# West Midlands Violence Reduction Unit Evaluation

## The Project Level Evaluation: Commissioned Interventions and Place-based Pilots

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THE UNIVERSITY OF OPPORTUNITY

## Contents

# 1. Introduction

The WMVRU has identified several outcomes they seek to achieve through the interventions they have commissioned between 2019 and 2020. 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 Region of England (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 portion of the larger 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

Whilst most of the previous focus for this portion of the evaluation has been on the individual interventions, this final report will address the WMVRU's ability to use the interventions and associated monitoring data to achieve their goals. This will be 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.

# 2. Evaluation Activities, Methodology, and Findings

## 2.1 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; McKibbon, 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 A).

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 desistence. 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 objectives[1].

## 2.2 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 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

[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.

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). 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). These forms are intended to collect pertinent information about the performance of each individual project.

Whilst 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 Appendix D).

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). 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 pervious 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.

## 2.3 Monitoring Data Recommendations

Before the new monitoring forms were released to the intervention providers efforts were made to ensure they synced up with the activities being conducted within the individual interventions. This was achieved through meetings with the VRU project leaders and the intervention leaders. These meetings allowed the evaluation team to fully understand the intervention and its data collection processes of each intervention. This information was then used to provide recommendations for collecting the new required monitoring data with minimal disruption to the current processes. Any gaps in data collection were identified and addressed within the meeting. Each provider received verbal recommendations for collecting and reporting their monitoring data. Intervention providers were also given recommendations for collecting data that suited their individual needs. These meetings were also a fact-finding endeavour that allowed the evaluation team and the WMVRU Performance Analyst to discover sources of potential monitoring data that had not been previously considered and to amend the new forms as appropriate.

The recommendations made for each intervention provider is presented in the table provided (see Table 1). It is important to note that these recommendations were made only to ensure the information being collected by the interventions was in line with the data that the WMVRU wanted to collect to evidence progress towards their violence reduction objectives. Many of the commissioned interventions are established service providers with a set process for collecting data, and we did not want to disrupt their practices or suggest that they were doing things incorrectly. However, it was important that the intervention providers were aware that being funded by the WMVRU meant that certain monitoring activities were required to demonstrate outputs towards the established violence reduction outcomes.

It was also observed during these meetings that not all interventions had considered collecting certain types of information from their service users. For example, there seemed to be an overall deficit in follow-up activities with service users, as well as inadequate tracking of service outcomes for the users. There were also gaps in some of the referral and demographic information being collected by the interventions that needed to be addressed. Once all the deficits were identified and the recommendations were made, each intervention provided confirmation that the recommendations had been implemented.

## 2.4 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. Table 2 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.

## 2.5 Interpreting the Intervention Map and WMVRU Recommendations

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 table. Most of the interventions are delivered by well-established service providers delivering an established programme, therefore, the table 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. Due to delays in some of the pilots delivering their interventions, these providers were not included in the activities conducted as part of this area of the evaluation. However, using information collected from other parts of the larger evaluation, the place-based pilots that had information available were included in the outcome mapping table. 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).

Despite their tenure with service delivery, each service provider proposed their intervention prior to commissioning. 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.

**Table 1**

*Recommendations made by the evaluation team to the intervention providers and project leaders for collecting monitoring data.*

| Intervention Provider | Recommendation | Implementation |
|---|---|---|
| ACEs | 1. Create mechanisms to collect service user information beyond basic demographics<br>2. Collect feedback from service users<br>3. Identify Key Performance Indicators | Created demographic questionnaire<br>Feedback form created |
| Street Games – Sport & Mentors in Sport | 1. Ensure service user demographics information is captured wherever possible<br>2. Collect feedback from service users | Monitoring Template<br>Feedback survey already created |
| Mentors in Violence Prevention (MVP) | 1. Create pre/post questionnaires to track application of training to combat violence in schools.<br>2. Collect additional demographic information from students in line with monitoring template | Extensive work was done by the project lead to maintain fidelity to the MVP intervention while creating initiatives that will help develop a needed evidence-base. Now linked to the English school curriculum with evaluation component embedded in the delivery. |
| IRIS | No specific recommendations | Continue with Monitoring Template |
| TM Hospital BWCH | No specific recommendations | Continue with Monitoring Template |
| TM Hospital St. Giles | 1. Capture any family support<br>2. Capture data on service users re-presenting at other hospitals<br>3. Capture the number of service users referred into the community | Unknown |
| RM Custody | 1. Include service users who decline intervention from the outset<br>2. Include phases of engagement (ready, not ready, cannot contact)<br>3. Find a way to communicate the complex needs of the service users in Coventry | Focused evaluation tasks conducted as part of the larger evaluation. |
| Bringing Hope | No specific recommendations | Continue with Monitoring Template |

| | | |
|---|---|---|
| Phoenix United Resettlement | 1. Creation of a pre/post monitoring and feedback questionnaire | Unknown |
| St. Giles Resettlement Project | No specific recommendations | Continue with Monitoring Template |
| Catch 22 Resettlement Service | No specific recommendations | Continue with Monitoring Template |

*Note: The Place-based pilots were not included in these meetings based on advice from and discussion with the WMVRU Data Analyst*

The Intervention Map (see Table 2) lists the commissioned interventions categorised by four types: Prevention, Early Intervention, Desistence, Therapeutic. 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.

