Evaluation of vulnerability training for frontline police officers and staff

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Background

The context of policing is shifting and frontline staff are increasingly handling activities that revolve around safeguarding vulnerable people. While the nature of the workload has changed, there is evidence that staff are not equipped to deal with current demands.

Intervention

A pilot vulnerability training programme was designed to address this gap and improve the ability of frontline staff to identify and manage vulnerability in those they encounter. The training was delivered in a one-day face-to-face course in three police forces in England. The training was delivered by a College of Policing trainer with specialist experience in vulnerability or public protection and a force trainer who provided local context. The training included vulnerability definitions, factors that can contribute to being vulnerable to harm, the impact of trauma, communication skills and potential tactics and support that are available to manage situations and vulnerable people. The learning was supported by two case studies and facilitated discussions around these two situations.

Methods

The evaluation takes a mixed-methods approach to assess the success of the training programme against the College's strategic aims. Pre and post surveys undertaken by training participants measured the immediate impact of the training. The longer-term impact was measured using a survey one month after the training to all participants and a control group consisting of those in the same roles in an area of the force that had not received the training. In-depth interviews with trainees, trainers and key stakeholders and observations of the training in each of the forces provided rich contextual data to understand how the training was implemented and received by trainees.

Findings

The evaluation found that the training programme proved partially successful in meeting its aims of strengthening the knowledge and attitudes of frontline staff. It was particularly successful in increasing trainee knowledge and understanding of vulnerability immediately following the programme, with trainees demonstrating considerably enhanced knowledge,

increased confidence and a shift in attitudes about vulnerability. This effect was partly maintained over time, with trainees using models to support vulnerable people one month after training. The training materials, mode and method of delivery and the trainers themselves were well received and trainees felt they especially benefited from facilitated discussions in groups of mixed roles and seniority.

The evaluation also identified some training areas that were less successful. Immediately after the training, questions relating to the impact of trauma and communication did not demonstrate an increase and, in some cases, showed a decrease in desired knowledge or attitudes. In the longer term, content about communication, perpetrators and self-care were often not remembered by trainees and there is little statistical evidence to suggest a sustained knowledge or attitude change in these areas. There are a number of possible explanations for this, including issues with the training content and/or delivery, the influence of external factors or ineffectiveness of measurement tools. Cognitive testing and statistical analysis showed survey items contained a number of obvious, socially desirable and ambiguously worded questions, which all could have contributed to non-significant results. Based on the pilot's findings, the measurement tools can undergo extensive development to mitigate any issues associated with collection methods.

Ideas for improving the training predominantly focused on the content of the training material. Findings suggest that there is an opportunity to update and develop the content to provide a more challenging learning experience for frontline staff. The content was viewed differently across the participating forces, however: more advanced content was desired in two of the three forces, whereas one force was happy with the current level. Thus, understanding the mediating factors unique to each force may play an important role in ensuring the content is appropriate for each particular audience. Most participants were keen to see additional content tailored to their local environment and sessions that did include local knowledge were considered particularly useful for immediate application. Additionally, it was felt that the discussion of more modern, subtle and varied vulnerabilities (those that have occurred due to recent social and technological advancements, eg, internet crime) would be beneficial to widen the trainees' knowledge while highlighting the complex and variable nature of the subject area.

It can be concluded that the pilot training programme is a reliable foundation for further development, enhanced knowledge and confidence of frontline staff in dealing with vulnerability.

Recommendations

Content

- Provide trainees with more varied examples of modern, nuanced vulnerabilities, such as mental health, internet crimes, female genital mutilation (FGM) and scams/frauds targeted at the elderly.

- Identify the training group's base level of knowledge and include more advanced content to challenge those groups which already have high levels of knowledge.

- Increase training efficiency by reviewing the vulnerability training against other active or recent training programmes and eliminate any repetition.

- Include more examples of how the training content can be applied to on-the-job situations, and strengthen links between the training and the ongoing application of knowledge.

- Increase the number of tools the trainees can take away and use on the job, such as a list of local services/provision, models, mnemonics and a pocket-size version of the infographic.

- Increase signposting and joined-up delivery with local partners and third sector, introduce more content about local services/provisions, including contact details and identifying the most appropriate partner for specific situations.

- Ensure case studies and scenarios include people with a diverse range of demographic characteristics as examples of vulnerability.

Delivery

- Due to the volume and nature of content, consider extending the training to two days, to allow more time for discussing and embedding learning.

- Shorten the case study videos and dedicate more time to discussing key content.

- As trainees were slow to warm up, consider an ice-breaker session to encourage more participation from the start.

- Include speakers with lived experience of vulnerability. This would give trainees a real-life perspective and the opportunity to ask questions of someone who has been or who is vulnerable.

- The knowledge and experience of trainers is key to delivering the complex messages around vulnerability. Engaging experienced and knowledgeable trainers is viewed as key

to positive responses to training, as is pairing co-deliverers who complement one another in terms of style and background.

- Prepare trainers to expect and effectively manage negative and defensive reactions. This could be explored during the train-the-trainers day as well as by encouraging and supporting trainers to share their experiences and approaches with each other.

- Take advantage of the trainees' extensive and diverse experiences. Encourage them to share experience and good practice at all relevant points during the training.

- Ensure training material is provided to trainers well in advance of training events so they are fully confident and familiar with the nuanced content.

- To assist in accurate recall of all training topics:

  o start the day with a clear agenda, and summarise this at the end of the training

  o clearly identify each new topic, stating the aims and desired outcomes of each section

  o ensure consistency of delivery by clearly defining the parameters of any flexibility trainers have in delivering the content

  o if there is a learning 'theme' throughout, make this explicit when it is introduced.

Embedding and application

- To increase retention and aid knowledge, maximise the interactive nature of the training by using discussions, scenario-based exercises, problem-solving activities and group work.

- Consider introducing a 'what will you do differently' session at the end of the programme to help embed the learning and allow for personal reflection.

- Consider the wider context of the force where the training is being delivered. Evaluate if the culture and approach to vulnerability will support embedding and applying learning on a day-to-day basis. For example, ensuring vulnerability is high on the strategic agenda and that there is buy-in from senior leaders.

Measurement tools

- Increase the number of higher-level knowledge questions, maximising the ability to differentiate between trainees and a workforce with a high base level of understanding.

- Exclude or rework items that result in socially desirable answers.

- Reword questions for simplicity and clarity.

- Reduce the length of the follow-up survey for a higher response rate.

- Strengthen or weaken adverbs and adjectives in the statements to improve the distribution of responses.

1. Introduction

The College of Policing commissioned IES to carry out an evaluation of the impact of a training programme designed to improve the way the police respond to vulnerable people. In 2017, the training was piloted in three police forces in England: Staffordshire, Hertfordshire and British Transport Police (BTP). The evaluation adopted a mixed-methods approach, gathering rich data from interviews, observations and surveys to measure the immediate and longer-term impact of the training. This report provides a brief overview of the training, presents the key evaluation findings, draws conclusions regarding the training impact and makes recommendations for the development and roll-out of the training.

1.1. Background

1.1.1. Nature of demand

In recent years, the demands of policing have shifted focus. A move from volume crimes, such as burglary, towards crime and activities that revolve around safeguarding has significantly changed the role of police officers and police staff. Crimes are becoming more 'complex', putting a higher level of demand on police resources due to the time-intensive nature of handling these crimes.

Police-recorded crime has risen in the last few years, with specific increases in the reporting of certain complex crime types that may involve vulnerable victims. For example, the total number of recorded sexual offences rose by 14 per cent in 2016/17 and 38 per cent in 2016/15, continuing in an upward trend since the year ending March 2012. This appears to be driven by improved recording processes and a greater proportion of victims willing to report such crimes to the police. In 2016/17, offence categories that directly relate to sexual offences against children contributed 40 per cent to the total increase in the number of sexual offences recorded by the police (Office for National Statistics (2017) **Crime in England and Wales: year ending Mar 2017**). Another area where the police report increases in demand is in responding to people with mental health problems. Despite no available national data on this, the work done by the Metropolitan Police Service for an **Independent Commission for Mental Health and Policing** suggested that in 2013, 15-20 per cent of incidents are linked to mental health.

The Independent Inquiry into Child Sexual Exploitation in Rotherham suggested that police forces are not prepared to deal with the changing nature of crime. **The inquiry's report**

highlighted a number of cases where victims displaying clear indicators of risk were unnoticed or had the crimes committed against them disregarded as a lifestyle choice by the victim.

1.1.2. Vulnerability

In relation to the police, vulnerability is a term that has been used to describe a situation where there are factors which might make it more likely that harm could occur or that perpetrators could take advantage of. In the past, this has been closely linked to personal factors such as disability or age, with less understanding of the wider range of factors which can combine to increase the risk of harm.

The change in the profile of demand described above has increased the frequency with which frontline staff are encountering vulnerable people. They are in a vital position as the first point of contact to recognise and assess the signs of vulnerability to harm. This allows them to ensure vulnerable people are provided with access to appropriate support services to prevent future harm. There are a number of definitions of vulnerability used in the sector. Due to the complex and dynamic nature of vulnerability, however, the College adopted the most comprehensive and applicable definition:

> 'A person is vulnerable if, as a result of their situation or circumstances, they are unable to take care of or protect themselves, or others, from harm or exploitation.'

Nevertheless, frontline staff need further support to develop the skills required to spot the early signs of those at risk or who are more vulnerable to victimisation and/or harm. The role of frontline staff does not stop once risk is identified. They need to build a rapport, communicate well with vulnerable individuals and decide on the most effective course of action. A huge amount of responsibility is placed on frontline staff, therefore appropriate support and training must be provided to build the knowledge and skills required for the complex new world of policing.

1.2. The training intervention

The College received Home Office funding for a 'College Vulnerability Programme' which aims to transform the police's approach to vulnerability. As part of this programme, a comprehensive vulnerability training course was piloted on officers and staff. Following the evaluation of the pilot, the programme is intended to be rolled out to additional frontline staff. Force participation in the pilot was voluntary, as forces self-selected to take part. Participants invited to the training were from a range of frontline roles, including response and neighbourhood officers and their supervisors, PCSOs, control room staff, investigators

(officers and staff) and those in specialist units such as domestic violence. Each training session included a mix of roles and ranks to facilitate discussion and to avoid undue levels of abstractions within individual teams.

The training aimed to address the gaps in knowledge and skills of frontline staff identified by a number of recent reports, for example, HMICFRS (2015) **PEEL: Police effectiveness (vulnerability) – A National Overview** and **Listen – a joined up response to child sexual exploitation and missing children**). Training and College workshops to identify current issues were delivered over one day by two trainers in a classroom setting. A College and local services trainer co-facilitated local and national level input. Content of the programme was developed based on the gaps and issues identified and on evidence from a number of sources (see **Adverse Childhood Experiences** (2015) and the College's forthcoming **Review of reviews on risk factors for vulnerability**. The content included:

- national drivers for the police providing a professional and ethical service to individuals who are or may be vulnerable or at risk

- key terms and principles linked to vulnerability

- identifying situational and personal factors that can contribute to a person being vulnerable

- considerations for responding and supporting a person who may be vulnerable, including:
  - o the impact of trauma on the brain
  - o potential responses to trauma
  - o the potential impact of adverse childhood experiences (ACEs)

- actions for dealing with a person who is or may be vulnerable:
  - o sources of support
  - o potential tactics that can be used
  - o communications skills

- recognising ways to develop personal resilience when dealing with cases of vulnerability.

1.3. Aims of the pilot

The aims of the pilot and evaluation identified by the College were to:

- understand the implementation and delivery of the training, identifying elements that have been particularly successful and those that require development

- contribute to the development of the training programme for the national roll-out

- assess the impact of the training on the knowledge and attitudes of frontline officers and staff

- develop the measurement tools to be used in the evaluation of the roll out of the training.

1.4. Structure of the report

- Chapter three will outline the research methodology used in the evaluation process, followed by the approach to data analysis.

- Chapter four will report the findings. The quantitative and qualitative methods will be discussed separately.

- Chapter five will discuss the key findings across all research methods. It will highlight areas of the training which have proved particularly impactful and effective, provide recommendations for the ongoing development of the training programme and draw conclusions about impact of the training on frontline staff knowledge and attitudes on vulnerability.

- Particular focus will be on topics identified as important learning areas for those working with vulnerable people:
  - communication and empathy
  - trauma-informed working
  - professional curiosity
  - self-care.

2. Method

The evaluation was divided into three key areas: scoping, developing the research design and carrying out the evaluation activities. The pilot was required to be completed within a short time frame, therefore the scoping and development of the research design were carried out over a six-week period and the evaluation activities were deployed over a period of three months. Each area is outlined below.

2.1. Scoping

This included two phases, as described below.

2.1.1. Discussions with the College of Policing

Four key College stakeholders who had been involved in the conception and design of the training programme provided the IES research team with the conceptual and strategic overview of the programme and expanded on the desired aims and objectives. IES also attended a 'train the trainers' workshop to understand the format of delivery and any topics requiring particular focus.

2.1.2. Review of background information and training material

The available training materials (PowerPoint slides and the trainer's manual) were reviewed to ensure the research tools covered the agreed training areas and strategic aims of the programme.

2.2. Developing the research design

A randomised control trial (RCT) research design was initially proposed. An RCT design requires a specific set of research parameters, however, including a large sample size, participants across multiple sites and strict control of contamination across sites. Mainly due to a reduction in the expected sample in the pilot, the RCT design was replaced with a robust three-stage research design using a control group:

- a survey administered immediately pre-training and immediately post-training to evaluate the immediate impact of the training on knowledge, attitudes and confidence

- a follow-up survey a month after training, comparing an 'intervention group' to a 'control group' similar in characteristics of role and rank who had not received the training to assess the longer-term impact of the training

- qualitative interviews and observations to provide rich context and additional evidence to supplement statistical analysis.

2.3. Evaluation activity

The three phases of the data collection activity are described below.

2.3.1. The surveys

Pre and post-training survey

The pre and post-training survey was designed to test the extent to which trainees acquired new knowledge and perspectives from the training programme. The questions, developed from the content of the training handbook, and reviewed, amended and extended by the College, measured attitudes, confidence and knowledge of vulnerability. Some questions were reverse coded to control for response bias and reduce the likelihood that trainees would reflexively respond to every item positively. Due to the time restrictions, very limited cognitive testing was possible for the surveys prior to distribution. To mitigate the risk associated with this, some questions were based on relevant items from a **reliable attitude survey** (Wheller et al 2013) used in previous research on police procedural justice training.

