

West Midlands Violence Reduction Unit Evaluation

Phase Two Evaluation Report



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April 2021

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Phase Two Evaluation Report: Executive Summary

The West Midlands Violence Reduction Unit (WM-VRU) was launched in 2019 after successfully securing funding from the Home Office, supplemented locally through the re-purposing of previously allocated grants from the Police and Crime Commissioner and Local Authorities. One of 18 Violence Reduction Units across England and Wales, the WM-VRU takes a public health approach to violence reduction. The approach focuses on: understanding health, social care, and economic needs as well as identifying the risk and protective factors that can support individual and community level interventions; and developing a whole-system approach to tackle complex problems using evidence-based practice.

To support and continue to develop the WM-VRU approach and activity, an evaluation was commissioned: the evaluation team is a partnership between the University of Wolverhampton, Birmingham Voluntary Services Council (BVSC), the University of Birmingham, and Community Researchers. This current evaluation report details key findings from:

1. The Project (intervention) level:
 - evaluation of the commissioned projects and interventions: outcomes mapping
 - detailed process evaluations, and literature review
2. The Place level: in-depth evaluations of four place-based pilots
3. Brief, emerging findings from the Programme (VRU) level

This overarching report is supplemented by detailed reports from each element of the evaluation. Note that there are limitations to the conclusions that can be drawn here while we await data to inform the detailed Project-level report. An updated versions of this overall evaluation report will be produced to include those findings.

The WM-VRU has achieved a substantial amount in a relatively short period of time, mobilising a range of activity and working towards a shared understanding and approach. The evaluation has highlighted that activity has been commissioned that is likely to support the WMVRU in achieving its outcomes. The activity and response to the Covid-19 pandemic should be commended, although monitoring and evaluation will need to consider whether interventions are effective in changed circumstances. Elements of the Place-based pilots in particular demonstrate excellent practice. The evaluation has led to number of strategic and practical recommendations to support the on-going development of the WM-VRU and ensure robust evidence of any impact.

Recommendations

For the WM-VRU: strategy and approach

1. Continue to seek ways to address apparent tension between **the long-term ambitions of the VRU and the short-term nature of funding**. This could include:
 - Influencing Up: Using evidence from the evaluation to provide a rationale to the Home Office for longer-term settlements.
 - Influencing Down: Adopting creative, collaborative and flexible ways to enable providers to work to delivery outcomes within the constraints of the funding model.
 - Consider whether commissioning services ‘in principle’ for longer periods would provide greater assurance to providers.
2. Consider how best to **continue to build in stakeholders voices** as an integral part of the design of strategies and services, in order to ensure local need is met
3. As we move out of the immediate crisis period of the pandemic, and projects are delivering what they intended to, commissioning decisions should be informed by the **interventions and outcomes maps** developed by the evaluation team as an aid to reviewing gaps and priorities
4. Take into consideration **the impact of the Covid-19 pandemic** on delivery when assessing whether to re-commission services for financial year 2021 - 2022
5. Disseminate the findings of the evaluation and **support providers and stakeholders in responding to recommendations**
6. Revisit the outcomes/outputs within the **Theory of Change** to ensure that these are clear and measurable, and formulate a strategy for communicating the Theory of Change.
7. Undertake a **mapping exercise of the whole system**. This should reflect both local and regional landscapes to enable agencies to locate themselves and partners within the system, and identify opportunities for collaboration and sharing of good practice.
8. Synthesise the existing **knowledge base and local learning** in order to establish a clearer picture of:
 - a) the nature of role that private sector can and should play within the violence reduction agenda
 - b) the levers available to promote engagement

For the WM-VRU: delivery

9. Build upon the **trauma informed** work across all elements of delivery at an individual and community level
10. Explore interventions that offer **preventative education** or services focused on the effects of violence during pregnancy and early in the life course, including

encouraging educational establishments - at nursery, primary, secondary and tertiary levels - to implement a range of approaches to preventing youth violence before it begins

11. Consider **extending the current place-based pilots** as detailed in this report and share the learning that will influence future place-based initiatives
12. Employ more **Community Navigators** on longer-term contracts, explore local strategic leads in relation to youth violence prevention, and support the development of a **long-term strategy** at a local level
13. Consider ways in which community assets can be harnessed to co-design **counter-narratives** in communities that are perceived to be unsafe and violent
14. Recognise the **value of lived experience and relational approaches** in addressing youth violence and explore ways of drawing on the experience of individuals in raising awareness and providing targeted support. Continue to monitor and measure the impact of this on longer-term outcomes beyond engagement

For the WM-VRU: monitoring and evidencing impact

15. Ensure that the detailed findings and recommendations for the Place-based pilots and Process Evaluations are **shared with coordinators, navigators, and providers and that progress is monitored** to build on the positive work to date
16. Continue to **use the checklist provided** in the evaluation Phase 1 Workstream 3 report to help assess existing and future intervention proposals to ensure the interventions are in line with the overall strategic objectives and can provide the desired outcomes
17. Ensure information and **data needed to understand impact is delivered in a timely way to the evaluation team**
18. Ensure interventions are **evidence based** (Note, for example, the literature in Appendix A of the Project Evaluation Interventions report) and that where delivery changes that this evidence base is not undermined
19. Note the **value of the detailed literature review and process evaluation** of the Teachable Moments projects, which should inform future impact data collection approaches
20. Follow up with the Place-based Pilots to ensure an **understanding of the monitoring data forms and the ability to collect the required information** to evidence progress towards WMVRU objectives for reducing violence
21. Closely monitor the intervention delivery of the Place-based Pilots to ensure efficacy of the intervention and delivery and to **track indicators of positive change in these communities**
22. Recognise that the desired outcomes for place-based activity and some interventions are long-term and will not be clearly evidenced within the timeframe of the pilots.

For example, commissioning 12 week interventions and attaching KPIs around longer-term violence reduction should be avoided. Support the evaluation team to work with providers to ensure that **outcome measurements reflect the length of time** that is required to effectively work with clients who are deeply entrenched in violent crime

For the Office of the West Midlands Police and Crime Commissioner

23. Ensure the **data sharing agreements is signed off** and reviewed periodically. Ensure Data Sharing Agreement between the Evaluation Team and the WMVRU is finalised in order that performance data can be reviewed alongside qualitative data in future evaluations.

For the Home Office

24. To move towards a longer-term **funding position** for the WM-VRU in order to minimise risk associated with short-term funding and help address apparent tensions between the long-term ambitions of the WM-VRU and the current short-term funding model
25. Acknowledge the **successes achieved by the WMVRU** and good practice highlighted in this evaluation report
26. Review the approach taken in this evaluation as an **example of good practice** in evidencing outcomes and impact at the project, place, and VRU programme level
27. Consider **incorporating the commissioning evidence checklist** (see Phase 1 Workstream 3 report: 'Assessing Intervention Fit With Strategic Outcomes) into general documentation provided to all VRUs
28. Consider a national roll out of the **data capture platform** developed for the evaluation and monitoring needs of the WM-VRU

The detailed information, methods, and findings underpinning the summary report can be found in the following documents: Project Evaluation Interventions; Project Evaluation Resettlement Process; Project Evaluation Teachable Moments Process; Place Evaluation.

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Contents

1. Recap: what we did and found in Phase One	7
2. Phase Two: Overview	12
3. Project level (intervention)	15
3.1 Evaluation of the commissioned projects and interventions	15
3.2 Update on Data Capture Platform	21
3.3 Process Evaluations	21
3.3.1 Resettlement Projects	21
3.3.2 Teachable Moments	28
4. Place-based level.....	35
5. Programme level (VRU).....	46
6. Overall recommendations.....	47

1. Recap: what we did and found in Phase One

The first phase of the evaluation, delivered between March and July 2020, was designed to develop a robust understanding of the WM-VRU's existing and planned activities with a view to developing a comprehensive approach and associated tools for a full evaluation at a project, place, and programme level.

1.1 Deliverables

A series of reports and summary report were submitted to the West Midlands VRU in July 2020 in which we set out the key deliverables and learning from Phase One activity. In brief, we delivered:

- i) An evidence/literature review, which included mapping out the specific approaches, literature, practices, and policy on violence reduction including policing, psychologically informed approaches, community approaches, and Public Health.
- ii) Analysis of a series of baseline interviews with key VRU stakeholders, which covered
 - a) the approach being adopted by the VRU
 - b) the roles and responsibilities of different actors
 - c) the activities and projects being commissioned through the VRU
 - d) the anticipated outcomes for the VRU at a place and project level
 - e) the existing level of data/evidence and evaluation available
 - f) the response and impact of Covid 19
- iii) Assessment, review, and recommendations regarding the monitoring and outcome data being collected at a project level
- iv) The development of a digital software platform to capture outcome data, and an associated training plan.

1.2 Findings

Our key findings from Phase One are set out in brief below:

Evidence/Literature Review

From the evidence and literature review it was highlighted that the Public Health approach to violence reduction being adopted by the WM VRU recognises the need to address the concepts of structural violence. The Public Health approach involves drawing upon the extant theories of violence and epidemiological concepts, among others, in order to treat violence as a disease that can potentially be cured. The central tenet of the public health approach is that many, if not all, of the root causes of violence are ecological in nature. Integral to the public health approach is the idea that 'great store is placed on avoiding the blaming of victims'. The working assumption is always that the situation in which they find themselves makes healthy choices hard to make.

The review highlighted a number of challenges of the Public Health Approach, which included:

- Implementing the whole-system approach effectively
- Different methods of carrying out evaluations
- Challenges in measuring success
- A lack of clear models of good practice in the UK
- Lack of consistency or agreement in what constitutes a 'place-based' approach
- Lack of agreement as to when and how to intervene in the 'Life-Course'

Stakeholder Interviews

Through the stakeholder interviews, we found:

- A broad understanding of and commitment to the WM-VRU's **aims and approaches** but less clarity about the outcomes it was seeking to achieve.
- Recognition that an agreed **Theory of Change** had potential to provide greater clarity about what the WM-VRU is trying to achieve: the connections between the anticipated inputs, activities, outcomes, and impacts.
- Acknowledgement that the VRU had been set up at speed and expected to deliver a considerable programme of work within a short space of time. This, it was suggested, had led to an initial focus on '*getting money out of the door*' rather than on building internal structures and strategy
- Acknowledgement that considerable progress had been made in terms of building **collaboration** within and across systems. To date, however, this was viewed as somewhat patchy.
- Progress was also acknowledged in terms of building up the VRU's **place-based interventions**, and **community engagement** more broadly.
- The current crisis associated with the **Covid-19 pandemic** and the issues raised by the **Black Lives Matter** movement were seen to have considerable implications for the WM-VRU. Both were seen to have highlighted the huge inequalities and injustices which exist within and between communities.
- A tension between the long term ambitions of the WM-VRU and its short term funding model.

Intervention review

The review found that several of the interventions were collecting only the minimum amount of monitoring data expected (referral info, demographic info, and feedback/ follow-up information). Many of the Place-based interventions did not provide enough information to determine what type of monitoring data was being captured outside the WM-VRU quarterly reports. Overall, the review of the potential data revealed that the individual

interventions need to provide more evidence of what information they are tracking and how they currently collect it.

A review of the empirical evidence-base for each intervention revealed that some of the evidence was mixed or inconclusive in the published literature. However, there was a good literature base for many of the intervention types commissioned (e.g., IRIS, MVP, School engagement, and hospital-based interventions).

1.3 Recommendations and updates

Our recommendations for the WM-VRU drawn from this scoping exercise were presented in the Phase One reports.

