not be representative of prisons nationally. However, prisons in North Wales and South Wales were included to help represent a wider geographical area. For probation, staff were recruited from a wider geographical area but the sample size was smaller than for prison staff; yet, this was more reflective of the ratio of probation to prison staff across Wales.

Recommendations

A number of recommendations are proposed from the current findings (see Box 5) intended for the criminal justice service.

Box 5: Recommendations for HMPPS

Delivery of ACE training and TAT:

- Strengthen key training messages to address the misconceptions of using an ACE-informed approach in practice; specifically in relation to scoring of ACEs on a check list and ACEs being the responsibility of social workers.
- During the ACEs training, emphasise that using ACE and trauma-informed approaches in practice does not require seeking disclosures of trauma.

Embedding training into practice:

- To further explore the use of the 'train the trainer' model as a method to train all members of criminal justice staff to be aware of ACE and trauma informed approaches, in order to embed the training into practice.
- To consider the feasibility of a roll out of TAT to prison officers taking on key worker roles to improve understanding of trauma-informed approaches and response to vulnerable service users.

Future research

- Conduct a follow-up study to accurately assess the longer-term impacts of the training and whether ACE and trauma-informed approaches have been embedded into daily practice.
- Further research on the benefits of supplementing ACEs training with TAT for staff who have one-to-one roles working with those affected by trauma.
- Further research to fully assess the benefits of using the 'train the trainer' model.

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Appendix 1 – Full methodology

Participants

The ACEs and TAT packages were delivered to staff from prisons establishments throughout Wales, the National Probation Service (NPS) and the Welsh Probation Service (formally known as CRC). Each establishment selected a cohort of professionals to attend the training which was delivered within each prison or probation office. All attendees to the ACEs or TAT sessions were invited to take part in the evaluation between July and December 2019.

Measures

Pre- and post-training surveys were administered immediately before and after each ACEs training session and a further post-training survey was administered at the end of TAT sessions. The surveys aimed to measure the effectiveness of ACEs training and TAT on staff knowledge, understanding and confidence when working with vulnerability. Measures included multiple choice, Likert scaling and open response questions.

Pre-training measures (ACEs):

1. **Demographic information:** including age, gender, job role, length of time in service and location of prison or LDU currently working in.

Pre- and post-training measures:

2. **Confidence in responding to ACEs and vulnerability:** 9-items were used to assess confidence in understanding of how to respond to vulnerability. This was measured across two subscales: confidence in the understanding of how to appropriately respond to vulnerability (n=5) and confidence in the understanding of what ACEs are and their impact on development (n=4).

Post-training measures only:

- 3 **Embedding the training in practice:** The evaluation included questions to assess participants (1) confidence and (2) competence to use an ACE informed approach to respond to vulnerability. Open text boxes were included to explore their answers in further detail. Attendees were also asked to provide feedback in the form of an open response box on the following questions: *“how will you apply the knowledge gained from the ACEs training today into your day-to-day practice tomorrow, and in the future?”*, *“do you believe that the knowledge and awareness gained within the training will have some use outside your working environment, please explain your response”* and *“what barriers, if any, do you see/ anticipate preventing you from applying knowledge gained from the ACEs training in to your practice?”*.
4. **Understanding of ACEs and using a trauma informed approach:** This measure was developed by the research team to measure how useful the training was in advancing participants knowledge of ACEs and a trauma informed approach. Questions to assess understanding of ACEs (n=7) was measured on a 5 point Likert scale from [1] ‘not at all’ to [2] ‘very much so’. Implementing an ACE and trauma informed approach when working with vulnerability (n=7) was measured using a 5 point Likert scale from [1] ‘strongly disagree’ to [5] ‘strongly agree’.
5. **Quality and delivery of training:** Participants were asked a set of questions (n=11) to provide feedback on the value and delivery of the training and quality of trainers, in order to inform the development of future training programs. This was rated on a 5 point Likert scale from [1] ‘very poor’ to [5] ‘excellent’. Additional open response questions were asked including the following: *“which part of the training did you find the most useful and why”*, *“which part of the training did you find the least useful and why”*, *“what, if anything, would you add to the training and why”*, *“what, if anything, would you remove from the training and why”*.

Post-training measures (TAT):

The post-training survey administered following attendance of TAT included the same post-training measures as mentioned above. However, there were minor amendments made to allow questions to relate more specifically to this training package. For example:

Understanding of ACEs and using a trauma informed approach: This measure was adapted to include Likert scaled questions related to trauma such as: *“how to manage and respond to disclosed trauma”* and *“how to engage with clients who have experienced trauma”*.

Equally, open response questions were added (n=2) to measure whether TAT advanced participants knowledge further in comparison to ACEs training. These questions included: *“please describe any knowledge/skills the training has made you aware of which you could use to help support someone who has experienced trauma”* and *“has today’s trauma awareness training built on any learning from the ACEs training you recently attended? (Please explain your response)”*.

Procedures

A member of the research team attended ACEs and TAT sessions to administer the pre-and post-training surveys. The purpose of the research was introduced to those undertaking training, including an explanation of participant confidentiality and data handling methods. It was stressed that their participation was voluntary and this would not impact their place on the training course. Individuals were given information sheets outlining the evaluation and were asked to provide written consent if they were willing to take part. The researcher provided unique ID codes to participants in order to match their pre-and post-survey data. Participants then had the choice to complete the survey on an electronic tablet or a paper copy.

Analysis

Quantitative analysis

SPPS statistics (version 24) was used to analyse all quantitative data. A Wilcoxon signed rank test was used to investigate change across three time points: (1) pre-ACEs training; (2) post-ACEs training; and (3) post-TAT. Wilcoxon compared measures from each time point for: confidence in working with ACEs, confidence in working with vulnerability; and embedding the training into practice. Binomial logistic regression were then used to determine differences in the outcome (e.g. confidence in working with vulnerability) by a predictor variable (e.g. gender, organisation or length of time in service).

