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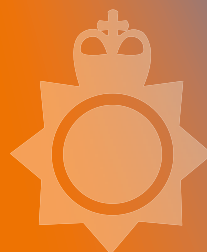
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Camau Cynnar
gyda'n Gilydd
**Early Action
Together**

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

An evaluation of the Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training: national roll out to police and partners



An evaluation of the Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training: national roll out to police and partners.

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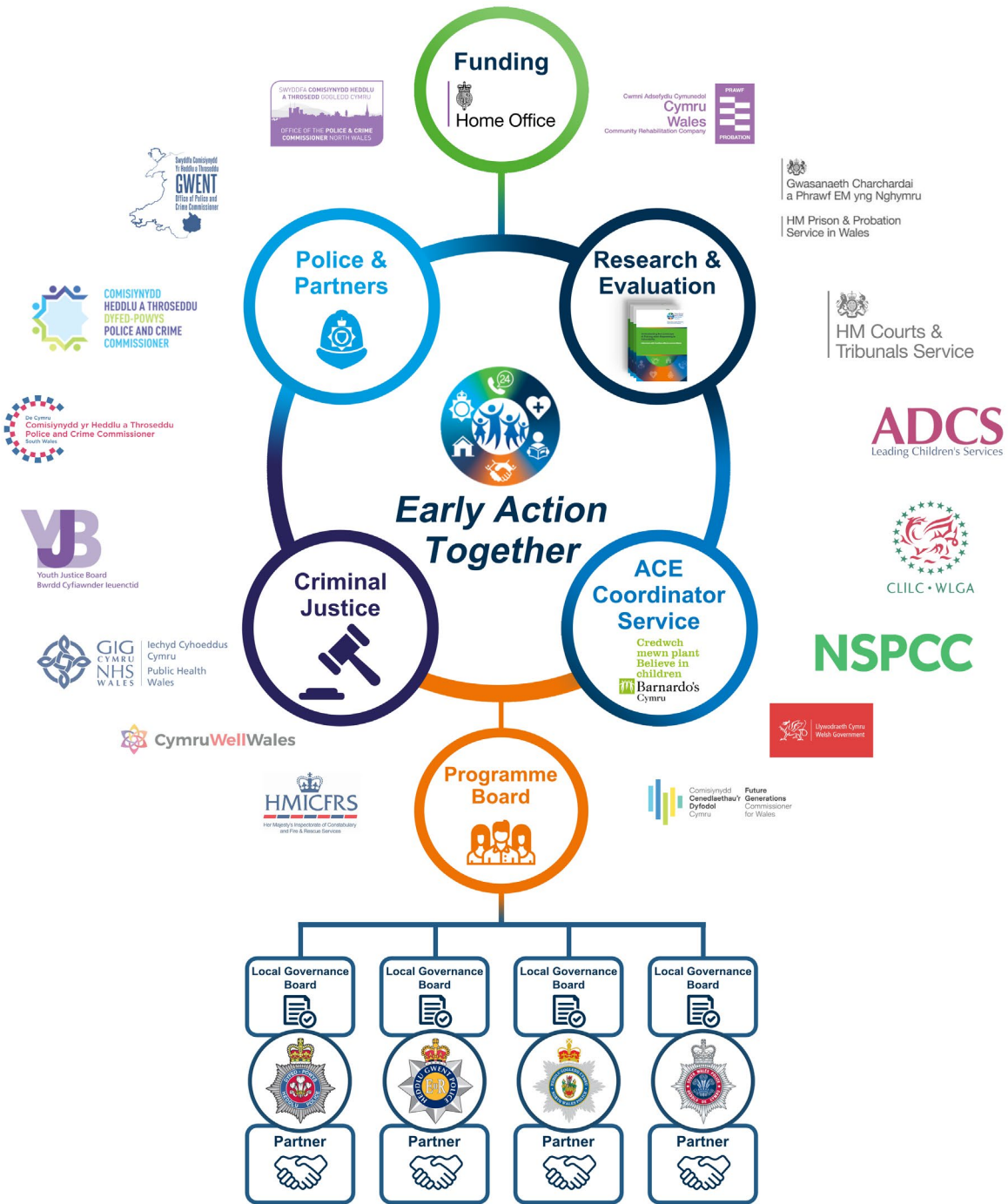
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Early Action Together Programme Structure



Overall Programme Aims

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

Overall Programme Objectives

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

The National Adverse Childhood Experiences Approach to Policing Vulnerability: Early Action Together (E.A.T) programme



Camau Cynnar
gyda'n Gilydd
Early Action
Together

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

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

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

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

- Transitioning from police innovation to a national programme of transformation: an overview of the upscaling of Adverse Childhood Experience (ACE) and trauma-informed training and evaluation
- Understanding the landscape of policing when responding to vulnerability: interviews with frontline officers across Wales
- An evaluation of the Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training: national roll out to police and partners.

This programme of research investigates the impact of an early intervention and prevention response to vulnerability in policing and the criminal justice system. Research and evaluation is being completed around the ACE TIME training, and how it has been embedded; in addition to the evaluation of the wellbeing of police and partners.

For more information about the E.A.T. programme please visit the website:
www.aces.me.uk



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Acronyms used in the report

ACEs	Adverse Childhood Experiences
ACE TIME Training	Adverse Childhood Experience Trauma Informed Multi-Agency Early
ASB	Anti-social Behaviour
CAMHS	Child and Adolescent Mental Health Service
CoP	College of Policing
CID	Criminal Investigation Department
CRU	Crime Reduction Unit
DA	Domestic Abuse
DC	Detective Constable
DPP	Dyfed Powys Police
DS	Detective Sergeant
E.A.T	Early Action Together
EIF	Early Intervention Foundation
GWP	Gwent Police
HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
LDS	Learning Development Service
MA	Multi-Agency
MARF	Multi-Agency Referral Form
NFA	No Further Action
NPCC	National Police Chiefs' Council
NPT	Neighbourhood Police Team
NWP	North Wales Police
PC	Police Constable
PCSO	Police Community Support Officer
PO	Police Officer
PPN	Public Protection Notification
PPU	Public Protection Unit
PS	Police Sergeant
PTF	Police Transformation Fund
SWP	South Wales Police

Summary of the key findings pre to post ACE TIME training*

	Police				MA Partners			
Confidence in understanding and working with vulnerability and ACEs	Pre training	Post training	Direction of change	Strength of change**	Pre training	Post training	Direction of change	Strength of change**
• Self-rated in confidence working with vulnerability	High	High	←	Substantive	High	High	←	Substantive
• Self-rated confidence in understanding and working with ACEs	Moderate	High	←	Substantive	Moderate	High	←	Substantive
Adoption of key messages								
• It is important for police officers to understand what ACEs are	In favour	In favour	←	Substantive	In favour	In favour	↔	No evidence
• Certainty of attitude toward this message	Moderate	High	←	Substantive	High	High	←	Moderate
• Everyone has a part to play in supporting individuals who are experiencing trauma	In favour	In favour	←	Substantive	In favour	In favour	↔	No evidence
• Certainty of attitude toward this message	Moderate	High	←	Substantive	High	High	←	Substantive
• Agencies should work together to prevent and mitigate ACEs and related trauma	In favour	In favour	←	Substantive	In favour	In favour	↔	No evidence
• Certainty of attitude toward this message	High	High	←	Substantive	High	High	←	Substantive
Responses to operational policing scenarios								
• Ratings on how likely it is that a child displaying antisocial behaviour is also currently involved in other criminal activity	Moderate	High	←	Substantive	Moderate	High	←	Substantive
• Ratings on how responsible a child displaying antisocial behaviour is for their actions	High	Moderate	→	Substantive	Moderate	Moderate	↔	No evidence
• Ratings on the vulnerability of a child displaying antisocial behaviour	High	High	←	Substantive	High	High	↔	No evidence
• Ratings on the extent to which an antisocial behaviour incident is a police matter	Moderate	High	←	Substantive	Moderate	Moderate	←	Substantive
• Ratings on the seriousness of the anti-social behavior incident	Moderate	Moderate	←	Substantive	Moderate	Moderate	←	Substantive
• Ratings on whether participants would consider child safeguarding procedures for children present at a domestic abuse incident	High	High	↔	No evidence	High	High	←	Moderate
• Ratings on whether participants would consider adult safeguarding procedures for adults present at a domestic abuse incident	High	High	←	Substantive	High	High	←	Substantive
• Ratings on how likely it is for there to be a repeat call at the address of a domestic abuse incident	High	High	←	Substantive	High	High	←	Substantive
• Ratings on the vulnerability of the children present at an incident of domestic abuse	High	High	←	Substantive	High	High	←	Moderate
• Ratings on the extent to which an incident of domestic abuse is a police matter	High	High	↔	No evidence	High	High	↔	No evidence
• Ratings on the seriousness of a domestic abuse incident	High	High	←	Substantive	High	High	←	Substantive

* These results are further broken down according to gender, force area, job role (police), sector (MA partners), age and length of time in service – see report for further details **Strength of change based on statistical tests (namely, Bayesian paired samples t-test) assessing the difference in mean scores pre and post ACE TIME training

Key ↔ no change ← increased → decreased

Executive Summary

In a rapidly changing society, modern policing faces new pressures and increasing demands to respond to incidents of high threat, harm, risk and vulnerability. Responding to such incidents has become a core element of policing across the UK. Whilst the police are well placed to identify and respond to vulnerability, research has highlighted that traditional policing methods, training and systems are not designed to meet the changing levels and types of vulnerability demand. The National Police Chiefs' Council (NPCC) and College of Policing (CoP) have highlighted the need to transform policing within the UK to develop a workforce of confident professionals with the skills to respond to vulnerability and the complex needs of the local community.

The pan-Wales Early Action Together (E.A.T.) programme aimed to develop a whole systems response to vulnerability to enable police and multi-agency (MA) partners to recognise signs of vulnerability at the earliest opportunity and to work together to provide access to support beyond statutory services. Key to achieving this was the development and delivery of the Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training programme. The ACE TIME training aims to ensure that police and MA partners have the appropriate knowledge and skill to respond to vulnerability using an ACE and trauma-informed approach. The training built on a small-scale pilot carried out within South Wales police¹ and was further developed by the ACE Coordinator Service positioned within Barnardo's and the E.A.T. national programme team.

Public Health Wales and Bangor University undertook an independent evaluation of the ACE TIME training to capture its immediate impact on police and MA partners' knowledge, practice, competence and confidence when responding to vulnerability. The evaluation comprised a number of pre and post-training questionnaires that incorporated previously validated measures¹ and a number of open-ended questions (see pg. 21) with open text boxes for participant's comments.

The current report evaluated the phase one roll out of the ACE TIME training (from September 2018 to January 2019). During the data collection period, 1,034 professionals were trained, of which 996 participated in the evaluation (849 police officers or staff and 147 MA partners). Police and MA partners across Wales from a range of different operational roles and teams took part in the evaluation (see table 3, pg. 24). Among police participants, approximately half worked in response roles (i.e., '999' response; 51%). A further 21% worked within neighbourhood policing teams (NPT); and those from the public protection unit (PPU), custody, criminal investigation department (CID) and other investigative roles made up the remainder of departments (28%). Among MA partners, approximately 22% worked with children and young people's education services; 22% within safeguarding, social care and family sector, 22% within the health and well-being sector and 16% in housing, community and local authority.

¹ Refer to Newbury A, Barton ER, et al. 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. Cardiff: Public Health Wales; 2019 for a full review of measures used.

Key Findings

Confidence in understanding and working with vulnerability and ACEs

- Pre-training, police and MA partners were highly confident in working with vulnerability ($M = 7.9$ and 8.3 out of 10.0 , respectively) and moderately confident in understanding and working with ACEs ($M = 5.1$ and 6.6 out of 10.0 , respectively).
- Pre to post-training, police and MA partners increased in confidence in working with vulnerability by 4.8% and 4.2% , respectively, from baseline.
- Pre to post-training, police and MA partners increased in confidence in understanding and working with ACEs by 68.9% and 39.1% , respectively, from baseline.
- Pre-training, police confidence about working with vulnerability and ACEs was greater with age and length of time served in force. Post-training, these relationships were not significant (see table 5, pg. 29). This suggests that younger police and those with less time served have a greater confidence benefit from the training; resulting in individuals with less than 3 years' experience in the force leaving the training with confidence levels equivalent to those of police who had served >20 years in force before they received the training (see figure 4, pg. 28).
- Gwent (GWP), North Wales (NWP) and Dyfed Powys police (DPP) increased in confidence when working with vulnerability after receiving the training, but there was no evidence for an increase in South Wales police (SWP). However, South Wales police reported significantly higher confidence ($M = 8.2$ out of 10.0) pre-training compared to the other three force areas ($M = < 7.8$ out of 10.0). Possible explanations for this finding are outlined in the discussion (see pg. 64). These findings suggest that police from force areas with a mean confidence score of less than approximately 8.0 have greater immediate confidence benefit following the training.
- Police and partners from all demographic backgrounds reached similar and high levels of confidence post-training. Collectively, the findings suggest that training attendance enabled a force wide confidence in the understanding of working with ACEs and vulnerability.

Confidence and competence in responding to vulnerability with an ACE-informed approach

- Participants rated that the training will enable them to more confidently and competently respond to vulnerability using an ACE-informed approach (see table 9, pg.78).
- Female police rated that the training will enable them to confidently and competently respond to vulnerability significantly more than male police did (see figure 15, pg. 51).
- A large proportion of participants (police $N = 113$ comments and MA partners $N = 43$ comments) commented that the training provided them with a greater knowledge and awareness of ACEs and trauma. Participants also stated that the training gave them greater understanding of people's behaviours and how trauma may impact an individual later in life (police $N = 47$ comments and MA partners $N = 35$ comments).

“The training was very beneficial as I was not fully aware of ACEs and what they do. I would feel confident responding to vulnerability” (police GWP).

- After the training, participants felt their understanding of vulnerability and knowledge of ACEs will enable them to have better communication and more positive interactions with vulnerable people (police $N = 53$ comments and MA partners $N = 15$ comments), with greater empathy and compassion (police $N = 74$ comments).

“The training outlined the importance of acknowledging the reasons behind someone’s actions, and gave an insight into how a professional can avoid triggering negative reactions” (MA NWP).

Police confidence in their understanding about when a vulnerability referral needs to be submitted

- As part of the E.A.T. programme, the police forces have worked to improve the efficiency of their referral processes and practice guidance. In some forces, these changes were presented during the training to inform officers of the new processes, whilst other forces delivered this content during separate workshops. As such, we were interested in police confidence about when to submit vulnerability referrals (i.e., police referral or direct referral to agencies).
- Dyfed Powys and Gwent police increased in confidence about when to submit a vulnerability referral. However, there was no increase in confidence for North Wales or South Wales police. A possible explanation for this finding is that South Wales police had significantly higher levels of confidence pre-training and North Wales police had embedded more change, and thus attendees had more information to process with relation to new referral pathways.
- Police from North Wales commented that the delivery of the additional information on referral pathways was too lengthy (police $N = 11$ comments) and the least useful part of the training (police $N = 11$ comments). While this element of the training reflects the positive work the local delivery team has already developed in relation to signposting and pathways for early intervention and prevention, there may be a need to consider whether this information should sit separately to the ACE TIME training within a police and partners workshop.

Attitudes towards ACEs and related trauma

- The evaluation assessed police and MA partners’ attitudes towards three multi-agency/ACE and trauma-informed training messages (see box 1), on a scale of (1) *against* to (7) *in favour*. The evaluation also assessed the certainty of participant’s attitude towards the training messages (i.e., the sense of strength of conviction participants had about their attitude), on a scale of (1) *not at all certain* to (7) *very certain*.

Box 1. Attitude Messages

- **Message 1:** It is important for police officers to understand what ACEs are.
- **Message 2:** Everyone has a part to play in supporting individuals who are experiencing trauma.
- **Message 3:** Agencies should work together to prevent and mitigate ACEs and related trauma.

- Pre-training, police and MA partners were in favour of multi-agency/ACE and trauma-informed training messages. Further, police were moderately certain of their attitudes towards each message and MA partners very certain.
- Post-training, police were significantly more in favour of the training messages. Police attitudes increased by 7.53% (message 1), 11.3% (message 2) and 5.9% (message 3) from baseline.
- Post-training, police were also significantly more certain of their attitude towards the training messages. Attitude certainty increased by 29.9% (message 1), 18.3% (message 2) and 12.5%

(message 3) from baseline.

- Post-training, MA partners attitudes did not change. However, they were more certain of their attitude towards message 1 and 2.
- Post-training, all genders, force areas and job roles/sectors within police and MA partners were in favour of the training messages and very certain of their attitude.
- The findings suggest that the training enabled positive attitudes towards recognising the importance of understanding and supporting ACEs and related trauma from a policing and multi-agency perspective. Further, because the direction of attitude change was in favour of ACE and trauma-informed approaches, the increase in attitude certainty is a positive finding which suggests participants' sense of conviction of their attitudes was significantly stronger following the training.

Responses to operational policing scenarios (anti-social behaviour)

- Participants read an operational policing scenario that described a child involved in an incident of antisocial behaviour (ASB; see box 3, pg. 30 for the scenario). Participants were then asked a number of questions in order to assess their professional judgement and decision making in relation to the scenario, pre and post-training.
- Following the training, participants' professional judgement and decision-making shifted towards an ACE and trauma-informed approach to policing. Overall, police and MA partners perceived that the child in the scenario was significantly more likely to be currently involved in other criminal activity, post-training (see table 6, pg.31). Police also perceived the child to be significantly less responsible for their actions and more vulnerable, post-training (see table 6, pg. 31). Collectively, these findings suggest that the professional judgement of participants widened from focus on the specific crime at hand to include a more holistic perspective of the child's vulnerability and related behaviour.
- Overall, police and partners perceived that responding to the ASB incident was more of a police matter and that the incident was significantly more serious, post-training (see table 6, pg. 31). Importantly, the change in police perception of seriousness remained within the bounds of what would be considered a "delayed response" (see figure 10, pg. 41), suggesting that whilst police viewed dealing with an ASB incident involving a vulnerable child to be more of a police responsibility, they were also able to operationalise their learning from the training into appropriate professional judgement.
- In support of the survey data, post-training police commented that they would apply the training into practice when dealing with incidents involving children and young people (police $N = 58$ comments):

"After the training I am more aware of what ACEs are, will look for them much [more] closely when a vulnerable youth commits ASB [anti-social behaviour]" (police GWP).

Responses to operational policing scenarios (domestic abuse)

- Participants read an operational policing scenario that described an incident of domestic abuse (DA) with children present in the household (see box 4, pg. 36 for the scenario). Participants were then asked a number of questions in order to assess their professional judgement and decision making in relation to the scenario, pre and post-training.
- Overall, participants' perceptions of how vulnerable the children were increased following the training (see table 7, pg. 37).

- Police and MA partners both scored highly on how likely they were to consider child safeguarding procedures pre and post-training, but only MA partners were significantly more likely to consider child safeguarding procedures post-training (see table 7, pg. 37).
- Overall, police and MA partners both increased their rating of how likely they were to consider adult safeguarding procedures following the training (see table 7, pg. 37).
- Police and MA partners increased their rating of how likely it was for there to be a repeat call at the address (see table 7, pg. 37), suggesting that post-training participants had greater recognition of the relationship between vulnerability and the complex cyclical nature of such crimes.
- Overall, police and MA partners considered the domestic abuse incident to be significantly more serious following the training and rated this seriousness within the bounds of what would be considered an “immediate response” (see figure 10, pg. 41).
- In support of the survey data, post-training, some police commented that they would also apply the training into practice when dealing with incidents of domestic abuse (police $N = 22$ comments):

“I will look at each domestic incident I attend through an ACEs lens. I will look at the ACEs that children are being influenced by and make more accurate decisions and referrals”
(police GWP).

Understanding of an ACE and trauma-informed approach

- Post-training participants were asked to rate how much they agreed or disagreed with a number of ACE and trauma-informed statements (see table 10, pg. 52).
- Overall, police and MA partners agreed that “vulnerability should be considered in every part of policing” and that “it is possible to intervene and change a person’s life course regardless of the number of ACEs they have experienced”.
- In addition, participants were asked to rate how much they agreed or disagreed with a number of statements that contradicted an ACE and trauma-informed approach to tackling vulnerability. Overall, police neither agreed nor disagreed with the following statement: “dealing with ACEs is predominantly the responsibility of social workers”. This suggests that the training did not sufficiently enable police to recognise the significance of their shared role in the multi-agency response to vulnerability. Further analysis showed that younger police, who had less time in force, were more likely to agree with this statement (see table 11, pg. 54).
- One of the key messages delivered in the training was that whilst assessing ACEs can be a useful tool to help police and MA partners identify vulnerable people and provide access to early intervention and prevention, there is a risk in misusing ACE checklists as the foundation for professional decision making or as a threshold for intervention². We developed a statement to assess the potential misuse of ACEs in policing: “cases should be prioritised based on the number of ACEs scored on a checklist”. Overall, police and MA partners neither agreed nor disagreed with this statement. This highlights a need for future ACE TIME training to further emphasise the misuse of ACEs as a checklist for prioritising cases.

² For more information see: Bateson K, McManus M, Johnson G. Understanding the use, and misuse, of Adverse Childhood Experiences (ACEs) in trauma-informed policing. 2019. The Police Journal. 2019:0032258X19841409.

Usefulness and relevance of the training

- A large majority of participants expressed the view that the training was useful in improving their knowledge on all topic areas (see table 13, pg. 56; police $N = 161$ comments, MA partners = 43 comments). However, some police, such as control room staff, commented that they were limited in what they could operationalise from the training within their role (police $N = 47$ comments). Thus, the training may require additional work to align its messages to all roles and job sectors, particularly for participants that have limited face-to-face contact with vulnerable people (e.g., control room staff).

Implementing the training into practice

- A prominent theme for police officers and staff was that training will improve the referrals they complete for vulnerable individuals (police $N = 145$ comments). Police reported that they will have a greater consideration of the information they need to include within referral forms, that they will provide a more comprehensive description of the incident and the risks observed and use appropriate language.
- Post-training, the open comments suggested that participants had a clearer idea of the tasks they are required to do to help vulnerable people and provide support to address their needs. In particular, participants commented that the training will enable better signposting and help them offer more support and safeguarding to vulnerable individuals (police $N = 92$ comments, MA partners $N = 14$ comments).

“This will assist me in referring [signposting] people to agencies who would be best used to deal with trauma should a [multi-agency referral form] not be relevant” (police, Dyfed Powys Police (DPP)).

- A large number of participants commented that the training was beneficial (police $N = 171$ comments) to their personal life (police $N = 138$ comments, MA partners $N = 24$ comments). Many participants indicated that the training helped them recognise the trauma experienced in their own lives, and one participant highlighted the potential harmful emotional impact of attending training. Previous research shows approximately half of the Welsh population has experienced at least one ACE, and 14% have experienced four or more³. Given the sensitive nature of the training content, self-care briefings should be present at the start and continually throughout the training with sufficient follow up opportunities.

Perceived barriers to applying knowledge

- In the open comments, participants reported time constraints (police $N = 174$ comments, MA partners $N = 17$), demand and priorities (police $N = 49$ comments) and limited resources (police $N = 78$ comments, MA partners $N = 10$ comments), as barriers to implementing the training. Some police expressed concerns about the need to divert and attend to other calls once the immediate threat, risk and harm of an incident has been responded to.
- Participants also reported lack of victim engagement as a barrier to embedding the training into practice (i.e., challenges gaining consent and gathering information about ACEs from victims when they are reluctant to engage, accept help and access support; police $N = 65$ comments, MA partners $N = 5$ comments). This suggests that the training could be improved to help participants recognise the impact of trauma on an individual and their ability to engage with services, and the opportunity to intervene in such circumstances.
- While a number of participants commented the training would better enable collaborative working, other participants described multi-agency working as a barrier to implementing the training into practice (police $N = 56$ comments, MA partners $N = 10$ comments).

3 Bellis MA, Ashton K, Hughes K, Ford K, Bishop J, Paranjothy S. Adverse childhood experiences and their impact on health-harming behaviours in the Welsh adult population [report on the Internet]. Cardiff: Public Health Wales; 2016 [cited 2020 Feb 27]. Available from: <http://researchonline.ljmu.ac.uk/id/eprint/2648/1/ACE%20Report%20FINAL%20%28E%29.pdf>

Conclusion and Recommendations

The ACE TIME training is a core element of the E.A.T. programme, which sets out to provide police and partners across Wales with a universal understanding of vulnerability, and the knowledge and skills to confidently and competently respond to individuals who experience trauma. It supports the NPCC Policing Vision 2025⁴, which highlights the need for police to adopt professional curiosity to identify the potential indicators of vulnerability at the earliest opportunity and to reduce risk of harm through early intervention with partners. The training seeks to establish better multi-agency working practice, and support police to draw on wider services to deliver appropriate responses to vulnerability.

The findings from the current evaluation suggest that, overall, the training had a positive impact on police and MA partners by increasing awareness of ACEs and related trauma, and the impact this may have on an individual throughout their lifetime; while also enabling staff to feel more competent and confident to respond in a trauma- and ACE-informed way. Furthermore, the findings suggest that the training significantly improved police attitudes towards a multi-agency ACE and trauma-informed approach to tackling vulnerability. Nonetheless, the findings also provide evidence of where there might be barriers to implementing the training into practice.

The evaluation leads to the following recommendations:

Recommendations for training delivery:

- To strengthen training messages around the significance of policing within a multi-agency response to vulnerability, supported by group work and discussions, to encourage a whole system approach in practice
- To emphasise that ACEs should not be used as a 'checklist' to prioritise cases, to ensure more appropriate application of knowledge and understanding in practice
- To align training delivery to different roles and their respective levels of face-to-face contact with the public, to enhance applicability to practice
- To provide further operational examples of how the training may be embedded into day-to-day policing practice, to encourage up-take. Specifically, more emphasis should be placed on utilising day-to-day interactions as opportunities to make positive life change
- To communicate the potential impacts of trauma on individuals' abilities and/or willingness to engage with the police and other services, to support understanding of the impact of ACEs and vulnerability on behaviours
- To communicate the sensitive nature of the training upon invitation and to highlight opportunities for post-training wellbeing provision in order to support those participants for whom the training might have an emotional impact.

Recommendations for research and evaluation:

- To explore the longer-term impact of ACE TIME training on knowledge and understanding of ACEs and vulnerability
- To explore the extent to which ACE and trauma-informed approaches are embedded into day-to-day practice
- To evaluate any changes to the ACE TIME training package following the phase one roll out that was evaluated in this report.

⁴ National Police Chief's Council. Policing Vision 2025 [report on the internet]. London; National Society for the Prevention of Cruelty to Children; 2016 [cited 2020 Feb 27]. Available from: https://www.npcc.police.uk/documents/Policing_Vision.pdf

1. Introduction

Over the last decade, policing in the UK has experienced considerable change to practice. Police services have transitioned away from a traditional “crime-fighting” reactive approach to policing towards preventative community-led policing [1-3]. According to the Crime Survey for England and Wales (CSEW), over the past two decades there has been an approximate 35% reduction in self-reported incidents of volume crime, including theft, criminal damage and assaults [4]. However, in a rapidly changing society ‘modern policing’ faces new threats and increasing demands from ‘high-harm’ incidents which can often be complex in nature (e.g., domestic abuse)[5]. In particular, responding to vulnerability places high demand and considerable strain on policing [6]. Evidence suggests that 83-89% of command and control calls are non-crime related incidents including public safety, welfare and vulnerability [7,8]. Whilst police systems do not have the capabilities to capture the true vulnerability-related demand placed on its services [5, 9,10]), police force incident data suggests that demand generated by public safety and welfare incidents is increasing [7].

1.1 Existing responses to vulnerability within the police

Research highlights that traditional policing methods, training and systems are not designed to meet the level and type of modern vulnerability demand [11]. The 2017 inspection by Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) assessed police forces across England and Wales on areas relating to vulnerability, including how effectively they support victims and protect vulnerable individuals from harm. The inspection reported that 16 of the 43 forces required improvement in those areas, with five judged as ‘inadequate’. These inspections indicated that some of the approaches police forces were using to deal with increased demand and decreased resources put vulnerable people at serious risk of harm [12].

Police officers and staff have extensive policy, guidance and professional standards to adhere to, which largely inform practice from a criminal investigation and safeguarding perspective. However, research highlights inefficiencies in the processes in place to manage vulnerability. Current responses to vulnerability within policing are centred on safeguarding referrals (e.g., Public Protection Notifications [PPNs]^[1]), which are submitted to statutory partner agencies following identification of welfare concerns. Analysis of safeguarding referral submissions across South Wales Police force (SWP) highlighted that over a one-year period, a large volume of PPNs (61,590) were submitted for vulnerable individuals and 31% of those individuals received repeat referrals [11]. However, within a single local authority only 3.2% of child safeguarding referrals and 4.2% of adult safeguarding referrals resulted in further action (e.g., a care and support plan was provided). The police are in a unique position to identify vulnerability and are often the first point of contact for individuals needing additional support, yet these findings demonstrate that efforts to address vulnerability often result in ‘no further action’ (NFA).

