



Vulnerability and Violent Crime Programme

Evaluation of the trusted
adult workers role and
Rock Pool train the trainer
educational approach

Key findings and implications for practice



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The Vulnerability and Violent Crime Programme

The College of Policing was awarded a grant through the Home Office Police Transformation Fund to develop the evidence base on vulnerability and serious violence. The programme focused on key areas of interest to policing, including knife crime, gangs, county lines, criminal exploitation of young people, and child sexual abuse and exploitation. This is one of nine summaries accompanying ten reports delivered as part of the VVCP.

If you have any questions about the VVCP, please email:

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Overview

Adverse childhood experiences (ACEs) are associated with an increased risk of young people being involved in crime (both as offenders and victims). ACEs consist of 10 adverse experiences: half relating to direct abuse and half being indicators of household dysfunction (Bellis et al., 2014a). Hampshire Constabulary worked with local agencies on two strategies to tackle the effects of ACEs. One strategy focused on helping those who have already experienced ACEs. Trusted adult workers (TAWs), recruited from youth offending teams (YOTs), police or social services, worked to improve the life outcomes of young people living with ACEs. The other strategy aimed to improve awareness and education around ACEs among practitioners. Rock Pool consultancy led train the trainer (TTT) sessions. Attendees (staff members from Hampshire Constabulary, Hampshire Office of the Police and Crime Commissioner (OPCC) and three of the local authorities covered by the force) undertook a three-day education programme on ACEs and then went on to teach others in their organisation about ACEs.

Does it work?

TAWs

Analysis of the data from the long-term evaluation of TAWs in Portsmouth found that children supported by TAWs demonstrated positive improvements in child resilience and self-esteem. A small sample of young people who engaged with TAWs also appeared less frequently in police data as a suspect, victim or missing person compared with a control group. Feedback from parents and carers reported positive outcomes from the work of the TAWs.

Partner agencies involved in referring children to TAWs felt they were useful and successfully worked with the children. However, they suggested that there was room for improvement with resourcing and the referral process. The TAWs reported in interviews that children who worked with them experienced significant improvement in outcomes, such as emotional health, connections with others, positive outlooks and feelings of empowerment. Younger children, females and those with the highest number of ACEs reportedly improved the most.

TTT

Attendees of the TTT programme described their experiences positively and consequently reported feeling confident to deliver the onward sessions within their own organisations. These onward sessions were felt to not only improve awareness of ACEs but also start to encourage a culture change towards an ACEs and trauma-informed strategy. However, some participants were unsure how they could put their training into practice.

Background

About this report

This report summarises the findings of the full independent evaluations of the Hampshire TAWs intervention aimed at tackling ACEs. The evaluations were undertaken by the University of Birmingham as part of the College's Vulnerability and Violent Crime Programme (VVCP). This summary describes how the intervention works in practice, as well as outlining key findings from the impact, process and cost analysis of the evaluations. Emerging implications for practice are also discussed.

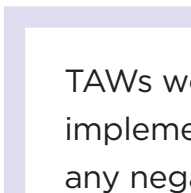
[Read the full evaluation report](#)

What are ACEs?

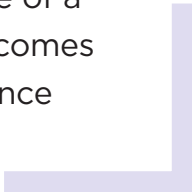
ACEs are associated with an increased risk of young people being involved with crime, both as offenders and victims. ACEs consist of 10 factors. Five relate to direct abuse: physical, sexual or emotional abuse, and physical and emotional neglect. A further five are indicators of household dysfunction: a parent who has experienced violence at home, mental illness, substance abuse, imprisonment or separation (Bellis et al., 2014a). Exposure to four or more ACEs has been found to be associated with an increase in an individual's risk of health problems and imprisonment in later life (Bellis et al., 2017).

What is the approach?

Hampshire Constabulary worked with three of the local authorities within their force area (Hampshire County Council, Portsmouth City Council and Southampton City Council) on two strategies to tackle the effect of ACEs. One strategy (TAWs) focused on helping those who had already experienced ACEs whereas the other (TTT) aimed to raise awareness and improve the provision of education on ACEs among practitioners.