The WM-VRU provided an update of action against the following recommendations on the 27th October 2020:

Strategy and Approach	
Recommendation	Update
Prioritise the development of the Theory of Change	The VRU have developed a draft TOC and have held two virtual workshops to review the draft (exec/providers) with more workshops scheduled. The plan is to use the TOC as an engagement tool
Consider developing a network of ‘ambassadors’ for the VRU/its approaches within key networks/organisations	The VRU has executive Board members acting as ambassadors within their organisations and systems. Communities of practice are being set up (education/ trauma informed workforce)
To reflect on the learning presented in the Workstream 1 report (lit rev)	A CPD day for the VRU will be developed reviewing the evidence in the literature review.
To acknowledge the need to take action, and to be seen to take action, to tackle the inequalities that have been exposed	The VRU is currently reviewing its approach to inequalities and developing a systematic approach.
Delivery and Evidencing Impact	
Use the checklist provided in the Work-stream 3 report to help assess existing and future intervention proposals to ensure the interventions are in line with the overall strategic objectives and can provide the desired outcomes	A commissioning strategy is being developed which will take into account this recommendation to ensure that interventions are in line with overall strategic objectives.
To ensure information and data needed to understand impact is delivered in a timely way to the evaluation team.	There is a current challenge sharing data due to data sharing agreements. However the data is being collected but not currently shared until these are in place.
For providers and project leads to work with	There have been joint meetings between the

the evaluation team to embed data collection into intervention delivery	programme leads and evaluation team to embed data collection and align with performance monitoring metrics.
Work with the evaluation team to identify qualitative information currently captured on the monitoring Update Form	This is in progress.
Identify areas of best practice in evidencing impact that can be shared	The public health team within the VRU are looking at best practice and will share across the VRU when identified.
Co-create a strategy and detailed plan for ongoing evaluation and assessment of goals and outcomes	The VRU are working closely with the evaluation team to co-create a strategy.

The remaining recommendations are detailed below:

<p>For the WM-VRU: strategy and approach</p> <ul style="list-style-type: none"> To continue to seek ways to address apparent tension between the long term ambitions of the VRU and its short term funding model.
<p>For the Office of the West Midlands Police and Crime Commissioner</p> <ul style="list-style-type: none"> That data sharing agreements are prioritised by the OPCC That, following this that the OPCC and University of Wolverhampton ensure relevant data security measures are met
<p>For the Home Office</p> <ul style="list-style-type: none"> To move towards a longer-term funding position for the WM-VRU in order to help address apparent tensions between the long-term ambitions of the WM-VRU and the current short-term funding model Review the approach taken in this evaluation as an example of good practice in evidencing outcomes and impact at the project, place, and VRU programme level Consider incorporating the commissioning evidence checklist (see Workstream 3 report: 'Assessing Intervention Fit With Strategic Outcomes) into general documentation provided to all VRUs Consider a national roll out of the data capture platform developed for the evaluation and monitoring needs of the WM-VRU

The learning and recommendations from Phase One of the evaluation have underpinned Phase Two as set out in this report. The approach intends to support the WM-VRU and its partner agencies to collectively clarify what questions are being addressed and what information needs to be collected to measure and evidence the effectiveness of outcomes, how to develop significant long term change and impact and to inform future commissioning decision making.

In November 2020 we provided a written progress report on Phase Two of the evaluation. In January 2021 we submitted draft outcomes mapping documents. At the beginning of March 2021 we presented key findings from Phase Two of the evaluation, which have been further developed and presented in this – and the supplementary, detailed – reports.

2. Phase Two: Overview

The current evaluation was commissioned across two phases - Phase One focused on scoping work, and Phase Two on evaluation delivery. The learning from Phase One underpinned Phase Two of the evaluation and beyond, which is being conducted at three levels: Project, Place, and Programme. An overview is provided below, and Sections 3, 4, and 5 of the report provide key methods, findings, and recommendations for each level.

This report details findings from:

- The Project (intervention) level: evaluation of the commissioned projects and interventions: outcomes mapping, detailed process evaluations, and literature review
- The Place level: in-depth evaluations of four place-based pilots
- Brief, emerging findings from the Programme (VRU) level

Due to delays in accessing data collected by interventions while we await receipt of a Data Sharing Agreement, the detailed Project-level report containing the review of intervention data will be delivered once that data is available. An updated version of this overall evaluation report will also be produced.

Research questions

What is the impact of the WMVRU on:

- Developing a collaborative whole system with a clear focus on Public Health approaches to preventing violence
 - Stopping violence before it starts by tackling the root causes
 - Increasing aspirations for *all* young people to ensure they have the opportunity to succeed and fulfil their potential
 - Supporting engaged, compassionate, resilient communities
 - Taking a shared approach that nurturing children at every age is appropriate
- **What progress is being made towards these outcomes?**
 - **What are the key levers and barriers at a place and VRU level?**
 - **What gaps exist in current activity?**

fThe Project-Based activity level

The project - or intervention - level element investigates the impact each project/intervention is having, and how this relates to the overall WM-VRU objectives and activity.

The Place-Based activity level

The place based evaluation provides an in-depth analytical understanding of the work of the WM-VRU at a local level. This is underpinned by an understanding of social and institutional networks locally. This element of the evaluation is being led by recruited and trained Community Researchers with oversight from the University of Birmingham.

Programme (VRU) level evaluation activity

This element of the evaluation seeks to place all activity within the framework of the broader WM-VRU objectives and capacity, in order to understand the contribution of all elements of the work. The programme level evaluation is also investigating how the WM-VRU has changed and developed in terms of capacity and capability.

Table One: Key elements of the evaluation

	Example questions being addressed	Quantitative data collection	Qualitative data collection
Project (intervention)	<p>Have the project level intermediate outcomes been achieved?</p> <p>Have the project level longer term outcomes been achieved?</p> <p>By what mechanisms have the outcomes been achieved?</p> <p>How and why do outcomes vary across projects, and stakeholder groups?</p> <p>Are interventions effective at a process level?</p> <p>How sustainable are the projects?</p>	<p>Administrative data (local level statutory data)</p> <p>Outcomes data (e.g. knowledge & understanding; wellbeing; engagement; education)</p> <p>Data collection facilitated by the software platform, with training and support</p> <p>Statistical analysis of pre-test/post-test intermediate and long-term outcomes measures to understand change over time</p>	<p>Project case studies, focused on outcomes and process analysis, including interviews and focus groups with</p> <ul style="list-style-type: none"> o Leaders o Frontline staff/volunteers o Service users <p>Analysis – Thematic Analysis of data within case, and cross case analysis</p>
Place	Have the anticipated place-	Place level	4 Case studies

	<p>based intermediate outcomes been achieved? Have the anticipated place-based long term outcomes been achieved? How and why do outcomes vary between places? Are places more connected in terms of goals and strategies?</p>	<p>demographic and geographic characteristics Administrative data (local level statutory data)</p>	<p>Led by community researchers with support from UoB research staff Peer-to-peer training to develop capacity for 'collective efficacy' in violence reduction within neighbourhoods and area based approaches Interviews with key stakeholders to track cultural change and collective efficacy Analytical and synthesis workshops to develop within case and cross case comparison</p>
<p>Programme (VRU)</p>	<p>Building on Phase one, exploring: how are activities and projects being supported and monitored, and how these activities contribute to the VRU objectives; key developments in relationships between stakeholders; how the VRU has changed in terms of capacity and capability; the impact of COVID 19 on strategic activity and delivery. We will investigate if and how any initial learning been taken forward and what longer term lessons are emerging, and measure whether VRU level activity resulted in improved outcomes for targeted groups.</p>	<p>Regional and place level indicators Administrative data (local level statutory data) Data on staffing and resourcing capacity over time</p>	<p>Strategic stakeholder interviews Analysis – thematic, descriptive, and evaluative. Mapping relationships and change Continued review against the VRU developed TOC and key objectives</p>

3. Project level (intervention)

This sections includes overviews of:

- Evaluation of the commissioned projects and interventions (outcomes mapping)
- Brief update on the Data Capture Platform
- Process evaluations: Two Resettlement projects and Teachable Moments

Full, detailed, methods and findings can be found in the full reports for each element of the evaluation.

Due to delays in accessing data collected by interventions while we await receipt of a Data Sharing Agreement, the detailed Project-level report containing the review of intervention data will be delivered once that data is available. An updated version of this overall evaluation report will also be produced at that time.

In January 2021 we submitted draft outcomes mapping documents. The versions included in this report include updates in response to feedback on the earlier versions.

3.1 Evaluation of the commissioned projects and interventions

The WMVRU has identified several outcomes they seek to achieve through the interventions they have commissioned. The WMVRU have announced their objectives as preventing violence, identifying the root causes of violence, increasing aspirations for young people, strengthening communities, and nurturing children within a public health approach to addressing violence in the West Midlands (Peden, 2020). These objectives are then intended to contribute to the Home Office strategic outcomes as measured by three key performance indicators (KPI): 1) a reduction in youth hospital admissions involving sharp instruments and young people, 2) a reduction in knife-enabled serious youth violence, and 3) a reduction in all non-domestic homicides involving young people (see HM Government, 2018).

Activities in this section of the evaluation involved:

1. Understanding each intervention and its individual objectives for addressing violence
2. Determining how those objectives aligned with the WMVRU objectives
3. Comprehending the monitoring data and WMVRU objectives for that data
4. Evaluating WMVRU monitoring data templates and making recommendations
5. Evaluating individual intervention data collection and making recommendations
6. Assessing the alignment of all key outcome variables to evidence impact

The current evaluation period addressed the WMVRU’s ability to use the interventions and associated monitoring data to achieve their goals. This is demonstrated with an overview of the interventions, and the evaluation findings in relation to the interventions’ ability to help the WMVRU achieve their outcomes and work toward overall impact.

Approach and Methods

1. Understanding the Intervention Evidence Base and Individual Services

The WMVRU commissioned 23 community-based projects to assist with achieving its objectives as measured against the Home Office KPI. The interventions included in the evaluation were originally commissioned because they made a case for the ability to contribute to at least one of the WMVRU violence reduction outcomes. The aim of the preliminary activities within the evaluation was to determine where the interventions overlapped and what monitoring data was needed to measure against the desired WMVRU outcomes. It was equally important to determine what data would be useful and unique to each intervention to assist with measuring individual outputs.

The importance of using evidence-based interventions is well established across multiple disciplines and practices, and within the extant literature (see Aarons, 2011; McKibbin, 1998). For this reason, the evaluation started by assessing the evidence-base of each intervention within the scholarly literature. We found that most of the commissioned intervention types had mixed evidence; however, the overall findings indicated enough positive evidence to determine that if implemented properly, the interventions had the potential to be beneficial for their targeted service users (see Appendix to the full report).

Once an idea about the evidence base was established, a systematic approach was used to understand why each intervention was commissioned and the services they intended to provide to help with violence prevention, reduction, or desistance. This was achieved by reviewing all the documentation provided by the interventions when applying to the VRU funding call. We found that the WMVRU commissioned a variety of interventions designed to cover a diverse area of needs. Preliminary findings also suggested that the Resettlement projects and the ‘Reachable’ and ‘Teachable’ moments programmes appeared to be the most well situated to assist the WMVRU in evidencing progression towards their objectives¹.

