



Masterclass: 21st September

New Scotland Yard

Welcome, purpose and aims

Stephanie Waddell, Early Intervention Foundation



Recent developments

- Arrival of our new Chief Executive – Dr Jo Casebourne
- Reports on the importance of inter-parental relationships to child outcomes
- Report on the effectiveness of the Child Protection System
- Projects for the Troubled Families national team to a) look at evidence-based parenting interventions for this ‘high need’ group and b) map the current workforce
- Ongoing partnership with West Yorkshire Police to support the development of an Early Intervention Strategy
- New projects this year: Trusted Relationships (Home Office); project in two London boroughs looking at EI to prevent gang involvement, and dissemination of our key messages around social and emotional learning

Reports published April 2017

- [*Inter-parental relationships, conflict and the impacts of poverty: An overview*](#), Laura Stock, Daniel Acquah and Donna Molloy
- [*Inter-parental conflict and outcomes for children in the contexts of poverty and economic pressure*](#), Daniel Acquah, Ruth Sellers, Laura Stock and Gordon Harold
- [*Exploring parental relationship support: A qualitative study*](#), Meg Callanan, Ruth Hudson, Fatima Husain, Ellie Roberts (NatCen); edited by: Laura Stock and Tom McBride

KEY MESSAGES:

- Family relationships are crucial to healthy child development and children's life chances.
- The quality of the relationship between parents is a driver of outcomes and life chances.
- This is a neglected site for early intervention. Little attention tends to be paid to this issue in the work of maternity, health and children's and family services.
- Our knowledge of what works in the UK is in its infancy.

Improving the effectiveness of the Child Protection System

1. What has been shown to improve outcomes for children in the child protection system?
2. What do we know about what local areas are delivering as part of the child protection system?
3. What do we know about the overall effectiveness of the child protection system?

KEY FINDINGS:

- We have limited understanding of the effectiveness of the Child Protection System overall. We need to develop a better picture of what 'good' children's social care looks like
- There is a significant gap between 'what is known to be effective' from peer-reviewed studies and what is actually delivered in local child protection systems
- There are some interventions that have been shown to be effective in improving outcomes for very vulnerable children that are not currently being widely delivered

<http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview/>

Preventing Gang Involvement

- Focus on primary school age children in Lambeth and Wandsworth
- Project funded for 3 years

PHASE 1 Qualitative research:
how is risk currently identified and how are vulnerable children supported?

Mapping: what does the 'landscape' of early intervention provision look like? How does this stack up against the evidence base?

PHASE 2 Dissemination:
drawing lessons and recommendations from phase 1 and sharing these with primary schools and key local authority contacts.
Preparation for phase 3 (adoption and testing)

PHASE 3 Adoption and testing: working with the two local authorities and primary schools to support the adoption of new approaches, and high quality testing of these

Trusted Relationships

EIF Project Objectives

To understand the most important features of building trusted relationships for vulnerable children and young people with public services, and to explore how to effectively integrate these features within local early intervention systems.

- What aspects of child – professional trusting relationships are key to improving resilience and outcomes?
- Which features of these relationships are most effective where children are vulnerable to CSA/E?
- How could more of these relationships be enabled in our existing public services?

Trusted Relationships

Project Stages

- 1. Rapid Strategic Evidence Overview, June – September.**
Reviewing the evidence relating to child–professional trusted relationships, & identifying strength of evidence for interventions.
- 2. Consultation with practice leaders, September – October.**
Exploring existing practice, barriers and opportunities with members of EIF’s Places Network and other delivery stakeholders; engaging potential providers through a developmental bidder workshop.
- 3. Developing recommendations for pilots, October – November.** Testing conclusions with key stakeholders at a roundtable session, and making final recommendation to Home Office on practical delivery from April 2018.

Social and emotional learning

- Schools-focused dissemination plan in 2017-18, with a clear line of sight to further evidence work and 'adoption' activity in 2018-19
- Key opportunities: Children's Mental Health Green Paper; Relationships and Sex Education; PSHE
- Key messages: social and emotional skills are critical to children's outcomes in later life; inequality in the development of these skills can be seen at 3 years old; there is a good range of evidence-based programmes that can be delivered at a universal level in schools, at low cost; these programmes need to sit within a supportive whole-school approach; schools are calling for more advice about what works in this territory.

Adverse Childhood Experiences

- 13th October Roundtable to discuss the specifics of ACE-led approaches within policing. Hosted by WMP, and co-facilitated with the NSPCC.
- Will inform a College of Policing/Public Health Wales-led session with NPCC portfolio leads.
- Please let me know if you are working on ACE-led approaches and would like to be involved in this, or would be able to nominate other officers from your force.
- We will bring the emerging findings/recommendations from this session and the NPCC session back to the next EI Academy workshop.

Round-table updates: progress, key issues, next steps



Integrated Problem Solving in Greater Manchester

Emma Taylor, GMP

I N T E G R A T E D P R O B L E M S O L V I N G



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Problem solving approach...

Working proactively alongside our communities and partners to tackle the underlying causes of problems, in order to create better life chances and a safer society."

GMP's Reactive Story – The Current system



The need for change...

- Resources tend to react, record and refer, little proactive work happening
- Limited problem solving strategy/direction
- Problem solving isn't seen as a priority throughout the ranks
- Resources are firefighting demand, failing to identify that repeat demand occurs due to poor problem solving intervention.
- Resources don't have suitable tools to assist with problem solving
- Poor oversight of team commitments making work allocation inconsistent
- Poor deployment decisions (almost always NPOs)
- Disparity in resource allocation
- Lack of clarity between NBO & PCSO role
- Old fashioned engagement activities (PACT & Surgeries)
- Lack of customer focus

IPS Vision

Adopting a preventative integrated problem solving approach, that gets to the root cause of issues in communities

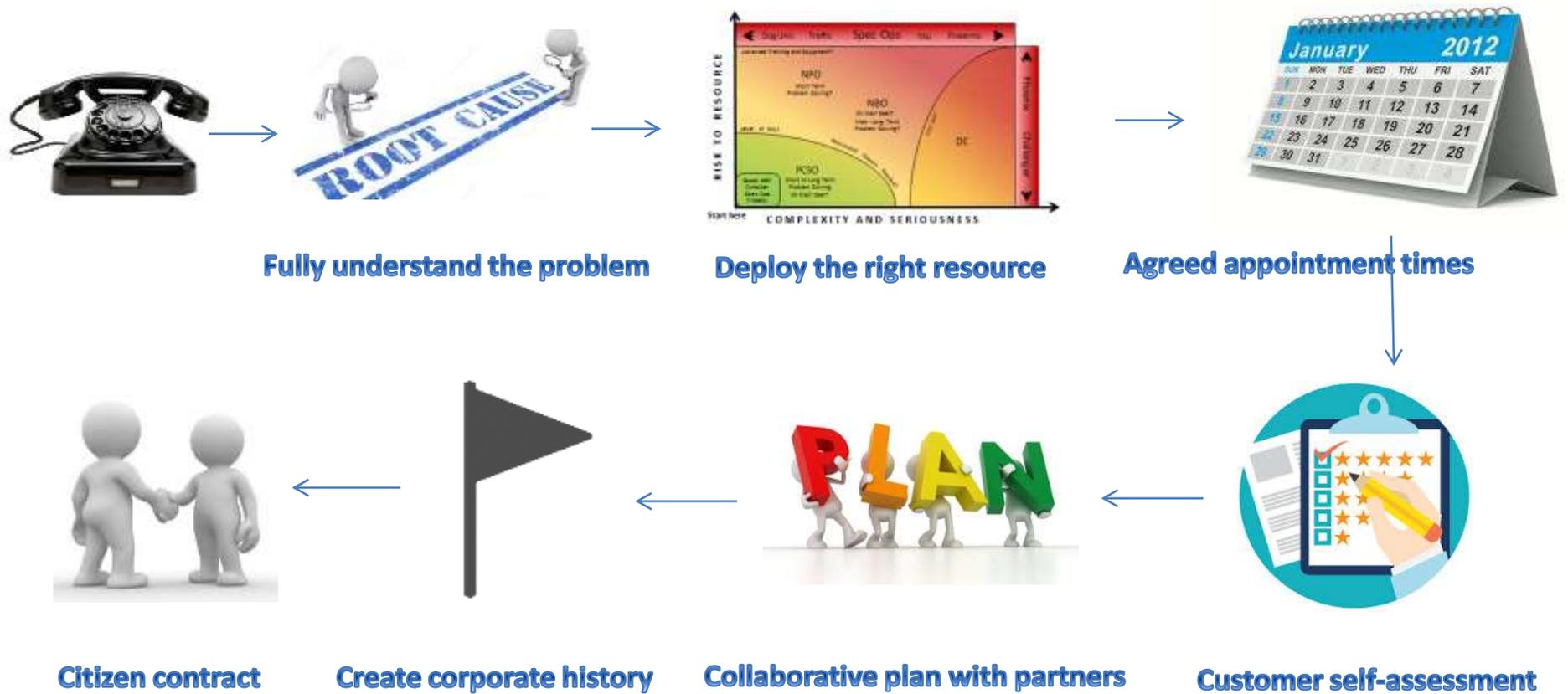
Working as one team with partners, 3rd sector organisations, community members and groups, at a place level, sharing information and being collectively responsible for developing shared sustainable solutions