### 2.5.1 Prevention

The interventions with a preventative focus appear to be well situated to cover off many of the main mapping categories. When taken as a whole, the interventions highlight that more focus may be needed on interventions that prevent violence during pregnancy and the detrimental effects on the developing foetus (Mezey & Bewley, 1997; Shay-Zapien et al., 2010). There are also some gaps around preventing violence through education and employment stability initiatives. The socioeconomic disadvantages associated with regional violence are well documented (see Markowitz, 2003).

Most of the interventions in this category, however, are place-based pilots that are focused on a specific areas or communities within the West Midlands. This means they are extremely focused, and it may be difficult to evidence wider reach and impact of these initiatives. Conversely, interventions that are focused on high-need areas may also be the most well equipped to evidence progress towards the WMVRU outcomes and objectives. That is, notable positive change that can be measured in specific communities is more likely to provide evidence of efficacy than interventions that serve a larger region or population as it is more difficult to determine what the influencing factors are.

When the place-based interventions are taken as a whole, there are some notable gaps in the evidence-base of these interventions. This is to be expected as they are mainly comprised of community and educational organisations working together to enact change in their areas. It does appear that some of the activities planned to address and prevent violence borrow aspects of evidence-based initiatives (e.g., Sport, MVP, trauma training). Despite the well-intentioned objectives of these initiatives, it is important to ensure they are delivered consistent with the source material to avoid creating an entirely different service that may result in an antitherapeutic experience (Bach-Mortensen et al., 2018).

**Recommendation #1**
Explore interventions that offer preventative education or services focused on the effects of violence during pregnancy and early in the life course.

**Recommendation #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.

### 2.5.2 Early Intervention

Early intervention services address many of the main mapping categories. These interventions exhibit strong foundations and demonstrate the ability to address many of the broad needs of potential service users. When taken together, the interventions also cover the appropriate target demographics from pregnancy to secondary school and include the community and professional training. There is also evidence of a variety of community benefits spread across the four interventions in this category. Despite these indications of good coverage, the WMVRU may want to consider finding ways to create more community engagement within the early intervention category. This could look like more initiatives designed to address the needs of youth at-risk of criminal involvement through violence, and those who have had initial conflict with the law.

There are no specific recommendations for this category; however, there is a notable gap for early intervention withing criminal justice contexts. This is not listed as a recommendation because some of the 'desistence' intervention activities seem to overlap with early intervention - namely the Reachable Moments in Hospital and Teachable Moments in Custody initiatives delivered by St. Giles. These interventions not only engage with young people who have repeated violent interactions and need to cease that activity, but it also provides services to young people experiencing their first violent altercation or are not yet fully entrenched in gang activity or sustained antisocial behaviour.

### 2.5.3 Desistence

The interventions classified as desistence programmes are the most well situated to meet the relevant items in the main mapping category as they cover all relevant mapping outcomes. These initiatives are mainly comprised of prisoner resettlement services situated in the main 'hot spots' of the region (i.e., Wolverhampton, Coventry, and Birmingham). Resettlement programmes have a long track-record within desistence initiatives and come with varied support of an evidence-base (see Maguire & Raynor, 2006). The most significant aspect of resettlement interventions is that when delivered properly, they show progress towards addressing complex criminogenic needs and reduced recidivism (Lewis et al., 2007). However, some may view resettlement interventions as occurring too late in the cycle of violence. That is, the harm has been done and further trauma may have been experienced by the offender while in prison (Armour, 2012). There is evidence that suggests that the more entrenched young people are within the legal system, the less likely they are to abstain from criminal activity (McAra & McVie, 2007); thus, increasing the challenges for a successful desistence intervention.

There are no specific recommendations for this category of intervention; however, these are challenging services to deliver with numerous exit points for the service user. The monitoring data should be tracked carefully for the service users and detailed case notes should be kept by the intervention providers to create a full understanding of the service users' journey to desistence.

### 2.5.4 Therapeutic

There are no commissioned interventions that are classified as primarily therapeutic in nature. Several of the interventions contain aspects of therapeutic elements within the services they deliver. For example, the 'Desistence' interventions provide support for complex needs and signpost or refer the service users to external agencies for additional supports with mental health and behavioural issues. Activities such as sports and some of the artistic endeavours embedded in the Place-based Pilots are also seen as therapeutic in nature (Kemper & Danhauer, 2005).