2. Assessing the Monitoring Data Forms

The purpose of collecting monitoring data is to systematically and purposefully examine project activities to ensure they are being implemented as planned. Monitoring project

¹ It is important to note that this conclusion was based solely on the planned activities of the intervention and the supporting documentation. Over the course of the larger evaluation, more focused assessments were done on a variety of interventions and the final and overall conclusions regarding certain interventions may differ from these preliminary findings.

outputs (things produced by the project or programme) allows intervention providers to methodically track the progress of project implementation, execution, and outcomes. It can be particularly useful in detecting areas of success and where improvements are needed. Collecting monitoring data can also help intervention providers and supporting/ donor agencies to understand the complex and changing needs of the intervention users (Mwale, 2018).

The monitoring data is crucial for the WMVRU to measure the progress toward violence reduction outcomes and to determine if the commissioned interventions are delivering programmes that work towards actualising those outcomes. For this reason, it was crucial that the evaluation team worked with the WMVRU Performance Analyst to ensure the best data was being collected from the service providers. Several recommendations were given to the WMVRU Performance Analyst for type of monitoring data that should be collected for ongoing measurement of progress and opportunities regarding violence reduction in the region. It was determined that improvements could be made to the Data Monitoring Forms and the Project update form to facilitate more consistent information reporting.

It is impossible to determine if outcomes are being met and impact is achieved without acquiring good monitoring data. The VRU currently collects information from the intervention providers on a quarterly basis using two forms. The 'Quarterly Project Update Form' is intended for a qualitative update of activities each quarter (i.e., key developments, upcoming risks and milestones, financial issues, and a case study that demonstrates success; see Appendix B of the full report). The 'Quarterly Monitoring Form' is intended for quantitative information about the people supported by the project and the activities undertaken for that quarter (see Appendix C of the full report). These forms are intended to collect pertinent information about the performance of each individual project.

While the forms provided some consistency in the type of information sought, there was substantial variation in the amount of detail within the information reported by each intervention provider. A review of all the projects' quarterly update submissions revealed that many providers completed the form in a unique way with varied amounts of information. This variation may have been due to the diverse types of interventions commissioned by the WMVRU. Moreover, there was also little structure in the form to guide the content. The monitoring data examined as part of this evaluation informed several recommendations, which were passed on to the WMVRU and the individual projects. As a result of those recommendations, the evaluation team worked with the WMVRU Performance Analyst to revise the monitoring forms. The recommendations implemented for the Quarterly Project Update Form included adding explicit direction for requested information and requesting more specific information around quarterly activities (see Appendices A and D of the full report).

The quarterly Monitoring Forms were also revised to better capture the frequency of activity for each intervention provider. The interventions designed to serve individuals with

complex needs received new forms that allow for the tracking of individual service users throughout the intervention process (e.g., Resettlement and Reachable Moments; see Appendix E of the full report). This new monitoring data sheet also captures information and follow-up for the intervention users on topics that include: Sustainable ETE/ accommodation; Relationships, Health, and wellbeing; Contact with Police/ Reoffending/ Gang activity. This is a marked improvement over the previous monitoring form that simply captured referral information, some demographics, frequency of activities, and reasons for case closure.

Interventions designed for violence prevention and creating professional awareness (e.g., ACEs and MVP) were deemed to need a form that captured the nuances of their service delivery and training outcomes. Interventions that educate young people in schools or that provide professional training to violence prevention mentors received forms that allow for the tracking of training delivery, numbers trained, trainee demographics, as well as follow up on training effectiveness. A key area that is lacking in the evidence-base for many interventions of this type tends to be the follow-up and assessment of training efficacy. These types of interventions commissioned by the WMVRU may now be situated to provide some much-needed answers about the retention and application of the training objectives to real world situations. It is only through this type of follow-up can we be sure these types of interventions are enacting change in the occurrence of violence within schools and professional settings.

3. Intervention Mapping

The meetings with Project Leaders and intervention providers gave clarity for the objectives of each intervention, as well as insight to how the WMVRU intended to monitor the data going forward. The next step was to determine if there were gaps in services covered by the interventions. Appendix A is a visual representation of the commissioned interventions when categorised by type: 'Prevention', 'Early Intervention', 'Desistence' and 'Therapeutic'. These categories were provided by the WMVRU Performance Analyst and originated from the Home Office. Detailed information on each of these categories is provided in the full report.

The columns across the top intend to highlight some main characteristics of interest for each intervention. The 'Strong Foundations' category contains items that give some insight to the attributes of the intervention. The 'Primary Point of Intervention' informs on the target demographic and when the intervention is implemented within the community and/or within the life course of the service user. The 'Individual Benefits' category is specific to those interventions that support individual service users and provides insight on the types of needs that may be met. Finally, the 'Community Benefits' items speak to whether the community is engaged within the intervention and speaks to some of the evidencable KPIs and outlined by Home Office to measure violence reduction. Within each of these main groupings, the information sought becomes more specific.

The Intervention Map is intended to be interpreted holistically. It is important to note that individual interventions are not expected to cover off all items in the Map. Most of the interventions are delivered by well-established service providers delivering an established programme, therefore, the Map aims to illustrate the commissioned coverage of these areas to inform the WMVRU where there may be opportunity for additional attention.

Many of the interventions are established service providers with a long record of service delivery. Other interventions are fairly new, or still in their conceptualisation stages – such as the Place-based Pilots. These interventions are mainly community driven with various community stakeholders implementing a variety of intervention types that aim to address the specific needs of a particular area. Three of the pilots were not included in the Intervention Map due to lack of information available to the evaluation team (Solihull, Sandwell, and Dudley). When all these services are taken together, they provide a picture of where there may be gaps in commissioned services by intervention type and by characteristic categories of interest.

4. Monitoring Data and Objectives Map

The commissioned interventions were also mapped against the ability to collect the required monitoring data, as well as provide evidence of working towards the established VRU objectives. The findings of this assessment are illustrated in Appendix B. When interpreting this Map there are two things to note. First, this assessment did not verify that the monitoring activities were taking place. It is based solely on whether there is evidence that the structure of the intervention allowed for the data to be captured. Second, the Map does not indicate that the commissioned interventions are achieving the outcomes and objectives of the WMVRU. It is a visual representation of whether the intervention is designed to potentially meet those outcomes given that the services are delivered as proposed upon the commissioning call.

The Map in Appendix B indicates that almost all the commissioned interventions are well situated to assist the WMVRU in achieving its objective to reduce violence in the region. When evaluating each intervention against the necessary monitoring data and the WMVRU approach and outcomes, no one programme raises concerns. However, some interventions are in the process of implementing or expanding their offer and there was limited evidence available to verify that certain monitoring data would be captured (e.g., forms, documents, existing databases) or that WMVRU objectives could be met. Each intervention has received a tailored monitoring data sheet and the new quarterly update form to capture the necessary information and were provided with an opportunity to discuss and ask questions about the forms prior to implementation.

5. The Impact of COVID-19

The delivery of many interventions has been adjusted due to COVID-19. In many instances these changes may not substantively affect the intervention ability to meet WMVRU outcomes and objectives. However, it should also be noted that some of the commissioned interventions have adjusted the delivery of its services due to COVID-19 restrictions in a more substantial way. These changes should be monitored to ensure the intervention meets the criteria for its evidence base and that the adjusted activities will not impede the ability to acquire and report the monitoring data.

Other intervention had their service delivery severely delayed due to national lockdowns and restrictions on interpersonal contact. The Place-based pilots seem particularly affected by these measures. These delays also mean that the Project Leads and service providers of the Place-based interventions did not meet with this part of the evaluation team to discuss monitoring templates and the new quarterly reporting form. For this reason, follow-up should be conducted by the WMVRU Performance Analysts to ensure an understanding of these forms and their importance for measuring progress towards the WMVRU objectives.

This section of the larger intervention performed an assessment of the ability for the interventions commissioned by the WMVRU to meet their obligations for providing the necessary data for the WMVRU to measure the progress toward violence reduction outcomes and to determine if the commissioned interventions are delivering programmes that work towards actualising those outcomes.

Overall, the commissioned interventions appear to be well situated to collect the necessary data and deliver their services. By addressing the four recommendations contained in this report, the WMVRU can further ensure the commissioned activities cover all areas of need within the violence reduction initiatives and are accurately reporting on their outputs and outcomes.

Actions and Recommendations

Individual Provider Recommendations

The full reports contains a table of key data collection recommendations made to individual providers (see Table 1 of full report).

Overall recommendations

1. Explore interventions that offer preventative education or services focused on the effects of violence during pregnancy and early in the life course.
2. Closely monitor the intervention delivery of the Place-based Pilots to ensure efficacy of the intervention and delivery and to track indicators of positive change in these communities.
3. Follow up with those service providers that adjusted or expanded their offers to ensure fidelity to the evidence-base that underpins their specific intervention.

4. Follow up with the Place-based Pilots to ensure an understanding of the monitoring data forms and the ability to collect the required information to evidence progress towards WMVRU objectives for reducing violence.

3.2 Update on Data Capture Platform

Delays with Data Sharing Agreements (DSAs) meant the evaluation team agreed with the VRU to postpone 'live-testing' with intervention providers. We anticipate receiving a DSA in April 2021. In the meantime, the developers have addressed the items identified through the User Acceptance Testing undertaken by the evaluation team (see Phase One reports).

3.3 Process Evaluations

Detailed, in-depth process evaluations were conducted on two Resettlement programmes (3.3.1) and the Teachable Moments programmes (3.3.2).

3.3.1 Resettlement Projects

Background

In November 2019, the West Midlands Violence Reduction Unit (WMVRU) released a specification for 'Resettlement Support for Young Adult Prisoners with links to Gangs and Violence at Risk of Re-offending'.

The aim of the commissioned services (VRU, 2019) was to:

- Provide a fully integrated resettlement approach for a cohort of approximately 50-75 young adult offenders aged 18 to 30 (men and women) currently in prison or having recently been released who have been involved in gang activity or perpetrated violence with weapons (blade or firearm). The provider can also include younger adults (in prison) who are considered at risk of being drawn into gang membership or activity.
- Focus on supporting the clients to sustain the motivation to make positive change and empower them to take responsibility for their own successful rehabilitation.
- Utilise coaching or mentoring techniques as well as provide information, advice and guidance.
- Reflect the diverse demographics of the communities of Birmingham.

The anticipated outcomes, as set out in the specification were:

- Improved positive relationships
- Demonstrate progression towards stable accommodation

- Employment/self-employment, education or training
- Work experience
- Sustained engagement with support services as required
- Improved lifestyle choices and well-being

Four lead organisations were awarded contracts; Bringing Hope (Birmingham), Phoenix United (Birmingham), Catch 22 (Wolverhampton) and St Giles Trust (Coventry).

Approach and Methods

This part of the evaluation of the WMVRU concentrated on the two Birmingham based projects. The Inside Out Project delivered by Bringing Hope (Lead Organisation) and AVision for Empowerment (Partner Organisation) and the Choices Project delivered by Phoenix United (Lead Organisation), ACT CIC (Partner organisation) and Prison Link (Partner Organisation).

The primary aims of this part of the evaluation were to examine how (and how efficiently) the two resettlement projects have evolved, and the relationship between this and the impact – particularly in light of the restraints placed upon them as a result of the Covid-19 pandemic. The aim was to aid the continued development of the services, highlight learning that can be shared more broadly, and identify any barriers to success.