Building social capital and seeking to improve the life chances of those living within Greater Manchester 24/7.

How can we deliver a better level of service to the customer?

- Fully understanding the problem – root cause questioning
- Deploying the resource best placed to deal
- Pre-arranged appointments
- Customer self-assessment
- Concise record of interventions
- Joint solutions with partners

New System



Protecting society and helping to keep people safe

Do we fully understand what the issue is?



Calling the customer back

Who, what, where, when & how?

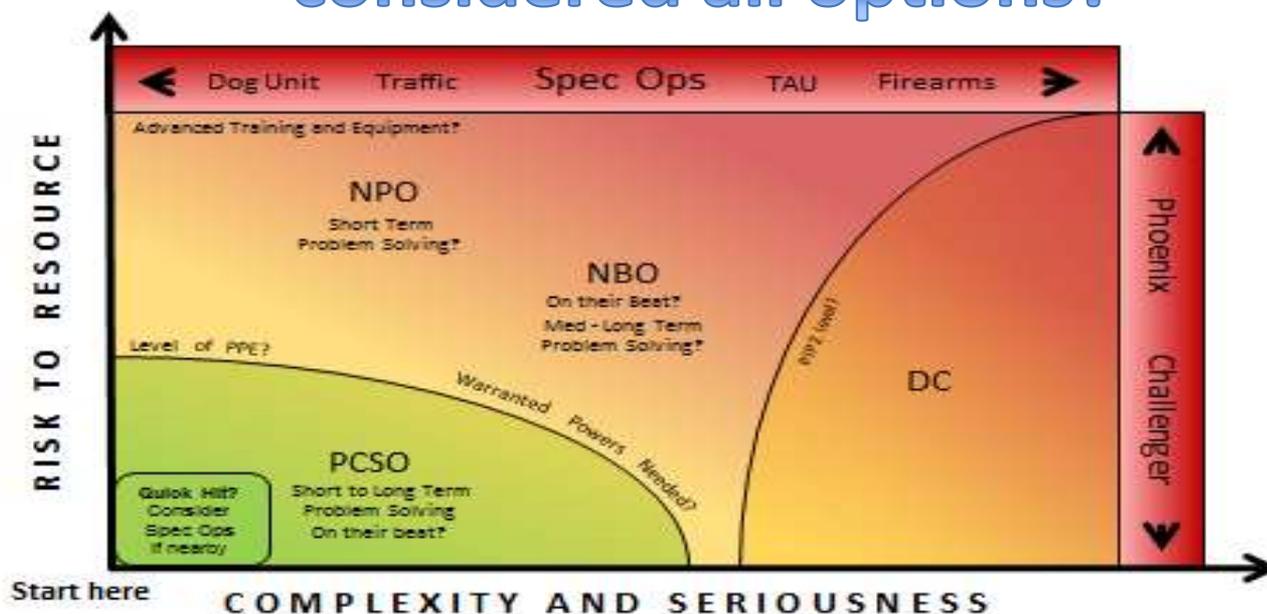
Tell, describe & explain

What information do we already have that may assist?

Is the customer in receipt of any other agencies services in connection with this issue?

Is the customer displaying signs

Who is the right resource to deploy? Have you considered all options?



What's the threat, harm & risk?

Have you used the NDM to rationalise your decision?

Is it a Neighbourhood issue with problem solving potential?

Who has the right skills to deal with the issue?

Diary System



Why a diary system?

Stops cold calling – reducing wasteful activity

Better level of service for customer- agreed appointment times

Provides easy overview of retained work/team commitments

Protected time to problem solve

Introduces structure to work activity

Assessment Tool and Star Outcome

Nominal - Victims/Customer or Community
POLE (Place Object Location Event)

POR/PSI reference Number -
PSI 044 999

Agreed interventions
** Drop Down* I.e. Contact housing, Refer counselling, introduce to community group*

Operational Communication's Branch

Has root cause been identified? - 5WHD TED NDM/Code of Ethics

Information/
intelligence

What are the considerations for **Threat, Harm and Risk** **Free Text* (text will highlight red when 250 characters are exceeded which provides measures around the information being presented by OCB) *

Assessment

Expects/Policy

Category of why the customer is calling - Multiple Choices are available

Options

** Drop Down* I.e. ASB, shoplifting, Domestic*

Action

All to be completed by the Operational Communication's branch
Minimum four Operational Communications Branch visible to the Justice

Self assessment Star Outcome	Offender Star Outcome	Community Star Outcome

Plan/ Objective - SMART
Free Text

Agency/Partner
** Drop Down* I.e. Social services, Drugs and alcohol, Mental health*

What have we done to safeguard?
Free Text

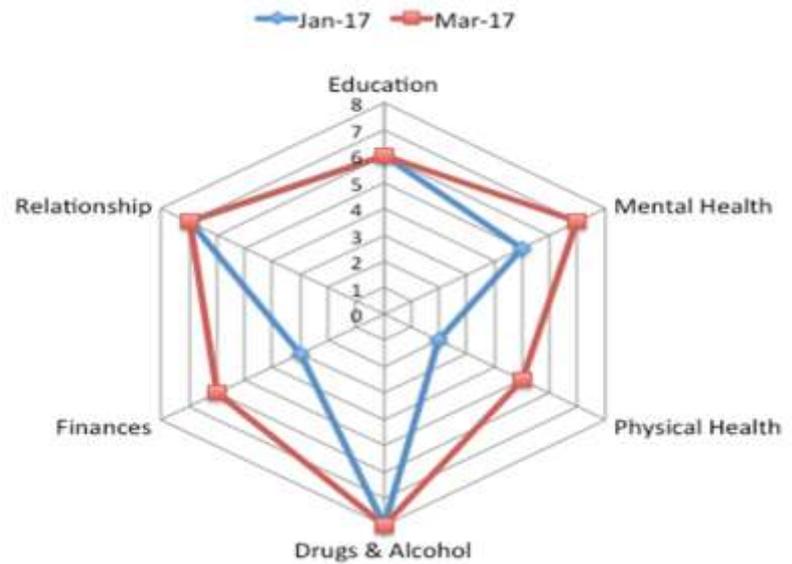
Contract/Consent from yours and the customers perspective
Free Text

