

Vulnerability and Violent Crime Programme

A synthesis of evidence on early intervention from
three programme evaluations: Trusted adult workers,
family safety plans and Think Family Early Intervention

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Executive summary

This report draws together and synthesises the findings of three evaluations commissioned as part of the College of Policing's Vulnerability and Violent Crime Programme. The following interventions are considered in this report:

- trusted adult workers (TAWs) and an associated Train the Trainer (TTT) programme
- family safety plans (FSPs)
- Think Family Early Intervention (TFEI) programme

These programmes all concern early intervention with young people and their families to prevent involvement (or further involvement) with the criminal justice system. Synthesis of findings from these diverse interventions aims to outline practical lessons and action points for police forces and their partners when seeking to deliver effective early intervention activity.

Background

Child maltreatment is the collective term for key types of child abuse (physical, emotional and sexual abuse, neglect and bullying, including cyber bullying; National Society for the Prevention of Cruelty to Children [NSPCC], 2009). The impact of child maltreatment is complex and not fully understood, but there is a body of evidence regarding a broad range of negative outcomes associated with abuse.

Risk factors for child maltreatment create stress for the child, as does the maltreatment itself. These sources of stress are referred to as adverse childhood experiences (ACEs). These are commonly defined in the UK to consist of factors related to direct abuse (physical, sexual or emotional abuse, and physical and emotional neglect) and factors related to markers of household dysfunction (parent(s) who has experienced violence at home, mental illness, substance abuse, incarceration or separation; Bellis and others, 2014a).

Less is known about what sort of interventions work to combat the effects of ACEs and maltreatment in childhood. However, there has been a general move in policing towards a proactive prevention approach. One way in which this is done is via early intervention or early help, which aims to help support the children – and where

appropriate, their family – before problems become entrenched. This approach was taken in the interventions considered in this report.

Findings

An overarching EMMIE identifying the effect, mechanism, moderators, implementation and economic cost of the interventions has been produced. This identified the following.

- **Effect:** Positive effects in line with the aims of the interventions:
 - TAWs brought significant improvements in emotional health and connections with others
 - FSPs saw more cases of neglect referred to Child Abuse Investigation Teams (CAITs)
 - TFEI reported a reduction in domestic abuse and crime for families
- **Mechanism:** Five overarching mechanisms were identified across the three interventions, plus an additional mechanism that was identified for the TTT component of the TAW work:
 - targeting
 - engagement
 - support
 - monitoring
 - multi-agency working
 - raising awareness (for TTT only)
- **Moderators:** Some differences between how interventions were delivered across areas and compared to their original conception were identified as acting as moderators.
- **Implementation:** Issues were identified with implementation across the three interventions. These related to:
 - definitions, purposes and roles
 - training
 - selection and referral criteria

- buy-in
- multi-agency working
- staff (resourcing and wellbeing)
- **Economic cost:** It was not possible to conduct an economic evaluation on two of the interventions (TAW and TFEI) due to lack of data. Illustrative cost benefits were identified in relation to the FSP work.

Conclusions and lessons learned

There is evidence from the TAW, FSP and TFEI interventions that early intervention is a good approach and is having a positive impact on outcomes for children and young people, as well as their families. However, success is contingent on interventions being implemented appropriately. In particular:

- the remit and the referral and eligibility criteria need to be clearly defined
- roles and responsibilities need to be agreed
- adequate and timely training needs to be in place
- appropriate levels of resourcing need to be provided
- effective multi-agency working is essential

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Introduction

This report draws together and synthesises the findings of three evaluations commissioned as part of the College of Policing's Vulnerability and Violent Crime Programme (VVCP). All the interventions concerned early intervention with young people and their families to prevent involvement (or further involvement) with the criminal justice system. The synthesis of the findings from the evaluations of these diverse interventions provides practical lessons and action points for police forces and their partners when seeking to deliver effective early intervention activity.

Summary of interventions

Three early intervention initiatives are referred to in this report. These are:

- trusted adult workers (TAWs) and an associated Train the Trainer (TTT) programme
- family safety plans (FSPs) in cases of neglect
- The Think Family Early Intervention (TFEI) programme

Both FSP and TFEI involved frontline police officers or police community support officers (PCSOs) in the delivery of the interventions. The TAW intervention was funded by the local police and crime commissioner and delivered by practitioners appointed specifically for the roles. These practitioners were drawn from Youth Offending Teams, policing or social services backgrounds, and were employed by either the local authority or a third-sector organisation.

In this way, these interventions involve the police forces in early intervention work in ways that are not typical, either as providers of early intervention themselves or as direct funders of it. Changes to the type of demand faced by police forces have seen their officers and staff become more involved in this type of work. These interventions were selected for evaluation¹ because they were examples of innovative practice. Police forces are one of three statutory safeguarding partners in UK legislation, and are considered well placed to identify early when a child's welfare is at risk and so when they may need protection from harm (Department for

¹ By the Vulnerability and Violent Crime Board, chaired by the College of Policing.

Education, 2018). It is expected that they will become more involved in this area of work in the future, due to the nature of the demand facing them and the need to work closely with partners to tackle it effectively. For example, the Policing Vision 2025 (Association of Police and Crime Commissioners [APCC] and National Police Chiefs' Council [NPCC], 2016) notes that one of the current challenges for policing is the need to work with partners to address this demand, with an aim that 'local policing will be aligned, and where appropriate integrated, with other local public services to improve outcomes for citizens and protect the vulnerable'. This is to be achieved by 'ensuring policing is increasingly focused on proactive preventative activity as opposed to reacting to crime once it has occurred', such as in the area of early intervention. Further detail about the interventions are provided in the following sections.

Trusted adult workers and Train the Trainer programme, Hampshire

Hampshire Constabulary developed a dual strategy aimed at tackling the impact of adverse childhood experiences (ACEs). The first strand of the intervention was a TAWs programme. TAWs came from a range of backgrounds, including child support and education. Some TAWs had expertise in trauma-informed care and counselling, on which they drew for their work. TAWs were employed to act as mentors for young people who had been identified to have ACEs. TAWs supported young people to navigate services with the aim of reducing the impact of ACEs and improve outcomes for the child. TAWs also raised awareness of ACEs with local services. To further raise awareness of ACEs, a second strand of the intervention was implemented to undertake a TTT programme that could be delivered to staff across multiple agencies. The aim of TTT was to ensure that a common language was being used to talk about ACEs and to reinforce the importance of implementing an ACE-informed approach. Trainers who attended the TTT sessions were tasked with cascading key messages that they had learned within their own organisations.

This dual approach was led by the Office of the Police and Crime Commissioner (OPCC) and delivered in partnership with multiple local agencies, including the local authority, social services, healthcare, education and third-sector organisations.