Semi-structured interviews were conducted with staff, stakeholders and clients involved in the two projects. Participants were asked to describe their experiences of the programme, what they gained from it, key success factors, and how it could be improved. Staff and stakeholders were asked to discuss the quality of partnership working with key partners involved in the programme, any challenges they may have faced and how these were addressed, and the impact of the programme on the participants. One to one semi structured interviews were conducted with:

Project	Inside Out	Choices
Staff members	5	3
Clients	2	2
Referral Partners	1	2
Total	8	7

Key Findings

The Inside Out Project

The evaluation of the Inside Out project has taken place in the context of ongoing restrictions necessitated by the Covid-19 pandemic during its first year of delivery. Covid-19

has disrupted delivery and drawing any clear conclusions regarding the process is therefore problematic. We had also intended to triangulate the findings with the impact analysis, but lack of access to available data sets has meant this has not been possible.

The analysis of the qualitative data identified six core themes, detailed in the full report.

The project demonstrated benefits in:

Benefits		
Working with individuals who are deeply entrenched in criminal activity	Providing holistic, tailored individual and family support	Addressing immediate and longer term needs, including acknowledging and addressing deep-rooted trauma

Findings from detailed qualitative analysis identified the following as key to the Inside Out Projects success:

Critical Success factors		
Using high levels of community intelligence and cultural competence to identify an individual's 'readiness for change' and level of risk	Building trust and confidence through the cultural competency and 'lived experience' of its staff team	Explicitly acknowledging and addressing the deep-rooted trauma experienced by this cohort of individuals

In light of the findings from this analysis we offer the following recommendations to Bringing Hope as the lead partner on the project:

- Consider the stages at which the support to address trauma is provided to clients; stream line this process and increase the capacity of this element of the work
- Consider implementing a shared client management system which is accessible by partner organisations to improve client management and information sharing
- Continue to develop relationships with front line staff at partner organisations (particularly CRC and probation staff)

- Consider ways in which the project can capture the outcomes of individuals who disengage with the service, reflecting their ‘readiness to change’.

The Choices Project

The evaluation of the Choices Project has taken place in the context of ongoing restrictions necessitated by the Covid-19 pandemic during its first year of delivery. Covid-19 has disrupted delivery and drawing any clear conclusions regarding the process is therefore problematic. We had also intended to triangulate the findings with the impact analysis, but lack of access to available data sets has meant this has not been possible.

The analysis of the qualitative data identified six core themes, detailed in the full report.

The project has demonstrated benefits in:

Benefits		
Providing one to one mentoring support to young people based on identified needs and risk	Providing support to the parents/family members of young people involved in youth violence	Addressing immediate and longer term needs, with a focus on changing attitudes and behaviours.

Findings from detailed qualitative analysis identify the following as key to the Choices Project success:

Critical Success factors	
Using community intelligence and cultural competence to identify an individual's levels of risk and protective factors	Building trust over time through a consistent relationship and through the cultural competency and ‘lived experience’ of its staff team

In light of the findings from this analysis we offer the following recommendations to Phoenix United as the lead partner on the project:

- Consider how the project can be more effectively embedded with the youth offending service to encourage more joined up working and sharing of information
- Continue to develop relationships with front line staff at partner organisations
- Ensure that relationships with young people are consistent and that mentors continue to be reliable
- Consider ways in which the project can capture the outcomes of individuals who disengage with the service early, in order to capture small shifts in attitudes and behaviours

Cross-Cutting Themes from Resettlement Projects

Cross-cutting themes of particular relevance when considering approaches to addressing youth violence and gang activity and resettlement support emerged from the findings. These are summarised in the table below:

Theme	Brief Description
Community Intelligence	Community intelligence is important in being able to understand the risks faced by service users, to assess fully where the service user is in relation to their journey to desistance and their readiness to change; supporting the notion that services delivered by local community-based organisations can bring added-value to delivery.
Cultural competency and lived experience	Effective engagement with clients is founded on high levels of cultural competency of staff, and in particular the 'lived experience' of workers. (NB. Whilst there is evidence that these factors support engagement, the extent to which this leads to longer term positive outcomes is less clear) Understanding of the sub-cultures and ability to 'speak to the same language' helps to build trust and confidence with service users. Individuals with lived experience also model change.
Readiness to change	Most clients are deeply entrenched in criminal activity and are at the beginning of their journey towards desistance. The age of clients, and how deeply entrenched they are has a bearing on how well, and for how long, they engage with services; success will be relative to this starting position. High drop-out rates should be anticipated, and a non-linear disengagement and re-engagement an expected part of journey. A 12-week package of support is not sufficient to address the entrenched nature of the clients' involvement in violence.

Types of support	<p>Support provided can be broadly categorised as:</p> <ul style="list-style-type: none"> • initially addressing immediate need • offering a range of activities that increase focus and direction that sustain engagement • move on opportunities • ongoing mentoring support <p>This is not a linear model, and support is tailored to the individual; mentoring approach is adopted across all support types.</p>
Trauma	<p>One provider offers support that explicitly addresses the trauma experienced by individuals. This was found to be particularly important from the perspective of both clients and referral partners. However, there is little research evidence to support the underlying approach (NLP) so review and evaluation of impact is needed to understand both the short and longer-term impact</p>
Family Involvement	<p>The importance of involving the wider family was highlighted. This may include mediation or working with family members in specific ways and offering a supportive ‘ear’</p>
Partnership Work	<p>Importance of strong partnerships and working relationships, in particular statutory partners. This can significantly enhance delivery and requires early involvement in service design in order to reduce risk of duplication, services that do not meet identified gaps and reduced coordination/communication. A challenge for partnership work is limitations on sharing information and shared access to client management systems.</p>
Covid-19	<p>The impact of the Covid-19 pandemic on the delivery of the resettlement services has been profound particularly on trust-building, which relies heavily on face to face interaction. Similarly, addressing immediate needs has been more challenging, as has delivering other engagement activities. Both projects have demonstrated flexibility and agility to respond to need and have relied on mentoring as key tool for engagement.</p>
Monitoring and Data	<p>It was unclear how robustly measurement tools are implemented. Due to the evaluation team being unable to access data from the WM VRU, we were unable to assess ‘distance travelled’ of clients. This would have been helpful in augmenting the findings of the qualitative analysis. There is a challenge as to how projects of this nature capture and evidence the small changes in attitudes and behaviours, and allow for the anticipated high dropout rates for this cohort.</p>

Short term funding	<p>All staff and stakeholders raised concerns about the short-term nature of the funding. The main concern was offering short-term support to young people and young adults runs the risk of compounding feelings of being 'let down' by services. From the perspective of referral partners, the inability to put a plan in place – for example, for future release from prison – for their clients was a real challenge.</p> <p>Realising ambitions to reduce youth violence cannot be achieved within a 12 month time-frame, and the security of longer term funding is required to work towards this.</p>
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Summary and Recommendations

Overall, the evaluation has found that the two Resettlement Projects, Inside Out and Choices, offer unique approaches to engaging with and supporting young people and young adults involved in serious youth violence. Further analysis of outcome data is needed to explore the efficacy of those approaches.

The Covid-19 pandemic has had a significant impact on both projects' ability to deliver the services that were set out in the specifications. Whilst they have demonstrated agility and flexibility in continuing to deliver a level of service, activities have been curtailed.

Due to data sharing restrictions, the evaluation has been unable to draw on detailed monitoring data and therefore commentary on performance has been limited.

Comparison of the two projects has allowed for key themes to be identified that have particular relevance when considering approaches to addressing youth violence and gang activity and resettlement support.

Recommendations for the WMVRU are to:

1. Take into consideration the impact of the Covid-19 pandemic on delivery when assessing whether to re-commission services for the next financial year.
2. Work with providers to ensure that outcome measurements reflect the length of time that is required to effectively work with clients who are deeply entrenched in violent crime.
3. Acknowledge the impact of short term funding on organisations, and on delivery; look to commission services 'in principle' for longer periods of time (pending Home Office funding agreement) to provide greater assurance of continued funding.
4. Ensure that stakeholders are more integral to the design of services in order to ensure local need is met.

5. Ensure Data Sharing Agreement between the Evaluation Team and the WMVRU is finalised in order that performance data can be reviewed alongside qualitative data in future evaluations.

3.3.2 Teachable Moments

Background

The two projects involved in this section of the evaluation are Teachable Moments in A&E and Teachable Moments in Custody. Both are delivered by St Giles Trust as part of a suite of interventions commissioned through the WMVRU.

The Teachable Moments in A&E service aims to support children and young people presenting to Coventry and Wolverhampton hospitals' Accident and Emergency (A&E) Departments and the Major Trauma Centre (MTC) as a result of youth violence, exploitation, gang and/or county line related activities.

The Teachable Moments in Custody service aims to offer timely and tailored support to young people under 25 years old that come into police custody. These young people are affected by criminal activities (e.g., gangs, carrying weapons and violence) during the "reachable moment". St Giles Youth Workers work in partnership with West Midlands Police (WMP) and operate within the existing infrastructure offering practical, emotional, and 1-2-1 mentoring to young people and their families in custody and on release back into the community.

Approach and Methods

The aim of the evaluation was to examine how (and how efficiently) the teachable moment projects have evolved, and the relationship between this and the impact – particularly in light of the restraints placed upon them as a result of the Covid-19 pandemic. This aim was to aid the continued development of the services, and identify any barriers to success.

The evaluation team carried out 14 semi-structured interviews with staff, stakeholders and parents of clients involved in the two projects, as well as a narrative literature review. Two case studies received directly from St Giles were also incorporated.

St Giles Trust: Teachable moments in A&E: Five semi-structured interviews were conducted with project stakeholders, using a topic guide which covered: role of the interviewee; delivery of the project; gains to the client; and outcomes. Participants included a manager from St Giles, A&E Nurse, Police Officer, and two parents of young people who had been involved in the project. Attempts were made to interview young people who had benefited from the project, however none agreed to be interviewed. In order to ensure that young people's perspectives were included, case studies of young people's involvement in the project were sought from St Giles staff.

St Giles Trust: Teachable moments in Custody: Semi-structured interviews were conducted with nine stakeholders by either telephone or video call. Questions focused on understanding the role of interviewee, the delivery process, factors which contributed to successes, challenges faced, and the impact and outcomes achieved by the project. Of the nine interviewees, three were parents of clients, two were involved through the police, two were the St Giles caseworkers themselves, a St Giles manager, and a youth worker within the Horizon team (which focuses on child exploitation)

A narrative literature review was undertaken to address a number of questions about the police custody intervention that cannot be answered through the collection of new empirical data at this point. The literature review sought to explore the following questions:

- How important is the messenger? What impact does having someone with lived experience deliver the messages have on the overall outcomes (i.e. engagement, sustained involvement)
- How important is the timing of the intervention?

The review involved a detailed review of over 40 journal articles and reports centring on teachable moment methodologies, brief interventions, mentoring initiatives and the impact of 'lived experience', police custody environments, and youth violence and its associated risk factors. Several of the sources addressed A&E initiatives, particularly those focusing on teachable moment methodologies and brief interventions. The literature was then used to augment the findings from the interview data.

Key Findings

Findings from detailed qualitative analysis identify the following as key to the Teachable Moments in A&E:

- Multi-agency collaboration and communication
- Building trust and confidence through the cultural competency and 'lived experience' of its staff team and a relational approach
- Taking a whole-family approach

The project has been challenged by low levels of sustained engagement, the availability of support for young people transitioning from child to adult services, and the overall profile of the project in terms of awareness within the hospitals.

Similarly, findings from detailed qualitative analysis identify the following as key to the Teachable Moments in Custody:

- Credibility of the staff team built on their lived experience and cultural competency and contextual awareness
- Offering longer term support, without a pre-determined duration and
- The passion and dedication of the staff team.

The project has faced challenges through the pandemic because of the lack of available 'alternative' opportunities for young people and the difficulties of maintaining a high level of communication with clients and their families.