TAWs worked with young people who had ACEs by implementing resilience-building approaches intended to reduce any negative consequences they experienced regarding criminal justice, health and social wellbeing outcomes. Each local authority (LA) used its own methods of referral (see Moderator section) to identify children with a low number of ACEs. The TAWs were then introduced to these children, with the role of acting as a trusted adult in their life, to provide support and aim to prevent subsequent negative outcomes for that child. The approach drew on research, which suggests the presence of a stable trusted adult decreases the likelihood of poor outcomes for children with multiple ACEs by increasing their resilience (Bellis et al., 2017).



The initiative to raise awareness and improve the provision of education on ACEs involved the delivery of three-day TTT sessions by Rock Pool consultancy. The sessions were delivered to staff from Hampshire Constabulary, Hampshire OPCC and the three local authorities. Attendees at these sessions then delivered six training sessions within their own organisations around trauma-informed approaches to working with children and young people.

How was the intervention evaluated?

The outcomes relating to any intervention aiming to improve the lives of children who have experienced ACEs through both direct support (TAWs) and awareness raising (TTT) can be both broad, including a range of factors from behavioural, educational and criminal outcomes, and difficult to measure in a short time frame as these life outcomes for children linked to TAW support may not be immediate. Therefore, a logic model¹ was developed (see **Figure 1** and **Figure 2**) that identified measurable outcomes in the short term (within the evaluation period), medium term (up to five years) and long term (beyond five years). Although this evaluation focused on short-term improvements, data collection tools to measure the impact of TAWs and TTT have been kept in place for the local OPCC and police to continue measuring longer-term outcomes.

A mixed methods evaluation design was developed, including three strands: impact evaluation (does it work), process evaluation (how it works) and cost analysis (how much it costs). The TAWs and TTT approaches were evaluated separately using the following approaches.

TAWs

The **impact evaluation** involved a prospective cohort study², where one cohort of children were followed from when they were allocated a TAW until they left the intervention. Their Outcomes Star³ scores were recorded before and at the end of the intervention period to identify any differences. The outcomes for children involved in the TAWs scheme were compared to those of a control group derived from LA data of other children who have undergone similar interventions. Semi-structured interviews and questionnaires were also carried out with children and families to understand their perceptions of the intervention and their experiences of working alongside the TAWs.

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- 1 A logic model helps you think critically about the links between your problem, your intervention and your measures of success to show how and why your intervention might work. More information can be found here: whatworks.college.police.uk/Support/Pages/Research-guidance.aspx
 - 2 A prospective cohort study is a long-term study that follows a specific group of similar individuals (a cohort) who differ with respect to certain factors under study, to determine how these factors affect rates of a certain outcome.
 - 3 The Outcomes Star is an evidence-based tool for measuring change in 10 domains of life when working with people.

Caseload data collected by TAWs in Portsmouth alongside data from Hampshire Constabulary was used to help assess over a longer period of time the extent to which the TAWs service could support children and families experiencing ACEs. Remote video and telephone interviews were also conducted with children and families to help understand how the TAWs intervention was experienced by them.

The **process evaluation** used focus groups with a sample of staff from agencies that often referred children to the TAW intervention (such as social services or healthcare). The focus groups aimed to gain insights into patterns of referral to TAWs and the perceived success of the intervention. Semi-structured interviews were used with the whole cohort of TAWs to understand the process of managing children with ACEs and perceived successes of the intervention.

It was not possible to complete a full **cost analysis** but details of the budget allocated to TAWs in each LA area are included.

TTT

The **impact evaluation** consisted of questionnaire feedback from participants who attended half-day sessions facilitated by Rock Pool. Questionnaires were also sent to all trainers to capture any views on the training and their understanding of the material at different points in time (before, after and follow-up four to six months after their TTT session). The questionnaires measured their knowledge of ACEs and trauma-informed approaches and was used as a proxy indicator⁴ to assess how well the material was disseminated within an organisation.

The **process evaluation** included focus groups with a proportion of those who attended the TTT sessions and those who were subsequently trained in the organisations. The focus groups aimed to better understand the role of attendees and their experiences of training. Questionnaires were also sent to individuals in the organisations where those trained through the TTT sessions were expected to deliver sessions.