Have we got consent from the customer to share information with partners

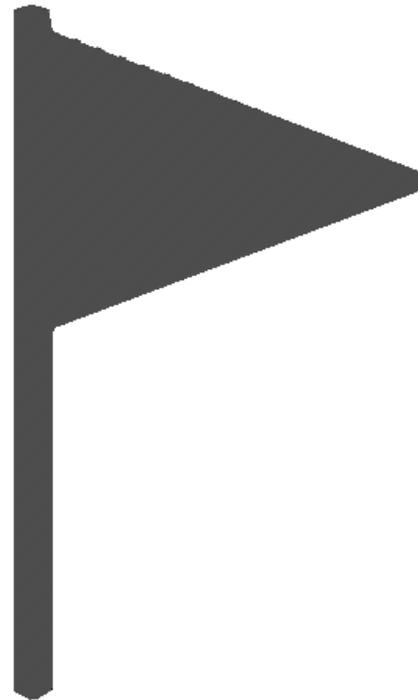
** Add citizens contract text and sign off**

J. Blay

20/05/2017 - 11:00



Problem Solving Intervention – Marker on OPUS



Section 1 –
Establish an Integrated Problem Solving
system and methodology

Creating corporate memory

Nominal Search

Search Results **Details**

Nominal 'NOM/W8250430' TATE, Ben, male, 17, 09-Feb-2000 Create Intelligence

View	Edit	Alias	Intelligence	Address	Crimes	Ass. Nominal	Vehicles	Telephones	Warrants	Stops	Sara	Custody	Flags/Marker
Risk Assessments	RRD	PPI	NPI	PPI Journal	CPC Journal	NPI Journal	Problem / Priority Group	Operations	ActionBoard				

OPUS Warnings

GMPICS Warnings include: SELF HARM, Problem Solving Intervention, Suicidal
[MP:15/009147](#)

If the image shown does not relate to the person named, please contact MANCRO/Criminal Records Unit x62653/62650, quoting URN: NOM/W8250430

Create Bail Create Order Print View Create Warning

INTEGRATED PROBLEM SOLVING



GUIDANCE DOCUMENT

GREATER MANCHESTER POLICE

INTEGRATED PROBLEM SOLVING

Integrated Neighbourhood Services

Integrated Problem Solving Purpose

"Understand me and my needs and work together to keep us all safe and to solve problems and crimes"

Vision for problem solving:

"Understanding root causes then working with communities and partners to provide sustainable solutions that enable a more resilient society".

Operating Principles of the Integrated Problem Solving

- Understand the "root cause" behind the demand
- Respond to these cases with an integrated and flexible approach
- Only do the value work
- Take advantage of community strengths and fill gaps when we find them
- Identify barriers and blockages and change the system
- Learning from cases and measures that relate to purpose
- Create memory on every job

Integrated Neighbourhood Services

Team 4 - Team Centre, Millstone and Greatly Wood



PCO 020837569 Graham Cross
Email: G.Cross@man.police.uk
Phone: 0161 266 1137/86471



Sergeant 12083 David Joyce
Email: D.Joyce@man.police.uk
Phone: 0161 266 6626
Mobile: 07824223058

Team Centre



NCO 12144 Sarah Wilson
S.Wilson@man.police.uk
Mobile: 07893008383



PCO 85443 William King-William
W.King-William@man.police.uk
Mobile: 07282009208

Millstone and Greatly Wood



PCO 18561 Helen Ward
H.Ward@man.police.uk
Mobile: 07893409141



NCO 18443 Garry Ahmed
G.Ahmed@man.police.uk
Mobile: 07893409317



PCO 88310 Andy Joy
A.Joy@man.police.uk
Mobile: 07893008383



PCO 89361 Cameron Jay
C.Jay@man.police.uk
Mobile: 07893008383



PCO 84021 Bernice Brown
B.Brown@man.police.uk
Mobile: 07893008383



PCO 88400 Gajraj Kumar
G.Kumar@man.police.uk
Mobile: 07893008383



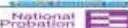
PCO 88318 Jemima Campbell
J.Campbell@man.police.uk
Mobile: 07893008383



PCO 88328 Martin Beyer
M.Beyer@man.police.uk
Mobile: 07893008383

Integrated Neighbourhood Services

Division Wide Agencies

	Beechdale Community Drug and Alcohol Support Team	01706 824885
	HomeStarts	01706 828651
	Children's safeguarding	0300 305 0440 /0330 305 8078 (out of hours)
	Rushdale Children's Trust	01706 868111
	Probation Service	0800 947 1700
	Children's Advice Bureau	0344 847 2438

Housing Agencies

	Rushdale Boroughwide Housing	08000277769
	AGENTS	02459730033
	ANCHOR TRUST (Housing and care for Older People)	08081024070
	GREAT PLACES HOUSING GROUP (Good and Supported Housing)	02001218266
	Riverside (housing and support)	08451110000
	The Regenda Group (Good housing & independent living schemes)	03447390088
	Homeless Prevention Service (RBH)	0300 305 8848 out of hours 0300 305 8975

Integrated Neighbourhood Services

Voluntary Organisations

Housing		
	Warrington Housing Action Group (WHAG) Only housing and support to homeless people, priority given to those with children	Tel: 01759 714300
	Warrington Housing Trust Provides a range of housing, support and practical services for people who are homeless or at risk of being homeless	Tel: 01759 888800
	The Shaw Group Ltd A housing group who provide private and social housing in Warrington, Stretford and Hale. They also provide care services for people with mental health issues.	Tel: 01759 888 888
Emergency food supplies		
	Warrington Foodbank Provides food parcels, clothing, and other essential items to people who are experiencing food poverty. They also offer a range of support services.	Tel: 01759 312 900

12 - 18 June 2017

Search Calendar (Ctrl+E)

Forward Planning Resource Availability

Nominal - Victim/Customer or Community
POLE (Place Object Location Event)

POR/PSI reference Number -
PSI 04A 999

Operational Communication's Branch

Has root cause been identified? - 5WH TED NDM/Code of Ethics

Information /
intelligence

John Biggins DOB 03/04/1949 is calling to report an intruder in his garden "ON GOING AS WE SPEAK". The informant is a repeat caller so we are able to conduct research which tells us his son is a key holder reference but the number we have is unobtainable. Reference problem solving intervention tool (assessment form) I can see the local PCSO has had three interventions 1) Meeting with GP around ongoing dementia care package - questioning confirmed this point 2) Safe guarding measures put in place including call to key worker during the day to attend the address in preference to emergency services 3) consider allocation of none emergency resource.

Assessment

Please send back to PCSO smith for further updates.

Powers/policy

I'm am comfortable this isn't a go now based on past events as the caller doesn't answer the door to emergency services. Conducting more research on key holder details.

Options

Category of why the customer is calling - Multiple Choices are available

Repeat vulnerable caller

Action

All to be completed by the Operational Communication's Branch

Agency/Partner
**Drop Down* i.e. Social services, Drugs and alcohol, Mental health*

What have we done to safeguard?
Free Text

Returned Demand

All Categories...

Set Quick Click...