Combining these findings and augmenting them with the narrative literature review, the key overall findings include:

- The 14 semi-structured interviews carried out with staff, stakeholders and parents involved in the two projects revealed numerous benefits, and some innovative approaches. The benefits mainly revolved around perceived behavioural changes in clients and new multi-agency working relationships. Caseworkers and parents reported seeing changes in the way young people speak and interact with their families and social networks; their willingness to speak about the traumas they have experienced; their desire to return home at night instead of attending house parties; the seriousness with which they attempt school work or consider enrolling at college; and even their attentiveness towards their sleep routine, among other benefits. These changes were usually attributed to the establishment of a relationship between young people and supportive and patient caseworkers/ peer mentors with lived experience.
- The more innovative procedural aspects of the initiatives included the establishment of new working relationships between St Giles caseworkers and NHS staff. This involved the use of NHS computer systems to upload information about interventions on a case-by-case basis, which could be used to link together other social services involved with an injured patient. Nurses, in particular, became more comfortable sharing information with caseworkers as part of this initiative. NHS staff, more broadly, became more aware of the lived experience of young people and the terminology they used by attending joint training sessions with St Giles caseworkers. Separately, within police custody suites, custody officers routinely referred young arrestees to youth workers, and their enhanced awareness of the work of St Giles reportedly led to the swifter release of arrestees (who had agreed to participate in a mentoring programme) on at least one occasion.
- The interviews indicated that the projects ran efficiently and effectively during the pandemic, as judged by the participants, due in no small part to the enthusiasm and relatability of the St Giles caseworkers. There does not seem to be any real variation across stakeholder groups (in terms of perceptions).
- Stakeholders felt generally positive about the initiatives in general, the specific processes between staff and clients, and the processes used to link the relevant agencies in particular. The vetting required to co-locate a caseworker within police custody reportedly took a long period of time, but such experiences are not unusual when going through a vetting process.
- The pandemic affected the types of interactions and recreational activities that caseworkers would ordinarily engage in. Clients in lockdown were required to

remain at home, which wasn't beneficial for their mental health or their motivation to engage in schoolwork or progress to college. However, St Giles reportedly kept processes alive by working with clients virtually and even provided some clients with laptops for use at home.

- Due to awaiting the Data Sharing Agreement (DSA: as noted elsewhere in this report), we were unable to request populated Monthly Performance Reporting (MPR) framework forms populated to carry out data review and analysis. However, following a review of the empty MPR templates, it would appear that to clearly identify teachable moments the forms require some amendments. At present, biographical data (age, gender, criminal history etc.) and intervention data (number of support sessions and types of assistance provided etc.) seem to be counted separately. The forms also seem to count only the number of instances without explaining how the completion or success was reached (and for whom) i.e. what is the threshold that must be passed before a box is ticked (or a zero turned into a one) etc. Tying intervention types to particular people, places and times, would enable examination of the causes and effects at an individual level (or identify potential teachable moments or their potency from case to case).
- The VRU Monitoring Template document connects some biographical data (such as age, gender, ethnicity and reason for referral) with free-text comments that can be made at 3, 6, 9 and 12 month follow-ups. It is not as detailed as the MPR form and we have not seen the types of comments routinely entered by caseworkers. However, if the data entered addresses all of the categories contained in the MPR form, and outlines additional information such as the point in time that particular conversations or assistance took place (e.g conversations about drug use or knife carrying), whether and to what extent a client learned something from a caseworker following particular meetings, and outlined crime/hospital/ self-report data pertaining to violence at 3, 6, 9 and 12 month points, then it may be more conducive to identifying teachable moments (that could then be tested through experimentation). This is a point we wish to examine when the DSA is in place.
- We considered the 2019 Review carried out by JH Consulting. However, we did not find any substantive evidence to support the reachable/teachable moment claim made by JH. The consultants appeared to rely on figures showing a drop in participation from initial contact in hospital (highest point - 32 participants) to ongoing support after 6 weeks (lowest period of engagement - 10 participants) to deduce that initial contact in hospital was therefore a reachable/ teachable moment. It could be argued that this difference says little about teachable moments, and that the authors have possibly conflated the idea of a reachable moment (which is considered to be an opportunity to interact with someone who is otherwise hard to reach) with a teachable moment (which involves behavioural/ cognitive change). It is not clear that the outcomes following hospital contact were more potent than latter engagements. Comparisons could be made with control groups or other

interventions that start, for instance, after hospital A&E. In addition, it is unclear how the JH Review measured some of the 'positive signs', like an improved ability to manage risk (29 participants). What specific thresholds were met, what did they entail, and who did they benefit most (characteristics, risk factors etc.)?

- At a population level, we remain unclear about whether and to what extent various kinds of interventions/ assistance interconnect and produce client outcomes, especially those outcomes related to violence. It is unclear, for example, how 'gang exit' and 'reduced risk of radicalisation' is attempted from a process perspective.
- The narrative emanating from the academic literature is that negative connotations could be associated with external visitors, such as youth workers, in custody settings if they are seen to participate in or acquiesce to the 'pains of police detention'. This may affect the willingness of young people to engage with caseworkers and undermine the reputation of external agencies. It may also become difficult to recruit volunteer caseworkers to operate in this environment.
- It appears unlikely that an opportunity to modify violent behaviours or cognition through a right message - right messenger - right time approach can be capitalised upon at 'first contact' regardless of where that takes place, due largely to the absence of a pre-existing relationship and mutual trust. Rather, teachable moments in A&E and police custody might be better suited to teaching young people about the availability and promise of mentoring initiatives etc. (with behavioural modification occurring later, during an intensive intervention).
- Awareness raising of an intervention, and an invitation to join one, could usefully continue to take place within A&E settings. There is the potential to attract young people, and to enhance inter-agency collaboration between healthcare services and youth workers in the community (the co-location of caseworkers and healthcare staff, and the information sharing between them, was one of the more novel aspects of these initiatives). The same might not apply to the police custody suite due to the negative connotations often associated with adults who operate in that environment (as expressed in the academic literature).
- Cooperation between mentors, custody officers and A&E nurses were key levers facilitating delivery. The smoothness of inter-agency working, facilitated in part by how contactable St Giles reportedly were, indicates that the interventions were relatively effective at realising new forms of multi-agency cooperation.
- The lived experience of the mentors appeared to be a key lever facilitating delivery of the programmes but practical limitations included the long vetting process for police custody, and St Giles caseworkers only working on weekdays.
- The Covid pandemic affected caseworkers in a myriad of ways. For example, the recreational activities that are routinely used for diversion (towards health-promoting activities and positive friendship groups) such as football, rugby, basketball, martial arts and boxing were no longer available. To overcome some of

these issues, caseworkers utilised video calls, text messages, and even provided some clients with laptops.

- Short-term VRU funding issues meant that some caseworkers had already sought out alternative employment. Unstable funding can fuel a view amongst clients that supportive adults will abandon them eventually.

Recommendations

1. To examine teachable moments fully would likely require additional categories of data to be collected, including the duration of meetings, activities undertaken and things addressed in each (using the list of activities) etc. to help identify methods, effects and teachable moments. For example, it would be helpful to know that drug use was discussed in a specific week and in a particular way, and knife carrying addressed at a different time and way etc (measured against longer term self-report and police/ hospital data etc.). Caseworkers could perhaps be asked to comment on whether they could identify teachable moments within each interaction and what they thought it looked like, and to ask clients (at some point) where they think learning took place and why
2. The monthly reporting templates could attempt to measure self-reports of violence in an effort to establish how frequently clients experience or commit violence acts (that don't come to the attention of healthcare or the police) on a daily, weekly or monthly basis, and whether this reduced during particular interventions/ forms of assistance. There is no mention either of knife carrying, and whether this is being addressed. Neither is there an attempt, at least within the monthly reporting form, to record awareness levels or performance of healthcare or police staff partners, and how this affects outcomes. Data of this kind is arguably important in teachable moment methodologies.
3. In order to determine whether police custody or hospital A&E is more likely than any other setting or point in time to be a teachable moment, or to lead to one, and under what particular circumstances, a robust research method would need to draw comparisons. For example, a Randomised Controlled Trial – or method employing similar principles but with practical considerations balanced. As noted above, we reviewed an experiment that was carried out using the police custody participants, whereby offending rates were compared against a matched sample, indicating a reduction in violence among the treatment group. A more advanced design should take account of differing levels of engagement, the techniques used by mentors, external variables, or potential disproportionalities by race or ethnicity etc.
4. The decision-making processes of partner agencies could be clarified and reflected in the monthly reporting template and other documents/ case studies. It should be clear exactly how A&E staff and police custody officers screen people for referral: What thresholds do they use exactly? Who is excluded and why? Is decision-making

potentially biased? These kinds of questions should be asked and answered as a matter of course.

5. A reasonable amount of time needed to complete vetting of St Giles caseworkers should be discussed with police partners and factored into the intervention. The intervention team should avoid reaching a point where it considers reconfiguring an intervention because of vetting issue.
6. In order to make 'first contact' with eligible young people in A&E and police custody settings, caseworkers should ideally be available on weekdays, weekends and weeknights as young people can enter these environments 24-hours a day.
7. Longer and more secure funding streams appear to be needed in order to avoid the possibility of leaving young participants feeling abandoned (by purportedly supportive adults) if funding is suddenly cut. The academic literature indicates that projects can end up doing more harm than good to a young person by enrolling them onto a programme that then fails them. Caseworkers and parents reportedly feared such an eventuality, which is not conducive to trust and confidence-building.
8. The St Giles ethos that caseworkers will never terminally close a case - and instead remain open to the possibility that a young person may reach out for support and present them with an organic teachable moment at some undetermined point in the future - appears to be one of the most novel aspects of these projects. With further evaluation and examination, it could potentially be promoted as best practice nationally and internationally.

4. Place-based level

Full, detailed, methods and findings can be found in the full reports for each element of the evaluation.

4.1 Overview

The place-based evaluation has explored what progress is being made by the pilots towards the VRU outcomes of:

- developing a collaborative, whole-system approach with a clear focus on public health (Public Health England 2019);
- stopping violence by tackling the root causes;
- increasing the aspirations for all young people to ensure that they have the opportunity to succeed and fulfil their potential;
- supporting engaged, compassionate, resilient communities;
- taking a shared approach that nurturing children at every age is appropriate.

In addition, the evaluation has looked at:

- What is the perception of violence and safety in communities and potential solutions?
- What is the level of visibility and understanding of the approach and work of the VRU?
- How the pilots have engaged with local communities and what could be done to engage them more?
- What community assets exist (both formal and informal) that violence reduction can draw upon?
- What are the key levers and barriers in achieving the VRU outcomes?
- How the community assets have changed as a result of the interventions?
- How inequality, deprivation and ethnic diversity relate to the challenges, development and outcomes of the pilots?
- What the impact of Covid-19 and Black Lives Matter has been on the work of the pilots?
- If there are any gaps in existing provision in relation to violence reduction work?
- What the mechanisms are to ensure that local people own and continue to take forward the local pilot projects, with identified success measures?

4.2 Approach and Methods

Our approach has been guided by an understanding of how the VRU's approach to violence reduction takes into account spatial dependence and the usage of social and institutional networks locally. We draw on Samson's (2006) notion of collective efficacy understood as the process of stimulating or transforming social ties among residents in a given neighbourhood to accomplish collective goals. Brunton-Smith, Sturgis and Leckie (2018) highlight that collective efficacy can be perceived as a combination of networks, values and norms (e.g. reciprocity) that enable individuals and communities to become resilient and deal with negative behaviour. Therefore, we have been concerned with developing an assessment of the degree of trust and network building at the local level in order to assess the contextual basis in which the VRU's programme was piloted.