It was not possible to complete a full **cost analysis** but details of the budget allocated to the TTT programme are included.

4 A proxy measurement is a 'stand in' for a variable that could not be directly measured. It is an indirect measure of the desired outcome using a strongly related variable.

Figure 1: TAWS logic model

Aims	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> ■ Principles <ul style="list-style-type: none"> - Adverse childhood experiences (ACEs) have a negative impact on the health and social wellbeing of children as they become adults. - There is limited evidence to suggest what can be done for children or adults who have experienced ACEs to improve outcomes. However, it has been shown in several settings that the introduction of a trusted adult can improve the resilience of children, which in turn can improve outcomes in later life. ■ Aims <ul style="list-style-type: none"> - To effectively intervene in the lives of families/children who are at risk of negative criminal justice system outcomes by introducing a trusted adult who will guide them through available services and deliver interventions. 	<ul style="list-style-type: none"> ■ Trusted adult workers (TAWs) <ul style="list-style-type: none"> - 7.5 full-time equivalent TAWs employed across the county, differing by area. Their role is to work with children affected by ACEs, to mentor and support them, help them and their families navigate through the challenging referral pathways of interventions in Hampshire, deliver interventions themselves and build resilience in the children they are looking after, by working with children and families. 	<ul style="list-style-type: none"> ■ Caseload of 10-15 children with families per TAW. ■ Identify through regular interaction the ACEs that these children have experienced on a template. ■ Complete needs assessments of these children and families. ■ Develop a directory of services. ■ Build relationships with partner agencies. ■ Build resilience with the children they are working with and measure this using validated tools. ■ Identify gaps in support for children and families they are working with. ■ Quarterly reports on the progress of the above children and families. 	<ul style="list-style-type: none"> ■ Short-term outcomes (within the evaluation time frame of less than one year) <ul style="list-style-type: none"> - Increased emotional resilience, self-esteem, confidence and self-wellbeing of children who have worked with TAWs. - Less offending by these children and their families. - Increased school attendance and reduced exclusion of these children. - Improved 'distance travelled', ie, progress relative to starting point. ■ Medium-term outcomes (within the next one to two years) <ul style="list-style-type: none"> - Improved partnership working. - Reduction of entrants into youth offending system with reduced demand on policing. - Development of directory services for children who have experienced ACEs. ■ Long-term outcomes (within the next five years) <ul style="list-style-type: none"> - Reduced youth crime rates and police demand. - Fewer 'looked-after children'. - Better youth health.

Figure 2: TTT logic model

Aims	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> ■ Principles <ul style="list-style-type: none"> - Adverse childhood experiences (ACEs) have a negative impact on the health and social wellbeing of children as they become adults. - There is a lack of shared language and understanding of ACEs across the public sector and referrals are not 'early enough'. ■ Aims <ul style="list-style-type: none"> - To increase understanding of ACEs and ACEs-informed practice in the public sector. 	<ul style="list-style-type: none"> ■ Education and awareness <ul style="list-style-type: none"> - Rock Pool training has been commissioned to teach the basics of ACEs, how they can be identified, outcomes and possible strategies for children who have experienced ACEs. To encourage a sustainable approach, a further subset of individuals will be trained as trainers who can then continue to deliver these education packages in a variety of different settings (train the trainer (TTT)). 	<ul style="list-style-type: none"> ■ 28 individuals, including two TAWs, to go on the TTT course. ■ For those on the TTT course, deliver six sessions per year to others within their organisation. 	<ul style="list-style-type: none"> ■ Short-term outcomes (within the evaluation time frame of less than one year) <ul style="list-style-type: none"> - Improved awareness of ACEs in multi-agency staff. ■ Medium-term outcomes (within the next one to two years) <ul style="list-style-type: none"> - Culture change in public sector. - ACEs-informed practice.

How did the intervention perform?

