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Vulnerability and Violent Crime Programme

Evaluation of trusted adult workers in Portsmouth:
Report of additional analysis

March 2022

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Key findings

This report outlines the findings of a follow-up evaluation of the trusted adult worker (TAW) service in Portsmouth. The service works with children to support them and their families through adverse childhood experiences (ACEs). An original evaluation of the TAW service across Hampshire was completed previously.¹ This further work was funded by the College of Policing under the Vulnerability and Violent Crime Programme, to allow further conclusions to be drawn about the effect of this intervention. This follow-up evaluation ran from October 2020 to March 2021.

Nature of sample of children in Portsmouth

Children working with a TAW (N=27) experienced four ACEs on average (3.65), with a range of 1-7 out of a possible total of 10.² This was similar to the findings of the original evaluation, which found an average of five ACEs, despite the original intention that children with fewer ACEs would be the focus of the TAW service.

Analysis of the data available to the evaluation showed the following.

- The TAWs helped to support improvements in the lives of the children they worked with and, in some cases, their families.
- This was evidenced by the improvement in Outcomes Star³ scores, which was statistically significant for the sample of closed cases for whom there was at least two quarters of data (N=14). The average opening score was 3.3, with an average closing score of 3.7. There was an increase in scores of 0.4 (or 12%) across an average of 4.1 quarters, or over 12 months of data.
- The largest changes observed between the opening and closing quarters (N=14) are in the Outcomes Star domains regarding being safe, progress to work, and education and learning. These are all domains that relate to the young person

¹ The original evaluation was completed under Phase 2 of the Vulnerability and Violent Crime Programme. Please refer to the report of that original evaluation for details of the methods and findings.

² This includes ACEs that relate to direct child maltreatment (verbal abuse, physical abuse, sexual abuse and neglect), as well as those related to problems faced by the parent or carer of the child and so affecting their household (parental separation, domestic violence, mental illness, alcohol abuse, drug use and incarceration).

³ A tool to measure 'distance travelled' in 10 domains of life. The score is measured out of 10, with a higher score indicating less of a problem.

more directly, as opposed to those domains that saw the smallest changes, including 'where I live' and 'family', which require the involvement of other family members, and also substance misuse, which may require the support of a separate service.

- Analysis suggests that a larger and statistically significant increase in Outcomes Star scores are seen for younger children (under 13 years, 18.5% increase) compared to older, teenage children (a 0.93% increase, not statistically significant). This mirrors the finding in the original evaluation.
- The original evaluation proposed that the mechanism for this observed improvement in Outcomes Star scores is likely to be improved resilience and self-esteem among the children. This can be evidenced by analysis of the Child and Youth Resilience Measure (CYRM) and the Rosenberg self-esteem scale, which are used by the TAWs at the start and end of their work with children. For cases where two data points were available, the average CYRM scores increased (N=12, not statistically significant), as did levels of self-esteem measured by the Rosenberg scale (N=9, statistically significant), providing some evidence of greater levels of resilience and self-esteem.
- Data from Hampshire Constabulary shows a pattern (although based on small samples) that those children who engaged with the TAW service (N=9) appeared less frequently in police data as a suspect, victim or missing person in the period they were in contact with a TAW, compared to the 12 months prior. This pattern does not hold for a comparison sample of children who did not engage with the TAW service or whose engagement was poor (N=7).
- Analysis of three case studies based on data gathered by the TAWs demonstrated how they worked with children and their families, as well as other professionals (such as social workers), to improve their circumstances. This included improving school attendance, reducing episodes of going missing and making referrals to health, substance misuse and housing services. The case studies demonstrate the number and variety of ACEs that the children face and how the TAWs can help them to navigate and overcome these, over periods of support that tend to last over one year.
- Responses gained from parents and carers regarding the TAW service (N=4) were universally positive. The service was welcomed by parents and carers as a

source of support or a person to talk to outside of the family who could interact with the child in a different way. All of the interviewees reported positive outcomes or effects from the work of the TAWs. Furthermore, all noted missing the face-to-face contact during lockdown due to COVID-19. These findings chime with those from the original evaluation, noting the strong support for the service from families and the positive effects that it has had in individual cases.

Overall, the TAW service seems to be a promising way to provide tailored, long-term, effective support to children (and families) facing multiple ACEs by working with them and with other professionals. The findings and conclusions presented in this report are somewhat limited by the small sample size available. This was a result primarily of the TAW service only continuing in Portsmouth beyond March 2020 and the small caseloads held by TAWs. However, the COVID-19 pandemic lockdowns also limited access to interviewees. It would therefore be beneficial to continue to gather data on those children who have worked with a TAW over the long term, as long as the service continues, to allow longer-term outcomes to be considered.

Introduction

The impact of adverse childhood experiences (ACEs) can be far-reaching and are associated with a variety of negative physical health, psychological and social outcomes. Evidence has suggested that individuals exposed to ACEs may also have an increased risk of experiencing adverse policing and criminal justice outcomes compared to individuals who have experienced no ACEs (Hughes and others, 2017).

There is some evidence to suggest that implementing appropriate interventions during childhood may mitigate some of the negative outcomes (Bellis and others, 2017). One such mitigation strategy is the presence of a trusted adult who supports the child appropriately throughout their adversity and beyond (Bellis and others, 2017).

The Office for the Police and Crime Commissioner (OPCC) in Hampshire, in conjunction with the local constabulary and other public sector services, commissioned trusted adult workers (TAWs) to support children who have experienced ACEs. Their initial role was to work with children who could benefit from early intervention (ie, those who had experienced only a few ACEs) and support them as mentors, aiming to have an impact on the development of resilience.