There are no specific recommendations for this category. The WMVRU is encouraged to continue seeking out interventions with an evidence based therapeutic element.

**Table 2**

*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 | | | | | | | | | | | | | | | | | | | | |
| | Hillifields, 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 (*) | | | | | | | | | | | | | | | | | | | | |

## 2.6 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 Table 3. When interpreting this table 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 monitoring data to be captured. Second, the table 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.

Table 3 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; however, there are no specific concerns in this area. 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.

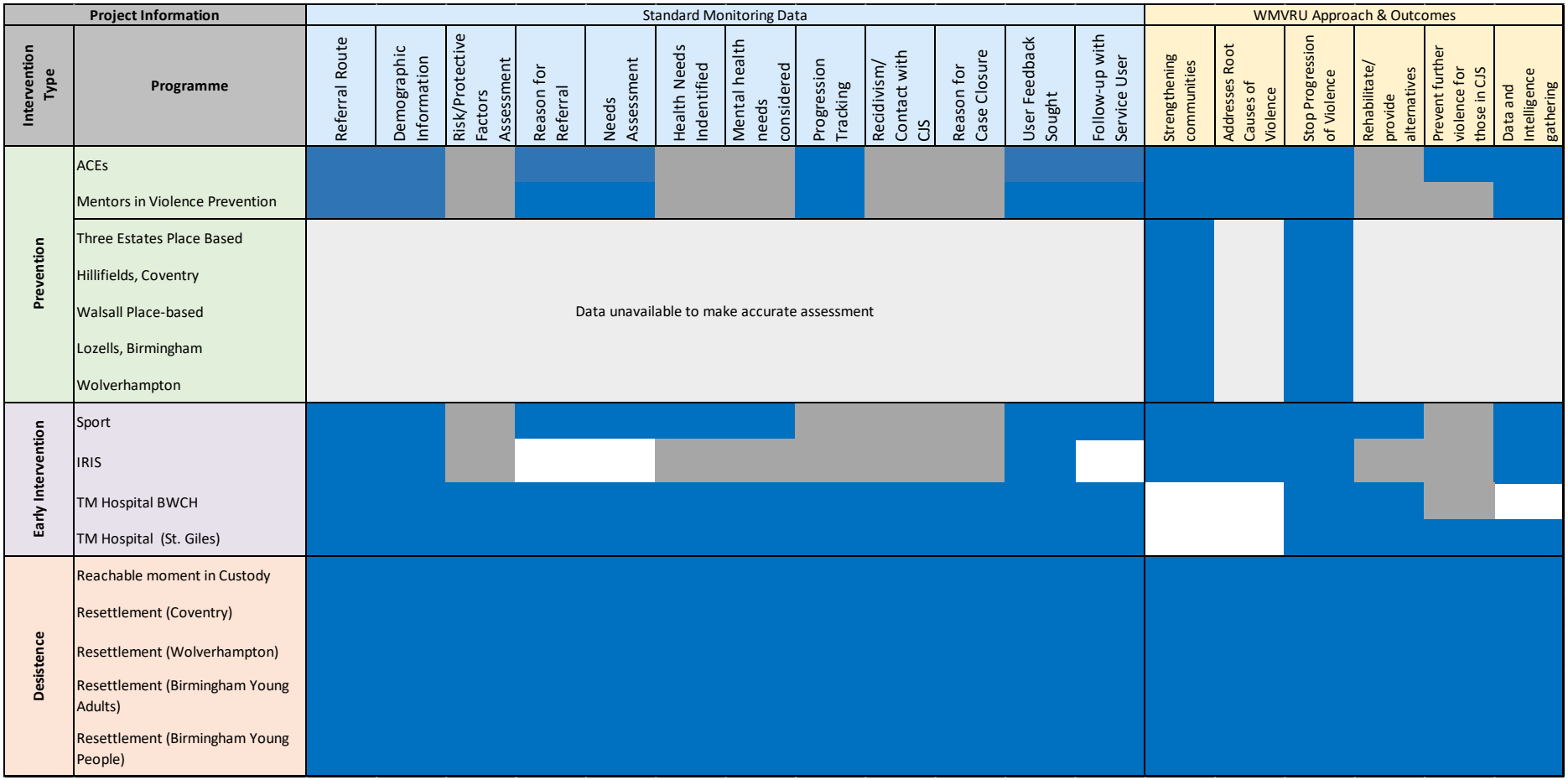
## 2.7 The Impact of COVID-19

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.

**Table 3**

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




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

**Recommendation #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.

**Recommendation #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. Conclusions

This portion 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.

