

September  
2024

# Wales Violence Prevention Unit Evaluation

## A Whole Systems Case Study: Cardiff

### Case study report

Chloe Smith, Alice Booth-Rosamond, Rebecca Harrison, Ellie McCoy, Hannah Timpson & Zara Quigg  
Liverpool John Moores University, Tithebarn Building, 79 Tithebarn Street, Liverpool, L2 2ER

Contact: [E.J.McCoy@ljmu.ac.uk](mailto:E.J.McCoy@ljmu.ac.uk)

ISBN 978-1-83766-525-9

© 2024 Public Health Wales NHS Trust. Material contained in this document may be reproduced under the terms of the Open Government Licence (OGL) [www.nationalarchives.gov.uk/doc/open\[1\]government-licence/version/3/](http://www.nationalarchives.gov.uk/doc/open[1]government-licence/version/3/) provided it is done so accurately and is not used in a misleading context. Acknowledgement to Public Health Wales NHS Trust to be stated. Unless stated otherwise, copyright in the typographical arrangement, design and layout belongs to Public Health Wales NHS Trust.

# Wales Violence Prevention Unit Evaluation

## A Whole Systems Case Study: Cardiff

---

Chloe Smith, Alice Booth-Rosamond, Rebecca Harrison, Ellie McCoy, Hannah Timpson & Zara Quigg  
Liverpool John Moores University (LJMU), Public Health Institute - World Health Organization Collaborating Centre for Violence Prevention

September 2024

### About this report

---

South Wales is one of the 18 areas allocated funding by the UK Government to establish a Violence Reduction Unit, subsequently increasing to 20 areas in 2022. Supported by additional commitments from Welsh partners, in 2019 the Wales Violence Prevention Unit (VPU) was established. To inform the continued development of the Wales VPU, the Public Health Institute at LJMU, were commissioned as an evaluation partner. This report forms one of a suite of outputs from this evaluation work programme and presents an evaluation of the whole system approach and case study approach for Cardiff. The in-depth case studies report sits alongside an accompanying whole systems report. The suite of evaluation reports are available on the VPU website: <https://www.violencepreventionwales.co.uk/> and include:

- Year 1 – The development of the Wales VPU evaluation framework and whole systems report.
- Year 2 – Evaluation of selected work programmes.
- Year 3 – Swansea whole systems case study evaluation.
- Year 4 – Cardiff whole systems case study evaluation.

### Acknowledgments

---

We would like to thank the following people and organisations for supporting the Wales VPU evaluation:

- The evaluation funders, Wales VPU.
- Members of the Wales VPU team, wider partners and programme implementers who supported evaluation implementation.
- Gatekeepers to the research who supported data collection and recruitment.
- All study participants who took part in interviews and focus groups.
- Colleagues from Public Health Wales for advising on study development and colleagues from PHI for supporting study implementation and report production, including Jade Craven and Dave Seddon.

### Terminology

---

#### **Use of the term 'serious violence'**

The Wales VPU encourages partnerships to refrain from using the term 'serious' when defining violence. Through a public health lens, it is important to understand that interventions (especially those in early childhood) can prevent violence in the long term, and improve educational outcomes, employment prospects and the health and wellbeing of individuals and communities. They also have

wider positive implications for the economy and society. As such, we will refer to 'violence' throughout this report unless directly quoting or referencing a source which uses the term 'serious violence'.

**Use of the term 'youth violence'**

The children, young people and professionals who contributed to the Wales Without Violence Framework, co-produced by the Wales VPU and Peer Action Collective Cymru were clear that the term 'youth violence' was a term that has become outdated. It was felt that the term can contribute to labelling and stereotyping of children and young people as a group. As such, throughout this report we will refer to 'violence among children and young people' unless directly quoting or referencing a source which uses the term 'youth violence'.

## Contents

---

Evaluation overview.....	1
Case Study 1: SAFE Partnership .....	10
Case Study 2: Braver Choices, Cardiff, MAC .....	16
Case Study 3: Fearless, Crimestoppers .....	22
Case Study 4: NHS Violence Prevention Team.....	29
Case Study 5: Parallel Lives, Cardiff, MAC.....	39
Case Study 6: Positive Masculinity, MAC.....	44
Case Study 7: Teachable Moments - Custody Suite.....	48

## Evaluation overview

---

### Introduction

The Wales Violence Prevention Unit (VPU) was set up with the ambition to prevent all forms of violence, through utilising a public health approach. This case study report has been formulated alongside the whole system report and has also been used to inform the findings of the whole system report. In Cardiff, a violence hotspot in Wales, the VPU and partners are delivering a range of interventions and multiagency arrangements to reduce and prevent violence, and to take a holistic child-centred approach to children and young people involved/at risk of involvement in violence. The VPU has funded a host of interventions at a primary, secondary and tertiary level, which includes interventions that target the root causes of violence and offer support at what is considered a 'teachable moment'. These interventions sit within a system that has established a range of approaches to target violence, and include:

#### *Cardiff VPU interventions*

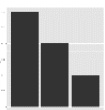
Sector	Intervention/programme/approach	Nature	Age
Local Authority	Safeguarding Adolescents from Exploitation (SAFE)	Targeted approach Early interventions	≥18 11-25
Criminal Justice	Teachable Moments Police Custody intervention	Tertiary intervention	10-18
Health	NHS Violence Prevention Team	Early intervention	All ages
Community	Fearless, Crimestoppers	Universal primary intervention	11-16 professionals
	Braver Choices, Media Academy Cymru	Therapeutic intervention	10-17
	Parallel Lives, Media Academy Cymru	Therapeutic intervention	8-17, parents
	Positive Masculinity, Media Academy Cymru	Targeted secondary intervention	10-17

### Evaluation methods

The Wales VPU commissioned the Public Health Institute (PHI) at Liverpool John Moores University (LJMU) to carry out an independent evaluation of the VPU whole systems approach to violence prevention, focusing on Cardiff. The evaluation explores how the interventions and approaches across Cardiff operate to identify individuals at risk of/involved in violence, and the measures implemented to mitigate risk and prevent further involvement in violence and crime. Evaluation activities included:



A rapid literature review to provide context to the research and aid the interpretation of research findings and development of recommendations.



Key programme evidence, policies and operational documentation was collated, reviewed and where possible, analysed to explore the development, implementation, delivery and impact of the VPU interventions.



Interviews with key stakeholders (n=18) involved in the implementation and delivery of the VPU funded interventions across Cardiff.



Interviews with service users (n=6) engaging with the VPU funded interventions across Cardiff to explore the needs of individuals, barriers to accessing support, journey experiences and impact of support. Case studies were developed for (n=7) interventions.

## Key findings

The whole systems evaluation allowed for the exploration of the violence prevention activities, how they were implemented and delivered and the difference the interventions have made for the young people they were designed to support. The interventions all focus on supporting young people through either preventing them from becoming involved in violence, or to reduce the risk for young people who are vulnerable, or those who have already experienced violence.

### Needs of the community

Identifying and understanding the wider determinants of health and contextual factors that affect young people, families and communities in Cardiff is essential. Partners highlighted the complex needs across Cardiff and the specific groups that the interventions targeted. They described the risk factors for young people, including Adverse Childhood Experiences (ACEs), neurodiversity, and poor mental health.

*“Neurodivergence plays a massive part in offending behaviour, not just children and young people, but also adults. I think it was something like one third of adults in prison are neurodivergent and half of them have experienced a traumatic brain injury at some point”*  
(Stakeholder)

High and increasing proportions of young people also had additional needs including neurodevelopmental disabilities. Many young people were disengaged from school, highlighting the critical role of education in building protective factors. There was also a gap in service provision during the critical transition to adulthood for young people who are at risk of falling between gaps. The Covid-19 pandemic had increased the complexity of needs, with services reporting increased challenges for young people, including social isolation, poor mental health and changes in behaviour. There was also an increase in violence involving social media, girls becoming more involved in violence in schools, and younger ages requiring support. Barriers for families engaging with services were reported due to mistrust in professionals, previous negative experiences and feeling overwhelmed by being involved with multiple organisations. This highlights the necessity of services working together to provide accessible, wraparound, whole family support.

*“I've seen a trend that if they're not in school, the likelihood of them getting into more trouble is just sky high”* (Stakeholder)

*“There's lots of those conversations, around 18 to 21. People don't suddenly stop. You come in vulnerable when they turn 18” (Stakeholder)*

*“Looking at just what Covid and lockdowns did, that reduction in social interactions did to people” (Stakeholder)*

### **Barriers to programme delivery**

Understanding the contextual factors that can influence the adoption, reach and maintenance of the intervention is key to understanding what works in what circumstances. Barriers to delivery for intervention providers included recruitment delays which impacted on implementation of interventions, the short-term nature of funding which created job insecurity for staff and working with limited resources and capacity. The impact of the pandemic was seen to have increased complexities and service demand. Stakeholders highlighted the importance of understanding the level of work and resource required to effectively support communities. Barriers were highlighted in terms of information sharing, ensuring data is captured effectively and partners recognising the importance of collecting data, including data quality, to evidence impact and support sustainability of interventions.

*“A lot of young people are actually open about having quite traumatic experiences with the police and they would just never trust them” (Stakeholder)*

*“Within the partnership, everyone's quite good at working together, but when it comes to, you know, creating like an evidence base, partners tend to be quite reluctant to share” (Stakeholder)*

*“What data probably is just missing in the first place? Then what data is being collected, just reinforcing the quality of that data perhaps isn't as high as it should be” (Stakeholder)*

*“Several times, you're just hammered with different things that you need to do. And you're like, wow, okay, I've got a daily business going on” (Stakeholder)*

*“If you just recruit tomorrow, 20 people, even on a one-year fix contract, it's still going to take you three months to train them to where you need to be. That's really difficult. So I think they were chasing their tails a little bit at the beginning” (Stakeholder)*

### **Impact of the VPU**

Evaluation findings evidence the extent that VRU-funded violence prevention activities lead to intended outcomes of reducing the risk of involvement in violence and the associated harms of violence among children and young people. The VRU enabled investment's to develop interventions and pathways of support to identify at-risk young people and move them into appropriate support across the system.

The interventions were designed, developed and delivered by teams of experienced staff, who were able to utilise a trauma informed approach to build trusted relationships with young people and their families. Providing a safe and non-judgemental space was key for breaking down barriers to engage with young people. Examples were provided from all the intervention providers on how communication, sessions and resources were adapted to meet the needs of the young people. The flexibility and strong relationships were seen as key for successful engagement, with providers reporting good uptake of the violence prevention activities. Evaluation findings acknowledge the additional work involved that goes into building relationships and consistency of care, to support young people to initially engage, and then to maintain engagement, which is often difficult to



document. Having experienced and skilled staff was seen as key to this, and ensuring that they could look beyond the presenting behaviour/incident to build trust and advocate for young people.

Interventions provide examples of making every contact count by using opportunities at a point of crisis, for example during an ED attendance or police arrest, to intervene and use a trauma informed approach to look beyond the presenting issue or behaviour to understand underlying causes. Having these statutory interventions linked to community support provides a pathway of identifying a need and moving a young person into a suitable pathway of longer-term care. This ongoing work provides a consistency for young people to maintain relationships and sustain outcomes longer term.

*“I think [we are] just trying to embed that...they’re children.... they’re a child first. I think that’s a little bit of a...with some of the members of staff. It’s a bit of an issue with others. It’s not at all” (Stakeholder)*

*“It’s about turning up when other people don’t turn up” (Stakeholder)*

The evaluation findings demonstrate the outcomes for the young people engaging with the interventions. This included improvements in confidence, self-esteem, resilience, anxiety and depression. They were supported to develop alternative coping strategies. Young people reported feeling reassured, safe and listened to during engagement with the interventions. Other outcomes were reported for improvements in housing for older individuals with complex needs presenting to the accident and emergency (A&E) department. Engaging in group activities enabled young people in similar situations to come together for peer support.

*“They worked with me when no one else would” (Young Person - YP)*

*“We have someone we trust to talk to” (YP)*

*“Didn’t have anyone who knew what was going on” (YP)*

*“Feel supported and more confident within myself” (YP)*

*“I will talk about my feelings more” (YP - Quarterly Reporting)*

Supporting young people back into education, training and employment was a key aim for all of the interventions, with stakeholders recognising the protective factors of education. Advocating for young people and adapting programmes to run within/alongside a school setting was seen as critical in preventing school exclusions, and the associated negative long-term impacts of this. There were also reports of improved behaviour in school. Findings highlighted the importance of engaging young people in meaningful activities with opportunities for diversionary activities and positive role models within the community. A strength-based approach was seen as important in enabling young people to develop new skills and recognise and enhance existing skills, which was important in building their confidence and developing aspirations to move forward with their lives.

*“The biggest push [was] to try and get young people back into education” (Stakeholder)*

Improvements in knowledge was identified as a significant outcome for young people. Feedback and evaluation forms collected within services showed high proportions of improved attitudes and knowledge. Understanding legal consequences of involvement in crime, risks for exploitation, and impacts for themselves and others, enabled young people to make informed choices moving forward. Involving young people in the process was seen as an important way to help them understand their situation. Awareness of how and where to access support was seen as invaluable for young people who had engaged with targeted programmes and may require future support, and for young people engaging in universal workshops who now have the tools to access support should they require it. The activities also gave them awareness on how to report crimes and provided them with confidence and

feelings of safety to either report anonymously or speak with professionals. This was seen as key in reducing stigma and breaking away from the 'snitch' culture. All of which they have not had previous access to before these interventions were provided across Cardiff.

Feedback from young people suggests that they are less likely to carry a knife or weapon because they feel safer and more confident. There were also suggestions that there had been an increase in reporting of crimes. A number of partners believed that there has been a reduction in drug use, anti-social behaviour and violence among children and young people, involving knife crime. In the longer term, stakeholders hoped that there would be a reduction in violence and other crime, including a reduction in hospital admissions related to knife carrying and violence, all leading to better life chances for those involved.

*"A lot of them [children/young people] said, I thought you could carry a knife in self-defence, I'm going to stop carrying" (Stakeholder)*

Wider impact was demonstrated in terms of improved relationships for young people with their friends and family. Examples were provided for how interventions extended to support parents, siblings, and wider family members. Engaging with support via services for the children, led to parents having opportunities to seek out additional support for the whole family. Services identified a gap in provisions for parents, especially whilst awaiting the young person's compliance in engaging in support. Examples were provided for parent focused sessions and resources, courses and campaigns. Services collected feedback from parents, which demonstrated how parents benefited from an opportunity to come together with other parents, share experience and support one another. This helped to reduce the stigma and shame that some of the parents, carers, and young people were experiencing. Parents reported having knowledge and understanding of the risks of exploitation, and legal processes to help support their children. This also gave them confidence to better manage their child's behaviour. This led to reduced fear and anxiety, and improved feelings of safety. The creation of safer spaces and environments has led to increased feelings of safety within the community.

*"Thank you for helping us to recognise the positives during this difficult time" (Parent)*

*"What they'll [community members] see is increased community activities and a lower level of crime, and they won't be victims. And I think that's hopefully what we see out of it" (Stakeholder)*

*"It was very stressful for my mum and [MAC youth worker] spoke to mum too. I didn't know what was going to happen" (YP - Quarterly Reporting)*

The service providers monitor engagement and outcomes through quarterly reports for the VPU and Home Office. Additional reporting is completed within organisations including routine monitoring and production of reports. This included post session and workshop questionnaires, which enabled services to use feedback to improve delivery, and outcome tools, which helped families reflect on distance travelled. However, these were not always available for evaluation purposes. Stakeholders acknowledged the challenges with evidencing impact. This included difficulties in measuring prevention and for evidencing outcomes for project sustainability and measuring longer term outcomes. This included the challenges of a whole system approach across the life course, which meant that for many, they would not see longer term impact within project timescales. It was agreed that outcomes need to be tangible and easy to measure and that collect softer outcomes and the narrative of the journey, including service user voice.

*"It's really difficult to measure prevention isn't it? And that's always the problem is they don't go on to commit crime. How do we ever measure that?" (Stakeholder)*

*“I think learning is key, because that’s how you change and adapt your services appropriately to meet the needs of individuals, and our learning needs to be shared widely” (Stakeholder)*

### **Wider impact across the system**

The VPU utilises a systems approach to tackle public health problems. A whole systems approach is required to tackle complex public health issues, in order to support a coordinated and collaborative approach to bring about long-term change. A whole systems evaluation focuses on how the VPU funded interventions interact together to contribute to systems change.

Findings from the case study evaluation evidence the wider system impacts of the violence prevention activities. The model of commissioning and delivery contributes to the wider overarching aims of reducing violence among children and young people and associated harms to create safer communities across Cardiff. Investment from the VPU had provided added value to existing organisations to enhance current interventions and to develop new interventions and resources. Allowing them to build on capacity and upskill the workforce to provide further reach across the city to young people and families who may not have otherwise engaged with support.

The VPU has established a large stakeholder network to aid the VPU in establishing and coordinating violence prevention activity nationally. The VPU was described as bringing services together to develop networks and build relationships to work in partnership. There was a clear, shared vision amongst partners for using coordinated public health approaches to violence prevention. The development of referral pathways and formal relationships between services, including statutory services and community organisations, promoted joint working, and awareness of services. Partnership working for VPU members was seen as a key strength in Cardiff, there was good awareness of different organisations and partners working together well. Examples of best practice were provided for shared learning and joint decision making.