The research team undertook an evaluation of the TAW intervention in place across Hampshire between 2019 and 2020, reporting in July 2020. The findings of that evaluation suggested that the TAWs brought significant improvements for the children they worked with. There was a statistically significant improvement in the overall Outcomes Star measure (considering distance travelled or progress) for the children who have been working with the TAWs (improved difference in scores +0.46) and also in their family Outcomes Star (+0.65). Additionally, the intervention appeared to have a bigger impact for those in the younger age group (aged 10-12 years), and particularly for those who had experienced a larger number of ACEs (4-10).

TAWs were originally set up to work in the very early intervention arena, where children should have had minimal number of ACEs. However, in practice, the TAWs have been working with many children who already have four or more ACEs, as well as those with lower numbers, driven by those referred into the service. This suggests

that despite the high levels of existing adversity, TAWs were still associated with a positive difference.

The mechanism for this observed improvement was reported to likely be improved resilience and self-esteem among the children. Those referring children to the TAWs, as well as TAWs and the children themselves, all described cases highlighting how important the TAW role has been and the improvements they have brought about in children's lives. Additionally, the TAWs were found to have filled many gaps in service provision by, for example, helping to guide children and families through often complex and overlapping referral procedures. They were also found to act as a link between services and service users, many of whom had long and difficult relationships.

The TAW service was funded only for the 2019/20 financial year through the Hampshire OPCC. Following this, the local authorities within Hampshire made different decisions about the TAW service. Only in Portsmouth was funding for the TAWs as a separate service continued (as opposed to incorporating this role into the existing work with children and families). In Portsmouth, the TAW service is provided by Motiv8, a third-sector organisation based locally.

This report outlines the findings of further work extending the evaluation of the TAW service in Portsmouth. This further work was commissioned by the College of Policing as part of the Vulnerability and Violent Crime Programme (as was the original evaluation), to allow further conclusions to be drawn about the effect of this intervention. This extension ran from October 2020 to March 2021. Please refer to the report of the first evaluation for findings concerning Hampshire as a whole.

Scope and methods

This follow-up evaluation aimed to extend the work done in the original evaluation, using a similar approach and methodology.

The research questions for this evaluation were as follows:

- What effect has the intervention by TAWs had on the circumstances of children and families?
- How has the intervention by TAWs been experienced by children and families?

Research question 1

What effect has the intervention by TAWs had on the circumstances of children and families?

To answer research question 1, we gathered caseload data collected by Portsmouth TAWs. The TAWs record a variety of data about the children and their families at the start and end of the support and throughout their work using a template developed by Motiv8. This report presents analysis of most of the data gathered.

- **Data about the children worked with** – this includes:
 - the number and type of ACEs experienced
 - the characteristics of the child (age, sex, ethnicity, disability, referral source)
 - the amount of time that the TAW has worked with the child per quarter
- **Outcomes Star scores** – these measure distance travelled by children in 10 domains of life and are measured and recorded every quarter by the TAWs. These were analysed for the initial evaluation. In this report, that data is updated, drawing on three additional quarters of data (April to December 2020), to extend the data collection period from the initial evaluation. Change between the start and end of support is assessed.
- **Child and Youth Resilience Measure (CYRM) scores** – this records a self-report measure of resilience at the start and end of the work of the TAW.
- **Rosenberg's self-esteem scale** – this is completed for children at the start and end of their work, and is made up of responses on a four-point Likert scale (from strongly agree to strongly disagree) to 10 statements regarding how the children

feel about themselves.⁴ There is no overall score given on the scale but change in the response to the statements is assessed.

- **Six 'strands' and support needs data** – defined by the previous, national Troubled Families agenda.⁵ Along with the TAW's outline of the support needs of the child and their family, this data was used to create three case studies of TAW-supported children, regarding how these measures of health and wellbeing varied from the start to the end of the intervention.
- **Data from Hampshire Constabulary** – regarding whether the children who had a TAW appeared in police records as a victim or suspect for any offence or incident for a period of six months following their involvement. It was hoped that this data for the Portsmouth caseload could be compared to the records of the children who had had a TAW during the previous evaluation period elsewhere in Hampshire. However, due to issues with permissions and consent, it was not possible to gather this information for children outside of Portsmouth.

This data has been analysed to help assess the extent to which the TAW service is able to support children and families experiencing ACEs to improve their lives and circumstances. It is important to note that the size of the samples contained in these data sets is small. Since the start of the intervention in January 2019 and for the two years over which caseload data has been collected, there have been five TAWs working in Portsmouth. In total, these TAWs have worked with 27 children. This is the total sample on which data is available. As such, this limits the nature of the analysis that can be undertaken and the conclusions that can be reached from it. Any further research conducted into this sample would hopefully increase this sample size.

⁴ The statements are both positive and negative.

⁵ These strands are:

- crime
- education
- children who need help
- parent or guardian out of work or at risk of financial exclusion, or young person at risk of worklessness
- domestic and sexual abuse
- health problems of the child or parent or guardian

Research question 2

How has the intervention by TAWs been experienced by children and families?

To answer research question 2, we aimed to conduct interviews with up to 10 children and their families supported by a TAW. The research team discussed with Motiv8 the best way to achieve these interviews within the restrictions in place due to COVID-19. It was not possible to conduct interviews in person, as had been done in the previous evaluation.