12 Monday

18 Sunday

Rest Day

06:00

07:00

08:00

09:00

10:00

11:00

12:00

13:00

Briefing ; Rochdale Div

Perimeter Check

Repeat Vulnerable

Refs; Rochdale D

Community Strive; 123

Patrol Due to Spike of B

Patrol Due to Spike of B

23:00

Tasks: 0 Active tasks, 0 Completed tasks

Root Cause - Adverse Childhood Experiences

‘A complex set of related childhood experiences that could directly affect a child or, the environment in which they live, i.e. household dysfunction.’

The intention is to use these indicators from both an analytical, high level

Adverse Childhood Experiences

Preventing ACEs in future generations could reduce levels of:



Early sex
(before age 16)
by 33%



Unintended teen pregnancy
by 38%



Smoking
(current)
by 16%



Binge drinking
(current)
by 15%



Cannabis use
(lifetime)
by 33%



Heroin/crack use
(lifetime)
by 59%



Violence victimisation
(past year)
by 51%



Violence perpetration
(past year)
by 52%



Incarceration
(lifetime)
by 53%



Poor diet
(current; <2 fruit & veg portions daily)
by 14%

Aged 18 to 69 (n = 3,885)

Bellis et al, BMC Medicine, 2014

Role Vision – PCSO Example

MY ROLE AS A PCSO IN THE COMMUNITY I SERVE...

I work closely with partner agencies sharing information to resolve issues

I run community events focused on tackling their issues

I act as a key worker to coordinate collaborative partnership work

I have strong relationships with the schools on my beat

I understand my community, I know who the assets are and what services are available

I respond to incidents that I can deal with in my community

I look beyond the surface to identify the 'root cause' of problems

My community trust me and share key intelligence

I actively build social capital by getting the community to help resolve their issues



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Section 2 –
Building social capital through
enhanced community engagement

Building Social Capital

- Funding bid submitted to Deputy Mayor to train police, partners & community volunteers
- PCSOs, NBOs, Sergeants, Inspectors, SLT
- Key partners – Local Authority, Health, Elected Members
- Community/ Voluntary partners – PSVs, Third Sector, Specials, Active Citizens
- Participatory Budgeting & Appreciative Inquiry techniques
- Community connectors/ ABCD connectors
- Link to PSR – priority for PBI and health & social care integration



Community Engagement, A Changing Conversation

Current approach

- PACT/ Surgeries poorly attended
- Police dictate priorities
- Police culture of taking on problems
- Newsletters/ Emails – are they effective?
- Twitter/ Facebook
- IAG
- Events



Future development

- Interactive partnership events that local people will attend and develop collaborative relationships
- Realistic discussions about community priorities
- Open conversations about communities taking responsibility
- Citizen contract
- ARIS funding allocated through participatory budgeting

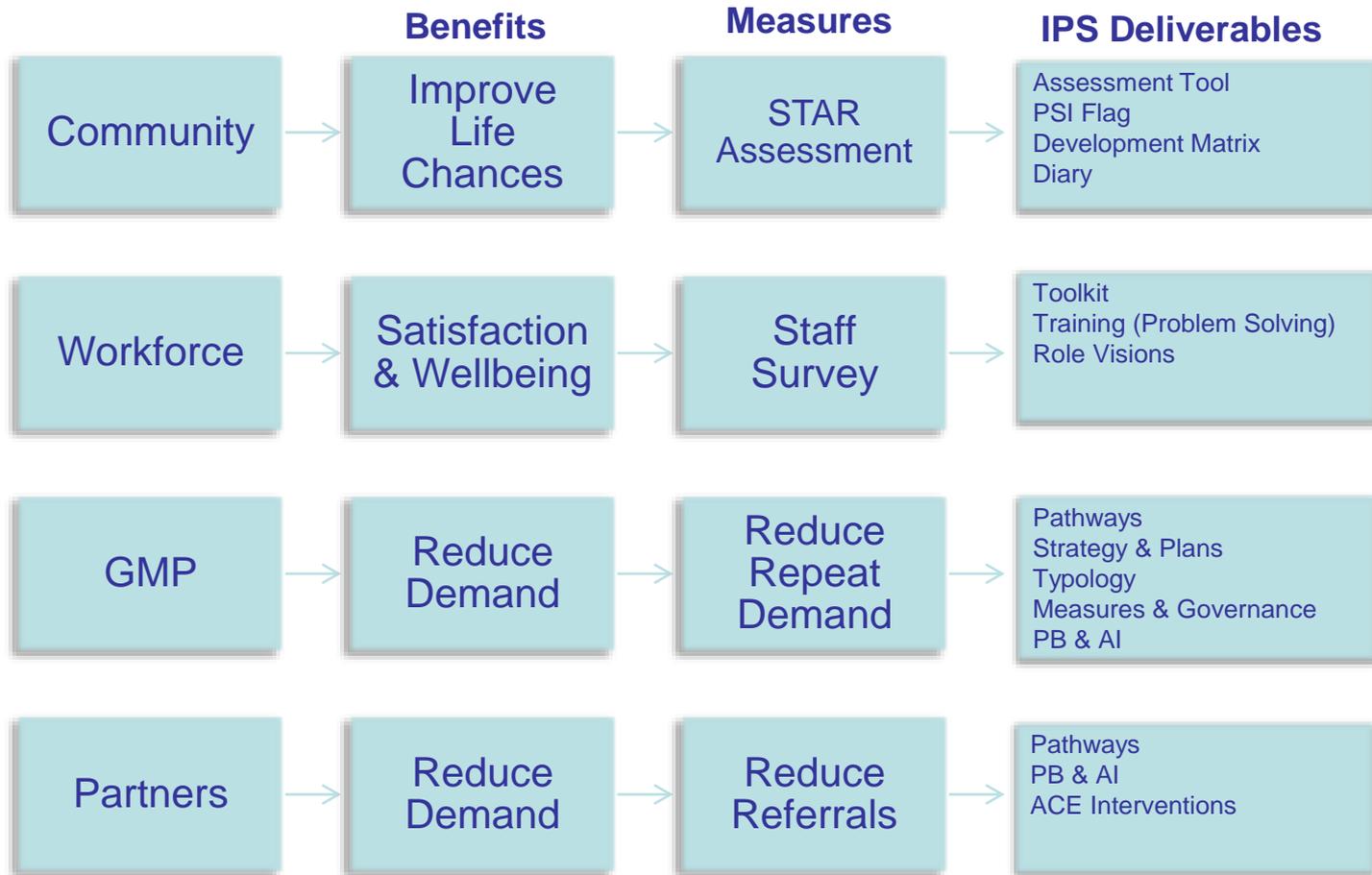
Participatory Budgeting

- £200k ARIS funding 17/18
- Typology mapping to inform priority areas
- Integrated with partners and communities
- Third sector partners skill set



We need to fund local initiatives to encourage people and provide practical support to help communities become active

Benefits and Measures





Lunch

Masterclass: 21st September
New Scotland Yard

Early Help Hubs in North Wales

Sian Beck , North Wales Police



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Flintshire Early Help Hub



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board





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The History ...

Wrexham Pilot MASH

- Pilot Multi Agency Safeguarding Hub, Wrexham 2013 – 2014

Flintshire Research 29 Families

- 7 families had 6 indicators of domestic abuse, substance &/or alcohol misuse, mental health, crime & ASB, family dysfunction/child safety & children with poor school attendance.

A further 18 families had 4/5 of these 6 indicators.



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The Difference ...

- Equal participation snr officers - strategic and operational delivery group.
- FCC funded external consultant but no funding for additional staff.
- Common vision – early intervention and prevention.
- Social Services and Wellbeing Act 2014



How it operates ...

Multi agency face to face meeting twice per week

Information sharing = joint understanding of risk

Multi agency decision regarding intervention:

- Information & advice by an information provider
- Single agency information, advice & assistance response from a statutory or third sector service.
- Multiple agency response coordinated by a lead worker

Supported by multi agency workforce briefings



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To develop ...