High safeguarding thresholds within social care services may partly explain the volume of referrals that result in NFA. However, further consideration is needed to the quality and appropriateness of referrals sent to statutory services. Operational police staff and officers from SWP identified a number of issues with the use of PPNs [13]. This included challenges obtaining consent from vulnerable persons to enable the sharing of information with other services. Officers also reported that referral forms were time consuming and

[1] South Wales and Gwent police use PPN referrals for safeguarding, however, Dyfed Powys use Multi Agency Referral Forms (MARFs) and North Wales Police use CID 16 forms.

contained inappropriate questions for assessing lower level vulnerability. Furthermore, officers reported a lack of feedback on their referral submissions, which they considered important for guiding their responses and enabling better management of repeat callers. Many officers reported that they submitted PPNs to preserve accountability, even if they were unnecessary for the level of presenting risk. However, high numbers of PPN submissions lead to processing delays and result in significant time lags between the time of the incident and the time they are reviewed by Police Public Protection Units. Referrals which are assessed as higher risk are prioritised and processed quicker (70% high risk processed within 48 hours of the incident), nevertheless, delays in referring on to partners still remain with 54% of the demand processed beyond 48 hours. These delays ultimately prevent timely responses to safeguarding and can prevent vulnerable people from receiving support at the point it is needed [13].

Beyond their statutory duties, police responses to vulnerability can vary largely, both across and within individual forces. The geographical profile and localised arrangements within health and social care agencies largely shape how police forces operate. Whilst there is still a need to maintain an element of traditional crime-fighting reactive approaches to address offending, there is also a need to provide a more community focused service that can enable early intervention and preventative action. Police call outs and community patrols can act as a gateway for police to identify vulnerability and enable early intervention and prevention [15]. Indeed, the establishment of neighbourhood policing has provided greater opportunity for the police to promote community safety, gather intelligence, prevent crime and disorder, increase effective problem solving and protect vulnerable people and develop community resilience [14]. However, research has identified inefficiencies in police responses to vulnerability and the challenges frontline officers and staff face [11, 10]. Following the 2017 HMICFRS inspection, which raised concerns *“that local policing had been eroded”* and that *“many forces had failed to ‘redefine’ neighbourhood policing in the context of reduced budgets and changing demand”*, new national guidance for neighbourhood policing was developed [14].

Many police officers and staff consider vulnerability to be a police responsibility and a part of their duty to protect individuals from harm and reduce future demand [10]. However, research has highlighted that police feel they are often required to provide support beyond their operational remit and the level of knowledge and skill they have to deliver appropriate responses [10]. Although policing is making progress with respect to how it deals with vulnerability through additional training [22], more work is required to operationalise vulnerability training into practice. A number of challenges police face when responding to vulnerability have emerged [10]. Whilst police have opportunities to provide immediate short-term solutions to vulnerable individuals, they perceive that there is limited support available to bridge the gap between short-term solutions and the longer-term solutions provided by statutory agencies. Furthermore, police feel that existing training provisions are inadequate in enabling police to respond to the complexity and breadth of the vulnerabilities individuals present with. Due to the dynamic nature of vulnerability, police rely on professional judgement and experience to be able to adapt their responses to different situations [10]. However, frontline police have difficulty adapting current policing models for risk assessment and decision making to incidents of vulnerability [12, 13]. Often it is the police within specialised roles who receive more in-depth training on subjects relating to vulnerability (e.g., investigation roles), whilst some police staff receive very little training (e.g., Police Community Support Officers). Police have identified a number of areas for development, including mental health training and the need for an improved understanding of the pathways for support [10].

1.2 The importance of early intervention and prevention: a need for change

Police are uniquely placed to identify and respond to vulnerability. However, the challenges highlighted within recent research and HMICFRS inspections demonstrate a pressing need to create a police culture where vulnerability is recognised and understood at all levels. The NPCC and College of Policing set out to transform policing within the UK by ensuring services continue to adapt to the modern policing environment and to the complex and diverse needs of the local community [5]. The NPCC 2025 vision strives to develop a workforce of confident professionals who are able to operate with a high degree of autonomy and accountability. Transformational change within policing can be challenging, and often unsuccessful [16, 17]. Therefore, delivering transformation must “*inspire officers, staff and volunteers and develop the flexibility, capability and inclusivity required to adapt to change*” [5]. However, police services cannot act alone in responding to vulnerability.

Memorandum of Understanding and Wales-Wide Collaboration Agreement

In recognition of the need for services to work in collaboration, Public Health Wales (PHW), South Wales Police and Crime Commissioner and South Wales Police agreed to and signed a Memorandum of Understanding (MoU) in 2015. The MoU committed all three organisations to work together to identify common issues, understand the challenges faced by both services and progress the delivery of joint priorities. This included identifying potential indicators of vulnerability at the earliest opportunity to reduce risk of harm through early intervention and prevention with partners. As part of the E.A.T. programme, this commitment was extended as part of a wider collaboration agreement between PHW, all four Welsh police forces and police crime commissioners and Barnardo’s in 2018.

The 2025 vision sets out to develop joined up business delivery between police and partners to provide a more ‘sophisticated’ response to complex challenges. This whole systems approach can ultimately strengthen efforts to protect vulnerable people, reduce crime and demand. To ensure realisation of the 2025 vision, the NPCC and College of Policing developed the Vulnerability Action Plan (2018-2021), which highlights several key themes and necessary actions for police forces to take [18]. Here, early intervention and prevention is consistently emphasised. Further emphasis is placed on utilising non-statutory pathways for support (i.e., signposting to local and national resources). The Early Intervention Foundation (EIF) highlights the importance of police and partnership working in the delivery of early intervention and preventative action. The EIF has estimated that failure to intervene early in situations such as domestic abuse, child maltreatment, mental health problems, youth crime and school exclusions costs nearly £17 billion a year across England and Wales [19]. The Vulnerability Action Plan recognises the need for police officers and staff to receive support to develop the knowledge and skills required to effectively recognise and respond to all forms of vulnerability.

1.3 The Early Action Together (E.A.T.) Programme

To address the challenges police services experience when responding to vulnerability, the Home Office invested £6.87 million into an all Wales National Programme of Transformation [10]. The E.A.T. programme was set up to develop a whole systems response to vulnerability, where professionals recognise signs of vulnerability at the earliest opportunity and provide access to the appropriate pathways for support. Research on ACEs has informed the programme and provided valuable insight into the underlying causes of vulnerability, highlighting the ‘dose response relationship’ between ACEs and poor outcomes in later life (e.g., health harming behaviour, crime, victimisation and poor health). This research highlights that risks of violence and incarceration increase with the number of ACEs experienced. For instance, those who have experienced four or more ACEs are 14 times more likely to have been a victim of violence, 15 times more likely to have committed abuse against another person in the last 12 months, and 20 times more likely to be incarcerated at any point in their lifetime [20]. Crime does not operate in isolation to vulnerability and police have a fundamental role in addressing childhood adversity at the earliest opportunity to mitigate the risk of negative outcomes [20]. Drawing on the above research, the E.A.T. programme adopts a public health approach to policing. The programme aims to develop a Wales-wide approach to training and practice by developing and implementing a training package which seeks to provide police and criminal justice staff with the appropriate knowledge and skills to respond to vulnerability using an ACEs and trauma-informed approach (see Newbury et al., 2019 for a more in-depth overview of the programme) [21].

1.4 The Adverse Childhood Experience (ACE) Trauma-Informed Multi-agency Early Action Together (TIME) training

In 2017, an ‘ACE-informed approach to policing vulnerability’ training package was developed and tested within South Wales Police. This pilot demonstrated improved knowledge and practice for those who participated in the training [22]. Using the findings and recommendations of the pilot evaluation, the ACE Coordinator Service positioned within Barnardo’s and the E.A.T. national programme team further developed the ACE TIME training for roll out to different operational roles and teams across Wales [21].

In 2019, the E.A.T. programme published its first report ‘*Understanding the Landscape of Policing when Responding to Vulnerability*’ [10]. The report presented the findings of an evaluation of the police response to vulnerability in Wales before any training on ACEs and trauma-informed approaches was delivered. Based on 152 interviews with frontline police staff across Wales, key findings from the report include:

- Awareness of a trauma-informed approach was limited and while there was an understanding of ACEs, this largely did not reflect different types of experiences and instead was often limited to scenarios of domestic abuse
- Policing vulnerability was seen as a key part of the police role, but there was some evidence that understanding past childhood experiences was viewed as less of a concern for the police who should simply “investigate crime”
- There was broad agreement that the police response to vulnerability needs to be improved, and that related training and (notwithstanding identified challenges) a multi-agency, whole systems approach to vulnerability are needed
- Training is ideally locally tailored and delivered by experts and specialists in their areas, preferably in a classroom environment with later application of knowledge in frontline roles.

The ACE TIME training has the following objectives:

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

The training has been developed as a one-day package for delivery to front-line police and it aims to provide an introduction to ACEs and trauma, to further develop police officers' tactical skills, to enable an ACE and trauma-informed response to vulnerable individuals. Professionals working across partner agencies were also invited to attend the training alongside police to provide the opportunity for cross-agency learning. The training covered the topics highlighted in box 2, pg. 17.

Box 2. The ACE TIME training content.

Morning Session	Afternoon Session
<ul style="list-style-type: none"> • 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 personal wellbeing 	<ul style="list-style-type: none"> • Application of ACE LENS (look, explore, needs, signpost, support, safeguard) 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

1.5 Evaluation of the ACE TIME training package

Public Health Wales was commissioned to conduct an independent evaluation of the ACE TIME training delivered to police and partners. The evaluation has the following objectives:

- To examine if participation in the training has an impact on awareness and knowledge of ACEs and trauma;
- To understand the impact of the training on police and partners' perceived confidence and competence to respond to vulnerability using an ACE-informed approach.

The objectives of the current report sit within the wider evaluation objectives of the programme to:

- Explore the impact of the training on cross-agency integrated working practices, and the extent to which the training has contributed to a whole systems approach to preventing and mitigating ACEs;
- Examine the up-scale 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;
- Capture the impact of the training with regards to knowledge and practice related to working with vulnerability following the upscale and national roll out of the training across the four Welsh forces.

2. Method

The evaluation utilises a mixed methods design capturing both quantitative and qualitative feedback (in the form of open comments) from pre and post-training surveys. The evaluation was reviewed and granted ethical approval by Health and Care Research Wales and Public Health Wales Research and Development (IRAS ref: 2535898).

Participants

ACE coordinators delivered the ACE TIME training to police and partners across the four police forces in Wales. Each police force selected the policing sectors and professional cohorts that were to attend the training during phase one of the national roll out (see table 1, pg. 19). Professionals from partner agencies were also invited to attend the training days alongside police to enable delivery to multi-agency cohorts. Training attendance was voluntary for MA partners' but for police staff, participation in the training was mandatory as part of their continued professional development. Police and MA partners were invited to attend the training via an email sent by either the police Learning Development Service (LDS) or the local delivery team.

An opportunity sampling method was used to recruit participants into the evaluation. Initially, all individuals attending the training during phase one of the roll out (*phase one*: September 2018 to January 2019 roll out) were invited to take part in the evaluation. Due to the volume of staff being trained and the number of sessions delivered, sufficient recruitment into the evaluation was achieved before the end of phase one roll out (see table 1, pg. 19).

Table 1: Phase one training delivery by force area

Police force	Sector	Police teams	Staff numbers
North Wales	Anglesey/ Flintshire	Response, neighbourhood police, custody, CID, PPD, force communications, specials	449
South Wales	Rhondda Cynon Taff	Response, Neighbourhood, PPU	411
Gwent Police	Force wide delivery	Response, Neighbourhood police, special constables, CID, PPU, Control room, custody	735
Dyfed Powys	Ceredigion	Response, Neighbourhood police, Force control room	254
Total			1,849

Each training day had officers/staff from across the whole force area.

Measures

Participants responded to a number of questions in a combined survey, immediately before and after the training day. Survey questions assessed participant's knowledge and awareness of ACEs/trauma, confidence working with vulnerability, attitudes towards an ACE and trauma informed approach to policing, professional judgement and decision making, the extent to which the training package enabled a confident and competent workforce and quality of the training. The following measures were used:

Pre-training survey:

1. **Demographics:** Age, gender, ethnicity, job role (police) and job sector (MA partners), department and duration working in the police.
2. **Police confidence in working with vulnerability (PCWV; [21]):** The PCWV (9 items) measured participants confidence in the understanding of how to work with vulnerability (5 items) and confidence in understanding and working with ACEs (4 items). Confidence was rated using a 10-point Likert scale that ranged from (1) *not at all confident* to (10) *completely confident*.
3. **Attitudes towards training:** The research team developed three attitude statements that reflected core messages of the ACE TIME training in relation to an ACE and trauma informed approach to tackling vulnerability: message 1: "*it is important for police officers to understand what Adverse Childhood Experiences are*"; message 2: "*everyone has a part to play in supporting individuals who are experiencing trauma*"; and message 3: "*agencies should work together to prevent and mitigate Adverse Childhood Experiences and related trauma*". Following previous research in personality and social psychology [23, 24, 25] the evaluation measured participant attitudes towards each message (primary cognition) and the level of certainty participants had about their reported attitude (secondary cognition). Responses were recorded on two 7-point Likert scales (1) *in favour* to (7) *against* the statement and (1) *not at all certain* to (7) *very certain* of their opinion of each message.
4. **Responses to operational policing scenarios:** As part of the evaluation, participants read two scenarios pre and post-training. Scenario A described a child involved in an incident of antisocial behaviour (ASB) and Scenario B described an incident of domestic abuse with children present in the household (see pg. 30 & pg. 36 for the complete scenarios). Participants responded to 7 statements about the scenarios (see table 6 and 7, pg. 31 and 37, respectively); responses to each statement were measured on a 10-point Likert scale (anchor points varied for each question), which aimed to measure professional judgement and decision making in relation to the scenarios.

Post-training survey:

The post-training survey included a number of measures used in the pre-training survey to assess for change (specifically, measures 2, 3 and 4, above). In addition, the following post-training measures were used:

5. **Development of knowledge and understanding:** The research team developed this measure to assess the usefulness of the training in advancing participant knowledge and understanding of ACEs (7 items). Participants were asked to rate each item on a 5-point Likert scale from (1) *not at all useful* to (5) *very much so*.
6. **Understanding of an ACE and trauma informed approach to working with vulnerability:** The research team developed this measure to capture whether following the training participants had recognised some of the key messages regarding an ACE and trauma informed approach to working with vulnerability (7 items). Participants were asked to rate each item on a 5-point Likert scale from (1) *strongly disagree* to (5) *strongly agree*.
7. **Embedding the training into practice:** The research team developed two questions to assess the extent to which the training enabled participants to (1) confidently and (2) competently respond

to vulnerability using an ACE informed approach. These questions included open text boxes to allow participants to comment on the reasons for their responses. Three additional open text boxes were included to allow participants to comment on the following questions: “how will you apply the knowledge gained from the ACE TIME training today into your day-to-day practice tomorrow, and in the future?”, “do you believe that the knowledge and awareness gained within the training will have some use outside your working environment? If so, please explain” and “what barriers, if any, do you see/anticipate preventing you from applying knowledge gained from the ACE TIME training in to your practice?”.

- 8. Quality and delivery of the training:** Participants were asked a number of questions about the quality and delivery of the training in order to inform the development of future training programs (11 items). Responses were rated along a scale ranging from (1) *very poor* to (5) *excellent*. Further, participants were asked to comment on the following questions: “*which part of the training did you find the most useful and why?*”, “*which part of the training did you find the least useful and why?*”, “*what, if anything, would you add to the training and why?*” and “*what, if anything, would you remove from the training and why?*”.

One amendment was made to the pre-training questionnaire to adapt them for professionals working in partner agencies: The following statement was adapted from “*your understanding of when a referral/upgrading risk needs to be submitted*” (police) to “*your understanding of when a referral/upgrading risk/PPN/ CID I 6/MARF needs to be submitted*” (MA partners).

For a full review of all the measures used in the questionnaires, including the evidence base and rationale, see Newbury *et al.*, (2019) [21].

Procedures

The research team introduced the evaluation prior to the training, detailing the purpose and scope of the study and how the data would be processed. All training participants were invited to take part in the evaluation and were provided with an information sheet and consent form. Once written consent was obtained from participants, the research team provided them with an electronic tablet device⁵ to complete the survey on. Print-outs of the two scenarios were also provided. The researchers asked participants to record their own staff ID within the surveys and informed participants that this would be replaced with a unique anonymous ID code once pre and post-training surveys were matched.

Statistical Analyses

Bayesian paired samples t-tests were carried out to assess the changes from pre to post-training (e.g., changes in confidence working with vulnerability). We used Bayesian analysis of variance (ANOVA), to assess for a difference in findings across the demographic variables (namely, force area, job role and gender). Bayesian bivariate correlations were conducted to assess the relationships between the demographic data (namely, length of service and age) and outcome variables.

Bayesian tests were used because they were deemed to best fit the current data. We used the Bayes factor (the counterpart of the *p*-value for determining significance; see Table 3) to test for differences between the pre and post survey data overall and for different demographic groups (i.e., gender, force area and job role). The Bayes factor compared the evidence for there being no difference (i.e., the null hypothesis) and the evidence for there being a difference (i.e., the alternative hypothesis) for each question, and determined the extent to which the alternative hypothesis fit the data better than the null

⁵ All Dyfed Powys police force participants completed paper copies of the survey due to a force wide ban on using the electronic format being used for the evaluation.

and vice versa. By directly comparing the two hypotheses it provided the strength of evidence for both. Strength can be interpreted using the classification shown in table 2. Where strength for the alternative hypothesis was moderate or above it was the best fitting hypothesis in all instances. For the purpose of this report, only the evidence for the alternative hypothesis is reported in the main text; evidence for the null is available on request. Where there was *no evidence* for the alternative hypothesis, evidence for the null hypothesis is reported in the technical appendix (appendix 2).

Qualitative survey data. Atlas.ti software was used for thematic analysis of open response questions. The analysis focussed on the most frequently occurring codes for each question and were used to supplement quantitative data. These themes were explored from an overall police and MA partner perspective and a force area perspective.

Table 2: Bayes factor evidence categories

Bayes factor	Strength of evidence for a difference (alternative hypothesis; H_1) ⁶
> 100	Extreme evidence for a difference
30 - 100	Very strong evidence a difference
10 - 30	Strong evidence for a difference
3 - 10	Moderate evidence a difference
1 - 3	No evidence a difference

Note. This is a descriptive and approximate classification scheme for the interpretation of Bayes factors (Lee & Wagenmakers 2013; adjusted from Jeffrey's 1961).

⁶ We have adapted the original evidence categories to exclude “anecdotal evidence”. For the purpose of this evaluation anecdotal evidence is incorporated in the “no evidence category”.

3. Findings

Sample demographic

The research team attended and evaluated 59 training sessions across the four forces (GWP = 21, NWP = 16, SWP = 14 and DPP = 8). In total, 1,034 professionals were trained, of which 849 police and 147 multi-agency staff participated in the evaluation (996 participants in total, a 92% uptake in the evaluation). Table 3 presents the demographics of evaluation participants. Approximately half of the overall sample were male (50% compared to 44% of females [6% missing data]). In the police sample 56% were male and 38% were female and the MA partner sample was largely represented by females (77% [males = 16%, missing = 7%]). The age of the police sample ranged from 18-66 years, with a mean age of 38 years, with only 11% aged ≤ 25 years. Multi-agency staff were represented by an older population, with approximately half aged 46 or over (43%). The ethnicity of both police and MA partner samples was predominantly white (91% and 86%, respectively). Length of service ranged from 1 month to 48 years, with the average service length for police being 10 years and for MA staff 14 years. Approximately half of police participants (51%) worked in response and a fifth (21%) in neighbourhood policing teams (NPT) with those from PPU, custody, CID and other investigative roles making up the remainder of departments (29%; [including 7% missing data]). Approximately 22% of MA participants worked in children and young people's education services; 22% in the safeguarding, social care and family sector, 22% in the health and well-being sector and a further 16% in housing, community and local authority (19% included "other" and missing data).

Table 3. Demographic overview of participants

Demographic	Full Sample		Police		Multi-agency		
	No.	%	No.	%	No.	%	
Total participants	996	100	849	85.2	147	14.8	
Age range	18-66 years		19-66 years		18-64 years		
Mean age	37.5 years		36.6 years		42.8		
	18-25 years	103	10.3	91	10.7	12	8.2
	26-35 years	345	34.6	316	37.2	29	19.7
	36- 45 years	249	25	218	25.7	31	21.1
	46+ years	234	23.5	171	20.1	63	42.8
	Missing data	65	6.5	53	6.2	12	8.2
Gender	Male	500	50.2	476	56.1	24	16.3
	Female	433	43.5	320	37.7	113	76.9
	Other	2	0.2	2	0.2	-	-
	Missing data	61	6.1	51	6	10	6.8
Ethnicity	White	902	90.6	775	91.3	127	86.4
	Asian/Asian British	15	1.5	9	1.1	6	4.1
	Mixed	16	1.6	13	1.5	3	2.0
	Other	1	0.1	1	0.1	-	-
	Missing data	60	6	50	5.9	10	6.8
Range of length of service	1 month - 48 years		1 month - 48 years		1 month - 40 years		
Mean Length of service	10.8		10.3		13.6		
Length of service	<3 years	210	21.1	182	21.4	28	19
	3-10 years	273	27.4	242	28.5	31	21.1
	11-19 years	307	30.8	273	32.2	34	23.1
	20+ years	141	14.2	98	11.5	43	29.3
	Missing data	65	6.5	54	6.4	11	7.5
Department	PPU/PPD	-	-	23	2.7	-	-
	NPT	-	-	175	20.6	-	-
	Response	-	-	432	50.9	-	-
	CID	-	-	68	8	-	-
	Custody	-	-	20	2.4	-	-
	Other investigative roles	-	-	15	1.8	-	-
	Other	-	-	61	7.2	-	-
	Missing data	-	-	55	6.5	-	-
Sector	CYP Education/ services	-	-	-	-	32	21.7
	Safeguarding/ social care and family support services	-	-	-	-	32	21.7
	Health and Well-being	-	-	-	-	32	21.7
	Housing/ community/ local authority worker	-	-	-	-	23	15.6
	Other	-	-	-	-	18	12.2
	Missing data	-	-	-	-	10	6.8

3.1 Confidence in understanding and working with vulnerability and ACEs

The pre and post survey examined the immediate change in confidence following the training. The confidence scale contained two subscales, which assessed police and MA partners' confidence in their *understanding of working with vulnerability* and confidence in their *understanding of ACEs and their impact*. Confidence was rated using a 10-point Likert scale that ranged from (1) *not at all confident* to (10) *completely confident*.

Before the training, both police and MA partners had a high level of confidence in working with vulnerability and a moderate level of confidence in working with ACEs (see table 4). MA partners had high levels of confidence in working with vulnerability and a moderate level of confidence working with ACEs (see table 4). See appendix 1, tables 1 and 2 for the overall and demographic breakdown means, total sample and response rate.

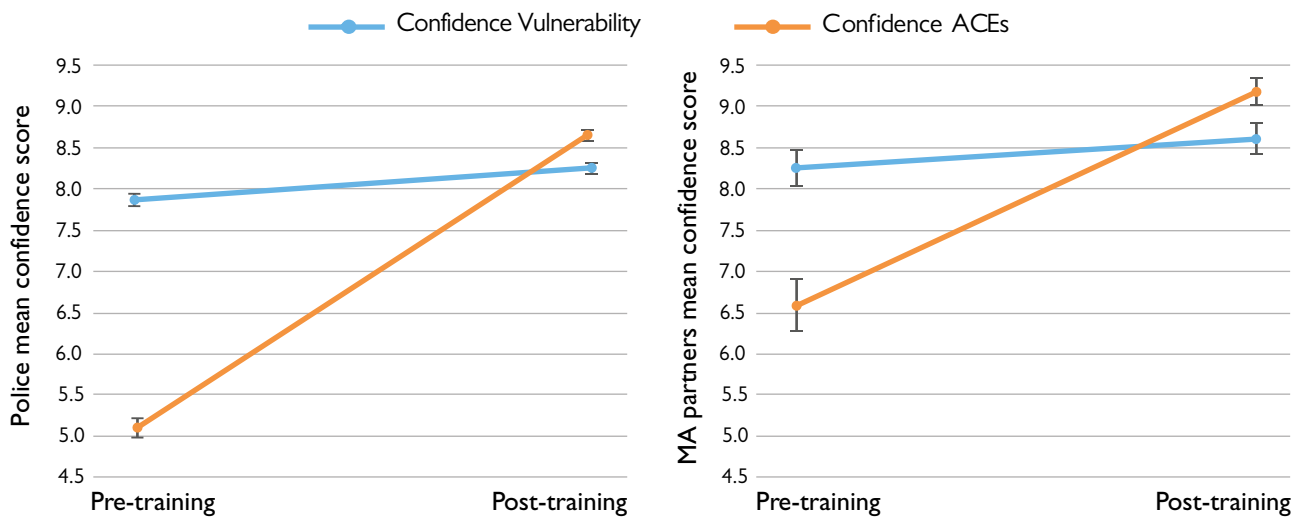
Police and MA partners' confidence working with vulnerability and ACEs increased from pre to post-training. The mean scores for confidence in working with vulnerability was initially high and significantly increased post-training (see figure 1). The mean score for working with ACEs increased from moderate to high confidence (extreme evidence). For more technical detail on the results of the analyses reported here see appendix 2, tables 2 and 3.

Table 4. Overall confidence change from pre-training to post-training (police and MA partners)

	Confidence to work with vulnerability				Confidence to work with an ACE-informed approach			
	Pre	Post	Mean change	Percent change	Pre	Post	Mean change	Percent change
Police								
M	7.9	8.3	+0.4	4.8	5.1	8.6	+3.5	68.9
SD	1.3	1.2			1.8	1.1		
N	795	757			794	761		
MA partners								
M	8.3	8.6	+0.4	4.2	6.6	9.2	2.6	39.1
SD	1.3	1.1			1.9	1.0		
N	131	127			134	134		

Note. M = mean; SD = standard deviation; N = sample size.

Figure 1. Overall confidence change from pre-training to post-training (police and MA partners)



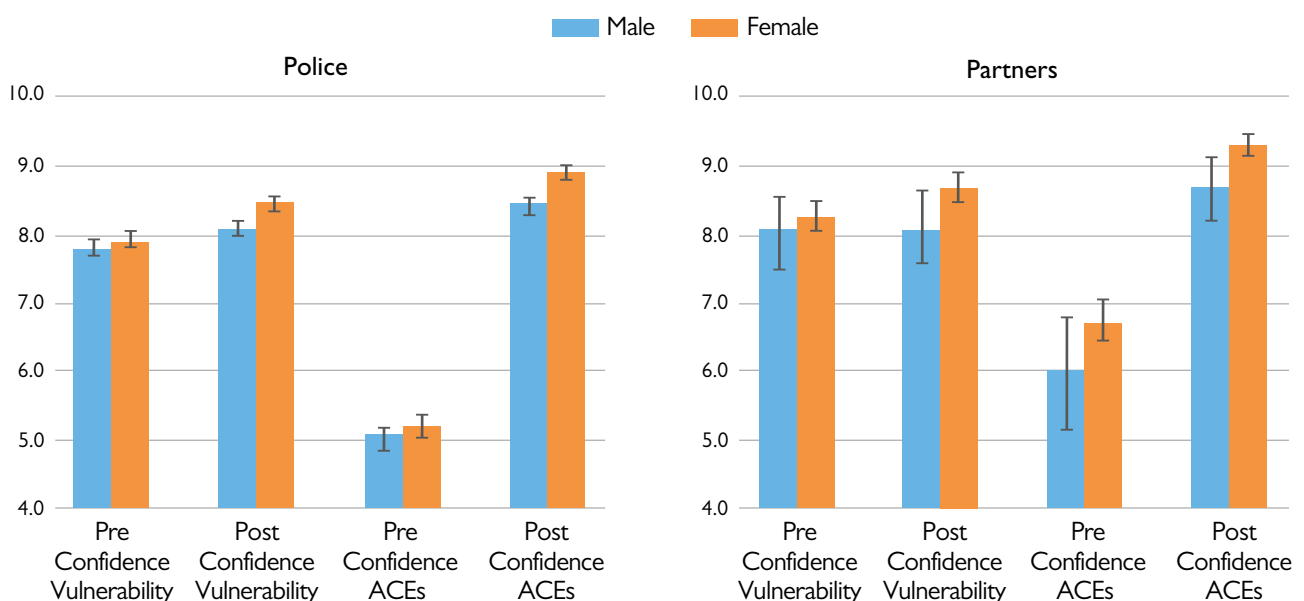
Note. Confidence was scored on a scale ranging from (1) not at all confident to (10) completely confident.