Motiv8 kindly agreed to support children and families to take part in interviews using a video platform such as Zoom or Microsoft Teams, whether from their home or using the Motiv8 offices (with appropriate COVID-19 mitigations in place). Interviews could also be undertaken over the phone. Children who had worked with a TAW for at least six months or who had recently ended their work were invited to take part. These were due to take place from January 2021. However, the closure of schools following the Christmas holidays limited the capacity that children and families had to undertake interviews. In the end, one telephone interview was undertaken.

The research team and Motiv8 explored other ways to gather the views of children and families during this lockdown, and prepared questionnaires that could be completed by participants and returned to the researchers using the interview questions. These were kindly distributed by Motiv8 to all open cases or those recently closed, to increase the pool of potential respondents. Two further responses were received from families to this request.

Following this, Motiv8 offered to undertake telephone interviews themselves with children and families open to them, using a member of staff who is not a part of the TAW service to maintain some distance. To date, this has yielded one further response to our questions. In total, we have received the views of four people (two parents and two carers) via all the means used. Of these, one related to a closed case and three to open cases (open for between 5 and 22 months).

The questions used were closely based on those used in the original evaluation, amended to take account of the different way in they were administered. In all cases, participants were provided with an information sheet about the evaluation and the questions they were being asked, making it clear that they do not have to participate

and can withdraw during the questions or two weeks following their completion. They then all provided informed consent prior to completing the question.⁶

The responses we received were thematically analysed to identify themes on the topics of interest. However, it should be noted that responses were more concise than would be expected from a face-to-face interview.

⁶ Please refer to the appendices for a list of questions, as well as the information sheet and consent form.

Findings

This section presents the results of the analysis of the additional data gathered during this follow-up evaluation. First, the results pertaining to research question 1 are presented, drawn from the analysis of the Portsmouth TAW caseload and the police data. The results regarding research question 2 are then presented, drawn from the qualitative interviews undertaken with families.

Research question 1

What effect has the intervention by TAWs had on the circumstances of children and families?

Description of the sample

The sample of children who have worked with a TAW in Portsmouth since the start of the intervention in January 2019 (N=27) was analysed using the caseload data of the TAWs. Of these, 17 cases (63%) were closed at the end of December 2020, and the remaining 10 (37%) were still open.⁷ The TAW caseload data records the amount of time spent in direct contact with each young person. Across the whole sample (N=27), TAWs spent an average of 36.3 hours in contact with a case (range 2-122.5 hours) over an average of 3.52 quarters, or around 10.5 months (range 1-7 quarters, or 3-21 months). This equates to around 3.5 hours a week. For the closed cases (N=17), the average contact time was 36.1 hours (range 2-114 hours) over an average of 3.59 quarters or 10.8 months (range 1-6 quarters, or 3-18 months). This equates to 3.3 hours per week.

The majority of the children who worked with TAWs were male (24, or 89%). The average age of the children was 12.9 years,⁸ ranging from 10 to 17 years of age. The majority identified as White British (24, or 89%)⁹ and reported that they had no disability (21 or 78%). Most often, cases had been referred to a TAW by the multi-

⁷ Cases are closed when the planned work has been completed and improvements have been made in the circumstances of the young person, or where this work cannot continue due to a lack of engagement.

⁸ Data missing in one case

⁹ 2011 Census data from the Office for National Statistics shows that this is reflective of the population of the city as a whole, where 88.4% of the usually resident population class their ethnicity as White.

agency safeguarding hub (MASH) or a social worker or social care service (eight cases each, 30%) or the school (five cases, 19%).

Regarding ACEs experienced by the sample, the caseload data records two types of ACEs:

- those related to direct child maltreatment (verbal abuse, physical abuse, sexual abuse and neglect)
- those related to problems faced by the parent or carer of the child and so affecting their household (parental separation, domestic violence, mental illness, alcohol abuse, drug use and incarceration)

For the Portsmouth sample,¹⁰ the average number of child maltreatment ACEs was one (0.77), with a range from 0 to 3, the most common being neglect, experienced by 10 children (38%) in the sample.¹¹ Regarding issues affecting their household, the average number of ACEs was three (2.88), with a range from 1-5, the most common being parental separation, which was experienced by 24 families (92%), followed by domestic violence, which was experienced by 20 families (77%). Considering all the ACEs, families experienced on average four (3.65), ranging from 1-7 of a possible total of 10.

Client Outcomes Star

Progress made in the work that the TAWs undertake with children and their families is assessed using an Outcomes Star, which measures distance travelled within certain domains of life. These are:

- education and learning
- boundaries and behaviour
- being safe
- physical health
- emotional health and wellbeing
- family

¹⁰ Data missing in one case.

¹¹ Some data missing for one case.

- where I live
- substance misuse
- social networks
- progress to work (where appropriate)

Each domain is scored from 1 to 10, with 10 indicating fewer problems. This scoring was done at the start of the work with the TAW and then each quarter until the case was closed, so we are able to track any progress made.

Considering all cases where there were at least two Outcomes Star scores taken (20 cases), the average opening score across the 10 domains was 3.5. This includes those cases still open to a TAW. The average closing Outcomes Star score was 3.8, an increase of 0.38 or an 8.6% increase from the opening score, based on an average of 4.4 quarters of data, or over 12 months of data. This suggests an improvement in circumstances following the work of the TAW.

When considering only those cases that were closed at the end of December 2020 and where at least two Outcomes Star scores were available (14 cases), the average opening score was similar at 3.3, as is the average closing score of 3.7. This is an increase of 0.4 (or 12.1%) in scores across an average of 4.1 quarters, or over 12 months of data.