- The majority of referrals relate to adult mental health combined with alcohol/substance misuse & DA – merge with SPOA.
- Feedback to referrer.
- Review of family/risk/what worked.
- Evaluation
- Police role – research, decision around SNT tasking.



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**Any Questions...
Just Ask!**





Northamptonshire Data Analytics

CI Mark Evans, Early Intervention Lead, Northamptonshire Police
Sean Scannell, Strategic Delivery Manager, Northamptonshire
Police

21 September 2017



Adverse Childhood Experience

How many adults have suffered each ACE?

CHILD MALTREATMENT



Verbal abuse
23%



Physical abuse
14%



Sexual abuse
6%

CHILDHOOD HOUSEHOLD INCLUDED



Parental separation
18%



Domestic violence
16%



Mental illness
11%



Alcohol abuse
11%

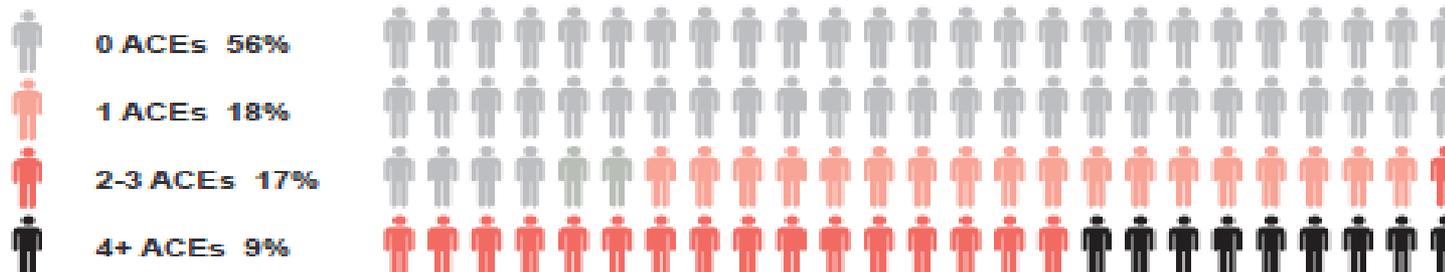


Drug use
4%



Incarceration
3%

For every 100 adults 44 have suffered at least one ACE during their childhood and 9 have suffered 4 or more



Figures based on population adjusted prevalence in adults aged 18-69 years



Compared with people with no ACEs, those with 4+ ACEs are:

2 times more likely to currently binge drink or have a poor diet

3 times more likely to be a current smoker

4 times more likely to have had sex while under 16 years old or to have smoked cannabis

4 times more likely to have had or caused unintended teenage pregnancy

8 times more likely to have been a victim of violence in the last year or ever been incarcerated

10 times more likely to have been a perpetrator of violence in the last year

Preventing ACEs in future generations could reduce levels of:



Early sex (before age 16) by 36%



Unintended teen pregnancy by 44%



Smoking (current) by 25%



Binge drinking (current) by 22%



Cannabis use (lifetime) by 45%



Heroin/crack use (lifetime) 54%



Incarceration (lifetime) 50%



Violence perpetration (past year) 61%



Violence victimisation (past year) 56%



Poor diet (current; <2 fruit & veg portions daily) 14%



Prevalence of ACEs

Number of ACE style factors	Prevalence (%) in Northamptonshire population (Liverpool John Moore's University study)	Prevalence (%) in YOS ASSET cohort	Prevalence (%) in YOS ASSET cohort with 5+ convictions
0	52.5	33.5	13.4
1	19.3	19.5	17.9
2-3	17.9	28.3	28.4
4+	10.4	17.2	40.3



Prevalence of Individual ACEs

Individual ACE style factor	Prevalence (%) in Northamptonshire population (Liverpool John Moore's University)	Prevalence (%) in YOS ASSET cohort	Prevalence (%) in YOS ASSET cohort with 5+ convictions
Abuse	23 (verbal) 14 (physical) 6 (sexual)	39.1	63.9
Domestic Violence	16.4	37.3	55.9
Drug abuse	4.2	14.2	22.2
Alcohol abuse	11.6	13.4	25
Living with known offenders / Incarceration	3.2	38.4	60.5



YOS ACEs and other outcomes

Compared with YOS YP with no ACEs, those with 4+ ACEs are:

- 3 times more likely to have a mental health referral (more than twice as likely to self harm)
- 14 times more likely to have contact with social care
- 3 times more likely to see drug use as positive or essential
- 5 times more likely to have a fixed term exclusion
- Those witnessing family violence, more than twice as likely to have poor control of temper and show aggression towards others



18-24 Cohort TNM

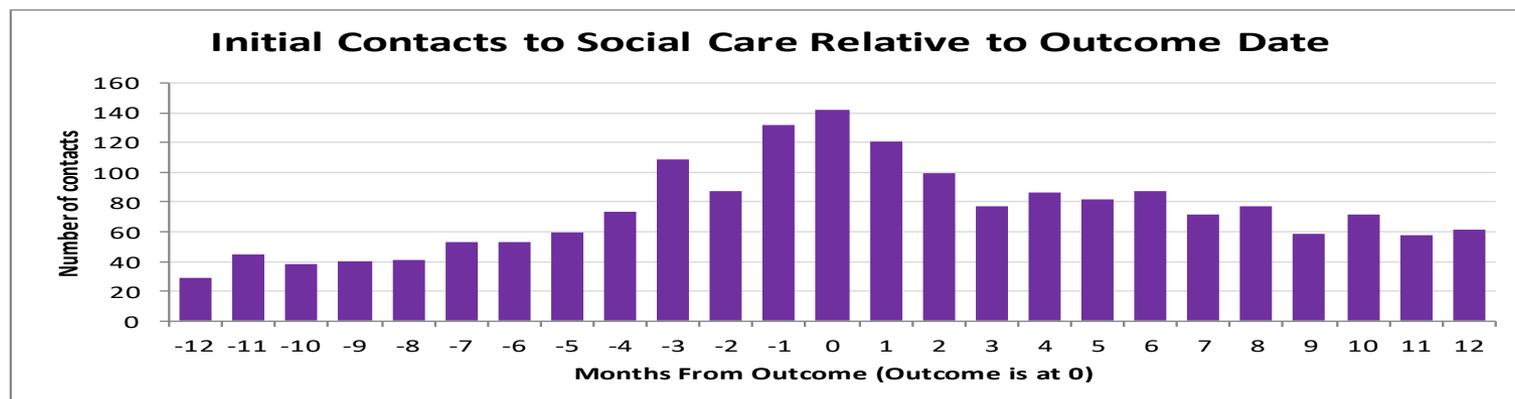
156 of the top 200 18-24 year olds on the Police Target Nominal Matrix confirmed as attended school in the county, of those:

- 22% had a permanent Exclusion
- 83% had at least one fixed Term Exclusion
- Of which, 50% were first excluded by the end of their first year at secondary school
- 998 Fixed Term Exclusions between them
- 55% had at least one type of SEN
- 64% allocated to Children's Social Care Team as Child in Need
- Of which over 50% were allocated to a Children's Social Care Team by age of 10
- 26% previously Looked After (LAC)
- 47% known to YOS with at least one court outcome