Family safety plans, Hampshire

The project was prompted by concerns about referrals for cases of child neglect. These focused on difficulties, in policing terms, with the criminal definition of neglect requiring it to be ‘wilful’ and evidenced as such, as well as the view that neglect cases were often viewed less seriously and were less likely to be referred to the police than other forms of maltreatment. Specifically, Hampshire Constabulary were concerned that:

- neglect cases were often seen as less serious than other forms of referral and often did not meet the threshold for police involvement
- when referrals were received by police CAITs, there was a high use of Outcome 20, which passes the case to another body or agency – often children’s services

Part of the underpinning rationale for the FSP was also to gain appropriate evidence of ‘wilful’ neglect. While there is no statutory definition of ‘wilful’ neglect, it is necessary to demonstrate ‘wilfulness’, which can present evidential challenges for the police and partner agencies. As a result, a new joint agency approach to handling referrals for neglect cases was developed.

The aim of the new approach was to enable the police CAITs to maintain involvement with cases and enable better evidence gathering, while also ensuring the best outcome for the child. The intervention also aimed to increase the use of out-of-court disposal (OOCd) as a means for resolving cases. To achieve these aims, family safety plans (FSPs) were used with families during a joint police–social worker visit. This aimed to:

- provide earlier support for parents where a concern had been raised about the level of care a child was receiving
- raise awareness of expectations relating to the care of children
- offer a way to highlight the potential consequences of non-adherence to the plan
- provide evidence of ‘wilful’ neglect if appropriate

This joint visit provided families with support and advice to improve the care of children where neglect was raised as an issue. However, via enforcement powers, there was also provision to escalate the case where parents did not engage or comply with the FSP. This also facilitated evidence gathering in case action needs to

be taken. The intervention was part of a broader series of changes, such as revised decision making within the multi-agency safeguarding hub (MASH) and initiatives around changes in outcomes, including scrutiny of all Outcome 20s.

Think Family Early Intervention programme, Avon and Somerset

The TFEI programme was a policing initiative that aimed to support families who presented significant time and resource costs for the police but who fell below the threshold for receiving support from the local council or social services. TFEI involved police officers and PCSOs working with families to identify their key difficulties and what support was needed. The police officer or PCSO worked with the family for 6-12 months.

Families were referred to TFEI if they met at least two of the following criteria, one of which needed to be police-related:

- crime and anti-social behaviour (police-related)
- domestic abuse (police-related)
- children in need, including missing persons (police-related)
- poor school attendance
- unemployment
- problems with health

Families were not eligible if a child protection plan (CPP) was in place. Police referrals and trawls of police data helped to identify eligible families. Upon initial referral, an intelligence pack was developed for the family to determine whether they met the eligibility criteria. If eligibility criteria were met, a local police officer or PSCO was assigned to the family and (after gaining consent from the family) worked closely with them to identify issues and develop a tailored action plan. Support also included signposting to relevant partner agencies (eg, social services, the council, schools) where appropriate.

In summary:

- the TAW intervention appointed a mentor to develop a working relationship with **children** who had experienced ACEs, to help them overcome negative outcomes

associated with ACEs and to work more broadly with the **family** to address identified problems

- the FSP intervention aimed to identify **parent(s) or guardian(s)** who were being investigated for possible neglect of their children and to co-develop plans during a joint police–social work visit, to aid the development of clear, SMART goals for families
- TFEI was focused on helping the **family** cope with their difficulties

All are early intervention programmes, with the welfare of children and young people at their centre. The TAWs and FSP interventions had family outcomes as a by-product, but the focus on outcomes was still mainly related to improving the life experience of children and young people.

Background literature

This section briefly summarises some essential background around child maltreatment and the early intervention approach to tackling this. This is designed to provide context for the following sections.

Defining abuse and maltreatment

Child maltreatment is the collective term encompassing the five types of child abuse determined by the UK Government Every Child Matters campaign (2003) and the National Society for the Prevention of Cruelty to Children (NSPCC, 2009). These are as follows.

- **Physical abuse** – May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child, or failing to protect a child from harm, including induction of illness in children.
- **Emotional abuse** – Persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or having developmentally inappropriate expectations of the child. There is also an element of emotional abuse to all forms of child abuse.
- **Sexual abuse** – Forcing a child to take part in sexual activities, including both penetrative and non-penetrative acts. This may include ‘non-contact’ activities,

such as encouraging children to watch sexual content or behave in a sexually inappropriate manner.

- **Neglect** – Persistent failure to meet a child’s basic physical and/or psychological needs likely to result in serious impairment of the child’s health or development. This can begin from pregnancy. Neglect is the most common form of child maltreatment in the UK. Approximately two in five children on the Child Protection Register have been registered for neglect (Department for Education, 2018). Half (50.5%) of children on a CPP on 31 March 2020 in England were there as a result of neglect (Department of Education, 2020).
- **Bullying** – Deliberately hurtful behaviour repeated over a period of time where the victim is unable to defend themselves. This can be physical, verbal and/or emotional.

Later work by the NSPCC fine tunes and expands on these definitions to include child sexual exploitation, harmful sexual behaviour, domestic abuse, child trafficking and female genital mutilation (NSPCC, 2020). They also expand bullying to include cyberbullying (NSPCC, 2020). For children defined under the age of 18, maltreatment in any of the above areas often directly relates to contravening their rights mandated by the Human Rights Act 1998. Such acts are also defined as serious offences in the UK.

It is important to be aware that abuse rarely happens in isolation (Australian Institute of Family Studies, 2014). It has been reported that children can be exposed to multiple types of abuse and neglect (Price-Robertson and others, 2013).

Children are most likely to be abused or neglected by parents and/or caregivers (Sedlak and others, 2010). However, it can also be perpetrated by other family members, an adult or older child known to the family, peers or, in some cases, a stranger (who may or may not have direct contact with the child). Who the perpetrator is can vary depending on factors such as age, gender and type of offence. For example, a systematic review (of 600 data sets and 43 publications representing 17 countries) found that household members are the most common perpetrators of physical and emotional abuse against boys and girls across a range of ages (Devries and others, 2017). The second most common perpetrators were peers (Devries and others, 2017). The review also found that intimate partners were

the most common perpetrators of sexual violence towards girls aged 15-19 (Devries and others, 2017). There were some gaps in the data, meaning that the review could not comment on sexual offences against younger age groups or those committed by strangers. However, they did raise a concern about violence exposure from multiple perpetrators (Devries and others, 2017).

Each type of abuse has their own associated physical and behavioural signs, which can act to encourage detection of maltreatment by medical, policing and educational services (Gilbert and others, 2009). However, prevalence of child abuse and maltreatment is difficult to estimate. Research commissioned by the NSPCC estimated that 31, 26, 40 and 57 per 10,000 of children respectively in England, Scotland, Wales and Northern Ireland are on child protection registers (Meadows and others, 2011). However, this does not reflect the full extent of child abuse, as self-report studies estimate higher rates of severe maltreatment. For example, Radford and others (2000) report that one in four 18-25 year olds (of the 1,761 in their study) reported a history of severe maltreatment in childhood.

The impact of child maltreatment is complex and not fully understood. However, there is a body of evidence regarding negative outcomes associated with abuse. These include the following.