These findings are presented in Table 1, which shows that these differences between the opening and closing scores have a weak statistical significance in the case of the whole sample, and a somewhat stronger statistical significance in the case of the smaller sample of closed cases. However, we are not able to establish a causal link between the intervention and these outcomes. These are similar to the findings of the original evaluation for Portsmouth and for Hampshire as a whole, which used a shorter follow-up period.

Table 1: Change in average Outcomes Star scores between opening and closing quarters, for all cases and closed cases

	Opening score		Closing score					
	Mean	SD	Mean	SD	Difference	% change	T	
All cases (N=20)	3.5	0.52	3.8	0.73	0.38	8.57	-3.08	0.06
Closed cases (N=14)	3.3	0.53	3.7	0.81	0.40	12.12	-2.38	0.03*

* Indicates the statistical significance (at least at 5% level)

The change in scores in each of the 10 domains of the Outcomes Stars for the sample of closed cases shows in what area of life these improvements are being made. This data is presented in Table 2.

Table 2: Change in average Outcomes Star domain scores between opening and closing quarters, for closed cases

		Education and learning	Boundaries and behaviour	Being safe	Physical health	Emotional health and wellbeing	Family	Where I live	Substance misuse	Social networks	Progress to work
Opening score	Mean	2.43	2.50	3.14	3.64	3.00	3.79	3.71	4.29	3.43	3.57
	SD	0.85	1.29	1.1	0.93	1.11	0.80	1.10	1.10	1.10	0.75
Closing score	Mean	3.14	3.07	3.93	4.14	3.43	3.93	3.79	4.43	3.79	4.29
	SD	1.30	0.92	1.23	0.78	1.22	0.83	1.12	0.76	1.48	0.52
Difference		0.71	0.57	0.79	0.50	0.43	0.14	0.07	0.14	0.36	0.72
% change		29.22	22.80	25.16	13.74	14.33	3.69	2.16	3.26	10.50	20.17
T		-1.79	-2.51	-2.62	-1.84	-1.19	-0.69	-0.19	-0.81	-0.89	-2.24
p		0.09	0.03*	0.02*	0.09	0.25	0.50	0.85	0.44	0.39	0.08
N		14	14	14	14	14	14	14	14	14	6

* Indicates the statistical significance (at least at 5% level)

Table 2 shows that the largest changes between opening and closing quarters are seen in those domains regarding being safe, progress to work, education and learning, and boundaries and behaviour. These are all domains that relate to the young person more directly, as opposed to those domains that saw the smallest changes, including 'where I live' and 'family', which require the involvement of other family members, and also substance misuse, which may require the support of a separate service. The aims of the intervention by TAWs are to intervene effectively in the lives of both children and their families. However, it is likely that the circumstances of children could be affected more quickly than those of their families, whose issues may be more entrenched or complex.

Table 3 below displays analysis of the change between the opening and closing average Outcomes Star scores for the sample of children whose case has been closed and for whom both scores are available. Using the method employed in the original evaluation, we compare two age groups: those aged under 13 years and teenagers.

Table 3: Change in average Outcomes Star scores between opening and closing quarters, for closed cases, by age group

	Opening score		Closing score					
	Mean	SD	Mean	SD	Difference	% change	T	p
Young (10-12) (N=8)	3.46	0.50	4.10	0.71	0.64	18.50	-5.41	0.01*
Teens (13-17) (N=5)	3.21	0.63	3.24	0.83	0.03	0.93	-0.63	0.95

* Indicates the statistical significance (at least at 5% level)

Table 3 shows an increase in average Outcomes Star scores for both age groups. However, this is greater for the younger group (an increase of 18.5%), and is statistically significant. This is similar to the findings of the previous evaluation, and suggests the intervention is more effective with younger children. However, the very small sample sizes on which this is based should be noted.¹²

Table 4 considered the number of ACEs experienced by the children working with a TAW, as well as the change between average opening and closing Outcomes Star scores.

Table 4: Change in average Outcomes Star scores between opening and closing quarters, for closed cases, by number of ACEs experienced

	Opening score		Closing score		Difference	% change	T	p
	Mean	SD	Mean	SD				
Low (1-2) (N=4)	3.50	0.29	3.97	0.63	0.47	13.43	-1.70	0.19
Average (3-4) (N=6)	3.37	0.55	3.74	0.45	0.37	10.98	-1.28	0.26
High (5+) (N=4)	3.12	0.72	3.50	1.41	0.38	12.18	-0.97	0.40

The results in Table 4 show an increase for all groups considered, none of which are statistically significant, but where the largest increase is for those in the 'low' ACEs category (a 13.43% increase). This is the opposite pattern to that found in the

¹² In the original evaluation, the change in average Outcomes Star scores was considered by sex. However, as all but three of the children were male, this was not considered appropriate for this sample.

original evaluation, where the largest difference was seen in the higher category,¹³ which may be an artefact of the small sample sizes considered.

Child and Youth Resilience Measure (CYRM)

In addition to the Outcomes Star data, TAWs also make use of the overall scores from the CYRM and record these for their clients at the start and end of their work with them. The CYRM is a self-reported measure of resilience, or the capacity to access resources of various types to maintain wellbeing. Items assessed concern individual capacities and resources, relationships with primary caregivers, and contextual factors that facilitate a sense of belonging. A greater overall score indicates a greater level of resilience.

Data on the CYRM was available for 12 children at the start and end of their work with a TAW. For this sample, the opening mean was 64.9 (SD 15.72), which increased at the close of the cases to 72.7 (SD 14.28). This increase was not found to be statistically significant ($T=-1.73$, $p=0.11$).