3.1.1 Confidence pre to post-training by demographics

Gender

Pre-training, there were no differences between the genders for police or MA partners. Following the training, the extent to which police confidence working with vulnerability increased was different for male and female police (see figure 2). Both male and female police demonstrated increases in confidence working with vulnerability (extreme evidence; see appendix 2, table 12), however female police had a greater increase in confidence working with vulnerability than male police did (moderate evidence; see appendix 2 table 6). Post-training, female police and partners were more confident in working with vulnerability (moderate to extreme evidence) and ACEs (very strong to extreme evidence). For more technical detail on the results of the analyses reported here see appendix 2, tables 4 to 8.

Figure 2. Confidence working with vulnerability and ACEs pre to post-training by gender (police and MA partner sample)



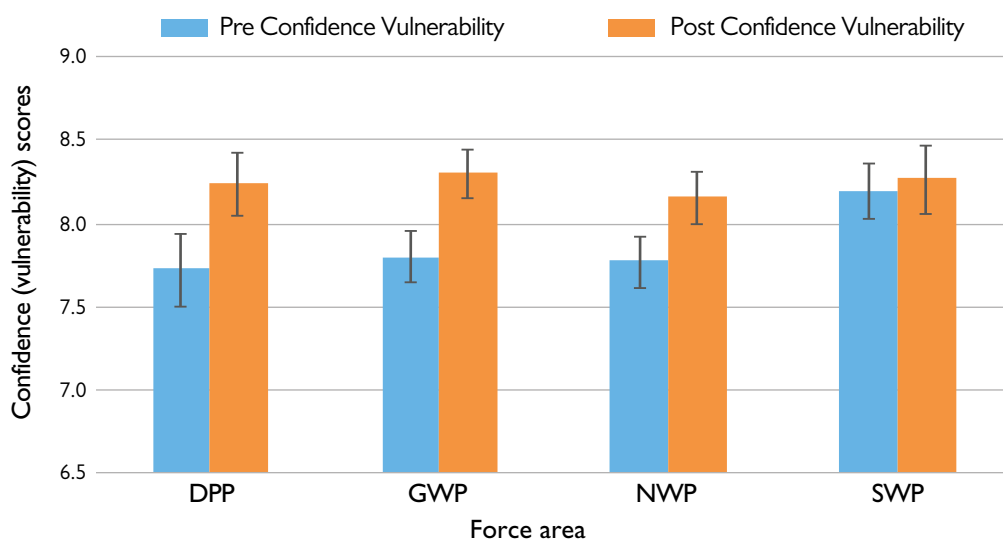
Note. Confidence was scored on a scale ranging from (1) not at all confident to (10) completely confident.

Force area

There were no differences by force area for MA partners' confidence working with vulnerability and ACEs, pre and post-training. However, there were significant differences across force areas for police confidence working with vulnerability, pre-training (moderate evidence; see figure 3). South Wales Police were more confident in their understanding in working with vulnerability than Dyfed Powys (strong evidence), Gwent (strong evidence) and North Wales Police (very strong evidence). There were no differences by force area for confidence in working with ACEs.

Pre to post-training, the extent to which police confidence working with vulnerability had increased was different for the different force areas (moderate evidence; see appendix 2, table 6). Dyfed Powys, Gwent and North Wales police demonstrated increases in confidence working with vulnerability (extreme evidence; see appendix 2, table 12), but South Wales police did not. There were no differences in the extent to which MA partners from the different force areas had increased pre to post-training. Post-training, there were no differences between the police force areas confidence in working with vulnerability and ACEs (i.e. all forces had similar and high levels of confidence; see figure 3). This finding remained non-significant after controlling for the differences pre-training. For more technical detail on the results of the analyses reported here see appendix 2, tables 9 to 14.

Figure 3. Pre and Post-training confidence working with vulnerability across the force areas (police)



Note. Confidence was scored on a scale ranging from (1) *not at all confident* to (10) *completely confident*. Error bars represent 95% credibility intervals.

Job role⁷

Pre-training, there were no differences between the various police job roles or MA partners' job sectors for confidence in working with vulnerability and ACEs. There was no evidence for a difference in the extent to which police and MA partners from the various job roles/sectors changed from pre to post-training and there were no differences between the various job roles or sectors for both police and MA partners post-training. For more technical detail on the results of the analyses reported here see appendix 2, tables 15 and 16.

⁷ Job role groups that had relatively small sample sizes were removed from analyses that compared job roles on all variables. Job roles compared in analysis were: PCSO, PC, PS, DC and Police Staff (including Communications/Dispatch).

Age and length of service

Pre-training, police who had served longer in force were more confident in working with vulnerability (see table 5); police who were older were more confident in working with ACEs (see table 5, also see appendix 1, table 3 for means and SD). Post-training there was no relationship between police confidence scores, age and length of time in service. There was no evidence for a relationship between age and confidence (vulnerability and ACEs) for MA partners' pre and post-training (see figure 4).

Figure 4. Police confidence working with vulnerability and ACEs for categorised age and length of time in service

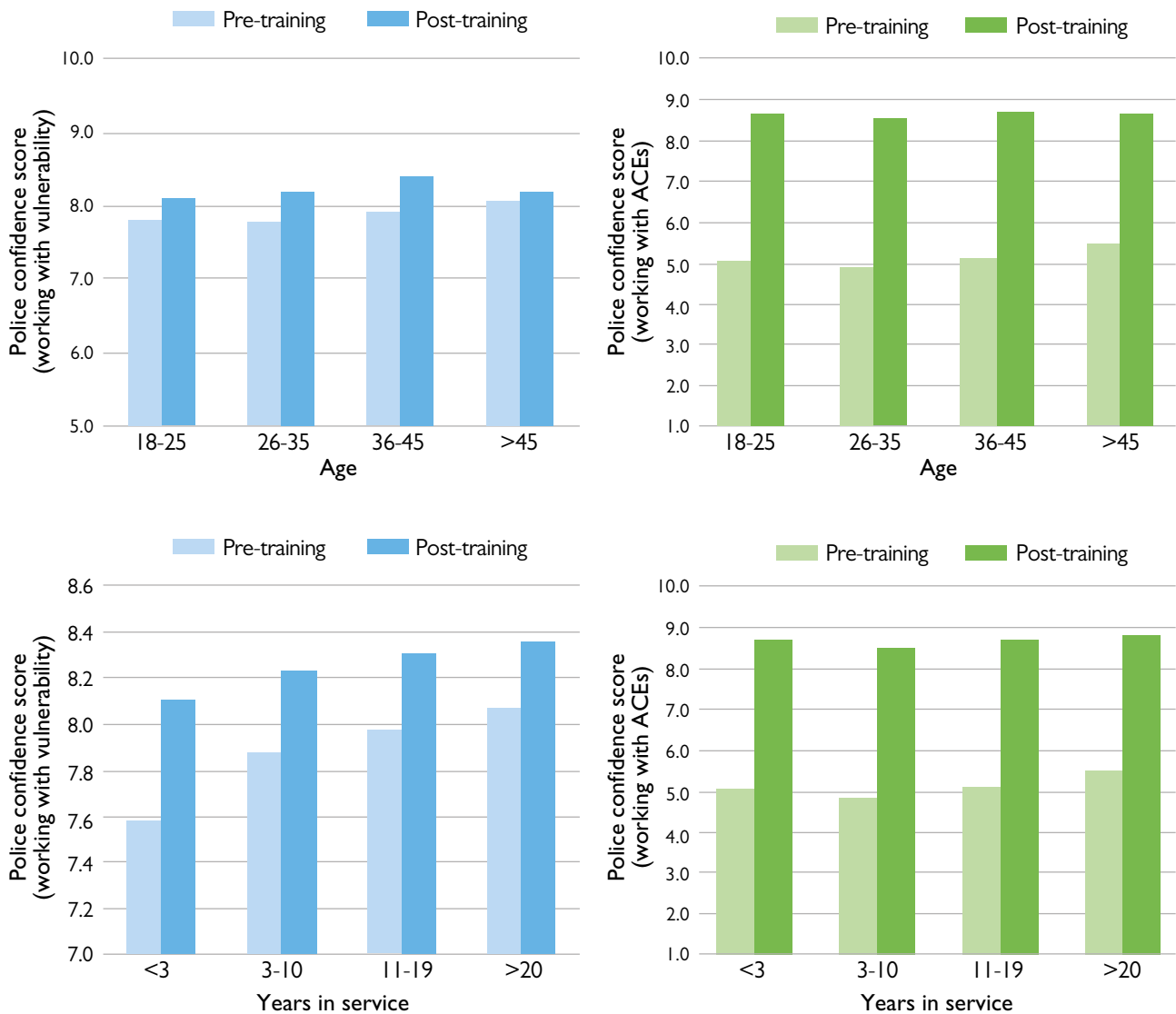


Table 5. Bayesian bivariate correlations between pre and post confidence, age and length of time in police

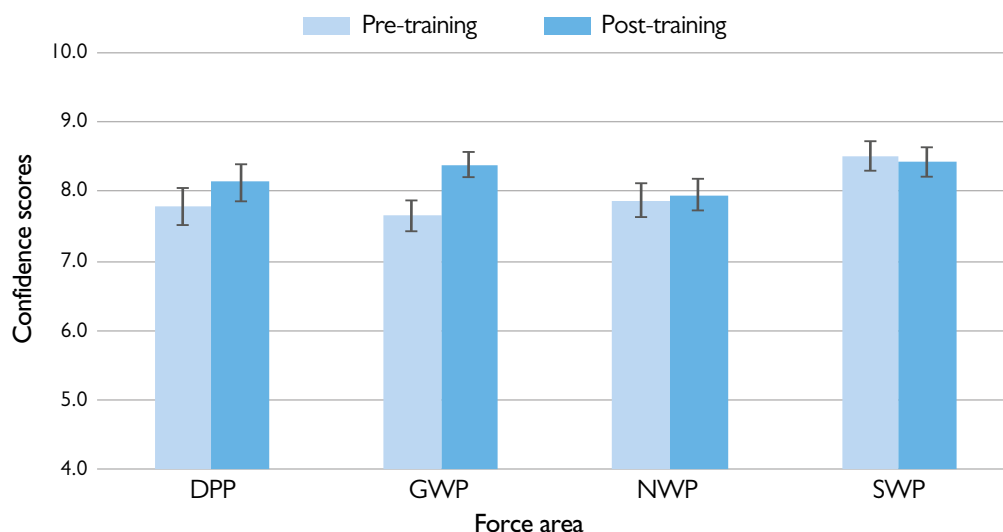
		Age	Length of time police
Pre confidence (vulnerability)	<i>Pearson's r</i>	0.1	0.1
	BF_{10}	No evidence	Strong evidence
Post confidence (vulnerability)	<i>Pearson's r</i>	0.0	0.1
	BF_{10}	No evidence	No evidence
Pre confidence (ACEs)	<i>Pearson's r</i>	0.1	0.1
	BF_{10}	Moderate evidence	No evidence
Post confidence (ACEs)	<i>Pearson's r</i>	0.0	0.0
	BF_{10}	No evidence	No evidence

Note. BF_{10} = Bayes factor for alternative hypothesis.

3.1.2 Confidence submitting vulnerability referrals (police)

Each force area had varying referral processes, some of which were undergoing significant change. As such, we were interested in the single item within the confidence scale that assessed police confidence in submitting vulnerability referrals. Police were asked “how confident are you in your understanding of when a referral/upgrading risk/PPN/CID I 6/MARF needs to be submitted ...”

Pre-training, there were differences between the force areas in confidence about when to submit a vulnerability referral (extreme evidence). South Wales were more confident than Dyfed Powys (extreme evidence), Gwent (extreme evidence) and North Wales police (very strong evidence). The extent to which police confidence about when to submit a vulnerability referral increased from pre to post-training was also different for the different force areas (extreme evidence; see appendix 2, table 19). Dyfed Powys (moderate evidence) and Gwent (extreme evidence) demonstrated increases in confidence from pre to post-training (see appendix 2, table 20). However, there were no pre to post differences in confidence for North Wales or South Wales police (see figure 5). Post-training, there were no differences between the force areas, with all force areas reporting high levels of confidence. For more technical detail on the results of the analyses reported here see appendix 2, tables 17 to 20.

Figure 5. Pre to post-training confidence about submitting vulnerability referrals by force area (police)

Note. Confidence was scored on a scale ranging from (1) not at all confident to (10) completely confident. Error bars represent 95% credibility intervals.

3.2 Responses to operational policing scenarios (anti-social behaviour)

Police and MA partners were asked to read two scenarios, one describing an incident of anti-social behaviour (see pg. 30, box 3) and one describing an incident involving domestic abuse (see page 36, box 4). Participants responded to 7 statements (pre- and post-training) that aimed to assess the immediate change in professional judgement and decision making in relation to those scenarios (see table 6). Responses were recorded on a 10-point Likert scale and analysed separately.

Box 3. Anti-Social Behaviour Scenario

As part of their local patrol, a PCSO regularly calls into a youth club and upon entering is notified by a youth worker of a 10 year old boy who has been displaying antisocial behaviour (vandalism and aggressive behaviour towards some other youths). This is the first time that the youth has been brought to the attention of the police. The child is known to have been excluded from school. A background check on the child's family history shows that there is no previous history (intelligence) related to the child's parents.

Police professional judgement and decision-making changed (in the expected direction) from pre to post-training for five of the seven indicators. MA partners' professional judgement and decision-making changed (in the expected direction) from pre to post-training for three of the seven indicators. The overall mean change scores for each indicator are displayed in table 6 then broken down by indicator below. For more technical detail on the results of the analyses discussed above see appendix 2, tables 21 to 22. Also, see appendix 1, tables 4 to 11 for the overall and demographic breakdown means, total sample and response rate.

Table 6. Overall change in responses to an operational policing scenario (professional judgement and decision making; ASB)

	Police				Ma partners			
	Pre M (SD)	Post M (SD)	Support BF ₁₀	Percent change from baseline	Pre M (SD)	Post M (SD)	Support BF ₁₀	Percent change from baseline
1. How likely do you think it is that this individual is currently involved in criminal activity?	5.7 (2.4)	6.7 (2.2)	Extreme	17.0	5.0 (2.2)	6.2 (2.4)	Extreme	24.6
2. How responsible is the youth for their actions?	6.5 (2.0)	5.9 (2.0)	Extreme	-9.1	6.0 (2.1)	5.2 (2.2)	Anecdotal	-7.9
3. In your opinion, how likely is there to be a repeat call to this youth?	7.9 (1.7)	7.7 (1.7)	No evidence	-0.2	7.0 (1.8)	7.5 (2.0)	Anecdotal	6.3
4. How 'vulnerable' do you consider this youth to be?	6.9 (1.8)	7.5 (1.7)	Extreme	7.5	7.6 (1.8)	7.9 (1.8)	No evidence	3.5
5. Do you think this incident could be an indicator of future antisocial or criminal behaviour?	7.7 (1.8)	7.8 (1.7)	No Evidence	0.9	7.1 (2.0)	7.4 (2.0)	No evidence	4.2
6. Do you think this is a police matter?	6.4 (2.2)	6.9 (2.0)	Extreme	6.8	5.1 (2.3)	6.0 (2.4)	Very strong	16.8
7. In your opinion, how serious is this incident?	5.0 (1.8)	6.0 (1.7)	Extreme	18.3	5.3 (1.9)	6.2 (2.0)	Extreme	15.4

Note. Statements were scored on the following Likert scales: Statement 1 = (1) not at all to (10) most definitely; Statement 2 = (1) not responsible to (10) completely responsible; Statement 3 = (1) not at all to (10) most definitely; Statement 4 = (1) not at all to (10) extremely vulnerable; Statement 5 = (1) not at all to (10) most definitely; Statement 6 = (1) not at all to (10) most definitely and Statement 7 = (1) not at all serious to (10) extremely serious.

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

The extent to which police perceived the young person in the scenario to be involved in other criminal activity increased from pre to post-training (extreme evidence) with a 17% increase from baseline (see table 6). There was also an increase from pre to post-training in MA partners' perception of other criminal involvement (extreme evidence) with a 25% increase from baseline (see table 6). For more technical detail on the results of the analyses reported here see appendix 2, tables 21 and 22.

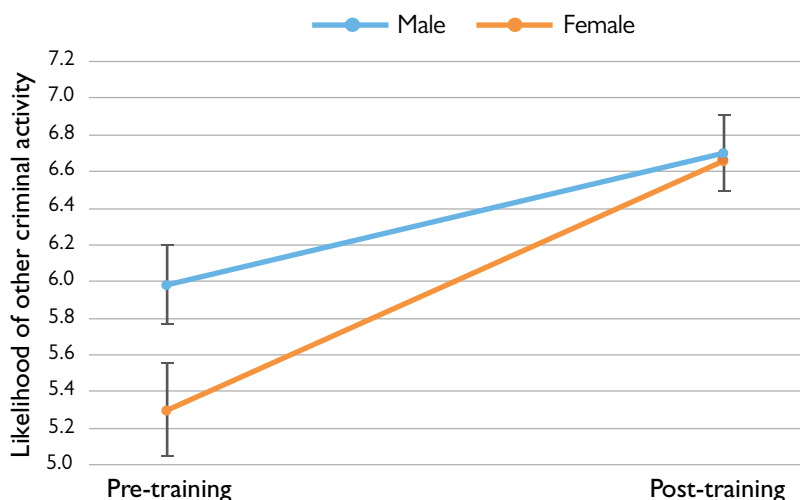
Perception of criminal activity by demographic

There was no evidence for a difference in police and partners perceptions of the young person's involvement in other criminal activity by force area, nor was there a difference in the extent to which the force areas changed from pre to post-training. For more technical detail on the results of the analyses reported here see appendix 2, tables 27 and 28.

Gender

Pre-training, male police were significantly more likely than female police to perceive the young person to be involved in other criminal activity (extreme evidence, see figure 6). Further, the extent to which perceptions of criminal activity increased from pre to post-training was different for male and female police (strong evidence; see appendix 2, table 31), but there was no difference for MA partners. Both male and female police perceptions increased from pre to post-training (extreme evidence, appendix 2, table 32), but female police had a larger increase than male police did (strong evidence). Post-training, both male and female police had similar perceptions of criminal activity (i.e. there was no evidence for difference between genders). This finding remained after controlling for the differences pre-training. There was no evidence for a difference between the genders pre and post-training for MA partners. For more detail on the results of the analyses reported here see appendix 2, tables 23 to 26.

Figure 6. Perception of how likely the young person was to be involved in other criminal activity pre to post-training by gender (police)



Note. Perception of how likely the young person was to be involved in other criminal activity was scored on a Likert scale ranging from (1) *not at all likely* to (10) *extremely likely*. Error bars represent 95% credibility intervals.

Job role/sector

Pre-training there was a difference in the perception of criminal activity between job roles (extreme evidence). Police community support officers viewed the young person as *less* likely to be involved in other criminal activity than police constables (extreme evidence) and police sergeants (very strong evidence) did (see appendix 2, table 33). In addition, police constables and police sergeants viewed the young person to be *more* likely to be involved in other criminal activity, than detective constables did (moderate evidence; see appendix 2, table 33). There was no difference in the extent to which police and MA partners from the various job roles/sectors changed from pre to post-training. Post-training there were no differences by job role. This finding remained after controlling for the differences pre-training. For more technical detail on the results of the analyses reported here see appendix 2, tables 29 and 30.

How responsible is the youth for their actions?

There was no difference in MA partners' perception of how responsible the young person was for their actions of youth from pre to post-training. For police, however, perceptions of youth responsibility decreased from pre to post-training (extreme evidence), with a 9% decrease from baseline (see table 6). For more technical detail on the results of the analyses reported here see appendix 2, tables 21 and 22.

Youth responsibility by demographic

Pre-training, police perceptions of youth responsibility varied by force area (moderate evidence) with Dyfed Powys police viewing the young person as *less* vulnerable than South Wales police (very strong evidence; see appendix 2, table 34). There were no differences in the extent of change in police perceptions of youth responsibility by gender, job role or force area. There were no differences between forces post-training. For more technical detail on the results of the analyses reported here see appendix 2, tables 23 to 30.

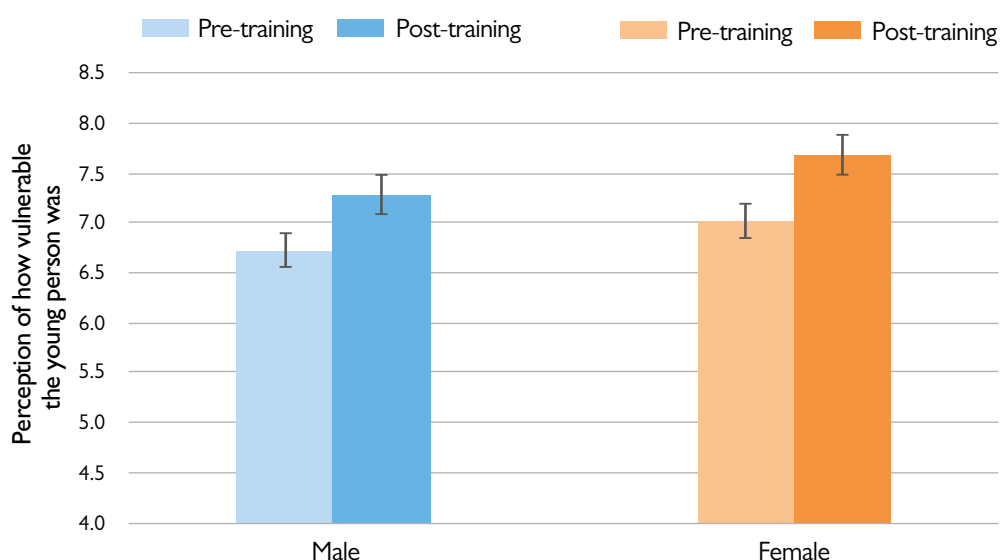
How 'vulnerable' do you consider this youth to be?

There was no difference in MA partners' perception of youth vulnerability from pre to post-training. However, police perceptions on how vulnerable the young person was increased from pre to post-training (extreme evidence), with an 8% increase from baseline (see table 6). For more (see table 6) detail on the results of the analyses reported here see appendix 2, tables 21 and 22.

Youth vulnerability by demographic

There was no evidence for a difference in the extent to which police perceptions of youth vulnerability changed by gender, job role or force area. While there were no differences in perceptions of youth vulnerability pre-training, post-training female police considered the young person to be more vulnerable than male police did (moderate evidence; see Figure 7). Further, there was a difference in the perception of youth vulnerability between police force areas pre-training (extreme evidence). Police in Dyfed Powys viewed the youth as more vulnerable than police in Gwent, North Wales and South Wales (extreme evidence; see appendix 2 table 35). Post-training, Dyfed Powys still viewed the child as more vulnerable than the other three force areas (extreme evidence; see appendix 2, table 36). When controlling for the differences pre-training there was no evidence for the difference post-training. Therefore, the difference between Dyfed Powys and the other forces post-training was perhaps a result of the existing pre-training difference. For more technical detail on the results of the analyses reported here see appendix 2, tables 23 to 30.

Figure 7. Perception of youth vulnerability pre and post-training by gender (police)



Note. Error bars represent 95% credibility intervals. Perception of vulnerability rated on a scale from (1) *not at all* vulnerable to (10) *extremely vulnerable*.

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

There was no evidence for a change from pre to post-training in police and MA partners ratings on whether the incident could be an indicator of future anti-social or criminal behaviour. For more technical detail on the results of the analyses reported here see appendix 2, tables 21 and 22.

Do you think this is a police matter?

The extent to which police perceived the incident in the scenario to be a police matter, increased from pre to post-training (extreme evidence), with a 7% increase from baseline (see table 6). Similarly, the extent to which MA perceived the incident in the scenario to be a police matter increased from pre to post-training (very strong evidence), with a 17% increase from baseline (see table 6). For more technical detail on the results of the analyses reported here see appendix 2, tables 21 and 22.

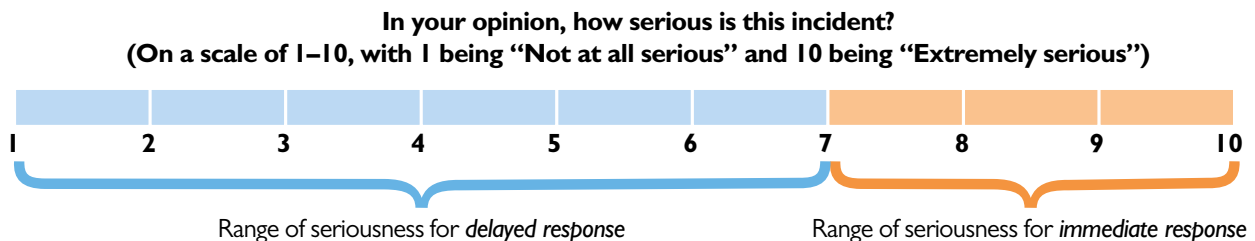
Police matter by demographic

Following the training, there was no evidence of a difference in the extent to which police and MA partners changed by gender, force area or job role/sector. Further, there was no evidence for a difference by gender, force area or job role/sector in police and MA partners' perceptions about the degree to which the incident was a police matter, pre and post-training. For more technical detail on the results of the analyses reported here see appendix 2, tables 23 to 30.

In your opinion, how serious is this incident?

Pre and post-training police and MA partners rated the seriousness of the incident as moderate. These scores were within the boundaries of what would be operationalised a “delayed response”, see figure 8.

Figure 8. Range of seriousness for operational response.



There was an increase from pre to post-training in police perception of how serious the incident was (extreme evidence), with an 18% increase from baseline (see table 6). There was also an increase from pre to post-training in MA partners’ perception of how serious the incident was (extreme evidence), with a 15% increase from baseline (see table 6). For more technical detail on the results of the analyses reported here see appendix 2, tables 21 and 22.

Seriousness of incident by demographic

There was no evidence for a difference by gender for police and MA partners’ perceptions of how serious the incident was (see appendix 2, tables 23 to 26). Further, there was no evidence for a difference in the extent to which male and female police and partners changed from pre to post-training.

Force area

There was no evidence for a difference across the force areas for MA partners pre and post-training. However, pre-training, there was a difference between police force areas in the perception of how serious the incident was (extreme evidence). Dyfed Powys police viewed the incident as *more* serious than North Wales (very strong evidence), South Wales (extreme evidence) and Gwent police (extreme evidence); for more technical detail on the results see appendix 2, table 37. There was no evidence for a difference in the extent to which police and partners from the different force areas changed from pre to post-training. However, there was a difference by force area post-training (very strong evidence). Dyfed Powys police still perceived the incident as *more* serious than North Wales (very strong evidence) and South Wales police (extreme evidence), but not Gwent police (for more technical detail on the results see appendix 2, table 38). When controlling for the differences pre-training there was no evidence for these differences. These findings suggest that the differences post-training were not a result of the training, but are more likely to be the result of the pre-existing differences. For more technical detail on the results of the analyses reported here also see appendix 2, tables 27 and 28.

Seriousness of incident by job role/sector

Pre-training there was a difference by job role for police (extreme evidence). Police community support officers perceived the incident as *more* serious than police constables (moderate evidence), detective constables (extreme evidence) and police sergeants (very strong evidence). Police constables and police staff (including communications/dispatch) perceived the incident as more serious than detective constables (moderate and strong evidence, respectively); for more technical detail on the results see appendix 2, table 39). There was a difference between the job sectors for MA partners (moderate evidence), with health and well-being sectors scoring higher on how serious the incident was, compared to safeguarding/social care and family support services (strong evidence); for more technical detail on the results see appendix 2, table 40. There was no evidence for a difference in the extent to which police and partners from different job roles/sectors changed from pre to post-training. Further, post-training there were no differences by force area for police and MA partners' perception of how serious the incident was. This finding was consistent when controlling for the pre-training differences. For more technical detail on the results of the analyses reported here also see appendix 2, tables 29 and 30.

3.3 Responses to operational policing scenarios (Domestic Abuse)

Police professional judgement and decision making changed (in the expected direction) from pre to post-training for four of the seven indicators. MA partners' professional judgement and decision making changed (in the expected direction) from pre to post-training for five of the seven indicators. The overall mean change scores for each indicator are displayed in table 7, then broken down by indicator below. For more technical detail on the results of the analyses reported here see appendix 2, tables 41 and 42. Also, see appendix 1, tables 12 to 19 for the overall and demographic breakdown means, total sample and response rate.