The survey contained three different types of question scale:

- **attitude (14 items)** – measured on a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7)

- **knowledge (4 items)** – open, free text questions based on specific course content

- **confidence (1 item)** – measured on a 5-point Likert scale ranging from very unconfident (1) to very confident (5).

Participants completed the same survey immediately before and after training. Although practice effects were considered unlikely to mitigate against any potential increase in scores due to participants completing the same survey twice, the questions in the post survey were presented in a different order to that of the pre survey. The pre and post surveys were printed on different coloured paper to avoid confusion in the analysis – an idea suggested in another evaluation of training undertaken in the US (Skogan, Van Craen and Hennessy

(2015) 'Training police for procedural justice'. Journal of Experimental Criminology, 11(3), pp 319-334).

Due to the highly controlled training environment, the response rate from the surveys was very high (see table 3.2). For the full survey, see **appendix A**.

Follow-up attitude survey

The follow-up attitude survey was designed to measure the longer-term impact of the training. The questions, developed from the content of the training handbook, measured confidence, attitudes and familiarity regarding vulnerability. As with the pre and post survey, some questions were reverse coded to prevent participants from responding reflexively, resulting in positive bias. The survey contained four different types of question scale:

- **confidence** (5 items) – measured on a 6-point Likert scale ranging from strongly disagree (1) to strongly agree (6)

- **semantic pairs** (11 items) – opposing attitude statements were presented at each end of a 7-point scale, ranging from 1 to 7 – respondents marked the point that reflected the extent of their preference toward one statement in contrast to the other

- **attitude** (33 items) – measured on a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7)

- **familiarity** (4 items) – measured on a 4-point Likert scale ranging from not familiar at all (1) to extremely familiar (4).

The follow-up attitude survey was distributed to an 'intervention' group, which had completed the training, and a 'control group', which had not received training. The survey was distributed via an online platform (SNAP) approximately one month after the intervention group had completed the training. Question order was randomised to reduce any unintentional bias introduced through grouping of questions. See **appendix B** for the full survey. The control groups were chosen by the force but given instructions that they should come from an area where training had not been conducted and to be of the same mix of roles and ranks as those who attended the training.

Cognitive testing

During the pilot phase, both surveys underwent cognitive testing. This process aims to record people's thought processes, decision-making processes and understanding of the questions included in the survey. Questions are then refined and developed based on these comments. As funding was for one year, with a commitment to train 10,000 officers and staff during this time, the training development and evaluation phases were shorter than

anticipated. Consequently, the ability to test the surveys in advance was limited. As a result, it was recognised that cognitive testing of the measurement tools would be carried out after the deployment of the surveys and, together with the statistical analysis, would be used to refine the measurement tools to ensure a more effective evaluation of the roll-out.

2.3.2. Interviews

Forty-six structured interviews were conducted, either face-to-face or over the phone, with trainees, line-managers, HR professionals, senior managers and trainers. The interviews were designed to explore in-depth perceptions of:

- participants' previous knowledge of vulnerability (including other training undertaken)
- delivery of training (including the trainer)
- specific training content
- impact of the training (attitudes and knowledge)
- application of training.

2.3.3. Observations

Ten observations of the training were undertaken across the three forces to check whether the content was delivered as intended and to understand participant engagement and attitudes towards the training. Details of the observations were recorded in a standard format to ensure information on the delivery of the different elements of the training was captured.

2.4. Data analysis

Surveys were statistically analysed using SPSS, a software package that runs advanced statistical analysis, while interviews and observations where thematically analysed using a robust coding framework. Details of the analysis are described below.

2.4.1. Surveys

Open questions

- **Coding.** The pre and post survey contained open-ended questions that tested knowledge. The responses were coded using a marking framework developed from the training materials. One mark was awarded per 'correct' response and each question had multiple potentially correct responses. Participants were given a total score for each

open question by summing the number of marks they received. Once the variable had been coded, they were treated as closed questions.

Closed questions

The analysis for closed questions in both surveys followed the same process. Likert scale responses were numerically input using SPSS. Appropriate statistical tests were chosen because of research design, type of data and distribution of the responses. There were four phases to the statistical analysis (for more detail, see **appendix C**):

- compare the average score for each question to identify any significant changes from the pre to the post-survey response

- identify and group survey items that, when combined, measure any overarching themes, eg, attitudes towards victims

- if robust themes were found, compare composite average scores for each theme from the pre to the post survey to identify any significant changes

- analyse the impact of demographic variables on the way participants respond to the surveys.

2.4.2. Interviews

A total of 48 interviews were transcribed and underwent thematic analysis.

Table 2.1: Number of interviewees per force

	Hertfordshire	Staffordshire	BTP	Total
Trainees	7	9	8	24
Trainers				9
Line managers	1	4	3	8
Senior managers	1	3	1	5
HR specialists		2		2
Total	9	18	12	48

A coding framework was created (**appendix D**) and all transcripts were coded accordingly. Key quotes were identified that supported the themes, which included:

- the context and culture surrounding vulnerability

- delivery of training

- content

- impact

- application.

2.4.3. Observations

In total, ten observations were conducted across the three forces. Observers completed a marking framework (**appendix E**) and provided a score for how thoroughly each element of the training was delivered, ranging from fully covered (1) to not covered at all (4). Observers also added comments on:

- trainee engagement and body language

- general reactions from trainees

- the level of interaction and discussion

- any other noteworthy points.

Data from observations was coded using the interview coding framework with mean scores calculated for each section (see **appendix F** for results). It is important to note that these observations, while adhering to a marking framework, were subjective and did not undergo inter-rater reliability testing. Six of the ten observations were conducted at BTP, with only one taking place at Staffordshire. The observation data was used to supplement the interview findings.

2.4.4. Reducing bias

Throughout the evaluation, care was taken to reduce the effect of bias on the data collection and analysis of results. The measures taken were:

- survey items were reverse coded

- question order was randomised

- questions were worded so not to indicate an obvious 'right answer'

- questions were simple and easy to understand

- interview questions were standardised, open-ended and non-leading

- interviews were recorded and transcribed for accurate analysis

- robust frameworks were used for observations, marking and coding.

3. Findings

3.1. Interpreting statistical analysis

Significance testing has been used to identify whether there are meaningful differences between the training groups, for example, between pre and post-training responses, and between intervention and control groups. Any difference found would suggest that the training intervention is affecting trainee knowledge, attitudes and confidence and, if statistically different, it can be concluded that the difference is very likely to be truly associated with the training intervention rather than owing to chance. This process cannot identify any direct causal relationship, but indicates that the effect and the intervention are correlated, which in practice is often interpreted as a strong indication that the intervention has had a direct effect on the outcomes measured. Significance is measured by a 'p value', and the lower the p value, the less likely it is that the result has been produced by chance.

While the significance level demonstrates the likelihood of the differences being due to the training, the 'effect size' shows the extent of the difference between groups, ie, how large the change was in scores following training. The effect size is represented by Cohen's d and is interpreted on a scale using benchmark figures – less than 0.2 = no meaningful effect, 0.2 = small, 0.5 = medium, and 0.8 = large (see Cohen, J. (1988) Statistical Power Analysis for the Behavioral Sciences. New York, NY: Routledge Academic).

In the context of this evaluation, table 3.1 shows the scale used for interpretation, however, they are guidelines and should not be interpreted too rigidly.

Table 3.1: Interpreting effect size

Cohen's d	Effect size
> 0.2	Not meaningful
0.2 - 0.34	Small
0.35 - 0.49	Small - medium
0.5 - 0.64	Medium
0.65 - 0.79	Medium - large
0.8 +	Large

3.2. Pre and post-training survey

In total, 552 individuals completed the pre-training survey and 536 completed the post survey across the three forces. Approximately (based on participants who provided their role) 71 per cent of respondents were classed as frontline officers and staff (according to HMICRFS' 2011 definition of frontline – see **appendix G** for a full demographic breakdown). A power analysis determined that the sample size was large enough to show a meaning difference between the groups.

Table 3.2: Sample size and response rate per force – pre vs. post

		Pre			Post		
	Total N	Number	Per cent by force	Response rate (%)	Number	Per cent by force	Response rate (%)
BTP	227	224	40.6	98.7	223	41.6	98.2
Hertfordshire	172	137	24.8	79.7	133	24.8	77.3
Staffordshire	222	191	34.6	88.9	180	33.6	81.1
Total	**621**	**552**	**100**	**88.9**	**536**	**100**	**86.3**

Results from the attitude, knowledge and confidence questions are discussed separately below.

3.2.1. Impact of training on attitudes

The pre and post survey assessed the immediate transfer of the training. Table 3.3 shows pre and post-survey mean scores, with 1 representing disagreement and 7 representing agreement. **Higher scores** and a **positive direction of change indicate a positive impact of the training** on frontline officers and staff. Conversely, lower scores and a negative direction of change means the trainees have not responded as expected based on the training content.

The results show that immediately after the training, trainees mostly demonstrated an **increase** in positive **attitudes** about vulnerability. Questions highlighted in green showed a significant difference in the expected direction, those in red showed a change in the unexpected direction and non-highlighted questions were not significant (full details in **appendix H**).

Table 3.3: Pre vs. post item-by-item t-tests

	Question	Mean change	Direction of change	Significant?	Cohen's d	Effect size
Q1a	I don't think it is important to let victims know I am sorry to hear about what's occurred	-0.19*	Negative	Yes	0.13	Small
Q1b	I believe the most important thing is to show a victim that I am competent	+0.09	NA	No	0.07	NA
Q1c	I will always make sure that I offer advice to victims	+0.31***	Positive	Yes	0.33	Small
Q1d	I make sure a victim is given an opportunity to tell me how they would like an incident resolved	+0.17***	Positive	Yes	0.19	Small
Q1e	It is not a priority for me to make an effort to demonstrate that I am listening to a victim	-0.02	NA	No	0.01	NA
Q1f	Some of the victims that I work with could behave better if they really wanted to	+0.41***	Positive	Yes	0.12	Small
Q1g	It is important to make a judgement about whether a victim is going to see a complaint through before spending too much time on it	+0.59***	Positive	Yes	0.40	Small to medium

Q1h	People get used to dealing with stress when repeatedly exposed to stressful situations	-0.30***	Negative	Yes	0.17	Small
Q1i	As a police officer I think it is important to ask difficult questions even if they make me uncomfortable	+0.51***	Positive	Yes	0.58	Medium
Q1j	When I am dealing with victims, I think it is very important to consider if there is more going on than meets the eye	+0.40***	Positive	Yes	0.51	Medium
Q1k	I will always try to leave victims with details of who else can help them	+0.22***	Positive	Yes	0.25	Small
Q1l	If a victim of a crime won't help themselves there is not much I can do to help them	+0.58***	Positive	Yes	0.40	Small to medium
Q1m	Having strong feelings in response to a victim's situation is an inevitable and normal part of policing	+0.63***	Positive	Yes	0.51	Medium
Q1n	It is my job to assess the victim's capability to help themselves and to support their needs	+0.63***	Positive	Yes	0.57	Medium

* p<0.05, ** p<0.01, *** p<0.001

The effect size represents the size of the difference between the two groups, represented by Cohen's d and are interpreted as follows: 0.2 = small effect, 0.5 = medium effect and 0.8 = large effect.

Two items demonstrated an unexpected direction of change, where trainees responded to the post survey in an unexpected way because of the training content:

- Question 1a: 'I don't think it is important to let victims know I am sorry to hear about what's occurred'. Trainees were more likely to agree with this statement following the training, which was not anticipated. The expected direction, given the content on trauma-informed policing and communications skills, was that trainees would think it more important to express that they were sorry to hear about what had happened. However, this extent of the change was only small and marginally significant. It is possible that, due to the negative wording, the question itself was confusing and may have contributed to the unexpected result.

- Question 1h: 'People get used to dealing with stress when repeatedly exposed to stressful situations'. Trainees were more likely to agree with this statement after the training, even though the training content discusses that people do **not** get used to stress. This was a highly significant result. There was only a small effect size, however, meaning the result was highly likely to be related to the training, but the actual difference between pre and post scores was small. This is concerning, as the training covered the impact of being repeatedly exposed to stressful situations as a child and its impact on brain development, including those working in stressful situations. The expected response would have been that more participants disagreed with this statement.

Only two items did not show a significant difference in any direction:

- Question 1b – 'I believe the most important thing is to show a victim that I am competent.'

- Question 1e – 'It is not a priority for me to make an effort to demonstrate that I am listening to a victim.'

Table 3.4: Direction of movement – pre vs. post attitude items

	Moved in the expected direction	Moved in an unexpected direction	No significant difference
Items (Q1)	c d f g i j k l m n	a h	b e

Overall, the analysis showed that trainees **demonstrated increased levels of many of the desired attitudes** following training, providing some immediate indication that it had a **positive immediate impact** on trainee **attitudes** around vulnerability.

The biggest changes in the expected direction were seen in items relating to the issue of looking beyond the obvious and supporting victims, although as there were no reliable factors, firm conclusions cannot be drawn at this time. However, there were some items related to this content that moved in an unexpected direction after training. To understand the potential reasons for the contradictory results, further investigation is required.

Negatively worded items included in the survey forced the respondents to cognitively engage with each statement and prevent the tendency to answer all the items in the same way. This method to reduce bias appeared successful, as a number of negatively worded question were significant in the expected direction, ie, the respondent had to answer these questions at the opposite end of the scale.

3.2.2. Impact of training on knowledge

Three of the four knowledge questions demonstrated a **significant change** from pre to post training, **indicating an immediate transfer of knowledge** following the training. Detailed results for the knowledge questions can be found in **appendix I**.

Question 2: What is the definition of 'vulnerability' in the context of policing?

Table 3.5: Question 2 t-test results – m pre vs. post

Question	Mean change	Significant?	Cohen's d	Effect size
Q2	+3.06***	Yes	1.42	Large

* p<0.05, ** p<0.01, *** p<0.001

The **biggest immediate impact** of the training was on trainees' **understanding of what vulnerability means** in the context of policing.