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## Appendix A: Literature Review for Evidence-base

| Intervention Name | Intervention type | Evidence | Literature for support | Notes |
|---|---|---|---|---|
| ACEs/ Trauma Informed Interventions | Trauma informed care | Yes | (Rancine et al, 2019). Opinion<br><br>https://calqic.org/wp-content/uploads/2020/01/Trauma-Informed-Care-as-a-Universal-Precaution-Beyond-the-ACEs-Questionnaire.pdf | - There is currently a debate as to whether the ACEs questionnaire should be administered as routine practice in young people under 18.<br>- Identifying and addressing ACEs can lead to support that may promote resilience<br>- There is limited evidence of effectiveness as a universal "screening tool"<br>- Practitioners should adopt a trauma-informed approach to patient are, which extends beyond the use of the ACEs questionnaire. |
| | ACEs Enquiry | Inconclusive | (Ford et al., 2019). Scoping Review<br><br>https://www.sciencedirect.com/science/article/pii/S014521341930095X | Limited literature was found providing evidence for outcomes. No studies examined impacts on service user health or service utilization. Few studies explored feasibility or acceptability to inform the application of routine ACE enquiry. The implementation of routine ACE enquiry therefore needs careful consideration. Focus should remain on evaluating developing models of ACE enquiry to advance understanding of its impact. |
| | CBT | Yes | (Lorenc et al, 2020). Meta-analysis<br><br>https://doi.org/10.1186/s12889-020-08789-0 | Seven reviews investigated Cognitive Behavioural Therapy for a range of ACE populations. The most substantive results come from Macdonald et al.'s review, which found that CBT improved mental health outcomes for people who had experienced abuse or neglect. |
| | Psychoeducation | Mixed | (Lorenc et al, 2020). Meta-analysis<br><br>https://doi.org/10.1186/s12889-020-08789-0 | Three reviews included psychoeducation, the findings are mixed, although one meta-analysis finds evidence of effectiveness for mental health outcomes in children of parents with depression |
| | Carer training | Inconclusive | (Lorenc et al, 2020). Meta-analysis<br><br>https://doi.org/10.1186/s12889-020-08789-0 | Eleven reviews included training for parents and foster carers, including a range of ACE populations; most studies focus on behaviour problems However, the results overall are inconclusive. |
| | Cross Sector Support | Mixed | (Lorenc et al, 2020). Meta-analysis<br><br>https://doi.org/10.1186/s12889-020-08789-0 | Five reviews included cross-sector support interventions (such as case management, 'wraparound' support and treatment foster care), mainly for looked-after children and young people. This category is heterogeneous, and the results overall are mixed, but there are some positive findings. |

| | | | | |
|---|---|---|---|---|
| **ACEs/ Trauma Informed Interventions** | Educational Interventions | Inconclusive | (Evans et al, 2017). Systematic review.<br><br>https://doi.org/10.1002/berj.3252 | Nine interventions demonstrated tentative impacts. However, evidence of effectiveness could not be ascertained due to variable methodological quality, as appraised by the Cochrane risk of bias tool. |
| | Housing and Life Skills interventions | No | Coren et al., 2016). Systematic review<br><br>https://doi.org/10.4073/csr.2016.5 | Analysis revealed no consistently significant benefit for focused therapeutic interventions compared with standard services such as drop-in centres, case management and other comparable interventions for street-connected children and young people. Commonly available services, however, were not rigorously evaluated. More research needed for low income countries |
| | Housing and Life Skills interventions | Mixed | (Everson-Hock et al, 2011). Article.<br><br>https://doi.org/10.1111/j.1365-2214.2011.01287.x | Looked after young people who received Transition support services (TSS) were more likely to complete compulsory education with formal qualifications, be in current employment, be living independently and less likely to be young parents. There was no reported effect of the impact of TSSs on crime or mental health, and mixed findings for homelessness. The literature reviewed offers no reliable conclusions on the effectiveness of TSSs. |
| **IRIS programme** | | Yes | (Feder et al., 2011) Cluster randomised controlled trial.<br><br>https://doi.org/10.1016/S0140-6736 | Relative difference between the intervention and control groups was large, the absolute difference was modest. Training and support programme targeted at primary care clinicians and administrative staff improved referral to specialist domestic violence agencies and reidentification of women experiencing domestic violence. |
| | Normalisation Process Theory | Yes | (Lewis et al., 2019). Article<br><br>https://onlinelibrary.wiley.com/doi/pdf/10.1111/hsc.12733 | The IRIS model facilitates behaviour change among general practice staff and collaboration between the NHS and third sector, with the aim of initiating and sustaining domestic violence and abuse work. The IRIS patient referral individual is the main driver of the IRIS model bridging the NHS and third sector. |
| | | Yes | (Bradbury-Jones & Taylor, 2017). Case study analysis.<br><br>https://doi.org/10.1111/jan.13250 | Ten women took part. Eight had exited the abusive relationship but two remained with the partner who had perpetrated the abuse. Women were overwhelmingly positive about the programme and irrespective of whether they had remained or exited the relationship all reported perceptions of increased safety and improved health. |
| **One to one Support for young people** | Developmental Theory/Relational theory | Yes | (Raposa et al., 2019). Meta-analysis<br><br>https://doi.org/10.1007/s10964-019-00982-8 | Analysis of 70 mentoring outcome studies yielded a statistically significant effect of mentoring programs across all youth outcomes. The observed effect size fell within the medium/moderate range. These findings provide some support for the efficacy of mentoring interventions, while also emphasizing the need to remain realistic about the modest impact of these programs as currently implemented, and highlighting opportunities for improving the quality and rigor of mentoring practices. |