*“Partners are good. They know what they can offer” (Stakeholder)*

*“Everyone has the same goal, which I think helps” (Stakeholder)*

*“It [VPU] just ties us together, really” (Stakeholder)*

Working with the VPU provided an opportunity to share intelligence. A number of stakeholders discussed the benefit of sharing and receiving data with the VPU and how it was used to inform decision making. This included the Wales Violence Prevention Portal for anonymised data on violence in Wales, including hospital admissions, ambulance call-outs, A&E assault attendances and police-recorded crime. Data sharing with the VPU helps to provide a realistic understanding of the situation and provides a two-way flow of communication with multiple agencies.

*“In certain areas, Cardiff is certainly ahead of the game [for data] because they’ve been established for so long” (Stakeholder)*

*“A lot of it is confirmation of this is what partners are seeing, or this is what the data is showing, this is what it actually feels like on the ground” (Stakeholder)*

The Safeguarding Adolescents from Exploitation (SAFE) Partnership multiagency contextual safeguarding meeting was identified as a key platform for sharing information and intelligence and building a picture of local needs to develop a multiagency response. It also allowed partners to share advice and guidance, and a shared responsibility to better support young people. This increased data sharing and intelligence which informed police activity, patrolling and disruption activities in hotspot areas, and tailored multiagency responses following incidents related of violence.

*“[SAFE] it’s to share appropriate health information so that there’s a broader picture for the person and the need requirements” (Stakeholder)*

Through recognition of the social determinants of health across the life course, place-based approaches provide a framework to address the needs of specific communities, through organisations working in partnership to improve outcomes for the ‘whole place’ not just individuals. This ensures a public health approach is translated into operational practice and embedded across the wider system. The funding from the VPU increased capacity within services meaning that they had a wider reach to engage with more professionals and young people. Wider impact across the system also included the improved knowledge amongst professionals through establishing new relationships, sharing of information, engaging closely with the interventions, and through access to training and guidance from intervention staff. This has led to improved partnership working, improved information sharing, and increased workforce knowledge and trauma informed practice across the violence prevention system, breaking down barriers to prevent the criminalisation of young people to support them to move forward with their lives.

*“I think the learning from it is more professional curiosity, exploring more, being aware of the type of injuries that we would actually recognise early on as being of the other concern” (Stakeholder)*

*“It has an impact on the NHS because they’re not going into hospital. It has an impact on the prison systems because they’re not all going into prison. It’s having an impact on children’s services because the weight is not all on just one person” (Stakeholder)*

### **Sustainability and next steps**

The VPU recognised the need to influence wider, sustainable change by influencing key agencies and stakeholders to incorporate public health approaches into their work, to improve inter-agency responses and to embed system-level change. Evaluation findings demonstrate that without the VPU funding and support to establish and maintain pathways of support, these outcomes across the system would not have been achieved. Ongoing funding and additional investment was seen as key in allowing services and interventions to continue and to expand, this included capacity building in terms of recruitment and upskilling teams. Partners highlighted that without continued and long-term funding, providers would not have stability and the same reach to support young people and their families. This was flagged as a concern given the rising complexities experienced by communities and the increased demand on the system.

Education was seen as key for long term change to reducing knife crime and other types of violence. Stakeholders agreed that more investment was needed for early years and other programmes of work with children and young people. There were also calls for investment in diversionary activities to provide young people with opportunities in the community to develop skills and future aspirations. This was also seen as a way to provide a safe space where they could integrate with their communities. Moving forward, continued partnership working utilising the VPU framework was seen as key in maintaining relationships and maintaining momentum for the public health approach to violence prevention. This was seen as especially important with the introduction of the Serious Violence Duty.

*“I would like [in an] ideal world, most government to look [and] really realise and recognise the work that’s been done and the potential for more services and help with funding” (Stakeholder)*

*“What do they feel are their top priorities? What could make it better? What would help?” (Stakeholder)*

*“Trying to find some free activities there, especially during the holidays and this nightmare, it's really difficult” (Stakeholder)*

*“We've had the VPU, you know, since 2019. And it is embedded in practice. For us as an organisation, the issue is going to be how we sustain those roles when the funding dries up” (Stakeholder)*

## Recommendations

- Relationships with schools and engagement from education partners could be strengthened. This would support education to have a key input at partnership meetings, and increase intervention take up within schools. The VPU could support to enhance these relationships, however, this may need government support to mobilise engagement.
- The development of pathways such as the VPT and Teachable Moments provides examples of effectively bringing statutory and voluntary partners together to create wraparound support and break down barriers for engagement. Learning should be taken from this model to develop future pathways and partnerships working across sectors.
- Longer term investment is needed to create stability in services and consistency of care. Violence prevention services should work alongside the VPU to develop a business case and sustainable model beyond VPU funding.
- Investment is needed for diversionary activities and community spaces for young people to engage in activities in a safe place within their community. This is especially important for engaging young people who are not in education, employment or training (NEET).
- Investment from the VPU enabled capacity building to provide further reach within the community. It also enabled the workforce to upskill, both in terms of violence prevention and trauma informed practice. It is important that any future work rolled out by the VPU and as part of other work, including the Serious Violence Duty, includes provision for capacity building and training opportunities for professionals.
- Evidence from the evaluation demonstrates a wealth of intelligence that is gathered through the different violence prevention activities and wider data sets across Cardiff. Further information could be provided on the Violence Prevention Portal to encourage users to map trends locally. Recommendations were made for future development of the Portal including additional data sources and the ability to map different areas within Cardiff.
- The quarterly monitoring reports provide useful insight into numbers engaging with VPU funded interventions, progress updates in delivery and outcomes achieved. However, the reports are not completed in a consistent way across the different services, making it difficult to derive impacts across the system. The forms have recently changed to provide a more standardised format which will hopefully improve data consistency, this includes opportunities for capturing qualitative information.
- Long term evaluation was seen as key to measuring the longer-term impacts of the VPU, it is important that this includes softer outcomes, including the distance travelled for individuals and across the system. Services should continue to collect case studies, whilst also utilising the VPU evaluation toolkit to identify a consistent way of measuring softer outcomes using quantitative data.
- The majority of interventions are subject to local and national evaluation. It would be useful for evaluation partners to come together to form an evaluation advisory group to share findings and align recruitment methods to ensure services and service users are not ‘over researched’ and too much is asked of them.
- Feedback from young people highlights the importance of the inclusion of service user voice within design, implementation, delivery and evaluation of interventions. Service providers and evaluators should continue to keep service user voice at the heart of intervention design

and delivery, where possible incorporating co-production. This should be a key focus for final year evaluations of VPU funded activities to better understand the legacy of the VPU and in developing a sustainability plan.

## Case Study 1: SAFE Partnership

### Overview

Cardiff have developed a model of working that looks to identify and address contextual harm in their communities. The Safeguarding Adolescents from Exploitation (SAFE) model recognises that children and young people can be at risk of, or subjected to, harm through exploitation and abuse from adults and/or other peers outside of their family network<sup>1</sup>. The SAFE Partnership supports the development and implementation of a city-wide approach for contextual safeguarding, consisting of safeguarding mechanisms to respond to individual risks (such as extra-familial harm, exploitation, and violence among children and young people) in addition to hosting multiagency safeguarding meetings with key partners. SAFE is an action-focussed multiagency partnership, which has been running for two years and is targeted at professionals (e.g., youth services, schools, police and third sector agencies) working with young people and families in Cardiff. The SAFE Partnership does not accept specific referrals for support, but instead engages with and supports partner organisations and commissioned services to ensure clear processes are in place for young people to access the right support at the right time and to develop mechanisms to monitor and evaluate the impact of the support delivered. The primary focus of the SAFE partnership is to prevent issues such as knife crime and criminal exploitation and to support key pieces of work that respond to child exploitation when it takes place, supporting young people to access the support that they need. The partnership also includes a high-risk panel process, in which any barriers to accessing support can be escalated to a high-risk panel for high-level, managerial, oversight.

### Implementation

The SAFE Partnership was initially established as a dedicated space to discuss individuals who may be affected by exploitation. However, capacity issues, alongside barriers to information sharing of specific cases prevented this. Therefore, the remit of the partnership evolved to *“pull key partners from multiple agencies together to address those kind of wider contextual thematic gaps and trends”*. An initial consultation was conducted with over 400 professionals within the nine localities within Cardiff (such as those in housing, education, welfare, education, and social work) to identify what was already being done, what was working, what their concerns were and what solutions they felt needed to be implemented to prevent the exploitation of young people in Cardiff. Quantitative data was also analysed to inform the consultation. Following this, the strengths within each community were built on to create solutions for the problems faced (such as the facilities that the young people can access, the areas of concern in the local area and where young people might congregate and whether this is safe or not).

*“To try and help the partnership group, for each of those locality areas, we developed like a two-page summary where we literally bullet pointed some of the things that people had said were strengths because we wanted to build on those strengths in those communities”*

Funding from the VPU has been granted for a project manager post within the team, which has been imperative to the *“central coordination or drive for a lot of this work”*. The VPU work closely with the SAFE Partnership to set expectations of what they want the funded post to achieve. It was recognised that this has been working well and that the VPU are pleased with the progress of the project manager. Currently, the project manager is working on a development plan to map the areas of development

---

<sup>1</sup> <https://cardiff.moderngov.co.uk/documents/s72871/Appendix%204.pdf>



and the solution identified in the consultation against the Wales Without Violence Framework<sup>2</sup>, which will form recommendations and demonstrate the progression of the SAFE Partnership. Staff members also have monthly meetings with the VPU to share updates on the work of the partnership.

## Delivery

The SAFE Partnership was developed to work with agencies, share information, and develop interventions across a partnership. To achieve this, bi-monthly meetings with key partners are conducted to discuss pressing issues and form actions for partners to take forward. The meetings are well attended, with around 40 attendees at each meeting. Partners include those from statutory and voluntary organisations, for example, MAC, VPT, St Giles, Sidestep, and Action for Children. It was felt to be important that the SAFE team connects with partners regularly to ensure consistent communication and remove the risk of duplicating services. To aid this, members of the SAFE partnership also attend violence prevention group meetings and organised crime group meetings (these groups will also attend the SAFE Partnership meetings).

*“We just need to work well, I suppose in making sure that we connect and communicate and there's no duplication”*

## Engagement with key partners

Multiagency working is a key element to the success of the SAFE Partnership. To help strengthen this, several events have taken place, including a SAFE Partnership Event, Professional Interest Networking Group (PING), Schools Designated Specialist Provision (DSP) Forum, a range of community forums, and practice improvement sessions<sup>3</sup>. In addition to this, the SAFE team have developed a missing children protocol and procedure, initiating the development of SAFE curriculum resources to inform the new Curriculum for Wales's area of health and wellbeing. This was developed to ensure the key messages regarding exploitation are cascaded, developing a parent/carer engagement and support plan, producing an exploitation awareness training matrix for the partnership, and developing a universal SAFE e-learning product. The team have also worked closely with Cardiff Child Friendly Cities to progress a programme of young people's consultation.

During the consultation process, it appeared that some issues were too urgent or too specific to the locality area to wait for the development of the partnership. As such, contextual solutions groups have been piloted within local areas. This is a weekly multiagency forum linked to each of the SAFE locality areas, with the core remit of reviewing contextual safeguarding concerns that are putting young people at risk of exploitation in the local area. The contextual solutions groups take a strengths-based approach to build on community assets and work in partnership to increase the safety of the young people in the community, using best practice approaches and innovative solutions to drive improvements. To aid this, they have recently applied for Youth Endowment Fund (YEF) funding to build on this contextual solutions idea to have a dedicated team to work within the communities.

The SAFE team have also overseen the formation of Youth Action Groups (YAGs), led by youth services, to pull together key partners in the local area who work on behalf of or for young people, such as local sports clubs, schools etc. This was considered a good community-led action forum to support some of the delivery of the SAFE work by planning activities and developing programmes to support the local community. The VPU-funded project manager has helped to develop YAGs in each locality, which has established a line of communication to overcome issues that have been raised in the consultations.

---

<sup>2</sup> <https://waleswithoutviolence.com/>

<sup>3</sup> <https://cardiff.moderngov.co.uk/documents/s72871/Appendix%204.pdf>



*“We can pass things down to the YAG to say, look, it was raised by the consultation that there’s, for example, there’s not enough activities in this area for girls. You, as the local community group, can you action that?”*

There are also a number of other activities that the SAFE team have been involved in, including:

- Working closely with schools to talk about exploitation and risks of exploitation, such as neurodiversity and disabilities.
- Leading on the development of a missing persons (MISPER) protocol for Cardiff, working with partners from key services. The protocol is completed and ratified and will be disseminated to all service areas through the Regional Safeguarding Board and SAFE partners, to offer direction and guidance to support practitioners responding to missing incidents.
- Developing a parent and carer engagement plan through discussion with partners from a range of services. Multiagency working is a key component of the plan, with commitment from a range of partners including the Early Help team to support engagement with parents and carers. They have engaged with colleagues from other areas of Wales and specialist organisations such as Parents, Childcare and Employment (PaCE) and the National Working Group for Sexually Exploited Children and Young People (NWG) to ensure that the strategy is modelled on good practice.
- Working closely with the VPU and have aligned their Exploitation Strategy and SAFE development plan to the 9 strategies outlined in the Wales Without Violence Framework.
- Working with Tarian (Regional Organised Crime Unit (ROCU)) to commission and promote online training on County Lines, with 400 practitioners attending two sessions. North 1 Contextual Solutions: this pilot project has brought together professionals from within a specific locality, to capture contextual concerns and develop targeted local action. They also worked with Tarian and Cardiff Commitment to commission and promote a series of online Exploitation training session for the Business Community.

Between April and September 2023/24, the SAFE Partnership engaged with upwards of 500 practitioners and professionals from statutory (e.g., police, education) and third sector agencies (e.g., Policy Advisors and Service Managers from NWG, NSPCC, The Children’s Society). This includes practitioners working in exploitation across Wales and the rest of the UK, in areas such as Powys, Neath and Port Talbot, Denbighshire and Croydon. Through Community Forums and YAGs, upwards of 85 people from local sports associations, charities, schools and other organisations were also engaged with. Over 100 professionals from organisations supporting children and families in Cardiff and the Vale and beyond were engaged through the Exploitation Professional Interest Group. SAFE also engaged with the majority of secondary schools, all post 16 provisions and many primary and specialist schools in Cardiff through the forums, consultations, events and partnership working.

During October to December 2023/24, SAFE fully engaged with over 700 practitioners through SAFE Partnership and learning events (including online learning events, Community of Practice, and practitioners from statutory and third sector). This includes the PING, the SAFE Partnership meetings, the Youth Action Groups, training and learning events and other forums.

Across the first three quarters of 2023/24, individuals and organisations engaging with SAFE were seen to benefit from links to partnership working with opportunities to contribute and participate in forums. They have had access to training and have been given information about the current context around exploitation and child sexual exploitation; continuing to raise awareness of referral and information sharing mechanisms for practitioners concerned about exploitation. This includes Multi-Agency Referral Form (MARFs), partner information forms and the Exploitation Identification Tool. They also raise awareness of the different organisations supporting young people and carers affected through partnership and learning events. Individuals and organisations also have the opportunity to

raise concerns about processes and resources and these concerns have been fed back via relevant services and escalated via the Operational Manager. The SAFE mapping group and the new Contextual Solutions Group pilot have been established to enable professionals to develop a strategic and multiagency response to exploitation concerns. From January 2024, the SAFE team established a rolling programme of training to be delivered by the Think Safe team. By the end of 2023, it was commented that an initial five sessions were almost fully booked, reaching a total of 160 participants from a range of services and organisations.

## Barriers

Several barriers to the implementation and delivery of the SAFE Partnership were acknowledged. Systemic issues, such as underreporting of crime and a lack of trust in services/the police were highlighted as the most significant barriers. The lack of reporting of incidents in Cardiff was seen to give an inaccurate picture of the levels of violence and exploitation that occur. Although the SAFE team have qualitative data that can feed into their decision-making, it is often the case where professionals must rely on their judgement when deciding on which area to concentrate on and which area has the most need. It was recognised that although these barriers exist, the partnership takes a 'get on and do approach', and as such, they focus on the changes that they can make to see valuable change within Cardiff.

*"Much bigger than this group to solve our systemic issues that are not going to go away, you know, focus on the things we can do and we can change and we can input now. So, we have those discussions in the group"*

Barriers with partners were acknowledged, with some barriers to engagement discussed. It was felt that although attendance at the multi-disciplinary meetings is generally good, they will occasionally need to encourage partners to contribute and take responsibility for the actions decided during the meetings. Despite this, it was recognised that they have a 'really strong chair', who can overcome these challenges.

*"We probably have got 40 people now turning up to the partnership with meetings every now and then, they still need a bit of a nudge to contribute. You know, we really are comfortable with sitting there in silence until someone will take an action away"*

## Impact

The solutions developed following the consultation at the start of the partnership were mapped against each of the nine localities, and regularly reviewed to demonstrate and track progress. Solutions and areas for development were themed, to allow trends to be established, which can be used to inform discussions in the policy group. As part of this, commonalities across the localities have been recognised, such as the need for support for parents and the need to raise awareness of exploitation among parents. As such, they have been able to develop a parent engagement plan to overcome this and have embedded peer support groups, and parent café models, designed campaigns targeted at parents, and introduced parenting courses. They will also look to add a session to the end of some of the existing parenting courses to raise awareness of exploitation. Feedback from partners has indicated that the networking element of the partnership has been beneficial in terms of raising awareness of the issue and the partners involved, as well as the ability to share tools and resources.