The pre-training survey had a low mean score (1.37) for this question as a result of many respondents answering it with a list of the characteristics which could make somebody vulnerable to harm (eg, ethnicity, sexuality, religion). Post training, respondents referred to more elements of the definition, and in some cases, it was answered verbatim. This suggests the possibility that some or all of the trainees may have had sight of the definition and made use of it when responding to the question.

Question 3: Please list the personal characteristics and three situations or circumstances you are likely to consider when determining if someone is vulnerable to harm.

Table 3.6: Question 3 t-test results – pre vs. post

Question	Mean change	Significant?	Cohen's d	Effect size
Q3	+1.63***	Yes	0.75	Medium to large

* $p<0.05$, ** $p<0.01$, *** $p<0.001$

Following the training, trainees were able to provide **more examples of risk factors** that make a person vulnerable to harm. The average number of items listed rose from 2.83 to 4.46, a **highly significant** result showing a **medium to large** difference between groups.

Question 4: Describe some tactics or approaches you could use to achieve good communication with vulnerable people.

Table 3.7: Question 4 t-test results – pre vs. post

Question	Change	Significant?	Cohen's d	Effect size
Q4	+0.67***	Yes	0.60	Medium

* $p<0.05$, ** $p<0.01$, *** $p<0.001$

Trainees' **knowledge of approaches to communication increased** following the training, with the average mark rising from 1.28 to 1.95. This was **highly significant**, showing a **medium size difference** between groups. Question 4 had the lowest response rate, which could be due to the separation of question and answer box on different pages of the survey.

Question 5: In what ways does being subject to a traumatic experience affect an individual?

Table 3.8: Question 5 t-test results – pre vs. post

Question	Change	Significant?	Cohen's d	Effect size
Q5	+0.18	No	0.11	NA

A statistically significant change in the mean score was not observed for this. Most commonly, marks were scored in both the pre and post surveys for citing PTSD, and the fact that trauma affects everybody differently.

Overall, results from the knowledge questions show that the training had a **substantial positive impact** on trainees' **knowledge**. Immediately after the training, **trainees' knowledge** about vulnerability had **significantly increased**. Respondents did not demonstrate increased knowledge about the impact of trauma on individuals, however, and further investigation is required to understand the reason for this finding.

3.2.3. Impact of training on confidence

Question 6: How confident are you that you know where you can refer vulnerable people to in your area?

Table 3.9: Question 6 t-test results – pre vs. post

Question	Change	Significant?	Cohen's d	Effect size
Q6	+0.31***	Yes	0.34	Small

* $p<0.05$, ** $p<0.01$, *** $p<0.001$

This question response was based on a Likert scale from 1 (very unconfident) to 5 (very confident). Following the training, respondents reported an **increase in confidence** in their knowledge of **where to refer vulnerable people**. The average score increased by 0.31 between the pre and post surveys, which represents a small effect.

Overall, the pre and post surveys showed that the training had an **immediate and generally positive impact** on trainees' **attitude, knowledge and confidence** around vulnerability.

3.3. Follow-up attitude survey

The follow-up attitude survey measured and compared attitudes between a control group (N=111) and the intervention group (N=204) one month after training. Approximately 69 per cent of the control group were classed as frontline staff compared to 85 per cent of the intervention group (based on trainees who provided their role), however, this demographic factor was not included in the analysis due to a small sample size.

The intervention group included all police officers and staff who had completed the training, and the control group was identified by matching the demographic characteristics of the

intervention group (eg, role, gender). A power analysis determined the sample size sufficient for meaningful analysis.

Table 3.10: Number of responses by force

	Control				**Intervention**			
	N	Number	Per cent by force	Response rate (%)	N	Number	Per cent by force	Response rate (%)
BTP	178	32	28.8	18.0	227	51	25	22.5
Hertfordshire	150	58	52.3	38.7	172	63	30.9	36.6
Staffordshire	n/a	21	18.9	n/a	222	90	44.1	40.5
Total	**n/a**	**111**	**100**	**n/a**	**621**	**204**	**100**	**32.9**

The demographic profile is shown in **appendix J**. Care was taken to match the demographics of participants in the control and intervention groups. The groups differed significantly in terms of gender and length of service, however, with the control group demonstrating a higher proportion of male respondents and a lower proportion of respondents with 20+ years' experience. This is not considered to confound the results, as no significant differences were observed in how the control group responded to the survey items.

3.3.1. Positive longer-term impact of training

Item-by-item t-tests assess the impact of the training on each question. Twelve out of 53 individual items showed a significant difference between the control and intervention groups.

The results in table 3.11 show that the training had **longer-term positive impact** on some areas of the trainees' **knowledge and attitudes**. All questions with statistically significant differences in scores moved in the expected direction – that is, the mean scores were higher in the intervention group than the control group (full details can be found in **appendix K**).

Table 3.11: Attitude survey item t-test results – intervention vs. control

Question number	Question	Mean change	Cohen's d	Effect size
4a	I am very confident that I can identify vulnerable individuals	+0.24*	0.28	Small
4d	I am fully confident using the THRIVE model	+0.49**	0.36	Small to medium
5a	I should keep questioning limited to the current matter being dealt with	+0.64**	0.68	Medium to large
5c	Negative early life experiences affect people's response to trauma	+0.37*	0.29	Small
6e	A frontline response officer should focus on the circumstances of the incident they attend	+0.49**	0.34	Small
6h	When thinking about risk I look beyond the immediate person to others who might be affected	+0.37*	0.28	Small
6l	I lose patience with people who don't help themselves	+0.46*	0.31	Small
6v	It is better to focus on what happened than to focus on how a victim is feeling	+0.44*	0.35	Small to medium

6bb	Often situations I am involved in are more complex than they initially appear	+0.37*	0.32	Small
7a	How familiar are you with the impact of ACEs?	+0.75**	0.43	Small to medium
7b	How familiar are you with the impact of trauma on victims?	+0.58**	0.39	Small to medium
7c	How familiar are you with the 5F (friend, fight, flight, freeze, flop) responses to overwhelming threat or trauma?	+1.58***	0.93	Large

On a 7-point Likert scale, with 1 representing disagreement and 7 representing agreement, higher scores and a positive direction of change is considered 'good'.

* $p<0.05$, ** $p<0.01$, *** $p<0.001$.

3.3.2. Identifying themes from survey results

To investigate the impact of the training at a macro level, exploratory factor analysis has been used to group related survey questions into underlying 'factors' (see **appendix L**). A factor is comprised of a number of survey questions, which, together, measure an overall theme. This technique reduces the number of questions and allows analysis at the 'theme' level. Themes (subsequently referred to as factors) were identified by cross-referencing the questions from the factor to the relevant training material. A brief description of each factor follows, and full details can be found in **appendix M**.

- **Factor 1:** General approach to vulnerability (14 items) – this contained items from a broad range of vulnerability topics which included many approaches to dealing with vulnerability, from building resilience to communication techniques.

- **Factor 2:** Familiarity with aspects of vulnerability (3 items) – containing 'familiarity' questions with specific elements of vulnerability.

- **Factor 3:** Model use (3 items) – including questions that related to using vulnerability focused models, such as THRIVE and the National Decision Model.

- **Factor 4:** Response to trauma (3 items) – items relating to the psychological and physical impact of trauma on victims.

Factors have to be reliable to be used in further analysis, meaning they are an accurate measure of the underlying theme. Reliability is measured by Cronbach's alpha – an alpha of 0.7 or greater means the factor is acceptable to use for analysis (see Nunnally (1978) Psychometric theory (2nd ed). New York: McGraw-Hill). Factors 1, 2 and 4 demonstrated a reliability score greater than 0.7, meaning that the factors are a reliable measure of the underlying theme (eg, response to trauma) and can be used as a composite measure for analysis. Factor 3 had a reliability score of 0.68, 0.02 below the accepted cut-off point. Due to the marginal difference, however, the factor will be deemed sufficiently reliable to be used for further analysis.

3.3.3. Significant differences between control and intervention group

The factors were analysed to explore if the training affected knowledge and attitudes at a macro level. As 1 represents disagreement and 7 represents agreement, a higher score in the intervention group and positive mean difference demonstrates the training had the desired effect.

Table 3.12 shows that Factor 2, familiarity with aspects of vulnerability, showed **a significant difference** between groups, with a **medium to large effect size**, and Factor 3, model use showed a **significant difference** with a **small effect size**. Factor 1 and 4 did not show any significant differences. The effect size represents the size of the difference between the two groups, represented by Cohen's d and interpreted on a continuum, with the following benchmarks: 0.2 = small effect, 0.5 = medium effect and 0.8 = large effect. Detailed results can be found in **appendix N**.

Factor 2, familiarity with aspects of vulnerability, demonstrated the largest effect, which suggests that the training had the biggest association with increased awareness and familiarity with specific aspects of vulnerability. Factor 3, model use, suggests that the training was linked to increases in reported understanding of the practical use of models such as THRIVE and the National Decision Model.

Table 3.12: Attitude survey factor t-tests – intervention vs. control group

Factor	Factor name	Mean difference	Significant?	Cohen's d	Effect size
1	General approach to vulnerability	0.17	No	0.21	NA
2	Familiarity with aspects of vulnerability	0.49***	Yes	0.70	Medium to large
3	Model use	0.29*	Yes	0.29	Small
4	Response to trauma	0.09	No	0.08	NA

* $p<0.05$, ** $p<0.01$, *** $p<0.001$

Overall, the follow-up survey showed that the training had some **positive impact** on the **long-term attitudes** and **knowledge** of trainees, specifically around understanding **different types of vulnerability** and using **models to support vulnerable people**.

In the intervention group, only 23 per cent of items showed a significant difference in the expected direction compared to the control group. The difficulty in finding a difference between the two groups could have been influenced by the high level of desired knowledge demonstrated by the control group. In the control group, 34 of the 53 items (64.2 per cent) showed mean scores of 5 or above (indicating agreement with the statement – see **appendix O**). This means that respondents who did not receive the training showed an already high level of knowledge about vulnerability, which could not be significantly differentiated from the intervention group. Development of the training and/or measurement tools to access a higher level of knowledge may mitigate this in future.

3.3.4. Demographic differences

An ANOVA was conducted to explore if there were any significant differences in responses to each factor caused by demographic variables. Force and gender showed significant differences.

There were no significant differences in the way the control group responded to each factor for force and gender, meaning all forces and genders had the similar baseline level responses.

In the intervention group, significant differences were found for Factor 1, general approach to vulnerability and Factor 3, model use, across forces and gender (see **appendix P** and

appendix Q for results). This means trainees responded to items from Factor 1 and 3 differently, depending on their gender and which force they belonged to. Due to the small sample size, this finding could not be explored further.

3.4. Interviews and observations

3.4.1. Introduction

The chapter structure is:

- views on the training delivery, including how receptive trainees were to the training, what interviewees thought about the materials used, the format of the training day and whether the demographic group structure was effective
- views on the training content, whether the content was repetitive of previous training, appropriate for the audience and opinions of interviewees on the utility of the specific sessions
- evidence of frontline staff applying their new knowledge and techniques to incidents after the training
- the degree of impact of the training on knowledge, attitudes and culture.

Table 3.13 shows the sample breakdown of interviews, based on the analysis.

Table 3.13. Number of interviews conducted to date

	Hertfordshire	Staffordshire	BTP	Total
Trainees	7	9	8	24
Trainers				9
Line managers	1	4	3	8
Senior managers	1	3	1	5
HR specialists		2		2
Total	9	18	12	48

Interviewees refers to all job roles (trainees, senior leaders, human resources, trainers and line managers) and all forces unless otherwise stated. **Trainees** refers to only the sample of interviewees who attended training.

3.4.2. Delivery

Overall, trainees thought their trainers were effective, that materials were diverse and that the co-delivery of training was constructive. They also felt trainers with a policing background were better able to relate the training material to real-life scenarios than trainers from the third sector.

This was reinforced by the observation data. This was because they were able to connect the training content to the daily experiences of police officers and to answer questions more effectively, in comparison to those with limited policing knowledge:

> 'I had the impression that the people delivering it were delivering a training course rather than actually having the experience, the depth of knowledge needed. With some of the challenges, they weren't able to contextualise and it actually became more frustrating for staff rather than beneficial.'

> Line manager, Staffordshire

Most of trainers emphasised that having flexibility in delivery was important and valuable, as it allowed them to accommodate the needs of specific audiences, although one trainer commented that the training 'needs to be more planned in regards to what they expect us to do, and give us the time to do it'.

Trainees' perception: background matters

Observation data suggests that trainers facilitated rather than 'taught' the training. This was demonstrated by asking probing questions, encouraging discussion, reflection and linking personal experiences to the learning points.

Most trainees thought their trainer was good and delivered the materials effectively.

A minority of trainees commented that their 'third sector' trainers were more engaging and knowledgeable on the issue of vulnerability, such as those with a counselling background. A number of interviewees highlighted the need to invite vulnerable people with lived experiences and that delivery should be co-led by such people:

> 'You've got to be able to put the science and the theory into stories about real life and then that makes it real for the audience… the material is dry, so you've got to inject a bit of life into it.'

> Trainee, Hertfordshire

Trainers' perspective: co-delivery works

All trainers thought co-delivery by two trainers rather than one was effective for the training.

> 'It gives people the break because you've got one person and somebody different and then also if you kind of miss something there's somebody else to kind of chip in with that.'

Trainer

While most trainers were positive about co-delivering the training, a minority of trainers commented about issues with their co-trainer. For example, some third-sector trainers would have preferred ex-police trainers to focus on the vulnerability content rather than straying into policy and procedure, as they thought this had a tendency to detract from the learning outcomes.

3.4.3. Materials

Overall, interviewees thought the materials used for the training were effective and diverse.

> 'I thought it was one of the more useful training courses I have been on […] I think there was a good mixture [of materials] there to keep people engaged and I would say it did keep my attention and I did feel like I benefited.'

Trainee, Hertfordshire

A few trainees felt that the materials could have been more interactive with more relevant case study examples and that there was too much reliance on PowerPoint presentations.

Trainers felt that sharing good practice was a particularly useful session, and that future roll-out should allow for more time on this. Others suggested providing background materials and hand-outs to help refresh trainees' memory after the training.