Box 4. Domestic Abuse Scenario

A 999 call is received from a neighbour regarding a suspected domestic abuse incident. The neighbour has reported hearing shouting and children screaming. Police are informed that this is a repeat call at the address. Police arrive at the residence and a female adult answers the door. She doesn't keep eye contact with the police, looks dishevelled with possible ripped clothing, explains that it was just an argument with their partner and insists that everything is ok. Police ask to enter the house and the female is reluctant. A child under the age of 5 is visible and appears to be ok. Whilst at the address the control room send a direct call to the radio asking the police to immediately divert to an ongoing shoplifting incident near to the current attendance.

Table 7. Overall change in responses to an operational policing scenario (professional judgement and decision making; DA)

	Police				MA partners			
	Pre M (SD)	Post M (SD)	Support BF ₁₀	Percent change from baseline	Pre M (SD)	Post M (SD)	Support BF ₁₀	Percent change from baseline
1. In relation to the child, would you consider any safeguarding procedures?	8.9 (1.5)	9.0 (1.4)	No evidence	1.01	8.8 (1.5)	9.2 (1.3)	Moderate	4.1
2. In relation to the adult, would you consider any safeguarding procedures?	8.5 (1.8)	8.7 (1.5)	Strong	2.95	8.1 (1.4)	8.7 (1.5)	Strong	8.0
3. In your opinion, how likely is there to be a repeat call to this address?	8.2 (1.6)	8.5 (1.4)	Extreme	3.80	8.1 (1.6)	8.5 (1.5)	Strong	5.8
4. How 'vulnerable' do you consider the children in this family to be?	8.2 (1.5)	8.7 (1.4)	Extreme	5.34	8.8 (1.4)	9.1 (1.2)	Moderate	3.9
5. In your opinion, how pertinent is it to leave the current incident in order to attend the shoplifting one?	1.8 (1.5)	2.0 (2.1)	Anecdotal	13.14	2.1 (1.6)	1.9 (1.9)	No evidence	-8.6
6. Do you think this is a police matter?	9.0 (1.5)	9.0 (1.5)	No evidence	-44	8.3 (1.8)	8.8 (1.7)	No evidence	5.5
7. In your opinion, how serious is this incident?	7.9 (1.4)	8.3 (1.4)	Extreme	4.67	8.1 (1.5)	8.7 (1.4)	Very strong	7.0

Note. Statements were scored on the following Likert scales: Statement 1 = (1) not at all to (10) most definitely; Statement 2 = (1) not at all to (10) most definitely; Statement 3 = (1) not at all to (10) most definitely; Statement 4 = (1) not at all to (10) extremely vulnerable; Statement 5 = (1) stay at address to (10) leave immediately; Statement 6 = (1) not at all to (10) most definitely and Statement 7 = (1) not at all serious to (10) extremely serious.

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

Both police and MA partners scored highly for the consideration of child-safeguarding procedures pre and post-training. There was no evidence for an increase in police consideration of child safe guarding procedures after receiving the training. MA partners' consideration of child safeguarding procedures increased from pre to post-training (moderate evidence), with a 4% increase from baseline (see table 7). There was no evidence for a difference in the extent to MA partners changed by gender, force area or job sector. There were no differences in the consideration of child safeguarding procedure by gender, force and job sector for MA partners. For more technical detail on the results of the analyses reported here see appendix 2, tables 41 to 57.

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

Police and MA partners' consideration of adult safeguarding procedures increased from pre to post-training (strong evidence), with a 3% and 8% increase from baseline, respectively (see table 7).

Adult safe-guarding procedures by demographic

There were no differences in MA partners' consideration of adult safeguarding procedures by gender, force area or job sector, pre and post-training. There were no differences in police consideration of adult safeguarding procedures by force area or job role. Further, there was no evidence for a difference in the extent to which police or MA partners from the different force areas and job roles/sectors changed from pre to post-training. For more technical detail on the results of the analyses reported here see appendix 2, tables 41 to 50.

Gender

Pre-training, female police were more likely to consider adult safeguarding procedures than male police were (strong evidence). There was no evidence for a difference in the extent to which male and female police and MA partners' changed from pre to post-training. Further, female police were more likely to consider adult safeguarding procedures than male police were post-training (extreme evidence). This difference remained after controlling for the pre-training differences (extreme evidence). These findings suggest that the genders may have had varying responses to the training. For more technical detail on the results of the analyses reported here see appendix 2, tables 43 to 46.

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

Police perception of how likely there was to be a repeat call at the address increased from pre to post-training (extreme evidence), with a 4% increase from baseline (see table 7). MA partners perception of how likely there was to be a repeat call decreased from pre to post-training (strong evidence), with a 6% increase from baseline (see table 7).

Repeat call by demographic

there were no differences in MA partners' perception of how likely there was to be a repeat call by gender or force area, pre and post-training. Further, there was no evidence for a difference in the extent to which police or MA partners changed by gender. There was also no evidence for a difference in the extent to which MA partners changed by force area and job sector. For more technical detail on the results of the analyses reported here see appendix 2, tables 43 to 48.

Gender

Pre-training, there were no differences by gender for police, but post-training female police rated that it was *more* likely for there to be a repeat call at the address than male police did (moderate evidence). For more technical detail on the results of the analyses reported here see appendix 2, tables 43 to 45.

Force area

Pre-training, there was a difference between the force areas in perception of how likely there was to be a repeat call (very strong evidence). Gwent police perceived that the incident was significantly more likely to be a repeat call than Dyfed Powys (extreme evidence), North Wales (moderate evidence) and South Wales police did (moderate evidence); for more technical detail on the results see appendix 2, table 51. The change from pre to post-training varied across the force areas (moderate evidence; see appendix 2, table 52). Specifically, there were increases from pre to post-training for Dyfed Powys (extreme evidence) and North Wales (strong evidence) police, but not for Gwent or South Wales police (see appendix 2, table 53). Post-training, there was no difference between the force areas in police. After controlling for the pre-training differences there remained no evidence for a difference in perception of how likely there was to be a repeat call post-training. For more technical detail on the results of the analyses reported here also see appendix 2, tables 47 to 49.

Job role

Pre-training, there was a difference between the job roles for police perception of how likely there was to be a repeat call (extreme evidence). Police constables were *more* likely to perceive that there will be a repeat call at the address than police community support officers (extreme evidence) and police sergeants (moderate evidence); for more technical detail on the results see appendix 2, table 54. The extent to which police ratings increased from pre to post-training varied for the different job roles (extreme evidence; see appendix 2, table 55). There were differences from pre to post-training for police community support officers (extreme evidence) and police sergeants (strong evidence), but not for the remaining job roles; for more technical detail on the results see appendix 2, table 56. There was no evidence for a difference in the extent to which MA partners from within the different job sectors changed from pre to post-training. Post-training, there was no difference by job role for police, but there was a difference post-training for MA partners (strong evidence). However, these differences lay between the miscellaneous job sector (i.e., those who were difficult to group into the other job sectors due to small sample sizes) and the remaining job sectors. For more technical detail on the results see also appendix 2, tables 49 and 50.

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

Police perception of how vulnerable the children in the family were increased from pre to post-training (extreme evidence), with a 5% increase from baseline (see table 7). MA partners' perception of how vulnerable the children were increased from pre to post-training (moderate evidence), with a 4% increase from baseline (see table 7).

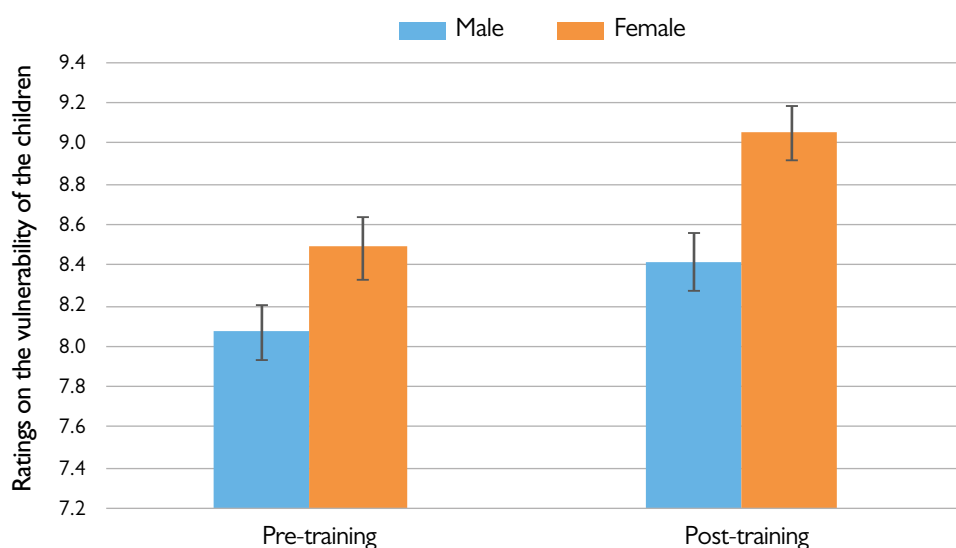
Vulnerability of the children by demographic

There were no differences in MA partners' perception of how vulnerable the children were by gender force area and job sector pre and post-training. There was no evidence for a difference in police perception of youth vulnerability by force area and job role pre and post-training. Further, there was no evidence for a difference in the extent to which police and MA partners changed from pre to post-training by gender, force area or job role/sector. For more technical detail on the results see appendix 2, tables 43 to 50.

Gender

Pre-training, female police considered the children to be *more* vulnerable than male police did (extreme evidence). Post-training, female police still perceived the children to be *more* vulnerable than male police did (extreme evidence). When controlling for the differences pre-training, the differences post-training remained (extreme evidence, see figure 9). For more technical detail on the results see appendix 2, tables 43 and 45.

Figure 9. Vulnerability of the children pre and post-training by gender (police)



Note. Error bars represent 95% credibility intervals. Perception of vulnerability rated on a scale from (1) *not at all* vulnerable to (10) *extremely vulnerable*.

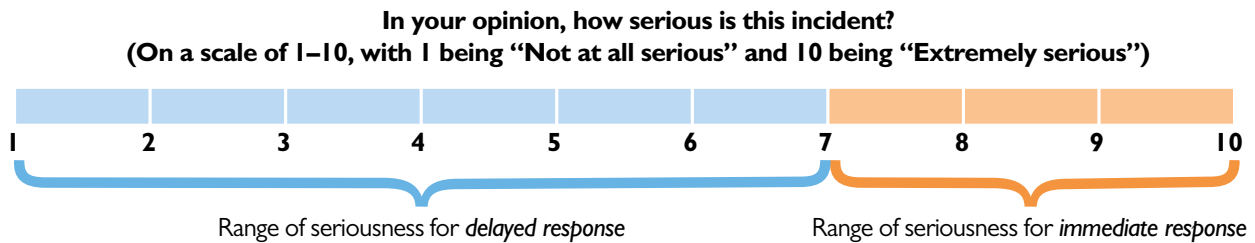
Do you think this is a police matter?

Both police and MA partners perceived the incident in the scenario to be a police matter. There was no evidence for a difference from pre to post-training, however both police and partners scored highly on this question before the training (see table 7).

In your opinion, how serious is this incident?

Note* Pre and post-training police rated the seriousness of the incident as moderate. These scores were within the boundaries of what would be operationalised as an “immediate response”, see figure 10.

Figure 10. Range of seriousness for operational response.



There was an increase from pre to post-training police perception of how serious the incident was (extreme evidence), with a 7% increase from baseline (see table 7). There was also an increase from pre to post-training (in MA partner perception of how serious the incident was (strong evidence), with a 5% increase from baseline (see table 7).

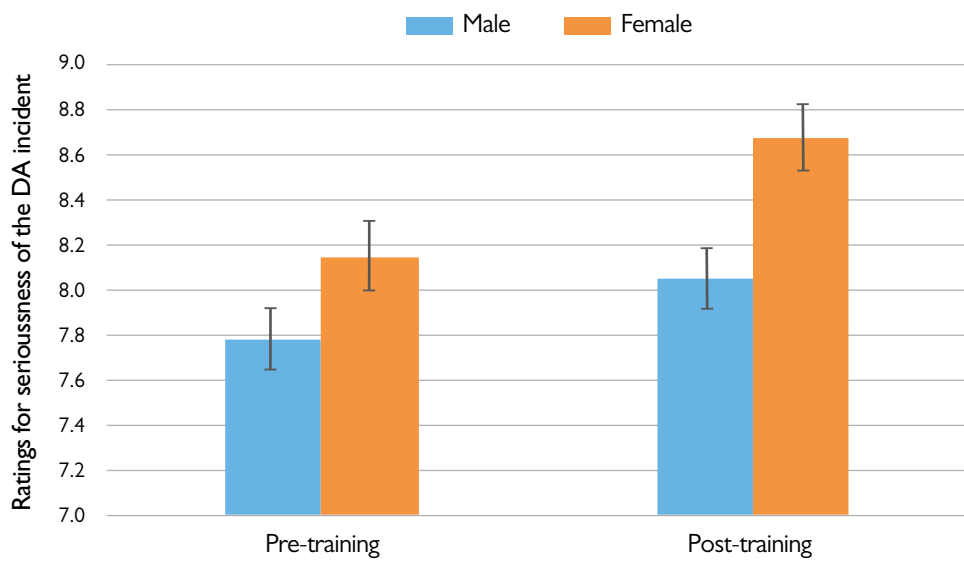
Seriousness of incident by demographic

There were no differences in MA partners’ perception of how serious the incident was by gender, force area and job sector pre and post-training. There was no evidence for a difference in police perception of how serious the incident was by force area and job role pre and post-training. Further, there was no evidence for a difference in the extent to which police and MA partners changed from pre to post-training by gender, force area and job role/sector. For more technical detail on the results see appendix 2, tables 43 to 50.

Gender

Pre-training, female police perceived the incident to be *more* serious than male police did (strong evidence). Similarly, female police perceived the incident to be *more* serious than male after receiving the training (extreme evidence, see figure 11). There was no difference post-training after controlling for the pre-training differences. These findings suggest that the difference between male and female police was not a result of the training but instead a result of the pre-training differences. There was no difference by gender for MA partners’ perceptions of how serious the incident was. For more technical detail on the results see appendix 2, tables 43 and 45.

Figure 11. Seriousness of incident pre to post-training by gender (police)



Note. Error bars represent 95% credibility intervals. Perception of seriousness rated on a scale from (1) *not at all serious* to (10) *extremely serious*.

3.4. Measures of attitude and attitude certainty change from pre- to post-training

The pre and post survey examined immediate change in attitude regarding a number of key messages related to ACEs and trauma. In addition, the surveys measured how certain police and MA partners were of their opinion on the key messages (see table 8). Attitudes were scored on a 7-point Likert scale ranging from (1) in favour to (7) against. Attitude certainty was scored on a 7-point Likert scale ranging from (1) not at all certain to (7) very certain. The findings for each training message are outlined and presented separately below. See appendix I, tables 20 to 25 for the demographic breakdown means and standard deviations.

Table 8. Overall attitude and attitude certainty change from pre- to post-training (police and MA partners)

	Police				MA partners			
	Pre M (SD)	Post M (SD)	Support BF ₁₀	Percent change from baseline	Pre M (SD)	Post M (SD)	Support BF ₁₀	Percent change from baseline
Message 1: It is important for police officers to understand what Adverse Childhood Experiences are	6.0 (1.4)	6.4 (1.2)	Extreme	7.5	6.6 (1.0)	6.7 (1.2)	No Evidence	.08
How certain are you of this opinion?	5.3 (1.6)	6.4 (1.0)	Extreme	29.9	6.1 (1.37)	6.5 (1.1)	Moderate	6.4
Message 2: Everyone has a part to play in supporting individuals who are experiencing trauma	5.7 (1.5)	6.4 (1.2)	Extreme	11.3	6.5 (1.07)	6.7 (1.1)	No Evidence	3.7
How certain are you of this opinion?	5.4 (1.5)	6.3 (0.9)	Extreme	18.3	6.1 (1.26)	6.6 (0.9)	Extreme	8.5
Message 3: Agencies should work together to prevent and mitigate Adverse Childhood Experiences (ACEs) and related trauma	6.2 (1.3)	6.6 (1.0)	Extreme	5.9	6.7 (1.03)	6.8 (1.1)	No evidence	1.1
How certain are you of this opinion?	5.8 (1.4)	6.5 (0.9)	Extreme	12.5	6.5 (0.94)	6.7 (0.8)	No evidence	3.5

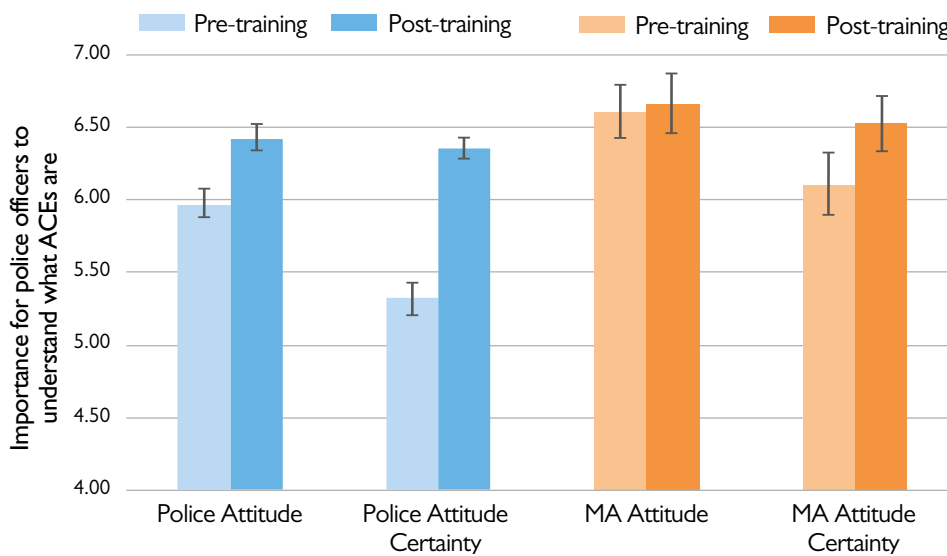
Note. Attitudes towards messages 1 to 3 were measured on a Likert scale ranging from (1) *against* to (7) *in favour*. Attitude certainty was measured on a Likert scale ranging from (1) *not at all certain* to (7) *very certain*.

Message 1: “It is important for police officers to understand what ACEs are”

Attitudes. Before the training, both police and MA partners were in favour of the training message. Police attitude towards the training message changed from pre to post-training (extreme evidence), suggesting that police were more in favour of the message immediately after receiving the training with an 8% increase from baseline (see table 8). There was no evidence for a change in MA partners’ attitude following the training (see figure 12).

Attitude certainty. Before the training police were moderately certain of their opinion on the training message and MA partners were very certain of their opinion. Police increased from being moderately certain pre-training to very certain post-training (extreme evidence), suggesting that police were also more certain of their opinion immediately after receiving the training, with a 30% increase from baseline (see table 8). MA partners also increased in attitude certainty from pre to post-training (moderate evidence) with a 6% increase from baseline (see table 8). For more technical detail on the results of the analyses reported here see appendix 2, tables 58 and 59.

Figure 12. Attitude and certainty change pre to post-training. It is important for police officers to understand what ACEs are



Note. Error bars represent 95% credibility intervals. Attitude is rated on a scale from (1) *against* to (7) *in favour*. Attitude certainty is rated on a scale from (1) *not at all certain* to (7) *very certain*.

3.4.1 Difference in attitude and attitude certainty by demographic

There was no evidence for a difference in the extent to which police and MA partners changed from pre to post-training by gender, force area, job role/sector changed in attitude and attitude certainty.

Gender

Attitude. Pre-training, both male and female police and MA partners were in favour of training message 1. There was no evidence for a difference by gender for MA partners. However, female police were *more* in favour of the message than male police both pre and post-training (moderate and strong evidence, respectively). When controlling for the pre-training differences, there was no evidence for a difference post-training. In other words, the difference between the genders post-training was not a result of the training, but may instead be a result of the pre-training differences.

Attitude certainty. Pre-training, male and female police were moderately certain of their opinion on the training message and MA partners very certain. There was no evidence for a difference by gender. Post-training, male and female police were very certain of their opinion on the message, but female police were more certain than male police (moderate evidence). There was no evidence for a difference by gender for MA partners. For more technical detail on the results of the analyses reported here see appendix 2, tables 60 and 63.

Force area

Attitude. Pre-training, police and partners from all force areas were in favour of training message 1. There was no evidence for a difference by force area for MA partners. However, there was a difference between the force areas in police attitude towards the message (strong evidence). Dyfed Powys (strong evidence), Gwent (moderate evidence) and North Wales (extreme evidence) police were *more* in favour of the training message than South Wales police (see appendix 2, table 68). Post-training, there was no evidence for a difference between the force areas for police and MA partners, suggesting that all force areas had a similar attitude towards the message.

Attitude certainty. Police from all force areas were moderately certain of their opinion on the training message. There was no evidence for a difference by force area for police. MA partners working within Dyfed Powys, Gwent and South Wales police were all very certain of their opinion on message 1, whereas those working within North Wales were moderately certain of their opinion. Police and MA partners from all force/work areas were very certain of their opinion of the training message; there was no evidence for a difference. For more technical detail on the results of the analyses reported here see appendix 2, tables 64 and 65.

Job role/sector

Attitude. Pre and post-training police and MA partners from the different roles and sectors were in favour of training message 1. There were no differences by role/sector.

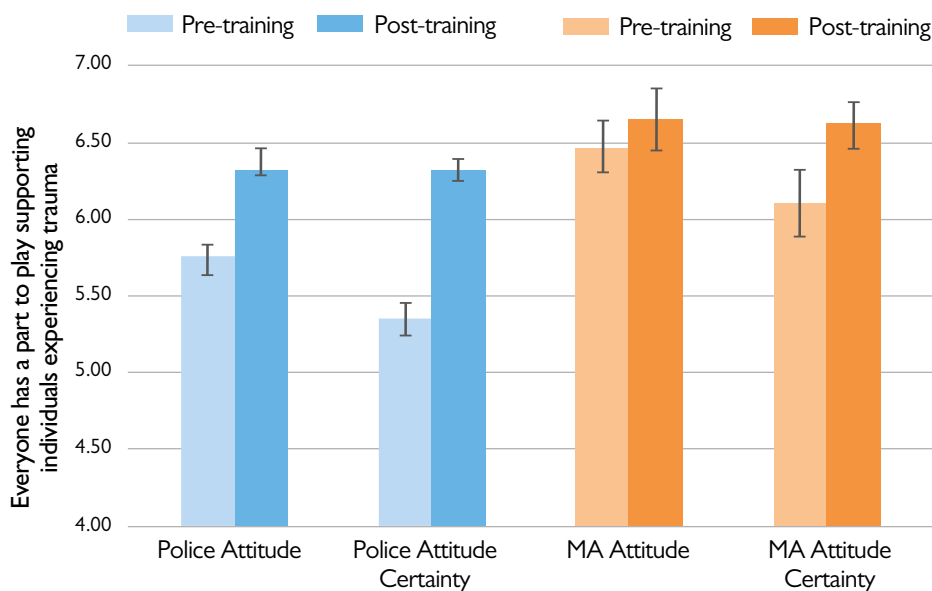
Attitude certainty. Pre-training, police from the different roles were moderately to very certain of their opinion on the message 1 and MA partners from the different sectors were all very certain. Post-training, police and MA partners from the different roles/sectors were all very certain of their opinion on the training message, there were no differences by role/sector. For more technical detail on the results of the analyses reported here see appendix 2, tables 66 and 67.

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

Attitude. Pre-training, both police and MA partners were in favour of the training message. Police attitude towards the training message changed from pre to post-training (extreme evidence), suggesting that police were more in favour of the message immediately after receiving the training (extreme evidence), with an 11% increase from baseline (see table 8). There was no evidence for a change in MA partners attitudes following the training (see figure 13).

Attitude certainty. Pre-training, police were moderately certain of their opinion on the training message and MA partners were very certain of their opinion. Police increased from being moderately certain of their opinion pre-training to very certain post-training (extreme evidence), with 18% increase from baseline (see table 8 & figure 13). MA partners also increased in attitude certainty from pre to post-training (extreme evidence), with a 4% increase from baseline (see table 8 & figure 13). For more technical detail on the results of the analyses reported here see appendix 2, tables 58 and 59.

Figure 13. Everyone has a part to play in supporting individuals who are experiencing trauma



Note. Error bars represent 95% credibility intervals. Attitude is rated on a scale from (1) *against* to (7) *in favour*. Attitude certainty is rated on a scale from (1) *not at all certain* to (7) *very certain*.

3.4.2 Differences in attitude and attitude certainty by demographic

There was no evidence for differences in the extent to which police and MA partners changed in attitude and attitude certainty by gender, force area and job role/sector.

Gender

Attitude. Pre-training both male and female police and MA partners were in favour of training message 2, there was no difference between the genders. However, female police were *more* in favour of the message than male police were post-training (strong evidence). There were no differences by gender for MA partners post-training. For more technical detail on the results of the analyses reported here see appendix 2, tables 60 to 63.

Attitude certainty. Pre-training, male and female police were moderately certain of their opinion on the training message and MA partners very certain. There was no evidence for a difference in certainty by gender. Post-training, male and female police and partners were both very certain of their opinion, but female police were *more* certain of their opinion than males were (strong evidence). There were no differences by gender for MA partners' certainty. For more technical detail on the results of the analyses reported here see appendix 2, tables 60 to 63.

Force area

Attitude. Police and MA partners from all force areas were in favour of training message 2. There was no evidence for a difference by force area pre and post-training; suggesting that all force areas had a similar attitude towards the training messages.

Attitude certainty. Pre-training, police from all force areas were moderately certain of their opinion; there was no evidence for a difference between the force areas. MA partners working within Gwent and South Wales were very certain of their opinion on message 2, while those working within Dyfed Powys and North Wales were moderately certain. However, there were no statistical differences for the level of certainty between those force areas. Post-training, police and MA partners from all force areas were very certain of their opinion on the training message; there was no evidence for a difference by force area. For more technical detail on the results of the analyses reported here see appendix 2, tables 64 and 65.

Job role/sector

Attitude. Pre-training, all police and partners from the different job roles/sectors were in favour of the training message. There was no evidence for a difference by job role or sector both police and MA partners pre and post-training.

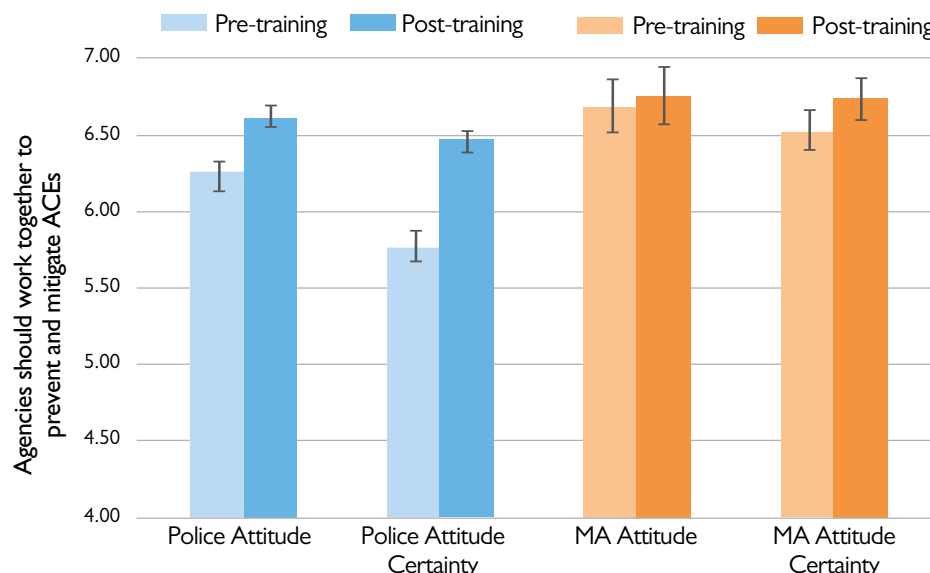
Attitude certainty. Police from all roles were moderately certain of their opinion on the training message and MA partners for all job sectors very certain. There were no differences by job role/sector for police or MA partners. For more technical detail on the results of the analyses reported here see appendix 2, tables 66 and 67.

Message 3: “Agencies should work together to prevent and mitigate ACEs and related trauma”

Attitude. Before the training, both police and MA partners were in favour of the training message. Police attitude towards the training message changed from pre to post-training, suggesting that police were more in favour of the message immediately after receiving the training (extreme evidence) with a 6% increase from baseline (see table 8). There was no evidence for a change in MA partners attitudes following the training (see figure 14).