Evidence is presented using the EMMIE framework, which was developed to help practitioners and decision-makers to understand and access the evidence base quickly and easily. The EMMIE framework describes findings across five dimensions:

Effect	Impact on crime or offending	Whether the evidence suggests the intervention led to an increase, decrease or had no impact on crime/offending
Mechanism	How it works	What is it about the intervention that could explain its effect?
Moderators	Where it works	In what circumstances and contexts is the intervention likely to work / not work?
Implementation	How to do it	What conditions should be considered when implementing an intervention locally?
Economic cost	How much it costs	What direct or indirect costs are associated with the intervention and is there evidence of cost benefits?

Effect – what was the impact of the intervention?

Evidence on the overall impact of the intervention is limited by both the duration of the evaluation period and available data sources. In the absence of longer term data, the best available measures of change were used to give an indication of potential impact. Future follow-ups using longer term data would help us to understand better the overall impact of the intervention.

TAWs

The findings suggest that the use of TAWs had a positive impact on a range of outcomes for the children they supported. Children supported by TAWs showed improvements in their Outcomes Star measures, including improvements in emotional health, connections with others, positive outlooks on everyday life and feeling empowered for the future. A two-year

follow-up of outcomes undertaken with a sample of children supported by TAWs in Portsmouth showed a continued improvement in child resilience and self-esteem. Analysis of these children's Outcomes Star scores suggested that improvements occurred more frequently in aspects of the child's life that they had direct control over, rather than those related to their household or family. Results from a smaller sample (n=9) suggested that engagement with the TAWs service reduced the young person's engagement with the police, whether as a suspect, victim or missing person.

The positive impact of TAWs was supported in the interviews with referrers, TAWs, children and their families. They all described examples of how important the TAW role has been, and the improvements they had brought about, in children's lives. Additionally, TAWs reportedly filled gaps in service provision where families had sought support but a tailored approach had previously been unavailable. Feedback from parents and carers was universally positive. All of the interviewees reported positive outcomes or effects from the work of the TAWs and regretted its limitations under COVID-19 restrictions.

TTT

The findings suggest the TTT approach seemed to be effective at raising awareness of ACEs within the partner organisations. Pre- and post-training surveys of the TTT participants demonstrated improved scores relating to awareness of the impact of ACEs, suggesting that the TTT training was beneficial. Trainers felt confident and able to deliver onward sessions within their organisations. These sessions were deemed to not only improve awareness of ACEs but also start to encourage a culture change towards an ACEs and trauma-informed strategy⁵ within their organisations. There was some evidence of dissemination of the learning based on self-assessment indicators but it was not possible to robustly capture the impact of training people to deliver across organisations on colleagues' knowledge – see the [Mechanism](#) section for further details.

5 The key goal of an ACEs and trauma-informed strategy is to raise awareness among all staff about the wider impact of ACEs and trauma, and to prevent the re-traumatisation of clients in service settings that they are meant to support.

Mechanism – how did it work?

TAWs

Interviews identified that TAWs felt they were improving resilience and self-esteem among the children they worked with by mentoring them and helping them navigate relevant support services. These improvements were captured by measured changes to Outcomes Star scores in emotional health, connections with others, positive outlooks on everyday life and feeling empowered for the future.

TTT

The delivery of the six training sessions by those who had participated in the TTT intervention was the mechanism for improving organisational awareness of ACEs. Most of the trainers felt well prepared and able to deliver these six sessions without difficulty. How well information was disseminated to participants of these sessions could not be formally captured. However, the participants of the sessions led by the TTT trainers were given the opportunity to self-assess their performance through the use of a questionnaire. Participants' self-assessment of their knowledge was good. Questionnaires were also distributed to other staff across organisations who had not attended the TTT training to give an indication of internal knowledge sharing. These other staff also recorded a positive self-assessment of knowledge on ACEs and trauma-informed approaches, which suggest there was internal knowledge-sharing activity taking place away from any of the formal training sessions.

Moderator – where did it work best?

TAWs

TAWs were originally set up to work in the 'very early intervention' arena (where children should have had a minimal number of ACEs). However, in practice the TAWs were working with many children who already had four or more ACEs, suggesting that TAWs were still able to create a positive difference where there were already considerable challenges in a child's life. The LAs within the force area implemented the scheme in slightly different ways, using different referral criteria into the scheme.

- In Southampton, children could be identified and referred from three separate panels or directly from schools or neighbourhood policing teams.