Pre Court Outcomes & Social Care

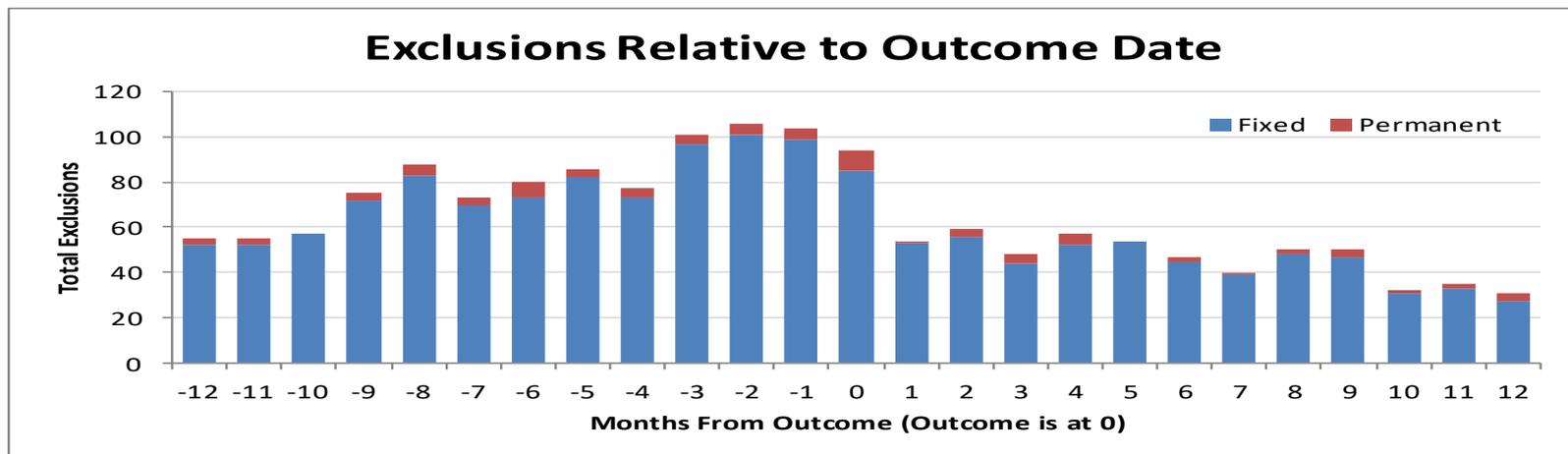
- 40% had an initial Social Care contact in the 12 months prior to the offence outcome date (averaging 2.3 contacts each)
- Just under 50% of those contacts came from the Police
- 55% of those initial contacts did not result in further Social Care action
- 35% of those that proceeded to IA did not then result in further Social Care Action
- 29% with a social care contact prior reoffended





Pre Court Outcomes & Exclusions

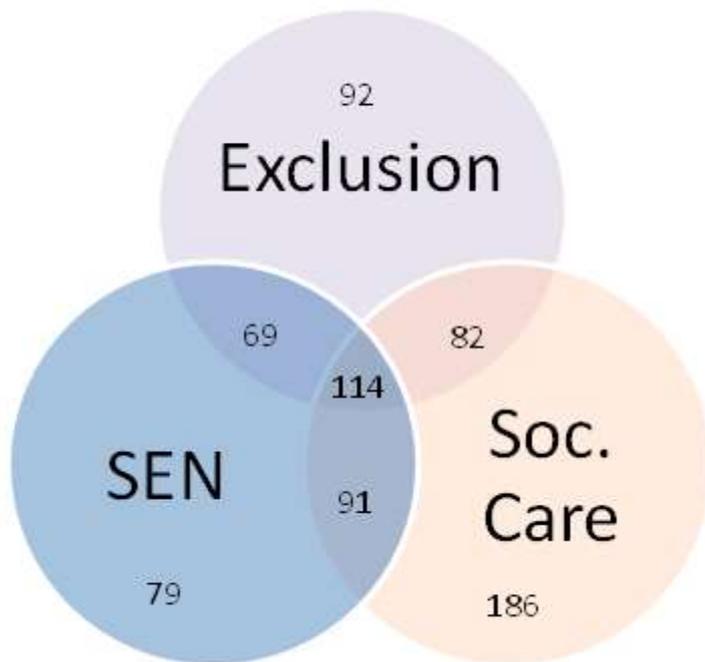
- 43% had an exclusion 12 months either side of the offence outcome (averaged just under 4 exclusions each)
- 82% of those had an exclusion in the 12 months before the offence outcome
- Noticeable peak of exclusions in the month of the offence date
- 27% with an exclusion 12 months prior reoffended