- **Physical changes in the developing brain** – Due to high levels of stress and the absence of a consistent caregiver who can help a child cope with it (Meadows and others, 2011; World Health Organization, 2020).
- **Physical and chronic long-term health problems** – For example, a cross-sectional survey (N=22,251) looking at primary care data in Australia asked individuals to self-report childhood abuse and then complete several standardised medical health questionnaires. They identified that those who suffered from either sexual or physical abuse had a greater probability of poor physical health (Draper and others, 2008).
- **Mental-health-related responses to stress and trauma** (Meadows and others, 2011) – For example, Chapman and others (2004) found that 40% of individuals who suffered from child maltreatment went onto develop depression, compared to a matched 17% control group. Similarly, a meta-analysis found that victims of child maltreatment were at an increased risk of suicide, sexual promiscuity,

victim-perpetrator cycle, poor academic performance and post-traumatic stress disorder (PTSD) (Paolucci and others, 2001).

- **Disruption to education and social relationships** (Meadows and others, 2011)
 - For example, research in the USA has found that as the number of ACEs increase, so does the risk of poor school attendance, disruptive behaviour and failure to meet grade-level expectations for maths, reading and writing (Blodgett and Lanigan, 2018).
- **Difficulties in forming and maintaining relationships**, such as with peers (Meadows and others, 2011).
- **Development of adult behaviour patterns depending on those observed at home**, such as domestic violence and sexual abuse (Meadows and others, 2011).
- **Engaging in risky behaviour** (Diaz and others, 2002), such as alcohol abuse, eating disorders and unsafe sex (World Health Organization, 2020).
- **Impacts can be in combination** – For example, childhood stress appears to be the trigger for biochemical, social and behavioural changes leading to potentially lifelong impacts on mental health and wellbeing (Bremner, 2003; McEwen and others, 2015). Furthermore, Draper and others (2008) found impacts on both physical and mental health where physical or sexual abuse had occurred, and even higher risks where both physical and sexual abuse had occurred.

It is clear that the impact of abuse is wide-reaching and can be long-term. This emphasises the importance of identifying children at risk and putting interventions in place. Risk factors for abuse are now discussed.

Risk of abuse

Meadows and others (2011) identified a number of risk factors that put children at risk of abuse. These include children with disabilities or health problems, children who have young parents, being part of a large family, poor parenting skills, social isolation and poverty. Negative experiences within the family – such as parental mental health problems, parental substance use, violence between adult family members, and parents who were also victims of abuse – also increase risk.

These risk factors create stress for the child, as does abuse of the child themselves where this occurs. These sources of stress (eg, risk factors and/or abuse) are referred to as ACEs.

A common definition of ACEs used in the UK consists of ten factors. Five factors relate to direct abuse: physical, sexual, or emotional abuse, and physical and emotional neglect. Five factors relate to markers of household dysfunction: parent who has experienced violence at home, mental illness, substance abuse, incarceration or separation (Bellis and others, 2014a).

In short, ACEs are traumatic events in childhood (Felitti and others, 1998). They can be intensive and can occur frequently (World Health Organization, 2020).

Effects of ACEs overlap with the effects of risk factors (outlined above). It is unsurprising, therefore, that the initial ACEs cohort study conducted in the United States identified that ACEs have adverse impacts on the long-term health of an individual through potentially altering health behaviours and lifestyle factors (Felitti and others, 1998). A recent systematic review has identified that cumulative exposure to four or more of these ACEs was associated with an increased risk of developing a wide variety of negative mental and physical outcomes, including cardiovascular, metabolic and respiratory disease, as well as cancer (Bellis and others, 2017).

Evidence has also suggested that individuals exposed to ACEs may have an increased risk of experiencing adverse policing and criminal justice outcomes, compared to individuals who have experienced no ACEs (Hughes and others, 2017). For example, it has been estimated that individuals who have experienced ACEs are at a considerably higher risk of incarceration (Bellis and others, 2014b). ACEs also increase the risk of other behaviours that can have an impact on policing, such as substance misuse and alcohol intake (Bellis and others, 2014b). These negative consequences have been replicated in UK settings describing similar levels of associated poor health and social outcomes following exposure to ACEs (Bellis and others, 2016; Bellis and others, 2018). Combined, this evidence demonstrates how individuals who experience ACEs are at risk of harm in adulthood (eg, offending, harmful substance use, health issues) and may also become disproportionately involved with the criminal justice system.

In terms of prevalence, data from household surveys indicated that almost half of all individuals surveyed in England and Wales had experienced at least one ACE (Bellis and others, 2014a; Bellis and others, 2018). Furthermore, 14% of individuals surveyed in Wales and 9% in England had experienced four or more ACEs (Bellis and others, 2014a; Bellis and others, 2018). There is also evidence of a high prevalence of self-reported ACEs within offender populations. For example, Reavis and others (2013) found that their offender group reported nearly four times as many adverse events in childhood than a non-offending control group. Given the frequency of exposure, the burden to public-sector agencies, particularly the police, is considerable. However, preventing adversity in childhood is a complex challenge in its own right, although there is some evidence to suggest that implementing appropriate interventions during childhood may mitigate some of the negative outcomes (Bellis and others, 2017). One way in which this is tackled is via early intervention.

Early intervention

The impact of ACEs has been documented to be large. It includes intergenerational effects and the so-called cycle of violence (see Abramovaite and others, 2015). While less is known about precisely what sort of interventions work, including who these should be focused on, there has been a general move in policing towards a proactive prevention approach. This move is part of the Policing Vision 2025 (launched in 2016). This includes a drive towards a place-based, multi-agency, early-intervention approach (APCC and NPCC, 2016). Early help, or early intervention, means ‘identifying and providing effective early support to children and young people who are at risk of poor outcomes’ (Early Intervention Foundation, 2021). This support is given to a family when a problem first emerges (NSPCC, 2019). The idea is that early help will be more effective if it is offered when problems first emerge, rather than to trying to intervene later when problems have become deep-rooted and/or have got more serious or complex (Department for Education, 2018; Early Intervention Foundation, 2018). The NSPCC (2019) argue that providing timely support is crucial. They also argue that, not only can early intervention reduce risk factors, but it can also increase protective factors, such as developing strong social and emotional skills, developing a strong support network, improving parental mental

health, and the provision of benefits and advice. Early help can be provided at any stage in a child or young person's life (NSPCC, 2019).

Early intervention offers flexibility, in that it can be delivered to parents, children or whole families (NSPCC, 2019). For example, if a child is engaging in risky behaviour, an early intervention scheme might work with them individually to understand why they are behaving in that way and to put strategies in place to increase their safety. Alternatively, for younger children at risk of maltreatment, the focus may be on engaging with the parents (eg, to help them provide a safe and loving environment for their child). Regardless of how the early intervention is delivered, the main focus is to improve outcomes for the children (NSPCC, 2019).