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|---|---|---|---|---|
| **One to one Support** | youth mentoring relationships | Yes | (DuBois et al., 2011). Systematic assessment<br><br>https://doi.org/10.1177/1529100611414806 | Mentoring is, by and large, an effective mode of intervention for young people. |
| **Lived Experience Support Workers** | | Inconclusive | (Repper & Carter, 2010). Literature Review<br><br>https://www.together-uk.org/wp-content/uploads/downloads/2011/11/usingpersexperience.pdf | Inconsistent findings, research is based more on wider evidence base follow up studies. |
| **Lived Experience Support Workers** | Girard's (1962) theory of mimesis | Mixed | Buck, G. (2016). Article<br><br>https://doi.org/10.1080/01639625.2016.1237829 | Mixed method research, mixed opinions. |
| **Resettlement Projects** | Risk/Needs Principles | Mixed | (Décarpes, & Durnescu, 2014). Article<br><br>https://boris.unibe.ch/id/eprint/71450 | Critique of resettlement research. More studies are needed to fully measure the impact. |
| | | No | (Sutherland, 2019). Article<br><br>https://doi.org/10.1177%2F1748895817743284 | No statistically discernible difference in the proven reoffending rate. However, frequency of proven reoffending was higher for women who participated in the project compared to the matched comparison group. |
| | Desistance | Inconclusive | (Maguire & Raynor, 2006). Article<br><br>https://doi.org/10.1177%2F1748895806060665 | Despite the methodological problems and limitations, there is a defensible claim that resettlement could help to reduce re-offending. Most innovative approaches may be undermined by features of the broader context within which correctional services are delivered, including an excessive emphasis on enforcement and the potentially negative impact of 'contestability' on relational continuity. |
| **Parenting Support** | Behavioural Parenting | Yes | (Sanders et al., 2014). Review<br><br>https://doi.org/10.1016/j.cpr.2014.04.003 | Reviewed 101 'Triple P' studies spanning 33 years of research. Seven outcome variables and 15 moderator variables were evaluated. Significant effect sizes on child and parent outcomes at short term and long term. No single moderator effected all outcome variables. The results support the use of 'Triple P' as a blended system of parenting support. |

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| **Drop-in youth services** | | Inconclusive | (Slesnick et al., 2009). Article<br><br>https://doi.org/10.1016/j.childyouth.2009.01.006 | Few studies are available to determine the effectiveness of drop-in centres, with only one study tracking outcomes among youth. While that study indicated that youth accessing intervention services through a drop-in appear to show positive outcomes across a range of outcomes up to one-year post-baseline. More evaluation research is needed. |
| **Drop-in community** | | Yes | (Wilson, 2015). Rapid Synthesis<br><br>https://macsphere.mcmaster.ca/bitstream/11375/18587/1/Examining%20the%20Impact%20of%20Drop-in%20Centres.pdf | Community drop-in centres reduced exchange of sex for drugs, as well as improvements in social participation/engagement, mental health, days housed (although no improvements securing permanent housing were found) and access to sexual and reproductive health services. |
| **MVP** | | Yes | (Cissner, 2009). Article<br><br>https://www.courtinnovation.org/sites/default/files/MVP_evaluation.pdf | Students had fewer sexist attitudes after completing the MVP program. Students had an increased sense of self-efficacy—a sense that they can act to prevent gender violence—after completing the MVP program. There was a decline of reported sexual assault over the program implementation period, but there is not sufficient evidence to attribute these changes to the MVP intervention. |
| | Social Justice roots and theory | Yes | (Katz & Fleming, 2011).<br><br>https://doi.org/10.1177%2F1077801211409725 | MVP is effective in addressing a range of abuses and violence that occurs in the gendered social interpersonal world of adolescents. |
| **Knife crime awareness in school sessions** | Theory of Change | Yes | Gilbert & Sinclair, 2019).<br><br>https://theflavasumtrust.org/wp-content/uploads/2019/10/Devastating-After-Effects-impact-evaluation-2019.pdf | Reduced the number of young people who would consider carrying a knife, reduced the number who thought carrying a knife was a way to keep safe, reduced the number who thought using a knife only affected the person carrying it, and increased the number who would do something if they knew someone was carrying a knife. |
| **Gang awareness in school sessions** | | Yes | (Esbensen et al., 2011). Evaluation<br><br>https://doi.org/10.1080/15388220.2010.519374 | Made changes based on the first evaluation of the programme, improvements were then made. Changes have resulted in the achievement of G.R.E.A.T. program goals of helping youths to (a) avoid gang membership, violence, and criminal activity; and (b) develop a positive relationship with law enforcement. |