Training format and structure

Most interviewees felt the structure was appropriate, but that the training should be shortened. Case study videos should also be shortened or split over two days, and more time allowed for group discussion.

Group structure

Most interviewees were very positive about the mixed group structure. Trainees and trainers felt the variety of perspectives and experiences of dealing with vulnerability added value to discussions:

'The people have been doing it for ages and can draw out and pull out the confidence of the novices, and the novices have the capacity to challenge the complacency of some of these old, more seasoned lads […] I don't think [separating delivery by role] stretches the learning.'

Trainer

3.4.4. Content

This section focuses on the content of the overall training and analyses reactions from interviewees to specific sessions of the training.

While many trainees were satisfied or positive about the content, others found the content too basic or said they did not learn anything new. This variation was broadly reflected by site, with one site (BTP) being far more positive about the content of the training than the other two sites (Staffordshire and Hertfordshire).

Most interviewees from Hertfordshire and Staffordshire felt that most of the content was targeted at a basic level of understanding for those with limited prior knowledge of vulnerability.

'I didn't feel like I learned something that I didn't already have knowledge of vulnerability on…it was a bit like sucking eggs.'

Trainee, Hertfordshire

'[It was] condescending and patronising, [there was a] lack of knowledge – you need to know the organisation.'

Trainee, Staffordshire

Duplication of previous training

Most interviewees from Staffordshire (and two interviewees from BTP) identified previous training they had undertaken which they felt had already covered topics within the vulnerability training. Courses with duplication included:

- child sexual exploitation
- modern slavery
- human trafficking
- domestic violence (including training by Women's Aid, focusing on FGM, modern slavery and human trafficking)
- Alzheimer's/dementia training.

Range of vulnerabilities: too focused on domestic violence

A majority of interviewees at Staffordshire and Hertfordshire felt the training was too focused on domestic abuse or violence:

> 'I think it came across to the officers as "we keep making these mistakes around DA victims and we're not looking after DA victims enough". It's not about DA victims! It's about being able to recognise vulnerability in all its forms.'
>
> Human resources, Hertfordshire

Most trainees from Staffordshire and some of the trainers interviewed spoke about the need for more information on signposting to third-sector organisations and partner agencies to which vulnerable people can be referred. A number of Staffordshire interviewees stated that they would find incorporating local, bespoke information on partner agencies and signposting useful in the training.

Other common feedback on the content of the training included:

- a number of Staffordshire and Hertfordshire interviewees felt the material was dated and that they have known the information for 'years'

- trainees reported that content could be deeper to extend their knowledge – those doing specialist roles wanted more detailed content in their respective specialisms

- a few interviewees suggested training should include more practical elements to provide the force with concrete actions for when vulnerability is identified

- a number of trainees felt that examples of vulnerability were not current – more modern examples, such as internet crime and modern slavery, were cited as being more relevant for training purposes.

Tailoring content to the force

A number of interviewees suggested that the content could be more tailored to the force area to provide bespoke information on partner agencies and services. All training delivered at Hertfordshire provided information about Herts Help – an umbrella organisation made up of a network of community organisations that provides information and advice on referrals. Trainees found this particularly useful.

Observation data suggest that while most training content was well covered, some specific areas were not so thoroughly covered:

- specific approaches on how to deal with types of vulnerable people – this was reinforced by interviewees, suggesting more practical 'tips' would be useful

- on perpetrators – often vulnerable themselves and at risk of major harm

- working with partners – while partnership working was covered, the 'three level approach' (see **appendix Q**) was rarely explicitly mentioned and, in the most part, the three levels of intervention were not discussed thoroughly

- professional curiosity and looking beyond the obvious – there was a mixed response to this element, with observers either rating it very high or very low, and one person commented that it was not a specific part of the training material

- empathy and being non-judgemental – about half felt that this was partially or not covered at all in the 'communication' section

- discussion of the different contexts in which grooming can occur

- inability to always 'control' behaviour – observations suggest that, during the neuroscience section, this was the least covered section and, in one case, trainers 'skipped over' brain science and moved straight to responses to trauma.

Appropriate audience

Overall, there was no consistent pattern in receptiveness by cohort type but all interviewees thought the training was appropriate for frontline staff. While older or more experienced staff felt the training would be useful for new recruits, younger and less experienced staff felt the training would be useful for older officers as a refresher to update their knowledge. In short, each cohort thought the training had something to offer the other. Furthermore, the statistical analysis showed that impact of the training did not vary by the trainee's seniority or length of service.

3.4.5. Specific sessions

This section focuses on the specific sessions in the training. The two most popular sessions identified by interviewees were the case study videos (with facilitated discussion) and neuroscience. Trainees thought the case study videos were impactful, and that the neuroscience session was interesting, with some trainees finding it relevant to their job. See **appendix R** for session descriptions.

Opener discussion

Trainers invited trainees across all forces to 'air their grievances' on a flip chart to discuss the key issues around dealing with vulnerability effectively. Some trainees and observers commented this was time consuming, set a negative tone for the day and risked compromising the time allocated to the body of training. Others, particularly trainers, found

the session both a useful icebreaker, however, and a necessary discussion to understand the specific issues that trainees were facing regarding vulnerability.

Introduction video

The video of DCC Karen Manners, introducing vulnerability and the 'risk from harm infographic', was received very positively by trainees. They felt it set the tone for the day and demonstrated buy-in from senior police officers. Trainees felt that Karen Manners was passionate about the subject and the anecdote used effectively demonstrated the complexity of vulnerability.

However, many trainees felt the video was too long and could be punchier. Furthermore, some trainers felt that the video tried to provide 'all the answers' and did not encourage the trainees to think for themselves.

> 'We basically said, "Here's your answers, now what's the question?" That's not stretching learning!'

> Trainer

Definitions of vulnerability

The new definition of vulnerability was, on the whole, received well. Many interviewees were positive about this session and commented that a shared definition to apply across the force would be beneficial to them.

Neuroscience

Most interviewees found the neuroscience content interesting and some trainees could see how the learning could be applied in their daily work. A minority of interviewees did not find the session useful, however, or could not see the relevance to their role. While all trainers endorsed this session and reported good reception from audiences, the majority commented that they should increase the interactivity and reinforce relevance by highlighting how content applies to the trainees' jobs roles.

Response to threat

In response to content on trauma informed working, overall, trainees were positive to the 5 'F' responses to trauma. Many trainees commented that it helped them understand the response of vulnerable people or served as a useful reminder/refresher. However, some interviewees felt this session was not useful or a repetition of previous training.

Trainers generally reported a positive response to this session but suggested that it needed to use real cases (possibly by using trainees' real-life examples) to illustrate the 5 Fs.

Adverse childhood experiences

Some trainees found this session on the impact of trauma in childhood useful. However, other interviewees could not recall the session. A minority of trainees did not feel it was relevant to their job (such as PCSOs), but the majority felt the session needed more depth and explanation of relevance.

> 'I didn't feel that the material was particularly in depth there for us […] I felt it could have had a little bit more work put in to explain the purpose of it. I didn't really feel, as a trainer, I fully understood what I was training with that.'
>
> Trainer

Facilitated discussion about the case study videos

Most trainees found the case study videos and subsequent facilitated discussion useful and impactful. Likewise, trainers commented that this session got a good reception, but that the videos were too long.

> 'That was really good, it shows the impacts on people's lives, and not only them but the people living with them. It clearly showed us how things eventually folded on and what exactly what we should be looking for, signs and symptoms.'
>
> Trainee, BTP

A minority of trainees felt the case studies unfairly or implicitly criticised force response to incidents involving vulnerable people or were poor-quality case studies. A number of trainees and trainers stressed the need to include other modern and diverse types of vulnerabilities in the case study videos. A number of trainees at BTP could not see the relevance of the case studies to their job, due to the differing nature of their environment.

> 'The videos did not work […] In one video there was an incident which couldn't physically happen in this police force as we have the policies and if they did it they would be sacked. If they knew their audience it would be better.'
>
> Trainee, Staffordshire

Professional curiosity

Reactions to the professional curiosity and 'looking beyond the obvious' content were mixed. BTP trainees and two trainees from the other sites were very positive about this session.

Staffordshire and Hertfordshire interviewees generally reported that the theme was useful, however, but that it served as a refresher or was not practical to fully apply due to time constraints in their day-to-day role. Trainers commented that time spent on this session should be limited.

> 'Personally I haven't heard of the expression 'professional curiosity' in police training until then. I think it's vital. It should come on your very first day of police training and be reiterated throughout your career.'

> Trainee, BTP

Working with partners (three-level approach)

Many trainees could not specifically recall working with local partners to support vulnerable people. It appeared that trainers took a diverse approach and adapted or did not explicitly introduce the session, which may explain why trainees could not recall it. Our interview findings strongly suggest that trainees found identifying their local partners useful and practical and that the training would benefit from adding further, local knowledge of partner agencies and signposting (see tailoring content above).

Managing risk

Overall, content about managing and referring risk was not well received. Many trainees felt that this was not new material. Furthermore, a number of trainees commented that they undertake risk assessment through THRIVE, and therefore this session was not especially useful.

> 'It's sort of relevant but again particular roles are used to doing that aren't they? Because everything that we do is kind of risk-led and based on what level of risk you are and the response […] it's just kind of reinforcing what they should already know.'

> Trainer

A Hertfordshire line manager commented that they were disappointed with this session as they wanted a risk-assessment model which would signal levels of vulnerability and equate this level to where and when to refer to a partner agency.

Sessions trainees could not recall

Most trainees could not remember the content of the following three sessions:

- **Perpetrators** – interviewees who could recall the content of this session felt that it was 'not new information'.

- **Communication** – trainees were invited to discuss how effective communication can determine a person's ability to disclose and remain engaged. Interviewees who could recall this session did not find it useful as they felt it was 'basic policing practice'.

- **Self-care/building resilience** – the purpose of this session was to highlight the importance of support strategies to cope with long-term pressure in the here and now, as opposed to other pressures which may be very different. Interviewees who could recall this session said they did not find it useful or found it 'superficial'.

The next section explores whether there were any examples from interviewees of incidents where the training content had been applied in cases where frontline staff have dealt with a vulnerable person.

3.4.6. Application

BTP trainees were much more likely to identify practical changes in how they worked as a result of the training than the other two forces. Examples of training being used include:

- Staffordshire: incorporated content from ACEs session into a training day on problem-solving

- Staffordshire: applying learning with the Crown Prosecution Service to explain 'perverse' victim and perpetrator behaviour

- Hertfordshire: information on partner agencies used to assist in safeguarding a child in a theft case

- BTP: considering the wider impact of vulnerability in immigration cases and foreign offenders

- BTP: using risk assessment from the training to identify high levels of vulnerability in an individual, for example, changing outfit and environment to make the vulnerable person feel safe and ultimately preventing suicide attempt.

3.4.7. Impact

The final section of analysis discusses the detected impact of the training on knowledge, attitudes and culture.

Overall, interviewees felt it was too early to detect any cultural impact. Many interviewees felt the training provided some useful information, however, and/or served as a refresher of knowledge and some commented that future HMICFRS inspections may detect impact. Senior leaders and trainers suggested an impact may be detected in the next 12 months but embedding learning from the training should be a long-term objective.

Many trainees felt they did not acquire new knowledge, that the content repeated that of previous training and they applied the content already as they deal with vulnerable people daily. This perception is contradictory to the survey results, however, which showed a positive immediate and longer-term impact on knowledge due to the training.

> 'I don't know if it's changed my attitude, to be honest. I'm quite open to the vulnerability where vulnerabilities can be, but I think that a lot of people don't always see that […] I think personally for me it is something that we use daily.'

> Trainee, Hertfordshire

However, almost half of the trainees stated that the training had either served as a useful refresher, made trainees more aware of vulnerability or encouraged them to assess cases in more depth to ensure there were no hidden vulnerabilities.

> 'Definitely made me look at people differently and assess them a bit more, I'd look a little bit deeper than what you see on the surface.'

> Trainee, BTP

One trainer spoke about an exercise they ran at the end of the training, asking trainees to identify actions they would do differently as a result of the training, which they perceived as a successful way to embed the learning.

3.4.8. Summary

- The co-delivery and flexibility given to trainers worked effectively. The mixed group structure worked well but the training should be shortened.

- One site (BTP) was far more positive about the training content. Trainees from Hertfordshire and Staffordshire found the content too basic.

- Trainees wanted more tailored content to the specific force in terms of information on signposting and partner agencies.

- It was too early to detect any cultural impact from the training. Many interviewees felt the training provided some useful information, however, or refreshed knowledge.

4. Discussion

In the context of the changing nature of policing, this pilot evaluation study has sought to establish whether a training programme, designed to improve the way the police respond to vulnerable people, has been effective in improving the knowledge, confidence and attitudes of frontline staff.

The results of the pre and post surveys, which explored immediate knowledge acquisition and attitude difference following the training, suggest there were a number of developments in knowledge and attitudes around vulnerability. One month following the training, the results indicate some sustained increase in knowledge around specific areas of vulnerability and confidence in using appropriate models to protect vulnerable people.

4.1. Immediate impact

4.1.1. Attitudes

In the pre and post surveys, **most attitudes** explored showed **significant positive change**. Despite no reliable factors emerging across attitude question areas, the four questions which individually showed the most significant and meaningful change examined two particular aspects of the training: working in a trauma-informed way and an officer's role and response in dealing with vulnerability. Without evidence of factors, this is not indicative of a generalised attitude shift but suggests that, in relation to the specific items, officers are expressing changes in their attitudes.

Notably, two of the pre and post attitude questions showed a **change in attitude** strength in the **opposite direction** to that expected. Instead of trainees developing a more positive attitude and expressing sympathy to victims, the trend was towards considering expressed sympathy less important. The second area that moved in an unexpected direction was more significant and is an attitude that is more aligned with knowledge acquisition around the effect of repeated exposure to stress or trauma. This raises questions about why this would occur and further investigation may help to understand the mechanism in order to ensure accurate knowledge acquisition.

These findings may also be due to perceived ambiguity of the question itself. Little time was available for extensive cognitive testing during the development of the pilot evaluation. Subsequent testing and the results from the pilot surveys have been used to address this issue through developing measurement tools for use in evaluating training roll out. Another

explanation linked to training delivery might be related to the observed differences in consistency of coverage of a number of relevant training elements, including neuroscience and a non-judgemental approach in the communication module.