There has been experimentation across a whole range of interventions that use this approach and around how best to intervene early. This includes the Troubled Families Programme, which aimed to 'turn around' the lives of 120,000 troubled families in England by May 2015 (Loft, 2020). The evaluation of this national programme (Ministry of Housing, Communities and Local Government, 2019) found that the programme was making a significant impact and represented value for money. However, they also identified gaps in the population served and left open the door for local interventions. The Troubled Families Programme continues (see Ministry of Housing, Communities and Local Government, 2021 for the latest annual report) and this includes work with local areas. However, not all early-intervention work is linked into this programme (although they may have a shared vision). In fact, there are a range of local-level programmes that use an early intervention approach to support children and improve their outcomes. This report outlines the summary findings from evaluations of three such interventions.

Methods

Research question

Drawing on the completed evaluations of the TAW, FSP and TFEI interventions, what lessons can be learned regarding what works in early intervention with children and families to prevent involvement (or further involvement) with the criminal justice system?

Data

This report is based on data and findings from the five reports listed below (three original evaluations and two additional reports that provide the results of further evaluation and analysis work on two of the interventions).

- [Evaluation of the Trusted Adult Workers role and Rock Pool Train the Trainer educational approach](#) (College of Policing - July 2021).
- Supplemental report regarding the Evaluation of Trusted Adult Workers – Portsmouth (College of Policing - September 2021).
- [Evaluating the use of Family Safe Plans in cases of neglect](#) (College of Policing – July 2021).
- Supplemental report of quantitative analysis regarding the use of Family Safe Plans in cases of neglect (College of Policing, September 2021).
- [Evaluating the Think Family Early Intervention Programme](#) (College of Policing – July 2021).

Procedure

Each of the individual reports listed above contains a detailed description of the early help interventions, a captured Theory of Change (presented as a logic model), and the data collected together with detailed analysis and findings.

In order to provide a useable synthesis of the respective reports, the following methodology was adopted for this report.

- A literature review was undertaken that provides a common rationale for the three interventions (TAW, FSP and TFEI). While the specific focus and nature of delivery of each intervention varied, all three interventions share a common purpose of assisting children and young people at risk of ACEs and who were assessed as being in need of early intervention to prevent their involvement (or further involvement) in the criminal justice process. This literature review sets the interventions in the context of ACEs and early intervention as a means to tackle these, and highlights some of the issues around the delivery of interventions in this area.

- All reports were collated and a review was conducted. This began with the Theories of Change created for each intervention during the original evaluations. These are designed to explain how the activities of the intervention can be understood in relation to achieving intended outcomes (Rogers, 2014). In this way, they aim to explain the mechanisms of change through which the intervention leads to impact (De Silva and others, 2014). A logic model can represent the Theory of Change in a simplified way (Moore and others, 2015). Therefore, logic models were developed for each of the interventions and are presented at Appendix A.
- Key findings in all three original substantive reports were captured in EMMIE tables.² These tables provide a framework in which five aspects of an intervention (effect, mechanism, moderator, implementation and economics) can be evaluated. This is a commonly used framework for assessing those five broad categories of evidence deemed to be useful to those considering aspects of, and approaches to, crime prevention. In this report, a composite EMMIE table was prepared to cover the key aspects of the three interventions. Evidence for the key elements of mechanisms, moderators and implementation issues are then provided, as well as a discussion of the limitations of the data available to the original evaluations.
- Drawing together of higher-level lessons learned that are pertinent to those considering the implementation of interventions that are focused on children and young people in need of early intervention, in order to prevent involvement (or further involvement) in the criminal justice system.

Results

This section presents a synthesis of the key findings from the evaluations.

Considering first the Theories of Change for the individual interventions,³ in summary, these were as follows.

² For more detailed information about EMMIE, please refer to: Johnson, Tilley and Bowers (2015); Thornton and others (2019).

³ Please refer to the logic models for each interventions presented at Appendix A.

- **TAWs:** intervening early in the lives of children who have ACEs, by introducing a trusted adult, would build resilience. This, in turn, would have positive impacts on their health and social wellbeing.
- **FSPs:** the use of FSPs would reduce the use of Outcome 20, and instead increase the use of OOCs and community resolutions. In turn, this was expected to reduce criminal justice outcomes, and to support evidence gathering and monitoring of families where necessary
- **TFEI:** early intervention with families with complex and multiple problems should prevent the escalation of these problems and any associated offending.

These overarching explanations of the way in which the interventions were intended to operate, as well as the detailed findings of the evaluations, were used to create an overarching EMMIE for all of the interventions. This is presented in the next section.

Combined EMMIE table

The EMMIE framework was developed as a means of assessing the quality of crime prevention interventions, based on the key areas that a policymaker or practitioner might need to consider (Johnson and others, 2015).

- **Effect:** what is the overall effect size and what is the direction of effect?
- **Mechanisms and mediators:** how does the intervention produce its effects?
- **Moderators and contexts:** when, where and for whom does the intervention work?
- **Implementation:** what may help or hinder implementation of the intervention?
- **Economic analysis:** is the intervention cost-effective (cost-benefit analysis)?

As such, it is a way to present the key findings related to the key aspects of evaluation.

Secondly, we outline the evidence laid out in the EMMIE table in more detail regarding the common mechanisms, moderators and implementation issues identified across the interventions, related back to the effects observed.

Table 1: Combined EMMIE for the TAW (and TTT), FSP and TFEI interventions

Evaluation element	Findings
Effect	<p>TAWs: TAWs brought significant improvements for children who they worked with in emotional health, connections with others, positive outlooks on everyday life and feeling empowered for the future. There was a statistically significant improvement in the overall Outcome Star measure (distance travelled or progress) for the children who worked with the TAWs (improved difference in scores 12.2%) and also in their family Outcome Star (9.9% increase in scores). Analysis of additional data collected over a longer period of time for one region in Hampshire (Portsmouth) also found a statistically significant improvement in the Outcome Star score (12.1% increase). The TTT evaluation found that the TTT approach raised awareness of ACEs within public-sector organisations (improved scores relating to awareness of the impact and effects of ACEs).</p> <p>FSPs: compared to a control group of historical cases identified in 2017, more cases of neglect were referred to CAITs under the intervention approach. There was a 45% decrease in cases recorded as Outcome 20 and a 12% increase in cases resolved through the use of OOCs. Approximately 40 fewer children were on a CPP, a reduction of 18%. Further analysis found a statistically significant reduction in being a suspect of a crime (-5%) and being reported as a missing person (-5%) within the six months following the intervention. However, interviews revealed issues about FSPs, such as concerns around consistency of use, legal value in court and disproportionality of the outcome to the level of concern.</p> <p>TFEI: a reduction in domestic abuse, crime and youth crime for families but no positive impact on anti-social behaviour. However, doubts were expressed by some PCSOs about TFEI</p>

	<p>achieving positive outcomes for families with whom they worked. At the same time, other PCSOs expressed the view that if delivered efficiently, and with the right families chosen for this intervention, some positive outcomes were achieved.</p>
Mechanism	<p>The TAW, FSP and TFEI interventions all used the following five mechanisms:</p> <ul style="list-style-type: none"> ▪ Targeting ensured that the children and young people and their families most likely to benefit from early help intervention could be identified. The focus of targeting in the TAW intervention was children with ACEs, while for the FSP intervention, it was children where there is a concern of parental neglect. In TFEI, targeting was focused on the family, since early intervention with families with complex and multiple problems should prevent the escalation of offending. ▪ Police, social workers and other agencies engaged with children, young people and their families to identify needs and the type of support required. In the FSP intervention, this engagement also provided an opportunity to create or raise awareness about what was expected in terms of caring for children. ▪ Police, social workers and other agencies provided ongoing tailored support to children, young people and their parents and carers. Mentorship was provided in the TAW intervention to encourage the development of resilience, and referrals were made to appropriate agencies. Bespoke action plans were used in TFEI, alongside signposting to, and linking up with, other agencies involved with the family. In the FSP intervention, police and social workers conducted initial joint visits, after which social workers worked with the family to identify support packages, such as those to tackle parenting issues or substance misuse.

