

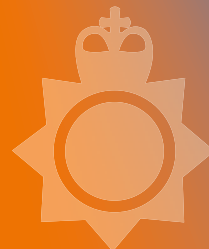
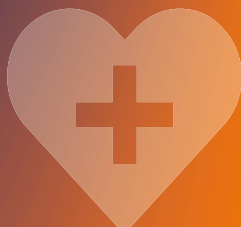


**Camau Cynnar  
gyda'n Gilydd**  
**Early Action  
Together**

Rhaglen ACEau yr Heddlu a Phartneriaid  
Police & Partners ACEs 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



# 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

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## Acronyms used in the report

<b>ACE TIME training</b>	Adverse Childhood Experience Trauma Informed Multi Agency Early Action Together Training
<b>AIAPV training</b>	ACE Informed Approach to Policing Vulnerability Training
<b>BCU</b>	Basic Command Unit
<b>DPP</b>	Dyfed Powys Police
<b>EIP</b>	Early Intervention and Prevention Project
<b>GWP</b>	Gwent Police
<b>LDT</b>	Local Delivery Team
<b>NPT</b>	Neighbourhood Police Team
<b>NWP</b>	North Wales Police
<b>PIF</b>	Police Innovation Fund
<b>PTF</b>	Police Transformation Fund
<b>SWP</b>	South Wales Police

## Executive Summary

In 2017, the National (Wales) Adverse Childhood Experiences (ACE) Approach to Policing vulnerability initiative was borne from a £6.87 million Home Office investment. The transformational change programme, Early Action Together (E.A.T) is a unique collaboration between Public Health Wales and the four Welsh Police Forces and Police and Crime Commissioners, in partnership with Criminal Justice, Youth Justice and third sector organisations. The E.A.T programme builds upon the previous work of the Police Innovation Fund (PIF) project, 'Early Intervention and Prevention (EIP): Breaking the Generational Cycle of Crime', which investigated the role of policing in responding to vulnerability in the South Wales police force. The E.A.T programme aims to address the lack of early intervention and preventative activity when ACEs and trauma are evident and families are at risk of poor outcomes and the associated impact this has on Policing in terms of vulnerability and crime at a national level.

This report provides a high-level overview of the journey and transition from the localised South Wales Police PIF project to a National Programme of Transformational change. It details the key framework of the E.A.T programme, its aims and objectives, key roles, mechanisms of delivery in the ACE TIME training and evaluation measures used. The findings from a small pilot study are presented, which considers the fidelity of the training package and the evaluation tools developed to measure the impact of the training prior to national roll-out.

Three 'pilot' training sessions were run. Initial findings, captured through the administration of specifically developed evaluation tools, suggest that the training enhanced participant's confidence in responding to vulnerability and ACEs, and significantly influenced participant's certainty about their attitudes towards training messages. In addition, good reliability and convergent validity was established on all test measures. High-level observation data shared with the ACE Coordinator lead immediately post training ensured transparency in training delivery and 'live time' feedback of any major issues.

Changes based on the pilot phase have directly fed into the current ACE TIME training and evaluation framework going forward. Following on from this, the next report will examine, on a much larger National scale, (1) effects on the workforce undertaking the training, (2) organisational capacity and capability, (3) impact of a 24/7 single integrated front door for vulnerability, that allows for a (4) whole system approach in responding more effectively to vulnerability.

## Introduction

In 2017, the Home Office invested £6.87 million of Police Transformation funding into the National (Wales) Adverse Childhood Experiences (ACE) Approach to Policing vulnerability initiative. The Early Action Together (E.A.T) programme is a unique collaboration between Public Health Wales and the four Welsh Police Forces and Police and Crime Commissioners, in partnership with Criminal Justice, Youth Justice and third sector organisations. Building upon work from the previous 'Early Intervention and Prevention (EIP): Breaking the Generational Cycle of Crime project', the E.A.T programme aims to address the lack of early intervention and preventative activity when ACEs and trauma are evident and families are at risk of poor outcomes, and the associated impact this has on Policing in terms of vulnerability and crime. The programme set out to develop a Wales-wide approach to training and practice for vulnerability, centred on ACEs and implementing ACE and trauma-informed approaches which can be operationalised based on the needs of each local force area. The four key strategic objectives of the E.A.T programme are:

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

A key feature in achieving the above aims and objectives for the E.A.T programme is the development and implementation of a training programme for professionals, to ensure they have the appropriate knowledge and skills to respond to vulnerability using a trauma-informed approach.

This report provides an overview of the transition from 'Police Innovation' at a local level (through the previous EIP Police Innovation Fund work) to a 'National programme of Transformation' (within E.A.T). This includes the development of the ACE and trauma informed training package and evaluation framework. The findings from a small pilot study are also detailed within this report, with discussion on the fidelity of the training package and the evaluation tools developed to measure the impact of the training prior to national roll-out.

## Moving from Police Innovation to a National Programme of Police Transformation

The EIP was a two year project funded by the Home Office Police Innovation Fund (PIF: March 2016-18), with the aim of understanding and addressing police and partners responses to vulnerability. The project looked to understand the existing systems and responses to vulnerability and use this knowledge to inform the development and testing of new systems, processes and practices to allow intervention at the earliest opportunity, whilst working with key partners to prevent the root causes of crime.

As part of this programme of work, research undertaken with South Wales Police found that there was varied capacity and opportunity across the police workforce to effectively assess and respond to vulnerability.<sup>1</sup> It highlighted that partners were receiving a large number of referrals that were inappropriate for safeguarding and did not meet statutory thresholds, resulting in a significant number of referrals logged with no further action. In addition, there was mixed levels of understanding and training on vulnerability, inconsistent definitions used across partners, with inappropriate referrals and gaps in service delivery contributing to the repeat presentation of complex welfare and vulnerability issues as a result of not adequately addressing root causes. Findings from this research resulted in five recommendations developed in partnership with operational police, social care and safeguarding professionals.<sup>2</sup> Two of these recommendations were trialled and tested in small scale feasibility studies, including the pilot of a structured multi-agency, early intervention approach to vulnerability with Neighbourhood Policing Teams (NPT)<sup>3</sup>; and, the pilot of a training programme with ‘fast’ and ‘slow’ time policing using an ‘ACE-informed Approach to Policing Vulnerability’.<sup>4</sup>

The EIP provided the foundation of which the E.A.T programme was built upon, with key findings and recommendations feeding directly into the current national programme of work. It allowed for scale-up on a national level with further understanding, development and testing of more efficient and effective systems and processes in responding to vulnerability.

### Structure of the E.A.T. Programme

Each of the four Welsh police forces have a Local Delivery Team (LDT) comprising of a senior ranking police lead (i.e. superintendent), a partnership lead experienced at working across different sectors and engaging with partner agencies, project management and support roles. Each LDT has been set up to work exclusively on the E.A.T programme to develop and deliver work streams that meet the wider programme objectives. It allows for adaptation to suit local needs to allow changes to be built into current systems and to ensure these processes are sustainable beyond the life of the programme. With support and guidance from the E.A.T programme national strategic and operational leads, each LDT is required to deliver a number of outcomes within their pathfinder areas (see table 1). Pathfinder areas have been identified within each force area to test changes and developments in systems and process, which will inform wider roll out across the forces in Wales if successfully implemented. Each force is required to deliver an ACE and trauma-informed training programme to frontline police officers/ staff, embed a 24/7 single integrated service to respond to vulnerability, develop cross-sector working arrangements between police and non-statutory partner agencies and test interventions specific to a thematic area of choice (See table 1).

Table 1: Pathfinder areas and thematic theme identified by each police force in Wales

Police Force	Pathfinder area(s) selected	Thematic area chosen
South Wales Police	Rhondda Cynon Taf	Serious violence- knife crime and county lines
North Wales Police	Anglesey and Flintshire	Social Prescribing/Navigation
Gwent Police	Newport and Blaenau Gwent	Education
Dyfed Powys Police	Ceredigion	Staff well-being

Changes and development of new systems, processes and interventions will be captured and evidenced by a team of researchers. A number of evaluations and research studies will be carried out on both a national and local level to evidence the impact of the programme in line with the E.A.T programme objectives (see Appendix I for evaluation framework overview document). Researchers will be working directly with operational police and criminal justice staff to understand their experiences of working with vulnerable people and partner agencies, capture the impact of the programme on knowledge, skills and practice, identify barriers to implementing change and to ensure what is delivered is supported by a robust evidence base. Data will be captured through interviews, questionnaires, case studies, force data (e.g. demand data, well-being data) and quality assurance processes.

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## The Training programme

**The delivery of a standardised national ACE training programme is essential in the success of the wider programme, in order to provide police and partners with the knowledge and skills to embed ACE and trauma informed practices into the roles.**

### **ACE-informed Approach to Policing Vulnerability training (original package)**

The 'ACE-informed Approach to Policing Vulnerability' (AIAPV) training was developed and tested as part of the EIP project. This training aimed to provide operational police with an understanding of the impact of ACEs, the importance of trauma-informed interventions, and tactical options to increase the confidence and competency of police to work with other agencies when responding to vulnerability. This was developed by two ACE coordinators, expert social care practitioners from NSPCC Cymru and Barnardo's Wales, in conjunction with an independent consultant in trauma-informed intervention. The training was delivered across a single BCU in South Wales Police force in two sessions, a full day training for frontline officers (response and NPT), and an additional half day for NPT officers. Following the training, the ACE coordinators worked alongside officers to support them to embed the training into their everyday practice.