Two items around the importance of demonstrating **competence** and demonstrating **listening** were **non-significant** despite a prediction that attitudes would become more positive. If these topic areas are considered important in the context of dealing with vulnerability, the **training (design, content and delivery) should be further reviewed** to investigate why it did not motivate the desired learning outcomes in these areas.

It is not possible to discount the possible influence of social desirability or other motivational factors on the changes in attitude strength. Given that the majority of the questions showed significant changes in line with predictions, however, it seems likely that the training had an immediate positive effect on attitudes in the direction of more informed and aware attitudes to vulnerability and vulnerable individuals for trainees.

4.1.2. Knowledge

Three of the four knowledge questions used in the pre and post measures demonstrated significant differences in expressed knowledge in the expected direction immediately following training. Along with the significant increase in confidence in knowing where to refer vulnerable people, this indicates that the training developed usable knowledge for immediate recall in terms of the definition of vulnerability, the characteristics and circumstances to be considered when deciding if someone is vulnerable to harm and the approaches to use to support communication with vulnerable people. The effects of experiencing trauma was the only knowledge area that did not show significant development in the post test, which may be of concern given the importance of understanding this in relation to vulnerable people experiencing trauma.

One possible contributing factor may be that this knowledge question was the final one on the survey and there appears to be a declining trend in effect sizes from the start to the end of the knowledge questions. Consequently, the later questions may be influenced by respondent fatigue. This could have been compounded by later questions having larger answer boxes and potentially many more 'correct answers', which could have paradoxically discouraged responses. A less structural contributor may have been the inconsistent and in some cases minimal time spent on understanding the neuroscience of trauma as mentioned above, which may have led to variable responses across trainees and an inability to find significant statistical change.

An alternative underlying reason might be the fact that this knowledge area has close correspondence with the most unexpected attitude change discussed above – that of an increased belief that people get more accustomed to dealing with stress as a result of repeated exposure, which is not in line with training objectives. This is a consistent pattern across question type addressing the same aspect of vulnerability. This suggests that further research and investigation is warranted to understand why training designed to achieve positive change has achieved negative change in both knowledge and beliefs around the effect of exposure to stress.

The question testing knowledge of the definition of vulnerability demonstrated the largest effect size of all the questions in the pre and post survey. Respondents in the post-training survey were able to provide a significantly more comprehensive definition in line with the training material. As mentioned previously, however, it is possible that this was not recalled and so may not represent evidence of learning.

4.2. Longer-term impact

The follow-up attitude survey, distributed a month after the training, was designed to understand the longer-term impact of the training. Trainees were asked about their attitudes and their confidence in referring people on and their familiarity with aspects of vulnerability (attitudes to own knowledge).

Four attitudinal factors were identified. Two of the four – dealing specifically with meta-knowledge attitudes around certain indicators of vulnerability and models used in working with vulnerable individuals – demonstrated a significant difference between the way those in the control and intervention groups responded to the questions. The results indicated that the training was **successful** at sustaining a **longer-term** increase in trainees' **familiarity with different elements of vulnerability** and a smaller increase in their **confidence with using models** that support vulnerable people.

The difference between male and female trainees that emerged in the two factors is not considered to be of much consequence in considering the effectiveness of the training programme. There are a number of possible causes for this, such as gender-stereotypical responses to knowledge acquisition and social interaction. As the differences are minimal, further research in this area would be tangential to the main purpose of the evaluation. In order to **minimise** the potential of the training to facilitate **gender differences**, however, care should be taken **not to reinforce gender stereotypical roles**, eg, only representing women as victims in case studies.

Differences in attitudes between **forces** that emerged following training are more informative, although further investigation is required to be more certain about underlying causes and the potential implications for training design and delivery. **Many factors could be mediating this effect**, including training delivery, other training, peer-learning effects and organisational culture and policy. These could be **explored further** to ensure training **effectiveness is maximised** in relation to the context in which it is delivered.

For the non-significant factors, the 'approaches to vulnerability' and 'responses to trauma' items were trying to establish subtle attitudinal differences. **Attitudes are typically stable and enduring states** which are influenced by a range of internal and external factors, meaning they cannot easily be changed (see Ajzen, I. (1991) 'The theory of planned behavior'. Organizational behavior and human decision processes, 50(2), pp 179-211).

In this context, it is **not surprising** that, following one day of training intervention, the analysis has **not distinguished** non-knowledge-related **attitudinal differences** between the intervention and the control group. Given that the course covered these elements, what cannot be assumed is that that behaviour has not changed, even if attitudes measured shortly after training have not. Given the evidence that counter-intuitively, behaviour change can lead to attitude change, it is possible, albeit unexpected, that attitude changes may follow (see Olson, J. M., Stone, J. (2005) The Influence of Behavior on Attitudes. In Albarracín, Johnson & Zanna (eds.) The handbook of attitudes. Lawrence Erlbaum Associates.

An additional factor which may have made it more challenging to identify attitudinal change is that the mean scores for the control group were relatively high. In 64 per cent of items, respondents from the control group showed some level of the desired response, suggesting the **control sample may already have had high levels of the 'desired' attitudes**. To detect attitude differences between groups where initial measures are high and similar, a training programme would need to be highly consistent and effective and the measurement tools extremely sensitive and reliable across trainees, neither of which is usual at early design stage. Additionally, given that attitudinal change is complex, multi-faceted and difficult, it may be that efforts expended here would be ineffective in revealing any change without further development of the training. Even with changes to these two aspects, there are many other uncontrollable mediating factors in attitude change, such as organisational culture, individual motivations and drivers and other non-training-related influences on attitudes.

Often organisation-wide and long-term approaches are needed to change attitudes. This means that changes in knowledge and familiarity (meta-knowledge) may be the most

appropriate or revealing short-term measurement aim for single training interventions around vulnerability. The significant results around knowledge and familiarity demonstrated in the pilot indicate that these have been achieved in many instances.

Although the factors identified as particularly relevant at design stage were not supported by the way trainees responded to the surveys, when exploring the results at the question (rather than factor) level in relation to the evaluation aims, 12 items showed a significant difference between the control and intervention group. Of these, five questions were developed from the trauma-informed working content and three related to professional curiosity. These all demonstrated sustained change following the training, differing significantly to the responses of the control group.

However, a number of other items relating to these topic areas were not significant. Due to the contradictory findings and the absence of factors to analyse at a higher level, firm conclusions cannot be drawn and further exploration is required. Only one question from the self-care content and none from communication and empathy were significant, some possible explanations for which have been discussed above. While we cannot draw generalised conclusions about the topics as a whole, the results tentatively indicate that, in particular, the self-care and communication and empathy sessions require further consideration and development in light of desired changes in knowledge and attitudes.

4.3. Perceptions of the training

Mixed training groups, with different roles and levels of seniority attending the same training, were considered an advantage by most interviewees. Sharing experiences and knowledge between trainees, especially from very experienced members, enhanced the learning and provided the lived experience and practical advice that many trainees wanted and could take away. There were no patterns of resistance to the training and most interviewees felt that the training would be especially useful for all frontline staff. Cumulatively, this indicates that the training is **targeted at an appropriate audience**.

Making time for discussion, sharing best practice and identifying partner agencies in group work was very effective for trainees. Many trainees aired their frustration about working with partner agencies, but it transpired that many were not aware of the full range of partner support available to them. In some training sessions, trainees spent time **identifying local partners** which trainees found **especially useful and an impactful tool** to take away.

The **co-delivery** of the training by a local and College trainer **worked effectively**. Trainees appreciated the **different perspectives each party contributed**. On the whole, transitions between divisions of content were smooth. There were no unhelpful interruptions and each

trainer added value to the delivery. Allowing trainers to use their experience to engage and deliver the material flexibly (and, to some extent, according to site needs) was considered effective. There was variation in delivery of specific content, however, which led to differences in knowledge acquisition. This had a potential impact in differences in attitude change – for example, across forces or more randomly distributed, so **more consistency** through increased oversight and control over adherence may improve efficiency and effectiveness across all trainees.

Materials were seen as **diverse and effective**, using a range of engaging methods, such as videos, group discussions, PowerPoint slides and personal reflection. Trainees were particularly positive about specific sessions, which included:

- case study videos and facilitated discussion
- three-level approach/working with partners
- the definition
- neuroscience
- the '5 F' responses to trauma.

Additionally, **establishing a common concise and multifaceted definition of vulnerability was useful**, alongside the infographic.

Some of the trainees interviewed felt that the training had served as a useful refresher, made trainees more aware of vulnerability or encouraged them to assess cases in more depth. In one force (BTP), the training seems particularly effective, as the majority of trainees had applied learning from the training to specific incidents. It may be worth some further consideration about why this was the case. The qualitative research to date suggests that it may be related to having had limited prior training on dealing with vulnerability. This might also go some way to explaining the lower effectiveness for retaining knowledge and attitude change, if the force as a whole is relatively new to the content. In the context of a low-knowledge force, a more substantial effort may be required for the longer term.

4.4. Conclusions

Our analysis of trainee surveys and in-depth interviews has shown that the training is associated with immediate improvements in attitudes and knowledge following training and, to a lesser extent, long-term improvements in some areas of trainees' macro knowledge about vulnerability.

The vulnerability training pilot has partially achieved its aims to increase knowledge and attitudes of frontline staff and is a solid foundation for further development. The evaluation shows it was particularly effective in increasing knowledge and attitudes immediately post training and maintaining some increased levels of confidence and familiarity about specific areas of vulnerability over time. The training was less effective in sustaining long-term attitude change, however, which is unsurprising considering the plethora of mediating factors.

Training was perceived to be well designed, delivered effectively and appropriate to the current policing context. Elements of the training which allowed for sharing knowledge and identifying local partners were considered particularly useful. Trainees would welcome more opportunities for the content to be tailored around each force's local provision, as these sections provided knowledge which was immediately applicable in their local area.

On the whole, trainees were positive about the mode of delivery, the quality of the trainers and the diversity and effectiveness of the training materials. In particular, facilitated discussion in groups with mixed roles and levels of seniority were felt to enhance peer-to-peer learning.

Content was identified as a key area for improvement. There is scope to develop more advanced levels of information, providing a 'richer' and 'deeper' learning experience to challenge and enhance current knowledge. This view was particularly prominent in Staffordshire and Hertfordshire, where it appears frontline staff were already fairly knowledgeable in the subject area. However, BTP were satisfied with the level of content. This could be attributed a range of factors, such as a lack of previous training or organisational culture and policy, highlighting the impact of mediating factors in relation to training success.

Results indicate some tentative trends in the topics considered to be of particular strategic importance: communication and empathy, trauma-informed working, professional curiosity and self-care of frontline staff. Data suggests the content about communication and self-care, in particular, did not appear to be especially effective. Questions relating to this topic were non-significant and even demonstrated a negative direction of change in the pre/post survey. In the follow-up survey, none of the questions relating to these topics were significant. This is reinforced by interview data, which highlights that these sessions were least likely to be recalled by trainees, and observation data that suggests these topics were not systematically covered by all trainers. Although no firm conclusions can be drawn at this stage, due to the strategic importance, it would recommend evaluation of the content and delivery of these topics to maximise training impact.

The pilot aimed to refine the measurement tools for use in future evaluations. Statistical analysis and extensive cognitive testing with police officers working in a variety of roles provided clear development areas. These include:

- removing questions with socially desirable responses

- developing items that avoid 'obvious' answers and access a higher level of knowledge

- clarifying ambiguous wording and removing of multi-clause items

- strengthening or weakening statements to improve the distribution of responses

- reducing survey length to improve response rate

- reviewing the most appropriate question structures and scales to improve the clarity of the survey.

Refining the tools for use in future evaluations will go some way in addressing certain unanswered questions elicited from this pilot.

4.5. Recommendations

4.5.1. Content

- Provide trainees with more varied examples of modern nuanced vulnerabilities, such as mental health, internet crimes, FGM and targeted scams/frauds at the elderly.

- Identify the base level of knowledge of the training group and include more advanced content to challenge those groups who already have high levels of knowledge.

- Increase efficiency by reviewing the vulnerability training against other active or recent training programmes and identify any potential content overlap, thereby eliminating repetition.

- Enhance the practical focus of the training to strengthen links between the content and the on-the-job application of knowledge.

- Increase the number of tools the trainees can take away and use on the job, such as a list of local services/provision, models, mnemonics and a 'pocket-size' version of the infographic.

- Increase signposting and joined-up delivery with local partners and third sectors. Introduce more content about local services/provisions in each area, including contact details and identification of the most appropriate partner for specific situations.

- Ensure training material is provided to trainers well in advance of training events so they are fully confident and familiar with the nuanced content.

- Ensure case studies and scenarios include people with a diverse range of demographic characteristics as examples of vulnerability.

4.5.2. Delivery

- Due to the volume and nature of content, consider extending the training to two days, to allow more time for discussion and embedding of learning.

- Shorten the case study video and dedicate more time to discussing key content.

- As trainees were 'slow to warm up', consider an 'ice-breaker' session to encourage more participation from the start.

- Include speakers with lived experience of vulnerability. This would give trainees real perspectives and the opportunity to ask questions of someone who has been or who is vulnerable.

- The knowledge and experience of trainers is key to delivering the complex messages around vulnerability. Engaging experienced and knowledgeable trainers is viewed as key to positive responses to the training, as is pairing co-deliverers who complement one another in terms of style and background.

- Prepare trainers to expect and effectively manage negative and defensive reactions. This could be explored during the train-the-trainers day as well as by encouraging and supporting trainers to share their experiences and approaches with each other.

- Take advantage of the extensive and diverse experiences of the trainees. Encourage sharing experiences and good practice at all relevant points during the training.

- To assist in accurate recall of all training topics:
  - start the day with a clear agenda, which is then summarised at the end of the training
  - clearly identify each new topic, stating the aims and desired outcomes of each section
  - ensure consistency of delivery by clearly defining the parameters of any flexibility trainers have in delivering the content
  - if a learning 'theme' is present through all training topics, make this explicit when it is introduced.

4.5.3. Embedding and application

- To increase retention and aid application of knowledge, maximise the interactive nature of the training using discussions, scenario-based exercises, problem-solving activities and group work.