Rosenberg self-esteem scale

The caseload data of the TAWs also captures responses to the Rosenberg self-esteem scale. Like the CYRM discussed above, this is completed for children at the start and end of their work, and is made up of responses on a four-point Likert scale (from strongly agree to strongly disagree) to 10 statements regarding how the children feel about themselves.¹⁴ There is no overall score given on the scale but change in the response to the statements can be assessed.

¹³ Note that the categories were not defined using the same number of ACEs, due to the distribution of the ACEs in the sample.

¹⁴ The statements are both positive and negative. They are as follows.

- I feel that I am a person of worth, at least on an equal plane with others.
- I feel I have a number of good qualities.
- All in all, I am inclined to believe I am a failure.
- I am able to do things as well as most other people.
- I feel I do not have much to be proud of.
- I take a positive attitude towards myself.
- On the whole I am satisfied with myself.
- I wish I could have more respect for myself.
- I certainly feel useless at times.
- At times I think I am no good at all.

Data for the start and end of support was available for nine children. We assessed how many positive statements they agreed with and how many negative statements they disagreed with. For this sample, the mean number of statements answered in this way at the start of support was 5.4 (SD 2.55), which increased at the close of the cases to 8.4 (SD 2.55). This increase was found to be statistically significant ($T=2.88$, $p=0.02$). This suggests that young people have higher self-esteem after completing their work with a TAW, though findings are limited by the small sample size.

Six strands and support needs data

The six strands framework has been adapted from the mandatorily recorded data used in the pre-existing Troubled Families programme. This data is routinely collected on children receiving statutory support or interventions in Hampshire County. The six strands include data on the following key domains:

- parent or carer and child involvement in crime or anti-social behaviour
- child's school attendance
- wider information relating to children who need help (eg, missing episodes, special educational needs, at risk of exploitation among others)
- parent or carer and child's employment and/or financial status
- household domestic violence and abuse
- parent or carer and child health status

Data in each of these domains has been captured on a quarterly basis while the children have undergone the intervention by TAWs. This data provides a richer sense of the experiences of children of the TAW service and its impact. To highlight the changes in the data carefully, we have selected three case studies of children who worked with a TAW for at least five quarters (15 months).

Case study 1

An 11-year-old male referred through the education system to the TAW service in April 2019. At the start of support, this child was affected by four ACEs, including a direct marker of childhood maltreatment. In addition, there were challenges faced by the child in terms of their attitude, thinking, behaviour and educational attainment (as

assessed by the Outcomes Star), as well as their family, with their parents or carers affected by substance misuse, notably alcohol misuse. In the child's first meeting with their TAW, they were noted as being in need of early help, as per the local authority definition. Although the child had one interaction as a suspect with the police prior to their first quarter working with the TAW, the key issues noted in the six strands data mostly related to family financial issues (rent arrears) and family mental health and alcohol misuse issues.

The TAW was able to engage with the child and their mother, working to provide interventions and suitable alcohol and mental health support referrals. Although the child did have one further interaction with the police as a suspect during their time working with the TAW, by the final quarter of data, they had no further interactions with the police. Additionally, during the course of working with the TAW, the family moved from a position of having rent arrears to being more financially stable, with no further recorded issues relating to employment or finances. In addition, the strands data recorded the progress made by the parents or carers in terms of their health, moving from a position where there were extensive substance and mental health issues to these being resolved by the end of the work. These improvements were evidenced by increased scores on the CYRM and Rosenberg self-esteem scale.

Case study 2

A 10-year-old male referred through the education system to the TAW service in April 2019. Similarly to case study 1, at the start of support this child was affected by four ACEs, including a direct marker of childhood maltreatment. Following assessment by the TAW, there were also numerous issues noted surrounding the child's mental health, wider family and their attitudes, thinking, behaviour and educational attainment. On the six strands framework, this child was highlighted as a child in need. They were persistently absent from school (<90% attendance per quarter) for their first two quarters working with the TAW. Additionally, in their first three quarters, it was clear that the family had numerous interactions with the police, with almost 20 interactions as either a victim or suspect. There was also recorded domestic abuse in the household and by the second quarter of support this child was moved to a foster placement.

Initially, the TAW had arranged provisions for the parents or carers to get substance and mental health support. However, as the child moved to foster care, the TAW worked more closely with only the child until the case closed at the end of September 2020. It was clear from the data collected that markers relating to the child's self-confidence and resilience had greatly improved during their time working together. By the end of the intervention period, the child was no longer assessed as a child in need, nor were there any problems with regards to educational attendance. This will in part be because the child was no longer directly affected by the behaviour of their parents or carers, such as their interactions with the police, which would have been a risk factor for the child.

Case study 3

A 14-year-old male referred through the children's social care service to the TAWs in April 2019. At the start of support, this young person had three ACEs and generally had low levels of self-esteem and resilience. Self-identified areas of need were present in all domains but particularly focused on education, boundaries and behaviour. The TAW's assessment also noted substance misuse by the child. In the first three quarters of data, this child and their parents or carers had at least six interactions with the police as victims or suspects. The child was also chronically absent from school (<50% attendance per quarter) and had four missing episodes within the first two quarters during which they worked with the TAW. The child's family was also affected by debt, to an extent that it affected their ability to care for their child, as well as issues with cannabis use. As such, the child was noted as being at risk of exploitation and subject to a section 47 enquiry.¹⁵

By the end of support, there had been a substantial improvement in the child's self-esteem and resilience. In the last three quarters of data, the child and their parents or carers had only one interaction with the police as victims, and the child reported no further missing episodes. The child did, however, become a school refuser, which was particularly difficult to support during the COVID-19 lockdown period. Working

¹⁵ Referring to section 47 of the Children's Act 1989 and triggered when the local authority has 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'. The enquiry involves an assessment of the child's needs and the ability of those caring for them to meet them. The aim is to decide whether any action should be taken to safeguard the child.

with the child's social worker, the child is no longer subject to a section 47 enquiry, and the family's finances and debts were improved by the final quarter of data.