Findings from the evaluation of the original training showed the training was positively received by police staff, with significant improvements in awareness of and attitudes towards a trauma-informed approach, as well as an improved confidence in responding to vulnerability.<sup>4</sup> The training evaluation informed further development and refinement of the training package to allow for upscale and roll out on a national level.

### **ACE TIME training (current training package)**

As part of the E.A.T programme, the ACE Coordinator Service, positioned within Barnardo's, developed the original training package into the current all-Wales Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training. A number of key changes were made to the original training package, including condensing both sessions into a single training day, as two modules: Module A, a generic training for all professionals, and Module B, a police and partner specific training (see box 1). The content of the training was amended to remove elements considered less useful, to allow for additional content that officers reported wanting a greater emphasis on as a result of the original training evaluation (i.e. tactical skills and communication) and to strengthen the application of a trauma-informed approach to policing. Furthermore, delivery of the training was amended to allow for delivery to a mixture of police and multi-agency staff within the same training group (at a ratio of around 20:5 respectively). This was based on feedback from the original training evaluation, which indicated the need for agencies to work more effectively together, to understand their own vulnerability demand and learn from each other on how services can work collaboratively to enhance current understanding of ACEs and support one another in working in a trauma informed way.



The ACE TIME training aims, aligned to the broader aims of the E.A.T programme are:

**1. To support the workforce to increase awareness of ACE's, related trauma and impact across the life course.**

**2. Enabling individuals to competently and confidently respond using an ACE informed approach.**

**3. Supporting a whole system approach with partners to prevent and mitigate ACEs.**

Box 1: An overview of the training content

### **Module A: Professional ACE training**

**This is a generic module that can be delivered to any professional cohort to provide an introduction to trauma. This covers:**

- Working with vulnerability
- Impact of toxic stress on the brain
- Understanding the impact of trauma on brain development, behaviour and responses to threat
- Understanding ACEs and their impact on life outcomes
- Secondary and Vicarious Trauma
- Promoting officer own wellbeing

### **Module B: Police and Partners**

**This training has a specific focus on policing which, whilst not suitable for delivery to local partners in isolation, can be delivered to combined groups. This module covers:**

- Application of ACE LENS to policing
- Tactical skills, communication and effective responses to trauma
- Working together for a trauma informed early intervention approach
- Promoting resilience to mitigate ACEs
- Local and national resources and pathways available

## ACE Coordinators

Following positive feedback in the initial training pilot evaluation, it was considered integral to the success of the programme that the role of the ACE coordinators was maintained in delivering the training and working alongside operational police to apply the training to policing practice.<sup>4</sup> ACE coordinators were recruited through Barnardo's Cymru for each of the four police forces (n = 4 South Wales Police [SWP]; n = 2 Gwent Police [GWP]; n = 2 Dyfed Powys Police [DPP]; and, n = 3 North Wales Police [NWP]). The ACE Coordinators bring a wide range of experience of working with vulnerability across different sectors. The ACE coordinators have a pivotal role in working directly with operational and strategic police and multi-agency professionals, to provide on-going localised consultancy and to support the development, implementation and cultural change within organisations to achieve a trauma informed workforce, encouraging the cross-agency integrated working practices required for a whole systems response to vulnerability.

## Roll-out and upscaling of training and evaluation

Whilst the original AIAPV training programme demonstrated positive results for the officers in attendance, the delivery of this training was small in scale and limited in the diversity of attendees and geographical area. In order for the training to be fully embedded into police training programmes, there is a need to evaluate and evidence the impact of the training delivered across wider force areas, roles, ranks and departments. Furthermore, there is a need to evidence the impact of any changes made to the content and delivery of the training to ensure it continues to have the positive impact needed.

A large-scale evaluation will be carried out on the newly developed ACE TIME training. This will be carried out across all four police forces, with each force area delivering and testing within their local pathfinder area(s). Each of the police forces LDT hold autonomy over the approach taken to roll the training out, including who attends the training and when, what gets delivered on the local resources and pathways and what changes officers are required to make to existing processes (i.e. changes to how referrals are completed).

A logic model and training delivery framework was developed to capture the expected outcomes of the training at an individual, organisational and environmental level. This includes the impact on: the knowledge and skills of professionals attending the course, vulnerable people and the support they receive from police and partners, demand placed on services and the efficiency of services to respond to the demand and impact on larger societal outcomes (e.g. recidivism, cost of late intervention). To ensure the training was appropriately evaluated, the evaluation framework was developed from the logic model, ensuring the objectives aligned with the expected outcomes.

The evaluation of the ACE TIME training has the following objectives:

1. To examine if attendance to the training has an impact on awareness of ACEs and trauma;
2. To understand the impact of the training on the practice of police and partners, exploring whether they feel confident and competent to respond to vulnerability using an ACE informed approach;
3. To explore the impact of the training on cross-agency integrated working practices, and the extent to which this has contributed to a whole systems approach to preventing and mitigating ACEs; and,
4. To examine the upscaling and wider roll out of the training across different forces, and the impact this has had on embedding an ACE and trauma-informed approach in policing.

To achieve the above objectives, a mixed methodological evaluation will be employed, drawing on both quantitative and qualitative data to explore the impact of the training. This includes interviews with police officers and staff, pre and post training questionnaires and training observation note.

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## The identification and development of the training measures and questionnaire

In the development of the evaluation protocol, there was a need to identify new tools to measure the impact of the training. In the previous evaluation (AIAPV training) the Attitude Towards Trauma Informed Care (ARTIC-35; Baker *et al.*, 2015) scale was used, a tool developed by the Trauma Institute to measure changes in attitudes following implementation of trauma-informed practices, recognising that attitudes are considered an important driver of behaviour.<sup>5</sup> This tool consists of 35 questions across five subscales, including underlying causes of problem behaviour, responses to problem behaviour, on-the-job behaviour (i.e. empathy-focus staff behaviour), self-efficacy at work and reactions to work (i.e. responses to vicarious trauma). The AIAPV training evaluation, appears to be the first publication detailing the administration of the ARTIC in a police context, and whilst the ARTIC demonstrated improvement in officer's attitudes towards trauma-informed practice, tests demonstrated poor internal reliability indicating potential validity concerns with the measure.<sup>4</sup>

A more detailed review of the measures highlighted some key problems with use of the scale in a police context, namely the content of the questions whereby favourable trauma-informed responses conflict with the role of policing. For example, one statement officers were asked to rate stated "*as long as everyone is safe, it is ok for clients to become really upset, even if they cause some property damage*", however, for the police any incident of property damage has to be acted upon with punitive measures. The role of the police is "*to preserve order, bring offenders to justice, and protect people and property and preventing the commission of offences*";<sup>6</sup> however, a trauma-informed approach recognises that "*a strict focus on accountability, rules and consequences replicates the "power over" dynamics of trauma. Survivors tend to react to these measures by fighting for control to avoid being hurt*".<sup>7</sup> This highlighted a disparity in the role of police and the characteristics of a trauma-informed approach, therefore, in the search for appropriate tools to measure the impact of training which focuses on trauma, there is a need to define what ACE and trauma-informed practice looks like within a police context.

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## Development of evaluation tools used for the ACE TIME training

In identifying appropriate tools and developing questionnaires for the training evaluation, a comprehensive literature search was carried out to explore implementation of ACE and trauma-informed approaches, changes in attitudes and behaviours, confidence measures and wider factors that might influence delivery of a transformational programme. Due to changes in demand, policing has shifted from a traditional crime-orientated, reactive approach towards a community focus on prevention. However, research has demonstrated that current training and systems are not designed to meet the level and type of demand faced by Police around vulnerability.<sup>1</sup> Developing ACE and trauma-informed approaches within the police will require embedding organisational and cultural changes, therefore, literature was sought out which evidenced changes and measured perceptions towards change.