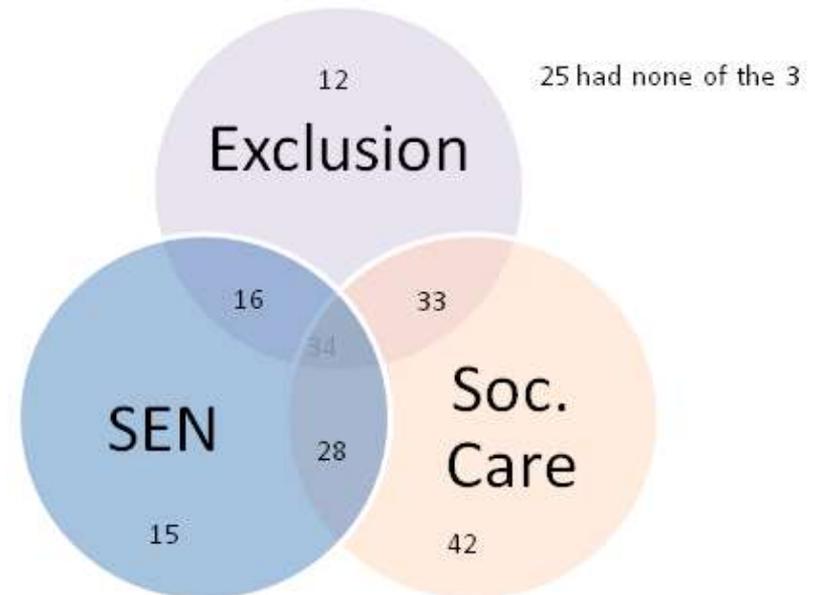


Pre-court Outcomes & multiple issues

Overall Cohort



Reoffending Cohort



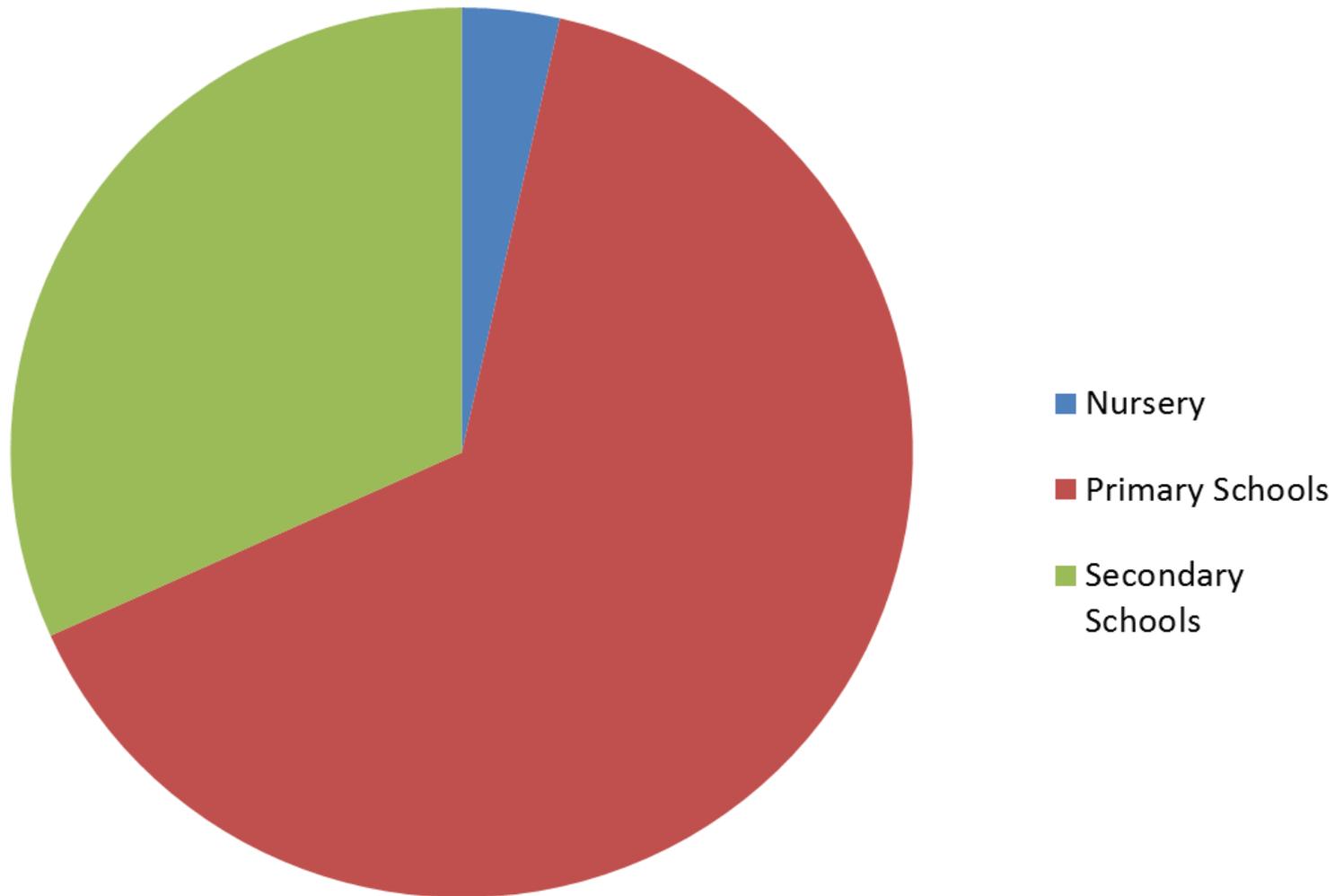


Young Victims

- 30% of first pre-court outcome already a victim
- 41% of young victims had initial contact into Social Care in the 12 months leading up to the offence
- 20% of school age victims had a school exclusion 12 months either side of the offence
- 47% of school age victims had some level of unauthorised absence from school (compared to 30% in overall school population)
- 10% of school age victims had 35% or more overall school absence (compared to 1% of overall school population)
- 29% of victims over 10 also committed offences
- 42% of those committed their first offence at 12 or younger



Prevalence of Domestic Abuse Notifications





Police contacts to MASH

- 2092 initial contacts from Police (Jan-Mar 16)
- 425 young people had a recommendation for early help
- 76% did not receive early help
- 197 (46%) of the 425 had one or more further contacts
- 316 further contacts in total, with Police counting for 36% of them
- 41% of the further contacts resulted in escalation to social care assessment



Conclusions

Key concerns

- High prevalence of family dysfunction with children present
- Children living with offenders
- Victimisation



Conclusions

Symptoms

- Impulsiveness (73%)
- Poor temper control (60%)
- Aggression towards others (67%)
- Lack of resilience and empathy



Conclusions

Aggravated by

- School exclusions
- Punitive Outcomes
- Non engagement with early help



Conclusions

Pre-policing opportunities

- Social Care
- Health settings
- School



Strategy

Primary

- Build Resilience, empathy through programmes and pro-social training
- Educate professionals and parents regarding ACE



Strategy

Secondary

- Work with Social Care, Health and Schools to reduce family stressors
- Improving victim services to highlight risk of future offending
- Improved use of out of non punitive disposals
- Improved triage of pre court outcome



Strategy

Tertiary

- Identify risk factors at all police contact settings e.g. adults in police custody with children
- IOM with children / siblings



Partnership

- Joint cohorts
- Joint strategy (ACE)
- Governance
- ISA
- Process mapping and protocols
- Continue joint business intelligence development
- Joint field assessment tools
- Joint triage
- Joint case systems



Any questions?

Evaluation and measuring impact

Tom McBride, Director of Evidence, EIF



Why evaluate?

Depends on what you want to find out

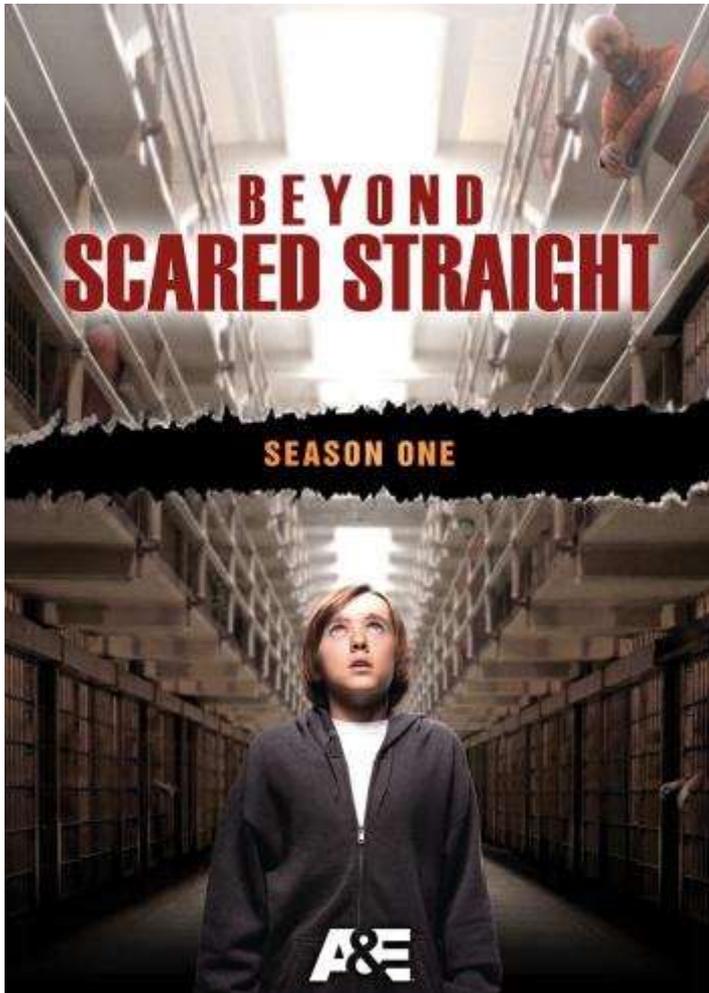
If something works

If something is cost effective

Which elements are at work

If service users like it

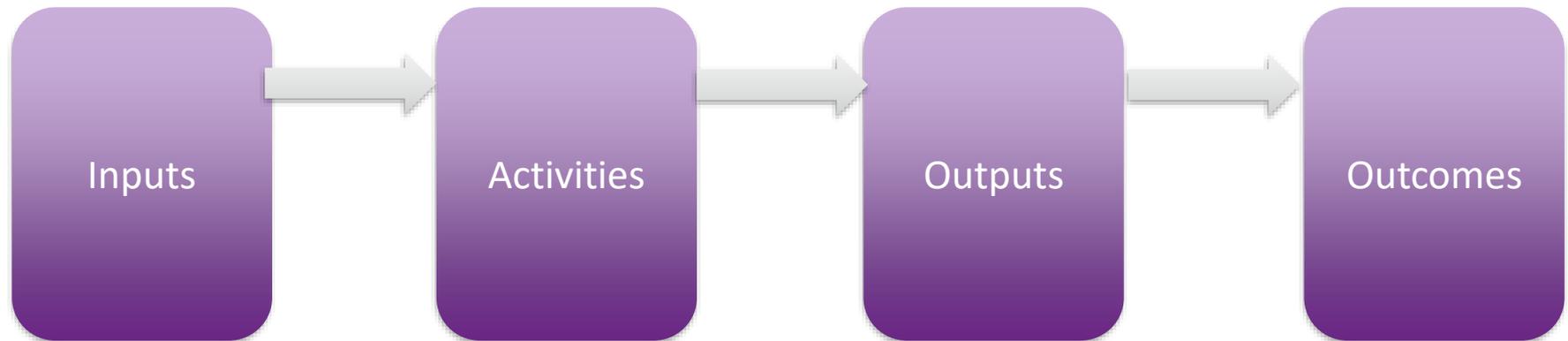
If professionals feel it improves their practice