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|---|---|---|---|---|
| **Violence prevent training (<18)** | | Mixed | (Limbos, 2007). Systematic review.<br><br>https://doi.org/10.1016/j.amepre.2007.02.045 | Forty-one studies were included in the review. Overall, 49% of interventions were effective. Tertiary-level interventions were more likely to report effectiveness than primary- or secondary-level interventions. |
| **Violence prevent training (<18)** | | Yes | (Hahn et al., 2007). Systematic review.<br><br>https://doi.org/10.1016/j.amepre.2007.04.012 | Beneficial results were found for all age groups, violence related outcomes declined. |
| **Violence prevention training (18+)** | | No | (Fellmeth et al., 2013). Systematic Review<br><br>https://doi.org/10.4073/csr.2013.14 | Studies included in this review showed no evidence of effectiveness of interventions on episodes of relationship violence or on attitudes, behaviours and skills related to relationship violence. We found a small increase in knowledge but there was evidence of substantial heterogeneity among studies. |
| | | Mixed | (Storer et al., 2016). Literature Review<br><br>https://doi.org/10.1177%2F1524838015584361 | Results indicate that bystander programs are promising from the standpoint of increasing young adults' willingness to intervene and confidence in their ability to intervene when they witness dating or sexual violence, however, the utilization of actual bystander behaviour was less straightforward. |
| **Hospital based Interv: Women** | | Yes | (Martin et al., 2007). Literature Review<br><br>https://doi.org/10.1177/1524838006296746 | Clinicians often need training in the provision sexual assault care, and that not all emergency departments have sexual assault care protocols. Studies examining effectiveness found that Sexual Assault Nurse Examiner programs are very helpful. |
| **Hospital based interventions: Child** | changing health-related behaviour | Yes | (Zun et al., 2006). Article<br><br>https://doi.org/10.1016/j.ajem.2005.05.009 | The results of this study demonstrated a reduction in self-reported reinjury rate in the intervention group. Further research is needed to confirm if ED-based violence prevention programs are effective in reducing other determinants for revictimization. |
| | | Yes | (Smith et al., 2013). Plenary Paper<br><br>http://www.sdhpitt.com/uploads/1/5/3/6/15366632/violence_intervention_program_jtacs_2013.pdf | The 6-year program recidivism rate was 4% versus historical control of 16%. Moderate and high exposure to intensive case management in the first 3 months was also significantly associated with success. |

| | | | | |
|---|---|---|---|---|
| **Hospital interventions** | Teachable moments | Yes | (Purtle et al., 2013). Article<br><br>https://doi.org/10.1097/TA.0b013e318294f518 | **This looked at different age groups not just children.** While more evidence is needed before HVIPs can be considered an evidence-based practice, research suggests that they are effective across a range of outcomes, translating into substantial cost savings. |
| **Popular interventions** | At risk and entrenched youth | Mixed | (Bouchard & Wong, 2017). Systematic review and Meta-analysis. https://doi.org/10.1177%2F0306624X17690449 | The pooled analyses yielded contradictory results with respect to outcome measures. In both cases, supervision had a beneficial effecton alleged offenses and negatively affected convicted offenses. |
| | CBT | No | (Fisher et al., 2008). Systematic Review<br><br>https://doi.org/10.4073/csr.2008.7 | Inconclusive, this review found no evidence from randomised controlled trials or quasi-randomised controlled<br>trials regarding the effectiveness or ineffectiveness of cognitive-behavioural interventions for gang prevention. |
| **Detached Youth Work** | Street Work | Yes | (McInerney, 2012) Evaluation<br><br>https://corasrv.ucc.ie/bitstream/handle/10468/8302/KarenMcInerney.pdf?sequence=1&isAllowed=y | The findings suggest that 'street work' is an effective way of working with not only, detached youth and Probation Service referrals, but also their families and the wider community. The findings illustrate that 'street work' needs to be developed to include volunteers and/or other agencies to expand the service. |
| **Sport Intervention** | Focused Discipline | Yes | (Harwood et al., 2017) Meta-analysis<br><br>https://www.sciencedirect.com/science/article/pii/S1359178917300976?casa_token=xpF8hhzsslMAAAAA:Gm5GtYb1ct6ekQsiwiE59Uw-091EsJnYr531FvsFzq1ga0uuByBXmvH1DXJ8xK0V0uHBZmn8stM | Findings suggest Martial Arts are a worthwhile activity for reducing aggressive and externalising behaviour. Therapeutic data is lacking, and available literature/ research is lacking in depth and quality. |
| | Diversionary Activity | Mixed | Project Oracle Report (2013)<br><br>https://project-oracle.com/uploads/files/Project_Oracle_Synthesis_Study_02-2013_Sport_interventions_HQ.pdf | Sport can act as a diversionary activity distracting from violent and criminal activities and also as a hook bringing young people into contact with opportunities for achieving wider goals such as furthering their education or finding employment.Sports-based interventions can also have a negative impact on youth violence, and this has been reported in cases of young people being referred by the police, young offenders institutions and schools. More information is required about the capacity of sports-based interventions to reduce youth violence and crime. |