Furthermore, attitudes and perceptions towards vulnerable people were explored, including empathy, as an important indicator of how individuals may respond and behave towards vulnerable individuals.<sup>8</sup>

### Cultural change

Cultural and organisational change within the police and partner agencies is integral to meeting the objectives of both the training and wider programme, developing a whole systems approach to preventing and mitigating ACEs. Current literature suggests around 30- 80% of organisations have failed to adapt to culture change.<sup>9</sup> It is therefore imperative that we understand the factors that influence the success of interventions in an effort to ameliorate their negative effects. Factors influencing the culture change of an organisation have been divided between personal characteristics of the employee, and environmental factors or characteristics of the organisation.<sup>10</sup>

#### Personal characteristics

Personality questionnaires are designed to measure an individual's trait characteristics, often across five dimensions, extroversion, openness to new experiences, emotional stability, agreeableness and conscientiousness. Previous research has utilised personality questionnaires to explore the association between personal characteristics and attitudes to change, demonstrating that openness to new experiences relates to effective coping and adjustment to change; as well as openness to new ideas and suggestions, tolerance and perceptiveness.<sup>10</sup> Measuring personality is integral to the assessment of how receptive attendees will be to the training, the impact personality has on facilitating or impeding learning and subsequently how effective the training is in enabling cultural and organisational change. To reduce burden on participants a shortened version of this was selected, the 10-item Personality Inventory (TIPI: Gosling, Rantfrow and Swann, 2003), which, despite its brevity has achieved adequate test-retest reliability and convergent validity.<sup>11</sup>

#### Organisational commitment

Demonstrated to have a strong influence on the success of a new initiative, organisational commitment assesses the strength of an individual's identification and involvement to a particular organisation and its goals. Organisational commitment has been related to positive affectivity, job security, job satisfaction, job motivation, and environmental opportunity on organisational change (Porter et al., 1976). To measure this, two subscales were used from "A Shortened Stress Evaluation Tool" (ASSET; Faragher et al., 2004), commitment of employee to organisation ( $n_{\text{items}} = 5$ ) and commitment of organisation to employee ( $n_{\text{items}} = 4$ ). Research demonstrates good reliability with Cronbach's alphas ranging from .83 to .77, respectively.<sup>12</sup>

## Empathy and behaviour

The training sets out to enable officers and partners to competently respond to vulnerable people using an ACE informed approach to prevent and mitigate ACEs. Interactions with vulnerable people are influenced by the attitudes professionals hold towards them, which is closely linked to empathy (i.e., to know what it would be like if one were the other).<sup>13</sup> Research with police has demonstrated that the level of empathy officers have can impact upon their professional practice and subsequently the outcomes they produce.<sup>8,14</sup> It is anticipated that the training will provide police and partners with the information needed to better understand the adversity and trauma vulnerable people have experienced, and the impact this has had on life outcomes, increasing levels of empathy and subsequently how these professionals respond to vulnerability.

### Empathy

Whilst empathy is considered multi-dimensional, two different components of empathy were identified within the literature as appropriate for measuring the effectiveness of the training, trait empathy (i.e. emotional empathy, imagining the feelings and experiences of others) and state empathy (i.e. cognitive empathy, having empathy for another based on one's own experiences of the emotional state of the other person.). The ACE TIME training delivers persuasive messages in relation to vulnerable people and ACEs, however, these messages may not be realised for those who have low levels of trait empathy. Although trait empathy is an important influencer, research shows that behavioural and cognitive components of empathy can be learned in relation to professional practice.<sup>15</sup> Both trait and state empathy can be measured using the Assessment Index Inventory (EAI; Gerdes, Lietz, and Segal, 2011), which has been tested and validated within a policing population. This measure consists of five subscales across three categories; Affective empathy (affective response); Cognitive empathy (self-other awareness, perspective taking, emotion regulation); and Empathic Action (empathic attitudes).<sup>16</sup> This scale demonstrates good reliability with Cronbach's alphas ranging from .81 to .84 (Lietz et al., 2011).<sup>17</sup>

### Empathic Action

As well as measuring the impact empathy has on the effectiveness of the training, there is a need to measure the direct link between empathy and behaviour. The ACE TIME training aims for attendees to understand that people, including perpetrators, can be victims of past trauma, and it is this trauma and its physiological and psychological consequences that can often lead people to make negative life choices. Current measures of empathic action intend to allow for conscious decision making to be assessed, where empathic beliefs and attitudes are translated into action. Although empathic action is measured using the EAI scale, this only captures empathic attitude and beliefs considered to be important drivers of behaviour, rather than measuring the behaviour itself. Furthermore, the EAI scale does not capture empathy within a forensic context which is necessary for the evaluation of training delivered to police. To our knowledge, a scale designed to measure empathic action in a forensic context such as policing does not exist elsewhere. However, other concepts such as prosocial behaviour (i.e., a set of voluntary actions one may adopt to help, take care of, assist, comfort and feel empathic towards others) may be relevant in capturing aspects of empathic action,<sup>18</sup> with evidence demonstrating links between high levels of empathy, pro-social behaviour and learning.<sup>19</sup> To measure prosocial behaviour, relevant items were pulled from the Adult Prosocialness Scale (n- 5<sub>items</sub>; Caprara, 2005), a 16 item scale, and additional items were developed by the research team to capture empathic actions that specifically retain to the role of policing (n- 5<sub>items</sub>; i.e., *I always try to refer people to services in order to avoid arresting them*).

## Additional measures developed by the research team

Whilst validated tools were identified within the literature that support the evaluation, these do not allow for testing the impact of specific messages and content of the training, changes to police practice and overall feedback. The research team developed tools to allow for specific questioning.

### Attitudes and Beliefs

The ACE TIME training contains a number of persuasive communications around encouraging police officers to respond to vulnerable people in a trauma informed manner. However, the attitudes and beliefs that police officers hold before the training may be critical to the success of the persuasive message. We aim to assess participants primary cognition (i.e., the initial evaluation of 3 core training messages) and their secondary cognition attached to their primary cognition (i.e., the certainty attributed to their initial evaluation),<sup>20,21,22</sup>

The following messages were included; (i) “it is important for police officers to understand what Adverse Childhood Experiences are”; (ii) “everyone has a part to play in supporting individuals who are experiencing trauma” and (iii) “agencies should work together to prevent and mitigate Adverse Childhood Experiences (ACEs) and related trauma”.

### Professional Judgements and Decision Making

In order to assess improvements in officer and partners’ ability to competently respond to vulnerability, there is a need to assess changes in professional judgement and decision-making. An effective way to measure these changes is using a vignette, a short, purposefully constructed description of a person or situation, which can be systematically varied by manipulating some of the characteristics (independent variables) to change the context of the description (e.g. gender).<sup>23</sup> During time-sensitive or critical situations, individuals tend to make decisions with limited insight as to how the information available has influenced them. Therefore, vignettes are used within experimental research to examine responses to hypothetical situations, working on the assumption that this will reflect the behaviour exhibited within real-life situations.<sup>24</sup> Vignette methodologies also provide a way of exploring sensitive topics without subjecting individuals to direct questioning or behavioural observations,<sup>25</sup> previous research has documented the success of using vignettes within police and education settings in assessing attitudes towards rape victims, child abuse and neglect.<sup>26,27</sup> Two vignettes were developed by the research team, the first explored a low level domestic abuse situation evidenced in PIF as the main vulnerability demand experienced by the Police., while the second considered an anti-social behaviour incident to capture how officers approach an incident of vulnerability when dealing specifically with children. Questions accompanied both vignettes to explore how police and partners would respond to the incidents presented.

### Police Confidence in Working with Vulnerability (PCWV)

Questions were developed to explore attendee’s confidence in their understanding of how to respond to vulnerable people with an ACE and trauma informed approach, an objective of the training programme. A tool was developed for this purpose within the AIAPV training pilot, however, following testing, this tool was further refined. Bayesian Structural Equation modelling (BSEM) approach to confirmatory factor analysis supported a reduced 9-item, two-factor confidence, which measures (1) confidence in the understanding of how to appropriately respond to vulnerability ( $n_{\text{items}} = 5$ ) and (2) confidence in the understanding of what ACEs are and their impact on development ( $n_{\text{items}} = 4$ ).

### **Knowledge development and implementation**

Questions were developed to measure the usefulness of the training in advancing attendee's knowledge and understanding of ACEs (n = 7<sub>items</sub>) and working in an ACE and trauma informed way (n = 7<sub>items</sub>). Researchers also included questions that explored confidence and competence to embed the training into practice (n = 2<sub>items</sub>), with open text box to allow feedback on how attendees feel the training will affect their work and any potential barriers to embedding the training into practice (n = 3<sub>items</sub>).

### **Quality of training and delivery**

Questions were developed to explore the quality of training and delivery, including content, organisation, format, group interaction (n = 6<sub>items</sub>); quality of the trainers, including knowledge of materials, used of time, operationalisation of materials into real world context (n = 5<sub>items</sub>); and most/least useful elements of the training through open text box response (n = 5<sub>items</sub>).

## Current study

**As a result of the changes made to the training programme, pilot training sessions were conducted to allow for the fidelity of the programme to be assessed and to identify any problems with the delivery before commencing national roll out.**

This provided an opportunity for the research team to test the new data collection tools and method of administration before the evaluation began to ensure the research protocol is efficient, identify any problems with the questionnaires and to assess their suitability for measuring the impact of the training on knowledge of ACEs and vulnerability for police and multi-agency staff. Pilot studies or sessions are often conducted prior to the roll-out of a large-scale programme to allow for the identification of key elements such as research feasibility, time and practicality.<sup>28</sup>

The pilot evaluation has the following objectives:

- 1. To assess the training content and provide feedback to the ACE Coordinator service before national roll-out to pathfinder areas;**
- 2. Support the ACE Coordinator service in quality assuring the training delivery;**
- 3. Pilot the new data collection tools developed for the evaluation, to check usability during the training; and,**
- 4. Refine the research process within the training environment to ensure it is efficient and appropriate within the training environment.**



## Methodology

**This section describes the methods used to evaluate the training during pilot sessions. A mixed methodological design was employed, using pre- and post-training measures and researcher observation sheets to collate qualitative feedback. The evaluation was approved by Health and Care Research Wales and Public Health Wales Research and Development (IRAS ref: 2535898).**

### Participants

Three training sessions were piloted within Gwent police (n = 2) and South Wales police (n = 1) force area during September 2018. These sessions were held with police and partners outside the pathfinder areas to ensure that attendance to pilot training did not affect the outcomes of the national evaluation. Participants were individuals working within the police and partner agencies who were invited to attend the training.