	<ul style="list-style-type: none"> ▪ Monitoring of progress of children and families. The TAWs made use of the Outcome Star measure. In TFEI, progress was monitored for the family and the children. In the FSP intervention, as the aim was to set clear expectations and highlight the consequences of non-adherence with the agreement, monitoring focused more on compliance. ▪ Multi-agency working enabled police, children's services and other agencies to work together to provide early help and intervention. This includes the PCSOs, police or TAWs acting as a single point of contact, and signposting and referring to other agencies as appropriate, in TFEI and the TAW intervention. <p>In the TAW intervention, an additional mechanism identified was raising awareness. TTT sessions had the aim of ensuring that key messages about ACEs were cascaded throughout organisations.</p>
Moderators	<p>TAWs: the TAWs were originally set up to work with children who had a minimal number of ACEs. In practice, however, TAWs worked with many children who had four or more ACEs. The main differences between the local authorities within Hampshire were:</p> <ul style="list-style-type: none"> ▪ the use of different referral routes into the scheme ▪ the background of the recruited TAWs ▪ the methods used to measure distance travelled (different Outcome Star tools) <p>FSPs: differences in implementation were identified, which could potentially lead to different outcomes for families in different areas. For example, some teams did not use the FSP when they should have, while some teams outside the pilot area adopted the practice when they were not expected to. Joint visits were also not always possible due to workload. Where the FSP was</p>

	<p>not being used, social workers used their own versions of a working agreement and police officers were recording necessary conditions on OOCs, which potentially had similar effects (but would need to be evaluated further).</p> <p>TFEI: PCSOs reported that TFEI was implemented differently across the force area. Furthermore, evaluation participants reported that early intervention with families was not always possible. The reasons for this are complex and include families being identified too late. The lack of control group data meant that further assessment of the issues was not possible.</p>
Implementation	<p>Issues arose with processes and resources across all three interventions.</p> <ul style="list-style-type: none">▪ Definitions, purpose and roles – in TFEI, staff struggled to define the intervention and a similar lack of clarity arose with the TAW role. Lack of clarity of purpose arose with FSPs (eg, whether it was a role for the police), as well as around completing FSP documentation.▪ Training – insufficient training was identified as an issue in both the FSP interventions and TFEI. Delays between training and starting to deliver the intervention also arose in TFEI. Inconsistency in the length of training delivered was identified in the TAW intervention.▪ Selection and referral criteria – in the TAW intervention, children and families were included who presented a higher risk or vulnerability than originally intended. In the FSP intervention, the referral criteria also changed when the referral threshold was lowered. In TFEI, the selection process was reported to be unclear to the PCSOs, who reported that some referrals could have been inappropriate.

	<ul style="list-style-type: none"> ▪ Buy-in – lack of buy-in from partner organisations, senior colleagues and/or families was reported across all three interventions. ▪ Multi-agency working – at times, collaborative working challenges arose in the TAW and FSP interventions. In addition, sometimes there were differing expectations between social workers and police, and inconsistency in working practices arose in the FSP intervention. Data sharing arose as a problem in TFEI. ▪ Staff – resourcing problems arose in all three interventions. In the TAW intervention, there were felt to be too few TAWs and financial constraints. The FSP intervention and TFEI reportedly resulted in increased workload for existing staff. In the TAW and FSP interventions, staff experienced time pressures to complete tasks. In TFEI, PCSOs reported feeling underqualified to undertake the role, for example, when dealing with mental health issues.
Economic cost	<p>For the TAW intervention and TFEI, it was not possible to undertake an economic evaluation because of data limitations.</p> <p>For the FSP intervention, it was not possible to undertake a full economic evaluation. Instead, an illustration of possible cost savings was conducted based on nationally available data on costs of implementing CPPs, and based on a reduction of 40 CPPs established in the three-month follow-up period. This modelling shows potential yearly benefit of £182,320 for CPP costs. However, this would need to be considered in light of the costs and resources associated with delivering the new approach.</p>

Evidence for mechanisms

A key aim of this report is to synthesise the evidence for the underlying mechanisms of the three early intervention programmes. Five overarching mechanisms were identified across the three interventions, plus an additional mechanism that was identified for the TTT component of the TAW work:

- targeting
- engagement
- support
- monitoring
- multi-agency working
- raising awareness (for TTT only)

Targeting

TAW

All three interventions involved the targeting of children and young people in need of early intervention. In the TAW intervention, the targeting was focused on children who had experienced ACEs. The aim was to identify such children at a stage where their needs are less complex and easier to address. The children designated to be referred for this intervention were therefore expected to be relatively low-level in terms of complexity and to have few ACEs. The rationale for this approach was that those children with fewer ACEs are in a position to benefit from secondary prevention interventions, rather than need the services related to tertiary interventions. However, in practice, it was children with four or more ACEs who were mainly referred.

FSP

In the FSP intervention, the targeting was focused on children where there were concerns of parental neglect (ie, where there was a persistent failure to meet a child's basic physical and/or psychological needs that was likely to result in the serious impairment of the child's health or development). The rationale for implementing FSPs was to provide early support to parents where there was a concern as to the level of care children are receiving, and to raise awareness of

expected levels of care for children. Where the level of care did not improve, the FSP would also provide documented evidence of wilful neglect in case further evidence is required for more formal action.

TFEI

In the TFEI, the targeting was focused on the family. Families were referred to TFEI if they met at least two of the following criteria, one of which needed to be police-related:

- crime and anti-social behaviour (police-related)
- domestic abuse (police-related)
- children in need, including missing persons (police-related)
- poor school attendance
- unemployment
- problems with health

Overall, the problems being experienced by the family should have been low-level problems, as families with more complex needs would be picked up by other interventions operating in the police force area. The rationale behind this approach was to identify families experiencing multiple problems, to provide holistic support families to help overcome the problems at an early stage and thus reduce youth crime, reduce missing person incidents and tackle domestic abuse.

Engagement

In all three interventions, there was engagement between the children and young people, their families and representatives from the police and/or other agencies (eg, social workers). The process of engaging with the children and young people and their families was designed to identify their needs and the required support.

TAW

In the TAW intervention, the nominated workers employed specifically for the intervention met with the family to carry out assessments, to identify the needs of the children and significant family members (those who lived with the child or played an important role in their care).