**Annex C**

**VRU**

**Quarterly project update form 2019/20**

| **Local Authority Area:** |
|---|
| **Bringing Hope/ A Vision** |
| **Project name:** |

| **Key developments/achievements/progress this quarter** | |
|---|---|
| ***Q1*** | |
| ***Q2*** | |
| ***Q3*** | |
| ***Q4*** | |

| **Forthcoming risks/issues/milestones the VRU needs to be aware of** | |
|---|---|
| ***Q1*** | |
| ***Q2*** | |
| ***Q3*** | |
| ***Q4*** | |

| **Finance issues including underspend/overspend and how these will be addressed** | |
|---|---|
| ***Q1*** | |
| ***Q2*** | |
| ***Q3*** | |
| ***Q4*** | |

| **Please provide a case study which demonstrates successful project outcomes** | |
|---|---|
| ***Q1*** | |
| ***Q2*** | |
| ***Q3*** | |
| ***Q4*** | |

| **Please provide a case study which demonstrates challenges with engagement, completion or successful project outcomes** | |
|---|---|
| ***Q1*** | |
| ***Q2*** | |
| ***Q3*** | |
| ***Q4*** | |

Appendix C


**Guidance notes for completion: please use the below information to populate the fields on the monitoring template in the next tab. For reference, the row on the template has been completed as an example.**

| | |
|---|---|
| **Provider** | Name of provider |
| **Activity Local Authority Area** | Birmingham |
| | Coventry |
| | Dudley |
| | Sandwell |
| | Solihull |
| | Walsall |
| | Wolverhampton |
| | Other (please specify) |
| **Unique Identifier** | Assigned to a young person by the provider to track outcomes for follow ups |
| **Home Local Authority Area** | Local Authority the young person lives in |
| **Gender** | Female |
| | Male |
| | Other |
| | Not stated/prefer not to say |
| **Age** | At time of referral |
| **Ethnicity** | English/Welsh/Scottish/Northern Irish/British |
| | Irish |
| | Gypsy or Irish Traveller |
| | Any other white background |
| | White and Black Caribbean |
| | White and Black African |
| | White and Asian |
| | Any other mixed/Multiple ethnic background |
| | Indian |
| | Pakistani |
| | Bangladeshi |
| | Chinese |
| | Any other Asian background |
| | African |
| | Caribbean |
| | Any other Black/African/Caribbean background |
| | Arab |
| | Any other ethnic group |
| | Prefer not to say |
| **New or Existing Referral** | New referral for this quarter or included in last return |
| **Referred Date** | Date of referral into the service |

**Annex C**

**VRU**

**Quarterly project update form 2020/21**

| | |
|---|---|
| **Local Authority Area:** | |
| **Provider Name:** | |
| **Project Name:** | |

| **1. Please provide details of the impact of Covid-19 on planned service delivery and steps taken to continue service delivery (max. 250 words per quarter)** | |
|---|---|
| ***Q1*** ***Apr-Jun*** | |
| ***Q2*** ***Jul-Sep*** | |
| ***Q3*** ***Oct-Dec*** | |
| ***Q4*** ***Jan-Mar*** | |

| **2. Please outline key achievements and progress this quarter (max. 250 words per quarter)** *Please include contextual information to the numbers reported in the spreadsheet. For example, did a new process/staff member/training have a positive impact on numbers or engagement rates? This section also provides the opportunity to mention signs of progress made with individuals which could not be clearly expressed in the spreadsheet.* | |
|---|---|
| ***Q1*** ***Apr-Jun*** | |
| ***Q2*** | |

| | |
|---|---|
| ***Jul-Sep*** | |
| ***Q3***<br>***Oct-Dec*** | |
| ***Q4***<br>***Jan-Mar*** | |

**3. Please outline any risks, issues or barriers the VRU should be aware of (max. 250 words per quarter)**

*Please include contextual information to the numbers reported in the spreadsheet. For example, did a particular issue have a negative impact on numbers or engagement rates? This section also provides the opportunity to outline potential barriers to engagement.*

*Please do not include risks, issues or barriers caused by Covid-19 as these should be discussed in question 1.*

| | |
|---|---|
| ***Q1***<br>***Apr-Jun*** | |
| ***Q2***<br>***Jul-Sep*** | |
| ***Q3***<br>***Oct-Dec*** | |
| ***Q4***<br>***Jan-Mar*** | |