Whilst attendance to the training was compulsory (for police officers, not partner agencies), participation in the evaluation was voluntary. In total, 33 police and partners attended the training (n = 22 and 11 respectively), all of which volunteered to participate in the evaluation.

### Materials

#### Questionnaires

A pre- and post-training questionnaire was developed for administration via Survey Monkey (2018) online survey platform. The pre survey asked a series of demographic questions (e.g. age, gender, current job title and length of time in role), and included measures of (i) personality, (ii) organisational commitment, (iii) empathy and empathic action, (iv) confidence, (v) attitudes towards training messages, and (vii) professional judgement and decision making (see table 2). The post-survey repeated confidence, attitudes towards training messages and professional judgement measures to assess any changes in response immediately after the training, as well as additional questions developed by the research team to measure the impact of the training on knowledge development and implementation and the quality of training and delivery using a series of 5-point likert scale and open text boxes (see Appendix 2 for full pre and post survey<sup>1</sup>).

#### Research observation sheet

An observation sheet captured qualitative feedback on the researcher perspective on training delivery, including room layout, levels of participation and engagement, attitudes towards the programme and messages delivered, interaction between police and partners and response of the attendees; considering differences across age, gender, role to identify differences in receptiveness to the training.

### Procedure

The Learning Development Service (LDS) for each police force area notified staff that they were required to attend the ACE TIME training, a mandatory requirement as part of their continued professional development. This notification was sent via email, which included the name of the course, date, time and venue location. Similarly, the Local Police Delivery Teams sent an email to local partners inviting them to the training, which included information on the content and purpose of the training and dates they could register to attend.

For each training session, the research team introduced the purpose of the evaluation and provided participants with an information sheet to read. Once written consent had been obtained, participants

<sup>1</sup> The use of the pre and post survey tools is permitted providing the E.A.T programme is fully referenced as source and developer.

were provided with the pre- training survey monkey link needed to complete the questionnaire using their work mobile devices, as well as the scenarios needed to answer the vignette questions. Police officers were asked to use their officer ID/staff number whilst the multi-agency partners were provided with a unique identification number. Participants were informed staff ID codes would be removed from the data set once pre and post training surveys had been linked. Throughout the day the researchers remained in the training to observe and make notes on the delivery, content, interactions in the room and receptiveness of attendees. The researchers administered the post survey immediately after the ACE TIME training was complete. The pre- and post-training evaluation took approximately 30 minutes each to complete, this time was incorporated into the timings of the training day.

Pilot training sessions were arranged by the National ACE coordinator team and LDT to ensure these could take place before commencing national roll-out. At the time of the pilot sessions the surveys had not been finalised, however, it remained essential to utilise the opportunity to test and refine the questions during these sessions. A number of changes were made to the survey between pilot sessions, therefore, not all data presented represents the full sample.

### **Data analysis**

A series of paired sample t-tests were run on SPSS statistics software to compare participant's pre and post confidence in responding to vulnerability/ACEs, attitude certainty, and vignette responses.

Table 2: An overview of the pre- training measures used in the evaluation

Measure	Description	Example questions / statements
<b>Personality</b>	<b>10-item Personality Inventory (TIPI)</b> which measures the ‘big five’ personality traits: extroversion, openness to new experiences, emotional stability, agreeableness and conscientiousness. Participants indicate the extent to which they agree or disagree with ten statements using a 7-point Likert scale, ranging from (1) strongly agree to (7) strongly disagree.	I see myself as... Anxious, easily upset. I see myself as... Calm, emotionally stable.
<b>Organisational commitment</b>	<b>A Shortened Stress Evaluation Tool (ASSET)</b> , including 9 items across two subscales: employer commitment to organisation and organisation commitment to employer. Each item is scored on a Likert scale ranging from (1) <i>strongly disagree</i> to (7) <i>strongly agree</i>	I feel that it is worthwhile to work hard for this organisation
<b>Empathy</b>	<b>Empathy Assessment Index inventory (EAI)</b> which consists of 17 items measuring affective response; (n =3), self-other awareness (n=3), perspective taking (n =4), emotion regulation (n =4) and empathic action (n =3). Items are scored on a 6-point Likert scale ranging from (1) never to (7) always.	I believe adults who are poor deserve social assistance. (EAI)
<b>Empathic Action</b>	Developed using 5 items from the <b>Pro-Socialness Scale (Capara, 2015)</b> , as well as an additional 5- items developed by the research team. Participants responded to each statement on a Likert scale ranging from (1) <i>never</i> to (6) <i>always</i> .	I support the rehabilitation of perpetrators/ criminals/ suspects over punishment
<b>Police Confidence in Working with Vulnerability (PCWV)</b>	A 9-item participants measuring confidence in their 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). Participants rated their confidence using a 10-point Likert scale that ranged from (1) <i>not at all confident</i> to (10) <i>completely confident</i> .	How confident do you feel in your understanding of the impact of stress and trauma on the brain
<b>Attitudes towards training</b>	Attitudes towards 3 key messages in the training were measured (primary cognition) and certainty of this opinion (secondary cognition) using two 7 point Likert scale (1) <i>in favour</i> to (7) <i>against</i> the statement and (1) <i>not at all certain</i> to (7) <i>very certain</i> .	Everyone has a part to play in supporting individuals who are experiencing trauma.
<b>Professional judgement and decision making</b>	7 questions were asked on how participants would respond to vulnerable individuals in two incidents, SA ASB and SB on domestic abuse. Each scenario had 5 IVs manipulated to create 32 separate scenarios.	How responsible is the youth for their actions?

## Results<sup>2</sup>

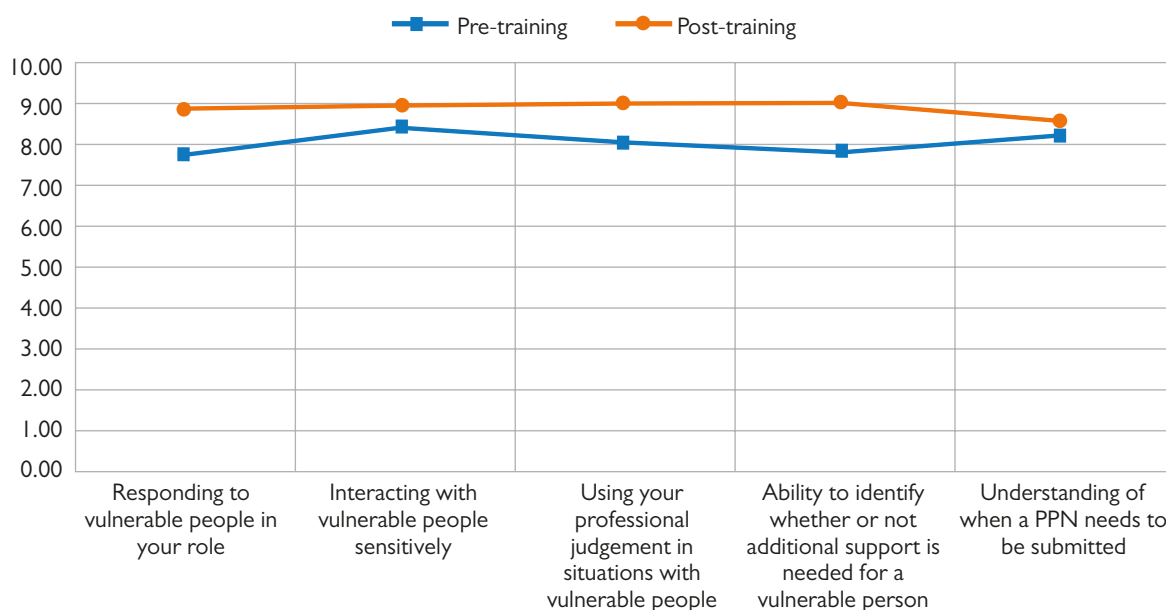
The final sample comprised 22 police staff ( $N = 4$  Males, 18 Females;  $M_{age} = 39.2$ ,  $SD = 9.7$ ;  $M_{years\ spent\ in\ the\ police\ force} = 11.76$ ,  $SD = 6.40$ ). Participants worked in several different police departments ( $N = 4$  PPU/PPD;  $N = 1$  PSC;  $N = 12$  neighbourhood,  $N = 1$  response,  $N = 2$  custody,  $N = 6$  other/traffic/dogs/firearms). There were 11 participants from partner agencies ( $N = 1$  Males, 10 Females;  $M_{age} = 36.27$ ,  $SD = 9.8$ ). All participants were of White, British ethnicity.

### Confidence in Responding to Vulnerability

Cronbach’s alpha reliability coefficients for the two confidence subscales (vulnerability and ACEs) demonstrated initial support for internal consistency ( $\alpha = .89$  and  $.91$  respectively).

Results revealed that following attendance to the training, there was a significant increase in participant’s confidence subscale scores in their ‘understanding of how to appropriately respond to vulnerability’ from pre ( $M = 8.21$ ,  $SD = 1.30$ ) to post ( $M = 8.8$ ,  $SD = .91$ )  $t = -4.23$ ,  $df = 26$ ,  $95\% CI = [-.96, -.33]$ ,  $p < .001$  [see Figure 1].