Police data

As outlined in the methodology above, Hampshire Constabulary provided data on the presence in their records of the closed Portsmouth TAW cases, as at November 2020. They looked for their presence in records as suspects, victims or missing persons for the 12 months prior to working with (or referral to) a TAW, the period of TAW contact and the period after the case was closed. In total, data for 16 closed cases was provided. The engagement level of the children, provided by Motiv8, was used to differentiate between an intervention sample (those with good levels of engagement with the TAW) and a control sample (those whose engagement was noted as poor and those who did not engage).

On average, the intervention sample had worked with a TAW for over one year (376 days, range 246-511 days). This was shorter for the control sample, as might be expected (207 days), although it was still a substantial period and was somewhat more variable (range 78-471 days). The period following TAW involvement for which data was available for both samples varied between 1 and 11 months. As such, this data was excluded. The 12-month 'pre' period and the 'during' period are compared in Table 5 below.

Table 5: Number of instances closed cases appeared in Hampshire Constabulary records, as suspects, victims or missing persons, for intervention and control sample

	Suspects			Victims			Missing persons		
	Pre	During	Difference	Pre	During	Difference	Pre	During	Difference
Intervention sample (N=9)	7	5	-2	3	3	-	6	5	-1
Control sample (N=7)	17	23	+6	3	6	+3	4	1	-3

As with the TAW caseload data, our findings are based on small samples and so it is difficult to reach conclusions from them. However, Table 5 does show a pattern that the intervention sample appeared less frequently in the police data in the 'during' period than in the 'pre' period, a pattern that does not hold for the control sample. In addition, the number of individuals with no recorded appearances for any category of involvement rose from one in the 'pre' period to seven in the 'during' period for the intervention sample, and from two in the 'pre' period to three in the 'during' period for the control sample. This pattern may be the result of differences between the two samples, with those unable or unwilling engage with the TAWs experiencing greater or more complex issues, meaning that they are more likely to appear in this data.

The most common offences across both the intervention and control samples as suspect or victims in the 'pre' period were assaults with and without injury. In the 'during' period, offence type was more variable for the intervention group, and assault was still the most common for the control group.

Research question 2

How has the intervention by TAWs been experienced by children and families?

In order to understand how the TAWs intervention was experienced by those using it, we aimed to speak with children and their families to discuss their experience. However, as noted above in the methodology section, this proved difficult, in no small part due to the lockdown restrictions in place due to the COVID-19 pandemic and in particular the closure of schools, which coincided with our fieldwork for this evaluation. Despite these challenges we were, with the support of Motvi8, able to gather views of four parents or carers using a variety of approaches. We were, however, unable to gather the views of children directly, regardless of the approach used, and this is a clear shortcoming of this evaluation.

Outlined below are the views gathered from parents and carers, and the extent to which they complement or challenge those gathered during the original evaluation.

Responses from parents and carers

All the parents and carers who responded to our questions were positive about the TAW service and its effect on the child in question. There were a number of different

reasons reported for a TAW being assigned to a child, including issues at home with family members or at school.

Regarding the work undertaken by the TAWs and their approach, parents and carers identified the TAW as another source of support or person to talk to, outside of the family, who could interact with the child in a different way. Interviewee 1 described the support as being led by the child, saying that the TAW didn't push and had no agenda. Furthermore, the fact that the assigned TAW remained constant throughout the period of support was welcomed, due to the consistency it provided. This was noted by Interviewee 1, who said that their foster child benefited from this consistent support during care proceedings, which resulted in them becoming the child's foster carer. During this time, there was a great deal of change and upheaval, and so the consistency of the TAW was greatly appreciated by the child.

All of the interviewees reported positive outcomes or effects from the work of the TAWs.

- Interviewee 1 reported that the TAW had helped the child to start attending school again, achieving 100% attendance fairly quickly after the support started. In addition, the child's behaviour and school attainment had improved, and he had been supported in starting secondary school.
- Interviewees 2 and 3 noted that their children had benefited from being able to talk to someone who was not close to them to build their confidence, so that they were, in turn, able to be more open and talk with their family and not keep issues bottled up.
- Interviewee 4 stated that the TAW had helped to make the child a lot more settled, noting that they came home happier from school if they had seen the TAW that day.

Interviewee 1 (where the case had recently closed) was able to comment on ending of TAW support. She noted that they had around two months' warning. During the last meeting, the TAW, child and interviewee had reflected on the start of the support and what had happened since and completed paperwork. The TAW then bought the child a meal from McDonald's and they went to the park. The TAW and child agreed that they would remain in touch through messaging as needed by the child.

Regarding barriers faced in the TAW support, all interviewees noted the negative effect of the COVID-19 lockdown. While all noted that support continued via phone and video calls and trips to places that they could walk to, and that this was welcomed, the difference created by lockdown was noted, with most regretting the loss of face-to-face contact and the ability of TAWs to use transport to visit places. For example, Interviewee 4 noted that the child made some 'bad choices over lockdown' when he wasn't having his usual sessions.

The findings from these interviewees chime with those from the original evaluation, noting the strong support for the service from families and the positive effects that it has had in individual cases. The negative impact of COVID-19 and the lockdown were new to this follow-up, and make clear the specific benefits of face-to-face contact, away from home and school.