**4. Please provide a case study which demonstrates the impact of the service on an individual.** *Consider including information such as the individual's circumstances and why they accessed the service, details of the service offered, any change occurring as a result of the service, outcomes achieved and how they were measured, feedback from others who observed the change. Pseudonyms should be used to avoid identification of any individuals* **(max. 250 words per quarter)**

| | |
|---|---|
| ***Q1***<br>***Apr-Jun*** | |
| ***Q2*** | |

| | |
|---|---|
| ***Jul-Sep*** | |
| ***Q3***<br>***Oct-Dec*** | |
| ***Q4***<br>***Jan-Mar*** | |
| **5. Please demonstrate any actions taken this quarter to support sustainability of the service (max. 250 words per quarter)**<br>*This could potentially include information such network building, funding or evaluation work taking place.* | |
| ***Q1***<br>***Apr-Jun*** | |
| ***Q2***<br>***Jul-Sep*** | |
| ***Q3***<br>***Oct-Dec*** | |
| ***Q4***<br>***Jan-Mar*** | |

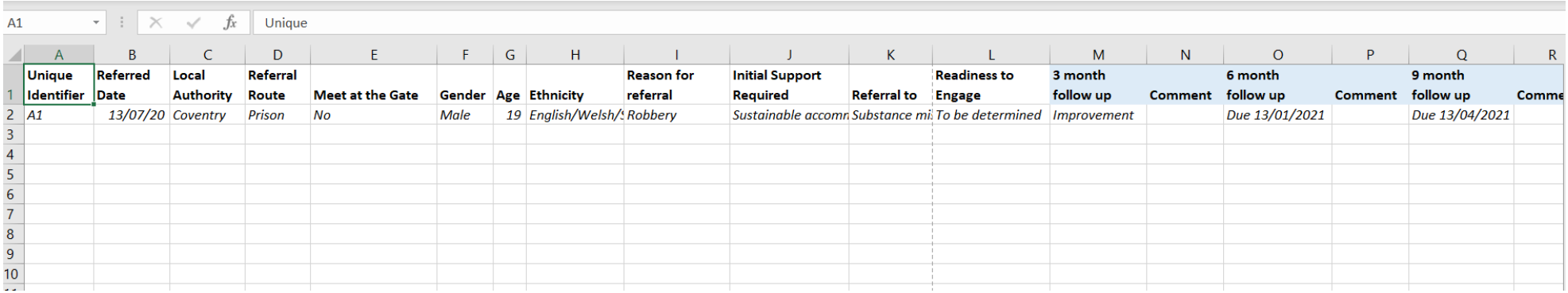
| | |
|---|---|
| **6. Please outline an example of how value for money is achieved (max. 250 words per quarter)**<br>*This could include information on any savings, streamlining of services, other efficiencies, or benefits, etc.* | |
| ***Q1***<br>***Apr-Jun*** | |
| ***Q2***<br>***Jul-Sep*** | |
| ***Q3*** | |

| | |
|---|---|
| ***Oct-Dec*** | |
| ***Q4***<br>***Jan-Mar*** | |

| **7. Please outline an example of how the user voice is captured to help inform service design (max. 250 words per quarter)** | |
|---|---|
| ***Q1***<br>***Apr-Jun*** | |
| ***Q2***<br>***Jul-Sep*** | |
| ***Q3***<br>***Oct-Dec*** | |
| ***Q4***<br>***Jan-Mar*** | |

| **8. Please outline how protected characteristics are considered to ensure equity in accessibility of the service (max. 250 words per quarter)** | |
|---|---|
| ***Q1***<br>***Apr-Jun*** | |
| ***Q2***<br>***Jul-Sep*** | |
| ***Q3***<br>***Oct-Dec*** | |
| ***Q4***<br>***Jan-Mar*** | |

Appendix E



A1 | Unique

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **Unique Identifier** | **Referred Date** | **Local Authority** | **Referral Route** | **Meet at the Gate** | **Gender** | **Age** | **Ethnicity** | **Reason for referral** | **Initial Support Required** | **Referral to** | **Readiness to Engage** | **3 month follow up** | **Comment** | **6 month follow up** | **Comment** | **9 month follow up** | **Comme** |
| 2 | *A1* | *13/07/20* | *Coventry* | *Prison* | *No* | *Male* | *19* | *English/Welsh/* | *Robbery* | *Sustainable accomm* | *Substance mi* | *To be determined* | *Improvement* | | *Due 13/01/2021* | | *Due 13/04/2021* | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
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| 9 | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | |

Note: This is only a partial image of the larger sheet. Certain areas contain drop-down lists so the service providers can choose from a standardised catalogue of items that pertain to that piece of monitoring data.