Attitude certainty. Before the training police were moderately certain of their opinion on the training message and MA partners were very certain of their opinion. Police increased from being moderately certain of their opinion pre-training to very certain post-training (extreme evidence) 13% from baseline (see table 8). There was no evidence for a change in MA partners’ attitude certainty following the training (see figure 14). For more technical detail on the results of the analyses reported here see appendix 2, tables 58 and 59.

Figure 14. Agencies should work together to prevent and mitigate ACEs and related trauma



Note. Error bars represent 95% credibility intervals. Attitude is rated on a scale from (1) *against* to (7) *in favour*. Attitude certainty is rated on a scale from (1) *not at all certain* to (7) *very certain*.

Following the training, there was no evidence for a difference in the extent to which police and MA partners changed across gender, force area, job role/sector changed in attitude and attitude certainty.

Gender

Attitude. Pre and post-training male and female police and partners were in favour of training message 3; there was no evidence for a difference between the genders for police and MA partners. For more technical detail on the results of the analyses reported here see appendix 2, tables 60 and 63.

Attitude certainty. Pre-training, male and female police were moderately certain of their opinion on the training message and MA partners very certain; there was no evidence for a difference between the genders. However, post-training female police were *more* certain of their opinion on the training message than male police were (moderate evidence). There were no differences by gender for MA partners. For more technical detail on the results of the analyses reported here see appendix 2, tables 60 and 63.

Force area

Attitude. Pre-training and post-training police and partners from all force areas were in favour of training message 3; there was no evidence for a difference by force area.

Attitude certainty. Pre-training, male and female police were moderately certain of their opinion on the training message and MA partners very certain. Post-training, police and partners from all force/work areas were very certain of their opinion of the training message. There was no evidence for a difference, suggesting all force areas had a similar attitude (i.e., in favour) towards the training message. For more technical detail on the results of the analyses reported here see appendix 2, tables 64 and 65.

Job role/sector

Attitude. Pre and post-training, police and MA partners from all job roles and sectors were in favour of the training message; there was no evidence for a difference by job role or sector.

Attitude certainty. Police from all roles were moderately certain of their opinion on the training message, except for detective constables and police sergeants who were very certain of their opinion. MA partners from all roles/sectors were very certain of their opinion on the message. There were no differences by job role/sector for police and MA partners. For more technical detail on the results of the analyses reported here see appendix 2, tables 66 and 67.

3.5. Confidence and competence to respond to vulnerability post-training

Post-training, police and MA partners were asked to rate the extent to which they felt the training package had equipped them to confidently and competently respond to vulnerability using an ACE-informed approach, on a scale of (1) not at all to (5) very much so. Overall, police and MA partners rated that the training package had enabled them to confidently and competently respond to vulnerability using an ACE-informed approach (see table 9).

Table 9. Mean scores for confidence and competence to respond to vulnerability post-training

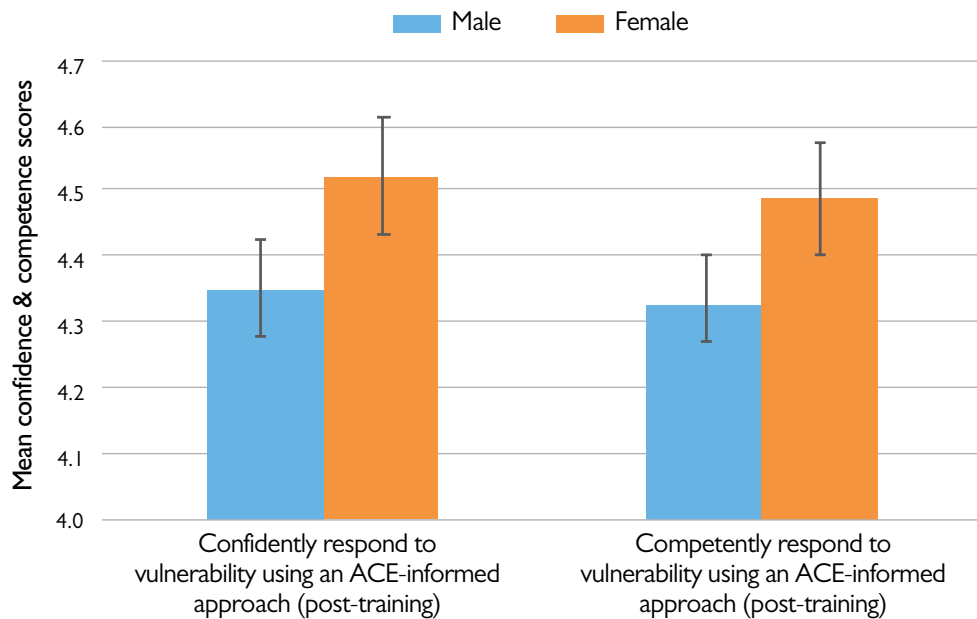
	Police			MA partners		
	N	Mean	SD	N	Mean	SD
To what extent has the training package enabled you to:						
Confidently respond to vulnerability using an ACE-informed approach	722	4.4	0.8	133	4.4	0.8
Competently respond to vulnerability using an ACE-informed approach	729	4.4	0.7	129	4.4	0.8

Confidence and Competence by Demographic

Gender

Female police rated that the training enabled their confidence and competence *more* than male police did (moderate evidence, see figure 15). There was no difference between male and female MA partners (see appendix 2, tables 69 and 70). See appendix 1, tables 26 and 27 for the demographic breakdown means and standard deviations.

Figure 15. Confidence and competence levels post-training by gender



Force area

There was no evidence for a difference by force area or job role for police, but there was a difference between the force areas for MA partners (moderate evidence; see appendix 2, tables 69 and 70). Specifically, MA partners working within Dyfed Powys and Gwent felt that the training package would enable them to competently respond to vulnerability *more* than MA partners from North Wales (moderate evidence; see appendix 2, table 71).

Job role/sector

There was no difference by job role/sector in how much the training had enabled police and partners confidence and competence (see appendix 2, tables 69 and 70).

3.6. Post-training understanding of an ACE-informed approach to working with vulnerability

Police and MA partners were asked to respond to a number of statements about ACEs and asked to rate their agreement to each of the statements. These statements were developed to capture whether a number of the key messages about an ACE-informed approach to vulnerability had been received post-training. See appendix I, tables 28 and 29 for the demographic breakdown means.

Table 10. Mean response scores to ACE-informed statements

Training Statements	Police	Multi-Agency
	Post M (SD)	Post M (SD)
1. Cases should be prioritised based on the number of ACEs scored on a checklist	3.5 (1.0)	3.4 (1.1)
2. The number of ACEs present is the best indicator of future risk	3.7 (0.9)	3.7 (1.0)
3. The number of ACEs cannot be offset by resilience factors	3.3 (0.9)	2.0 (1.1)
4. Vulnerability should be considered in every part of policing and crime	4.2 (0.7)	4.4 (0.7)
5. Dealing with ACEs is predominantly the responsibility of social workers	2.7 (1.1)	1.9 (1.0)
6. It is not worthwhile to change the way we work with individuals who have 4 or more ACEs	2.2 (1.0)	1.7 (1.1)
7. It is possible to change a person's life course, regardless of the number of ACEs	4.2 (0.8)	4.5 (0.6)

Note. Responses were rated along a scale ranging from 1 (strongly disagree) to 5 (strongly agree). Statements 1, 2, 3, 5 and 6, are negatively worded statements and lower scores are indicative of ACE-informed responses.

Both police and MA partners strongly agreed with statement 4 “*vulnerability should be considered in every part of policing*” and statement 7 “*it is possible to change a person's life course, regardless of the number of ACEs*” (see table 10). These findings suggest that police and partner attitudes were in line with the ACE-informed approach advocated in the training.

The training aimed to deliver the message that whilst assessing the number of ACEs can be a useful tool to help police and MA partners identify vulnerable people and increase early intervention and prevention, there is risk in misusing ACE screening tools as the foundation for professional decision making or as an intervention threshold. A number of statements were developed to examine the potential misuse of ACEs (statements 1 and 2; see table 12). Results from police and partners suggest there was some uncertainty with regards to the use and misuse of ACEs (i.e. a neutral response).

In addition, police were asked to rate how much they agreed or disagreed with a number of statements that contradicted an ACE and trauma informed approach to tackling vulnerability (statements 3, 5 and 6; see table 12). Police neither agreed nor disagreed with statement 5: *“dealing with ACEs is predominantly the responsibility of social workers”*. Police and MA partners mean scores indicated that there was some uncertainty with regards to this statement (i.e., a neutral response), but there was generally less agreement with statement 6, which indicates that police and partners views were aligned with an ACE and trauma-informed approach.

3.6.1 ACE-informed approach to working with vulnerability by demographic

Gender

There was a difference between genders, with female police demonstrating greater recognition of the ACE-informed approach to working with vulnerability than males. Females were in more agreement with statement 4; *“vulnerability should be considered in every part of policing and crime”* than male police were (extreme evidence), and were in less agreement with statement 5; *“dealing with ACEs is predominantly the responsibility of social workers”* than male police were (moderate evidence). Further, female MA partners were in less agreement with statement 1; *“cases should be prioritised based on the number of ACEs scored on a checklist”* than male MA partners were (strong evidence) and in more agreement with statement 3; *“the number of ACEs cannot be offset by resilience factors”* than male police were (moderate evidence). For more technical detail on the results of the analyses reported here see appendix 2, tables 72 and 73.

Force area

There was a significant difference between force areas in the recognition of ACE-informed approach statements 1, 2, 5 and 6 (extreme evidence). Police in Gwent were in more agreement with statement 1; *“cases should be prioritised based on the number of ACEs scored on a checklist”* than police in North Wales were (extreme evidence; see appendix 2, table 74). In addition, both Gwent and South Wales police were in *more* agreement with statement 2; *“the number of ACEs present is the best indicator of future risk”*, than North Wales police were (extreme evidence; see appendix 2, table 75). Gwent and South Wales police agreed with statement 5; *“dealing with ACEs is predominantly the responsibility of social workers”* *more* than Dyfed Powys and North Wales police did (strong to extreme evidence; see appendix 2, table 76). South Wales police were in *more* agreement with statement 6; *“it is not worthwhile to change the way we work with individuals who have 4 or more ACEs”* than the other three forces (moderate to extreme evidence; see appendix 2, table 78). Further, there was a difference between force areas for MA partners on statements 1 (very strong evidence) and 5 (strong evidence). As in the police sample, MA partners in Gwent were in more agreement with statement 1 than police in Dyfed Powys (moderate evidence) and North Wales (extreme evidence; see appendix 2, table 79). As in the police sample, Gwent and South Wales partners agreed with statement 5 more than Dyfed Powys and North Wales police did (moderate to strong evidence; see appendix 2, table 80). For more technical detail on the results of the analyses reported here see appendix 2, tables 72 to 80.

Job role/sector

There was a difference between the police roles for statement 3 (moderate evidence). Police constables were in *less* agreement with statement 3; *“the number of ACEs cannot be offset by resilience factors”* than police community support officers (extreme evidence) and in more agreement than detective constables (very strong evidence). For more technical detail on the results of the analyses reported here see appendix 2, table 81. There was a difference between the police roles for statement 5 (extreme evidence). Police constables, were in more agreement with statement 5 *“dealing with ACEs is predominantly the responsibility of social workers”* than police community support officers (very strong evidence) and police constables were in more agreement than detective constables (very strong evidence) and police staff (including communications/dispatch) were (strong evidence). For more technical detail on the

results of the analyses reported here see appendix 2, table 82. There was a difference between MA partners job sectors for statement 4 (moderate evidence). Partners from the health and well-being sector were in more agreement than partners from safeguarding/social care and family support services (moderate evidence); see appendix 2, table 83).

Age and length of service

There was a significant negative relationship between the perception that working with ACEs is primarily the role of social workers and age and length of time in service (see table 11). There was also a significant positive relationship between the quality of the training (namely the length of training), age and length of time in service.

Table 11. Bayesian Pearson Correlations for the relationship between age, length of service and statement 5

		Age	Length of time police
Age	Pearson's r	—	
	BF ₁₀	—	
Length of time police	Pearson's r	0.8	—
	BF ₁₀	Extreme	—
ACEs social workers	Pearson's r	-0.2	-0.2
	BF ₁₀	Extreme	Extreme

Note. BF₁₀ = Bayes factor for alternative hypothesis.

3.7 Usefulness of ACE TIME training in increasing knowledge

Participants were asked to think about the training package and rate how useful it was in advancing their knowledge on each topic area (see table 12). Overall, police and partners responses about the usefulness of the ACE TIME training were all within the ‘moderately so’ to ‘very much so’ range, indicating that police and MA partners felt that the training advanced their knowledge on all topic areas. See appendix 1, tables 30 and 31 for the demographic breakdown means.

Table 12. Usefulness of ACE TIME training in increasing knowledge

	Police	MA
How useful was the training in increasing your knowledge on...	Post M (SD)	Post M (SD)
1. What ACEs are	4.8 (0.6)	4.6 (0.9)
2. The potential impact of ACEs on the life course	4.7 (0.7)	4.6 (0.9)
3. The role of resilience in mitigating the impact of ACEs	4.5 (0.7)	4.5 (1.0)
4. The impact trauma can have on brain development	4.5 (0.7)	4.6 (0.9)
5. The benefits of working together with partners to prevent and mitigate ACEs and related trauma	4.6 (0.7)	4.6 (0.8)
6. The consideration of ACEs in understanding root causes of behaviour	4.6 (0.7)	4.6 (0.9)
7. Breaking intergenerational cycles of abuse through ACE-informed approaches	4.5 (0.7)	4.5 (0.9)

Note. Responses were rated along a scale ranging from 1 (not at all) to 5 (very much so).

3.7.1 Usefulness of training in increasing knowledge by demographic

Gender

There was no difference by gender for MA partners on the knowledge statements. Female police scored significantly higher than male police on a number of the knowledge statements 4, 5, 6 and 7 (moderate to extreme evidence), suggesting that female police had greater benefit from the training with regards to improvements on knowledge on those topic areas. For more technical detail on the results of the analyses reported here see appendix 2, tables 84 and 85.

Force area

For police and MA partners there were no differences by force area in the ratings for how useful the training was in increasing knowledge on each topic area. For more technical detail on the results of the analyses reported here see appendix 2, table 84 and 85.

Job role/sector

There was no difference by job sector for MA partners on the knowledge statements. However, there was a difference between the job roles on knowledge statement 3 (moderate evidence). Police community support officers rated that the training increased their knowledge about “*the role of resilience in mitigating the impact of ACEs*” more than it did for police constables (extreme evidence; see appendix 2 table 86). For more technical detail on the results of the analyses reported here see appendix 2, table 84 to 86.

3.8 Delivery of the ACE TIME training

Police and MA partners were asked to rate the quality of various aspects of the training. Specifically they rated the organisation and length of the training, the delivery of the training and the quality of the trainers. Collectively, police and MA partners rated all aspects of the ACE TIME training as ‘good to excellent’ with mean scores ranging from 4.0 to 5.0 (see table 13), but rated the length of the training as ‘average to good’. All aspects of the training delivery were well received by police and MA partners, but the most highly rated elements of the training delivery were the preparedness and knowledge of the trainers. See appendix 1, tables 32 and 33 for the demographic breakdown means and standard deviations.

Table 13. Perception of the ACE TIME training delivery

Questions	Police	MA
	Post M (SD)	Post M (SD)
Quality of ACE TIME training:		
Organisation of training	4.5 (0.6)	4.6 (0.5)
Length of training	3.8 (1.0)	4.3 (0.8)
Delivery of Training:		
Small group work	4.3 (0.7)	4.4 (0.7)
Video clip	4.5 (0.6)	4.6 (0.5)
General discussions	4.4 (0.6)	4.6 (0.6)
Lecture format	4.3 (0.7)	4.5 (0.6)
Trainers:		
Organisational relevance	4.5 (0.6)	4.6 (0.5)
Knowledge of materials	4.6 (0.5)	4.7 (0.5)
Preparedness	4.6 (0.5)	4.7 (0.5)
Time used effectively	4.4 (0.8)	4.6 (0.6)
Ability to translate resources into operational examples	4.5 (0.7)	4.6 (0.6)

Note. Responses were rated along a scale ranging from 1 (very poor) to 5 (excellent).

3.8.1 Delivery of the training by demographic

There was no difference by gender, force area or job sector for MA partners on ratings for quality of the training.

Gender

Female police rated the video clips (moderate evidence), the general discussions (strong evidence) and the lecture format (strong evidence) as higher in quality than male police. For more technical detail on the results of the analyses reported here see appendix 2, table 87 and 88.

Force area

There was a difference between the force areas on perceived quality for length of training (extreme evidence) and time used effectively (moderate evidence). Dyfed Powys police rated the length of the training as higher in quality than the other three force areas (moderate to extreme evidence; see appendix 2, table 89). Gwent police rated the length of the training as higher in quality than South Wales police (strong evidence; see appendix 2, table 89). Further, Dyfed Powys police rated the trainers time management as higher in quality than North Wales and South Wales police (moderate evidence; see appendix 2, table 90). Gwent police rated the trainers time management as higher in quality than North Wales and South Wales police (moderate evidence; see appendix 2, table 90). For more technical detail on the results of the analyses reported here see appendix 2, table 87 and 88.

Job role/sector

There was a difference between the job roles in perceived quality for length of training (extreme evidence) and small group work (moderate evidence). Police staff (including communications/dispatch) rated the length of the training as higher in quality than police constables (extreme evidence; see appendix 2, table 91) and detective constables (strong evidence; see appendix 2, table 91). Police community support officers rated the length of the training as higher in quality than police constables (strong evidence; see appendix 2, table 91). Police community support officers and police staff (including communications/dispatch) scored the small group work as higher in quality than police constables did (moderate and strong evidence, respectively; see appendix 2, table 92). For more technical detail on the results of the analyses reported here see appendix 2, table 87 to 92.

3.9 Post-Survey Open Comments

Content and delivery of the training

A large majority of participants suggested that all the content of the training was useful (police $N = 161$ comments, MA partners = 43 comments). The prevailing theme across all four force areas was that no content should be removed from the current ACE TIME training package because all of it was useful (Police $N = 161$ comments, MA partner $N = 43$). Reasons for this included: *“all of it was pertinent to our roles”* (PO, Response, DPP) and *“it was all very interesting and felt appropriate”* (Police Staff, GP); *“all parts were good. There was a good variety of activities to keep your interest. All videos were excellent and thought provoking!”* (Health Visitor, NW).

Nonetheless, several responses suggested that the content that explores the impact of childhood experiences on brain function was the least useful part of the ACE TIME training (police $N = 17$ comments). Further, some participants in North Wales police commented that all the training content was useful (police $N = 23$ comments). However, others felt the content around referral forms and processes was least useful (police $N = 11$ comments), because there was a perceived lack of relevance

to particular roles within the police service; *“CID 16 (police referral) isn’t something we deal with in the control room as a Comms Op [Communications Operator]”* (Communications Operator, NWP). This highlights the need to ensure the relevance of the roles within police undertaking certain aspects of training and underlines the need to further consider whether it is more appropriate for certain roles to receive ACE awareness training only (i.e., module A, morning session).

All force areas provided positive feedback about the delivery of ACE TIME training. Participants described the training session as *“relaxed”* (PCSO, NPT, SWP) and as *“...delivered in a well instructed manner”* (PO, Response, DPP). Participants commented that the use of group work and group discussions were positives (police $N = 60$ comments and MA partners $N = 13$) as they allowed individuals to *“share ideas”* (PO, CID, NWP) and *“... reflect on the knowledge of colleagues”* (PCSO, NPT, DPP). Police and MA partner collaboration within group discussions was highly regarded as this allowed alternative perspectives to be heard and explored: *“group work, hearing about agency workers experiences”* – PO (Response, DPP) and *“discussions and understanding more about our police force colleagues. Because I firmly believe multi-agency working is the best way to help families achieve their outcomes”* (Team Around the Family Co-ordinator, DP).

The frequent use of video clips to deliver key content of the training was highly regarded by participants (police $N = 129$ comments and MA partners $N = 23$). The video clips were perceived to be *“powerful and realistic”* (Careers Advisor, SWP), and *“reinforced the theoretical material”* (Performance Manager, YJS, NWP) and *“gave a true reflection of an ‘ACE person’ in a real life format”* (NEETS Practitioner, DPP)... with *“... real incidents and scenarios in which we can also relate”* (DS, PPU, SWP). The use of the ‘Police Scotland domestic abuse video’ was well received across the four forces. This video, which depicts a real-life domestic violence incident was frequently reported as one of the most useful aspects of the training (police $N = 53$ comments). The Police Scotland domestic abuse video was regarded as *“extremely useful”* (DC, CID, GP) in demonstrating what victims may have experienced: *“the domestic violence video and input makes me think ‘outside the box’ and what occurred prior to Police arrival”* (PC, Response, DPP): *“[the] video clip of domestic abuse – very impactful and highlights the importance of this”* (PS, Response, DPP). However, a relatively small number of participants suggested that the Police Scotland domestic abuse video was the least useful part of the training (police $N = 12$ comments); *“the video [was least useful], didn’t feel officers need to see it”* (PC, Response, Gwent), and that it could be removed from future training sessions (police $N = 8$ comments).

Although the length of the training was rated as *good* and all content useful, a small number of participants from all forces questioned the amount of content covered in the training (police $N = 24$ comments), with comments suggesting the ACE TIME training was too long *“excellent course, just too long”* (Police Staff, NWP). Several participants suggested to shorten the training (police $N = 14$ comments) due to challenges maintaining concentration and engagement with the materials. One participant suggested the training could be split over two days with *“a lot of content and text to digest”* (DC, CID, NWP).

Participants across the North Wales police force received additional content at the end of the ACE TIME training package in order to educate staff about the ongoing changes to the North Wales police systems. This content detailed agencies available within the local area, referral processes to accessing these and how to complete a new referral form within those new systems. The delivery of the additional information on referral pathways for North Wales police was criticised as being too lengthy (police $N = 11$ comments); *“[the training was] rushed towards the end with regards to actions we take and forms to be completed”* (CID, NWP); *“It was quite lengthy. The pathways and resources part at the end could be emailed to officers to cut down the length of time.”* (DC, CID, NWP); *“the video clips that just provided contact numbers [for local agencies], waste of time.”* (DC, CID, NWP). While this element of the training reflects the positive work the local delivery team has already developed in relation to signposting and pathways

for early intervention and prevention, it also demonstrates the need to consider whether this information should sit separately to the ACE TIME training within a police and partners workshop.

In contrast, some participants in areas where referral pathways are less established reported the need for training content to include more information on local agencies (Police DPP $N = 5$ comments, SWP $N = 5$ comments and GWP $N = 1$ comment); *“compile a list of local agencies and numbers for the individual BCU’s [Basic Command Units].”* (PC Response, SWP).

Usefulness and relevance of the training

In line with the survey data, a large proportion of respondents (police $N = 113$ comments and MA partners $N = 43$ comments) commented that the training provided them with a greater knowledge and awareness of ACEs and trauma: *“the training was very beneficial as I was not fully aware of ACEs and what they do. I would feel confident responding to vulnerability”* (Police GWP). Participants commented that this would enable them to be more aware of the signs of ACEs and trauma in practice; *“now with this knowledge I can put it into practice”* (Police DPP); *“I now know what ACEs are and what to look for when dealing with victims”* (Police GWP). Participants also commented that the training gave them greater understanding of people’s behaviours and how trauma may impact an individual later in life (police $N = 47$ comments and MA partners $N = 35$ comments): *“[The training provided] a better understanding of triggers and causes of criminality or calls which involve vulnerable victims/suspects”* (Police DPP).

Overall, police perceived that the training was relevant to their role (police $N = 41$ comments) and provided *“... greater general understanding of the topic”* (Researcher, CRU, NWP). However, some commented that the training was not relevant (police $N = 18$ comments) and that they were limited in what they could apply from the training within their role (police $N = 47$ comments). Thus the training may require additional work to align its messages to all roles and job sectors *“[the training was not] hands on enough to be able to help fully”* (Communications Operator, NWP). Participants that have limited face-to-face contact with vulnerable people (e.g., control room staff) may feel limited in how much they are able to respond to vulnerability: *“My role would be to identify potential abusive situations and refer on”* (Senior Practitioner Occupational Therapist, DP) and *“my job is to support organisations that support individuals, rather than individuals themselves, so impact may not be great”* (Wellbeing Development Officer, NW). Therefore, consideration should be given to providing specific and less intensive training packages that emphasise an ACE and trauma-informed approach that those who do not have direct communication with vulnerable people.

Feedback focussed on the need for a greater understanding of the whole systems approach that the ACE TIME training promotes: *“more about what will be happening in the future”* (PC, Response, DPP) and the *“relevance and examples of ACEs into policing day to day”* (PO, NPT, DPP). In particular, two pieces of feedback highlight that this is missing from the training:

“The vision – how will it work in everyday life? Previously I am aware of factors that affect a child but how can I better gain time to effectively assist and make changes that can influence?” (PCSO NPT, DPP)

“This training will not help me operationally as a police officer. No actual new direction given as to why we are being given this training as we already deal with vulnerability and ACE factors as directed. This seems to be more directed at partner agencies not police.” (PO Response, DPP)

These quotes suggest that the training may be improved to better explain the importance of taking a whole systems approach, which involves the collaboration of police services and multi-agency services in order to tackle ACEs and vulnerability. Additionally, providing operational examples of how officers can incorporate this successfully into their everyday policing would help to highlight the relevance and importance of this training for officers who are dealing with high levels of vulnerability on a regular basis.

“This training will not impact on my day to day practice as a police officer. I already deal with vulnerability and can identify ACE factors, before they were given a title of ACEs. We are not the agency best equipped to deal with these issues and this training is not directed at the correct people/agencies” (PC Response, DPP)

The above suggests that there is a need to pursue a collaborative multi-agency, early intervention approach through systems such as early help hubs, as these pathways have the potential to demonstrate how a whole systems approach can work. These comments further highlight the need for training around early intervention pathways. Dyfed Powys police also highlighted the need for more information on local agencies, with participants requesting *“further investigation about agencies on a local level – contacts etc.”* (Schools Community Police Officer, NPT, DPP) and to *“discuss multi-agencies available and their roles in greater detail”* (NPT Officer, Response, DPP).

The findings showed that the training could be beneficial outside of work (police $N = 171$ comments) and in home/personal life (police $N = 138$ comments, MA partner $N = 24$ comments). This emphasises the importance of receiving the current training and highlights that learning about ACEs and how to manage vulnerability may impact the personal lives of participants:

“I know a lot as I’m a victim of child abuse in the past. This is helping me to understand the importance of my job.” (Police Staff, Gwent)

“Yes. I believe my partner may have grown up in an environment where she would have 4 or more ACEs. But has overcome them - this should help me understand and support her better.” (PO, DPP)

“My 5 year old and I have both been exposed to numerous ACEs through the course of our lives and this training has been such an eye opener as to how to give my little girl further understanding and support at home.” (PO, NWP)

In contrast to the above, one participant raised an important issue surrounding the potential harmful emotional impact of attending training:

“Although attendees are staff members or police officers, part of the course could trigger things that have affected them in the past. There should be a detailed email informing them of the content of the course prior to attending.” (PCSO NPT, SWP)

Due to the sensitive nature of the training content, it is crucial to ensure individuals receive sufficient warning about the content when they are invited to attend training. Additionally, continued self-care briefings should be present before and continually throughout the training with sufficient follow up opportunities for well-being support.

Embedding the training into practice

Participants were asked to describe how they would apply the knowledge gained from the ACE TIME training to their day-to-day practice. The responses highlighted that a large majority of participants felt the training would have a positive impact on their practice and that it was generally applicable in practice and day-to-day working (police $N = 121$ comments, MA partners $N = 21$ comments) and a relatively smaller number commented that they were unsure (police $N = 20$ comments).

The findings suggested that the training would enable participants to respond using ACE and trauma-informed approaches; with improved communication in practice (police $N = 53$ comments and MA partners $N = 15$ comments): “[I will] take more time to talk, find out more about what’s going on behind the surface, why this is happening etc. Giving them the opportunity to talk” (Police DPP) and increased levels of empathy and compassion (Police $N = 74$ comments): “those with ACEs can be seen as lost causes. This training has shown that help is out there and it’s never too late” (Police NWP); “the training outlined the importance of acknowledging the reasons behind someone’s actions, and gave an insight into how a professional can avoid triggering negative reactions.” (MA NWP); and to “not judge a situation or person on face value” (Police, GWP).