FSP

In the FSP intervention, police and social workers met with the families to co-construct the FSP, including identifying clear goals and ways to achieve them. This meeting also provided an opportunity to raise awareness of the identified neglectful behaviour and to make clear what was expected in terms of caring for the children. This engagement around what was expected in terms of care was important so that progress could be monitored. A FSP working agreement, which should contain clear (SMART) goals, was co-developed and completed with the family during this joint police–social work visit.

TFEI

In the TFEI, PCSOs (and in some locations, police officers) met with the family to explain the purpose of the intervention and to secure consent to work with them. Once consent was gained, the PCSO identified issues or difficulties that needed to be addressed and an action plan was created that guided their work with the family.

Tailored support

All three interventions involved a form of ongoing support for the child or young person and their families. This ongoing support was always tailored to the specific needs of the child or young person and their family.

TAW

In the TAW intervention, the nominated worker provided support both to the child or young person and their family. For the child, the TAW acted as a trusted adult and provided mentorship to encourage the development of resilience amongst those most at risk. For both the child and the family, the TAW provided support by ensuring that the children were being referred to the most appropriate services and were followed up to ensure that they attended, which in turn should improve outcomes. The TAW also supported the family to identify solutions that could mitigate the impact of ACEs relating to household dysfunction.

FSP

In the FSP intervention, the FSP was used to identify where additional support for the family was required. This support could include support packages, such as parenting programmes or help with substance misuse.

TFEI

In the TFEI, the PCSOs supported one family at a time. This enabled the PCSO to create a bespoke action plan that guided their work with the family. The PCSO supported families by helping to address any police-related issues, by signposting and/or submitting referrals to other agencies pertaining to wider issues and by linking in with other practitioners involved with families, such as key workers, school workers and other council agencies.

Monitoring

All three interventions included monitoring.

TAW

The TAW intervention included progress monitoring of children using the Outcome Star. This helped to monitor the journey that the child was taking and fed directly into measuring outcomes.

FSP

Monitoring of FSPs was also in place but with more of a compliance focus (ie, to ensure that families were adhering to the FSP). This is not surprising, as one of the functions of the FSP (aside from offering the opportunity for families to change) is to provide documented evidence of wilful neglect in case further action needs to be taken. Given the compliance focus of FSPs, there was a related aspect to this work around setting expectations. This would be essential to ensure that families were aware of what they need to do in order to comply with the FSP.

TFEI

The TFEI monitored progress, but for the family rather than just the child.

Multi-agency working

All three interventions had multi-agency working at their core.

TAW

The TAW service was delivered by the Youth Offending Service in Southampton and wider Hampshire but by a third-sector organisation (Motiv8) in Portsmouth. Again, TAWs were acting as a point of contact for young people and needed strong multi-agency links to signpost young people appropriately.

FSP

The implementation of FSPs required police and children's services to work together with families to develop the plans.

TFEI

The TFEI was a multi-agency approach, with police officers and PCSOs from neighbourhood policing teams acting as single points of contact who worked directly with families, as well as signposting or referring to other services (such as schools, children's services and third-sector agency services). Effective multi-agency working was also required for data sharing for all three interventions – for example, the gathering of information for the intelligence packs for TFEI.

Raising awareness

While multi-agency working (see above) might support awareness raising, as different organisations all needed to be aware of (and buy into) the intervention, there was specific additional work done alongside the implementation of TAWs to further raise awareness around ACEs. TTT sessions were included as part of this work, with the aim of ensuring that key messages about ACEs were cascaded throughout organisations across Hampshire.

Moderators

In all three interventions, contextual environmental factors or factors relating to the operation of the interventions were evident as moderators, most commonly in the way that different sites conducted the intervention.

TAW

In the TAW intervention, there were differences across local authorities within Hampshire with regard to the operation of the scheme. Local authorities had different referral routes into the scheme, had differences in the background of recruited TAWs and used different versions of the Outcome Star measure.

FSP

In the FSP intervention, differences in the operation of the process arose. For example, across the three regions where the FSP should have been in use, there were some individuals and/or teams that did not use the FSP when they should have done so. Feedback indicated that it was not user-friendly, and alternative means of recording the plan were used. Additionally, in the fourth local authority region, where the FSP should not have been used (instead acting as a comparison site), some individuals and/or teams had used the FSP when they were not expected to do so.

TFEI

In the TFEI, some of the PCSOs reported that the intervention was implemented differently across areas. They expressed concern that the intervention was being rolled out as a 'blanket initiative' when regional differences meant that it had to be reworked for the local area.

Implementation issues

When considering whether interventions have had their desired impacts, it is important to consider whether they were implemented as anticipated. For example, changing priorities, emerging challenges and/or unexpected issues can have an impact on how interventions are implemented. If this happens, it can influence the impact of the work (either positively or negatively). Thus, taking issues with implementation into account provides a more comprehensive understanding of what works, for whom, where and how. This section outlines issues that were identified across the three interventions and discusses how these might have an impact on the interpretation of findings and the effectiveness of the interventions. While six areas are considered below, there are overlaps and interrelationships between them. For example, clear and appropriate training will support the operation of the intervention.

Definitions

Although some aspects of the interventions were clearly defined, there were other areas where a lack of clarity was an issue.

TAW

The evaluation of TAWs found that colleagues reported problems with the definition of the TAW role. This had the effect of making engagement with the family more challenging and meant that professional colleagues were unsure of their purpose. It was noted that professionals who attended the TTT sessions reported an improved understanding of the TAW role compared to before they attended the sessions.

FSP

Lack of clarity of purpose and/or process was reported by staff involved in delivering the FSP and TFEI work. For example, for the FSP intervention, there was some discussion about whether this approach was a 'good fit' for the police.

TFEI

In the TFEI, the evaluation found that staff often struggled to define aspects of the TFEI intervention. This sometimes presented as uncertainty expressed by some PCSOs, who were unsure of their role and the goal of the intervention, while other PCSOs explained that they could not remember what they had been told in training, as it had taken place sometime before implementation started. This is important, as it can affect staff confidence and how the TFEI is delivered.

Training

Challenges related to training were raised in all three interventions.

TAW

Gaps in training were identified for the TAW intervention – more specifically, there appeared to be a discrepancy between how much training TAWs received. Some received no TAW-specific training, while others received a three-day specialist course, which affects the implementation of the intervention. Overall, the key lesson learned from the evaluations is that good-quality, timely training is key and that all

staff in the same role should have access to the same level of training provision, including follow-ups as required.

FSP

For the FSP intervention, insufficient training was identified by police officers and social workers as a barrier to understanding purpose and process of the intervention, which would have a knock-on effect on how effectively the intervention could be implemented. More specifically, there was a lack of clarity around how to complete the FSP documentation and training was identified as a contributor to this issue.

TFEI

Similar issues were reported in relation to training for the TFEI, where PCSOs reported that they had received only limited one-off training about the intervention. Additional issues were raised for the TFEI in relation to the gap between receiving training and starting to deliver the intervention. There was a lag, which meant that some staff struggled to remember all the training when they started working with families. In addition, some PCSOs reported feeling underqualified to undertake the role. This was the case when they were faced with supporting families with complex needs, including mental health issues. That additional training might have assisted on how better to engage with such families.