*"We get a lot of feedback from partners mainly saying how useful the networking, the partnership, the raising awareness, the tools, all that kind of stuff has been"*

The partnership encourages a public health approach to be taken in Cardiff and increases multiagency working and the involvement of partners to raise awareness around safeguarding and exploitation of

young people. Raising awareness of exploitation and helping to develop and provide opportunities for partnership working were identified as outcomes of the SAFE Partnership. This has included linking with other services such as Cathays Youth Team and the YMCA who offer a range of specific targeted support sessions for young people with a diverse range of specific needs such as learning difficulties and young carers. The SAFE team were seen to have contributed to developing partnership opportunities for organisations working in Fairwater, Cardiff East and Cardiff West directly, and across the city more generally. They have also supported relationship building between police, social services and education.

*“I think I speak for all post 16 providers when I say how helpful the work of SAFE is, our participation in almost everything you offer demonstrates how beneficial we find it”  
(External feedback, quarterly reporting)*

*“For me personally it's been amazing to be recognised as a provider working with a huge number of young people in Cardiff. We have known for years that we work with some of the most vulnerable young people in the city, our learners are experiencing CE (child exploitation) on a daily basis but we have really struggled to get information shared with us. Thanks to your efforts we now have positive links with so many providers... We have been able to share information which allows us to be aware of some of the risks... to ensure they are better supported” (External feedback, quarterly reporting)*

## Data collection and evidencing outcomes

Due to the nature of the SAFE Partnership, it is not possible to measure engagement of the service as would be done with other services who have received VPU funding, e.g., looking at the numbers of individuals who have been supported by the service. Whilst it is difficult to measure, stakeholders reported that *‘the learning and training opportunities offered to practitioners will indirectly benefit the children and young people they work with’ (Quarterly Reporting)*. It was also commented that where SAFE becomes aware of young people at risk of exploitation, they ensure that any concerns are submitted or escalated through the appropriate referral mechanisms. It was recognised that the Wales Without Violence Frameworks’ anticipated outcomes heavily align with those of the SAFE team. As such, the SAFE team have had support collecting outcomes and impacts from the VPU due to these similarities.

*“SAFE brings that aspect to some of the outcomes that the VPU would like to see in terms of reducing that violence, reducing anti-social behaviour, that kind of thing, increasing awareness”*

Young person and family voice collection were discussed as a useful tool to show impact; however, this has currently stalled. It was felt important that feedback from young people and their families is not tokenistic and as such, the SAFE team have been working with Cardiff University to produce a consultation plan approach, which mirrored a consultation that the Child Friendly Cities Team conducted to generate a plan of recommendations based on feedback from young people. The SAFE team are currently establishing their own pilot based on this, to explore topics of violence among children and young people in more depth. Due to the high cost of implementing the pilot in all nine localities, they have decided to develop a ‘train the trainer’ model to deliver the consultation toolkit to produce clear recommendations to use going forward.

The SAFE team have developed a hoped-for impact framework called CHANGES to measure the key individual, community, and system impact. For young people who are being or are at risk of being exploited, hoped impacts include increased confidence and self-esteem, and changes to mental health and wellbeing. On a relationship level, improvements in family functioning were anticipated, and at a

community level, the development of support networks within the community was hoped for. On a wider, societal level, a safer environment for young people to live in was hoped for.

*“So, we were thinking about the key things we wanted to see for young people who are being exploited or at risk of being exploited. So it was about building confidence, self-esteem and building mental, emotional, social wellbeing having that functioning family, network of community support, empowering young people, families and communities and then obviously, keeping them safe”*

Discussions evolved around the future of collecting and evidencing outcomes. It was recognised that the SAFE team have well-established connections with Cardiff University. Additionally, a second round of local consultations was suggested as well as follow-up focus groups with each locality to identify what is or is not working, what may need to be improved, and examples of best practice. The SAFE Annual Plan and Priorities updates will be refreshed on a quarterly basis.

## Sustainability and recommendations

In early 2023, the SAFE team changed its staffing structure, expanding to include two senior policy officers. It was acknowledged that the SAFE team are still small and have a limited capacity and that currently, there is no budget to expand and increase staffing beyond this, which was seen to limit the scope of the work. It was identified that there is a need to focus on equality, diversity and inclusion (EDI) to develop partnership working with organisations representing the voice of minority groups. Additional resourcing would help to address identified needs such as these.

There is also an identified gap in their service of an Analyst and a Communications Officer to support the work of the team. It was highlighted that it is challenging to capture data from education for analysis due to inconsistencies in reporting through the safeguarding portals such as MyConcern as well as a ‘lack of agreement from schools to share exclusion figures’ (*Quarterly Reporting*), meaning that it is difficult to identify vulnerabilities to exploitation and key localities to target.

In the future, the SAFE team plan to work with parents, carers and young people through the implementation of the Parent and Carer strategy. They also plan to develop further Communities of Practice events and online training courses and will be supporting the roll out and development of the sustainable young person consultation toolkit with targeted activity to support the gender equality work being delivered across the partnership, including focused work with men and boys.

## Case Study 2: Braver Choices, Cardiff, MAC

### Overview

Braver Choices is a 12-week programme delivered by Media Academy Cymru (MAC), which targets any children or young people in Cardiff who are at risk of, or are engaging with, weapons. The programme aims to minimise the risk of young people engaging with weapons and establish the root cause of why they are potentially carrying weapons. The programme also works with the young people to support them with additional issues outside of the weapons work, to provide a fast-tracked preventative and bespoke intervention, working with a qualified Youth Worker<sup>4</sup>. The aim of this is to enable young people to make informed decisions, develop coping strategies and understand the implications of their actions.

*“We try and help minimise the risks and delve a little bit deeper and try to figure out why they're carrying weapons. A lot of them say for protection and so we'll try and figure out what they need protection from and minimise the risks because if you can minimise those risks then they won't feel hopefully the need to carry as often then if at all”*

*“It looks at not just like the weapons of their life, but like all different areas of their lives and how we can support them”*

Braver Choices is delivered in community settings from 8am to 8pm, seven days a week, depending on the needs of the child and their family. The Youth Workers work with participants on a one-to-one basis and support the Youth Justice Services prevention team to deliver sessions in schools where knife crime has been identified and support requested. Braver Choices will also deliver educational assemblies to large groups.

### Implementation

Braver Choices was established in 2018 and has been funded by the VPU since 2021. During the implementation of the programme, a workshop was conducted in a local prison to speak with those who had been involved with weapons to have their opinions inform the Braver Choices programme.

*“We did a workshop here in one of the prisons and showed it to prisoners. They'd all been involved in weapons, so we got their opinion on it and what they thought we might need to change or what we need to add, what was good”*

The VPU provide funding for Braver Choices, and as such, Braver Choices will attend meetings with the VPU and deliver quarterly reports. Braver Choices also has links with the SAFE Partnership. It was felt to be important that they also have connections with the police and social services to take a multiagency approach and provide wrap-around support to the young people. However, it is necessary that they differentiate themselves to the police and social services in order to build trust with the young people.

Braver Choices also have a wide range of partners. Quarterly reporting data shows that Braver Choices attended meetings such as Care and Support Plan (CASP) and Multi-Agency Referral Form (MARF) meetings and a number of meetings with schools which were focused on safeguarding. They also took part in referral discussion meetings with case managers, attended Youth Justice Services prevention

---

<sup>4</sup> <https://www.violencepreventionwales.co.uk/what-we-do/interventions/knife-crime-project>

allocation meetings and safety planning meetings with parents. They also submit partner intelligence information with the police.

## Delivery

Referrals for Braver Choices come from schools, Youth Justice Services, and social workers, which are then allocated to a Youth Worker at Braver Choices. During 2022/23, Braver Choices received referrals from Youth Justice Services, Cardiff and Vale College and social services. They also receive referrals from other MAC programmes, including the custody suite intervention (see case study 7) and criminal justice DIVERT programme.

Young people referred to the service will undertake an assessment that will identify needs and form the basis for a mutually agreed action plan to look at the safeguarding risks and laws regarding the carrying of knives and other weapons. A safety plan is made by looking at risks/needs and setting short and long -term goals. This initial assessment provides knowledge of the young person's background and home life, which allows sessions to be tailored.

Data shows that Braver Choices delivers to a high and increasing number of young people with additional needs. During August to September 2023, 50% of new referrals were diagnosed with ADHD or physical disability (compared to 25% in the previous quarter), and between October and December 2023, Braver Choices reported that 80% of their young people had special educational needs and disabilities. Braver Choices adapted to meet the needs of these young people, for example, using shorter sessions and the use of visual aids. Case workers also undertook research and training to improve their knowledge of specific needs and disabilities, including opposition defiance disorder in order to tailor support. Sessions have also been adapted to be delivered in Welsh. Adapting and tailoring sessions were seen to build stronger relationships with young people and have supported engagement.

Young people with additional learning needs and who are not in employment, education, or training (NEET), are frequently seen among those who are referred to Braver Choices. Quarterly reporting shows that 100% of new referrals showed that young people were either currently NEET or had previously been excluded from school or were on reduced school timetables. The reports also show that this had increased each quarter.

The quarterly reports have also identified several other needs of young people. These include lack of support from families; mental health issues, such as anxiety; housing concerns (in one quarter, 3 out of 5 young people had been removed from the family home or spent a period of time as looked after children); boredom; and frustration. It was highlighted that these issues may make young people vulnerable to negative influences as they seek entertainment and recreation.

Data shows that there were multiple young people carrying weapons in 2022/2023 due to debt linked to substance use, with concerns raised around criminal exploitation and young people not understanding laws related to carrying a weapon. Data from quarter three (October -December 2023) saw an increase in weapons being taken into school and threats via social media. Braver Choices also saw an increase in younger ages being referred; it was acknowledged that typically, the service see young people aged 15-18, however, they are now seeing more young people aged 11-14. The quarterly report data also shows that there was an increase in disclosures during summer school holidays.

Engagement in the Braver Choices programme is voluntary. Sessions are delivered in a community setting, such as within the young person's school or in the community. It was highlighted that Braver Choices would never want to deliver sessions within the young person's home.



*“I don't feel like a young person will open up properly because they feel like there's people snooping and listening in”*

Sessions begin with restorative checks to look at experiences that have occurred in the past week, and to allow reflections, understandings, and considerations. MAC youth workers will check in with other case workers to understand any new risks and/or incidents.

Braver Choices is delivered on a one-to-one basis; however, group courses (such as a first aid course) are offered on a voluntary basis in addition to the Braver Choices programme. This was recognised as beneficial as young people can meet other people in a similar situation as them and establish peer support networks. Young people explained that it is important that Braver Choices is available to provide support to those who need it *“to help them learn and guide them onto the right path”* (YP).

A key role for the youth workers is building relationships. It was recognised that the young people who are referred to Braver Choices are often reluctant to engage due to difficulties trusting staff members. As such, dedicated time is spent building trust and confidence with the young person before they begin the programme. This was recognised by the young people, who described feeling safe during their sessions.

As highlighted, the young people who are referred to Braver Choices are often disengaged or have trouble in school. Whilst Braver Choices primarily focusses on weapon awareness, it was recognised that there are direct associations between young people who are NEET and involvement in weapons. As such, supporting young people to reengage with school is an element of the work that they do as it is recognised as a protective factor to support desistance. Braver Choices have also worked with young people who have been exploited and are involved in gangs. Throughout the programme, they will discuss exploitation and deliver or signpost into more in-depth courses (provided by MAC or wider referral partners) if needed. In these instances, the youth worker will allow the young person to decide whether they want their youth worker or a different professional to provide this support. However, stakeholders explained that *“quite often they stick to the same professional because they know what to expect then”*.

*“Sometimes we have to do a few entrance sessions just to build that relationship before you can even think about starting the programme, because until you build that relationship, they're [young people] not going to talk to you”*

*“My worker is very nice and she makes me feel safe during our sessions. She puts me in a good mood because she's always happy”* (YP)

Braver Choices will work with a variety of people and partners in order to provide the most effective support for the young person. For example, if a young person is working with a youth worker and a Youth Justice Services case worker, Braver Choices will engage with them to work closely, coordinate and have regular catch-up meetings. Schools were considered an important partner, as school wellbeing officers often have *‘the best relationship’* with the child/young person and can therefore facilitate relationships between the young person and the youth worker. Braver Choices will also receive updates from the police; however, this is uncommon. Braver Choices reported making onward referrals to Careers Wales, Step into Support, Umbrella Cymru, Cerridwen (emotional support), and other MAC programmes including MAC diversionary, MAC music, and Parallel Lives.

*“If I know the person has got a social worker, then I'll try to send like catch up meetings and things like that and I'll often have a lot to do with the parents, if parents are involved, which is always good because they see what happens day in, day out”*

It was recognised that it is important to engage with parents (if they are involved) to ensure that they understand the work that Braver Choices are doing with their child. Staff will work with family members to advise and educate them on how to manage a situation where they think their child is being exploited.

*“We create safety plans and things that they need to look out for. So if your child is coming home with loads of money or new clothes and so we support the parents in that area”*

## Barriers

Several barriers to service delivery and implementation were recognised. They frequently have young people who do not attend or cancel at the last minute. To overcome this, case workers have adapted to improve engagement by delivering sessions in schools, public spaces, and at MAC. It was also acknowledged that there are often many organisations working with young people, which can be overwhelming and confusing for the young people and may impact engagement.

Stakeholders discussed barriers with schools, where some schools will not allow a child or young person back into school until they have completed the Braver Choices programme. This was seen as a barrier, given the links between NEET and increased risk of involvement in knife crime, and the negative impacts of school exclusion on young people. Braver Choices will try to overcome this by delivering the sessions within the school, so that the school can see that the young person is engaging in the programme without having to exclude them for 12 weeks. It was also recognised that weapon carrying is a taboo subject, which schools are reluctant to address. Schools not providing education around the laws in terms of weapon carrying was seen to be a barrier as *“they [young people] just don't know the laws and what they can and can't do”*. This is exemplified by the media, which normalises weapon carrying and has a big influence on young people's behaviour.

*“I think sometimes schools have the same mind set as parents as they're like, ‘oh if we talk about this subject then everyone's all of a sudden going to start carrying [weapons]”*

Parent involvement was also discussed as a barrier, in terms of parents who are too involved as well as parents who are not involved. It was acknowledged that it can be difficult for some parents to support their child/young person due to their past experiences engaging with services, which has led to distrust of services and professionals.

*“Some parents like to be too involved and were, like, [we] want to sit in on the session and it just doesn't work like that”*

## Impact

Several outcomes for the young people were identified. For example, young people were seen to be more confident in school and have improved knowledge of laws and legislations (which are not often taught within schools or the family home). Through feedback, young people described no longer carrying weapons. Braver Choices also provides young people with the opportunity to engage in clubs outside of school, such as Step Into Sport (MMA/boxing).

*“Lots of them are a lot more confident at school. We've had some really good engagement, like school is definitely a big one and like we're building relationships and having better relationships with their families and just better improved knowledge of like laws and legislations. Because a lot of them say like you're not told about things like this in school, which you're not. It's true. It's such a taboo subject, isn't it?”*

*“I have better knowledge of the laws around weapon carrying” (YP)*



Within the family, there were seen to be better relationships developed. Families were seen to have a *“weight off their shoulders”* following the child/young person’s engagement in the Braver Choices programme. Additionally, young people were seen to become a role model for their sibling(s), which may prevent weapon carrying for these family members.

For other services and professional partners, Braver Choices provide a service that professionals can refer out to in order to provide a more in-depth support to external organisation’s service users. Building relationships with schools has helped staff to deliver on 1-2-1 sessions and assists teachers on creating/adapting an action plan to keep the young person safe. Other partnerships have also benefitted, with data showing that Braver Choices have built stronger relationships with young people and agencies, and a positive relationship highlighted between MAC and the police.

*“I've had some cases where I've completed the course with one brother and then he's advised his other brother then not to carry one, like the laws and stuff around it, which is really positive”*

*“A few professionals said it's good because especially with Youth Justice Services, because they often have lots of topics to cover and it's good that they can then refer out to external people and just got a bit more of an in-depth course rather than just an overview”*

## Data collection

Braver Choices uses an outcome star to evidence the distance travelled from start, mid, to end of the programme. The outcome star was seen to be beneficial to the young person as it allows them to see the journey that they have travelled. It also allows the Braver Choices staff to see whether the support that they’re providing is working and if there are any areas for development. The distance travelled examples are used in quarterly reports for the VPU. In addition to this, they will also complete a form around life mapping at the start and end of the programme to highlight areas that are going well and where they need more support, this is then completed again at the end and used to see improvements. *“Sessions are recorded using session plans, which can be used for young people to reflect on their journey.”* Case notes are kept on a secure case management system and a quality assurance tool is used to dip sample the case notes. An evaluation session and form are completed with the young people to allow them the opportunity to feedback on the programme using a compliments, complaints, and comments form. It was acknowledged that it is difficult to prove outcomes as they do not typically see the young person after they have finished the programme. It was felt that it would be inappropriate to follow up with the young people as it may be a reminder of their past and have the potential for re-traumatisation. Despite this, stakeholders highlighted that the Youth Justice Services use the same system to record data and therefore, Braver Choices are aware that very few come back through Youth Justice Services for weapons.