Participants commented that the training will enable better information gathering. This included looking beyond the initial evidence (police $N = 66$ comments): “I will take my time and assess the situation and look beyond what’s directly in front” (Police GWP); increased risk identification (police $N = 62$ comments) and decision making (police $N = 19$ comments); “it will help me to identify vulnerability in people and assist with my decision making when identify/grading threat harm and risk” (Police GWP). Specifically, police commented that they would apply the training when dealing with incidents involving children and young people (police $N = 58$ comments) and incidents of domestic abuse (police $N = 22$ comments); “after the training I am more aware of what ACEs are, will look for them much [more] closely when a vulnerable youth commits ASB [anti-social behaviour]” (PCSO, NPT, GP); “I will look at each domestic incident I attend through an ACEs lens. I will look at the ACEs that children are being influenced by and make more accurate decisions and referrals” (PO, Response, GP).

A number of police commented that they would work collaboratively within the force and with partner agencies post-training (police $N = 32$ comments); “[the training] has taught me to ask more questions when dealing with other agencies in order to see the bigger picture of a person’s life” (Police DPP); “ensuring knowledge of ACEs is shared with other agencies for each individual case” (Police GWP).

A large number of the respondents working within the police perceived that the training would improve the referrals officers and staff complete for vulnerable individuals (police $N = 145$ comments). Officers reported that after the training they would have a greater consideration of the information they need to include on the referrals, ensuring they provide a comprehensive description of the incident and the risks observed “Use different language in CID-16’s to better convey risk and harm” (Police, NWP). Respondents reported that the training provided them with a better understanding of vulnerable individuals and the circumstances which may have led to their current situation, which they perceived would further inform the referrals they submit: “Look out for aces and provide more details on PPN. Better understanding of individuals circumstances” (Police, SWP).

“Ensure that all CID16s are detailed with what I’ve observed. Have discussions with parents about the effect that ACEs have on their kids” (Police, NWP).

Police officers and staff referred to the use of an ACE lens in practice post-training (police $N = 30$ comments, MA partners $N = 10$ comments). One participant stated that they would “1) Ask open questions 2) look for ACEs (environmental) 3) Refer to Early Prevention Hub 4) CID16 submitted will be more focused on ACEs identified” (Police, NWP). This highlighted that police officers and staff have a clearer idea of the tasks they are required to do to help vulnerable people and provide support to address their needs. In particular, they perceived that the training would enhance their signposting, offer of support and safeguarding vulnerable individuals (police $N = 92$ comments, MA partners $N = 14$ comments). Police officers and staff reported that they would give better consideration to the most appropriate agencies to support an individual and engage more with partners to “ensure I signpost individuals to the best of my ability to ensure they get the correct support package” (Police, NWP); “To think more about the necessity of completing a CID16 ‘just in case’ and to signpost and support if more relevant” (Police, NWP); “This will assist me in referring (signposting) people to agencies who would be best used to deal with trauma should a MARF not be relevant” (Police, DPP).

Barriers to embedding the training into practice

All participants were given the opportunity to consider any perceived barriers that may prevent the embedding of ACE TIME training into current policing practice. Various barriers were identified, with lack of time and resource being the most predominant barriers for both police and MA partners. Fifty-one police commented that there were no barriers to implementing the training.

Time constraints

Time constraints were commonly reported by police as a barrier to implementing the training (Police $N = 174$ comments, MA partners $N = 17$): “time and resources to deal with ACEs as well as the actual situation/offence” (PO, Response, DPP). This was mostly reported by those who operated within a response police role. Furthermore, with an increasing demand on police services, officers expressed concerns about the need to attend other calls once the immediate threat, risk and harm has been responded to (police comments $N = 49$ comments); “we have time constraints in response. Very often we need to deal with another incident waiting. I see the value in prevention but sometimes we get stuck for time” (PC, Response, NWP); “as a police officer our involvement with families is limited to dealing with the incident at the time it is occurring. It often is not possible for us to follow up due to constraints of other work.” (PC, GP). Some MA partners commented that priorities within their job sector were a barrier to implementing the training (MA partner $N = 10$ comments); others commented that there were no barriers to implementation (MA partners $N = 15$ comments). The importance of providing support to address ACEs and associated trauma was recognised, but there was clearly some concern about the potential for this approach to add additional workload on an already “over-stretched front line staff” (PO, GP).

Logistics and resources

A further significant barrier perceived across all four forces and MA staff included logistics and resources (police $N = 78$ comments, MA partner $N = 10$ comments); “resources to explore the ACEs which will take time” (PO, DPP). Managing offenders and supporting victims can be resource intensive, but with limited police available it was perceived that it is often the perpetrator that takes priority: “Police take abuser to custody then [there’s] nobody to speak to the victims” (CAMHS Team Lead, NW). The most frequently cited resource type included a lack of funding; “I work with social services, mental health, probation, [they] all suffer with underfunding and extreme workloads” (Custody Sergeant, NWP) and low staffing levels; “time and resources are already severely stretched. I cannot lose officers for extended periods of time” (PS, Response, SWP).

Participants felt that a lack of funding across departments and agencies was a barrier in applying the knowledge they had gained from the training. However, the following feedback also suggests that

participants may not have fully recognised opportunities to intervene as part of a whole systems approach; *“As officers all we can do is flag the situation up, what happens from there is out of our control. Ultimately all departments and agencies are underfunded and short staffed and struggling to deal with demand and need and I cannot see that changing any time soon.”* (PO Response, SWP). The findings suggest that the ACE TIME training must be clear in its messages about opportunities to intervene as part of a whole systems approach, to prevent officers minimising their role in preventing and mitigating the impact of ACEs. It is essential that the ACE TIME training strengthens its message that ‘everyone, including police officers from all departments, has a key role to play in early identification and prevention of ACEs’. Specifically, more emphasis should be placed on police and partner roles in using ACE-informed communication and response to vulnerable individuals as well as the message ‘every contact matters’.

Multi-agency working

Whilst a number of people commented that the training would better enable collaborative working, other participants alluded to multi-agency working as a barrier to implementing the training into practice (police $N = 56$ comments, MA partners $N = 10$ comments): *“[there is a] lack of support/funding from partner agencies. If I spot risks/threats, I am not confident support agencies will follow up my concerns”* (Police DPP); *“[There is a] lack of buy in from other colleagues, professionals or agencies. It requires all to be understanding of ACEs to ensure a community of service to vulnerable people.”* (Performance Manager, Youth Justice Service, NVW); *“[there is] difficulty in getting all agencies to work on the same page i.e. making referrals to social [services]”* (Family Centre Leader, DP).

Further, the level of communication between partner agencies was identified as a barrier within feedback from MA partners. It was recognised that there was a need for improved communication channels between all agencies: *“more work is needed to break down barriers between agencies/improved information sharing between SSD [Social Services]/Police/Education/Health.”* (Senior Advisor for Behaviour and Wellbeing, DP). Generally, the comments highlighted a recognition for the need of a whole systems approach and that all agencies must work collaboratively and towards a shared goal to tackle ACEs and vulnerability: *“all services to have shared vision of identifying ACEs and of intervening”* (Operational Manager, NW); *“with the assistance of partner agencies, we should be able to break most barriers”* (PCSO, NPT, GP).

Lack of victim engagement

A lack of victim engagement and cooperation were highlighted as potential barriers (police $N = 65$ comments, MA partner $N = 5$ comments). Police and MA partners reported several challenges such as gaining consent from victims and *“[...] the reluctance of clients to discuss their circumstances”* (Careers Advisor, Gwent). Police felt that the reluctance of victims to engage could potentially hinder their understanding about whether victims had experienced ACEs... *“lack of knowledge of ACEs if they are hidden by victims”* (PO, Response, Gwent).

Several participants commented that an individual’s unwillingness to accept help and access support were additional barriers [...] *“people are unwilling to accept help”* (Community Development Officer, Gwent) [...] *“the client may not want to engage with a partnership agency to access support”* (Triage Co-Ordinator, Gwent). Whilst the latter comment highlights the awareness that some individuals may not want to engage with services, those comments also highlight that the training failed to effectively enable some participants to recognise the impact of trauma on an individual and how this impacts a person’s ability to engage with services: *“victims not disclosing or engaging. Police can only do so much – we need victims to help us help them”* (DC, NWP). This thinking contradicts the messages within the ACE TIME training around the impact of trauma on an individual, therefore consideration should be made around looking to strengthen this element of the training.

4.0 Discussion and Recommendations

The demand on police services has changed, with a reduction in crime and increase in vulnerability. Research has demonstrated that many police officers and staff recognise vulnerability to be a police responsibility and that police are best placed as 'first responders' to ensure appropriate support and signposting for incidents involving vulnerable persons [10]. However, traditional policing methods, training and systems are unable to meet the level and type of vulnerability demand [11]. In response to the vulnerability demand and as part of the E.A.T. programme, ACE TIME training was further developed and delivered to police and partners across Wales, following a smaller scale pilot of the training in South Wales Police [22]. The ACE TIME training aimed to provide police and partners with knowledge of ACEs and the impact trauma has over the life course and the skills to competently and confidently respond to vulnerability using ACE and trauma-informed approaches, which in turn would support a whole systems approach to prevent and mitigate ACEs.

The key aim of the current evaluation was to capture the immediate impact of the ACE TIME training on police and partners' knowledge and practice alongside their competence and confidence when responding to vulnerability.

Key Findings

Confidence in understanding and working with vulnerability and ACEs

Overall, there was a significant increase in police and MA partners' confidence in understanding and working with vulnerability and ACEs after receiving the ACE TIME training (see table 4 and figure 1, pg. 25 to 26). The largest increase for both populations was for confidence in understanding and working with ACEs, where confidence increased from moderate to high scores. Both male and female police had significant increases in confidence following the training; however, female police and partners had higher reported confidence post-training (see figure 2, pg. 26). Gwent, North Wales and Dyfed Powys police gained in confidence working with vulnerability after receiving the training, but there was no evidence for an increase in confidence for South Wales police (see figure 3, pg. 27). However, South Wales police reported significantly higher levels of confidence compared to the other three force areas pre-training. It is important to acknowledge that preceding this current programme of work, South Wales police had started to embed the ACEs agenda into force culture as part of the policing vulnerability pilot training [22]. Therefore, South Wales police staff may have had greater exposure to the possible benefits of the current work, which may partly explain the difference in confidence levels. Additionally, the findings highlight that the training increased the confidence of those with >3 years' experience in force to be similar to that of those who had served >20 years, before they received the training (see figure 4, pg. 28). Police and partners from all demographic backgrounds reached similar and high levels of confidence (see pg. 26 to 27). Collectively the findings suggest that training attendance enabled a universal and force wide confidence in the understanding of working with ACEs and vulnerability.

As part of the E.A.T. programme, the police forces have worked to improve the efficiency of their referral processes and practice guidance. In some forces, these changes were presented during the training to inform officers of the new processes, whilst other forces delivered the changes during separate workshops. Participants across the North Wales police force received additional training content about the ongoing changes to signposting and referral pathways within the North Wales police system. This content detailed agencies available within the local area, referral processes to accessing these and how to complete a new referral form within those new systems. As such, we were interested in police confidence about when to submit vulnerability referrals (i.e., police referral or direct referral to

agencies). Interestingly, the findings showed that Dyfed Powys and Gwent police increased in confidence about when to submit a vulnerability referral following the training (see figure 5, pg. 29). However, there was no shift in confidence for North Wales or South Wales police. This suggests that South Wales police were less sensitive to the possible confidence benefits of the training compared to other force areas perhaps due to higher levels of confidence pre-training. Police from North Wales commented that the delivery of the additional information on referral pathways was too long and that it was the least useful part of the training (see pg. 58). Therefore, the additional information about signposting and referral pathways may have limited how much confidence they gained from that aspect of the training. This element of the training in North Wales reflects the advanced nature and positive work the local delivery team has already developed in terms of signposting and pathways for early intervention and prevention vulnerability support. However, the findings suggest that there may be a need to consider whether this information should be removed from the ACE TIME training and instead sit within a police and MA partners' workshop. Nonetheless, future research is needed to assess any further confidence benefit following the training, particularly for police in North Wales, who may have required more time to process and understand the new referral pathways.

Confidence and competence responding to vulnerability

Overall, both police and MA partners reported that the training will enable them to confidently and competently respond to vulnerability using an ACE informed approach (see table 9, pg. 50). However, female police rated that the training will enable them to confidently and competently respond to vulnerability significantly more than male police did (see figure 15, pg. 51).

One of the consistent messages from the open comments was that participants felt they now held a greater understanding of people's behaviours (see pg. 59), which in turn gave them a better awareness of how traumatic experiences may impact an individual later in life. After the training a large number of participants reported a greater knowledge of ACEs. Further, some participants commented that this will enable them to be more aware of the signs of ACEs and trauma, and improve their ability to identify ACEs and recognise when someone is vulnerable (see pg. 59).

Across police and partners there was considerable recognition that the training could be applied to practice in a number of ways, including information gathering, risk assessment and decision-making, information sharing, as well as providing direct support to vulnerable individuals (see pg. 61 to 62). An additional and prominent theme from the open comments was that the training will improve the referrals officers and staff complete for vulnerable individuals. Police reported that they will have a greater consideration of the information they need to include within referral forms and that they will provide a more comprehensive description of the incident and the risks observed as well as using more appropriate language (see pg. 61 to 62). Post-training some participants commented that they had a clearer idea of the tasks they are required to do to help vulnerable people and provide support to address their needs. In particular, participants perceived that the training would enhance their signposting and help them offer support and safeguarding to vulnerable individuals (see pg. 61 to 62).

After receiving the training some participant's expressed that their understanding of vulnerability and knowledge of ACEs will enable them to have better communication and more positive interactions with vulnerable people, with greater empathy and compassion (see pg. 61). These findings are key because research highlights the importance of police empathy [28]. That is, being able to take another person's perspective to increase public trust in police and to make contact situations effective (i.e., to ask relevant questions and gather relevant information) [28]. Further research should assess whether ACE TIME training has impact on empathy and empathetic behaviour within a policing context.

Attitudes towards ACEs and related trauma

Research has identified that attitudes have important influence on behaviour [29, 30]; organisational change theory states that successful programs of change are those that target and are effective at modifying employees' attitudes to desired behaviours [31]. As such, the current training program had a series of persuasive messages advocating for the use of trauma informed practice when responding to vulnerable people. To assess whether the training had influenced participant's attitudes towards ACE and trauma informed approaches to policing, the research team developed three messages (shaped by the core messages of the ACE TIME training): message 1 "*it is important for police officers to understand what ACEs are*"; message 2 "*everyone has a part to play in supporting individuals who are experiencing trauma*" and; message 3 "*agencies should work together to mitigate ACEs and related trauma*". Participants were asked to read those messages and then indicate how in favour they were of the message and then how certain they were of their attitude towards each message.

Following the training police attitudes changed to be more in favour of the ACE and trauma informed messages (see table 8, pg. 31). Both police and MA partners were in favour of the training messages following the training, but there was no evidence for attitude change for MA partners suggesting that the training did not have any added benefit for partners regarding attitude change. There was an increase in how certain police were of their attitudes. Specifically, police shifted from being moderately certain of their attitudes to very certain of their attitudes (see table 8, pg. 44). The direction of attitude change was in favour of ACE and trauma informed approaches, therefore the increase in attitude certainty is a positive finding which suggests participant's attitudes were significantly stronger following the training. This finding is important because research suggests that knowledge gained about an attitude can enhance attitude certainty [23] and in turn lead to behaviour that reflects the attitude message (i.e., ACE and trauma informed practice) [24,25]. Further research is required to assess the relationship between the change in attitude certainty evidenced in the current work and any change in behaviour related to the training messages.

Following the training all genders, force areas and job roles within police and MA partners were in favour of the training messages (see pg. 46 to 51). However, there were some differences across the demographic variables following the training. Female police were significantly more in favour of all three training messages than male police were (see pg. 46 to 51). There were differences in attitudes across the force areas before the training; however, immediately after the training all force areas have similar attitudes towards the training messages (i.e., in favour; see pg. 46 to 51). These findings suggest following the training, there was a universal positive attitude towards recognising the importance of understanding and supporting ACEs and related trauma, from a policing and multi-agency approach. This finding is key because common attitudes and beliefs can enable and embed a positive policing culture regarding early intervention and prevention and in turn enable police transformation.

Responses to operational policing scenarios (anti-social behaviour)

The research team developed two scenarios to reflect real-life incidents police commonly respond too. The first scenario described an incident of anti-social behaviour involving a young person (see pg. 30, box 3) and the second described a domestic abuse incident (see page 36, box 4). Participants read each scenario before and after the training and responded to a number of statements that aimed to assess participant's professional judgement and decision making in relation to an ACE and trauma informed approach to policing vulnerability. Overall, police and MA partners' professional judgement and decision-making shifted towards an ACE and trauma informed approach to policing. Following the training, when considering an ASB incident, police and MA partners' focus widened from the crime at hand to include a more holistic perspective of the child's vulnerability and consequent behaviours. Post-training, police

perceived that the child was more likely to be involved in other criminal activity, but that they were more vulnerable and less responsible for their actions (see table 6, pg. 31). This suggests that the training messages captured the relationship between ACEs, vulnerability and criminal and anti-social behaviour.

Further, following the training MA partners viewed the child as more likely to be involved in other criminal activity (see table 6, pg. 31). Thus, for MA partners the findings suggest the training increased understanding of the link between vulnerability and criminal behaviour. In line with the survey data, a large number of MA partners commented that the training gave them greater understanding of people's behaviours and how trauma may impact individuals later in life.

The ASB scenario is an incident operationalised as a “delayed response” and therefore signifies low-level crime. After receiving the training police viewed the ASB incident to be *more* of a police matter. The training emphasised that it is everybody's responsibility to deal with vulnerability, and in this particular scenario, vulnerability was manifest in low-level crime. Importantly, the nature of the crime itself was unchanged (i.e., low level) and police felt more responsibility about dealing with the scenario following the training (see table 6, pg. 31). MA partners perceived the incident in the scenario was more of a police matter following the training (see table 6, pg. 31). Furthermore, MA partners' comments from the open responses suggested that the training was useful in understanding police perspectives and pressures and being more aware of their work, which in turn can better help multi-agency working (pg. 58). This may suggest that, following the training, MA partners had greater understanding of the role of police in responding to vulnerability and their opportunity to intervene. This understanding from MA partners is important to enable a better multi-agency approach to vulnerability. Further, both police and MA partners viewed the incident in the ASB scenario to be more serious following the training (see table 7, pg. 31). Importantly seriousness scores remained within the moderate range and within the boundaries of what would be realistic for a “delayed response”. This demonstrates that police and partners were able to operationalise the learning points of the training prior to having opportunity to implement.

There were a number of demographic differences in police professional judgement and decision making. Whilst male and female police viewed the child as significantly more vulnerable following the training (see figure 7, pg. 34), female police viewed the child as significantly more vulnerable than male police did. Dyfed Powys police viewed the child as significantly more vulnerable than the other three force areas, pre and post-training (see pg. 33). These findings are difficult to fully explain, there were no discernible differences between the force areas on the demographic variables, but it is worth considering that rural policing areas (i.e., Dyfed Powys) may experience lower overall vulnerability demand compared to other less rural policing areas (e.g., South Wales). In line with this, of those who reported “no barriers” to implementing the training into practice, DPP accounted for approximately 40% of those responses. Further research should explore the relationship between rural policing, the volume of vulnerability demand and barriers to implementing the training into practice.

Responses to operational policing scenarios (domestic abuse)

Police and MA partners' professional judgement and decision-making regarding the domestic abuse scenario changed from pre to post-training. Police and partners consideration of adult safeguarding procedures increased after receiving the ACE TIME training (see table 7, pg. 37). This is a highly meaningful shift from a policing perspective; the pre-training scores for adult safeguarding procedures were high which is no surprise given that domestic abuse is categorised as a “high-harm crime” and that previous research has shown that 48% of police referrals over a 12-month period were submitted for domestic abuse incidents [11]. The training provided focus on the recognition of the underlying causes of behaviour, but also the open comments suggest that training aids such as video clips and case studies

(using an adult's perspective) may have increased police empathy and understanding of the vulnerability manifest in domestic abuse incidents. Further, police and MA partners viewed the domestic abuse incident as significantly more serious following the training (see table 7, pg. 37). Again, female police viewed the incident as significantly more serious before and after the training than male police did (see pg. 41).

Police and MA partners viewed the children in the domestic abuse scenario to be significantly more vulnerable following the training (see table 7, pg. 37). Before and after the training female police considered the children significantly more vulnerable than male police did (see figure 9, pg. 40). After controlling for the pre-existing differences, female police still viewed the children as more vulnerable than male police. Furthermore, police consideration of child safeguarding procedure did not increase post-training. However, results showed that the consideration of child safeguarding procedures was extremely high (the most desirable response) so a lack of change here is not surprising (see table 7, pg. 37).

Understanding of an ACE and trauma-informed approach

A large number of participants indicated that the training was useful in expanding their knowledge on all topic areas (see pg. 57), particularly around the understanding of ACEs and the potential impact of ACEs on the life course. Overall, participants agreed that there is need to consider vulnerability in every part of policing and that it is possible to change a person's life course regardless of the number of ACEs they have experienced (see table 10, pg. 52). However, on average police were neutral and/or uncertain about the following statement that contradicted an ACE and trauma informed approach to MA working: *“dealing with ACEs is predominantly the responsibility of social workers”* (see table 10, pg. 52). Further analysis showed that older police, who had served longer in force were less likely to agree with this statement (see table 10, pg. 52). This suggests that the training did not sufficiently enable police to recognise the significance of their shared role in the multi-agency response to vulnerability.

The ACEs research evidences that individuals who experience a higher number of ACEs are at an increased risk of negative outcomes in later life. In light of this research, services often misperceive the ACE count to act as a threshold or screening tool into services [10]. However, whilst exploring ACEs can help professionals understand the root causes of vulnerability and problem behaviour, it is important for services to assess risk of harm and the impact of trauma on an individual basis. One statement was developed in the evaluation survey to assess the potential misuse of ACEs in policing: *“cases should be prioritised based on the number of ACEs scored on a checklist”*. Police and MA partners mean scores indicated that they were also neutral to in agreement with this statement. Collectively, the findings indicate that police and MA partners were in agreement with a number of ACE and trauma informed statements. However, the findings also suggest a need for future ACE TIME training to further emphasise the misuse of ACEs as a checklist for prioritising cases.

Perceived barriers to applying knowledge

An additional aim of the evaluation was to explore the impact of the training in embedding an ACE and trauma-informed approach in policing and on integrated multi-agency working that would aid a whole systems approach to preventing and mitigating ACEs. A considerable number of participants clearly felt that lack of victim engagement and willingness to disclose traumatic experiences were barriers to implementing the training into practice (see pg. 63). Police and MA partners reported challenges such as gaining consent and gathering information about ACEs from victims who are reluctant to engage, accept help and access support (see pg. 63). The training delivered content on the impact of trauma

on behaviour and the tactical skills needed to support vulnerable people when attending incidents (e.g., grounding techniques). These findings suggest that for some participants, the training did not sufficiently address some of the challenges police experience when working with vulnerable people affected by trauma. Therefore, consideration should be made around looking to strengthen this element of the training to upskill attendees, increase recognition of opportunities to intervene in those circumstances presented above and give them the confidence to embed the approaches into their practice.

Police also anticipated, time constraints, demand and priorities to be significant barriers to applying knowledge gained from the ACE TIME training (see pg. 62). Police expressed concerns about the need to divert and attend to other calls once the immediate threat, risk and harm of an incident has been responded to: *“pressure to get from call to call”*; *“dealing with crime priorities”* and *“all we can do is flag the situation up, what happens from there is out of our control”*. Such feedback suggests that the training requires further development to integrate some of the barriers police may face and opportunities to optimise the police role when responding to vulnerability. It is also essential that any future ACE TIME training reinforces the key role police officers (from all departments) play within the whole systems approach to early identification and prevention of ACEs, and vulnerability.

Overall, the training messages were well received and provided a greater general understanding of ACEs and trauma, but there is a need to ensure training messages hold relevance for all officers and police staff. It was evident that some participants in response roles felt there were limits to how much they could implement the training due to issues around time constraints when responding to emergency calls and others such as control room staff felt the training provided them with in depth knowledge of areas that were not directly relevant to their role (see pg. 59). Therefore, consideration should be given to providing specific lower intensity training packages to align more with those roles that may not have face-to-face contact with members of the public; or more targeted role specific training to provide further practical support on how to operationalise trauma-informed practices in more constraint situations.

Wider implications

A large number of participants commented that the training had benefits beyond professional competency and into their personal life (see pg. 69). Comments indicated that the training helped participants recognise the trauma suffered in their own lives, and that it will help them identify how to better support family members dealing with ACEs and trauma. As previous research has demonstrated, approximately half of the Welsh population has experienced at least one ACE, with 14% having experienced four or more [32]. Thus, consideration should be given to the fact that a significant proportion of any training group may have history of ACEs. Therefore, given the sensitive nature of the training content, it is crucial to ensure individuals receive sufficient self-care warning briefings when invited to attend training. Continued self-care briefings should be present at the start and continually throughout the training with sufficient follow up opportunities.

Conclusion and recommendations

The ACE TIME training is a core element of the E.A.T. programme, which sets out to provide police and partners across Wales with a universal understanding of vulnerability, and the knowledge and skills to confidently and competently respond to individuals who experience trauma. It supports the NPCC Policing Vision 2025 [5], which highlights the need for police to adopt professional curiosity to identify the potential indicators of vulnerability at the earliest opportunity and to reduce risk of harm through early intervention with partners. The training seeks to establish better multi-agency working practice, and support police to draw on wider services to deliver appropriate responses to vulnerability.

The findings from the current evaluation suggest that, overall, the training had a positive impact on police and MA partners by increasing awareness of ACEs and related trauma, and the impact this may have on an individual throughout their lifetime; while also enabling staff to feel more competent and confident to respond in a trauma- and ACE-informed way. Furthermore, the findings suggest that the training significantly improved police attitudes towards a multi-agency ACE and trauma approach to tackling vulnerability. Nonetheless, the findings also provide evidence of where there might be barriers to implementing the training into practice.

The evaluation leads to the following recommendations:

Recommendations for training delivery:

- To strengthen training messages around the significance of policing within a multi-agency response to vulnerability, supported by group work and discussions, to encourage a whole system approach in practice
- To emphasise that ACEs should not be used as a 'checklist' to prioritise cases, to ensure more appropriate application of knowledge and understanding in practice
- To align training delivery to different roles and their respective levels of face-to-face contact with the public, to enhance applicability to practice
- To provide further operational examples of how the training may be embedded into day-to-day policing practice, to encourage up-take. Specifically, more emphasis should be placed utilising day-to-day interactions as opportunities to make positive life change
- To communicate the potential impacts of trauma on individuals' abilities and/or willingness to engage with the police and other services, to support understanding of the impact of ACEs and vulnerability on behaviours
- To communicate the sensitive nature of the training upon invitation and to highlight opportunities for post-training wellbeing provision in order to support those participants for whom the training might have an emotional impact.

Recommendations for research and evaluation:

- To explore the longer-term impact of ACE TIME training on knowledge and understanding of ACEs and vulnerability
- To explore the extent to which ACE and trauma-informed approaches are embedded into day-to-day practice
- To evaluate any changes to the ACE TIME training package following the phase one roll out that was evaluated in this report.