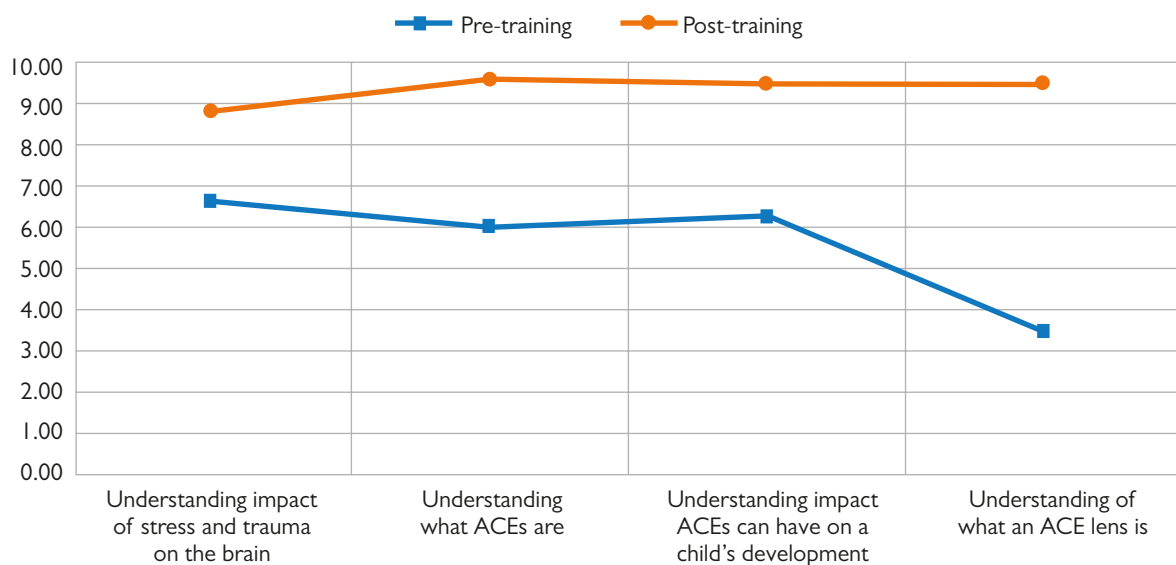
Figure 1: Mean confidence score of subscale ‘understanding how to respond to vulnerability’ pre- and post-training



Furthermore, there were significant improvements in participants confidence in the subscale ‘understanding of what ACEs are and their impact on development’ ( $t = -11.68$ ,  $df = 26$ ,  $95\% CI = [-4.56, -1.20]$ ,  $p < .001$ ; see figure 2).

2 Data on cultural change (personality and organisational commitment) and empathy and behaviour could not be analysed given the complexity of these models and the small sample size, characteristic of such small scale pilot studies, which was therefore not sufficient to run the required regression analysis.

Figure 2: Mean confidence score for subscale ‘understanding of ACEs and impact on development’ pre- and post-training



## Attitude and beliefs

Following attendance to the training there were no significant differences in attitudes (primary cognition) towards the training messages; participants were generally in favour of those messages. However, there was a significant increase in participant's attitude certainty from pre ( $M_s = 6.11$  and  $6.48$ ,  $SD_s = 1.12$  and  $.89$  respectively) to post ( $M_s = 6.63$  and  $6.81$ ,  $SD_s = .84$  and  $.48$ , respectively) in relation to training message 2 (*everyone has a part to play in supporting individuals who are experiencing trauma*) and 3 (*agencies should work together to prevent and mitigate ACEs and related trauma*):  $t_s = -11.68$  and  $-2.56$ ,  $df_s = 26$ , 95% CI  $[-.93, -.10]$  and  $[-.66, -.00]$ ,  $p_s = .017$  and  $.013$ , respectively.

## Professional judgement and decision making

Participants were provided with two vignettes, one detailing an incident of anti-social behaviour and the second an incident of domestic abuse. Seven questions were asked for each scenario code exploring professional judgement and decision-making, including safeguarding considerations, assessment of responsibility and perceived levels of vulnerability.

### Anti-social behaviour Vignette

Significant changes were seen pre and post the ACE TIME training. There was a significant increase in participant's perception that the child is involved in other criminal activity from pre ( $M = 7.05$ ,  $SD = 2.74$ ) to post ( $M = 8.21$ ,  $SD = 2.23$ )  $t = -2.04$ ,  $df = 18$ , 95% CI  $[-.274 -2.75]$ ,  $p = .013$  (Table 3). The perception of how serious the incident also increased from pre ( $M = 3.42$ ,  $SD = 2.94$ ) to post ( $M = 4.47$ ,  $SD = 3.71$ ),  $t = -3.11$ ,  $df = 18$ , 95% CI  $[-1.76, 1.05]$ ,  $p = .009$  (Table 3)).

Table 3: Pre- and Post- training judgement and decision making for ASB scenario (scored on a 10-point scale)

Professional judgement and decision making in ASB incident	Pre	Post	Sig	SD
Likelihood that individual is involved in criminal activity	7.16	8.30	<b>.013</b>	1.83
Perceived responsibility of youth for their actions	7.20	7.10	NS	1.97
Likelihood there will be a repeat call regarding the youth	8.29	8.85	NS	2.4
Perceived level of vulnerability of the youth	8.38	8.85	NS	1.52
Perceived likelihood the incident could be an indicator of future antisocial or criminal behaviour	8.75	8.95	NS	2.61
Perception of whether incident is a police matter	8.96	9.25	NS	1.49
Perception of how serious the incident is	3.42	4.30	<b>.009</b>	2.64

### Domestic Abuse Vignette

Following attendance to the ACE TIME training there was a significant increase in participants consideration of adult safeguarding procedures from pre ( $M = 7.86$ ,  $SD = 2.01$ ) to post ( $M = 8.83$ ,  $SD = 1.72$ ),  $t = -2.60$ ,  $df = 17$ , 95% CI = [-1.6, .17],  $p = .019$  (Table 4)).

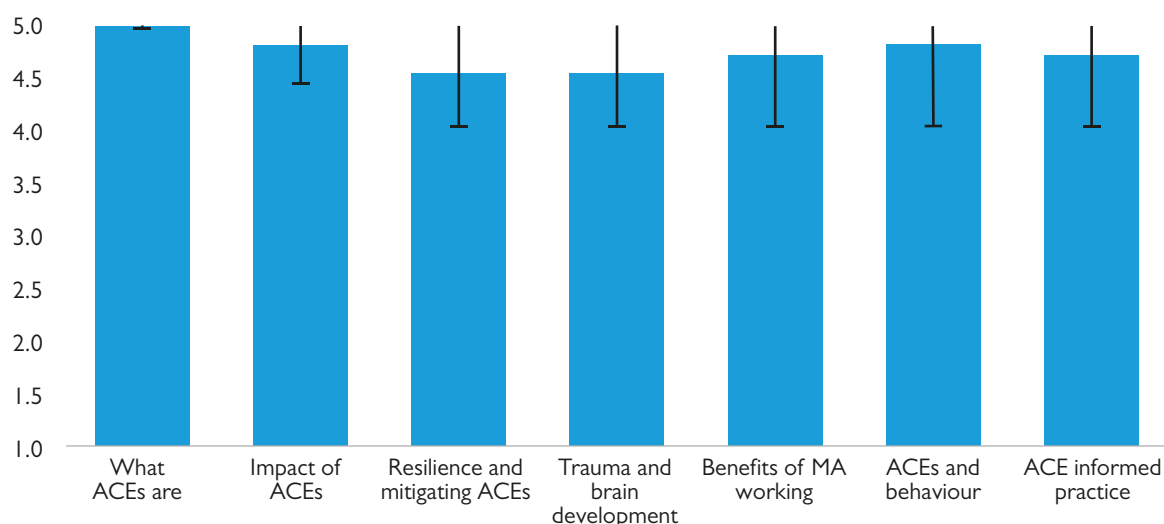
Table 4: Pre- and post-training judgement and decision making for DA scenario (scored on a 10-point scale)

Professional judgement and decision making in DA incident	Pre	Post	Sig	SD
Consider child safeguarding procedures	8.59	9.1	NS	.91
Consider adult safeguarding procedures	7.83	8.83	<b>.019</b>	1.45
Perceived likelihood there will be a repeat call to the address	7.5	7.72	NS	2.38
Perceived level of 'vulnerable' of the children in the family	8.18	8.38	NS	.99
Perceived level of importance to leave the current incident in order to attend the shoplifting one	4.63	3.83	NS	1.46
Extent to which this is considered a police matter	9.27	8.94	NS	1.53
Perception of how serious the incident is	8.95	8.94	<b>NS</b>	1.40

## Knowledge development and implementation (pilot 3)

During pilot session 3, participants were asked to rate on a 5-point scale how useful they found the training in advancing their knowledge and understanding of ACEs and working in an ACE and trauma informed approach (n = 13). The results revealed that participants felt that the training was useful in enhancing their knowledge in relation to what ACEs are, the impact of ACEs, resilience and mitigating ACEs, trauma and brain development, the benefits of MA working, ACEs and associated behaviour and ACE informed practice (see Figure 3).