The following areas were chosen to be the case studies for the place-based research- Hillfields in Coventry, Three Estates, Kings Norton in Birmingham and Walsall. These areas were selected because the work of the VRU was well-established in these places in Phase One and each had a different focus (Hillfields with primary, secondary and tertiary preventative interventions, Three Estates with a wide range of youth engagement and Walsall working in two educational establishments). It was agreed with the VRU that some exploratory work would also be undertaken in Dudley, where the pilot commenced during Phase Two.

Consultation took place with the Community Navigator for each area to agree a bespoke approach, based on the general qualitative framework developed by the place-based team. This included up to 15 in-depth interviews (with key stakeholders who are significant actors in the local community and/or members of the steering group, provider organisations delivering the VRU pilots and local residents and users of services) and ethnographic studies including the observations and informal conversations as detailed above. The research also draws on the expertise of the community navigators in each selected area.

The interviews explored areas including:

- the interviewee's organisation and role and their involvement with the work of the VRU
- the features and characteristics of the area, important for understanding violence and its reduction and impacting on the pilot
- perceptions of safety in the area
- understanding of the work of the West Midlands VRU including the main aims, objectives, activities and outputs
- how the local pilots have tried to bring about change
- the key levers and challenges to achieving the VRU outcomes
- engagement with local communities
- local community assets

- how the success of the VRU can be measured
- how the sustainability of the work can be ensured
- what can be done to prevent young people getting involved in knife crime

The pilots were underway at the time mass protests were taking place following the death of George Floyd in the US. It was agreed that it was appropriate to explore the responses of the pilots to the events of the summer of 2020 and the call for change from Black Lives Matter. It was also important to explore the impact of Covid-19 on each of the pilots.

Evaluation Process in the Pilot Areas

- Hillfields, Coventry

14 interviews were undertaken with a range of stakeholders, including a representative from a local radio station, a journalist who has explored the views of local residents and businesses, the police, youth violence prevention services, providers including family and community services, early years provision, organisations supporting young people at risk of criminal exploitation and refugees and asylum seekers, local residents and the Community Navigator.

Observations have taken place of five steering group meetings, two ACEs training sessions (which were attended by a number of local providers), an awareness-raising session for parents on gangs and county-lines and the weekly short films on YouTube during lockdown produced by a service supporting young people at risk of exploitation.

- Three Estates, Kings Norton

11 interviews have been undertaken with the police, community safety, a housing provider, providers of support for young people, local residents and the Community Navigator. Observations have taken place of seven steering group meetings, one ACEs Awareness and one Trauma-Informed Practice training (attended by a number of local stakeholders including providers, community safety, youth services, the police and faith organisations) and a residents' meeting.

- Walsall

Eleven interviews have been undertaken with training providers, community safety, voluntary organisations focused on youth violence prevention and supporting the victims of criminal and sexual exploitation and domestic abuse, a secondary school and tertiary college, students and local residents and, in the absence of a Community Navigator, the VRU Locality Manager. In addition, informal discussions were held with two young people who are part of the local youth forum and two youth forum meetings were observed when the topics were youth violence and mental health issues. Although the number of interviews completed in Walsall was fewer than undertaken in the two pilot areas described above,

which span a wider range of provision, experience and expertise, the pilot in Walsall had a more specific focus, so some conclusions can be still drawn from our research.

- Dudley

Ten interviews have been undertaken with a range of stakeholders and providers, including the local authority, a school, providers of support for young people at risk of CCE and CSE, community safety, local residents and the Community Navigator. Observations have taken place of seven steering group meetings and nine training and parent awareness sessions (Modern Slavery, Raising Parental Awareness of Child Exploitation and Youth Violence – The Impact of School Exclusions, Exploitation and Grooming, Gangs and Carrying Weapons, Your Rights and the Law, The Dangers of Social Media, Community Member Domestic Abuse Training, ACEs Awareness and Trauma-Informed Practice).

4.3 Findings

The full, detailed report contains findings concerning each of the four areas, under the following headings:

- Perceptions of the Area
- Perceptions of Violence and Safety
- Community Assets
- The VRU Work in the Area
- Progress towards the VRU Outcomes
 - *The VRU Approach*
 - *The Stakeholder Network*
 - *Commissioning Processes*
 - *Interventions*
 - *Community Engagement*
 - *Training*

The full detailed report also contains overall findings, drawing together findings from each of the four areas.

The subsections below detail the key conclusions from the evidence presented in relation to each of the pilots, setting out the overall findings from the analysis.

- Outcomes

The VRU pilot projects have taken place at a time of unprecedented challenges, with the pandemic impacting significantly on the ability of the projects to deliver the services that had been commissioned. Whilst they proved to be highly adaptable, they nevertheless were unable to deliver in the ways that had been planned. Some services had to operate virtually; others were delayed whilst some could not take place at all. In addition, it has not been

possible for the pilots to engage with their local communities in ways they would have wished to. The pilots need a longer period of time to be able to implement the original proposals.

The nature of the interventions are such, that the outcomes may not be evidenced for a significant period of time. Early years intervention aimed at developing children's protective behaviours, for example, may result in an increase in the identification of safeguarding concerns, however, it will be a number of years before it is clear whether a child is better able to keep themselves safe. Appropriate outcome measures need to be introduced to better reflect the nature of the challenges and the interventions being implemented.

- Community Navigators

The key role of the Community Navigators was widely accepted across the pilots. They were integral to developing the stakeholder networks, identifying gaps in provision, encouraging collaboration and identifying creative solutions to address the needs. However, the nature of the task requires longer-term input rather than a short-term piece of work. The Community Navigators are an extremely skilled and experienced group of people, however, it is questionable whether it is possible to establish a sustainable model of service delivery of this nature within such a short timeframe. The short-term nature of their contracts could lead to the loss of very competent individuals and there is a danger that this will have an impact on the success of the VRU work in the area going forward.

- The Commissioning Process

As stated above, concerns were expressed in most areas about the commissioning processes. Timescales were short for submitting proposals and providers did not feel that they had the opportunity to develop their own solutions to meet the required needs. As a consequence some services that were commissioned could not fully meet the requirements whilst other more appropriate models of service delivery were not considered.

- Longer-term Strategy

It was clear in all of the areas that whilst the pilots appear to be having a short-term impact, a longer-term local strategy was required with residents, stakeholders and providers coming together to set local priorities that meet over-riding strategic objectives. In each area there is a significant level of trauma that needs to be addressed and consideration needs to be given to tackling this, not just at an individual level but also at a community level. There is a limit to what could be achieved or evidenced within the timeframe of the pilots. Longer-term investment is required in a range of provision to enable sustainable change to be implemented. There also needs to be strategic leadership. The one area that had a specific lead for youth violence prevention was clearly benefiting from this approach with the opportunity to broker relationships and navigate complex organisational structures.

- Training

All of the pilot areas had introduced ACEs awareness and trauma-informed practice training. Feedback from a wide range of providers and stakeholders was very positive. It is too early to say the extent to which this approach will impact on the practices and culture within organisations; however, there appeared to be a real commitment from professionals to reflect on their policies and practices. It appeared that introducing ACEs awareness and trauma-informed practices training within schools, colleges, the police, health and social care staff and other providers could have a significant impact. The tertiary college, for example, that implemented this training, along with targeted mentoring and support, succeeded in keeping 30 students within the education system that would have previously been excluded because of their 'risky behaviours', preventing them from becoming more at risk of criminal exploitation.

- Developing a Counter-narrative

Serious incidents receive significant media attention as well as wide dissemination on social media, contributing to the portrayal of the four pilot areas as dangerous places. Individuals in the areas feel strongly that a counter-narrative needs to be promoted, that presents young people in a more positive light, encourages people to feel safer in their local communities and enables young people to reclaim the areas where they live. This includes trying to improve the environment so that local people can take more pride and enjoyment in this. The experience of #OurHillfields demonstrated the value of such an approach.

- A Chain/Menu of Provision

Hillfields was the one area that had a chain or menu of provision from early years through to adulthood. It was clear that each area would benefit from such an approach, being able to provide support services from pre-natal and early years through to young adults, with parental support available at every stage. However, it is recognised that limited resources will require each place to decide its local priorities based on the nature of the local community and the main causes of historical trauma, including levels of domestic violence. The success of individual projects will inevitably be impacted by the skills, experience and expertise of both the individuals and organisations delivering the services as well as the actual approaches used. The services that were particularly valued by local residents, providers and stakeholders included the following:

- Early years intervention
- Counselling and mentoring
- Diversionary Activities and Youth Engagement
- Safe Spaces

- Awareness raising with parents, young people, local communities and professionals, including child criminal exploitation, child sexual exploitation, ACEs Awareness and trauma-informed practice.
- Support for Parents
- Engaging Local Educational Establishments

It is vital that the local stakeholder groups are able to engage local educational establishments. Preventing young people from being excluded from school or college was seen as absolutely critical. Introducing ACEs Awareness and trauma-informed practice training for all staff and targeted mentoring for identified pupils and students was recognised as essential to prevent young people being on the street during the day and vulnerable to criminal exploitation. The transition to secondary schools in years 6-7 is a particularly critical period when youngsters may be exposed to older children, negative influences, a different physical space and a different journey to school. Specific support needs to be provided to enable this to be a smooth process.

- Lived Experience

Across the pilots the voice of people with lived experience was considered to be very powerful, particularly in getting messages across to young people. Once young people are involved in gangs and criminal activity the most effective approach is likely to be engagement with individuals with lived experience of being a gang member, spending time in prison, being the perpetrator or the victim of knife crime and being involved in county lines.

There was widespread recognition of the value of lived experience in the delivery of programmes, for example, through sessions on knife-awareness delivered in schools and the delivery of mentoring by former gang members.

- Safe Spaces

All areas need safe indoor and outdoor spaces that young people can go to out of school hours, where they can be themselves and find their own means of expression. In some areas buildings that were previously used by youth services or the local community have been closed down and it was felt that these could be re-opened and managed by local community groups and organisations. In others it was felt that organisations could be more accommodating in offering their facilities for use by local community groups and providers. Outdoor and indoor sports facilities are in particular short supply. It was felt that schools should be more willing to offer their facilities out of hours to local providers. The VRU could play a part in brokering these arrangements.

- The Development of Trauma-Informed Communities

Parents and all staff working in nurseries, primary and secondary schools, health services, social care and the police should be offered ACEs awareness and trauma-informed practice training. The aim should be to develop trauma-informed communities.

- Raising Awareness of Parents and Professionals

Raising the awareness of parents and professionals in a wide range of subjects was seen as important, including county lines, digital media, gang culture and violence, Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE). It was felt that many parents are unaware of the nature of the activities that their children are involved in. Parents need to be given the tools and strategies to help them respond appropriately and to know where they can turn for support. Feedback from parents attending courses was very positive, however, the number of individuals participating was limited. This may in part be due to digital exclusion, but efforts need to be made to explore how the reach can be extended.

- The Provision of More Activities, Support and Mentoring

Many saw the provision of more activities for young people, especially in the evenings as important. Concerns were expressed about how youth work has 'disappeared' in recent years with significant cuts to youth services. There are not enough detached youth workers, youth clubs or grassroots youth work. There needs to be a wide range of diversionary activities so that there is something on offer for everyone including music, rapping, graffiti art, crafts, dance and sports. Free food is always an additional attraction in areas where food poverty is a significant concern. Young people need to have something to look forward to.