- In Portsmouth, children could only be identified through the Portsmouth Multi-Agency Safeguarding Hub and referred to Motiv8, the organisation that oversees the TAWs, who would assess what support the child needs.
- In Hampshire, children could be identified and referred from the early help pathway, via the police/YOT joint decision-making panel or from a direct referral by schools or the police. Children who had already completed an existing YOT intervention were also eligible.

The differences between areas may have led to selection biases when examining outcomes across the sites, but no variance in outcomes was observed.

TTT

No Moderator effects were explored for the TTT programme.

Implementation – how to do it?

TAWs

The TAW initiative was not implemented exactly as intended as the intervention could not recruit a TAW on the Isle of Wight. Despite local differences, there were still similarities in the operation of the TAWs approach across the three LA areas that may have contributed to their successful operation:

- TAWs were expected to have a caseload of between 10 to 15 cases at any one time
- TAWs were likely to work with their clients for between nine and 12 months but were very unlikely to work for longer than one year regardless of site
- all children being referred through each of the different boards or methods were not expected to have a multitude of ACEs or to have already experienced poor outcomes

An early issue was that the aims of the TAWs role were not entirely clear or standardised across different areas.

Changes that may ensure a more consistent delivery of the TAWs approach include ensuring:

- the roles and aims of the TAWs are clearly defined with measurable outcomes
- a sufficient number of TAWs are available with sufficient capacity for local demand
- that TAWs have sufficient time with each family in their case load
- the referral process matches the capacity of TAWs so as not to overburden their services – this may mean tightening eligibility criteria or triaging referrals to ensure help is offered in a timely manner to cases with a pressing need
- standardised referral processes within each locality and, where possible, limiting overlap with existing services
- careful consideration is given to the best time to engage the TAW with the families
- TAWs are accepting of children and families’ unique situations and not forcing a service on them

TTT

Twenty-eight individuals were trained through the TTT intervention. The training they went on to deliver in their own organisations aimed to inform the wider workforce of the impact of ACEs, describe a trauma-informed approach to working with young people and provide actions for practitioners to consider once ACEs have been identified.

Generally, participants of the training delivered by the trainers who attended the TTT programme felt that it was delivered appropriately. However, participants of these sessions also felt there was limited information in the sessions as to the practical steps they could take to manage children with ACEs in their organisation. Despite this, the participants did feel on average they improved their knowledge around the signs, symptoms and effects of ACEs.

Economic cost – how much is it?

TAWs

We could not undertake an economic analysis due to limitations in the outcome data available. We did collect the costs of the TAWs programme over the length of the evaluation period. From January 2019 to March 2020, the following budgets were allocated to each LA to

cover the cost of the TAWs:

- £88,017.50 to Portsmouth City Council
- £88,017.50 to Southampton City Council
- £176,035 to Hampshire County Council

TTT

Rock Pool consultancy was paid £67,000 for a number of taught activities over a 10-month period that included the ACEs and TTT package. However, a true reflection of cost would need to also include the time spent on training by individuals from each organisation.

Conclusion

In summary, the findings show positive results regarding the implementation of the TAWs programme with demonstrable improvements in the progress made by children assigned a TAW. TAWs reported better emotional health and feelings of empowerment among children they worked with, and the children and families who worked with TAWs also reported better relationships and positive outlooks.

The follow-up evaluation of TAWs in Portsmouth confirmed these findings, demonstrating continued improvements in child resilience and self-esteem. There was also evidence from a smaller sample that engagement with the TAWs service reduced engagement with the police and that feedback from parents and carers was positive. However, there are still some barriers that need to be addressed for the project to reach its full potential. These have been explored in the Implementation section.

It is also important to highlight, given that the negative effects of ACEs are continually experienced over a child's life, that resources must be devoted to provide support for the children over time. Any evaluation of this support should include long-term follow-up to capture these outcomes.

On the whole, the TTT programme showed many positive outcomes. Trainers commented positively about the training they received from Rock Pool and consequently were confident and able to deliver onward sessions within their organisations. These sessions were deemed to improve employee awareness of ACEs and enable the organisation to become trauma informed, starting to encourage a culture change.

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