Selection and referral criteria

All interventions reported concerns surrounding selection and referral criteria.

TAW

In the TAW evaluation, respondents reported limitations to using an ACE-orientated referral. These respondents expressed concern that ACEs may not be an appropriate marker of need, and suggesting a good referral should consider where the family is as a whole and where they are in the cycle of change (ie, how ready they are for the intervention). It was also discovered that, although children should only be referred if they have four or fewer ACEs, in reality, once TAWs were working with families, they often identified more ACEs. This meant that the intervention was delivered to children who did not fit the original criteria laid out (ie, they were more vulnerable). This is not necessarily a negative outcome if the intervention was

demonstrated to fill a gap in provision for these families (which it did), but it is worth noting that TAWs may have had a more profound impact, as the group they engaged with had a greater need than their original target group.

FSP

Regarding the FSP intervention, there was a decision to lower the risk threshold to trigger a referral. This occurred at the same time as a broader lowering of the risk threshold for neglect cases to be referred to the CAITs within the force. The decision regarding the FSP intervention raised concerns among police officers, who felt that the approach could lead to inappropriate referrals that could then receive an excessive response, for example, via the OOCs.

TFEI

The TFEI evaluation also reported issues – in this instance, that the selection criteria for families could be too complex.

Buy-in

Issues regarding lack of buy-in – from organisations, senior colleagues, and/or families – were reported across all three interventions, to differing degrees.

TAW

The TAWs evaluation found that, although there was often local buy-in, there was a lack of buy-in from senior leadership teams within children's services. Participants stressed the need to have a supportive culture at middle management and organisational level.

TAWs also reported resistance to support in some families. The TAW evaluation reported that 'being in the right place for change' is important. This meant that the TAW had to take into account any pressing issues that the family were facing (eg, eviction), and be willing and able to revise their approach based on the family circumstances. This ability to be flexible can boost engagement and motivation for a family. The TAW evaluation also highlighted a need for consistency of personnel, to support trust building with families.

FSP

In the FSP intervention, the lack of buy-in came from police officers within the CAITs, who perhaps did not have a clear understanding of the purpose of the intervention and felt that it did not fit into their role, given the lack of legal power that an FSP has. Concerns were also raised regarding the ownership of content of FSPs (ie, children's services or the police).

In addition, professionals involved in delivering the FSP intervention reported inconsistency in how police and social service worked with families. Challenges in getting buy-in from families were also found to be influenced by issues including:

- a lack of understanding from parents about what they were signing up to
- finding the process stressful
- concern that accepting an OOC could influence future opportunities – for example, this would show up on a Disclosure and Barring Service (DBS) check, which is needed for some jobs

TFEI

In the TFEI, challenges in getting buy-in from families were found to be influenced by issues including confusion about the role of the police and a lack of trust in the police.

Multi-agency working

Challenges with multi-agency working were identified for all three interventions.

TAW

In the TAWs evaluation, some TAWs raised issues concerning the overlapping responsibilities between their role and family support workers, meaning that boundaries were blurred.

FSP

For the FSP intervention, it was reported that differing expectations from some social workers and police officers made collaborative work more challenging. A lack of consistency in working practices was also reported.

TFEI

The TFEI evaluation reported challenges to multi-agency working around data sharing, especially in relation to identifying health needs.

Resourcing – staffing and time pressure

Resourcing and time pressures were identified as key issues for all three interventions.

TAW

The TAW evaluation reported that too few TAWs were available. Concerns were raised as to the capacity of TAWs, where a high caseload would inhibit the quality of work that could be undertaken with the family. In addition, financial constraints were highlighted as having an impact both on the activities that TAWs could undertake with children and on the amount of time that they could spend with them, due to overall numbers of TAWs in role.

TAWs also reported that the duration of the intervention was too short and this lack of time hindered progress. TAWs explained that having sufficient time with the family was necessary to establish effective engagement and trust. They also expressed concern that the overall length of the intervention was too short, which meant that some work with families would not be completed.

FSP

For the FSP intervention, there were time pressures in undertaking joint visits. This was further exacerbated by a form that was not user-friendly (eg, insufficient space to record information in the hard-copy form), which meant that staff had to improvise alternative means to record the plan. An increase in workload for the police (eg, to schedule joint visits as a result of reducing the use of Outcome 20) was also reported for the FSP intervention.

TFEI

It was reported that the TFEI increased staff workload.

Limitations of the evaluative work

A mixed methods approach was used across all three interventions. Key limitations of the three studies relate to data that could not be accessed in the course of the projects. Generally, this concerns a lack of data to establish control groups, difficulties obtaining feedback data from children and young people and their families (exacerbated by COVID-19 lockdown restrictions), and the lack of availability of data for the economic evaluations.

Lack of control groups

In undertaking evaluations of interventions, a control group can be used and is composed of a sample of individuals who are not subject to the intervention in question. They then serve as a benchmark allowing researchers to compare this group with the group who have been subject to the intervention, and thereby see what impact the intervention has had.

TAW

In the TAW intervention, the control group was derived from local authority data of other children who had undergone similar interventions. Some local examples include Emotional Literacy Support Assistants (ELSA), young carers, Child and Adolescent Mental Health Services (CAMHS), family support service key work and Catch22 (a service for those affected by drugs and alcohol). This meant that the intervention and control groups may not be directly comparable, as it was not possible to determine the nature of the intervention and level of support received by the child from the anonymised control data. In addition, due to limited information about the control group, one cannot be confident that they are suitably comparable. In particular, it was not possible to ascertain the number, type and complexity of ACEs of the control group.

FSP

In the FSP intervention, a historical control sample using data was used to compare the outcomes before and after the introduction of the intervention place. A quasi-experimental design using propensity score matching was also used to identify the average treatment effect. However, in the other two interventions, steps taken to create a control group were less successful.

TFEI

The TFEI control sample⁴ was comprised of those subject to other interventions on which there was a lack of detail. It also appeared that this control sample included all the families from the 'treatment' sample who were subject to the TFEI.

Absence of feedback data from children and young people and their families

Across all three intervention projects, there were difficulties experienced with gathering data from children and young people and their families. This was due to external factors, such as the timing of the General Election in 2019, challenges arising from the COVID-19 pandemic and, in one case, delays arising in obtaining approval for certain steps in the project.

TAW

In the TAW intervention, the aim was to interview 10-15 families. However, due to the December 2019 General Election, as per guidance on the pre-election period from the College of Policing and Home Office, many of the planned interviews had to be cancelled, which meant that only three interviews took place by the end of the evaluation period. In the follow-up study in Portsmouth, the aim was to conduct interviews with up to 10 children and their families supported by a TAW.

Unfortunately, a number of factors – including the need for appropriate COVID-19 mitigations and the closure of schools (January 2021) – meant that only two telephone interviews took place, with a further two contributions of feedback from parents and families via a prepared questionnaire.