Conclusions

This follow-up evaluation of the TAW service in Portsmouth was able to monitor the TAW caseload for a longer period of time (up to two years for the first clients). However, by focusing only on Portsmouth, where the TAW service continued past March 2020, it involves a limited sample of clients (N=27).

The data available to the evaluation paints a similar picture as in the original evaluation: that the TAW service works with children experiencing, on average, a considerable number of ACEs. It is associated with positive improvements in the lives of the children who work with them, as evidenced by the Outcomes Star scores, the CYRM and the Rosenberg self-esteem scale. Analysis of the domains of the Outcomes Star suggest that these improvements are occurring more in those aspects of the child's life that they have more direct control over, rather than those related more to their household or family. As the case studies drawn from TAW data show, other members of the child's family often require support themselves from services such as health, substance misuse or debt, to which the TAW can make referrals. There is some suggestion that engagement with the TAW service reduces engagement with the police, as a suspect, victim or missing person. Feedback from parents and carers was universally positive. All of the interviewees reported positive

outcomes or effects from the work of the TAWs and regretted its limitations under COVID-19 restrictions.

Overall, the TAW service seems to provide tailored, long-term, effective support to children (and families) facing multiple ACEs by working with them and with other professionals. We would recommend continued monitoring of those children who have worked with a TAW in Portsmouth (and across Hampshire during 2019/20) to allow a longer-term assessment to be made of the effect of the TAW support, for example, regarding whether those children remain out of contact with the police. In addition, we would recommend that Motiv8, Hampshire Constabulary and other agencies involved ensure that learning about the TAW service (and previously, the Train the Trainers programme) be shared to support any wider roll out of the approach.

References

Bellis MA, Hardcastle K, Ford K, Hughes K, Ashton K and Quigg Z. (2017). [**Does continuous trusted adult support in childhood impart life-course resilience against adverse childhood experiences - a retrospective study on adult health-harming behaviours and mental well-being.**](#) BMC Psychiatry, 17(1), 110.

Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A and Mikton C. (2017). [**The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis.**](#) Lancet Public Health, 2, pp e356–e366.

Appendices

Topic guide and survey questions

Administration

Case: Open/Closed
(delete as appropriate)

If Open, number of months
open for:

UNIVERSITY OF
BIRMINGHAM

Portsmouth Trusted Adult Worker Evaluation

Parent / Carer questions

Thank you for taking part in this research about the Trusted Adult Workers (TAWs) in Portsmouth. The role of the Trusted Adult Workers (TAW) provided by Motiv8 is being evaluated. We understand that you and your child are currently working with a TAW or have recently finished. We are seeking to understand how helpful and useful the TAW role is to children and parents / carers, and ways in which it could be improved.

In order to do this we would like to hear about your experience of working with the TAW and your opinions of it. This is the best way to understand how the role works and the effects it has on families. We will keep your identity confidential and report your views anonymously.

Below are some questions about the experience of working with a TAW for parents / carers. We are interested in your experiences and would like to find out about what you think about the help and support that you and your family has had from your TAW. Please give as much information as you can. Your answers will help inform decisions about the service in the future.

Please use as much space as needed.

Can you tell me a bit about the TAW or Trusted Adult Worker from Motiv8 you have been working with please?:

1. Can you describe why you were allocated a TAW please?

2. Can you explain how your family was allocated a TAW?

Do you know whose decision it was? How did you first meet the TAW?

3. What was your opinion of being allocated a TAW?

4. Can you tell me about the sessions that have been conducted with your TAW?

What have they focused on? How regular have they been? Where have they taken place?

5. Do you believe the TAW has been useful to you?

If so, can you say why?

6. Was there anything that was not useful or helpful about the TAW?

If so, can you say why?

7. Can you tell me about the family's relationship with the TAW?

Has this changed over the time you have been working with them?

8. What differences has the TAW brought to your family?

9. How do you think the future will be (once you stop working with the TAW)?

10. Would you like to mention anything else about you and your family's experience of working with a TAW?

Thank you for taking the time to answer our questions.

Please return this completed form back to Motiv8 by email or hand.

Administration

Case: Open/Closed
(delete as appropriate)

If Open, number of months
open for:

UNIVERSITY OF
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Portsmouth Trusted Adult Worker Evaluation

Children / Young people questions

Thank you for taking part in this research about the Trusted Adult Workers (TAWs) in Portsmouth. The role of the Trusted Adult Workers (TAW) provided by Motiv8 is being evaluated. We understand that you and your family are currently working with a TAW or have recently finished. We are seeking to understand how helpful and useful the TAW role is to you all and ways in which it could be improved.

In order to do this we would like to hear about your experience of working with the TAW and your opinions of it. This is the best way to understand how the role works and the effects it has on families. We will keep your identity confidential and report your views anonymously.

*Below are some questions about the experience of working with a TAW for the **child/young person**. We are interested in your experiences and would like to find out about what you think about the help and support that you and your family has had from your TAW. Please give as much information as you can. Your answers will help inform decisions about the service in the future.*

NOTE: If possible please fill in your answers below, or your parent/carer could go through the questions with you and note down your responses. Please use as much space as needed.

Can you tell me a bit about the TAW or Trusted Adult Worker from Motiv8 you have been working with please?:

1. How did you meet them for the first time?

Did they come to a meeting or come to your house for example?

2. What have you done with them?

Have you worked on certain things with them? Have they helped with a particular problem?

3. What did you think about your TAW from Motiv8 and the work you have done with them?
4. Has the TAW from Motiv8 helped you and/or your family?
If so, in what ways? What was useful about them?
5. What was not so useful about your TAW from Motiv8?
6. What things have changed since you started working with the TAW from Motiv8?
7. Would you like to mention anything else about how you and your family worked with the TAW from Motiv8?