Figure 3: Usefulness of training in enhancing knowledge



## Confidence and Competence

Furthermore, participants were asked to rate the extent to which they felt able to confidently and competently respond to vulnerability using an ACE informed approach. Results indicate that following attendance to the training, participants felt able to both *confidently* (M= 4.72, SD= .47) and *competently* (M=4.63, SD= .50) respond to vulnerability. Limited feedback was provided in the open text boxes to explain responses, however, attendees felt able to competently respond to use an ACE-informed approach because the training provided them with a “*very thorough explanation*” and “*help to signpost people appropriately*”.

## Quality of training and delivery (Pilot 3)

Participants rated the quality of training delivery i.e., organisation, length of training, small group work, video clips, general discussion and lecture format as *good* to *excellent* (see Figure 4).

Results revealed that for Pilot session 3 participants rated the quality of ACE Coordinators i.e., knowledge of materials, preparedness, and time used effectively, and ability to translate resources into operational examples as *good* to *excellent* (see Figure 5).

Figure 4: Quality of trainers

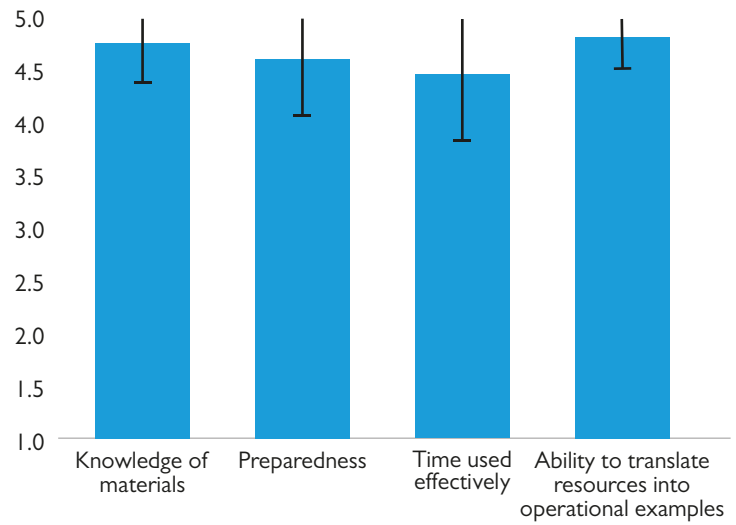
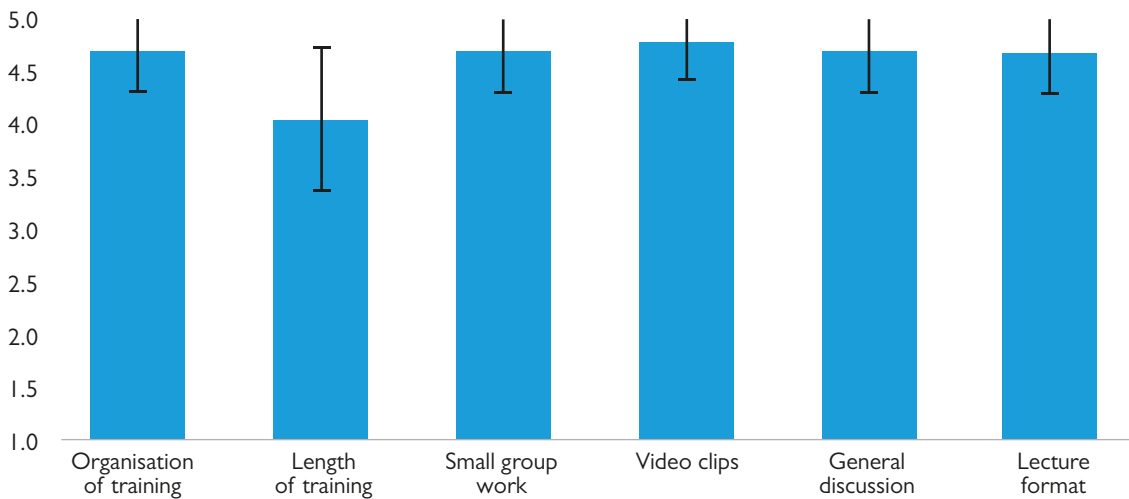


Figure 5: Participants rating of the quality of training sessions





## Qualitative feedback from participants

Participants were asked to provide feedback on the training day, including most and least useful elements of the training, changes they feel should be made, perceptions of training delivery and any general feedback they would like to provide. For pilot session 1 and 2 this was done on a feedback form separate to the survey, however, in session 3 these questions were incorporated into the electronic survey.

### Most useful

The most useful elements of the training identified by participants included “*learning about ACEs*”, sharing ideas and experiences with a range of practitioners, “*the case studies demonstrating the intergenerational link between ACEs*” and the “*operationalisation of the ACE LENS*”. Participants felt the training provided a good application of an ACE and trauma informed approach to their role and helped them to understand what to expect in the future.

Furthermore, participants found the delivery of the training the most useful, which was described as “*fun and professional*”, with group work, discussions, physical examples (e.g. coke bottle metaphor of trauma), and trainers input being particularly instrumental in their learning. A number of video clips were presented during the training, which participants felt was a “*useful way to personalise the training and sum up the content (such as the ACE animation)*”. In particular, participants felt the Police Scotland domestic abuse video and the wider discussions that this prompted were the most valuable part of the training. This was primarily due to the range of agencies within the session that were able to provide differing or supporting perspectives.

### Least useful

Despite the reported value of the Police Scotland domestic abuse video, this section of the training also produced the most frustration for some MA staff as they were asked to leave the room during the viewing of the clip. Only police officers and ACE coordinators remained in the room to view the clip. Given the various organisations, other than police that could potentially attend the training, this decision was taken to ensure follow up and support was in place for those that had viewed the content of the video, at the time of the pilot this process was yet to be formalised. One participant commented that they “*might as well do a different course*” if they were not able to view the material. This was also supported by other feedback suggesting that other police officers felt awkward when MA staff had to leave the room and MA staff themselves felt devalued during the training.

Other participants felt the least useful elements of the training included “*learning about the brain - cannot understand how it's relevant*”, the number of exercises delivered and use of flip chart, as well as the “*video from America*” (i.e. Dr Dan Siegal video on the hand model of the brain).

### Trainers

ACE coordinators received high praise from training participants; individuals reported that the trainers were “*friendly, well-informed, experienced and knowledgeable*”. Participants perceived trainers as having good control of the room, making eye contact and giving confirmation of participant knowledge throughout the session. Feedback suggested that this allowed the trainers to create an empathic environment, where participant wellbeing was considered, therefore, encouraging open conversations between participants and trainers.

## General feedback

Overall, all three pilot sessions received positive feedback from both police officers and MA staff. Several pieces of participant feedback suggested that the sessions were highly interactive, informative and relevant to participant's current job roles. During one pilot session, a participant commented that the session was "*engaging and personal*" whilst other feedback highlighted that there was "*lots of time to discuss opinions*" and that they "*felt listened to*". Furthermore, participants felt that the training session was very well organised, with the content of the morning and afternoon session complimenting each other well. Participants reported enjoying the structure of the entire training day. The frequent use of videos and group activities was well received, with participants reporting that these helped to further explain concepts and provide examples for these. Overall feedback suggested that participants felt the ACE training was pitched well with an appropriate amount of information being delivered. However, despite the positive reception of the training material, some participants reported finding the day very "*heavy*" and left the session feeling drained.

The greatest limitation identified across all three training sessions appeared to lie within the structure of the training day, in particular the timing of the training delivery. Negative feedback was generally centred on the 'rushed' nature of Module B (afternoon session) with participants suggesting the training should go into more detail here as this is the practical application of the material presented in Module A. This was particularly voiced by MA staff with regards to potentially missing out information relating to other agencies and services available to provide support for ACEs. Furthermore, a number of participants stated that the duration of the training day felt too long, especially considering the topics discussed – it was therefore suggested that more breaks be incorporated throughout the day. Some comments suggested that certain areas of the training would have benefited from having more time spent on them, however, due to the amount of content presented some areas were skimmed over.

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## Researcher Feedback

The following section details the researcher's feedback on the training content captured on the observation sheets. Participant levels of engagement was a prominent theme noted within researcher feedback. Overall, the researchers observed that participants engaged well during the interactive and group tasks within the training. This was particularly evident during the activities where MA staff and police were mixed, allowing contribution of cross-agency perspectives. Furthermore, although MA staff were unable to watch the Police Scotland domestic abuse video, researchers observed good engagement and contribution to the discussions from MA staff afterwards.

A constant observation throughout the training day was that of timing. The content of the training day is very full and this was reflected in the rushed nature of many activities due to the over-running of most sessions resulting in group discussion and reflections being cut short and session detail being skipped over. All training sessions overran. Two participants left before the training finished and therefore, we were unable to collect any feedback from them. Furthermore, the training did not finish until almost an hour after scheduled to do so. However, it should also be noted that these pilot sessions were also the first sessions delivered by the ACE coordinators, who no doubt, were also learning the material and adapting their delivery style as they were getting used to the training day content.

Through researcher observation, challenges were identified with both the training and the survey, which were considered too police-focussed. This feedback was predominantly evident within the first pilot session, with several pieces of negative feedback from MA staff commenting that the training was targeted at police practice, as well as the questionnaires which used language only applicable to police. Furthermore, concerns were identified with the delivery of the vignettes (scenarios), whereby in the first pilot session participants were randomly allocated different scenarios numbers and type to respond to during the pre- and post-questionnaires. This became complicated during the training because it took time for the researchers to allocate scenarios.