FSP

In the FSP intervention, a measure of family engagement was developed and ethical approval was obtained for its completion. However, despite the intervention lead's best efforts, none were returned. It was also planned that a measure of parental stress would be completed, which would also include environmental and life stress. However, due to delays in completing collaboration agreements and hence obtaining

⁴ Received towards the end of the project.

ethical approval for the project, it was not possible to start this mode of data collection within the relevant three-month period. In addition, planned interviews with parents and children were cancelled due to the COVID-19 pandemic and associated lockdowns.

TFEI

In the TFEI, one of the main limitations of the study was the inability to speak to families and hear about their experiences of the TFEI. This was due to the time taken to secure ethical approval and challenges from the TFEI side to distribute the recruitment requests to families.

Absence of data for economic evaluation

In the TAW intervention and the TFEI, it was not possible to undertake an economic analysis due to the limitations in the outcome data available. In the FSP intervention, there was insufficient data available to do a full economic evaluation. Data was not available, for example, on the cost of police visits, increased joint working, cost of implementing OOCs or the costs for the support packages put in place for families, such as parenting or substance misuse programmes. The evaluation estimates that approximately 40 fewer children were placed on a CPP due to the intervention (after the three-month follow-up), based on nationally available data, indicating a potential saving of £180,000 per year (for Hampshire). However, this does not account for additional costs and resources associated with the intervention, which would reduce this net benefit.

Differences in outcome measures

As outlined in the composite EMMIE at Table 1 above, there were differences in how interventions were delivered across intervention areas. In some cases (eg, TAWs), this resulted in differences in how outcomes were measured (eg, which Outcome Star measures was completed). This can make it more challenging to identify overarching trends within an intervention. Use of different outcome measures would also present a challenge when considering the relative success of different interventions (eg, comparing TAWs to FSPs to the TFEI). While this may not present an issue if all interventions have a positive impact on outcomes for children, it is

something to consider when deciding which combinations of interventions to commission in future.

Conclusions and lessons learned

The effects of child abuse and maltreatment are long-term and far-reaching (Meadows and others, 2011). Bringing together relevant agencies to intervene early with affected children and their families can be a beneficial approach (NSPCC, 2019).

The findings of the evaluations of the three interventions considered in this report do show evidence of positive effects of these multi-agency, early-intervention approaches. In this report, we have sought to draw out what about these interventions made them effective, as well as ways in which this can be supported or undermined in how they are operationalised in real-world contexts.

Five mechanisms were identified in these interventions:

- **targeting** – using criteria to select those in need of the intervention
- **engagement** – introducing the intervention to those identified and encouraging them to take part
- **tailored support** – offering advice and help tailored to identified needs
- **monitoring** – assessing progress regarding identified needs or compliance with an agreed plan
- **multi-agency working** – among relevant agencies at all levels, plus raising awareness of the intervention as needed

These are a useful starting point for reviewing existing programmes or for commissioning new ones.

The evaluations identified a number of ways in which the successful operation of these interventions could be supported or undermined in their implementation. Overall, the evaluations identified the need for these interventions to be clearly defined and well understood by both those delivering them and those subject to them. Those subject to interventions need to be identified both as in need of the intervention and ready to engage with the intervention. Such interventions also need to be well resourced with support from all of the agencies involved.

Instances were found of each intervention operating differently than intended. This is not necessarily an issue if local circumstances dictate the need to alter the operation

of an intervention, as long as this does not impede the operation of the mechanisms and has been understood by and communicated to those involved, including those undertaking the evaluation.

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Appendices

Appendix A – Logic models for the three interventions

Trusted adult workers (TAWs)

TAWS logic model

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

Train the Trainer (TTT)

TTT logic model

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

Family safety plans (FSPs)

Family safety plan logic model

Aims and principles	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> ■ Introducing the family safety plan (FSP) will result in reduced use of Outcome 20, as well as reduced outcomes related to the criminal justice system (CJS), due to the more structured and multi-agency methods of intervention. ■ Cases that do receive CJS-related outcomes will be easier to prove because of the use of the FSP as evidence of wilful neglect. ■ Monitoring compliance, understanding family need and multi-agency cooperation will be easier through the structured use of an FSP, which will help to reduce negative outcomes and promote positive outcomes. ■ Increased training for officers about issues of neglect. 	<ul style="list-style-type: none"> ■ Cases are referred to the Child Abuse Investigation Teams (CAITs) for potential intervention via a multi-agency safeguarding hub (MASH). ■ Cases are assessed to ensure they are suitable for FSP issue. ■ An FSP is co-developed and signed by the family. ■ Monitoring of approximately 135 cases in a three-month period (based on previous rates). ■ Frequent liaising with external agencies. ■ Cases receive outcomes at the end of the process, including no longer being monitored, an out-of-court disposal order (OOCDO) or being progressed through the CJS. 	<ul style="list-style-type: none"> ■ An FSP for each family, with clearly defined goals, behaviours and expected outcomes. ■ Reports of engagement, compliance and improvement. ■ Outcome report or summary when cases referred or closed. ■ Follow-up data (three months and six months). 	<ul style="list-style-type: none"> ■ Reduced neglect behaviour demonstrated within targeted families. ■ Improved positive outcomes for children and families. ■ Easier monitoring due to the structured way in which the FSP is worded and process structured. ■ Improved understanding of neglect issues in officers, which results in better handling of cases. ■ Better multi-agency cooperation, leading to more effective intervention work with families. ■ Reduced re-offending due to better engagement with families or better evidencing of wilful neglect. ■ Increased positive relationships with families. Fewer children on child protection plans and fewer children in need, better engagement and recognition early on about acceptable parenting.

Think Family Early Intervention (TFEI)

TFEI logic model

Aims and principles	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> ■ Intervening early with families identified to be experiencing problems through a locally implemented, multi-agency approach that provides holistic support will have positive impacts on short and longer-term health and social outcomes, including demand on policing resources. 	<ul style="list-style-type: none"> ■ Identifying families (rather than individuals) in need but not subject to statutory services (eg, Children's Services). ■ Officer is allocated to the family (largely based on geography) for a period of six to 12 months. ■ Action plans are drawn up together with the family. ■ Officer to coordinate actions of relevant agencies. ■ Cases are closed based on all initial identified issues being addressed – outcomes plan completed. 	<ul style="list-style-type: none"> ■ An intel pack on families selected for TFEI – includes a list of previous linked offences to assess their suitability for the scheme. ■ An occurrence on Niche to allow all work that is being completed to be documented in one place. ■ Records of activity by all relevant partner agencies ■ Action plan for each family. ■ Outcomes plan. 	<ul style="list-style-type: none"> ■ Family success <ul style="list-style-type: none"> – Improving outcomes for the family regarding identified needs. ■ Service success <ul style="list-style-type: none"> – Achieve expressed service goals. – Ensuring demand is experienced by relevant service, such as increased accessing of job centres and medical services rather than police and LA services. – In the long term: reduced levels of demand on all services, including reduced costs for services. ■ Societal success <ul style="list-style-type: none"> – Reduced crime and ASB rates / missing incidents / improved school attendance.

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