Organisations that provide activities are in a stronger position to provide coaching, mentoring and counselling, as relationships have been developed prior to providing more targeted therapeutic one-to-one support. There was considerable recognition of the need for all young people to have somebody who they trust and who they can go to, confide in and seek guidance from.

A number of providers stressed the importance of being available to provide support on an ongoing basis, rather than undertaking a time-limited piece of work with an individual or family and having time to develop relationships.

In view of the fact that some young people gravitate to gangs because they appear to provide a sense of belonging that might not be provided by their family, providers need to be able to try to replace this. Trust only comes over a period of time. It was also felt that young people and families need to be able to access support 24/7 (this is provided by some support providers).

- Introducing a Wide Range of Approaches to Prevent Knife Crime

Knife crime causes particular concerns within communities. In addition to trying to develop young people's protective behaviours and the provision of mentoring and support for those most at risk, local residents were in favour of the following approaches. Knife arches were seen as an important tool in identifying individuals who are carrying knives and preventing them being taken into settings such as schools and colleges, enabling other students to feel safer. However, students are often made aware in advance that these will be put in place or they are brought in following specific incidents in the area. It was felt that they should be used more often, without warning. It was also suggested that there should be incentives/rewards to encourage young people to hand over weapons to the police with more regular amnesties. Awareness sessions on the impact of carrying knives and getting involved with gangs should be provided to children in both primary and secondary schools, from individuals who have suffered from knife crime, both perpetrators who have ended up in prison and victims and the families of victims. It was suggested that these should be provided as part of PHSE, with sessions delivered on a regular basis, with follow-up afterwards to reinforce the message.

- Targeting Key Members of the Local Community

There were a range of views about which groups in local communities could be particularly helpful in getting messages out and helping to implement solutions. Local elders and community leaders were seen as important in areas where there are different ethnic groups. Women are often the carers and nurturers; they communicate with each other and share information. Engaging them is an opportunity to get to the 'heart' of the community. Many people will not come to a meeting, but they might engage in a craft or art session, where they have the chance to chat. The stakeholder network groups have tended to focus on the main providers in the area. However, violence impacts significantly on a range of organisations including shops, businesses and fast-food outlets. One provider described how their organisation had engaged in very effective scoping with 'the night-time economy' in another part of the country helping to establish a strong body of people committed to bring about change. Targeting a wider range of stakeholders could help to identify more appropriate local solutions.

- Focusing on Early Prevention and Building up Resilience

There needs to be a focus on early childhood development, early prevention and building up of resilience. Health visitors can spot early-warning signs. Recognising the importance of the first 1,001 days of a child's life, it was felt that violence reduction work needs to be as early as possible and as universal as possible. Children from a very young age need to be supported in an age-appropriate way to increase their protective behaviours, learning what it means to feel 'safe' and what unsafe looks like so that violence and a sense of trauma do not become normalised. Comparisons were made to the work of the NSPCC (National Society for the Prevention of Cruelty to Children) Pants project. They need to be supported to develop their sense of self-worth and self-esteem. This was recognised by many of the

participants in the evaluation as being critical in addressing the risk of child exploitation, however, it was also recognised that it is difficult to evidence the outcomes of this work because of its long-term nature.

- Targeting those Most at Risk

It was recognised that the police sharing intelligence about those most at risk, including the children and siblings of those in the criminal justice system, with schools and colleges and other key providers is an effective way of ensuring a more targeted approach. The aim has to be to break the cycle and prevent children growing up and going down the same path.

- Providing more Employment Support and Opportunities

There is a belief that some young men feel that they are unable to earn money through employment, so their only option is to engage in criminal gang activity to be able to achieve the things they want. They need to have other ways of fulfilling their ambitions and routes into the job market.

Overall, the evaluation found that the place-based pilots have made good progress towards achieving the VRU outcomes in a short space of time, as one Community Navigator put it *'adapting to the different demographics and character of communities'* whilst facing the unprecedented challenges of Covid-19.

4.4 Recommendations

Recommendations for the WMVRU are to:

1. Consider extending the current place-based pilots:
 - to enable the engagement of a wider network of stakeholders
 - to enable the involvement of local residents in the development of the work
 - to enable the services to develop and deliver the services that were originally commissioned prior to Covid
 - to enable the services more time to evidence whether the outcomes are being achieved
 - to identify the learning that will influence future place-based initiatives.
2. Recognise that the desired outcomes are long-term and will not be clearly evidenced within the timeframe of the pilots.
3. Consider introducing outcome measures that reflect the challenges of evidencing change that may take some time to achieve.
4. Employ Community Navigators on longer-term contracts which enable them to work in each area over a longer time period to enable them to embed the whole systems approach and develop a sustainable model of service delivery.

5. Develop and implement commissioning processes that enable local areas (residents, providers and stakeholders) to identify their own solutions to meet their own local priorities within the overall outcomes required by the VRU. Achievable timescales to be set for submissions, with decisions made within agreed deadlines and allowing sufficient time for delivery.
6. Recognise the need for a long-term strategy at a local level. Explore options in relation to the identification of a local strategic lead in relation to youth violence prevention and reduction.
7. Consider ways to address the scale of trauma existing in certain communities and ways of developing trauma-informed communities.
8. Consider ways in which a counter-narrative can be developed in communities that are perceived to be unsafe and violent.
9. Encourage local educational establishments, at nursery, primary, secondary and tertiary levels to implement a range of approaches to violence reduction to prevent exclusion including:
 - Training all staff in ACEs awareness and trauma-informed practice
 - Providing mentoring and counselling for those individuals considered to be most at risk
 - Providing safe indoor and outdoor spaces out of school hours
 - Providing support to enable the transition from years 6-7.
10. Recognise the value of lived experience and explore ways of drawing on the experience of individuals in raising awareness and providing targeted mentoring and support.
11. Explore with young people in local areas how to make them feel safer so they do not feel that they have to carry a weapon to protect themselves, including ensuring that there are safe indoor and outdoor spaces.
12. Ensure that members of local communities are more integral to the VRU work in each area.

5. Programme level (VRU)

The aim of this strand of the evaluation was to analyse how the programme level is situated alongside the project level and place level elements and to understand their contribution to the overall VRU objectives. This will help the VRU and its partner agencies across the wider education, employment and health economies to collectively clarify what key questions are being addressed, how they are expressed as deliverables, and how to deliver significant change and impact, and inform future commissioning decision making. The findings and report from this element of the evaluation will contribute to informing a framework that enables the VRU and its stakeholders to develop measurable indicators, define outputs (products and services), monitor processes, and evaluate the differences that community-based interventions are making, and where possible how much change has occurred.

5.1 Overview of approach and methods

The research team undertook semi-structured, qualitative interviews with stakeholders who had been identified by the VRU programme team. Interviewees were selected on the grounds of their role in the VRU either as key partners or as part of the programme delivery team. Whilst the phase 1 interviews were shaped by the emerging impact of COVID-19. In this phase we concentrate on how thinking and action has changed in the intervening period.

The research team completed 17 interviews during January to March 2021. The interviewees were selected by the VRU and are individuals representing broader agencies. The sample was generated by the VRU and shared with the research team in December 2020. It aimed to develop the Phase 1 sample and to reflect the changing personnel at the Programme Level. It also brought in new voices into the overall evaluation. In this sense, the sample was shaped by purposive, criterion sampling (Patton, 1990). The participants were purposively selected on the grounds that they were likely to be able to provide information-rich responses to the organisation of the VRU due to being part of the programme architecture.

The sample was skewed towards participants from organisations directly involved in the Criminal Justice System (e.g West Midlands Police, Office of the Police and Crime Commissioner, Crown Prosecution Service, and the Youth Justice System) or agencies closely who's activities would be closely aligned to a (criminal justice) violence agenda (perpetrators and/or victims). The remainder was made up form organisations involved primarily from Education and Tier 2 public health, diversionary activities. Whilst organisations in the latter group may have had a broader remit, the interviewees were primarily focused on the delivery of diversionary or preventative serious violence reduction interventions.

In December 2020 we were handed the list of suggested interviews by the VRU executive. Many participants had a regional remit e.g (Police, OPCC, CPS, NHS England, NHS Improvement for the Midlands, Midland Sports). The remainder of the sample was more limited in geographical scope.

In February 2021, we were given a second wave of participants to interview. Here we again decided to apply a purposive criterion sample to include participants from a broader array of policy areas and at different strategic levels. The idea was to 'maximize variability' in order 'to discover whether the program succeeds across a whole spectrum of sites' (Weiss 1998) In this sense we also began following the principles of realist sampling (Emmel, 2013), whereby we as evaluators sought to become knowledgeable and familiar with the potential advances and pitfalls of a programme through conversations with front line practitioners and policy makers. We held interviews with at least one representative from all local authority areas with the exception of Dudley. We have taken necessary steps to protect the anonymity and confidentiality of our participants

Our findings have been supplemented from other areas of activity across the evaluation consortium, which have allowed us to build and generate our understanding of the evolution of the VRU in the West Midlands. It was at this juncture we were satisfied that we could start to explain how the VRU programme was working and for whom and in what contexts. It is important to stress that in the research process we, as researchers, have adopted a teacher-learner role and the research act is typified by teacher-learner cycle (Pawson, 1996; Manzano, 2016). In this sense our interviews were iterative as we incorporated emerging learning into our discussions as the research progressed. The aim was for increasing (but not total) clarity on the administration of the programme, which we achieved through combining data from other sources on the subtleties and intricacies of the natural setting (Emmel, 2013). In our case, this primarily entailed cross-referencing the findings of earlier phases and from the emerging findings of the broader evaluation of which this report is one component.

5.2 Summary of findings

Three key overlapping and interlinked key areas were identified and are detailed in the full report:

1. Contextual Challenge
2. Vision & Purpose
3. Communication

The establishment of the Violence Reduction Unit in the West Midlands has coincided with the Covid-19 pandemic. The scale of the challenge, which was significant in the first instance, has been magnified by the current context. Nonetheless, there was a sense from our research that significant strides have been made in coordinating a response to violence

across the region. As we have seen, this is an achievement in itself bearing in mind the variations in the delivery landscape across the different Local Authority areas.

Although there is a clearer landscape, there is also an overarching sense that the terrain has yet to be fully mapped and that a lot of the blockages to action stem from the limitations in the VRU's communication with its key stakeholders. Although positive steps have been taken in the design, development and dissemination of the Theory of Change, as a prime example, there is work to be done around its communication and operationalisation. Frequently participants would comment that they lacked knowledge or understanding of how the VRU made decisions. It was evident that *trust* was fundamental here. Some participants clearly articulated their feelings that the appropriate systems were in place or relevant approaches to violence reduction had been adopted. Others, however, highlighted areas where being in receipt of more information would have been beneficial and that the VRU could usefully improve its communications. This was particularly the case in the commissioning process.

There was a broadly held view that the VRU had provided solid leadership in enabling partners to navigate some of the challenges that they encountered around delivery of contracted services. They had done this in the context of the pandemic and taken the opportunity to engage with groups in different ways as a result. Although operationally momentum has been maintained, albeit in different ways, the communicating the vision has, however, been beset with difficulty. There is for example an issue of whether approaches should be top down or bottom up that has yet to be resolved.

Many of the communication issues, we contend, are due to the complexity of system, but also the absence of a concerted mapping exercise of its size and shape. This frequently resulted in uncertainty amongst the stakeholders as to whether the VRU have got the right people around the table. Those that are around the table are on balance appreciative of the support, but they are also aware that support is precarious as it relies on short-term funding arrangements.