- Consider introducing a 'what will you do differently?' session at the end of the programme to help embed the learning and allow for personal reflection.

- Consider the wider context of the force where the training is being delivered. Evaluate if the culture and approach to vulnerability will facilitate and support embedding and applying learning on a day-to-day basis. For example, ensuring vulnerability is high on the strategic agenda and that there is 'buy-in' from senior leaders.

4.5.4. Measurement tool development

- Increase the number of questions that access a higher level of knowledge to maximise the ability to differentiate between trainees and a workforce with a higher base level of understanding.

- Exclude or rework items that result in socially desirable answers.

- Reword questions for simplicity and clarity of meaning.

- Reduce the length of the follow-up survey to facilitate a higher response rate.

- Strengthen or weaken adverbs and adjectives in the statements to improve the distribution of responses.

5. Appendix

5.1. A: Pre and post survey

Introduction

We are conducting an evaluation of the pilot training to test its effectiveness. Please help us by filling out this short survey – it should take just a few minutes of your time and will enable us to understand the impact of the training and help us develop it further for future participants.

- All completed surveys are confidential and anonymous.

- Participation is voluntary.

- No individual responses will be seen outside of IES (our independent evaluators).

- Only a summary of responses is reported.

- The surveys are evaluating the training, not your knowledge.

Please complete the survey, place and seal it in the blank envelope and hand it to the trainer, who will return all completed surveys to IES (addressed envelopes have been provided).

Questions

1. For the following statements please say the degree to which you agree or disagree with the statement

a. I don't think it is important to let victims know I am sorry to hear about what's occurred

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

b. I believe the most important thing is to show a victim that I am competent

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

c. I will always make sure that I offer advice to victims

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

d. I make sure a victim is given an opportunity to tell me how they would like an incident resolved

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

e. It is not a priority for me to make an effort to demonstrate that I am listening to a victim

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

f. Some of the victims that I work with could behave better if they really wanted to

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

g. It is important to make a judgement about whether a victim is going to see a complaint through before spending too much time on it

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

h. People get used to dealing with stress when repeatedly exposed to stressful situations

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

i. As a police officer, I think it is important to ask difficult questions even if they make me uncomfortable

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

j. When I am dealing with victims, I think it is very important to consider if there is more going on than meets the eye

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

k. I will always try to leave victims with details of who else can help them

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

l. If a victim of a crime won't help themselves there is not much I can do to help them

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

m. Having strong feelings in response to a victim's situation is an inevitable and normal part of policing

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

n. It is my job to assess the victim's capability to help themselves and to support their needs

Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

2. What is the definition of 'vulnerability' in the context of policing?

3. Please list the personal characteristics and three situations or circumstances you are likely to consider when determining if someone is vulnerable to harm?

4. Describe some tactics or approaches you could use to achieve good communication with vulnerable people?

5. In what ways does being subject to a traumatic experience affect an individual?

6. How confident are you that you know where you can refer vulnerable people to in your area?

Very confident	Confident	Neither confident nor unconfident	Unconfident	Very unconfident

Demographic questions

To evaluate the training materials, we would like to compare the answers provided before the training with those provided afterwards. So that we can match your responses, we are asking two questions that we will use to create a unique identifier (which will be solely used for this purpose).

7. Please enter **the last** three digits of your postcode:

— — —

8. Please enter your initials (first name and last name only):

We would also like to capture a few details about you and your role to assist with the analysis – these details will not be disclosed in the report or to the police forces taking part and are solely to be used for our evaluation of the training.

9. Please give your gender (please tick the appropriate box below:

Response	Please tick one box only
Male	
Female	

10. Please select your age group by ticking the appropriate box below

Response	Please tick one box only
18-24	
25-34	
35-44	
45-54	
55 or over	

11. Please select your current role (please tick one box only):

Response	Please tick one box only
Response	
Neighbourhood	
PCSO	
Uniform supervisor	
CID	
Control room	
Other	
Other, please specify below:	

12. Please enter your length of service in the police force. Please give just the number of **years** (if less than one please put under 1).

…………………………………

Thank you for completing this survey. Please place it in the envelope provided, seal it and pass it to the trainer.

5.2. B: Follow-up attitude survey

Vulnerability pilot survey

Introduction

Your force has volunteered to pilot some training developed by the College of Policing. To ensure that the training is effective, the College of Policing has employed the Institute for Employment Studies (IES) to independently evaluate it. You are being sent this questionnaire as part of the evaluation. It does not matter if you have or have not received the training – your views are equally valuable to us.

Please help us by completing this short questionnaire – it should take no longer than ten minutes of your time. Your participation is incredibly valuable and will directly impact the delivery and national roll-out of the training. Thank you for taking the time to contribute.

- All completed questionnaires are confidential and anonymous.

- Participation is voluntary.

- No individual responses will be seen outside of IES (our independent evaluators).

- Only a summary of responses is reported.

- The questionnaires are evaluating the training, not your knowledge.

Please navigate through this survey using the buttons at the bottom of each page.

Reset: use the reset button at the bottom of each page if necessary to reset the answers to that page. This will only reset the answers to questions on that page, not to any previous pages. Save: you can save a partially completed survey and return to complete it. To do this use the Save button at the bottom of the screen. A prompt will ask for your email address and we will then send you a link to complete the survey. If you close the window instead of using the save button, a link to complete the survey will not be sent to you and you would need to start from the beginning to submit a response to us.

Survey completion deadline: Two weeks

Submit: send your completed survey to us using the submit button on the last page.

1. Have you completed a vulnerability training course? Yes/No

Routing

2. Approximately when did you attend:

Date attended	Please tick
July	
August	
September	
Other	
If other please give the approximate month in words	

3. If yes: have any colleagues you regularly work with also attended the training?
    Yes all/Yes most/Yes Some/Yes a few/None

    a. If no: are you aware if any of your colleagues you regularly work with attended the training? Yes all/Yes most/Yes, some/Yes a few/None

    b. If yes: have they shared any of the training content or learning with you in conversation or otherwise? Yes extensively/Yes a little/Not shared

Please indicate to what extent you agree or disagree with the following statements. For each pair of statements, please mark the point between them that reflects the extent of your belief:

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
a. I am very confident that I can identify vulnerable individuals						
b. I am not very confident that I know the local support services I can refer vulnerable people to						

c. I am fully confident in using the National Decision Model to assess risk

d. I am fully confident using the THRIVE model

e. I do not feel very confident I am aware of the range of powers and orders that can be used to protect vulnerable people

	1	2	3	4	5	6	7	
a. I should keep questioning limited to the current matter being dealt with								I should extend questioning beyond the current matter being dealt with where necessary
b. People have a choice in how they respond to trauma								People cannot control how they respond to trauma
c. Negative early life experiences affect people's response to trauma								Negative early life experiences do not affect people's response to trauma
d. People could behave better if they really wanted to								People cannot always control the way they behave
e. I can help traumatised people give accurate information by asking a lot of questions								I can help traumatised people give accurate information by allowing them to speak freely

f.	When I'm gathering evidence, building a rapport with the person is my priority	When I'm gathering evidence, building a rapport with the person is not my priority
g.	How they are treated is more important to a victim than the end result	The end result is more important to a victim than how they are treated
h.	I don't accept verbal abuse from those I am trying to help	I can accept verbal abuse from those I am trying to help
i.	Dealing with vulnerable people is the responsibility of all police officers and staff	Dealing with vulnerable people is the responsibility of specialist staff
j.	I can help vulnerable people even if other services don't respond	I cannot help vulnerable people if other services don't respond
k.	Regularly dealing with traumatic situations on the job makes you more affected by them	Regularly dealing with traumatic situations on the job makes you less affected by them

4. **The following questions will all be marked on a seven-point scale from strongly disagree (1) to strongly agree (7), with a numerical scale in-between**

Please indicate to what extent you agree or disagree with the following statements:

a. Personal factors are the main cause of vulnerability.

b. Anyone can be vulnerable, depending on the circumstances.

c. I can't identify a person as vulnerable from their physical characteristics.

d. My understanding of vulnerability is that it means children, those with mental and physical health problems or disabilities and the elderly.

e. A frontline response officer should focus on the circumstances of the incident they attend.

f. Establishing the wider context surrounding incidents is not the role of frontline responders.

g. When identifying vulnerability, the previous history of the person I am dealing with is just as important as the details of the current situation.

h. When thinking about risk I look beyond the immediate person to others who might be affected.

i. Repeated experience of trauma helps people become more resilient to it.

j. I don't understand why some victims conceal the level of abuse they are suffering.

k. Police officers can be a trigger for a stress response in some people.

l. I lose patience with people who don't help themselves.

m. Adverse experiences in childhood can increase the risk of poor physical health.

n. Bad experiences in childhood can impact how the brain develops.

o. In some families, aggressive behaviour is the norm and it is not the police's job to deal with it.

p. Demonstrating authority as a police officer is useful when dealing with people who are being aggressive.

q. I am always aware that some people find the police intimidating.

r. If someone doesn't see themselves as a victim, there is very little the police can do.

s. I always consider what powers I can use to reduce future opportunities for perpetrators to harm vulnerable individuals.

t. I focus on getting vulnerable people to tell me what happened without interrupting.

u. It can help to tell someone who is in distress that I recognise they are upset.

v. It is better to focus on what happened than to focus on how a victim is feeling.

w. It is quicker, in the long run, to let a victim take their time telling me what happened.

x. I need to ask vulnerable people a lot of precise questions to get clear answers.

y. If someone is angry or rude when I am trying to help, I make sure they know that it is not acceptable.

z. If someone is being difficult, I try to understand what is making them act that way.

aa. If someone does not want help, I don't accept that at face value.

bb. Often situations I am involved in are more complex than they initially appear.

cc. Looking beyond the obvious is not a priority in my job.

dd. It is not my job to identify where victims can get further support.

ee. It is an important part of my role to help vulnerable people build confidence in their own abilities.

ff. If I feel I need to give more time to a vulnerable person I do – even if I am being hurried to the next job.

gg. It is not important for me to offer advice to victims on how they could help themselves.

5. Please indicate how familiar you are with the following factors when dealing with vulnerable people

	Extremely familiar	Moderately familiar	Slightly familiar	Not at all familiar
a. How familiar are you with the impact of adverse childhood experiences				
b. How familiar are you with the impact of trauma on victims				
c. How familiar are you with the 5F (friend, fight, flight, freeze, flop) responses to overwhelming threat or trauma				
d. How familiar are you with the National Decision Model and risk principles				

Demographic questions

We would like to capture a few details about you and your role to assist with the analysis – these details will not be disclosed in the report or to the police forces taking part and are solely to be used for our evaluation of the training and how people found it.

6. Please give the name of your force: Staffs/Herts/BTP

7. Please give your gender (please tick the appropriate box below):

Response	Please tick one box only
Male	
Female	
Other	
Prefer not to say	

8. Please select your age group by ticking the appropriate box below:

Response	Please tick one box only
18-24	
25-34	
35-44	
45-54	
55 or over	

9. Please select your current role (please tick one box only):

Response	Please tick one box only
Response	
Neighbourhood	
PCSO	
Uniform supervisor	
CID	
Control room	
Other	
For other, please specify below:	

10. Please enter your length of service in the police force. Please give just the whole number of **years** (if less than one please put under 1).

    ……………………………………

Thank you for completing this survey.

5.3. C: Analytic approach

Pre and post survey

- **Item-by-item analysis**. As one of the aims of the pilot was to develop a robust set of measurement tools, each survey item was statistically analysed to evaluate its individual suitability to determine differences before and after training. Analysis of differences in means from the pre to post test was completed using paired sample t-tests (and, where appropriate, non-parametric methods). Where non-normal distributed data was identified, a paired-samples Wilcoxon signed-rank test was used to compare the pre and post-test means.

- **Exploratory factor analysis.** The analysis aimed to identify and measure any overarching constructs (eg, attitudes towards vulnerable people) from the Likert scale survey items. Reliability analysis was performed on any factors identified to assess their robustness as multi-item scales to be used for further analysis. The results of the factor analysis can be found in **appendix C**.

- **Comparing means.** No reliable factors were found, therefore analysis was continued at the item level. In addition to the Wilcoxon signed-rank test, Cohen's d was calculated to report the effect size.

Follow-up attitude survey

- **Item-by-item analysis.** As one of the aims of the pilot was to develop a robust set of measurement tools, each survey item was statistically analysed to evaluate its individual suitability to determine differences before and after training. Normal distributed data meant that a two-tailed t-test was used.

- **Exploratory factor analysis.** The analysis aimed to identify and measure any overarching constructs (eg, attitudes towards vulnerable people) from the Likert scale survey items. Reliability analysis was performed on any factors identified to assess their robustness as multi-item scales to be used for further analysis. The results of the factor analysis can be found in **appendix D**.

- **Comparing means.** As reliable factors were found, analysis could continue at the factor level. Composite means were compared to identify any significant difference and Cohen's d was calculated to report the effect size.

- **Demographic breakdown.** An ANOVA was run to identify any significant differences caused by demographic factors. If differences were identified, t-tests further explored the extent of such differences.

5.4. D: Qualitative coding framework

Table 5.1 Qualitative coding framework

Main themes	Sub-theme	Micro-theme
Dealing with vulnerability	How the force deals with vulnerability	
	Main barriers of dealing with vulnerability effectively	
	Least confident vulnerabilities	
	Most confident vulnerabilities	
	Overlaps with previous training	
Preparation for training (trainers only)	POV of train the trainers day	
	POV on co-delivery	
	Specific aspects of the content felt more or less confident in delivering	
General impressions – delivery & content	Receptiveness & reception of training	Delivery
		Content
		Anything to improve delivery
	Aims: Main intentions & POV on what College is trying to achieve with training	
	Appropriate audience	Variation in receptiveness by cohorts
		Appropriate content
		Appropriate group structure?
	Key content	Content or aspect of training received especially positively
		Content or aspect of training received especially negatively
		Gaps or missing content from training

Content – specific sessions	Car park
	Introduction – Karen Manners DCC
	Definition of vulnerability
	The neuroscience
	Response to threat – the 5Fs
	Adverse childhood experiences
	Perpetrators
	Facilitating discussion about the case study videos
	Communicating better
	Professional curiosity
	Building resilience
	Working with partners (including 3-level approach)
	Managing risk
Impact & application	Impact on knowledge & attitude towards vulnerability (individual)
	Impact on culture or change in practice (force)
	Application: specific incidents & examples of change in behaviour as result of training (full details)

5.5. E: Observation marking framework

Background

Background information	Observer's response
Force	
Date	
Number of trainees	
Observer	

Key observations

The key observation points should be demonstrated throughout the training and your score should reflect the typical behaviour across the whole session. For each observation point, evidence can be collected and documented in the boxes provided. Scores should be given only after the training and observation has finished, following a reflective consideration of the evidence collected and perception gathered across the whole training.