## Changes made

Following completion of the pilot sessions, feedback was collated and reviewed with the research team, ACE coordinator service and the E.A.T National Programme team. After each session, high level observational data was shared with the ACE Coordinator lead post training, to ensure transparency in training delivery and 'live time' feedback of any major issues. As a result changes made included:

- Editing of the evaluation questionnaire to contain more general language for use with multi-agency staff;
- Purchase of tablet devices and portable wifi to allow participants to complete the questionnaires without distractions from their own personal devices (e.g. receiving text messages, emails) in order to keep cognitive interference to a minimum. This also reduced time completing the survey and gave more time back to the training delivery;
- Administration of elements of the survey, including the vignettes/scenarios and programme feedback. It was decided that all participants would have the same scenario number (same variables), and would review both the domestic abuse and anti-social behaviour scenario. Furthermore, questions relating to the feedback about these were incorporated into the questionnaire due to the value this has on understanding of attendees' experience of the training;
- Changes were made to the researcher observation template sheet. These observations were considered crucial to capture a national and local understanding of how well the training was received, dynamics of training sessions, interaction between police and MA staff and receptiveness to training. Objectives were added to the template to ensure information is captured on each element of the training, as well as a scoring system to assess consistency in delivery across training sessions.

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## Limitations

The pilot was an effective way to test the materials and delivery of both the training and evaluation. However, a number of limitations need to be considered in the interpretation of findings presented. Most notably, very few sessions were piloted resulting in a small sample size. Furthermore, none of the piloted sessions replicated the true training environment, with no more than 13 attendees present for each session, failing to achieve the targeted 20:5 police/MA ratio.

## Discussion

This report aimed to highlight the journey from the localised South Wales Police Innovation Fund (PIF) project that sought to develop and deliver ACE informed understanding and practice to police and partners, to a National Transformational programme of change across all four Welsh Forces within the Police Transformation Fund (PTF): Early Action Together Programme. It has detailed the key framework of the E.A.T programme, its aims and objectives, key roles, mechanisms of delivery in the ACE TIME training and evaluation measures used.

Findings from the pilot, although tentative, suggest that the training enhanced participant's confidence in responding to vulnerability and ACEs, and significantly influenced participant's certainty about their attitudes towards training messages. This suggests that participant's primary attitudes towards those messages were reinforced as a result of the training and their secondary cognition strengthened (i.e., the certainty attributed to their initial evaluation). In addition, findings indicated that there was a significant increase in the perspective that a youth committing a specific offence would be more likely to be involved in another criminal activity. This may indicate a more person centred and trauma informed way of thinking about the young person, as opposed to a narrower focus on the specific criminal offence. Further, results indicate that participants perceived that the young person's incident was more seriousness once they had completed the training. Interestingly, results from the domestic incident vignettes indicate that participants were more likely to consider adult safeguarding procedures following completion of the training. This may once again reflect a more person centred, trauma-informed approach and consideration of the key individual and their family in the case study described.

**Changes based on the pilot phase have directly fed into the current ACE TIME training and evaluation framework going forward. Following on from this, subsequent reports will examine, on a much larger National scale, the ACE TIME training data, in addition to the additional evaluation elements that will explore:**

1. Effects on the workforce undertaking the training,
2. Organisational capacity and capability,
3. Impact of a 24/7 single integrated front door for vulnerability, that allows for a
4. Whole system approach in responding more effectively to vulnerability.

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# Appendix

## E.A.T Research Pre and Post surveys.

### Early Action Together Pre-Measure (Police)

1. ID number: \_\_\_\_\_

2. What is your age? \_\_\_\_\_ years

3. Please select your gender

Male		Female		Transgender	
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4. Please select your ethnicity

White	
Asian or Asian British	
Black/African/Caribbean or Black British	
Mixed	
Other (please specify)	

5. Do you currently have or have you ever had a dependent child?

Yes		No	
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6. In total how long have you worked for the police? (Consider all roles and across all Forces)

\_\_\_\_\_ Year \_\_\_\_\_ Months

7. How long have you worked in your current Police Force area?

\_\_\_\_\_ Year \_\_\_\_\_ Months

8. Which area do you currently work in?

Gwent	
Dyfed Powys	
South Wales	
North Wales	
N/A	

9. What other police force(s) have you worked for? (If applicable)

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10. What is your current job title (i.e. Police staff, PCSO, Police officer, Sergeant etc)?

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11. Please select the department/role which most relates to your current post:

PPU/PPD	<input type="checkbox"/>	Custody	<input type="checkbox"/>
PSC	<input type="checkbox"/>	Other investigation role	<input type="checkbox"/>
Neighbourhood	<input type="checkbox"/>	Other (i.e. traffic, firearm, dogs, etc)	<input type="checkbox"/>
Response	<input type="checkbox"/>	CID	<input type="checkbox"/>

12. Please select any other departments/roles you have previously worked in

PPU/PPD	<input type="checkbox"/>	Custody	<input type="checkbox"/>
PSC	<input type="checkbox"/>	Other investigation role	<input type="checkbox"/>
Neighbourhood	<input type="checkbox"/>	Other (i.e. traffic, firearm, dogs, etc)	<input type="checkbox"/>
Response	<input type="checkbox"/>	None	<input type="checkbox"/>
CID	<input type="checkbox"/>		<input type="checkbox"/>

13. Here are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with each statement. You should rate the extent to which the pair of traits applies to you even if one characteristic applies more strongly than the other.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
I see myself as... Extraverted, enthusiastic.							
I see myself as... Critical, quarrelsome.							
I see myself as... Dependable, self-disciplined.							
I see myself as... Anxious, easily upset.							
I see myself as... Open to new experiences, complex.							
I see myself as... Reserved, quiet.							
I see myself as... Sympathetic, warm.							
I see myself as... Disorganized, careless.							
I see myself as... Calm, emotionally stable.							
I see myself as... Conventional, uncreative.							



14. Please think about the following statements carefully and indicate the extent to which you either agree or disagree with that statement

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Slightly disagree</b>	<b>Slightly agree</b>	<b>Agree</b>	<b>Strongly agree</b>
If necessary I am prepared to put myself out for this organisation e.g. working long hours and/or unsociable hours						
If asked, I am prepared to take on more responsibility or tasks not in my job description						
I am committed to this organisation						
I feel that it is worthwhile to work hard for this organisation						
I am proud of this organisation						

15. Please think about the following statements carefully and indicate the extent to which you either agree or disagree with that statement

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Slightly disagree</b>	<b>Slightly agree</b>	<b>Agree</b>	<b>Strongly agree</b>
I feel valued and trusted by the organisation						
Overall I am happy with my organisation						
I enjoy working for this organisation to the extent that I am not actively seeking a job elsewhere						
Outside of my particular job, I take an interest in many aspects of the running and success of this organisation						



16. Please think about the following statements carefully and indicate how each statement applies to you

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Almost Always</b>	<b>Always</b>
I can imagine what it's like to be in someone else's shoes.						
If a person is poor, I believe it is the result of bad personal choices.						
I believe adults who are poor deserve social assistance.						
I am aware of my thoughts.						
Watching a happy movie makes me feel happy.						
I can tell the difference between someone else's feelings and my own.						
When I am with a happy person, I feel happy myself.						
When I am upset or unhappy, I get over it quickly.						
I can explain to others how I am feeling.						
I can agree to disagree with other people.						
Emotional evenness describes me well.						
Friends view me as a moody person.						
I can imagine what the character is feeling in a well written book.						
Hearing laughter makes me smile.						
I think society should help out adults in need.						
I watch other people's feelings without being overwhelmed by them.						
I can simultaneously consider my point of view and another person's point of view.						

17. Please think about the following statements carefully and indicate how each statement applies to you

	Never	Rarely	Sometimes	Frequently	Almost Always	Always
I support the rehabilitation of perpetrators/criminals/suspects over punishment						
I believe people's actions (including negative ones) are a consequence of that person's upbringing and experience						
I am empathetic with those who are in need						
I immediately help those who are in need						
I try to help others						
I try to be close to and take care of those who are in need						
I always try to refer people to services in order to avoid arresting them						
I do what I can to help others avoid getting into trouble						
I believe that someone shouting and behaving aggressively is doing so because they are inherently bad						
I believe that many of the criminals I have worked with need to be punished for their actions						

19. On a scale of 1 to 10, where 1 is not at all confident, and 10 is completely confident, how confident do you feel in...

	Not at all confident					Completely confident				
	1	2	3	4	5	6	7	8	9	10
Responding to vulnerable people in your role										
Interacting with vulnerable people sensitively										
Using your professional judgement in situations with vulnerable people										
Your ability to identify whether or not additional support is needed for a vulnerable person										
Your understanding of when a referral/upgrading risk needs to be submitted										
Your understanding of the impact of stress and trauma on the brain										
Your understanding of what adverse childhood experiences (ACEs) are										
Your understanding of the impact ACEs can have on a child's development										
Your understanding of what an ACE lens is										

20. Message 1: It is important for police officers to understand what Adverse Childhood Experiences are.

Please indicate your attitude towards this message:

In favour			Against			
1	2	3	4	5	6	7

21. How certain are you of your opinion on message 1?

Not at all certain	2	3	4	5	6	Very certain

22. Message 2: Everyone has a part to play in supporting individuals who are experiencing trauma.

Please indicate your attitude towards this message:

In favour			Against			
1	2	3	4	5	6	7

23. How certain are you of your opinion on message 2?

Not at all certain	2	3	4	5	6	Very certain

24. Message 3: Agencies should work together to prevent and mitigate Adverse Childhood Experiences (ACEs) and related trauma.