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Appendix 1

Table 1: Police confidence understanding and working with vulnerability and ACEs

Demographic	Confidence working with vulnerability				Confidence understanding and working with ACEs			
	Pre M	Pre SD	Post M	Post SD	Pre M	Pre SD	Post M	Post SD
Total	7.9	1.3	8.3	1.2	5.1	1.8	8.6	1.1
N	795		757	794			761	
Response rate	93.5%		89.1%	93.4%			89.5%	
Gender								
Male	7.8	1.3	8.1	1.2	5.1	1.8	8.5	1.4
Female	7.9	1.2	8.5	1.1	5.2	1.9	8.9	1.0
Force Area								
DPP	7.7	1.7	8.2	1.0	4.9	1.7	8.6	1.0
NWP	7.8	1.2	8.2	1.2	5.0	1.8	8.7	1.0
GWP	7.8	1.4	8.3	1.2	5.1	1.8	8.7	1.1
SWP	8.2	1.1	8.3	1.3	5.5	1.9	8.6	1.2
Job Role								
PCSO	7.8	1.4	8.3	1.1	5.4	1.7	8.7	1.0
PC	7.9	1.3	8.2	1.2	5.1	1.8	8.6	1.1
DC	7.9	1.3	8.5	1.0	4.4	1.6	8.7	0.9
PS	7.8	1.2	8.2	1.2	5.3	1.9	8.6	1.2
Police Staff including Communications/Dispatch	7.8	1.4	8.2	1.2	5.4	2.1	9.0	1.0

Table 2: Multi agency confidence in working with vulnerability and ACEs

Demographic	Confidence working with vulnerability				Confidence using a trauma-informed approach			
	Pre		Post		Pre		Post	
	M	SD	M	SD	M	SD	M	SD
Total	8.3	1.3	8.6	1.1	6.6	1.9	9.2	1.0
N	131		127		134		134	
Response rate	85.1%		82.5%		87.0%		87.0%	
Gender								
Male	8.1	1.3	8.1	1.2	6.0	1.9	8.7	0.9
Female	8.3	1.3	8.7	0.9	6.7	1.8	9.3	0.7
Force Area								
DPP	7.7	1.7	8.4	1.0	6.3	1.6	9.2	0.7
NWP	8.4	1.3	8.5	1.2	6.7	1.8	9.3	0.8
GWP	8.3	1.2	8.9	0.7	6.5	2.1	9.3	0.7
SVVP	8.5	0.8	8.5	1.2	6.6	1.7	8.9	1.1
Job Role								
CYP Education/Services	8.2	0.9	8.5	0.9	6.6	1.9	9.2	0.7
Safeguarding/Social Care	8.2	1.2	8.6	0.9	6.8	1.9	9.2	0.7
Health and Wellbeing	8.6	1.7	9.0	1.1	6.9	1.6	9.6	0.6
Housing/Community/LA worker	8.1	1.1	8.4	1.0	5.5	2.0	9.1	0.9
Other	8.0	1.4	8.4	1.0	7.1	1.8	9.0	0.8

Table 3: Police confidence in working with vulnerability and ACEs by age and length of service (categorised)

Demographic	Confidence working with vulnerability				Confidence working with ACEs			
	Pre		Post		Pre		Post	
	M	SD	M	SD	M	SD	M	SD
Age								
18-25	7.8	1.3	8.1	1.1	5.1	1.9	8.7	1.0
26-35	7.8	1.2	8.2	1.1	4.8	1.7	8.5	1.1
36-45	7.9	1.3	8.4	1.1	5.2	1.9	8.7	1.1
>45	8.1	1.3	8.2	1.4	5.6	1.8	8.7	1.2
Length of service								
<3	7.6	1.3	8.1	1.1	5.2	1.8	8.7	1.0
3-10	7.9	1.2	8.2	1.1	4.8	1.7	8.6	1.1
11-19	8.0	1.3	8.3	1.2	5.2	1.9	8.6	1.2
>20	8.1	1.2	8.4	1.3	5.4	1.7	8.8	1.1

Table 4: Police anti-social behaviour (overall)

	Pre-training	Post-training	N pre	N post	Pre response rate	Post response rate
How likely do you think it is that this individual is currently involved in criminal activity?	5.7 (2.4)	6.7 (2.2)	790	692	92.9%	81.4%
How responsible is the youth for their actions?	6.5 (2.1)	5.9 (2.0)	790	692	92.9%	81.4%
How likely is there to be a repeat call regarding this youth?	7.9 (2.7)	7.7 (1.7)	787	688	92.6%	80.9%
How 'vulnerable' do you consider this youth to be?	6.9 (1.9)	7.5 (1.7)	790	690	92.9%	81.2%
Do you think this incident could be an indicator of future antisocial or criminal behaviour?	7.7 (1.9)	7.8 (1.7)	790	694	92.9%	81.7%
Do you think this is a police matter?	6.4 (2.2)	6.9 (2.0)	790	692	92.9%	81.4%
How serious is this incident?	5.0 (1.8)	6.0 (1.7)	785	685	92.4%	80.6%

Table 5: Multi-agency anti-social behaviour (overall)

	Pre-training	Post-training	N pre	N post	Pre response rate	Post response rate
How likely do you think it is that this individual is currently involved in criminal activity?	5.0	6.2	135	121	87.7	78.6
How responsible is the youth for their actions?	5.7	5.2	135	124	87.7	80.5
How likely is there to be a repeat call regarding this youth?	7.0	7.9	135	123	87.7	79.9
How 'vulnerable' do you consider this youth to be?	7.6	7.9	135	123	87.7	79.9
Do you think this incident could be an indicator of future antisocial or criminal behaviour?	7.1	7.3	135	123	87.7	79.9
Do you think this is a police matter?	5.1	6.0	135	123	87.7	79.9
How serious is this incident?	5.3	6.2	134	123	87.0	79.9

Table 6: Anti-social behaviour scenario by gender (police)

Demographic	Male		Female	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Criminal Activity	6.0 (2.5)	6.7 (2.2)	5.3 (2.3)	6.7 (2.2)
Youth Responsibility	6.7 (2.1)	6.0 (1.9)	6.3 (2.0)	5.9 (2.0)
Repeat Call	8.0 (1.6)	7.7 (1.6)	7.7 (1.7)	7.7 (1.8)
Vulnerability of Children	6.7 (2.0)	7.3 (1.7)	7.0 (1.8)	7.7 (1.7)
Future ASB/Criminal Behaviour	7.9 (1.8)	7.8 (2.7)	7.3 (1.9)	7.8 (1.7)
Police Matter	6.4 (2.3)	6.8 (2.0)	6.4 (2.2)	7.0 (2.0)
Seriousness of Incident	5.0 (1.9)	5.9 (1.7)	5.1 (1.8)	6.2 (1.8)

Table 7: Anti-social behaviour scenario by gender (multi-agency)

Demographic	Male		Female	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Criminal Activity	5.0 (2.3)	6.4 (2.3)	5.0 (2.2)	6.2 (2.4)
Youth Responsibility	5.7 (2.0)	5.2 (1.8)	6.0 (2.1)	5.2 (2.3)
Repeat Call	7.1 (2.0)	7.7 (1.4)	7.0 (1.8)	7.5 (2.0)
Vulnerability of Children	7.1 (1.5)	8.0 (1.5)	7.7 (1.9)	7.9 (1.9)
Future ASB/Criminal Behaviour	7.1 (2.2)	7.7 (1.8)	7.1 (1.9)	7.2 (2.1)
Police Matter	5.0 (2.6)	6.4 (2.1)	5.2 (2.2)	5.9 (2.5)
Seriousness of Incident	5.3 (2.3)	6.1 (1.8)	5.4 (1.9)	6.2 (2.1)

Table 8: Anti-social behaviour scenario by force area (police)

Demographic	Dyfed Powys		Gwent		North Wales		South Wales	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Criminal Activity	6.3 (2.1)	7.1 (1.9)	5.6 (2.4)	6.3 (2.2)	5.6 (2.5)	6.7 (2.2)	5.7 (2.5)	6.8 (2.3)
Youth Responsibility	6.0 (2.1)	5.8 (2.1)	6.4 (2.0)	5.7 (1.9)	6.6 (2.1)	6.0 (1.9)	6.9 (2.0)	6.3 (2.0)
Repeat Call	7.9 (1.4)	8.0 (1.6)	8.0 (1.7)	7.5 (1.9)	7.8 (1.8)	7.8 (1.6)	7.8 (1.7)	7.6 (1.8)
Vulnerability of Children	7.8 (1.7)	8.3 (1.4)	6.9 (1.8)	7.3 (1.6)	6.7 (2.0)	7.4 (1.7)	6.5 (1.8)	7.2 (1.8)
Future ASB/ Criminal Behaviour	7.9 (1.6)	8.2 (1.6)	7.7 (1.8)	7.7 (1.6)	7.7 (1.9)	7.7 (1.8)	7.6 (2.0)	7.7 (1.7)
Police Matter	7.0 (2.0)	7.4 (1.9)	6.5 (2.1)	6.6 (2.0)	6.2 (2.3)	7.0 (2.0)	6.3 (2.2)	6.7 (2.1)
Seriousness of Incident	5.8 (1.8)	6.6 (1.7)	5.0 (1.8)	5.7 (1.8)	5.0 (1.8)	6.1 (1.6)	4.7 (1.8)	5.8 (1.6)

Table 9: Anti-social behaviour scenario by force area (multi-agency partners)

Demographic	Dyfed Powys		Gwent		North Wales		South Wales	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Criminal Activity	4.9 (2.4)	5.8 (2.3)	5.0 (2.3)	6.0 (2.4)	4.7 (2.1)	6.6 (2.4)	5.8 (2.4)	7.0 (3.1)
Youth Responsibility	5.1 (1.9)	4.5 (2.3)	5.7 (2.2)	5.1 (2.2)	5.7 (2.1)	5.5 (2.2)	5.9 (1.6)	5.1 (1.8)
Repeat Call	7.3 (1.8)	7.2 (2.0)	6.9 (1.9)	7.3 (2.0)	7.0 (1.8)	7.9 (1.7)	6.7 (1.7)	7.7 (2.1)
Vulnerability of Children	7.8 (2.2)	7.7 (2.3)	7.5 (1.6)	7.8 (1.7)	7.8 (1.8)	8.2 (1.7)	7.2 (1.5)	7.6 (2.4)
Future ASB/ Criminal Behaviour	7.8 (1.6)	7.4 (2.4)	7.0 (2.0)	7.2 (2.1)	6.9 (1.9)	7.5 (2.1)	6.2 (2.8)	7.7 (2.1)
Police Matter	5.1 (2.3)	4.8 (2.3)	5.0 (2.2)	5.9 (2.5)	5.3 (2.4)	6.5 (2.3)	5.0 (2.6)	6.6 (2.8)
Seriousness of Incident	5.7 (1.8)	5.8 (1.8)	4.9 (2.0)	5.9 (2.3)	5.5 (1.9)	6.7 (1.7)	5.8 (2.6)	6.3 (2.8)

Table 10: Anti-social behaviour scenario by job role (police)

	PCSO		PC		DC		PS		Police Staff including Communications/Dispatch Staff including Communications/Dispatch	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Criminal Activity	4.9 (2.3)	6.2 (2.1)	5.9 (2.4)	6.8 (2.2)	4.9 (2.3)	5.9 (2.3)	6.1 (2.6)	6.7 (2.4)	5.5 (2.7)	6.8 (2.4)
Youth Responsibility	6.8 (2.0)	5.8 (2.0)	6.6 (2.1)	6.0 (2.0)	6.1 (1.9)	5.7 (2.2)	6.3 (2.1)	5.8 (1.9)	6.5 (2.1)	6.0 (2.0)
Repeat Call	7.6 (1.6)	7.3 (1.7)	8.0 (1.6)	7.8 (1.7)	7.3 (2.2)	7.5 (1.8)	8.0 (1.8)	8.0 (1.6)	7.5 (1.9)	7.4 (2.1)
Vulnerability of Children	7.1 (2.0)	7.4 (1.7)	6.7 (1.9)	7.4 (1.7)	6.6 (1.9)	7.2 (1.8)	6.8 (2.1)	7.7 (1.6)	7.1 (1.8)	7.7 (1.7)
Future ASB/Criminal Behaviour	7.2 (1.8)	7.5 (1.7)	7.8 (1.8)	7.9 (1.7)	7.2 (1.7)	7.6 (1.6)	8.0 (1.9)	7.9 (1.9)	7.0 (1.9)	7.4 (2.0)
Police Matter	6.8 (2.1)	7.2 (1.8)	6.4 (2.2)	6.8 (2.0)	5.8 (2.3)	6.1 (1.9)	6.2 (2.4)	6.9 (2.2)	7.0 (2.1)	7.4 (2.2)
Seriousness of Incident	5.6 (1.7)	6.4 (1.6)	5.0 (1.8)	5.9 (1.7)	4.1 (1.8)	5.5 (1.6)	4.7 (1.7)	5.9 (1.7)	5.4 (1.9)	5.8 (1.9)

Table A1 I: Anti-social behaviour scenario by job sector (multi-agency partners)

	CYP Education/Services		Safeguarding/ Social Care		Health/Wellbeing		Housing/Community/ LA Worker		Other	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Criminal Activity	5.3 (2.3)	6.2 (2.7)	5.2 (2.2)	6.0 (2.3)	4.8 (2.4)	6.5 (2.3)	4.7 (2.0)	6.5 (2.4)	4.6 (2.0)	5.5 (2.1)
Youth Responsibility	5.5 (2.3)	5.3 (2.2)	6.0 (2.1)	5.0 (2.3)	5.5 (2.1)	5.2 (2.5)	5.8 (1.8)	5.1 (1.7)	5.1 (2.0)	4.5 (2.2)
Repeat Call	7.3 (2.1)	8.0 (1.7)	6.6 (1.7)	6.8 (1.9)	7.2 (1.7)	7.9 (2.1)	7.0 (1.9)	7.6 (1.9)	6.9 (1.8)	6.9 (1.4)
Vulnerability of Children	7.9 (1.6)	8.5 (1.4)	7.3 (2.0)	7.5 (2.2)	8.4 (1.6)	7.9 (2.1)	7.0 (1.6)	8.0 (1.5)	7.2 (2.0)	7.4 (1.7)
Future ASB/ Criminal Behaviour	7.8 (1.7)	8.17 (1.5)	4.8 (2.0)	6.0 (2.4)	5.6 (2.4)	7.7 (2.0)	5.0 (2.1)	7.4 (1.9)	4.3 (2.2)	7.0 (1.8)
Police Matter	5.5 (2.6)	6.48 (2.6)	4.8 (2.0)	6.1 (2.6)	5.6 (2.4)	5.9 (2.4)	5.0 (2.1)	6.0 (2.1)	4.3 (2.2)	5.2 (2.2)
Seriousness of Incident	5.6 (2.2)	6.38 (2.2)	4.6 (1.6)	6.0 (1.9)	6.2 (2.0)	6.4 (2.2)	5.5 (1.7)	6.5 (1.5)	4.3 (1.5)	5.2 (1.9)

Table A12: Police domestic abuse scenario (overall)

	Pre-training	Post-training	N pre	N post	Pre response rate	Post response rate
In relation to the child, would you consider any safeguarding procedures?	8.9 (1.5)	9.0 (1.4)	780	690	91.8%	81.2%
In relation to the adult, would you consider any safeguarding procedures?	8.5 (1.8)	8.7 (1.4)	790	692	92.9%	81.4%
In your opinion, how likely is there to be a repeat call to this address?	8.2 (1.6)	8.5 (1.4)	791	694	93.1%	81.7%
How 'vulnerable' do you consider the children in this family to be?	8.2 (1.5)	8.7 (1.4)	787	695	92.9%	81.7%
In your opinion, how pertinent is it to leave the current incident in order to attend the shoplifting one?	1.8 (1.5)	2.0 (2.1)	786	795	92.6%	81.8%
Do you think this is a police matter?	9.0 (1.5)	9.0 (1.5)	786	692	92.5%	81.4%
In your opinion, how serious is this incident?	7.9 (1.4)	8.3 (1.4)	785	692	92.4%	81.3%

Table A13: Multi-agency domestic abuse scenario (overall)

	Pre-training	Post-training	N pre	N post	Pre response rate	Post response rate
In relation to the child, would you consider any safeguarding procedures?	8.8 (1.5)	9.2 (1.3)	131	122	85.1%	79.2%
In relation to the adult, would you consider any safeguarding procedures?	8.1 (1.4)	8.7 (1.5)	135	123	87.7%	79.9%
In your opinion, how likely is there to be a repeat call to this address?	8.1 (1.6)	8.5 (1.5)	136	123	87.7%	79.9%
How 'vulnerable' do you consider the children in this family to be?	8.8 (1.4)	9.1 (1.2)	136	122	87.7%	79.2%
In your opinion, how pertinent is it to leave the current incident in order to attend the shoplifting one?	2.1 (1.6)	1.9 (1.9)	135	123	87.7%	79.9%
Do you think this is a police matter?	8.3 (1.8)	8.8 (1.7)	136	120	87.7%	77.9%
In your opinion, how serious is this incident?	8.1 (1.5)	8.7 (1.4)	135	120	87.7%	77.9%

Table A14: Police domestic abuse scenario by gender (police)

Demographic	Male		Female	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Child Safeguarding	8.8 (1.6)	8.8 (1.4)	9.0 (1.4)	9.3 (1.2)
Adult Safeguarding	8.3 (1.9)	8.5 (1.6)	8.7 (1.6)	9.1 (1.3)
Repeat Call	8.1 (1.6)	8.3 (1.4)	8.2 (1.5)	8.7 (1.3)
Vulnerability of Children	8.1 (1.5)	8.4 (1.5)	8.5 (1.4)	9.1 (1.1)
Pertinent to Leave Incident	1.8 (1.6)	2.2 (2.2)	1.6 (1.3)	1.7 (1.8)
Police Matter	8.9 (1.5)	8.8 (1.5)	9.2 (1.3)	9.3 (1.3)
Seriousness of Incident	7.8 (1.5)	8.1 (1.4)	8.2 (1.3)	8.7 (1.3)

Table A15: Police domestic abuse scenario by gender (MA partners)

Demographic	Male		Female	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Child Safeguarding	8.5 (1.7)	8.8 (1.5)	9.0 (1.4)	9.3 (1.2)
Adult Safeguarding	7.8 (2.0)	8.2 (1.8)	8.1 (1.9)	8.8 (1.5)
Repeat Call	7.4 (1.6)	8.2 (1.6)	8.2 (1.5)	8.7 (1.4)
Vulnerability of Children	8.2 (1.6)	8.7 (1.3)	8.9 (1.4)	9.2 (1.2)
Pertinent to Leave Incident	2.3 (1.8)	2.5 (2.0)	2.1 (1.6)	1.8 (1.9)
Police Matter	7.8 (2.1)	8.6 (1.3)	8.4 (1.7)	8.8 (1.8)
Seriousness of Incident	7.6 (1.7)	8.3 (1.4)	8.2 (1.4)	8.7 (1.5)

Table 16: Domestic abuse scenario by force area (police)

Demographic	Dyfed Powys		Gwent		North Wales		South Wales	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Child Safeguarding	8.7 (1.6)	9.1 (1.1)	9.1 (1.4)	9.0 (1.4)	8.8 (1.5)	9.0 (1.4)	8.8 (1.5)	8.9 (1.4)
Adult Safeguarding	8.1 (1.9)	8.8 (1.3)	8.6 (1.7)	8.8 (1.6)	8.5 (1.6)	8.8 (1.4)	8.5 (1.8)	8.6 (1.6)
Repeat Call	7.6 (1.5)	8.5 (1.3)	8.4 (1.5)	8.6 (1.4)	8.1 (1.6)	8.4 (1.4)	8.2 (1.6)	8.4 (1.4)
Vulnerability of Children	8.1 (1.6)	8.8 (1.3)	8.2 (1.5)	8.6 (1.5)	8.3 (1.4)	8.7 (1.3)	8.3 (1.4)	8.6 (1.6)
Leave Current Incident	2.1 (1.8)	2.0 (1.8)	1.7 (1.5)	2.1 (2.3)	1.6 (1.3)	1.7 (1.8)	1.9 (1.6)	2.2 (2.3)
Police Matter	8.8 (1.6)	8.9 (1.4)	9.0 (1.5)	8.8 (1.5)	9.2 (1.4)	9.2 (1.5)	9.0 (1.4)	9.0 (1.4)
Seriousness of Incident	7.9 (1.5)	8.3 (1.4)	7.9 (1.4)	8.2 (1.5)	8.0 (1.5)	8.5 (1.2)	7.9 (1.4)	8.3 (1.3)

Table 17: Domestic abuse scenario by force area (MA partners)

Demographic	Dyfed Powys		Gwent		North Wales		South Wales	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Child Safeguarding	8.4 (1.9)	8.9 (1.5)	8.9 (1.2)	9.3 (1.1)	8.9 (1.5)	9.2 (1.2)	8.6 (1.3)	9.0 (1.4)
Adult Safeguarding	7.7 (1.9)	8.6 (1.5)	8.0 (1.9)	8.7 (1.4)	8.2 (2.1)	8.8 (1.6)	7.9 (1.8)	8.6 (1.9)
Repeat Call	8.2 (1.4)	8.5 (1.4)	8.4 (1.4)	8.9 (1.2)	7.7 (1.7)	8.5 (1.5)	7.7 (1.8)	8.6 (1.9)
Vulnerability of Children	8.6 (1.7)	8.8 (1.8)	8.9 (1.2)	9.2 (1.1)	8.8 (1.5)	9.2 (1.6)	8.2 (1.4)	8.7 (1.8)
Leave Current Incident	2.2 (1.7)	2.1 (1.8)	2.4 (2.0)	2.3 (2.5)	1.9 (1.3)	1.6 (1.4)	1.8 (1.2)	1.9 (1.9)
Police Matter	8.1 (1.9)	8.3 (2.1)	8.7 (1.3)	8.9 (1.5)	8.2 (1.9)	8.9 (1.6)	7.2 (2.3)	8.3 (2.5)
Seriousness of Incident	7.9 (1.6)	8.5 (1.6)	8.2(1.2)	8.9 (1.5)	8.2 (1.7)	8.7 (1.5)	7.4 (1.9)	8.3 (1.4)

Table 18: Domestic abuse scenario by job role (Police)

	PCSO		PC		DC		PS		Police Staff including Communications and Dispatch	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Child Safeguarding	8.5 (1.7)	9.0 (1.4)	9.0 (1.4)	9.0 (1.4)	9.0 (1.4)	9.0 (1.6)	8.8 (1.6)	8.8 (1.4)	8.8 (1.4)	9.2 (1.2)
Adult Safeguarding	8.0 (1.7)	8.7 (1.5)	8.6 (1.7)	8.7 (1.5)	8.6 (1.6)	8.5 (1.9)	8.3 (2.1)	8.7 (1.4)	8.7 (1.4)	9.1 (1.4)
Repeat Call	7.6 (1.8)	8.3 (1.4)	8.4 (1.4)	8.5 (1.4)	8.1 (1.6)	8.3 (1.5)	7.9 (1.8)	8.5 (1.3)	8.2 (1.6)	8.7 (1.3)
Vulnerability of Children	8.1 (1.7)	8.9 (1.4)	8.3 (1.4)	8.7 (1.4)	8.1 (1.5)	8.4 (1.4)	8.1 (1.6)	8.5 (1.4)	8.6 (1.2)	9.0 (1.3)
Leave Current Incident	2.1 (1.7)	2.1 (2.2)	1.7 (1.5)	2.0 (2.1)	1.5 (1.3)	1.9 (1.9)	1.5 (1.0)	1.8 (2.1)	2.0 (2.0)	2.0 (2.2)
Police Matter	8.9 (1.5)	8.9 (1.5)	9.0 (1.5)	8.9 (1.4)	9.2 (1.2)	9.1 (1.6)	9.1 (1.4)	9.0 (1.5)	9.4 (1.3)	9.4 (1.3)
Seriousness of Incident	8.0 (1.6)	8.4 (1.4)	7.9 (1.4)	8.3 (1.4)	7.7 (1.3)	8.0 (1.5)	7.9 (1.5)	8.2 (1.2)	8.6 (1.2)	9.0 (1.1)

Table 19: Domestic abuse scenario by job sector (MA partners)

	CYP Education/Services		Safeguarding/Social Care		Health/Wellbeing		Housing/Community/ LA Worker		Other	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Child Safeguarding	9.0 (1.1)	9.4 (1.1)	8.8 (1.3)	9.22 (1.5)	9.0 (1.7)	9.5 (1.0)	8.5 (1.4)	8.9 (1.4)	8.5 (2.0)	8.7 (1.3)
Adult Safeguarding	8.7 (1.4)	9.2 (1.1)	7.8 (1.6)	8.81 (1.5)	8.3 (2.1)	8.8 (1.5)	7.7 (1.8)	8.2 (1.7)	7.4 (2.8)	7.8 (1.7)
Repeat Call	8.6 (1.2)	9.0 (1.1)	7.8 (1.5)	8.3 (1.6)	8.1 (1.7)	8.9 (1.4)	7.9 (1.4)	8.9 (1.0)	8.2 (1.8)	7.4 (1.8)
Vulnerability of Children	8.8 (1.0)	9.3 (1.0)	8.8 (1.2)	9.4 (1.2)	9.0 (1.7)	9.1 (1.5)	8.7 (1.4)	9.2 (0.9)	8.2 (1.8)	8.4 (1.4)
Leave Current Incident	2.4 (2.0)	2.3 (2.3)	2.0 (1.5)	1.9 (2.0)	1.6 (1.2)	1.6 (1.8)	2.2 (1.5)	1.6 (0.9)	2.4 (1.9)	2.3 (2.0)
Police Matter	8.3 (1.7)	9.2 (1.1)	9.0 (1.3)	9.2 (1.5)	8.3 (2.0)	8.6 (2.1)	7.9 (1.8)	8.6 (1.3)	7.8 (1.8)	7.8 (2.1)
Seriousness of Incident	8.1 (1.5)	9.0 (1.0)	8.2 (1.3)	8.7 (1.4)	8.3 (1.5)	8.9 (1.2)	8.0 (1.5)	9.0 (1.0)	7.6 (1.9)	7.2 (2.1)

Table 20: Attitudes and attitude certainty by gender (Police)

Demographic	Male		Female	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Message 1: Attitude	5.9 (1.4)	6.3 (1.3)	6.2 (1.3)	6.6 (1.0)
Message 1: Certainty	5.3 (1.6)	6.3 (1.1)	5.4 (1.7)	6.5 (1.0)
Message 2: Attitude	5.7 (1.4)	6.3 (1.3)	5.9 (1.5)	6.6 (1.0)
Message 2: Certainty	5.4 (1.4)	6.2 (1.0)	5.3 (1.6)	6.5 (0.8)
Message 3: Attitude	6.2 (1.3)	6.5 (1.1)	6.3 (1.3)	6.7 (0.9)
Message 3: Certainty	5.8 (1.4)	6.4 (1.0)	5.8 (1.4)	6.6 (0.7)

Table 21: Attitudes and attitude certainty by gender (MA partners)

Demographic	Male		Female	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Message 1: Attitude	6.8 (0.7)	6.2 (1.8)	6.6 (1.1)	6.8 (0.8)
Message 1: Certainty	6.4 (1.3)	6.4 (1.4)	6.1 (1.4)	6.6 (1.0)
Message 2: Attitude	6.7 (0.5)	6.3 (1.4)	6.4 (1.1)	6.8 (0.9)
Message 2: Certainty	6.2 (1.3)	6.6 (0.7)	6.1 (1.2)	6.7 (0.8)
Message 3: Attitude	6.7 (0.7)	6.5 (1.3)	6.7 (1.1)	6.9 (0.8)
Message 3: Certainty	6.5 (0.9)	6.7 (0.6)	6.5 (1.0)	6.8 (0.7)

Table 22: Attitudes and attitude certainty by force area (police)

Demographic	Dyfed Powys		Gwent		North Wales		South Wales	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Message 1: Attitude	6.2 (1.2)	6.6 (0.9)	6.0 (1.4)	6.5 (1.2)	6.2 (1.3)	6.5 (1.2)	5.6 (1.5)	6.2 (1.4)
Message 1: Certainty	5.5 (1.4)	6.4 (0.9)	5.2 (1.8)	6.4 (1.1)	5.5 (1.5)	6.5 (0.9)	5.1 (1.6)	6.2 (1.2)
Message 2: Attitude	5.8 (1.3)	6.4 (1.0)	5.8 (1.5)	6.4 (1.3)	5.9 (1.5)	6.5 (1.2)	5.4 (1.5)	6.2 (1.3)
Message 2: Certainty	5.4 (1.4)	6.2 (1.0)	5.4 (1.5)	6.4 (1.0)	5.5 (1.4)	6.4 (0.9)	5.1 (1.5)	6.3 (0.9)
Message 3: Attitude	6.3 (1.3)	6.7 (0.9)	6.2 (1.5)	6.6 (1.1)	6.4 (1.2)	6.6 (1.1)	6.1 (1.2)	6.6 (1.1)
Message 3: Certainty	5.7 (1.4)	6.4 (1.0)	5.8 (1.5)	6.5 (0.9)	6.0 (1.3)	6.5 (0.8)	5.6 (1.5)	6.4 (1.1)

Table 23: Attitudes and attitude certainty by force area (MA partners)

Demographic	Dyfed Powys		Gwent		North Wales		South Wales	
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)
Message 1: Attitude	6.7 (0.7)	6.4 (1.5)	6.9 (0.3)	6.7 (1.1)	6.5 (1.3)	6.8 (0.8)	6.2 (1.6)	7.0 (0.0)
Message 1: Certainty	6.3 (0.9)	6.5 (0.7)	6.3 (1.3)	6.7 (1.0)	5.9 (1.6)	6.4 (1.3)	6.3 (1.0)	6.9 (0.4)
Message 2: Attitude	6.3 (1.0)	6.7 (1.1)	6.8 (0.5)	6.6 (1.2)	6.4 (1.2)	6.8 (0.7)	6.3 (1.4)	7.0 (0.0)
Message 2: Certainty	6.0 (1.4)	6.7 (0.6)	6.4 (0.9)	6.7 (0.6)	6.0 (1.4)	6.5 (1.1)	6.3 (0.7)	7.0 (0.0)
Message 3: Attitude	6.9 (0.3)	6.8 (1.1)	6.7 (0.2)	6.9 (0.6)	6.5 (1.4)	6.8 (1.1)	6.2 (1.6)	7.0 (0.0)
Message 3: Certainty	6.6 (0.8)	6.8 (0.4)	6.8 (0.4)	7.0 (0.2)	6.4 (1.2)	6.6 (1.0)	6.1 (0.8)	6.9 (0.4)