Thank you for taking the time to answer our questions.

Please return this completed form back to Motiv8 by email or hand.

Children, parent and carer TAW evaluation information

Portsmouth Trusted Adult Worker Evaluation

The role of the Trusted Adult Workers (TAW) provided by Motiv8 are being evaluated. We understand that you and your child are currently working with a TAW or have recently finished. We are seeking to understand how helpful and useful the TAW role is to children and parents / carers, and ways in which it could be improved.

In order to do this we would like to speak to you and your child about your experience of working with the TAW. This is the best way to understand how the role works and the effects it has on families. I would like to hear your opinions and experiences.

I would be grateful if you would agree to speak with me as part of this evaluation.

This would involve an interview **around the end of your involvement with the TAW**. It would take place using a video communication service (like Zoom) arranged via your TAW who will host the interview. We would arrange this for a time which would suit you and your child and would take no more than an hour (unless you want it to). I will keep your identity **confidential** and report your views **anonymously**.

More information about the evaluation is available from me or from your TAW who will speak to you about this.

If you are happy to take part your TAW will help me arrange a suitable time to talk to you and your child.

Do let the TAW know of any queries or questions this raises.

Thank you in advance

Emily

Dr Emily Evans

University of Birmingham

Participation information sheet

Evaluation of the Trusted Adult Worker (TAW) in Portsmouth

You are being invited to take part in a research study that evaluates the Portsmouth Trust Adult Worker (TAW) role provided by Motiv8.

Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

Study conducted by?

Researchers working at the University of Birmingham.

What is the purpose of the study?

The purpose of the study is to evaluate the impact of the TAW role which aims to support children/young people and their parents / carers living with adverse childhood experiences (ACEs) within Portsmouth.

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason during the interview and up to two weeks after our meeting. Withdrawing from the study will have no negative consequences for you, your family or the researchers.

What are the possible benefits of taking part?

There are no direct benefits to you for taking part in this study. However, there is the indirect benefit of helping to further knowledge on this very important topic and to help inform local agencies about the usefulness (or not) of these new roles.

What are the possible disadvantages and risks of taking part?

There is no known harm to you as a consequence of taking part in this study. Your responses will be kept confidential.

What will happen to me if I take part?

You will be asked to take part in a short interview where we will discuss your views and experiences on this role. There are no right or wrong answers to these questions – we just want to hear about your opinions and experiences. If there are specific questions you do not feel comfortable answering, you do not have to. Please be sure

to let the researcher know at any time during the interview if you have any questions, feel uncomfortable, or wish to terminate the interview. The interview will take place with you and your child and the researcher in private rooms and will be at a time that is convenient for you.

Will what I say in this study be kept confidential?

Yes. The researcher conducting the interview is ethically bound to maintain your privacy and personal rights at all times. The researcher will know your name and will record the conversation. The recording will be assigned a unique ID code, and list of these against participant names will be stored in a secure place at the University so nobody other than the research team will be able to link your answers to your name on the recording. All responses will be completely confidential. In any reports or publications, your responses will not be described using your name or any information that could identify you personally. Where necessary, pseudonyms will be used.

All information will be collected, stored and disposed of securely in accordance with the Data Protection Act 1998. Any data stored on a computer or laptop will be password protected. The information will be stored for ten years after the completion of the research project and may be shared and stored in a research depository. This means that the information may be shared with other researchers but in an anonymised format. Therefore you will remain unrecognisable as a participant in the study. The research team will be the only people to have access to the original recordings of the interview, your consent form and any of your contact details.

What will happen to the results of the research study?

The results of this study will be used to inform local agencies about the effect and impact of this role. In addition, it will form the basis of an academic study and will be used to write reports, academic articles, and inform presentations for conferences.

Who is organising and funding the research?

The research is funded by Hampshire's Police and Crime Commissioner using funds from the Home Office.

Who has reviewed this study?

The study has been reviewed and approved by the University of Birmingham STEM Ethics Committee.

What if I have any concerns about how this research is being conducted?

Please contact either of the following people:

**Dr. Emily Evans
Bandyopadhyay**

Professor Siddhartha

POSTAL ADDRESS, EMAIL ADDRESS AND PHONE NUMBER PROVIDED

Consent form

Evaluation of the Trusted Adult Worker (TAW) in Portsmouth

Study conducted by: Dr Emily Evans and Professor Siddhartha Bandyopadhyay, University of Birmingham.

Purpose of study: The purpose of the study is to evaluate the operation and impact of the TAW role which aims to support children/young people and their parents / carers living with adverse childhood experiences (ACEs) within Portsmouth. The study will involve interviews with children/young people and their parents /carers as well as data collection from local agencies.

By signing the below:

- I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
- I understand that my participation is voluntary and that I am free to withdraw at any time during the study and up to two weeks after our meeting - I do not need to provide a reason why I want to do this
- I agree to the interview being audio recorded and to the use of anonymised quotes. I understand that all information collected during the study will be kept confidential.
- I understand that any information given by me may be used in the research team's future reports, articles, or presentations but that my name will not appear.

- **I agree to take part in the above study**

Name of Participant	Date	Signature
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Name of Researcher	Date	Signature
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About the College

We're the professional body for the police service in England and Wales.

Working together with everyone in policing, we share the skills and knowledge officers and staff need to prevent crime and keep people safe.

We set the standards in policing to build and preserve public trust and we help those in policing develop the expertise needed to meet the demands of today and prepare for the challenges of the future.

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