Please indicate your attitude towards this message:

In favour			Against			
1	2	3	4	5	6	7

25. How certain are you of your opinion on message 3?

Not at all certain	2	3	4	5	6	Very certain

You will be asked to read a short scenario and respond to a series of accompanying questions. The scenario will involve a police officer responding to an incident. Please respond as you would if you were the officer in this situation.

If you are non-police staff, please respond as you would if you were faced with this scenario within your current job role.

26. Please provide your full scenario code e.g. AI \_\_\_\_\_

27. How likely do you think it is that this individual is currently involved in criminal activity?

Not at all	2	3	4	5	6	7	8	9	Most definitely

28. How responsible is the youth for their actions?

Not responsible	2	3	4	5	6	7	8	9	Completely responsible

29. In your opinion, how likely is there to be a repeat call regarding this youth?

Not at all	2	3	4	5	6	7	8	9	Most definitely

30. How 'vulnerable' do you consider this youth to be?

Not at all	2	3	4	5	6	7	8	9	Extremely vulnerable

31. Do you think this incident could be an indicator of future antisocial or criminal behaviour?

Not at all	2	3	4	5	6	7	8	9	Most definitely

32. Do you think this is a police matter?

Not at all	2	3	4	5	6	7	8	9	Most definitely

33. In your opinion, how serious is this incident?

Not at all serious	2	3	4	5	6	7	8	9	Extremely serious

34. Please provide your full scenario code e.g. BI \_\_\_\_\_

35. In relation to the child, would you consider any safeguarding procedures?

Not at all	2	3	4	5	6	7	8	9	Most definitely

36. In relation to the adult, would you consider any safeguarding procedures?

Not at all	2	3	4	5	6	7	8	9	Most definitely

37. In your opinion how likely is there to be a repeat call to this address?

Not at all	2	3	4	5	6	7	8	9	Most definitely

38. How 'vulnerable' do you consider the children in this family to be?

Not at all	2	3	4	5	6	7	8	9	Extremely vulnerable

39. In your opinion, how pertinent is it to leave the current incident in order to attend the shoplifting one?

Stay at address	2	3	4	5	6	7	8	9	Leave immediately

40. Do you think this is a police matter?

Not at all	2	3	4	5	6	7	8	9	Most definitely

41. In your opinion, how serious is this incident?

Not at all serious	2	3	4	5	6	7	8	9	Extremely serious

Thank you for completing the survey!

## Early Action Together Survey (Post-measure)

1. ID number (ID provided by researcher for non-police staff): \_\_\_\_\_
2. On a scale of 1 – 10, where 1 is not at all confident, and 10 is completely confident, how confident do you feel in ...

	Not at all confident							Completely confident		
	1	2	3	4	5	6	7	8	9	10
Responding to vulnerable people in your role										
Interacting with vulnerable people sensitively										
Using your professional judgement in situations with vulnerable people										
Your ability to identify whether or not additional support is needed for a vulnerable person										
Your understanding of when a referral/upgrading risk/PPN/CID I 6/MARF needs to be submitted										
Your understanding of the impact of stress and trauma on the brain										
Your understanding of what adverse childhood experiences (ACEs) are										
Your understanding of the impact ACEs can have on a child's development										
Your understanding of what an ACE lens is										

3. Message 1: It is important for police officers to understand what Adverse Childhood Experiences are.

Please indicate your attitude towards this message:

In favour				Against		
1	2	3	4	5	6	7

4. How certain are you of your opinion on message 1?

Not at all certain	2	3	4	5	6	Very certain

5. Message 2: Everyone has a part to play in supporting individuals who are experiencing trauma. Please indicate your attitude towards this message:

In favour				Against		
1	2	3	4	5	6	7

6. How certain are you of your opinion on message 2?

Not at all certain	2	3	4	5	6	Very certain

7. Message 3: Agencies should work together to prevent and mitigate Adverse Childhood Experiences (ACEs) and related trauma.

Please indicate your attitude towards this message:

In favour						Against
1	2	3	4	5	6	7

8. How certain are you of your opinion on message 3?

Not at all certain	2	3	4	5	6	Very certain

9. Using the rating scale below, please rate the extent to which the overall training package will enable you to confidently respond to vulnerability using an ACE informed approach?

Not at all	Somewhat	Unsure	Moderately so	Very much so

Please explain your response:

10. Using the rating scale below, please rate the extent to which the overall training package will enable you to competently respond to vulnerability using an ACE informed approach?

Not at all	Somewhat	Unsure	Moderately so	Very much so

Please explain your response:

Below are a number of areas related to the training package. Please rate how useful the training input was in advancing your knowledge on each topic area:

11. How useful was the training in increasing your knowledge on:

	Not at all	Somewhat	Unsure	Moderately so	Very much so
What ACEs are					
The potential impact of ACEs on the life course					
The role of resilience in mitigating the impact of ACEs					
The impact trauma can have on brain development					
The benefits of working together with partners to prevent and mitigate ACEs and related trauma					
The consideration of ACEs in understanding root causes of behaviour					
Breaking intergenerational cycles of abuse through ACE informed approaches					

12. Below are a number of statements, please read each one carefully and then rate the extent to which you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
Cases should be prioritised based on the number of ACEs scored on a checklist						
The number of ACEs present is the best indicator of future risk						
The number of ACEs cannot be offset by resilience factors						
Vulnerability should be considered in every part of policing and crime						
Dealing with ACEs is predominantly the responsibility of social workers						
It is not worthwhile to change the way we work with individuals who have 4 or more ACEs						
It is possible to change a person's life course, regardless of the number of ACEs						



13. How will you apply the knowledge gained from the ACE TIME training today into your day-to-day practice tomorrow, and in the future?

14. Do you believe that the knowledge and awareness gained within the training will have some use outside your working environment? If so, please explain:

15. What barriers, if any, do you see/anticipate preventing you from applying knowledge gained from the ACE TIME training in to your practice?

You will be asked to read a short scenario and respond to a series of accompanying questions. The scenario will involve a police officer responding to an incident. Please respond as you would if you were the officer in this situation.

If you are non-police staff, please respond as you would if you were faced with this scenario within your current job role.

16. Please provide your full scenario code e.g. AI \_\_\_\_\_

17. How likely do you think it is that this individual is currently involved in criminal activity?

Not at all	2	3	4	5	6	7	8	9	Most definitely

18. How responsible is the youth for their actions?

Not responsible	2	3	4	5	6	7	8	9	Completely responsible

19. In your opinion, how likely is there to be a repeat call regarding this youth?

Not at all	2	3	4	5	6	7	8	9	Most definitely

20. How 'vulnerable' do you consider this youth to be?

Not at all	2	3	4	5	6	7	8	9	Extremely vulnerable

21. Do you think this incident could be an indicator of future antisocial or criminal behaviour?

Not at all	2	3	4	5	6	7	8	9	Most definitely

22. Do you think this is a police matter?

Not at all	2	3	4	5	6	7	8	9	Most definitely

23. In your opinion, how serious is this incident?

Not at all serious	2	3	4	5	6	7	8	9	Extremely serious

24. Please provide your full scenario code e.g. BI \_\_\_\_\_

25. In relation to the child, would you consider any safeguarding procedures?

Not at all	2	3	4	5	6	7	8	9	Most definitely

26. In relation to the adult, would you consider any safeguarding procedures?

Not at all	2	3	4	5	6	7	8	9	Most definitely

27. In your opinion how likely is there to be a repeat call to this address?

Not at all	2	3	4	5	6	7	8	9	Most definitely

28. How 'vulnerable' do you consider the children in this family to be?

Not at all	2	3	4	5	6	7	8	9	Extremely vulnerable

29. In your opinion, how pertinent is it to leave the current incident in order to attend the shoplifting one?

Stay at address	2	3	4	5	6	7	8	9	Leave immediately

30. Do you think this is a police matter?

Not at all	2	3	4	5	6	7	8	9	Most definitely

31. In your opinion, how serious is this incident?

Not at all serious	2	3	4	5	6	7	8	9	Extremely serious

32. Please give us your opinion on the quality of the following aspects of the ACE TIME training:

	Very poor	Poor	Average	Good	Excellent
Organisation of training					
Length of training					

33. Delivery of Training:

	Very poor	Poor	Average	Good	Excellent
Small group work					
Video clips					
General discussion					
Lecture format					

34. Trainers:

	Very poor	Poor	Average	Good	Excellent
Organisational relevance					
Knowledge of materials					
Preparedness					
Time used effectively					
Ability to translate resources into operational examples					

35. Which part of the training did you find the most useful and why?

36. Which part of the training did you find the least useful and why?

37. What, if anything, would you add to the training and why?

38. What, if anything, would you remove from the training and why?

39. Any further comments?

Thank you for completing the survey!







**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

If you have any questions or require any further information, please contact the national team at  
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 **Early Action Together Police & Partners ACEs**