Qualitative analysis

Qualitative data was extracted from open-response survey questions and analysed using [Atlas.ti](#) coding software. The codes which occurred most often were then collated to conduct thematic analysis. This method was used for both ACEs and TAT survey responses.

Appendix 2 – Supplementary data

Table 1: Demographic overview of participants at the ACEs training

Demographic	Full sample		Prison		Probation	
	No	%	No	%	No	%
Total participants	248	100	178	100	70	100
Age						
18-25	38	15.3	34	19.1	4	5.7
26-35	93	37.5	64	36.0	29	41.4
36-45	61	24.6	43	24.2	18	25.7
46+	55	22.2	36	20.2	19	27.1
Missing data	1	0.4	1	0.5	0	0.0
Gender						
Male	96	38.7	82	46.1	14	20.0
Female	151	60.9	95	53.4	56	80.0
Prefer not to say	1	0.4	1	0.6	0	0.0
Missing data	0	0.0	0	0.0	0	0.0
Length of service						
< 1 year	53	21.4	51	28.7	2	2.9
1-2 years	84	33.9	66	37.1	18	25.7
3-9 years	51	20.6	29	16.3	22	31.4
10+ years	59	23.8	32	18.0	27	38.6
Missing data	1	0.4	0	0.0	1	1.4
Work base						
Prison						
HMP Parc	-	-	112	62.9	-	-
HMP Berwyn	-	-	34	19.1	-	-
HMP Cardiff	-	-	13	7.3	-	-
HMP Swansea	-	-	6	3.4	-	-
HMP Prescoed	-	-	1	0.6	-	-
HMP Usk	-	-	9	5.1	-	-
Other	-	-	0	0.0	-	-
Probation						
South Wales 1	-	-	-	-	21	30.0
South Wales 2	-	-	-	-	9	12.9
West Wales	-	-	-	-	0	0.0
North Wales	-	-	-	-	14	20.0
Dyfed/Powys	-	-	-	-	1	1.4
Gwent	-	-	-	-	21	30.0
Other ¹⁷	-	-	-	-	3	4.2
Missing data	-	-	3	-	1	1.4
Job role						
Prison						
Prison officers	-	-	106	59.5	-	-
Industries/programmes	-	-	20	11.2	-	-
Family interventions	-	-	12	6.7	-	-
Resettlement	-	-	8	4.4	-	-
Healthcare	-	-	6	3.3	-	-
Dyfodol	-	-	6	3.3	-	-
Learning and skills	-	-	5	2.8	-	-
Probation	-	-	5	2.8	-	-
Business support	-	-	4	2.2	-	-
Other	-	-	6	3.3	-	-
Probation						
Probation officers	-	-	-	-	63	90.0
Other	-	-	-	-	7	10.0
Missing data	-	-	0	0.0	0	0.0

Table 2: Demographic overview of participants at the TAT training

Demographics TAT	Full sample		Prison		Probation	
	No	%	No	%	No	%
Total participants	66	100	62	100	4	100
Age						
18-25	12	18.2	12	19.4	0	0.0
26-35	23	34.8	22	35.5	1	25.0
36-45	19	28.8	18	29.0	1	25.0
46+	12	18.2	10	16.1	2	50.0
Missing data	0	0.0	0	0.0	0	0.0
Gender						
Male	28	42.4	28	45.2	0	0.0
Female	38	57.6	34	54.8	4	100
Other	0	0.0	0	0.0	0	0.0
Missing data	0	0.0	0	0.0	0	0.0
Length of service						
< 1 year	9	13.6	9	14.5	0	0.0
1-2 years	33	50.0	33	53.2	0	0.0
3-9 years	13	19.7	11	17.7	2	50.0
10+ years	11	16.7	9	14.5	2	50.0
Missing data	0	0.0	0	0.0	0	0.0
Work base						
Prison						
HMP Parc						
HMP Berwyn	-	-	15	24.2	-	-
HMP Cardiff	-	-	33	53.2	-	-
HMP Swansea	-	-	5	8.1	-	-
HMP Prescoed	-	-	3	4.8	-	-
HMP Usk	-	-	0	0.0	-	-
Other	-	-	6	9.7	-	-
Probation						
South Wales 1						
South Wales 2	-	-	-	-	2	50.0
West Wales	-	-	-	-	1	25.0
North Wales	-	-	-	-	0	0.0
Dyfed/Powys	-	-	-	-	0	0.0
Gwent	-	-	-	-	0	0.0
Other	-	-	-	-	1	25.0
Missing data	-	-	0	0.0	0	0.0
Job role						
Prison						
Prison officers						
Industries/programmes	-	-	40	64.5	-	-
Family interventions	-	-	6	9.7	-	-
Resettlement	-	-	1	1.6	-	-
Healthcare	-	-	4	6.5	-	-
Dyfodol	-	-	3	4.8	-	-
Learning and skills	-	-	1	1.6	-	-
Probation	-	-	2	3.2	-	-
Business support	-	-	5	8.1	-	-
Other	-	-	0	0.0	-	-
Probation						
Probation officers						
Other	-	-	-	-	4	100
Missing data	-	-	-	-	0	0.0
Missing data	-	-	0	0.0	0	0.0



**Camau Cynnar
gyda'n Gilydd**
**Early Action
Together**

**Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme**

Early Action Together is a partnership between Public Health Wales, the four Wales Police Forces and Police and Crime Commissioners, Barnardo's, HM Prison and Probation Service Wales, Community Rehabilitation Company Wales and Youth Justice Board Wales.

Contact information

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