*“It's [outcome star] there for their benefit as well, but also helps us to see whether or not what we're doing is working and some areas that we can improve on and things that they might see as issues that we might not see. So like it might be a bigger problem to them, but we don't think it's as big. So it just helps us like monitor it and keep track of what's going on really”*

## Sustainability and recommendations

Braver Choices have been able to implement changes throughout the programme. For example, they have recently introduced a weapon disposal collection to increase the likelihood of young people handing over their weapons. They are also in discussion with HMPPS Bristol to provide a real-life case study for the programme. Quarterly data shows that they have been trialling a workshop in HMP

Horsfield to raise awareness of weapon carrying and exploitation, following requests for this from young people.

*“If a young person's got weapons that they'd like to get rid of, you can hand them into the police stations. But how many young people are just going to go hand them in? It's very unlikely... We've been able to put together a weapon disposal collection”*

Braver Choices suggested that young people need more within the community to reduce boredom and therefore reduce violence. For example, additional funding within the community to offer more for young people, such as a venue where young people can attend to play games was suggested by stakeholders.

*“The reason as to why they get into trouble is because they're bored and [there's not enough] stuff for them to do. And I think that [would] just reduce violence massively. If there was just more for them to do and things that don't involve money”*

In terms of sustainability, Braver Choices are relying on VPU money for funding. Stakeholders recognised a definite need for the Braver Choices programme, and therefore there is a need for funding going forward.

*“I know there's a need for it. Definitely. Unfortunately, there's a need for it”*

### Case study example

Case X is unable to read or write and is currently NEET. They also have ADHD and low cognitive abilities. Case X has experienced many ACES growing up and has begun to mirror their parent's behaviours which includes violent behaviour and criminal activity. Case X was given a referral order with Youth Justice Services and required to engage in a weapons awareness intervention. Braver Choices was offered to the young person, although we work on a voluntary basis, the young person accepted and has continued to engage on a bi-weekly basis to complete the programme.

Initially, the young person would try and distract the worker from the task at hand as they were worried they would not be able to fully engage, and it would affect their referral order. The case manager discussed options they could try and see which approach worked best for the young person. They decided that the intervention would be delivered through discussions, videos, case studies and drawing upon past experiences and the case worker would make notes on their behalf. This approach has worked well, and the young person has engaged better with the Braver Choices worker than any of their other support workers. They have developed a good relationship and have even said that they now look forward to their sessions. This case is expected to take longer than others as the sessions are shorter and less frequent due to the young person's needs. The case worker has factored this into their planning. (Source: October-December 2023 Monitoring Report).

## Case Study 3: Fearless, Crimestoppers

### Overview

Fearless is a 100% anonymous crime reporting service. They provide a platform where anyone can anonymously pass on information that they know about crimes. Fearless will then pass this information on to the relevant organisation. The primary aim of the service is to educate young people about crime issues that may affect them and empower children and young people to make positive, informed decisions about reporting crime. Fearless outreach workers deliver group-based educational workshops in any setting where young people congregate, such as schools, youth clubs, and community events. The workshops take a preventative approach, discussing and educating young people on topics such as exploitation, hate crime, knife crime, and county lines to “*challenge young people’s perceptions on the seriousness of different crimes*”. Workshops teach young people that being involved in crime is not always a choice, using real-life case studies to help the messages resonate with the young people and make them aware of the risks and dangers associated with criminal activities.

*“I think a lot of them think, oh, no, I would never get involved with drug dealers, not realising that it's not always a choice”*

### Implementation

Fearless was felt to be very much needed in Cardiff. Data from Fearless shows that young people from low socioeconomic backgrounds are often isolated and may have mental health problems. The Covid-19 pandemic was also acknowledged to have had negative impacts of young people’s mental health and feelings of isolation (although this was felt to be a less prevalent issue in recent months). These factors were seen to increase risk of exploitation due to increased vulnerability. Interviews with stakeholders and quarterly report data show a considerable number of young people in Cardiff lack trust in the police (particularly for Black, Asian, and Minority Ethnic communities). They may have also had adverse experiences with the police and have limited awareness of legal consequences and the criminal justice system, which highlights the need for an anonymous platform where people can report to. Quarterly report data shows that Fearless are seeing an increase in schools which were historically considered to have a higher economic wealth, which suggests that there is an increase in drug crime across Cardiff and highlights the need for Fearless. Other increasing risks include presence of knives in schools, high cannabis use in colleges, vaping in schools, and the dangers of social media, specifically TikTok. During 2022/23, Fearless also saw an increased risk of handmade weapons, such as shanks and shivs. Additionally, stakeholders described a large anti-snitch culture in Cardiff, which has created a reluctance for young people to report any crime, caused by a fear of being labelled a ‘snitch’ by their peers. It was felt that Fearless is needed now more than ever due to the negative impacts of the cost-of-living crisis, which has made criminality look appealing to those who want to make more money.

*“There was an incident that one young person was telling me about that happened on TikTok that someone live streamed someone getting beat up ... and no one called the police because they didn't want to be the next victim, which is why it's so important that there is an anonymous platform that they can use to report to, because they know this stuff is happening but they are so scared to go anywhere else, especially if people don't trust the police”*

*“The cost-of-living crisis has had such a massive impact because people are struggling so much, they're looking into criminality”*

Fearless work with a number of partners to implement and deliver the service, including the schools and community organisations that they deliver in, however, they also had a wide range of partners outside of this. Fearless forged a relationship with School Beats, which facilitated the relationships within the schools that they deliver and also established a partnership with Cardiff City Football Club, where they set up a stand to raise awareness of the service at football matches. A similar partnership was formed with the British Transport Police, where they would raise awareness of county lines on the station platforms. There is also an established partnership with Welsh Women's Aid. Fearless continue to develop partnerships; and were working to establish a partnership with St Johns Ambulance. However, it was recognised that it can sometimes be difficult to form partnerships due to a lack of capacity.

Outreach workers from Fearless have meetings with the VPU and join multiagency meetings that members of the VPU will attend. The multiagency work was felt to be beneficial to discover what other organisations and services are doing and to build connections. For example, Fearless had been finding it difficult to engage a specific school; however, they were able to connect with a partner at a multiagency meeting who was able to help them overcome the barriers they were facing to ultimately allow them to deliver their sessions within the school.

*"We had a multiagency meeting, and there was one school that I was struggling getting into. I was able to meet someone who was able to help me get into that school, which is really helpful. In return, I could help get them into different organisations that they struggled to previously"*

## Delivery

Fearless outreach workers go to schools and community settings to deliver workshops to young people. The workshops discuss different types of crimes and the consequences of being involved in crime, whether that be legally, socially, emotionally, or for the community. Workshops cover a range of topics, including county lines, knife crime, antisocial behaviour and hate crime for comprehensive schools. Fearless use a variety of activities and videos to ensure that content is engaging and interactive to encourage participation and facilitate learning. Interactive activities include a play around joint enterprise, where five of the young people go to the front to take part in a play to demonstrate what would happen in court. Although the aim of the Fearless programme is to prevent stabbings, violence, and crime, Fearless recognises that there is the potential that some young people may encounter a stab wound and therefore, it is important that young people know what to do to best manage the situation. As such, harm reduction is a big part of the programme. For example, *"using a bag filled with red water to demonstrate to young people what they should do if someone gets stabbed. It was recognised that children and young people are eager to get involved with these activities, which facilitates learning and sets the premise to evolve the conversation to discuss why somebody may become involved in knife crime"*. It was recognised that many of the young people have no fear of the justice system and do not always understand the ways in which people become involved in crime. As such, the workshops aim to inform young people about exploitation and the consequences of engaging in criminality. Workshops also talk about how young people can get support if they are involved in crime. It was recognised that incel culture is a prominent issue among young people in Cardiff and has grown since the pandemic and the presence of misogynistic influencers on social media. As such, Fearless have worked with a Police Community Support Officer (PCSO) to deliver joint hate crime sessions. Fearless work to overcome snitching culture by teaching young people how dangerous it can be. For example, outreach workers will teach young people about a young boy who was tragically stabbed to death in Barry following a dispute over drugs. Fearless use this incident to

explain that if someone had called the police, the outcome of the situation might have been very different.

*“One person pretends to stab me and then the other four, we say one knew about it. The other three didn't in this situation, let's vote for what would happen in court to explain joint enterprise and then we'll use the real-life example case study to go through that”*

*“So this is what happened when you get stabbed, you need to keep the knife in. As soon as that's taken out, all the water comes gushing out the same way you would start to bleed out. You then need to cover that and put pressure on it so you can see a little bit of the water still coming out, but not as much to help keep you alive until an ambulance comes”*

*“The Andrew Tate movement in Covid was quite a big issue. It's still very prevalent”*

Where possible, Fearless will tailor sessions and content to the school or area, using feedback forms and the issues that young people have identified to inform future delivery. As such, content is constantly changing to make it more relevant, engaging, and interactive. Outreach workers will use electronic tablets during sessions which ask young people questions about the content that they have been taught and lets them participate and vote on different topics. This allows outreach workers to confirm that young people have understood the content and provide further explanation where required. This was felt to be particularly useful when delivering to young people who have special educational needs, who may find it more difficult to understand content. Quarterly report data shows an increased demand for service; they are becoming well known and have been promoted across Cardiff through the partnership. For each quarter of the year, Fearless focus on a specific topic; during 2022-23, this included county lines and knife crime through sessions delivered to 18,460 young people.

*“I go through the feedback forms every night, because I might be going back to that same school the next week or the next day. So, I know if there's something that's said, I can talk about it further, which is really good because it might be something that's specific to that area”*

It was recognised that often young people who are involved in crime, or at risk of becoming involved in crime, are NEET and therefore, it is important that Fearless deliver in community settings (e.g. training programmes, youth groups, etc.) and in pupil referral units (PRUs). Fearless are also in collaboration with HMP Parc Schools and family units to deliver to targeted groups. Alongside delivering workshops, it was also felt to be important to upskill professionals. Outreach workers will work with professionals that work with young people (such as teachers, youth workers, children's services teams, foster parents, and police youth volunteers) to train them on crime, the risk factors associated, and the signs to look out for.

*“Something we realised is, the young people involved in this aren't going to be engaged in school or available youth service opportunities”*

Workshops are delivered in person; however, online sessions were held following the pandemic and for schools with high knife presence. Sessions are delivered informally; it was felt to be important that Fearless outreach workers consider the language and delivery of the workshop. Making the content relatable and understandable to young people was seen to be a facilitating factor of the service. The service being an independent service (and not connected to the police) was seen as another facilitating factor outlined in quarterly reports and during stakeholder discussions, due to young people's distrust of the police. It was acknowledged that *“they think we're police initially and they do not like us, and we say we're a charity and the whole mood shifts”*.

*“I think quite a lot of young people appreciate how informal it is”*

*“Young people know you're not a teacher as well so they can say more to you”*

Since Fearless do not work on a one-to-one basis with young people, they do not make direct referrals; however, they will signpost young people to their website and other services, such as Crimestoppers, Children's Society, ChildLine, and the police.

Fearless report seeing different trends and needs within the community. They were managing the fallout of the Covid-19 pandemic and the isolation that young people faced because of this, whereas this was felt to be less of an issue now. Recent feedback forms show that young people are scared and worried about different issues now and Fearless have therefore updated and adapted their sessions to the issues that young people are seeing within their school and community. For example, outreach workers explained that vapes and electronic bikes/scooters are a current and prevalent issue in which they are seeing young people being exploited.

*“I go through the feedback forms after every session and I see what people liked, what people maybe didn't understand like where I can improve. So I've kind of changed my sessions in accordance with that”*

*“I'll talk about how young people have been brought into crime through vapes, which is very current at the minute. I say if someone's willing to buy you something illegal, what's the reason behind it? For example, if someone offered you [to] go smoke with him later and then turn around to you and said OK, we owe my dealer £200. What are you going to do? How are you going to pay it back? You can easily get involved in it”*

Sessions have become increasingly more interactive, with a variety of activities and tools used to encourage engagement with sessions. To facilitate this further, outreach workers have changed delivery to ensure that they deliver sessions on knife crime first, as this was seen to capture young people's attention from the start, using interactive activities such as the joint enterprise play and the demonstration of how to deal with a stabbing using a bag filled with red water to capture young people's attention as discussed.

*“I need it to be as interactive as possible”*

Fearless have put considerable effort into building relationships with young people and professionals across Cardiff and therefore, Fearless are widely recognised as a service across the community. Consequently, Fearless do not have to spend as much time building rapport with the young people as they would have in the past. Partnerships with services and organisations have also evolved. It was recognised that Fearless still have a strong partnership with Cardiff City Football Club; however, several other partnerships have changed. Several partners have lost funding, which has prevented the partnership from continuing. For example, partnerships with Women's Aid and School Beats have broken down due to termination of funding within these services. Fearless also no longer work as much with the British Transport Police (BTP). In the past, BTP had partially funded the Fearless outreach worker, which encouraged the delivery of workshops and work in train stations; however, as they no longer fund this position, Fearless have not worked as closely with BTP (although they do still do some work at train stations).

In terms of new partnerships, currently, one of Fearless' biggest partnership is with the Phoenix Project, which is a five-day interactive course where young people will learn about the Fire and Rescue Service and how they engage with the community. Fearless have also established a strong partnership with YMCA and hostels within Cardiff, which was seen to be beneficial as it allows them to deliver workshops to children outside of a school setting. A strong partnership with RugbyWorks has also



been established. This organisation teaches leadership through sports and Fearless will deliver workshops as part of this programme. In addition to this, it was highlighted that Fearless have a good partnership with the NHS and have delivered training to NHS nurses. Fearless continue to establish new partnerships; they are currently working to establish a partnership with St Johns Ambulance and with the church.

## Barriers

Making initial contact with schools was identified as a barrier as, often, they will have to find a contact for the school, such as a youth worker or the head of wellbeing before the school will consider allowing Fearless in. This was particularly difficult at the beginning as the name 'Fearless' was not established or recognised. Despite this, it was felt that they have overcome these barriers as they have delivered workshops in the majority of secondary schools in Cardiff (Fearless are only able to deliver in English and therefore, cannot deliver to Welsh speaking schools). Lack of capacity was also recognised as a barrier in terms of staff capacity as well as capacity within the school calendar. It was felt that this lack of capacity prevents the formation of partnerships as they do not have the time to work with other services and organisations as much as they would like to. Additionally, the school calendar means that schools will often not want sessions during exam time.

*"It's quite hard sometimes to get an initial contact to get in, because if you call reception, they're not going to let you in, they're not going to give you contact details. So it's trying to network with someone who happens to be a youth worker or the head of wellbeing in the school"*

Whilst delivering workshops, low literacy rates of young people have proven to be a barrier as some young people can find it difficult to read the presentations. In these situations, Fearless workers will adapt the delivery of the workshops to encourage young people to sit around and engage in discussions. Additionally, it was highlighted that they don't always manage to reach the young people that they want to talk to as they may be NEET. This highlights the need for Fearless to deliver in non-education settings in order to reach as many young people as possible. Despite this, it is not always possible for Fearless outreach workers to deliver in alternative setting as some settings are not deemed safe to deliver in, particularly when lone working. Additionally, some young people might be intentionally isolating themselves if they feel unsafe in the community, making it difficult for Fearless to reach them. Moreover, it was recognised that criminality is glamorised in the media, which has altered young people's perception on crime.

*"Some of the areas that we're going into have very low-level literacy rates. So when we're putting a presentation up they can't read it"*

*"We're trying to reach out to more alternative settings, but sometimes we might get the message that it's not safe for us to go in at the minute because something's happened and because we're doing lone working"*

*"What becomes difficult is if they're not going to school. How do we let them know if they're too scared to go to youth club because they have to walk? How do we let them know? Because we can't go to every individual's house"*

*"It's so glamorised on the media as well. Like young people don't realise the implications of it"*

## Impact

Fearless see a range of positive impacts following the delivery of their workshops and the offer of anonymous crime reporting. Quarterly reports and discussions with stakeholders outlined that one of

the most significant impacts was young people having a better knowledge and understanding on the risks of crime and increased confidence to report crime. Stakeholders explained that before engaging with Fearless, young people are often not aware that they can be held liable for committing a crime, however, after the workshops, they understand the consequences of being involved in crime. Additionally, young people feedback shows that they are less likely to carry a knife following the workshops. Quarterly report data demonstrates that although initially, there are negative responses to reporting crime due to the perception that 'snitches get stitches' and apprehensions about whether reporting to Fearless would be anonymous, following the workshop and discussions between young people and outreach workers, changes in attitudes are reported; 66% would feel confident reporting via online secure form and the rest 'maybe'. Additionally, 100% would use fearless.org to report a crime anonymously.

Due to the informal atmosphere created during the workshops, Fearless caseworkers build trust and rapport with the young people. It was recognised that often young people will make confessions about situations they have been involved in, which they now acknowledge as illegal or wrong and pledge that they will change their behaviour. This highlights how Fearless are able to facilitate a comfortable and engaging environment to effectively change knowledge and behaviour.