1 = fully covered, 2 = mainly covered, 3 = partially covered 4 = not covered

Facilitation

Key observation point	Score (1 – 4)
Are the trainers **facilitating** discussion, rather than directly teaching? eg. encouraging discussion, asking questions, inviting participation, encouraging reflection, encouraging thinking about own behaviour, active listening, probing responses by officers	
Evidence:	
Are the officers **reflecting** on their own behaviour? eg, what have they done well/poorly in the past, what or how they might do things differently in the future, sharing experiences, commenting on each other's experiences	
Evidence:	

Are the trainers **managing** negativity and/or multiple questions around a particular topic, (especially likely following video materials)? eg, some 'venting' should be allowed, but not too much – ask questions to probe constructive thinking, multiple questions should be closed down or parked, eg, write questions on the board, asking officers to write it down to ask later, saying it will be covered later	
Evidence:	
Is there clear **division** of training sections between lead and co-trainer? eg, smooth transitions, no uncertainty, no unhelpful interrupting	
Evidence:	
Are discussions around **spotting risk factors** encouraged? eg, trainer asking probing questions, facilitating discussion, talking about challenges of spotting risk, approaches to spotting risk factors, staying curious	
Evidence:	

Please note any other general reflections or non-categorical observations

Knowledge and learning

1 = fully covered, 2 = mainly covered, 3 = partially covered 4 = not covered

Observation Point	Score (1 – 4)
Risk factors of vulnerability Are the following points discussed by officers?	
Reflection of the definition of vulnerability	
Personal and situational risk factors	
Examples of groups that fit the infographic model	
Example and situations when multiple factors present at once	

Approaches to how officers can spot risk factors	
Approaches on how to deal with all types of vulnerability	
Risk assessments based on professional judgement	
Use of the THRIVE model for capturing and recording information	
Criminals often being the most vulnerable and at risk of major harm	
Evidence:	
Partnership working Do trainers:	
Give examples of local and national partner services	
Explain the local area approach (front door vs. MASH)	
Explain the three levels of intervention (3rd sector, triage service, statutory action)	
Do officers:	
Discuss the importance of partnership working	
Discuss the risk of not involving partnerships	
Evidence:	
Police officers' powers Are the following points discussed by officers?	
The importance of acting before a crime is committed if they identify risk	
The powers (orders) police have to act	
The importance to stay curious/know and spot the signs	
Desensitisation to crimes/clues	
Evidence:	

Communication	
Are the following points discussed by officers about both **victims and criminals**?	
Rapport building	
Trust building	
Empathy	
Being non-judgemental	
Active listening	
Allowing individuals time to talk and give their opinion	
Evidence:	
Behaviours	
Are the following points explained by trainers?	
Adverse childhood experience and repeated trauma can alter brain chemistry	
Altered brain chemistry can change the way people behave (victims and criminals)	
Adverse behaviour can become a natural response and be 'normal' to the individual	
Are the following points discussed by officers:	
Some people can't 'just stop' behaving in certain ways (from the neuroscience)	
Behaviour can be a product of experience	
Officers need to be aware and considerate of this when dealing with victims and criminals	
Evidence:	
Grooming, stalking, coercive control, deception etc.	
Do the trainers explain grooming etc. in relation to different crimes?	
Do the trainers explain why perpetrators target the vulnerable?	
Are the motivations of perpetrators and the behaviours and tactics they use to access the vulnerable discussed?	
Do officers discuss the different contexts in which grooming etc. can occur?	

Evidence:	

Please note any other general reflections or non-categorical observations

Officer behavioural observations

Non-verbal – Is there positive body language? Eg, eye contact, heads raised, nodding in agreement, sitting upright.
Consistent focus – Do officers focus and engage? Eg, stay on task, take notes, show interest. Do officers disengage with any particular training content or engage with non-training content?
Verbal participation – Do officers participate? Eg, express thoughtful ideas, ask appropriate questions, participate in group discussion, reflect on learning material.

5.6. F: Observation mean scores

Table 5.2 Overall observation scores

Theme	Observation area	Average score	Theme average score
Facilitation	Are the trainers facilitating discussion, rather than directly teaching?	1.4	1.7
	Are the officers reflecting on their own behaviour?	2.1	
	Are the trainers managing negativity and/or multiple questions around a particular topic (especially likely following video materials)?	2.1	
	Is there clear division of training sections between lead and co-trainer	1.5	
	Are discussions around spotting risk factors encouraged?	1.6	
Risk factors of vulnerability	Reflection of the definition of vulnerability	1.7	1.8
	Personal and situational risk factors	1.1	
	Examples of groups that fit the infographic model	1.2	
	Example and situations when multiple factors present at once	1.2	
	Approaches to how officers can spot risk factors	2.1	
	Approaches on how to deal with all types of vulnerability	2.3	
	Risk assessments based on professional judgement	1.9	
	Use of the THRIVE model for capturing and recording information	1.6	

	Criminals often being the most vulnerable and at risk of major harm	2.8	
Partnership working	Give examples of local and national partner services	1.8	2.1
	Explain the local area approach (front door vs. MASH)	2.1	
	Explain the three levels of intervention	2.8	
	Discuss the importance of partnership working	1.5	
	Discuss the risk of not involving partnerships	2.2	
Police officers' powers	The importance of acting before a crime is committed if they identify risk	1.8	2.0
	The powers (orders) police have to act	2.1	
	The importance to stay curious/know and spot the signs	1.4	
	Desensitisation to crimes/clues	2.6	
Communication	Rapport building	1.9	2.0
	Trust building	1.8	
	Empathy	1.9	
	Being non-judgemental	2.7	
	Active listening	1.7	
	Allowing individuals time to talk and give their opinion	2.0	
Behaviours	Adverse childhood experience and repeated trauma can alter brain chemistry	1.6	2.0
	Altered brain chemistry can change the way people behave (victims and criminals)	1.4	

	Adverse behaviour can become a natural response and be 'normal' to the individual	2.0	
	Some people can't 'just stop' behaving in certain ways (from the neuroscience)	2.6	
	Behaviour can be a product of experience	2.2	
	Officers need to be aware and considerate of this when dealing with victims and criminals	2.1	
Grooming, stalking, coercive control, deception etc.	Do the trainers explain grooming etc. in relation to different crimes?	1.9	2.0
	Do the trainers explain why perpetrators target the vulnerable?	1.6	
	Are the motivations of perpetrators and the behaviours and tactics they use to access the vulnerable discussed?	1.9	
	Do officers discuss the different contexts in which grooming etc. can occur?	2.7	

5.7. G: Pre and post survey demographic breakdown

Table 5.3: Pre and post test demographic details

		BTP		Hertfordshire		Staffordshire	
		N	Per cent	N	Per cent	N	Per cent
Gender	Male	171	68.7	114	68.3	93	46.0
	Female	78	31.3	53	31.7	109	54.0
	Total	249	100.0	167	100.0	202	100.0
Age	18-24	22	8.8	13	7.83	9	4.5
	25-34	111	44.4	64	38.55	48	23.8
	35-44	69	27.6	51	30.72	60	29.7
	45-54	40	16	33	19.88	72	35.6
	55 and over	8	3.2	5	3.01	13	6.4
	Total	250	100	166	100	202	100.0
Role	Response	101	40.2	88	55.00	43	21.5
	Neighbourhood	31	12.4	36	22.50	16	8.0
	PCSO	23	9.2	13	8.13	52	26.0
	Uniform supervisor	10	4.0	7	4.38	2	1.0
	CID	10	4.0	13	8.13	12	6.0
	Control room	3	1.2	0	0.00	7	3.5
	Other	73	29.1	3	1.88	68	34.0
	Total	251	100.0	160	100	200	100.0
Length of service (years)	0 - 5	121	48.8	52	31.9	60	30.0
	6 - 10	70	28.2	30	18.4	28	14.0
	11 - 15	34	13.7	44	27.0	48	24.0
	16 - 20	10	4.0	21	12.9	22	11.0
	21 - 25	6	2.4	5	3.1	23	11.5
	26 - 30	1	0.4	10	6.1	10	5.0
	31 +	6	2.4	1	0.6	9	4.5
	Total	248	100	163	100	200	100

5.8. H: Pre and post survey – attitude item t-tests

Table 5.4: Item-by-item analysis – attitude questions

	Means					
Question	Pre-training	Post-training	Change	Sig	Cohen's d	N
Q1a	5.69	5.49	-0.19	0.018*	0.13	401
Q1b	5.60	5.69	+0.09	0.153	0.07	402
Q1c	5.96	6.26	+0.31	0.000***	0.33	398
Q1d	5.89	6.07	+0.17	0.000***	0.19	402
Q1e	6.18	6.16	-0.02	0.838	0.01	402
Q1f	3.56	3.97	+0.41	0.000***	0.12	396
Q1g	4.99	5.58	+0.59	0.000***	0.40	395
Q1h	4.47	4.17	-0.30	0.000***	0.17	399
Q1i	5.94	6.46	+0.51	0.000***	0.58	395
Q1j	6.07	6.47	+0.40	0.000***	0.51	402
Q1k	6.10	6.32	+0.22	0.000***	0.25	402
Q1l	5.10	5.68	+0.58	0.000***	0.40	403
Q1m	4.77	5.39	+0.63	0.000***	0.51	400
Q1n	5.30	5.93	+0.63	0.000***	0.57	401

* p<0.05, ** p<0.01, *** p<0.001

Responses to negatively worded statements were reverse coded prior to analysis to ensure the expected direction of change was consistent across all statements.

5.9. I: Pre and post survey – knowledge and confidence item t-tests

Table 5.5: Pre and post survey – knowledge and confidence item t-tests

	Mean					
Question	Pre-training	Post-training	Change	Sig	Cohen's d	N
Q2	1.37	4.43	3.06	0.000***	1.42	349
Q3	2.83	4.46	1.63	0.000***	0.75	338
Q4	1.28	1.95	0.67	0.000***	0.60	260
Q5	2.1	2.28	0.18	0.092	0.11	337
Q6	3.46	3.77	+0.31	0.000***	0.34	388

* p<0.05, ** p<0.01, *** p<0.001

5.10. J: Follow-up attitude survey demographic breakdown

Table 5.6: Follow-up attitude survey demographics

		Control		Experimental	
		N	Per cent	N	Per cent
Force	BTP	32	28.8	51	25
	Hertfordshire	58	52.3	63	30.9
	Staffordshire	21	18.9	90	44.1
	Total	111	100.0	204	100
Gender	Male	49	69.0	66	45.8
	Female	22	31.0	71	49.3
	Prefer not to say	0	0.0	7	4.9
	Total	71	100.0	144	100
Age	18-24	7	9.9	8	5.6
	25-34	23	32.4	42	29.4
	35-44	19	26.8	36	25.2
	45-54	17	23.9	37	25.9
	55 and over	5	7.0	10	7
	Prefer not to say	0	0.0	10	7
	Total	71	100.0	143	100
Role	Response	20	28.2	39	27.1
	Neighbourhood	13	18.3	18	12.5
	PCSO	22	31.0	30	20.8
	Uniform supervisor	5	7.0	5	3.5
	CID	3	4.2	8	5.6
	Control room	0	0.0	4	2.8
	Other	8	11.3	40	27.8
	Total	71	100.0	144	100
Length of service (years)	0 - 5	26	37.1	42	30.4
	6 - 10	11	15.7	23	16.7
	11 - 15	22	31.4	30	21.7
	16 - 20	4	5.7	23	16.7
	21 - 25	2	2.9	6	4.3
	26 - 30	5	7.1	8	5.8
	31 +	0	0.0	6	4.3
	Total	70	100.0	138	100.0

5.11. K: Follow-up survey item t-tests

Table 5.7: Follow-up attitude t-test significant questions

Question number		N		Mean				Cohen's d
		Control	Intervention	Control	Intervention	Difference	Sig.	
4a	I am very confident that I can identify vulnerable individuals	86	181	5.02	5.27	0.24	0.028	0.28
4d	I am fully confident using the THRIVE model	86	181	3.81	4.30	0.49	0.006	0.36
5a	I should keep questioning limited to the current matter being dealt with	72	157	4.74	5.38	0.64	0.002	0.68
5c	Negative early life experiences affect people's response to trauma	71	157	5.45	5.82	0.37	0.043	0.29
6e	A frontline response officer should focus on the circumstances of the incident they attend	71	152	3.41	3.89	0.49	0.019	0.34
5h	When thinking about risk I look beyond the immediate person to others who might be affected	71	150	5.14	5.51	0.37	0.047	0.28

6l	I lose patience with people who don't help themselves	72	149	4.93	5.39	0.46	0.033	0.31
6v	It is better to focus on what happened than to focus on how a victim is feeling	72	145	4.86	5.30	0.44	0.018	0.35
6bb	Often situations I am involved in are more complex than they initially appear	72	142	5.43	5.80	0.37	0.033	0.32
7a	How familiar are you with the impact of adverse childhood experiences?	72	144	3.39	4.14	0.75	0.004	0.43
7b	How familiar are you with the impact of trauma on victims?	72	144	4.03	4.61	0.58	0.007	0.39
7c	How familiar are you with the 5F (friend, fight, flight, freeze, flop) responses to overwhelming threat or trauma?	72	144	3.19	4.77	1.58	0.000	0.93