Does it work? No, it doesn't. When all the data is considered together, the review found that 'Scared Straight' and other juvenile awareness programmes not only fail to deter crime **but actually lead to more offending behaviour.** In other words, doing nothing would have been better than exposing juveniles to these programmes.

What should you evaluate?

Depends on what you are trying to achieve



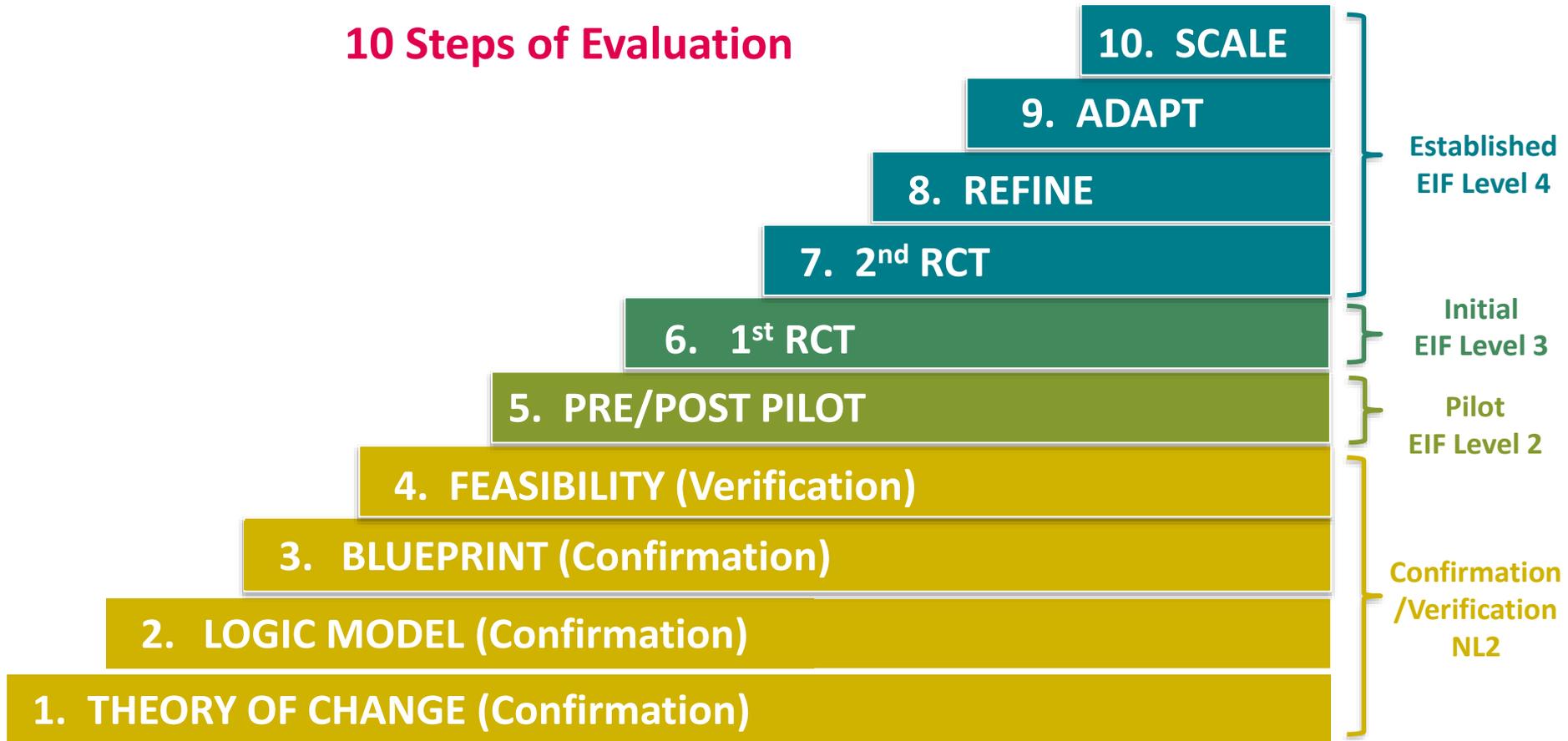
A) What should you evaluate?

	Object of Interest	Type of Evaluation
Why did it make a difference? How was your programme delivered? What were the successes and challenges? What were people's experiences of it?	Project delivery User & Practitioner experiences	Process (Qualitative)
Did your programme make a difference? Did it improve child and parent outcomes? What did it achieve?	Measurable change in outcomes	Impact (Quantitative)
Was it value for money? Was the programme worth the money spent?	Financial savings	Economic (Cost data)

A) Why evaluate & where to start?

Defining your Project/Programme & What to Evaluate

10 Steps of Evaluation



Definition

Impact Assessment

1. By impact evaluation we mean an attempt to collect and analyse data on outcomes to come to an estimate of how effective a programme is (i.e. to determine the changes in outcomes which can be attributed to a specific intervention).
2. An estimation of the effectiveness of a policy or intervention by comparing empirical data on outcomes to a plausible counterfactual.

Exercise

Truancy reduction programme

Two years ago the Local Authority instigated an anti-Truancy programme across the borough. Three full-time posts were created to work with families who have persistently high-levels of unauthorised absence and schools which have issues with truancy in order to reduce the area's high-levels of truancy, improve educational achievement, reduce juvenile crime and release resources.

You have now been asked to lead an evaluation of the effectiveness of this policy

What inputs should you capture?

Depends on whether you want to assess cost-effectiveness

Capital and setup costs – office, IT equipment, training etc.

Revenue costs – Salaries

Opportunity costs – what would this money and resources have been spent on otherwise

What activities should you include?

Depends on what you want to understand about how the service was delivered and the effective elements

Number of families worked with

Average number of sessions and time with families

Number and type of schools worked with

Number of sessions per school

Average age of children worked with

Links with other local services

What outputs should you measure and what should you compare this to?

Depends on the stated aims of the programme

Truancy rate over time

Truancy rate compared to LAs with similar demographics

Truancy rate amongst families worked with

Juvenile arrests and convictions over time

Spend on youth services over time

Views of families, children, senior teachers etc.

What outcomes should you measure and what should you compare this to?

Again depends on the aims of the programme but also how long it has been running

Key stage 2 and 4 results overall, for target population over time and compared to LAs with similar demographics

Education destination data for target population

Employment outcomes for target population

Frequency and severity of convictions amongst target populations

Evaluation Principles

- Evaluation is crucial to understanding *if* and *how* something has worked. It can involve a range of analytical techniques at various stages of the design and delivery of a programme or intervention
- You can't think about evaluation early enough
- Evaluation requires commitment and an investment in resources

Questions

- What further training and guidance would you find most useful for EIF to provide?