*"Because we've created such an informal atmosphere, a lot of young people feel comfortable telling us what they're seeing in their environment, what things they're scared of, and what they're worried about"*

Fearless currently collect both qualitative and quantitative data; although impact is primarily demonstrated via quantitative data, such as number of people attending sessions and number of website hits. Young people will also complete a questionnaire before and after workshops to measure changes in knowledge by asking 'I understand what exploited means', 'I know different ways to seek support etc.', 'I know the laws on buying, carrying, using an offensive weapon etc.', 'I know what hate crime is'. Quarterly report data shows that before workshops, young people have neutral or little understanding, however, after the workshop, over 90% had a better understanding. Qualitative data is also collected via surveys at the end of each workshop to demonstrate changes in knowledge and understanding. The surveys give young people the chance to give feedback on the session, which was recognised as a good opportunity to collect qualitative impact. For example, young people described how much the workshop has changed their mentality towards crime. The feedback forms were also acknowledged as a good way to understand what issues young people are facing, which allows Fearless to continuously develop sessions. For example, stakeholders explained that one student had used the feedback form to ask for a session on gun crime as they were aware of this issue within the school. Furthermore, Fearless outreach workers are able to use information from the feedback forms to inform teachers of any of issues that have been identified to raise awareness of what to look out for and manage risks within the school.

*"I've had one [feedback form] saying this has really changed things for me, I didn't know this, I need to change"*

Several recommendations were made regarding the way in which impact is measured. It was noted that the collection of qualitative feedback should be prioritised as the ability for young people to share their experiences and perceptions is a powerful way to demonstrate impact. However, it was felt that it is difficult to include qualitative data within reports due to small word-counts. Additionally, some young people struggle to answer questions on the feedback forms, whether that be due to a low literacy level or for other reasons. It was highlighted that young people in the past have written poems or created pieces of art, rather than filling the form, which Fearless are unable to use to demonstrate impact. Therefore, allowing alternative methods of incorporating impact was suggested. Stakeholders



also discussed a time where they had delivered to students who had attention deficit disorder. The teacher had provided positive feedback following the session to explain how surprised she was that the students were able to sit through the workshop with limited disruption. Despite this, it was acknowledged that these students are not likely to fill in a feedback form, and therefore, Fearless cannot capture the impact.

*“When you're trying to explain in a feedback form that wants quantity of direction to secure your funding, here's a cartoon, it doesn't display the impact you've had on these young people”*

*“When the teacher came to see me afterwards, she was nearly in tears with how proud she was by the session. But it's hard to communicate that”*

## Sustainability and recommendations

Sustainability of Fearless was seen to be reliant on longer term funding. Currently, Fearless are issued funding annually, which was recognised as being problematic for staff, both personally and professionally. Three-year funding was recommended to increase the sustainability of staff, as currently, the ambiguity of funding year on year creates uncertainty for staff members about whether they will have a job going forward and has caused members of staff to leave in the past. The opportunity to have longer term funding was discussed to provide a layer of security for staff, particularly in trying times due to the cost-of-living crisis. As well as this, longer term funding would allow the service to develop and expand as they would be able to work through a programme with schools in the longer term consisting of repeated visits for different needs. The importance of understanding the extent and impact of violence in Wales was highlighted to ensure preventative measures and interventions, such as Fearless continue to be implemented and delivered.

*“It would be really good to have three-year funding, because it's so nerve wrecking when it comes down to June, do I book sessions for September, am I going to have a job then?”*

Other recommendations included potentially delivering sessions to smaller groups. Although it was acknowledged that delivering to large groups looks more significant ‘quantitatively’, sessions with smaller groups were seen to increase impact by facilitating a more informal atmosphere in which the young people feel more relaxed and are therefore more likely to ask questions and understand the topics better. Specifically, it was recommended that the sessions should be delivered to smaller, targeted, groups consisting of young people who are more at risk of engaging in crime, rather than the whole year group. Although the opportunity to ask questions is given to young people when delivering to an assembly, it was recognised as an intimidating atmosphere where open discussion is more difficult to facilitate.

*“If I'm in a classroom, there will be 30 kids, which looks nowhere near as impressive as a 500 kid' session. Those [30] kids are going to ask questions, going to get through a lot more and... it's more of an informal environment”*

## Case Study 4: NHS Violence Prevention Team

### Overview

The Violence Prevention Team (VPT) have been based in University Hospital Wales Accident and Emergency Department (A&E) since 2019, raising awareness of the prevalence of knife and violence related attendances. This has been achieved through delivering education and training sessions directly to A&E staff including other members of the University Health Board (UHB) (including the major trauma team, poly trauma staff, and new nurses and training programmes for trainee doctors). Also, by creating a referral pathway and providing a visible presence within the department to assist with any queries. The team have been enabling staff to recognise injuries relating to this type of violence and ensuring they understand their professional responsibility to share information with appropriate agencies, as well as ensuring safeguarding procedures are followed for all patients attending A&E. The team look to engage with A&E patients (this includes the inpatient hospital, Children's Hospital and Minor Injury Unit) who present with violence related injury, of any age or gender to provide ongoing support and signposting to appropriate services. They also engage with those who have overdosed, who may be at risk of exploitation, those who have experienced sexual assault and those who may have self-inflicted injury.

*"[The VPT] support(s) any patient coming to the department with violence related injuries of any sort. Men, women, children, any age, any gender. Sometimes we get patients with an overdose on recreational drugs, but are at risk of exploitation, we would pick them up...we also support victims of sexual assault, and then anyone that comes in with self-inflicted injuries like a punch to a wall"*

### Implementation

The funding for the VPT comes from the VPU and the Violence Prevention Board. Since 2019 there have been 1+1+3 years of funding from the VPU, taking the VPT to 2024. The team comprises of a Nurse Advocate (full-time; initially seconded from the NHS, but now fully employed by the VPU [post-Covid-19]) and two qualified nurses (part-time). The VPT works across the A&E, Monday to Friday 6am-5pm. It was highlighted that there is no other health involvement in Cardiff that provides this type of support. Towards the latter end of 2021, the VPT developed a treatment and support pathway for spiking/injection patients following a surge of patients to the A&E with concerns they had been spiked, and in early 2022, offered support and guidance to Swansea Bay University Health Board who began to develop a sister service.

*"The Violence Prevention Team delivers a multiagency, public health approach to preventing and tackling serious violence. Through capitalising on partnerships with other agencies we ensure long-term work and change is possible for each person. The team discusses possible ongoing support and with the patient's consent makes referrals on their behalf, and then accompanies them to initial meetings to ensure transition is smooth"*

### Delivery

There is currently no age criteria restrictions for the VPT engagement with people entering the A&E. In Cardiff, a parameter of under 25 was initially set, however, the demographic profile showed that over 25's had the highest prevalence of stabbings and knife crime (this is no longer the case post Covid-19), so the scope was extended. It was felt that being based within a health setting meant they could '*work very differently...and set...our own parameters*'. Discussions have been held between colleagues in Cardiff, Scotland and London who undertake similar roles with age restrictions (for example A&E

Navigators, St Giles services) to share learning and support the development of interventions. Due to an increase in young adults (aged 16-17 years) attending A&E, the VPT also worked to educate staff on the needs of this patient group and how to care for them and safeguard them appropriately.

Referrals into the VPT are identified from A&E and from other sources including assault data (utilising the Cardiff Model) to check for missing referrals, and informally via emails and verbal handovers between colleagues within A&E and ward admissions. Referrals came from a number of different sources including: UHW A&E, UHB, Adolescent and Paediatric Safeguarding meetings, Children's Hospital, Barry Minor Injuries, Community Health provisions and Health Independent Domestic Violence Advisors (IDVA). Once the patient is stable, the VPT staff will make attempts to engage with the individual. The VPT take a patient-centred approach to gain insight into their situation, life experience, and thoughts on life changes. They also explore the patient's wants and needs. Engagement with the team is voluntary, which was seen as a facilitating factor to the programme. Advice, support, and guidance is provided to patients who have experienced injuries associated with knife, drug, and violent crime. The team works with victims to promote movement away from lifestyles encased in violence by encouraging engagement in diversionary services.

*“They don't have to work with us and that's the benefit of our service is that for some strange reason, knowing that they don't have to work with us, they're more likely to work with us because we're not telling them what they have to”*

*“The identification of patients comes from either referrals made by staff in the department. So we do a lot of training with our nursing and our doctor staff”*

This work will be undertaken in A&E to engage with the patient immediately; outside of normal working hours staff will be trained to complete the VPT assessment. The VPT will remain engaged with the service user during their admission to build a relationship and encourage onward referral, this may also include providing support to parents and other family members. Interactions, phone calls and meetings are all documented in case notes on the patients PARIS<sup>5</sup> case file. The VPT follow up with patients post discharge to ensure ongoing support arranged is in place or if further referrals or support is required.

*“We're very confident now, they've done enough training with staff for staff to be able to manage a situation there and then out of hours, and they can pick it up when they're back in work”*

For young people who are high risk, under the age of 25, and at risk of exploitation or being stabbed, the VPT also work with Action for Children who have been funded by the VPU, through a designated referral pathway to provide intensive one-to-one support. There is no time limit to this support e.g., after 12 weeks you are discharged from support, but instead step-down support is given. Action for Children have been funded by the VPU since 2020 to fund caseworkers within A&E. Action for Children caseworkers provide intense support to children and young people that come through A&E with the aim to stabilise the young person - *“If we stabilise this one thing, it'll have an impact on everything else”*. The support takes a youth worker approach and is young person led. Like the work of the VPT, working with Action for Children is voluntary. Young people are referred to Action for Children by the VPT, who regularly review their referrals and identify any young people who are in need of more concentrated support. The team consists of a VPU service coordinator and two case workers, with all three members of staff currently holding a case load due to demand. The team works Monday to Friday and any cases that come through at the weekend will be passed over to team on the following

---

<sup>5</sup>[https://www.civica.com/en-gb/product-pages/electronic-patient-record-software/#:~:text=Civica%20Care%20Records%20\(formerly%20Paris,of%20an%20agreed%20care%20plan.](https://www.civica.com/en-gb/product-pages/electronic-patient-record-software/#:~:text=Civica%20Care%20Records%20(formerly%20Paris,of%20an%20agreed%20care%20plan.)

Monday. Stakeholders explained that they see complex cases who have a range of varying needs. Action for Children play an important role in advocating for these young people and *“literally holding their hand through it all”*. The team work to incorporate contextual safeguarding throughout the time engaging with young people. In addition to working with the young people, Action for Children will also offer support to the parents/family, who may also be struggling. Similar to the VPT, Action for Children work with a range of partners including, the police, Youth Justice Services, probation, children’s services, health, schools, college, adult’s services, and independent child trafficking agencies – *“So anyone who was involved with the young person or who can help safeguard the young person.”*

*“It’s just that hand holding of the young person through the treacle and also like really being a loud advocate and saying this is not good enough”*

Within the above came the importance of being able to develop relationships of trust with patients, especially those who may be victims of exploitation or who have had a bad experience of engaging with professionals in the past. Open and honest communication with the young person was identified as a key factor to facilitate this. It was felt that the VPT work could very much focus upon early help and prevention to break the cycle of generational violence, by providing opportunities and empathising with the young person and their situation – *“What works well is that we speak a lot of hope as well and we speak a lot of good things into them and into their lives, and we can empathise with the here and now, and a huge thing is acknowledging that’s a really rubbish situation”*.

*“It’s being that friendly face, building that relationship in hospital then knowing that we’re not police or children services or youth justice, that we are there to advocate for them. And that is our role regardless, and we have the conversation regardless of whether or not this is something that you potentially started, that’s not for us to criminalise you. Our role is to support you because you’re a victim. And if you have consequences with the police, we’ll go through the consequences with you”*

*“We’re asking them [young people] what they need, what they would like and encouraging them when they don’t know what they need or want, you know, giving them opportunities”*

*“It’s really important the whole way that they know ‘we’ll be honest with you, we’ll challenge where we know you know things are not right, but we’re there to support you’. Which is something that opens a door to building our relationship because they’re not used to that”*

*“If you’ve got no relationship, you won’t get much done with the young person and they won’t open up to you and trust you. It’s trust”*

Quarterly reporting for the VPU showed that from November 2019 to March 2021 there were 604 injuries presenting, of which the VPT engaged with 76% (n=459)<sup>6</sup>. The majority of these injuries were violence related (n=384, 63.6%). A further n=134 presented with knife injuries and n=86 with self-inflicted injuries. The way in which data was recorded changed from July 2021, between then and March 2023, 75.6% of patients presented to the VPT for assault (n=1,292) with equal presentation of patients aged 24 and under (n=857) and 25+ years (n=846). Other injuries included n=204 knife injuries, n=109 self-inflicted injuries and n=106 other injuries. Others included overdose admissions with disclosures of gang/drug activity; patients attending in police custody; family members of patients attending for unrelated reasons; domestic abuse and sexual violence disclosures; vulnerable

---

<sup>6</sup> Engagement - this refers to contact being made with the patient whilst they are in a hospital setting regardless of whether they then take up further support upon discharge.

adults being abused in community attending on unrelated issues; and young people needing additional support whilst in A&E due to unsuitable environment. From April 2023, data showed that three quarters were male, two thirds were White British and nearly half were aged between 18-35 years.

The VPT are said to work with 'anyone and everyone' including the Safe Partnership, Looked After Children (LAC) Nurses, School Nurses, Victim Support, Health Independent Domestic Violence Adviser (IDVA), Step into Support, and School interventions etc. Quarterly reporting shows that onward referrals were made to children's services, CJP Victim Support, education, IDVA, Sexual Assault Referral Centres (SARCs), Action for Children and Early Help/Local Authority. Over a third of referrals were made to children services. Once a referral has been made to a partner agency<sup>7</sup>, the VPT maintain short term contact with the patient to ensure the support is meeting the patient's needs and expectations. Partner agencies are also seen to provide regular feedback with regard to referrals received, how the support progressed, and patient's engagement. From July 2020, the VPT has led on the Adolescent Safeguarding meeting within the Health Board. This meeting reviews the admissions of 16/17 year olds to the A&E department with a number of multi-speciality practitioners attending the meeting i.e. drug and alcohol, mental health, medicine, sexual health. This meeting is held to ensure that safeguarding procedures have been completed and any additional post attendance support is offered.

Other examples of multi-disciplinary working include the establishment of a 'Vulnerability / Multi-speciality Hub' where health professionals will be based together to offer a multiagency approach to support vulnerable client groups. Professionals include the VPT, frequent attender nurse, mental health nurses, IDVA, and CAMHS. There is continued networking with external agencies ensures appropriate relationships with and access to services.

## Barriers

It was identified that multiple agencies have commented upon 'the lack of trauma-informed emotional support' for patients and that they were all working together in order to share available services with each other to support patients. Housing issues were also identified as a major concern for many of the patients engaging with the VPT, with ongoing attempts being made to discuss this issue with housing options. It was also commented that there was lack of clarity around criteria for referral processes for the Integrated Review Group (IRG), which could compromise patient care. Another challenge that was highlighted was ensuring that those who are treated at UHW, but do not reside in Cardiff (e.g., Gwent and Bridgend) are able to access the care and support that they need. It was highlighted that support services are not necessarily available in the area where the patient lives.

*"We're major trauma. So we don't just get your Cardiff patients. So trying to find a duplicate support system back in their local area...I have got a patient that's been stabbed and lives in Bridgend and there is nothing. But four months ago, he lived in Cardiff and I could get him everything"*

Other challenges identified case holding load. Initially the case holding load was approximately five to eight cases, but this is now between 10 and 20. It was acknowledged that this increased case load was due to other services also being overstretched and the VPT holding patients because it provides them with interim care and support whilst they are waiting to access other services. It was felt that it would

---

<sup>7</sup> Referral partners include: St Giles, Action for Children, Victim Support, Emotional Wellbeing Service, Victim Focus, Early Help, Sexual assault referral centre (SARC) and Independent Domestic Violence Advisor (IDVA) services, BAWSO Women's Aid, PREVENT, Specialist Gender support services, hate crime support, immigration, sports club interventions, Bullies Out, Fearless.

be beneficial to have extra resource on the VPT to deal with demand as well as then freeing up existing resource for education and training and the more strategic elements of the role. More recently, it was noted that there has been a reduction in referrals due to difficulties with staff education as a result of staff rotation and high staff turnover within A&E. It was felt that the VPT are continuing to mitigate this ongoing issue by completing on the spot training when face to face engagement is possible. The VPT still conducts Teams Training sessions, offers a recorded training session on the A&E training platform, and shares frequent media information to keep staff engaged and updated.

*“Because of waiting lists for services now, everyone is over stretched and no one has any staff. Everyone's in the same boat, so when I'm handing over people I generally hold on to them a little bit longer because of the waiting lists”*

*“Barriers can be staffing as well, so agency staff people coming and going and the lack of consistency”*

During the Covid-19 pandemic, it was agreed that the same support should be offered, and safeguarding procedures considered with each patient. The VPT team were still able to provide the service because they were NHS staff; however, there were challenges with gaining access to A&E and the hospital wards, as well as staff engagement. It was felt that it was important in these instances to be open, understanding, and flexible with the hospital and its staff, *‘working alongside staff and avoiding making their job more difficult’*. Difficulties were reported when trying to educate staff, with sessions adapted for online and in person engagement, ensuring information was regularly shared with staff to keep them engaged and updated. It was also commented that with many of the external agencies working from home and with no face-to-face engagement taking place it was difficult to manage patients after discharge, highlighting that *‘client engagement over the telephone is not always suitable’*. There was also an increase in school-related assaults post-Covid-19 with the VPT liaising closely with school nurses and the lead nurses from the emotional wellbeing team. The VPT notify school nurses of all school-related assaults as well as highlighting patterns to the lead nurses.