* $p<0.05$, ** $p<0.01$, *** $p<0.001$

5.12. L: Follow-up attitude survey – exploratory factor analysis results

Table 5.8: Follow-up attitude survey – exploratory factor analysis results

Item																	
	Factor																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Q2A		0.32		0.37			0.38			-0.41							
Q2B									0.81								
Q2C				0.81													
Q2D				0.57													
Q2E				0.33					0.68								
Q3A			0.33		0.31						0.46						
Q3B											0.77						
Q3C					0.33			0.70									
Q3D	0.36										0.47						
Q3E	0.33												0.32		0.43		
Q3F								0.77									
Q3G						0.30							0.72				
Q3H												0.76					
Q3I									0.42				0.40				
Q3J			0.53										0.38				-0.34
Q3K										0.67							
Q4A																0.83	
Q4B	0.59																
Q4C																	0.77
Q4D							0.80										
Q4E							0.40			0.40							
Q4F										0.32							
Q4G	0.67																
Q5A	0.62																
Q5B							0.36			0.52							0.33

Item	Factor																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Q5C						0.65											
Q5D	0.42				0.44									0.42			
Q5E			0.45			0.40											
Q5F	0.39				0.68												
Q5G	0.38				0.66												
Q5H						0.71											
Q6A			0.33	-0.34													
Q6B	0.72																
Q6C			0.58			0.33											
Q6D	0.66																
Q6E	0.64																
Q6F	0.67																
Q6G	0.40					0.37											
Q6H	0.67																
Q7A															0.73		
Q7B												0.75					
Q7C	0.61		0.34														
Q7D	0.37												0.37				
Q7E	0.53									-0.35							
Q7F			0.47												0.41		
Q7G			0.68														
Q7H	0.61	0.34															
Q7I	0.49																
Q7J															0.80		
Q8A		0.81															
Q8B		0.79															
Q8C		0.73															
Q8D				0.78													

5.13. M: Follow-up attitude survey – factor details

Table 5.9: Follow-up attitude survey factor details

Factor	Theme	Item	Loading	Alpha reliability
1	**Approach to vulnerability**	Anyone can be vulnerable, depending on the circumstances	.591	0.87
		When identifying vulnerability, the previous history of the person I am dealing with is just as important as the details of the current situation	.672	
		When thinking about risk, I look beyond the immediate person to others who might be affected	.620	
		I am always aware that some people find the police intimidating	.719	
		I always consider what powers I can use to reduce future opportunities for perpetrators to harm vulnerable individuals	.664	
		I focus on getting vulnerable people to tell me what happened without interrupting	.643	
		It can help to tell someone who is in distress that I recognise they are upset	.668	
		It is better to focus on what happened than to focus on how a victim is feeling	.400	
		It is quicker, in the long run, to let a victim take their time telling me what happened	.674	
		If someone is being difficult, I try to understand what is making them act that way	.608	

		If someone does not want help, I don't accept that at face value	.374	
		Often situations I am involved in are more complex than they initially appear	.525	
		It is an important part of my role to help vulnerable people build confidence in their own abilities	.614	
		If I feel I need to give more time to a vulnerable person I do, even if I am being hurried to the next job	.491	
2	**Familiarity with aspects of vulnerability**	How familiar are you with the impact of adverse childhood experiences?	.809	0.8
		How familiar are you with the impact of trauma on victims?	.791	
		How familiar are you with the 5F (friend, fight, flight, freeze, flop) responses to overwhelming threat or trauma?	.729	
3	**Model use**	I am fully confident in using the National Decision Model to assess risk	.812	0.68
		I am fully confident using the THRIVE model	.566	
		How familiar are you with the National Decision Model and risk principles?	.778	
4	**Response to trauma**	Police officers can be a trigger for a stress response in some people	.435	0.7
		Adverse experiences in childhood can increase the risk of poor physical health	.675	
		Bad experiences in childhood can impact how the brain develops	.663	

5.14. N: Follow-up attitude survey – factor t-tests

Table 5.10: Control vs. intervention group findings

Factor	Group	N	Mean	Mean difference	Sig	Cohen's d
Factor 1	Control	73	5.31	0.17	0.139	0.21
	Intervention	153	5.48			
Factor 2	Control	72	5.27	0.49	0.000***	0.70
	Intervention	144	5.75			
Factor 3	Control	87	4.82	0.29	0.028*	0.29
	Intervention	181	5.11			
Factor 4	Control	72	5.30	0.09	0.563	0.08
	Intervention	150	5.39			

* p<0.05, ** p<0.01, *** p<0.001

5.15. O: Follow-up survey – item mean scores

Table 5.11

	Control		Intervention	
	N	Mean	N	Mean
I am very confident that I can identify vulnerable individuals	86	5.02	181	5.27
I am not very confident that I know the local support services I can refer vulnerable people to	86	4.62	181	4.90
I am fully confident in using the National Decision Model to assess risk	86	4.87	180	5.10
I am fully confident using the THRIVE model	86	3.81	181	4.30
I do not feel very confident I am aware of the range of powers and orders that can be used to protect vulnerable people	86	4.86	181	5.01
I should keep questioning lim…/I should extend questioning b…	72	4.74	157	5.38
People have a choice in how t…/People cannot control how the…	72	5.24	157	5.48
Negative early life experienc…/Negative early life experienc…	71	5.45	157	5.82
People could behave better if…/People cannot always control …	72	4.50	158	4.70
I can help traumatised people…/I can help traumatised people…	73	5.03	157	5.06
When I'm gathering evidence b…/When I'm gathering evidence b…	72	5.82	157	5.73
How they are treated is more …/The end result is more import…	72	5.08	157	5.29
I don't accept verbal abuse f…/I do accept verbal abuse from…	72	3.97	158	3.78
Dealing with vulnerable peopl…/Dealing with vulnerable peopl…	72	5.72	158	5.87
I can help vulnerable people …/I cannot help vulnerable peop…	73	5.21	158	5.35
Regularly dealing with trauma…/Regularly dealing with trauma…	72	4.07	156	4.48

Personal factors are the main cause of vulnerability	71	4.25	151	4.28
Anyone can be vulnerable depending on the circumstances	72	6.22	152	6.20
I can't identify a person as vulnerable from their physical characteristics	71	3.93	152	4.01
My understanding of vulnerability is that it means children, those with mental and physical health problems or disabilities and the elderly	71	4.14	152	4.51
A frontline response officer should focus on the circumstances of the incident they attend	71	3.41	152	3.89
Establishing the wider context surrounding incidents is not the role of frontline responders	72	5.19	151	5.40
When identifying vulnerability, the previous history of the person I am dealing with is just as important as the details of the current situation	72	5.71	150	5.43
When thinking about risk I look beyond the immediate person to others who might be affected	71	5.14	150	5.51
Repeated experience of trauma helps people become more resilient to it	71	5.06	149	5.13
I don't understand why some victims conceal the level of abuse they are suffering	71	5.34	149	5.70
Police officers can be a trigger for a stress response in some people	72	5.56	149	5.49
I lose patience with people who don't help themselves	72	4.93	149	5.39
Adverse experiences in childhood can increase the risk of poor physical health	71	4.90	150	5.19
Bad experiences in childhood can impact how the brain develops	72	5.43	150	5.47
In some families, aggressive behaviour is the norm and it is not the police's job to deal with it	72	5.58	150	5.61
Demonstrating authority as a police officer is useful when dealing with people who are being aggressive	71	3.42	146	3.73
I am always aware that some people find the police intimidating	71	5.75	146	5.75
If someone doesn't see themselves as a victim there is very little the police can do	72	5.14	146	5.40

I always consider what powers I can use to reduce future opportunities for perpetrators to harm vulnerable individuals	72	5.36	146	5.56
I focus on getting vulnerable people to tell me what happened without interrupting	71	5.15	146	5.49
It can help to tell someone who is in distress that I recognise they are upset	72	5.15	146	5.23
It is better to focus on what happened than to focus on how a victim is feeling	72	4.86	145	5.30
It is quicker, in the long run, to let a victim take their time telling me what happened	72	5.32	146	5.60
I need to ask vulnerable people a lot of precise questions to get clear answers	72	3.96	142	3.95
If someone is angry or rude when I am trying to help I make sure they know that it is not acceptable	72	3.64	142	3.63
If someone is being difficult I try to understand what is making them act that way	72	5.18	143	5.43
If someone does not want help I don't accept that at face value	72	4.61	142	4.75
Often situations I am involved in are more complex than they initially appear	72	5.43	142	5.80
Looking beyond the obvious is not a priority in my job	71	5.66	143	5.94
It is not my job to identify where victims can get further support	72	5.90	143	5.93
It is an important part of my role to help vulnerable people build confidence in their own abilities	71	5.03	142	5.26
If I feel I need to give more time to a vulnerable person I do, even if I am being hurried to the next job	71	5.31	143	5.59
It is not important for me to offer advice to victims on how they could help themselves	70	5.49	142	5.53
How familiar are you with the impact of adverse childhood experiences?	72	5.19	144	5.57
How familiar are you with the impact of trauma on victims?	72	5.51	144	5.81
How familiar are you with the 5F (friend, fight, flight, freeze, flop) responses to overwhelming threat or trauma?	72	5.10	144	5.89
How familiar are you with the National Decision Model and risk principles?	72	6.19	144	6.27

5.16. P: ANOVA – Force

Table 5.12: Force ANOVA

Group	Factor	Force	N	Mean	Std. deviation	F	Sig
Control	Factor 1	1 BTP	19	5.28	0.84	0.021	0.979
		2 Herts	40	5.33	1.01		
		3 Staff	14	5.31	0.62		
		Total	73	5.31	0.89		
	Factor 2	1 BTP	19	5.16	0.75	0.855	0.430
		2 Herts	39	5.25	0.72		
		3 Staff	14	5.48	0.61		
		Total	72	5.27	0.70		
	Factor 3	1 BTP	23	4.68	0.94	0.349	0.706
		2 Herts	48	4.88	1.02		
		3 Staff	16	4.83	0.73		
		Total	87	4.82	0.94		
	Factor 4	1 BTP	19	5.19	1.01	0.590	0.557
		2 Herts	40	5.42	1.12		
		3 Staff	13	5.08	1.11		
		Total	72	5.30	1.09		
Intervention	Factor 1	1 BTP	34	5.42	0.68	3.654	0.028*
		2 Herts	55	5.30	0.90		
		3 Staff	64	5.67	0.67		
		Total	153	5.48	0.77		
	Factor 2	1 BTP	32	5.50	0.86	2.966	0.055
		2 Herts	51	5.86	0.59		
		3 Staff	61	5.80	0.65		
		Total	144	5.75	0.69		
	Factor 3	1 BTP	41	4.49	1.05	11.158	0.000***

	2 Herts	61	5.36	0.62		
	3 Staff	79	5.23	1.13		
	Total	181	5.11	1.02		
Factor 4	1 BTP	33	5.45	1.06	1.593	0.207
	2 Herts	54	5.18	1.21		
	3 Staff	63	5.53	0.98		
	Total	150	5.39	1.09		

5.17. Q: ANOVA – Gender

Table 5.13: Gender ANOVA

Group	Factor	Gender	N	Mean	Std. deviation	F	Sig
Control	Factor 1	1 Male	49	5.18	0.91	2.767	0.101
		2 Female	22	5.56	0.79		
		Total	71	5.30	0.89		
	Factor 2	1 Male	49	5.21	0.72	1.901	0.172
		2 Female	22	5.45	0.61		
		Total	71	5.29	0.69		
	Factor 3	1 Male	49	5.00	0.86	0.335	0.564
		2 Female	22	5.12	0.70		
		Total	71	5.04	0.81		
	Factor 4	1 Male	49	5.21	1.09	0.958	0.331
		2 Female	21	5.49	1.14		
		Total	70	5.30	1.10		
Intervention	Factor 1	1 Male	66	5.32	0.69	6.705	0.002**
		2 Female	71	5.70	0.62		
		4 Prefer not to say	7	5.15	0.63		
		Total	144	5.50	0.68		
	Factor 2	1 Male	66	5.74	0.63	0.351	0.704
		2 Female	71	5.79	0.71		
		4 Prefer not to say	7	5.57	1.05		
		Total	144	5.75	0.69		
	Factor 3	1 Male	66	5.49	0.68	7.693	0.001**
		2 Female	71	5.12	0.92		
		4 Prefer not to say	7	4.33	1.43		

Group	Factor	Gender	N	Mean	Std. deviation	F	Sig
		Total	144	5.25	0.89		
	Factor 4	1 Male	66	5.26	1.05	2.296	0.104
		2 Female	71	5.59	1.01		
		4 Prefer not to say	7	4.95	1.68		
		Total	144	5.41	1.08		

5.18. R: Training content description

Table 5.14: Description of specific sessions from the training

Session	Description
Opener discussion	Trainers invited trainees to 'air their grievances' on a flip chart to discuss the key issues around dealing with vulnerability effectively, referred to as the 'car park'. Trainees were informed that their feedback would be relayed to the force.
Introduction video	This involved a video presented by DCC Karen Manners supported by the vulnerability and risk infographic where learners were introduced to the personal and situational factors that contribute to the risk of vulnerability.
Definitions of vulnerability	This session involved introducing the College definition of vulnerability and opening a group discussion on how the definition of vulnerability can vary between different organisations in order to bring the focus to the agreed definition of vulnerability.
Neuroscience	The purpose of this session was to explain to learners the importance of understanding how individuals may respond to traumatic events from a physiological perspective and that individuals may not always respond as expected due to instinctive biological processes.
Response to threat	This session involved playing a video in order to open a discussion to recap on the role of the amygdala in preventing death or serious injury and an individual's ability to think clearly, logically and rationally.

Adverse Childhood Experiences	The purpose of this session was to highlight that the concept of ACEs is one of the models used to support police understanding of how individuals can become vulnerable and/or perpetrate crime.
Facilitated discussion about the case study videos	In this session, two applicable case study videos involving real-life cases dealing with vulnerability were played and trainees were asked to discuss the actions and situations in groups.
Professional curiosity	This session asked trainers to open a discussion asking trainees what professional curiosity meant to them to emphasise the importance of 'looking beyond the obvious'. Trainers were asked to highlight that professional curiosity is a communication skill to explore and understand what is happening rather than making assumptions or accepting things at face value.
Working with partners (three level approach)	This session asked trainees to describe the process of effective response using the three-level approach: provide local knowledge on support networks, consider referrals for support triage and share information under statutory duty. Trainers were asked to remind learners that the police and other agencies have a statutory duty to protect those at risk of significant harm.
Managing risk	In this session, trainers provided input on the key themes of the National Police Chief Council Risk Principles, and explained to trainees that it is important to record the risks identified and to whom they refer.