Table 24: Attitudes and attitude certainty by job role (police)

	PCSO			PC			DC			PS			Police Staff including Communications and Dispatch		
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	
Message 1: Attitude	6.0 (1.4)	6.4 (1.3)	5.1 (1.4)	6.4 (1.2)	6.3 (1.0)	6.4 (1.1)	5.9 (1.5)	6.3 (1.4)	6.2 (1.4)	6.3 (1.4)	5.9 (1.5)	6.3 (1.4)	6.2 (1.4)	6.7 (1.0)	
Message 1: Certainty	5.2 (1.7)	6.4 (1.2)	5.3 (1.6)	6.4 (1.0)	5.3 (1.6)	6.2 (1.3)	5.5 (1.6)	6.3 (1.0)	5.3 (1.9)	6.3 (1.0)	5.5 (1.6)	6.3 (1.0)	5.3 (1.9)	6.6 (0.6)	
Message 2: Attitude	5.7 (1.5)	6.5 (1.2)	5.7 (1.5)	6.5 (1.2)	6.1 (1.1)	6.6 (1.0)	5.7 (1.5)	6.2 (1.6)	5.7 (1.4)	6.2 (1.6)	5.7 (1.5)	6.2 (1.6)	5.7 (1.4)	6.6 (0.9)	
Message 2: Certainty	5.2 (1.5)	6.5 (0.9)	5.3 (1.5)	6.5 (1.0)	5.4 (1.7)	6.3 (1.1)	5.7 (1.3)	6.3 (1.0)	5.3 (1.6)	6.3 (1.0)	5.7 (1.3)	6.3 (1.0)	5.3 (1.6)	6.5 (0.7)	
Message 3: Attitude	6.2 (1.4)	6.7 (1.0)	6.2 (1.4)	6.7 (1.1)	6.4 (1.0)	6.7 (0.7)	6.2 (1.3)	6.5 (1.3)	6.5 (1.2)	6.5 (1.3)	6.2 (1.3)	6.5 (1.3)	6.5 (1.2)	6.8 (0.7)	
Message 3: Certainty	5.5 (1.6)	6.5 (1.0)	5.8 (1.4)	6.5 (0.9)	6.0 (1.4)	6.4 (0.9)	6.1 (1.2)	6.4 (1.0)	5.9 (1.2)	6.4 (1.0)	6.1 (1.2)	6.4 (1.0)	5.9 (1.2)	6.7 (0.6)	

Table 25: Attitudes and attitude certainty by job role (MA partners)

	CYP Education/ Services			Safeguarding/ Social Care			Health/Wellbeing			Housing/ Community/ LA Worker			Other		
	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	
Message 1: Attitude	6.8 (0.9)	6.7 (1.3)	6.6 (1.1)	6.5 (1.4)	1.7 (0.8)	6.9 (0.3)	6.4 (1.5)	6.9 (0.5)	6.7 (0.8)	6.5 (1.3)	6.8 (0.9)	6.7 (0.8)	6.7 (0.8)	6.5 (1.3)	
Message 1: Certainty	6.2 (1.1)	6.5 (1.4)	6.1 (1.5)	6.7 (0.6)	6.2 (1.4)	6.6 (1.2)	6.0 (1.4)	6.8 (0.5)	6.1 (1.6)	6.2 (1.2)	6.8 (1.2)	6.8 (0.5)	6.1 (1.6)	6.2 (1.2)	
Message 2: Attitude	6.6 (1.0)	6.5 (1.3)	6.3 (1.1)	6.8 (1.0)	6.8 (0.6)	7.0 (0.2)	6.3 (1.4)	6.8 (0.6)	6.4 (0.9)	6.5 (1.4)	6.8 (0.6)	6.8 (0.6)	6.4 (0.9)	6.5 (1.4)	
Message 2: Certainty	6.2 (1.1)	6.7 (0.6)	6.0 (1.3)	6.7 (0.6)	6.3 (1.4)	6.6 (1.2)	6.0 (1.2)	6.7 (0.6)	6.1 (1.4)	6.5 (0.9)	6.7 (0.6)	6.7 (0.6)	6.1 (1.4)	6.5 (0.9)	
Message 3: Attitude	6.8 (0.9)	6.7 (1.3)	6.8 (1.0)	6.8 (1.0)	6.8 (0.8)	7.0 (0.0)	6.2 (1.7)	7.0 (0.0)	6.8 (0.7)	6.8 (1.0)	6.8 (0.8)	7.0 (0.0)	6.8 (0.7)	6.8 (1.0)	
Message 3: Certainty	6.5 (0.8)	6.9 (0.3)	6.4 (1.1)	6.9 (0.3)	6.7 (0.9)	6.6 (1.2)	6.5 (0.9)	6.9 (0.4)	6.4 (1.2)	6.5 (0.7)	6.5 (0.9)	6.9 (0.4)	6.4 (1.2)	6.5 (0.7)	

Table 26: Confidently and competently responding to vulnerability (police)

Demographic	Confidence in responding to vulnerability	Competence in responding to vulnerability
	Post M (SD)	Post M (SD)
Gender		
Male	4.4 (0.8)	4.3 (0.7)
Female	4.5 (0.8)	4.5 (0.7)
Force Area		
DPP	4.6 (0.7)	4.5 (0.7)
GWP	4.5 (0.6)	4.4 (0.7)
NWP	4.3 (0.9)	4.4 (0.7)
SWP	4.4 (0.8)	4.4 (0.7)
Job Role		
PCSO	4.5 (0.8)	4.4 (0.7)
PC	4.4 (0.8)	4.4 (0.7)
DC	4.6 (0.6)	4.5 (0.7)
PS	4.5 (0.8)	4.4 (0.6)
Police staff including communications/ dispatch	4.3 (0.8)	4.4 (0.7)

Table 27: Confidently and competently responding to vulnerability (MA partners)

Demographic	Confidence in responding to vulnerability	Competence in responding to vulnerability
	Post M (SD)	Post M (SD)
Gender		
Male	4.5 (0.5)	4.6 (0.5)
Female	4.4 (0.9)	4.3 (0.9)
Force Area		
DPP	4.7 (0.5)	4.7 (0.5)
GWP	4.6 (0.7)	4.6 (0.7)
NWP	4.2 (1.0)	4.1 (0.9)
SWP	4.3 (1.1)	4.3 (1.1)
Job Role		
CYP Education/Services	4.4 (0.8)	4.5 (0.8)
Safeguarding/Social care	4.5 (0.5)	4.4 (0.5)
Health/Wellbeing	4.4 (1.0)	4.3 (1.0)
Housing/Community/LA Worker	4.4 (0.6)	4.4 (0.6)
Other	4.2 (1.0)	4.2 (1.0)

Table 28: Statements on ACEs and the use of ACEs (police)

Demographic	Cases should be prioritised by ACE score		No. ACEs is the best indicator of future risk		No. ACEs cannot be offset by resilience		Vulnerability should be considered in every part of policing		Dealing with ACEs is predominantly responsibility of social workers		It is not worthwhile to change the way we work for people with 4+ ACEs		It is possible to change a person's life course	
	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)
Gender														
Male	3.5 (0.9)	3.7 (0.9)	3.3 (0.8)	4.0 (0.8)	2.8 (0.8)	2.2 (1.0)	4.1 (0.8)							
Female	3.6 (1.0)	3.7 (0.9)	3.3 (0.9)	4.3 (0.6)	2.6 (1.1)	2.1 (1.0)	4.2 (0.8)							
Force Area														
DPP	3.4 (1.0)	3.6 (0.9)	3.2 (0.9)	4.3 (0.7)	2.4 (0.9)	1.9 (0.8)	4.2 (0.7)							
GWP	3.7 (0.9)	3.9 (0.8)	3.3 (0.9)	4.1 (0.7)	2.8 (1.2)	2.2 (1.1)	4.2 (0.8)							
NWP	3.3 (1.1)	3.3 (1.0)	3.2 (0.8)	4.1 (0.8)	2.4 (1.0)	2.1 (1.0)	4.2 (0.8)							
SWP	3.5 (0.9)	3.9 (0.9)	3.4 (0.9)	4.1 (0.7)	3.1 (1.2)	2.5 (1.1)	4.0 (0.9)							
Job Role														
PCSO	3.6 (1.0)	3.8 (0.9)	3.4 (0.8)	4.2 (0.7)	2.3 (0.9)	2.3 (1.1)	4.3 (0.7)							
PC	3.5 (0.9)	3.7 (0.9)	3.3 (0.9)	4.1 (0.7)	2.9 (1.2)	2.2 (1.0)	4.1 (0.8)							
DC	3.4 (1.0)	3.2 (1.2)	3.2 (0.8)	4.3 (0.7)	2.6 (1.0)	2.1 (0.9)	4.1 (1.0)							
PS	3.4 (1.0)	3.6 (0.8)	3.0 (0.9)	4.1 (0.8)	2.4 (1.0)	2.0 (1.0)	4.0 (0.8)							
Police staff including communications/dispatch	3.4 (1.1)	3.7 (1.0)	3.3 (1.1)	4.4 (0.6)	2.3 (1.1)	2.1 (1.0)	4.5 (0.7)							

Table 29: Statements on ACEs and the use of ACEs (MA partners)

Demographic	Cases should be prioritised by ACE score	No. ACEs is the best indicator of future risk	No. ACEs cannot be offset by resilience	Vulnerability should be considered in every part of policing	Dealing with ACEs is predominantly responsibility of social workers	It is not worthwhile to change the way we work for people with 4+ ACEs	It is possible to change a person's life course
	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)
Gender							
Male	4.1 (0.8)	4.1 (0.8)	3.5 (0.9)	4.2 (1.0)	2.2 (1.3)	2.1 (1.3)	4.4 (0.6)
Female	3.3 (1.1)	3.7 (1.0)	3.8 (1.2)	4.4 (0.6)	1.7 (0.9)	1.6 (0.9)	4.5 (0.7)
Force Area							
DPP	3.3 (1.1)	3.5 (0.9)	2.8 (1.2)	4.2 (1.0)	1.7 (0.6)	1.5 (0.8)	4.4 (0.7)
GWP	3.9 (0.8)	4.1 (0.7)	3.2 (1.1)	4.6 (0.5)	2.2 (1.2)	2.0 (1.3)	4.6 (0.7)
NWP	3.0 (1.2)	3.5 (1.1)	2.8 (1.1)	4.3 (0.7)	1.5 (0.7)	1.5 (0.9)	4.5 (0.6)
SWP	3.4 (1.1)	3.7 (0.8)	3.1 (0.9)	4.4 (0.5)	2.6 (1.4)	2.1 (0.9)	4.4 (0.5)
Job Role							
CYP Education / Services	3.6 (1.0)	3.8 (0.9)	3.3 (1.0)	4.5 (0.7)	1.8 (0.9)	1.7 (1.0)	4.5 (0.8)
Safeguarding/Social Care	3.1 (1.1)	3.5 (1.0)	2.9 (1.2)	4.1 (0.8)	1.8 (0.9)	1.6 (0.8)	4.4 (0.6)
Health and Wellbeing	3.3 (1.2)	3.6 (1.1)	2.5 (1.2)	4.7 (0.6)	1.7 (0.9)	1.4 (1.0)	4.7 (0.6)
Housing / Community / LA worker	3.8 (1.1)	4.2 (0.5)	3.3 (0.9)	4.5 (0.5)	1.9 (1.2)	2.1 (1.2)	4.6 (0.5)
Other	3.2 (1.0)	3.7 (0.9)	2.7 (1.1)	4.1 (0.8)	2.0 (1.2)	1.8 (1.4)	4.5 (0.6)

Table 30: Usefulness of ACETIME training in increasing knowledge (police)

Demographic	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 to prevent and mitigate ACEs/related trauma		The consideration of ACEs in considering root causes of behaviour		Breaking inter-generational cycles of abuse through ACE informed approaches	
	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	
Gender														
Male	4.7 (0.6)	4.6 (0.9)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.4 (0.7)	4.4 (0.7)	
Female	4.8 (0.5)	4.7 (0.6)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)	4.7 (0.6)	4.6 (0.6)	4.6 (0.6)	
Force Area														
DPP	4.8 (0.6)	4.7 (0.7)	4.7 (0.7)	4.7 (0.7)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.7 (0.6)	4.7 (0.6)	4.6 (0.7)	4.6 (0.7)	4.6 (0.7)	
GWP	4.8 (0.5)	4.6 (0.7)	4.4 (0.7)	4.4 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.6 (0.6)	4.6 (0.6)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	
NWP	4.7 (0.6)	4.7 (0.7)	4.5 (0.7)	4.5 (0.7)	4.6 (0.7)	4.6 (0.7)	4.6 (0.7)	4.6 (0.7)	4.6 (0.7)	4.6 (0.7)	4.6 (0.7)	4.6 (0.7)	4.6 (0.7)	
SWP	4.7 (0.6)	4.7 (0.6)	4.6 (0.6)	4.6 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.5 (0.6)	4.5 (0.6)	
Job Role														
PCSO	4.8 (0.4)	4.8 (0.6)	4.7 (0.6)	4.7 (0.6)	4.7 (0.6)	4.7 (0.6)	4.7 (0.6)	4.7 (0.6)	4.8 (0.5)	4.8 (0.5)	4.7 (0.6)	4.7 (0.5)	4.7 (0.5)	
PC	4.7 (0.6)	4.6 (0.7)	4.4 (0.7)	4.4 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.6 (0.7)	4.6 (0.7)	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	
DC	4.9 (0.4)	4.7 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.6)	4.5 (0.6)	4.6 (0.6)	4.5 (0.7)	4.5 (0.7)	
PS	4.8 (0.5)	4.6 (0.7)	4.6 (0.7)	4.6 (0.7)	4.4 (0.8)	4.4 (0.8)	4.4 (0.8)	4.4 (0.8)	4.5 (0.8)	4.5 (0.8)	4.5 (0.7)	4.5 (0.8)	4.5 (0.8)	
DS	4.8 (0.6)	4.6 (0.6)	4.6 (0.7)	4.6 (0.7)	4.7 (0.6)	4.7 (0.6)	4.7 (0.6)	4.7 (0.6)	4.7 (0.5)	4.7 (0.5)	4.8 (0.4)	4.6 (0.5)	4.6 (0.5)	

Table 31: Usefulness of ACETIME training in increasing knowledge (MA partners)

Demographic	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 to prevent and mitigate ACEs/related trauma		The consideration of ACEs in considering root causes of behaviour		Breaking inter-generational cycles of abuse through ACE informed approaches	
	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)
Gender														
Male	4.9 (0.3)	4.8 (0.4)	4.7 (0.5)	4.4 (0.5)	4.7 (0.5)	4.4 (0.9)	4.7 (0.5)	4.6 (0.9)	4.7 (0.5)	4.6 (0.5)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.5 (1.0)
Female	4.5 (1.0)	4.5 (1.0)	4.4 (1.0)	4.6 (0.9)	4.4 (1.0)	4.6 (0.9)	4.6 (0.9)	4.6 (0.9)	4.6 (0.9)	4.6 (1.0)	4.5 (1.0)	4.5 (1.0)	4.5 (1.0)	4.5 (1.0)
Force Area														
DPP	4.3 (1.2)	4.4 (1.1)	4.4 (1.1)	4.4 (0.9)	4.4 (1.1)	4.4 (0.9)	4.4 (0.9)	4.4 (0.9)	4.7 (0.9)	4.3 (1.2)	4.4 (1.2)	4.4 (1.2)	4.4 (1.2)	4.4 (1.2)
GWP	4.8 (0.6)	4.8 (0.6)	4.7 (0.7)	4.7 (0.6)	4.7 (0.7)	4.7 (0.6)	4.7 (0.6)	4.7 (0.6)	4.7 (0.7)	4.8 (0.6)	4.7 (0.8)	4.7 (0.8)	4.7 (0.8)	4.7 (0.8)
NWP	4.6 (1.1)	4.5 (1.1)	4.3 (1.1)	4.4 (1.0)	4.3 (1.1)	4.4 (1.0)	4.4 (1.0)	4.4 (1.0)	4.6 (0.8)	4.5 (0.9)	4.5 (0.9)	4.5 (0.9)	4.5 (0.9)	4.5 (0.9)
SWP	4.3 (1.5)	4.3 (1.5)	4.3 (1.5)	4.1 (1.5)	4.3 (1.5)	4.1 (1.5)	4.1 (1.5)	4.1 (1.5)	4.4 (1.5)	4.3 (1.5)	4.3 (1.5)	4.3 (1.5)	4.3 (1.5)	4.3 (1.5)
Job Role														
CYP Education /Services	4.7 (0.7)	4.7 (0.7)	4.5 (0.8)	4.7 (0.5)	4.5 (0.8)	4.7 (0.5)	4.7 (0.5)	4.7 (0.5)	4.7 (0.7)	4.8 (0.5)	4.7 (0.8)	4.7 (0.8)	4.7 (0.8)	4.7 (0.8)
Safeguarding/Social Care	4.5 (1.1)	4.5 (1.0)	4.4 (1.0)	4.4 (0.9)	4.4 (1.0)	4.4 (0.9)	4.4 (0.9)	4.4 (0.9)	4.4 (1.0)	4.4 (1.1)	4.3 (1.1)	4.3 (1.1)	4.3 (1.1)	4.3 (1.1)
Health and Wellbeing	4.5 (1.1)	4.6 (1.1)	4.5 (1.1)	4.5 (1.0)	4.5 (1.1)	4.5 (1.0)	4.5 (1.0)	4.5 (1.0)	4.6 (0.9)	4.6 (0.9)	4.6 (0.9)	4.6 (0.9)	4.6 (0.9)	4.6 (0.9)
Housing /Community / LA worker	4.8 (0.4)	4.8 (0.4)	4.8 (0.4)	4.9 (0.4)	4.8 (0.4)	4.9 (0.4)	4.9 (0.4)	4.9 (0.4)	4.9 (0.3)	4.9 (0.4)	4.9 (0.4)	4.9 (0.4)	4.9 (0.4)	4.9 (0.4)
Other	4.4 (1.4)	4.1 (1.3)	4.1 (1.3)	4.1 (1.3)	4.1 (1.3)	4.1 (1.3)	4.1 (1.3)	4.1 (1.3)	4.4 (1.2)	4.2 (1.3)	4.1 (1.3)	4.1 (1.3)	4.1 (1.3)	4.1 (1.3)

Table 32: Delivery of the ACE TIME training (police)

Demographic	Organisation of the training		Length of the training		Small group work		Video clips		General discussion		Lecture format		Trainers organisational relevance		Trainers knowledge of materials		Trainers preparedness		Trainers time management		Trainers ability to translate resources	
	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	
Gender																						
Male	4.4 (0.7)	4.3 (0.7)	4.4 (0.6)	4.4 (0.6)	4.4 (0.6)	4.3 (0.7)	4.5 (0.6)	4.3 (0.7)	4.5 (0.6)	4.4 (0.6)	4.3 (0.7)	4.5 (0.6)	4.6 (0.5)	4.6 (0.5)	4.6 (0.5)	4.3 (0.9)	4.5 (0.7)	4.6 (0.5)	4.6 (0.6)	4.5 (0.7)	4.5 (0.6)	4.5 (0.6)
Female	4.5 (0.6)	4.4 (0.6)	4.6 (0.6)	4.6 (0.6)	4.5 (0.6)	4.4 (0.7)	4.6 (0.6)	4.4 (0.7)	4.6 (0.6)	4.6 (0.6)	4.4 (0.7)	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)	4.7 (0.5)	4.4 (0.7)	4.5 (0.7)	4.7 (0.5)	4.6 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)
Force Area																						
DPP	4.6 (0.5)	4.4 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.6 (0.5)	4.7 (0.5)	4.7 (0.5)	4.5 (0.7)	4.5 (0.7)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)
GWP	4.5 (0.6)	4.3 (0.7)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.4 (0.7)	4.5 (0.6)	4.4 (0.7)	4.5 (0.6)	4.5 (0.6)	4.4 (0.7)	4.4 (0.7)	4.5 (0.6)	4.6 (0.5)	4.6 (0.5)	4.5 (0.7)	4.5 (0.7)	4.6 (0.5)	4.6 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)
NWVP	4.4 (0.7)	4.3 (0.7)	4.5 (0.6)	4.5 (0.6)	4.4 (0.7)	4.3 (0.8)	4.4 (0.7)	4.3 (0.8)	4.4 (0.7)	4.4 (0.7)	4.3 (0.8)	4.3 (0.8)	4.5 (0.7)	4.6 (0.6)	4.6 (0.6)	4.2 (0.9)	4.4 (0.8)	4.6 (0.5)	4.6 (0.6)	4.4 (0.8)	4.4 (0.8)	4.4 (0.8)
SWP	4.5 (0.6)	4.4 (0.6)	4.4 (0.6)	4.4 (0.6)	4.5 (0.6)	4.3 (0.7)	4.5 (0.6)	4.3 (0.7)	4.5 (0.6)	4.5 (0.6)	4.3 (0.7)	4.3 (0.7)	4.5 (0.6)	4.6 (0.5)	4.6 (0.5)	4.2 (0.9)	4.5 (0.7)	4.6 (0.5)	4.6 (0.6)	4.2 (0.9)	4.5 (0.7)	4.5 (0.7)
Job Role																						
PCSO	4.6 (0.6)	4.5 (0.7)	4.6 (0.5)	4.6 (0.5)	4.6 (0.6)	4.5 (0.7)	4.6 (0.6)	4.5 (0.7)	4.6 (0.6)	4.6 (0.6)	4.5 (0.7)	4.6 (0.6)	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)	4.5 (0.7)	4.5 (0.7)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)
PC	4.5 (0.6)	4.3 (0.7)	4.4 (0.6)	4.4 (0.6)	4.4 (0.6)	4.3 (0.7)	4.4 (0.6)	4.3 (0.7)	4.4 (0.6)	4.4 (0.6)	4.3 (0.7)	4.4 (0.6)	4.5 (0.6)	4.6 (0.5)	4.6 (0.5)	4.3 (0.8)	4.4 (0.7)	4.6 (0.5)	4.6 (0.6)	4.4 (0.7)	4.4 (0.7)	4.4 (0.7)
DC	4.5 (0.6)	4.3 (0.6)	4.5 (0.6)	4.5 (0.6)	4.4 (0.6)	4.5 (0.6)	4.4 (0.6)	4.5 (0.6)	4.4 (0.6)	4.4 (0.6)	4.5 (0.6)	4.6 (0.6)	4.6 (0.6)	4.6 (0.5)	4.6 (0.5)	4.4 (0.7)	4.5 (0.7)	4.6 (0.5)	4.6 (0.6)	4.4 (0.7)	4.5 (0.7)	4.5 (0.7)
PS	4.4 (0.8)	4.3 (0.8)	4.4 (0.7)	4.4 (0.7)	4.4 (0.7)	4.3 (0.8)	4.4 (0.7)	4.3 (0.8)	4.4 (0.7)	4.4 (0.7)	4.3 (0.8)	4.3 (0.8)	4.5 (0.6)	4.6 (0.5)	4.6 (0.5)	4.4 (0.8)	4.5 (0.7)	4.6 (0.5)	4.6 (0.6)	4.4 (0.8)	4.5 (0.6)	4.5 (0.6)
Police staff including communications/dispatch	4.6 (0.5)	4.6 (0.5)	4.6 (0.5)	4.6 (0.5)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)	4.6 (0.6)	4.7 (0.6)	4.7 (0.6)

Table 33: Delivery of the ACE TIME training (MA partners)

Demographic	Organisation of the training		Length of the training		Small group work		Video clips		General discussion		Lecture format		Trainers organisational relevance		Trainers knowledge of materials		Trainers preparedness		Trainers time management		Trainers ability to translate resources	
	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	Post M (SD)	
Gender																						
Male	4.6 (0.5)	4.4 (0.5)	4.5 (0.5)	4.7 (0.6)	4.6 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.6)	4.5 (0.6)	4.6 (0.5)	4.6 (0.5)	4.5 (0.6)	4.5 (0.6)	4.6 (0.5)	4.6 (0.5)	4.7 (0.5)	4.6 (0.5)	4.6 (0.5)	4.4 (0.6)	4.4 (0.6)	4.5 (0.6)	
Female	4.6 (0.5)	4.2 (0.8)	4.4 (0.7)	4.6 (0.5)	4.6 (0.6)	4.5 (0.6)	4.5 (0.6)	4.6 (0.5)	4.6 (0.5)	4.7 (0.5)	4.7 (0.5)	4.6 (0.5)	4.6 (0.5)	4.7 (0.5)	4.7 (0.5)	4.7 (0.5)	4.7 (0.5)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	
Force Area																						
DPP	4.6 (0.5)	4.3 (0.8)	4.4 (0.8)	4.7 (0.6)	4.5 (0.6)	4.5 (0.5)	4.5 (0.5)	4.6 (0.5)	4.6 (0.5)	4.6 (0.5)	4.5 (0.5)	4.5 (0.5)	4.6 (0.5)	4.6 (0.5)	4.6 (0.5)	4.7 (0.5)	4.6 (0.6)	4.7 (0.5)	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)	
GWP	4.7 (0.5)	4.4 (0.8)	4.6 (0.7)	4.7 (0.5)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)	4.7 (0.5)	4.8 (0.4)	4.7 (0.7)	4.8 (0.4)	4.7 (0.7)	4.7 (0.7)	4.7 (0.6)	
NWP	4.7 (0.5)	4.1 (0.8)	4.4 (0.6)	4.6 (0.5)	4.5 (0.6)	4.5 (0.5)	4.5 (0.5)	4.5 (0.6)	4.5 (0.6)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.7 (0.5)	4.7 (0.5)	4.5 (0.6)	4.7 (0.5)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	
SWP	4.1 (0.7)	4.0 (0.8)	4.0 (0.6)	4.3 (0.8)	4.1 (0.7)	4.3 (0.8)	4.3 (0.8)	4.1 (0.7)	4.1 (0.7)	4.4 (0.5)	4.4 (0.5)	4.4 (0.5)	4.4 (0.5)	4.4 (0.5)	4.4 (0.5)	4.3 (0.8)	4.3 (0.8)	4.3 (0.8)	4.3 (0.8)	4.3 (0.8)	4.3 (0.8)	
Job Role																						
CYP Education /Services	4.5 (0.5)	4.3 (0.8)	4.4 (0.7)	4.9 (0.5)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.5 (0.6)	4.4 (0.6)	4.4 (0.6)	4.5 (0.6)	4.5 (0.6)	4.4 (0.6)	4.4 (0.6)	4.6 (0.6)	4.7 (0.5)	4.6 (0.7)	4.7 (0.5)	4.6 (0.7)	4.6 (0.7)	4.5 (0.7)	
Safeguarding/ Social Care	4.7 (0.5)	4.0 (0.9)	4.5 (0.5)	4.7 (0.5)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.7 (0.5)	4.6 (0.5)	4.6 (0.5)	4.6 (0.6)	4.6 (0.6)	4.6 (0.5)	4.6 (0.5)	4.6 (0.5)	4.7 (0.5)	4.6 (0.5)	4.7 (0.5)	4.6 (0.5)	4.6 (0.5)	4.7 (0.5)	
Health and Wellbeing	4.9 (0.3)	4.5 (0.6)	4.6 (0.7)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)	4.6 (0.6)	4.6 (0.6)	4.7 (0.5)	4.8 (0.4)	4.8 (0.4)	4.8 (0.4)	4.7 (0.6)	4.8 (0.4)	4.7 (0.6)	4.7 (0.6)	4.7 (0.5)	
Housing / Community / LA worker	4.6 (0.6)	4.2 (0.9)	4.3 (0.6)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.5 (0.5)	4.7 (0.5)	4.7 (0.5)	4.5 (0.7)	4.7 (0.5)	4.5 (0.7)	4.5 (0.7)	4.6 (0.5)	
Other	4.5 (0.6)	4.19 (0.8)	4.2 (0.7)	4.4 (0.7)	4.4 (0.7)	4.4 (0.6)	4.4 (0.6)	4.4 (0.7)	4.4 (0.7)	4.5 (0.5)	4.4 (0.6)	4.4 (0.6)	4.5 (0.5)	4.6 (0.5)	4.6 (0.5)	4.6 (0.6)	4.4 (0.7)	4.6 (0.6)	4.4 (0.7)	4.4 (0.7)	4.4 (0.7)	



**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.

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