*“Pre-Covid we were seeing significantly less assaults and stabbings. It has increased quite significantly since Covid and the age range has come down quite a lot”*

*“All of the violence prevention teams in England and Scotland all got pulled from their hospitals because obviously they were not NHS staff and they couldn't come into the hospitals during Covid. We never stopped throughout. So we still saw patients face-to-face”*

## Impact

The VPT are seen to have established themselves well in A&E at UHW. Across the life course of the VPT intervention, it was felt that there has been continued networking with external agencies to ensure appropriate relationships and access to services. It was highlighted that there is currently no other service in Cardiff that provides the same support as the VPT and that this programme of support can be vital in helping patients to access services, particularly where for example, they do not want to engage with the Police as a victim of crime. Stakeholders explained that the support provided by the VPT is important as they do not treat young people as criminals; they acknowledge that some young people have been exploited and provide opportunities for young people that they may not have otherwise had access to. Having such support was seen to be important in helping patients to achieve positive outcomes going forward.

*“They don't always get these opportunities because people see them as criminals. So it's actually, they're not criminals. There's criminal behaviour, they're exploited, but there's*



*also like, some of them are geniuses. So it's pushing the door of 'you're great at this'.  
'What about trying this avenue' and giving them other options"*

*"We go along with them and help steer them [young people] where they want to go just  
and just help them and facilitate with where they want to go and just push doors where  
sometimes if they tried them themselves, people would just close them but with having a  
professional there, they can't always just close the door on you"*

The VPT increased awareness amongst professionals through training and education so that they are able to recognise injuries relating to any type of violence, understand their professional responsibility to share information with appropriate agencies, and ensure appropriate safeguarding procedures are followed. Additionally, since the nurses from the VPT are seconded to the team, it was felt that they will take the learning from their temporary assignment back to their original position once the secondment ends to share knowledge among other members of staff.

It was agreed that the outcomes are very much dependent upon the patient and their need and that smaller, softer outcomes for the patient were important to acknowledge and celebrate. They may include access to safe and secure housing, improved physical and mental health and wellbeing, access to services and support, reengaging with family, gaining employment, and improved relationships with family members. Stakeholders believed that by providing young people with better opportunities and guiding them towards activities that they are able to regain some of their childhood.

*"They (a young person) are not back in employment and probably not going to provide  
that much to society, but actually for them, it's made a massive difference and they've not  
ended up back here [in A&E] and they've still got their flat and they've saw their son and  
for me that's the world"*

*"It could be that getting them into work, so we'll link in with other organisations to build  
their confidence because some of them have never had a legitimate job"*

*"One indicator of financial benefit noted in other area is the re-attendance rate. As shown  
of 21 knife related injuries attending A&E [during a given quarter] only one has re-  
attended during this period. This will be a significant saving for the UHB" (Quarterly  
Reporting)*

When exploring the needs of service users, specific patterns were identified around emotional support, housing, assistance with applying for identification documents, registering with a GP surgery and Universal Credit. Patients were also cited as needing support finding work and engaging in education. Over half of the patients that attend A&E with violence related injuries were also seen to have previous or currently mental health issues. Patients presenting in A&E to the VPT also had other needs including being a Looked after Child (LAC), neurodiversity, substance misuse patients, and domestic abuse perpetrators. The VPT provided examples of the preventative work that is carried out to engage patients with support and reduce the chances of them coming back into A&E with other injuries.

*"A patient who was being stabbed multiple times, they had mental health issues and some  
learning difficulties, so we have to work with other organisations that are already  
supporting them for ongoing support. The incident happened in their home that they can't  
go back to because it's not safe. So we're working with housing to getting rehoused. We're  
supporting mum as well"*

*"We had a homeless person who was being racially abused, living in a tent, they didn't  
come in with an assault injury, but we can prevent them from coming back with one"*

*“We had a lot of teens coming in and they were all abusing Xanax, we can do some preventative work, get them over to drug and alcohol services and can pick him up that way”*

Many patients presenting to A&E are homeless and unable to be relocated at a hostel for numerous reasons that place them at significant risk of further injury or continued behaviour. It was discussed that one outcome is just to keep people alive. It was highlighted that there will soon be a member of staff in A&E specifically focussed upon homelessness who will provide additional support and guidance.

*“We have a lot of homeless hostels in Cardiff. So actually sometimes the outcome for me is just keeping them alive”*

*“I met them (a young person) after they’d been assaulted, they had been living in a half-converted truck that someone had tried to steal. It didn’t have a toilet, water or heating. At the height of Covid, they had fallen off the map by the looks of it. They had a mental health breakdown. Hadn’t spoken with family. We got them on the housing and mental health support. They have now been repatriated back to (other area in Wales). Got their own flat. Back in touch with their family and has ongoing mental health support. They rang me to say ‘they’ve just given me keys, I’ve got keys’”*

In the longer term, it was hoped that the VPT would contribute to: reducing the number of hospital admissions for assaults with a knife or sharp object and especially among those victims aged under 25; reduction in knife-enabled violence and especially among those victims aged under 25, based on police recorded crime data; reduction in all non-domestic homicides and especially among those victims aged under 25 involving knives. All of which will lead to better life chances for those involved, and a reduction in demand for services such as the NHS, the criminal justice system, and children’s/adult’s services.

*“It has been proven that with engagement and support patients are less likely to re-attend with assault related injuries, less like to offend and more like to contribute positively to society, therefore reducing costs.” (Quarterly Reporting)*

Data is collected on all patients that are engaged with VPT. Progress is measured by the VPT in re-attendance rates and through feedback through community-based support teams. A number of specialities use the PARIS system which is seen to allow a seamless referral and update process. Data is also reported to the VPU on a quarterly basis. This data includes qualitative information around activities, needs of those engaging with the programme, case studies, risks and mitigations, key learnings; and quantitative information around knife/stab related injuries, violence related injury, self-inflicted/punch related injury, re-attendance for knife related injury, and safeguarding and referrals made/support provided. It was also commented that there are aspects of data collected that does not go to the VPU as it is not under the VPU remit but will be used in developing preventative work with vulnerable patients.

## Sustainability and recommendations

Raising awareness in A&E has been challenging and that *‘this will likely continue for some time considering the number of staff employed directly within A&E (approximately 200 staff) not including the on-call staff from other specialist teams and staff related to other agencies such as Welsh Ambulance Service’*. Continued education of staff in A&E was seen to be essential in order to continue increasing the understanding around the safeguarding responsibilities and consideration of onward referral with A&E staff. It was suggested that organising regular monthly meetings for all organisations



involved would be beneficial to ensure that there is a clear understanding of the forecasted vision of the project. It was hoped that in the future, more support would be able to be provided to parents of patients seen by the VPT, but also where they may have been victims themselves of child and adolescent to parent violence and abuse (CAPVA). It was noted that cases of CAPVA are rising.

*“I've had parents coming with assault injuries and then ended up supporting the kids because it's a result of their kids that they've been assaulted”*

The VPT are also looking to move from paper to electronic referrals in an aim to increase safeguarding and VPT referrals. The team are also looking to develop an electronic adolescent HEADSSS<sup>8</sup> assessment tool, which would mean that all 13–17-year-olds completes the assessment during their A&E admission. At present, this is only completed with Red Flag attendances due to the time it takes to complete the assessment face to face.

The systemic issue around equity of access to services was also flagged, with patients who are treated but do not live in Cardiff not being able to access equivalent support. It may be that the relevant support service is not available in that area, and this may be because there is no service available or the referral criteria means patients are too old etc. Having an equivalent VPT role or programme in all of the health boards across Wales was recommended so that there could be a proper handover when patients are repatriated to their own area. Likewise, support would not be available to those who do not come through A&E, as such, one stakeholder suggested that it would be beneficial to increase the avenues for referrals.

*“We need to be in Newport, we need to be in Bridgend and other hospitals. It needs to just expand”*

*“There needs to be other avenues to refer in. So I know a lot of young people who are involved in violence, but they can't come through the door because they haven't had a hospital referral”*

Staff consistency was highlighted as important for the ongoing development of the intervention and in order to develop relationships of trust with patients and their families as well as UHW and partner organisation staff. This is seen to be difficult when there are short-term, e.g. 12-month contracts, as it can take time to recruit to posts, which leaves not long left on the contract; but also for those staff who are on rolling contracts when they do not have the permanency and so may then look for other jobs that can offer this. Additionally, it was noted that having an additional administrative role within the team would *‘allow staff greater time for patient interactions’*. Staffing constraints were also seen to be a barrier in facilitating differing shift patterns to cover those patients who attend A&E outside of the usual working hours of the team. Stakeholders felt that more prevention work could be done. For example, it was discussed that learning’s could be taken from Swansea, such as the youth worker provision and resources that they have in place in schools.

*“We're only prevention after we've been in crisis. So there needs to be more money to be able to have bigger teams to be able to do the prevention because there's the level of violence in schools. School based violence is increasing, but we haven't got the capacity to go into schools and do some do prevention work”*

---

<sup>8</sup> HEADSSS is an interview prompt or psychosocial tool to use with young people. It follows a simple structure remembered by the acronym: Home, Education & Employment, Activities, Drugs/Drinking, Sex, Self-harm, depression & suicide, Safety (including social media/online). For further details see: <https://www.paediatricpearls.co.uk/headsss-tool/>

It was hoped that moving forward, the work of the VPT would continue to grow and expand and become more widely known about. It was mentioned that the VPT have recently been mentioned on an international level (Salzburg Global Seminar) relating to global innovations on violence among children and young people, safety, and justice. Cardiff is the first city in Wales to participate in the UK committee for UNICEF (UNICEF UK)'s national Child Friendly Cities and Communities initiative. The VPT have been asked to assist in this initiative, highlighting the ongoing work in A&E supporting and safeguarding young people.

*“What we envisage our service to look like in the future is a team of health, and trauma, informed specialist workers working alongside not only A&E Staff but throughout the UHB assisting vulnerable people who have been the victims of violence or exploitation to access appropriate pathways of support” (Quarterly Reporting)*

## Case study examples

### Case Study 1

A 21-year-old female patient attended A&E with a self-inflicted punch injury. She had punched a wall after getting upset and broken her hand. Whilst in the department, she disclosed that she was a new mum (8-month-old baby) and struggling emotionally. During our conversation she disclosed that due to Covid-19 she hadn't seen another person since a Health Visitor attended post birth and was feeling isolated and suffering with low mood. The patient stated that her mental health had deteriorated and had previously struggled with post-natal depression following a previous birth. Following on from this assessment, with consent from the patient, a home visit from her Health Visitor was arranged and her GP surgery was contacted for an urgent appointment with her Mental Health Nurse practitioner for an assessment. The patient's Mum was also contacted and additional support at home was arranged for her during this period. The Patient's mental and physical health was deteriorating, and she was in desperate need of additional support. A MARF was also submitted to Children's services.

The VPT maintained contact with the patient post discharge to support her whilst waiting for services to make contact. During this period the patient voiced how beneficial the support had been and that she now no longer felt alone. The patient is now engaging with post-natal support for her mental health, is receiving support for childcare from her mum and is on a waiting list for counselling.

*(Source: January – March 2021 Monitoring Report)*

### Case Study 2

Two young males attended UHW A&E with stab wounds after an altercation with a large group of males. The two young men were aged 17 and 18 and were unaccompanied males from Afghanistan. Both sustained significant injuries that required surgery and admission onto wards.

Significant concerns regarding gang related activities and CE were raised; as a result, the VPT have had to do additional training and education with ward staff to ensure safety of staff, patient and these young people. The VPT liaised with Social Workers, Housing, Action for Children, interpreters, support workers, and the Police to ensure the safety of these young people whilst in hospital and once discharged back into community. Due to the significant risk posed to the patients, the VPT attended multiple urgent strategy meetings to discuss safeguarding and actions post incident.

The VPT have been facilitating meetings between AFC and the men to develop a working relationship and build trust. Ongoing support is being provided by VPT for these males due to continued hospitalisation and to support attending professionals.

*(Source: October – December 2023 monitoring report)*

### Case study 3

A 67-year-old female was admitted to UHW A&E with non-violence related medical concerns. However, during her stay, she made disclosures to staff relating to her grandson and her home situation. The female disclosed that she was currently living with her son, daughter in law and her grandson (aged 15). The patient disclosed that her home living situation had become difficult, and that she no longer felt like she could use different parts of the address. This was as a result of concerns she raised in respect of her grandson's behaviour. This included him spending multiple nights away from home, keeping irregular hours and his temperament changing quite significantly.

The VPT supported the patient with a house move and additional community support as she was very isolated and knew no one in her local area. The VPT also made referrals in relation to the grandson, and it was discovered that he was involved in County Lines. As a result, one to one specialist exploitation support has since been consented to and work is currently ongoing.

*(Source: July – September 2022 Monitoring Report)*

#### **Case study 4**

A 21-year-old male was thrown out of a vehicle outside A&E with significant assault injuries. He was assessed in A&E and had sustained multiple severe facial injuries requiring intubation, specialist input and intensive care admission. It is believed that he had been kidnapped and beaten significantly. He has a history of substance misuse. He was unable to recall any of the events. He was admitted to intensive care for several weeks and was moved to a neuro-rehabilitation ward due to the extent of his injuries. The patient raised concerns about repercussions towards his mum and younger siblings and that they are living in constant fear.

The VPT are working closely with his ward-based support team offering him physio, occupational therapy (OT) and substance misuse support. The VPT worked to develop a rapport with him in an attempt to refer him on to AFC. The VPT have also been supporting his mum who has been referred onto victim focus for support with the criminal justice process, counselling and safety in the home. A MARF was submitted for her two children and a referral to Early Help was sent for additional support for the younger siblings.

*(Source: July to September 2023 Monitoring Report)*

## Case Study 5: Parallel Lives, Cardiff, MAC

### Overview

Parallel Lives is an initiative in Cardiff that takes a comprehensive approach to addressing Adolescence to Parent Violence and Abuse (APVA). This involves young individuals using behaviours to control, dominate, or coerce their parents, which can impact on family relationships and create a hostile environment within the home. Through its four-tiered initiative, Parallel Lives provides immediate support while focusing on the long-term behavioural change of young people. Parallel Lives is geared towards children and young people aged 8-17 and their parents or carers, and addresses various aspects of APVA including physical, verbal, emotional, and financial abuse.

### Implementation

The Parallel Lives programme is funded by the VPU and delivered by Media Academy Cymru (MAC). The nature of the programme means there is minimal interaction with the VPU other than delivering a quarterly report to them, attending quarterly project monitoring meetings, and receiving funding. Parallel Lives viewed the arrangement as positive, with the right amount of support from the funding body.

*“I think the way its run at the moment, it’s running really smoothly”*

Referrals to Parallel Lives come from a variety of professionals and agencies, for example, social workers, the police, schools, or children’s services. Parents, carers, and family members are also able to refer into the service. Referrals are reviewed weekly via an allocation meeting, where they decide which services best fit each case. Parallel Lives themselves do not often refer to other services funded by the VPU, the referrals tend to be taken care of in house at MAC, but they do refer on occasion to wider referral agencies such as, housing, education, and mental health, if necessary.

If the child is disruptive in other environments such as school, or they also have a social worker, Parallel Lives workers will attend core group meetings (also known as care and support plan meetings) with various workers representing the child, which were felt to be *“beneficial and just interesting to get to know more about the child”*. Stakeholders recognised that *“sometimes you hear so much more information that I would have never even known about, so you can see a way bigger picture of the family, which is actually really helpful then going forward and working with them”*. Additionally, the meetings serve as a proactive way to engage with other professionals, who can share advice and guidance on how best to move forward with the young person and parent/carer.

### Delivery

Parallel Lives mostly engage with males. There has been a decrease in referrals for younger ages. Most families have children’s services engagement, and the majority are violent towards their mother. Additionally, many have been witnesses of, or victims of domestic violence. A high proportion of young people have multiple needs, and a high proportion are awaiting assessments for additional needs. Parallel Lives often receives referrals for siblings, where their parents reach out to the programme.

Parallel Lives work with families with issues such as poor mental health and neurodiversity. The programme has been developed to suit younger and neurodivergent young people, and to better support families with neurodiversity and mental health issues, Parallel Lives staff have attended training on issues such as autism and suicide prevention. Additionally, Parallel Lives will tailor sessions and create complimentary resources to better support the needs of the young people and their family.

*“We do one-to-ones as well, based on needs. So, for example, if the young person has autism and for them, it would be more beneficial to be one-to-one, and they might not be able to work in a group, then we adapt the service to the young person's needs”*

Quarterly report data show that Parallel lives are seeing an increase in referrals from diverse pathways, which highlights that awareness of the programme is increasing. Additionally, the offer of face-to-face work has seen to increase engagement. Quarterly data shows that Parallel Lives engaged with 135 individuals (the majority of which were male) for the year 2022/2023 and received 40 referrals from Children’s Services, SCAMHS, self-referrals, youth prevention, internal from MAC DIVERT, the police, and victim care unit. During the same period, Parallel Lives made onward referrals to MAC and submitted several Multi-Agency Referral Forms (MARF) for wider safeguarding concerns, in addition to the APVA occurring in the home environment. Due to high demand, Parallel Lives have a waiting list. They have regular contact with these families and offer them a pre-engagement workshop to bridge the gap before they start the Parallel Lives programme.