This brings us to what is arguably the most significant tension. There is need to move away from short term funding, both of the VRU and the services they commission, ensure that there was adequate space to develop an evidence base and avoid a 'hit and miss' approach to commissioning. But the challenge is greater than this. Our participants often spoke of the need for a re-orienting or reframing of the way that violence is considered. There is a sense that violence reduction has been the preserve of the criminal justice agencies and the receipt of funding has been a product of a policy window opening, usually as a consequence of a high-profile incident or series of incidences. Instead, the challenge for the VRU is to recalibrate and to see violence and its reduction as a foundational or ontological issue. Violence is an enduring feature of society and so violence reduction should be an enduring function. The challenge is then not what can be done in the lifespan of the VRU, but how can change be embedded throughout the region on a permanent basis. Strides have been

taken in this monumental task, some have been wrong turns and some retracing steps, but gradually things are moving forward.

5.3 Recommendations

1. Continue to seek ways to address apparent tension between the long-term ambitions of the VRU and the short-term nature of funding. This could include:
 - Influencing Up: Using evidence from the evaluation to provide a rationale to the Home Office for longer-term settlements.
 - Influencing Down: Adopting creative, collaborative and flexible ways to enable providers to work to delivery outcomes within the constraints of the funding model.
 - Consider whether commissioning services 'in principle' for longer periods would provide greater assurance to providers.
2. Undertake a mapping exercise of the whole system. This should reflect both local and regional landscapes to enable agencies to locate themselves and partners within the system, and identify opportunities for collaboration and sharing of good practice.
3. Synthesise the existing knowledge base and local learning in order to establish a clearer picture of:
 - a) the nature of role that private sector can and should play within the violence reduction agenda
 - b) the levers available to promote engagement
4. Take into consideration the impact of the Covid-19 pandemic on delivery when assessing whether to re-commission services for financial year 2021 – 2022.
5. Work with partners to keep understandings of the nature of violence/violence related activity under review as the region moves out of lockdown.
6. Explore interventions that offer preventative education or services focused on the effects of violence during pregnancy and early in the life course, including encouraging educational establishments - at nursery, primary, secondary and tertiary levels - to implement a range of approaches to preventing youth violence before it begins.
7. Revisit outcomes/outputs within the Theory of Change to ensure that these are clear and measurable.
8. Formulate a strategy for communicating the Theory of Change.

6. Overall recommendations

This report has detailed findings from:

1. The Project (intervention) level:
 - evaluation of the commissioned projects and interventions: outcomes mapping
 - detailed process evaluations, and literature review
2. The Place level: in-depth evaluations of four place-based pilots
3. Brief, emerging findings from the Programme (VRU) level

This overarching report is supplemented by detailed reports from each element of the evaluation. Note that there are limitations to the conclusions that can be drawn here while we await the data to inform the detailed Project-level report. An updated versions of this overall evaluation report will be produced to include those findings.

The WM-VRU has achieved a substantial amount in a relatively short period of time, mobilising a range of activity and working towards a shared understanding and approach. The evaluation has highlight that activity has been commissioned that is likely to support the WMVRU in achieving its outcomes. The activity and response to the Covid-19 pandemic should be commended, although monitoring and evaluation will need to consider whether interventions are effective in changed circumstances. Elements of the Place-based pilots in particular demonstrate excellent practice. The evaluation has led to number of strategic and practical recommendations to support the on-going development of the WM-VRU and ensure robust evidence of any impact.

For the WM-VRU: strategy and approach

1. Continue to seek ways to address apparent tension between **the long-term ambitions of the VRU and the short-term nature of funding**. This could include:
 - Influencing Up: Using evidence from the evaluation to provide a rationale to the Home Office for longer-term settlements.
 - Influencing Down: Adopting creative, collaborative and flexible ways to enable providers to work to delivery outcomes within the constraints of the funding model.
 - Consider whether commissioning services ‘in principle’ for longer periods would provide greater assurance to providers.
2. Consider how best to **continue to build in stakeholders voices** as an integral part of the design of strategies and services, in order to ensure local need is met
3. As we move out of the immediate crisis period of the pandemic, and projects are delivering what they intended to, commissioning decisions should be informed by

the **interventions and outcomes maps** developed by the evaluation team as an aid to reviewing gaps and priorities

4. Take into consideration **the impact of the Covid-19 pandemic** on delivery when assessing whether to re-commission services for financial year 2021 - 2022
5. Disseminate the findings of the evaluation and **support providers and stakeholders in responding to recommendations**
6. Revisit the outcomes/outputs within the **Theory of Change** to ensure that these are clear and measurable, and formulate a strategy for communicating the Theory of Change.
7. Undertake a **mapping exercise of the whole system**. This should reflect both local and regional landscapes to enable agencies to locate themselves and partners within the system, and identify opportunities for collaboration and sharing of good practice.
8. Synthesise the existing **knowledge base and local learning** in order to establish a clearer picture of:
 - a) the nature of role that private sector can and should play within the violence reduction agenda
 - b) the levers available to promote engagement

For the WM-VRU: delivery

9. Build upon the **trauma informed** work across all elements of delivery at an individual and community level
10. Explore interventions that offer **preventative education** or services focused on the effects of violence during pregnancy and early in the life course, including encouraging educational establishments - at nursery, primary, secondary and tertiary levels - to implement a range of approaches to preventing youth violence before it begins
11. Consider **extending the current place-based pilots** as detailed in this report and share the learning that will influence future place-based initiatives
12. Employ more **Community Navigators** on longer-term contracts, explore local strategic leads in relation to youth violence prevention, and support the development of a **long-term strategy** at a local level
13. Consider ways in which community assets can be harnessed to co-design **counter-narratives** in communities that are perceived to be unsafe and violent
14. Recognise the **value of lived experience and relational approaches** in addressing youth violence and explore ways of drawing on the experience of individuals in raising awareness and providing targeted support. Continue to monitor and measure the impact of this on longer-term outcomes beyond engagement

For the WM-VRU: monitoring and evidencing impact

15. Ensure that the detailed findings and recommendations for the Place-based pilots and Process Evaluations are **shared with coordinators, navigators, and providers and that progress is monitored** to build on the positive work to date
16. Continue to **use the checklist provided** in the evaluation Phase 1 Workstream 3 report to help assess existing and future intervention proposals to ensure the interventions are in line with the overall strategic objectives and can provide the desired outcomes
17. Ensure information and **data needed to understand impact is delivered in a timely way to the evaluation team**
18. Ensure interventions are **evidence based** (Note, for example, the literature in Appendix A of the Project Evaluation Interventions report) and that where delivery changes that this evidence base is not undermined
19. Note the **value of the detailed literature review and process evaluation** of the Teachable Moments projects, which should inform future impact data collection approaches
20. Follow up with the Place-based Pilots to ensure an **understanding of the monitoring data forms and the ability to collect the required information** to evidence progress towards WMVRU objectives for reducing violence
21. Closely monitor the intervention delivery of the Place-based Pilots to ensure efficacy of the intervention and delivery and to **track indicators of positive change in these communities**
22. Recognise that the desired outcomes for place-based activity and some interventions are long-term and will not be clearly evidenced within the timeframe of the pilots. For example, commissioning 12 week interventions and attaching KPIs around longer-term violence reduction should be avoided. Support the evaluation team to work with providers to ensure that **outcome measurements reflect the length of time** that is required to effectively work with clients who are deeply entrenched in violent crime

For the Office of the West Midlands Police and Crime Commissioner

23. Ensure the **data sharing agreements is signed off** and reviewed periodically. Ensure Data Sharing Agreement between the Evaluation Team and the WMVRU is finalised in order that performance data can be reviewed alongside qualitative data in future evaluations.

For the Home Office

24. To move towards a longer-term **funding position** for the WM-VRU in order to minimise risk associated with short-term funding and help address apparent tensions between the long-term ambitions of the WM-VRU and the current short-term funding model
25. Acknowledge the **successes achieved by the WMVRU** and good practice highlighted in this evaluation report
26. Review the approach taken in this evaluation as an **example of good practice** in evidencing outcomes and impact at the project, place, and VRU programme level
27. Consider **incorporating the commissioning evidence checklist** (see Phase 1 Workstream 3 report: 'Assessing Intervention Fit With Strategic Outcomes) into general documentation provided to all VRUs
28. Consider a national roll out of the **data capture platform** developed for the evaluation and monitoring needs of the WM-VRU

Appendix A

Intervention Map indicating strong foundations, points of intervention, as well as individual and community benefits by intervention type (Desistence, Early intervention, and Prevention).

Project Information		Strong Foundations						Primary Point of Intervention						Individual Benefits				Community Benefits			
Intervention Type	Programme	Evidence-based Intervention	Trauma/ ACEs Informed	Provides Individualised Support	Targets At-Risk or Vulnerable populations	Promotes NEETs/ Development	Pregnancy	Early Years	Primary School	Secondary School	College/ NEETS	Criminal Justice System	Community/ Professionals	Improved Physical Health	Improved Mental Health/ Self-Esteem	Education/ Employment Stability	Social & Individual Stability	Community Engagement	Reduction in Non-domestic Homicides	Reduction in Domestic Violence	Reduction in Sharp Object Wounds to A&E
Prevention	ACEs																				
	Mentors in Violence Prevention																				
	Three Estates Place Based																				
	Hillfields, Coventry																				
	Walsall Place-based																				
	Lozells, Birmingham																				
Wolverhampton																					
Early Intervention	Sport																				
	IRIS																				
	TM Hospital BWCH *																				
	TM Hospital (St. Giles) *																				
Desistence	Reachable moment in Custody																				
	Resettlement (Coventry) *																				
	Resettlement (Wolverhampton) *																				
	Resettlement (Birmingham Young Adults) *																				
	Resettlement (Birmingham Young People) *																				
Therapeutic	Some of the Interventions have a therapeutic element to them that is delivered as part of the commissioned intervention or offered through other supports. Interventions that contribute to the therapeutic element are denoted with an asterisk (*)																				

Appendix A

The Intervention Monitoring Data and Outcome Map indicates that most of the interventions are well situated to work towards the objectives of the WMVRU.

Project Information		Standard Monitoring Data											WMVRU Approach & Outcomes						
Intervention Type	Programme	Referral Route	Demographic Information	Risk/Protective Factors Assessment	Reason for Referral	Needs Assessment	Health Needs Identified	Mental health needs considered	Progression Tracking	Recidivism/Contact with CJS	Reason for Case Closure	User Feedback Sought	Follow-up with Service User	Strengthening communities	Addresses Root Causes of Violence	Stop Progression of Violence	Rehabilitate/provide alternatives	Prevent further violence for those in CJS	Data and Intelligence gathering
Prevention	ACEs																		
	Mentors in Violence Prevention																		
	Three Estates Place Based	Data unavailable to make accurate assessment																	
	Hillfields, Coventry	Data unavailable to make accurate assessment																	
	Walsall Place-based Lozells, Birmingham Wolverhampton	Data unavailable to make accurate assessment																	
Early intervention	Sport																		
	IRIS																		
	TM Hospital BWCH																		
	TM Hospital (St. Giles)																		
Desistance	Reachable moment in Custody																		
	Resettlement (Coventry)																		
	Resettlement (Wolverhampton)																		
	Resettlement (Birmingham Young Adults)																		
	Resettlement (Birmingham Young People)																		

Note: Grey indicates the item is not applicable to the intervention. White indicates applicable, but no evidence provided to support activity.