Parallel lives run four tiers of support, including the 4 B’s “Base”, “Build”, “Boost” and “Beyond”:

- **Base** - A support service aimed towards parents or guardians who have experienced APVA in the home to allow them to access support within 24 hours during the working week. This takes the form of a one-to-one session with a member of the team, advising the parent/carer on appropriate steps to take, signposting them to other relevant services and creating a safety plan.
- **Build** - Sessions aimed towards building up parent or carers confidence via virtual group-based sessions (e.g. APVA virtual coffee morning), by focussing on key issues, such as safety plans, communication methods or self-care. The sessions allow parents/carers to meet others affected by APVA and establish peer support networks.
- **Boost** - A one-day parenting workshop delivered in person in Cardiff. The workshop occurs at least once monthly and focuses on strategies of non-violent resistance, emotional regulation and boosting parents or carers confidence in managing their child’s behaviour more effectively.
- **Beyond** – This is the main intervention delivered by Parallel Lives, a seven-week long therapeutic intervention introducing both the parents or carers and the young people to various techniques, topics, and educational resources to assist in preventing and tackling violent or aggressive behaviour. The sessions are usually group based and consist of two separate groups - one with the adults, and one with the young people that are later joined together. In the later stages of the intervention, there is a creative activity that aims to bring the groups together and allow them to bond more closely as a family unit to assist them moving forward. Whilst group sessions are the norm for the seven-week intervention and are seen to be essential due to the nature of them being about peer support, there are exceptions made due to the circumstance and needs of the young person.

In addition to the four-tier approach, Parallel Lives also do an initial assessment of the specific needs of each family dynamic, which are predominately held face to face. These sessions are offered to both the parent and carer as well as the young person. These initial one-to-one assessments are key to engaging the young person in the intervention. The assessment introduces them to the Parallel Lives staff, briefed on what to expect from the intervention and will often tackle the first hurdle of having the young person attend the first session. Once they have met the staff member and have attended the first session, it was felt to become easier to engage the young person with the tools and steps towards long term change.

The programme's sessions cover techniques of communication, emotional literacy, positive parenting, cognitive functioning, and active listening. They also include hopes and fears activity, emotion check-

ins, miracle questions, wheel of life activity, exploration of strengths, development of an anger plan, frequent reflection, family agreement session, risk assessments, and evaluation. By targeting these aspects, Parallel Lives aims to generate positive changes within the participating families and helping to foster healthier relationships between adult and child.

Several sessions focus on the needs of the parents and guardians. All of the sessions across the 4 B's are a voluntary service, meaning that the young people are required to consent to participating. This can be challenging if the parent is needing support whilst the young person is unwilling to contribute. Therefore, specific interventions were introduced to better equip the adults with techniques and advice whilst awaiting the young person's compliance in engaging in support.

*"We realised that there was a gap in the market for parents or carers that really wanted or needed our help... these parents and carers wanted support, but they couldn't get it because their child wasn't agreeing. So, we came up with these services to be able to support them if the child wasn't there yet and you know accepting that they need to change"*

## Barriers

There are relatively few perceived barriers to the Parallel Lives work, this included challenges of engaging young people, especially in a group setting. Some families struggle to engage straight away due to feelings of shame, guilt, and isolation (although some can agree and change their mind). A decline in engagement during summer holidays was also noted. Difficulties can also arise if a parent or carer had other caring needs with an additional child, therefore, making it hard for them to attend in person. With all of the other tiers of support offered by Parallel Lives, this aspect is less of a concern due to the virtual nature of these sessions. Despite this, it was acknowledged that for the seven-week programme to have the most impact, sessions need to be delivered in-person. It was highlighted that those who cannot attend sessions in person would potentially miss out on seeing the full benefit of the programme.

*"I think it's more daunting while getting them into the building, and sometimes the first session can be difficult getting them to be engaged just because it's coming into a new environment and when there's like three or four other children, sometimes it can be daunting. But I think once we start the first session... they don't mind coming after that"*

*"I think one of the only challenges is sometimes that the parents or carers can't leave the house because they need childcare for other children, which sometimes can be a bit hard if they don't have any other supporters to help them"*

## Impact

Parallel Lives is seen to be effective in creating a safe environment for both the parent or carers and the young people affected by APVA. The format of the seven-week intervention being group work, means that there becomes built in peer support from other families in similar situations to them. In addition, this setting contributes towards reducing the stigma and shame that the parents, carers, and young people might have regarding CAPVA and provides an invaluable opportunity for parents and young people to share experiences and support one another.

*"Often the parents, and the children as well, they don't realise other families are going through a similar situation... So, most of the time when they come [to the sessions]... they're just like... I didn't realise how many people are going through the same thing. ... Not just the parents, but the kids. They're both realising that you know they're not alone"*

The interventions also have the potential to have positive impacts on the child or young person's behaviour in school. It was acknowledged that if the Parallel Lives intervention improves the child's behaviour in the home, it is also likely that their behaviour in the school environment will also improve, which facilitates a more positive learning environment for the teacher and other students.

*“With the school, they're hoping that coming onto the programme will also help the young person in the school life, which obviously should then have an effect on the teacher and hopefully make it an easier environment for them as well. So, I hope it is beneficial for them as well”*

In addition, the Parallel Lives intervention helps to instil parents with enough confidence to manage their child's behaviour. It additionally helps to reduce the fear and anxiety the parents and carers might have felt in their own home due to experiencing APVA.

*“I think, [the parents] become a lot more confident... They always come [to the sessions] feeling really worried in their own home and I think by the end of the programme they always seem a lot more confident, like I know how to handle the situation... But I think the way the parents are able to manage the situation as well and are able to identify when the young person is going to have that behaviour makes it a lot easier”*

The Parallel Lives intervention employs several methods to evaluate progress and outcomes. Parallel Lives work with the parents and young people to create a Wheel of Life; a self-assessment tool that provides a visual representation of the various aspects of a person's life, such as “self”, “family”, “health” and other attributes. The wheel created with Parallel Lives is filled out in the first two sessions of the seven-week intervention and is then revisited in the last session to identify whether changes have been made and is used to make a personalised plan for the family moving forward. This is seen as a key indication of the intervention being effective. Furthermore, the participants engage in a reflective process by filling out an evaluation form wherein they express their feelings before and after starting the one-day workshop. This self-reflection allows them to observe and appreciate the changes they've undergone and offers a structured approach to gather feedback and assess the impact of the programme. Although not yet implemented for the other two types of sessions (which collect feedback via different evaluation forms), it is a valuable tool for obtaining insights into the effectiveness of the intervention. Within the quarterly reports they also deliver case studies on the latest work with families.

## Sustainability and recommendations

The primary recommendation for enhancing the effectiveness of the Parallel Lives intervention is to establish closer collaboration and support from schools. While some of the young people exhibit positive behaviour in school compared to their home environment, there are other instances where children display violent behaviour at school, which escalates when they return home. Parents have expressed challenges in receiving adequate support from schools. Currently, there is minimal contact between schools and Parallel Lives, unless there are evident issues. Improving communication and collaboration between the intervention programme and schools could address this gap. This would involve fostering a proactive approach to identify and address potential issues in the school setting before they escalate into challenges at home. By creating a more supportive network that includes schools, the intervention would be able to assist the families in navigating and resolving issues more effectively. Going forward, quarterly report data show that Parallel Lives are working to build capacity within the service.



*“Parents have sometimes said that the schools haven't been able to support them enough and then that's why they've ended up needing our support because situations from school have been escalated and then ended up in the home environment”*

## Case study example

To ensure the personal information is not shared, the young person's name and the mother's name in this study has been changed. For reference, the young person will be called Bert and the mother will be called Sue. This was a self-referral by Sue (the parent) for her son Bert, aged 11. The young person was displaying angry and aggressive outbursts at home and towards his parent.

Bert was prone to aggressive outbursts where he would throw or hit objects in the home and also become verbally abusive towards his parent. It was identified that Bert found it difficult to manage his negative emotions and had low self-esteem. Sue was a single parent (co-parenting long distance), worked full time and was completing a master's degree. Through the initial assessments we identified that Sue needed a better understanding of how to self-regulate and Bert needed support in identifying emotions and communicating with both his parents.

When Bert first started the programme, he was quiet and reserved. Fidgets and colouring/drawing items were introduced to help him feel calmer. As the programme progressed, he began to open up, ask relevant questions, began exploring consequential thinking and empathy. Sue was beginning to understand how her son was feeling, better understand his emotional needs and how she was able to support him. This was also relayed to the co-parent to be able to support their child when required. As we were nearing the final sessions and on completing the final check-in, it was identified that Bert was having less aggressive outbursts due to the information and strategies the family had learnt in the Parallel Lives programme. Bert had a better understanding of his emotions and was more equipped with strategies to manage them. Sue had also gained information to have a better insight into how her son was feeling and gained strategies to support him.

*(Source: October-December 2023 Monitoring Report)*

## Case Study 6: Positive Masculinity, MAC

### Introducing Positive Masculinity

Positive Masculinity is a relatively new project which began on the 1st of July 2023 in response to toxic masculinity culture and mind set. Beliefs that men and boys should behave in a certain way have rapidly spread throughout society since the Covid-19 pandemic, particularly through social media. Since the pandemic, there has been an increase in young males with mental health issues and a lack of morality among some of them. As such, MAC found that they were receiving referrals for males who *'didn't know who they were'* due to the conflicting ideologies in society of what it means to be male. The dissemination of misogynistic language and discussions being held by some young people generated a need to develop a process to counter this area of concern and help young males navigate this framework of masculinity and what it is to be male. Therefore, the Positive Masculinity Initiative was implemented to broaden and raise awareness on issues of misogyny and the 'manosphere', to safeguard young people and prevent the risk of radicalised extreme masculinity ideology being adopted (MAC, 2022)<sup>9</sup>. The programme gives young men guidance with their identity and allows them to explore how they're feeling in a safe environment, with the overall aim to encourage and support young people to adopt pro-social values and attitudes towards people, irrespective of gender (MAC, 2022). The initiative also aims to empower both adults and young people to recognise toxic masculinity traits in young people and reclaim the spaces that share these messages by empowering young people to recognise their own susceptibility and speak up when they feel vulnerable (MAC, 2022). Positive Masculinity is based on youth work values and is underpinned by contextual safeguarding.

*"The normal societal coding of what's appropriate and what's inappropriate. A lot of young people have lost that"*

*"It is around the male ideologies, but also it's wider than that because that's very narrow. It's also about mental health. It's around masculinity. It's around interfacing with their peers, with the opposite sex. I mean it's around culture, sexism, identity, families, patriarch and positive role modelling"*

### Implementation

After identifying an increase in toxic masculinity culture across society, alongside an increase in referrals where young males had poor self-identity, MAC proposed a programme to challenge these ideologies. The project is currently funded for 12 months by MAC and the VPU, which includes an evaluation from Swansea University. PlanUK ran a two-month test pilot, following this, additional funding was made available to carry out separate group work with PlanUK in order to discover what topics and themes delivered as part of the programme worked well.

The development of the programme includes referral pathways in schools, children's services, youth-focused organisations and family referrals. As part of the implementation process, Positive Masculinity have conducted a number of awareness raising sessions. For example, Positive Masculinity have led meetings with Cardiff Youth Justice Services to provide information to all staff, over twenty schools in Cardiff, Barnardo's, The Early Help Team, Safer Wales, Cardiff Youth Service, Prevent champions Network, United 2 Change, Safe Group Cardiff, and Swansea CMET.

---

<sup>9</sup> MAC. (2022). *Media Academy Cymru Talent Pack: Positive Masculinity Initiative Worker*. Media Academy Cymru.

MAC attend meetings with the VPU every quarter. It was felt that their relationship with the VPU is *'just brilliant'*. MAC's relationship with the VPU was described as being symbiotic, in that they benefit from one another through the development and implementation of programmes and creating positive outcomes for children and young people.

*"They're [VPU] very good to us. But what we're very good at is developing programmes and turning things around quickly with positive outcomes"*

## Delivery

Positive Masculinity is targeted at young males aged 10-17. To increase accessibility, the programme is delivered in a community setting, such as schools and youth centres, either in a one-to-one or group-based settings depending on the needs of the young person. Positive Masculinity is based on voluntary participation and runs over six sessions and includes themes around identity, sexism, misogyny, family and culture, patriarchy, role models, school experiences and mental health. Sessions include 'Introduction to the service and Assessment', 'Male identity', 'Relationships and emotions', and 'Relationships continue – my teen relationships, strengths, trust, communication, friendship, support, and independence'. In cases where the young person demonstrates a lack of progression (such as on feedback forms), Positive Masculinity will continue to work with the young person to address any negative attitudes and perceptions. It was recognised that forming trusting relationships in a safe space is important to the success of the programme and as such, within sessions, children and young people will engage in various activities, both individually and as part of a group. These activities include bowling, climbing, going for a coffee, and going for walks.

*"It's around bonding the group in order to be able to get the best out of them to be able to feel safe and make that group safe"*

Between July and December 2023, Positive Masculinity received 61 referrals from education, Cardiff and Vale health board, youth service, Youth Justice Services, United 2 Change community group, children's services, and Barnardo's. The programme primarily sees referrals for males aged 12-15 years old. Various explanations for this were considered, including the impacts of the pandemic on young people, hormone changes and puberty, the difficulty for young people trying to find their place in the world, and a lack of positive role models. All of these factors were seen to have negatively impacted young people's mental health, which was seen to exemplify the issue within young people between these ages. Additionally, quarterly report data shows that a high proportion of young people referred to the service are neurodivergent, with two out of three having an ADHD diagnosis. Quarterly reports show that emerging themes being raised by young people during initial sessions include: alpha males and stereo types, boys growing into good men, society and equality, questions around emotional expression as a strength or weakness, role models, gender, sexuality and physicality, gendered roles within society, and gender in the home and employment sector.

*"That's who [12-15-year-olds] were most affected with Covid, we believe there are certain things going on; puberty, finding your place in the world, arguing with parents, not having positive role models, all of that sort of like has been a fusion to make mental health poorer for young males"*

## Barriers

Quarterly report data shows a low uptake in referrals to the project for July-September 2023 (the first quarter of delivery). It was felt that this is attributed to some difficulties with funding and schools were closing for summer break. Despite the slow start, the service has seen an uptake in referrals from schools the following quarter when schools reopened in Autumn Term. To mitigate this in the future,

Positive Masculinity continue to share information and communicate with a range of agencies to improve understanding of the target cohort, the aims of the project, and information on how to refer. To further increase referrals, Positive Masculinity have widened the geographical scope of the project to include Merthyr and Swansea whilst capacity allows, and this will continue to be monitored.

## Impact

Due to the recent implementation of the programme, it was difficult to identify outcomes at this stage. However, several anticipated outcomes were suggested. It was recognised that the beneficiaries of the programme are primarily young males, but also their families, their peers, and the wider society. The programme hopes to see young males with positive self-identity, better relationships, improved critical thinking skills, and increased safety of self and others. Numerous professional outcomes were also expected, including an increased understanding of the challenges affecting young males and a better understanding of effective approaches to working with young men that support positive self-identity and healthy relationships.

*“The main beneficiaries are the young males, their families, their peers, society because we’ve got to unpick some thoughts and processes that young males have of negativity, suicide, or all of the stuff that is affecting all young people, well all of society, but we’re trying to unpick that and trying to better direct young male’s energies and focus into the positives”*

Although there is yet to be any young people that have completed the full intervention to obtain feedback on the service in its entirety, feedback on individual sessions have been completed and show positive attitude changes regarding self-identity, attitudes towards women, and critical thinking skills.

*“Going forward I will have more of an understanding of positive masculinity” (Quarterly Reporting)*

*“I will be more of a respectful man and show my emotions” (Quarterly Reporting)*

*“Toxic masculinity is harmful to myself and others” (Quarterly Reporting)*

*“I can use this to help society move forward by teaching the next step” (Quarterly Reporting)*

*“I have a better understanding towards equality” (Quarterly Reporting)*

Early quantitative data collected show that young people’s understanding of positive masculinity increased after engaging in the programme. Quarterly report data shows that prior to engaging with Positive Masculinity, 36% of young people felt they had a good or high level of understanding about positive masculinity (answering 4 or 5 on a 5-point Likert scale). Following the session, this increased to 80%.

Quarterly report data shows that Positive Masculinity worked with one school in Cardiff who stated *“We have specific concerns - There are concerns relating to this groups gang mentality and nasty comments made towards vulnerable females. Some young people have been targeted and self-harmed or are too afraid to come to school”*. Positive Masculinity successfully engaged the group and following this, the school stated, *“we have seen a general reduction in behavioural incidents in the school and the boys seem to love the sessions” (Quarterly Reporting)*.

The programme currently collects data on how the young person is feeling and measuring these changes throughout the programme. Outcome stars are also used to identify behavioural and attitudinal changes in young people. In addition to this, data demonstrating who is accessing the programme, the numbers of people engaging, and where the referrals are coming from are collected.

It was recognised that the referral data allows them to see which schools are more concerned with the issue (i.e. geographical contextual safeguarding). Additionally, quarterly report data highlights that the report gathered to date is being used to develop the intervention and assist with the evaluation. For example, quarterly report data explained that within a group session several young people made comments that they would like to learn more about LGBTQ+ identity. This topic was then discussed in a follow up session and has been incorporated into the Positive Masculinity intervention framework.

## Next steps

Positive Masculinity are very much in the development phase of the intervention, and as such are continually learning from delivery and adapting service offers as appropriate. Early findings and feedback from young people have been positive with recommendations taken on board to collaboratively develop the programme. In the next stages, Positive Masculinity will look to engage with a range of professionals (such as teachers and social workers) to allow their feedback to inform the framework of the programme.

## Case study example

### Case Study (Multiagency work)

Male 13 years of age attends High School in Cardiff. There were several safeguarding concerns relating to the young person. Therefore, Media Academy Cardiff (MAC) led safeguarding multiagency sessions including the Positive Masculinity Worker, MAC Mentoring Support Worker, school Wellbeing Officer and young person's parents. The below is a brief overview of the content of the meeting and actions agreed:

**Concerns** – Health and wellbeing concerns as the young person expressed suicidal ideation.

**Boundaries** – The young person struggled to adhere to boundaries in both parental households.

**Absconding from home** -The young person was regularly not returning from school and or running away from home.

**Breakdown in relationship with partner** – The young person's first relationship with a young person in the school had ended. The YP was emotionally vulnerable due to the ending of the romantic relationship impacting their wellbeing.

**Actions** – School to focus on strength-based work and reward systems.

**MAC Positive Masculinity Work** – To continue sessions with the young person within the school setting, focused on relationships and positive masculinity.

**MAC Mentoring support** – To continue with sessions outside of the school setting focused on fun activities.

**Gaps in service delivery** - None identified. This project is still in the development phase.

*(Source: July-September 2023 Monitoring Report)*

## Case Study 7: Teachable Moments - Custody Suite

### Overview

The Teachable Moments initiative is a collaboration between the South Wales Police and Media Academy Cymru (MAC). The service takes place within police custody suites across South Wales and is in line with the Child Centred Policing strategy and a trauma-informed Youth Justice System. Teachable Moments was introduced to the Cardiff Custody Suite in 2021 and engages MAC caseworkers to conduct Motivational Interviews (MI) with children and young people in police custody who opt for the voluntary service. In the custody suite setting, the MI is used to assess children and young people's needs, explore any goals and ambitions the young person might have, and seeks to reduce trauma at a critical teaching moment of when a child is in custody. Ongoing support is provided, offering opportunities, pro-social activities, and guidance on various issues such as careers and housing. The service is available to all 10–17-year-olds in custody, including those voluntarily attending prearranged appointments, and operates on a voluntary basis for a maximum of three months.

*"I think we're all here for the common purpose of making things easier for young people... We've been running [in Cardiff] for about two years now...it was slow to start, but I think it's just ironing out those creases and we're doing really well"*

### Delivery

Whilst in police custody, any young person who is detained will be offered a MI. If accepted, the interview is delivered by their MAC caseworker and will take between 45 minutes to an hour to complete. The aim of these interviews is to utilise the young person's time more effectively when they are in custody, by using it as an opportunity to complete a needs assessment and action plan to set future goals and objectives that are unrelated to the offence that they are in custody for. However, the interview is also used for the caseworker and the young person to get to the root of their actions and to discourage future problematic behaviour. Additionally, the interview seeks to reduce trauma and reduce barriers to external statutory services when they leave custody, which encourages better voluntary take up with services such as Youth Justice Services and Social Services. Young people felt that it is important for children and young people to have support in custody suites to ensure *"we have someone we trust to talk to"* (YP). Between July 2022 and April 2023, Teachable Moments was offered to 263 people in Cardiff. Of those who had the intervention offered to them, 28.5% accepted support, 68.1% declined support, and the youth worker made initial contact with 1.1% and 2.3% of people were unaccounted for. For children/young people that declined support outside of custody, all were offered support to reduce trauma while being detained in police custody; of the 68.1% that declined support, 71% of those received informal support.

*"To look at that behaviour and triggers that have led to offending behaviour, which have led them to be in the custody suite and to see if talking about it highlights to them this is not a good place to be in, or whether it brings up other things...that contribute to it, such as family life or anything that's going on in their life that's causing them to come into the custody suite"*

MIs are conducted with the young person in the cells. Quarterly report data and stakeholders explained that the setting and delivery of the MIs provides a comfortable, less intimidating, environment where young people feel at ease to speak about their actions with a non-judgmental person. This was seen as a facilitating factor of the intervention as it encourages open and honest communication. Young people expressed approval for the fact that interviews were conducted within

custody suite cells, explaining that it is "*nice to chat in cells*" (YP). Quarterly reports highlight that young people are receptive and willing to engage with youth workers whilst in the custody setting. Youth workers are able to speak with most young people regarding police processes, which can help alleviate worries and anxieties that they may be feeling, thus reducing trauma.

*"The motivational interview, I think is just non-judgmental... we've gone down there and we're seeing this child for being a child. Not what they've done or anything like that. I think that makes a huge difference"*

The intervention does not end at the MI, however. If the young person is interested in continued support from MAC, there are opportunities for further referrals, such as a community visit. Whilst Teachable Moments is primarily targeted at young individuals in custody, it is also open for young people to voluntarily participate in MIs following a community visit. The decision to open these opportunities to voluntary attendees stemmed from the frequency of which community visits were occurring. By doing so, the custody suite can easily schedule appointments for these individuals to attend the interviews at a police station with their solicitor and an appropriate adult present. While they remain subject to PACE (Police and Criminal Evidence Act), they are not detained, which means they are free to leave at any time during the interview, in contrast to those under arrest conditions who are confined to a cell.

Team meetings take place face to face each month and one to one supervision sessions are also provided monthly to adequately support the staff delivering Teachable Moments.

### Operation Erica – Neurodiversity toolkit

Throughout the delivery of MIs, it became clear that traits of neurodiversity were common amongst the young people being interviewed in the custody suites. As such, the use of MIs presented the opportunity for MAC workers to screen the young people for neurodivergence alongside the usual Teachable Moments using a neurodiversity toolkit (Operation Erica). This acknowledges that neurodiversity and traumatic brain injury play a significant role in violence among children and young people, and other problematic behaviours, as such, the toolkit seeks to validate young people's struggles and offers an opportunity to support them to change the behaviours that could lead them into the criminal justice system.

Populations with neurodevelopmental disorders may struggle in police interviews, for example, they may experience difficulties communicating and making eye contact, which may be misinterpreted by police officers. These misinterpretations can mean the needs of the individual are unmet, and subsequently problematic behaviour continues. As such, a screening tool was developed in collaboration with "Do-It Profiler," and has now been fully implemented into the MIs. This screening tool (or Operation Erika) does not work as a diagnosis; however, it creates a report that can be used to refer the young person to an official assessment through their school or doctor. The purpose of the screening tool is not to exempt the young person from any blame for their actions; however, clarification of the young person's neurodiversity can help MAC workers to tailor the MI to support the young person's specific needs and they can begin to identify the triggers for problematic behaviour and any tools that can be implemented in future for preventative purposes. The report can also enable the parents to advocate for their child's needs and can assist in campaigning the school system to formally assess their child. It was emphasised that generating these reports is vital to feed back into the school system as there is a need for more awareness of how neurodiversity can present in children and young people.



*"[The screening tool] asks specific questions in relation to their understanding of why they do what they do, but also to look at, do they have difficulties reading? Do they have difficulties concentrating?"*

*"It's very much... [the young person is] responsible for [their] offending behaviour, but what we are saying is that you may not have full control or full recognition of what is triggering this offending behaviour. So, what we're trying to do is give you the tools to amend the behaviour, give you warning signs that help you recognise the triggers, but it will always be down to you to decide whether you continue with that offending behaviour"*

From the offset of Operation Erika, it was ensured that there was inclusion of a specific role for a police inspector in the working group to ensure buy-in from stakeholders early on. This was put in place due to learning from the previous delivery of custody suite interventions, where buy in from police colleagues was lacking. This was viewed as essential to the longevity of the neurodiversity tool and to the overall sustainability of the Custody Suite interventions. Building in a role for agents ensured that there would be understanding of the intervention, creating a bridge between MAC workers and police colleagues which in turn would benefit the intervention.

*"I think it just helps having a contact in custody who has agreed to be responsible for it rather than it landing up on somebody's lap, who doesn't really have that interest in it then, you know?"*

The team have extended Operation Erika to other teams as more awareness of neurodiversity in young people involved with the CJS has emerged. They have also opened up the screening tool to Youth Justice Services to use if MAC or custody officers have not picked up on the signs of neurodiversity when in custody. PCSOs and neighbourhood officers who might receive multiple reports of anti-social behaviour from specific young people in the community, are also being made aware of why these individuals may be exhibiting this behaviour and are being advised on how to support their parents or carers and to share the screening tool with them.

*"What we're trying to say to these officers is, this is an opportunity to start a discussion. So, when you take them back to their parents, you can say, is there more afoot? Is there something we can help with? Has he been assessed, or do you think neurodivergence plays a part in it? And share it as a screening tool that we would like to sit down and discuss"*

## Barriers

Several barriers to the intervention were discussed. Firstly, concerns were voiced about the classification and understanding of MI by MAC workers, custody sergeants, and other stakeholders. Possible discrepancies in defining MIs created uncertainty regarding their representation in the data and the potential for data inaccuracy. Inconsistencies were noted between data from the police and MAC statistics, suggesting potential misinterpretation of what constitutes engagement with the young person. Moreover, the absence of data on post-MI activities, such as home visits, raises the possibility that the true extent of engagement efforts is not fully captured, leading to an incomplete representation of the intervention's impact in the recorded data.

*"I am not confident that the data is accurate in relation to how many MIs are taking place because what are we classing as a MI? Is it completion from start to finish? Is it the offer of the MI? But then they decline? Is it just going into the cell and speaking with that young person, what is actually classed as a MI?"*

Some reported barriers included a lack of awareness from partners about the Teachable Moments intervention, or the lack of prioritising the intervention. Such barriers were reported to have led to

MAC workers not always being informed of the young people present in the custody suite. As such, Teachable Moments was often taking place outside of the custody setting, and in some cases, the MAC workers were only discovering that a young person had been in the custody suite and willing to be interviewed once they had left the premises.

To address and rectify communication issues, Teachable Moments introduced a virtual voicemail system (FlexTel) which went live on the 1<sup>st</sup> of July 2022. This allows access to numerous parties, to assist in adequately communicating with stakeholders of the intervention in one place. Work was also carried out to increase awareness of the intervention both internally and externally, to ensure further issues with communication would not continue. Despite this, youth workers still experienced delays receiving information regarding young people from FlexTel, some referrals were incomplete, with no contact details and some young people were not referred through the FlexTel system at all. MAC workers do not currently have access to Niche<sup>10</sup>, a police data platform which securely holds information about people in custody. In addition, the MAC workers have had to chase up on information from the custody workers, who are not always available. This delay in getting information can create a number of problems, possibly resulting in fewer young people receiving timely intervention and can cause MAC workers to inadvertently overlook specific needs and adjustments required by the young person. Not having crucial background details and subsequently going into a home visit blind can also pose a risk to MAC workers.

*“There was one incident where I went to see a young person and I arranged a home visit, but I was unable to get hold of some of the professionals involved. So, I only found out later on that there was lots of markers on the address for like violence and other things that I should have been aware of before I went”*

Having access to Niche or having another way of gaining access to information about vulnerable young people is essential to enhance the safety and well-being of both MAC workers and the young people. Effective information sharing ensures a comprehensive understanding of a young person's needs, and minimizing the risk of overlooking crucial details during home visits. Establishing a reliable means for obtaining and sharing crucial information is imperative to fostering a truly collaborative and informed approach in safeguarding vulnerable young people.

## Impact

The key outcomes achieved via this intervention were viewed by stakeholders as primarily being the impact on the young people themselves. The majority of young people explained that they had developed trusting relationships with their youth worker. One young person explained that *“I would have like to see [youth worker] more” (YP)*, which is testament to the relationships built. Young people felt as though the support provided by their MAC youth worker provided support that would have otherwise been unavailable. One young person explained that *“they worked with me when no one else would” (YP)*. More specifically, young people explained that working with their MAC youth worker gave them reassurance and allowed them to *“feel supported and more confident within myself” (YP)*. For one young person, this support and confidence allowed them to re-engage in education.

*“A lot of kids don’t have that support at home or with their mates” (YP)*

*“[Youth worker] helped me get back into college, because of how much I missed I had to redo the year” (YP)*

---

<sup>10</sup> The South Wales Police are part of the South East Wales Niche Collaboration (SEWNiC) Source: <https://nicherms.com/who-we-serve/>

According to stakeholders, the Teachable Moments initiative has been successful in reducing violence by facilitating young people to begin to address any underlying causes of behaviours (including ACEs, neurodiversity etc.) to prevent violence in the future. Quarterly report data highlights that young people who complete the action plan were able to acknowledge their own strengths, skills, and talents and strengthen the belief that life changes are possible.

*“I think [the intervention has a] massive [impact on preventing violence] ... I feel like we're on the frontline [of violence prevention]”*

The intervention aims to be trauma-informed and to amplify the young person's voice while reducing the stigma of being in police custody. One young person explained that working with their youth worker allowed them to feel *“listened to”* (YP). Establishing a connection with the MAC youth worker was seen as an opportunity to bridge a connection with other individuals and agencies to open up the opportunity for the young people to access ongoing support that can potentially encourage long-term change.

Quarterly report data and discussions with stakeholders acknowledged that the intervention also serves as a way to fully incorporate the young person into the process of being arrested and acts as a way to inform them of procedures, rules, and to help them better process their experience. One young person explained that this is important as they *“didn't have anyone who knew what was going on”* (YP) before engaging with their youth worker. Additionally, parent and carers were seen to have a better understanding of police processes, in particular, around bail conditions and release under further investigation, which were recognised as a complex and proactive processes. Parents and carers were also seen to have a better understanding of the support and services available from their local Youth Justice Services, which may help with voluntary engagement with services offered and better compliance with any Youth Justice Services/court determined sentence. The intervention was also seen to alleviate worries and anxieties for parents and carers. One person acknowledged that the situation was stressful for their mum. Their MAC youth worker was able to provide support to the young person's mum to explain the situation and ease any anxieties.

*“I can sit down, and I can kind of like just go through things, explain the process, because a lot of the kids don't know the process, what's happening and it's just about making them feel a little bit more informed”*

*“I feel more prepared and now know what to expect when I attend my Youth Justice Services Bureau appointment next week” (Parent - Quarterly Reporting)*

*“I feel like a weight has been lifted by the support you have given me in custody” (Parent - Quarterly Reporting)*

## Sustainability and recommendations

To combat the continuing issues with communication and information sharing, it is suggested that a role should be created within custody, in which that person would be in charge of conveying relevant information to the MAC workers prior to them carrying out MIs. Having this role in place would help ensure that the relevant information is shared and that there would be appropriate safeguarding procedures in place to help protect both the young person and their MAC caseworker.

Additionally, stakeholders recognised that the traditional method of informing young people of their rights during the booking process may not currently be the most effective method of engaging them. As such, there is a push for the custody suite intervention to introduce further steps to ensure that MIs are accessible to young people's needs. According to one stakeholder, the criminal justice unit reportedly introduced a cartoon version of the rights and entitlements to show young people,

therefore, the next step towards a more accessible MI could be to introduce something similarly visual for MAC workers to show the young person prior to their interview.

*“If we've got something in a visual format that is young person centred, I think that would be the next step for us to just be best practise, you know, to ensure full understanding and to make them part of the process. They're not just a bystander being wheeled out to be interviewed. It's actually a process and it's important that they understand what's happening”*

Questionnaires with young people highlighted a need for increased support within schools for young people who have been arrested. One young person highlighted that they wanted *“someone in the college to support me. No one did, they just washed their hands of me until everything was over”* (YP). Providing support to young people in school may help these young people to feel more supported, help them cope with their situation better, and support sustained school engagement.

### Case study example

XX, a 16-year-old male, was arrested for theft and burglary which took place at the school he attends. He lives at home with a single parent and has a diagnosis for ADHD (Attention Deficit Hyperactively Disorder). XX was arrested at home and taken into custody where he fully cooperated with officers during their investigation. Teachable Moments were informed via our police FlexTel system that he was interested in receiving support.

XX mum called back. Initial contact meeting to be made at home address. Spoke to him at length about consequences and gave many examples to ensure he was able to process the information. XX has ADHD and admits to not always being able to keep focused. The MI was completed. Action plan to be completed on next visit. XX expressed an interest in boxing, however his mum is not so keen and would prefer he continue with his Jujitsu. I advised I would investigate activities as this would help with his focus. Phone call from XX mum, he is having problems with college and has been put in a group with others he was in trouble with and is now refusing to go as he is fed up. Mum has spoken to college tutor who arranged to meet young person to keep him safe.

Wales Violence Prevention Unit, Market  
Chambers, 5-2 St Mary's Street, Cardiff, CF10 1AT  
[PHW.ViolencePreventionUnit@wales.nhs.uk](mailto:PHW.ViolencePreventionUnit@wales.nhs.uk) | 02920 338450



**Uned Atal Trais**  
**Violence Prevention Unit**