Evaluation Framework for Leicestershire and Rutland Violence Reduction Network (VRN)

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Executive summary

This report outlines a framework for the evaluation of the Leicestershire and Rutland Violence Reduction Network (VRN).[1] Leicester, Leicestershire and Rutland was one of 18 areas to obtain Home Office funding in September 2019 to run a violence reduction unit. The VRN was set up with a broad remit of preventing and reducing youth violence (up to the age of 25) with a focus on serious youth violence in public spaces, including knife crime.

This broad remit of this study was to:

1. Understand what interventions are being implemented and the theories of change that drive them.
2. Identify inputs, outputs and outcomes for each intervention.
3. Develop an analysis plan that will identify if the VRN and the interventions implemented have impacted public space violence.

While the VRN has done much 'groundwork' to develop local partnership structures and to capacity build, its main activities are focused around the delivery of five main interventions that largely focus on diverting young people from the onset of violent offending or delivering interventions for convicted violent offenders. These include:

1. An early help project based in hospital accident and emergency departments.
2. A street mediation scheme targeting potential hotspots for knife crime possession and use.
3. Rolling out a Mentors in Violence programme to schools.
4. Developing a Young adult 'Engage' service from the existing Integrated Offender Management provision.
5. Offering small grants to support a number of community start-up projects.

The fieldwork for this study involved semi-structured face-to-face interviews with those responsible for the strategic direction of the VRN, its day-to-day management and delivery of the interventions. Analysis of relevant internal project documentation was conducted, as was a review of relevant academic and policy publications relating to the implementation and evaluation of similar interventions. In addition to this, there was engagement with Public Health England and the Home Office in relation to potential sources of data for analysis in local evaluations.

The study found that:

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1. Much work has been done by the VRN to bring partners together and build the infrastructure – including a project team and programme board – to allow for a number of interventions to be set up.

2. Five interventions have been set up or are in the process of being set up. As outlined in Section 2 of this report, these interventions are clearly defined and have identifiable target groups.

3. A number of project activities and intended outcomes can be identified for the interventions. Output and outcome measures have been identified and are outlined in Section 3 of this report.

4. The inputs or resources required to set up and run the project and its associated interventions have also been identified. These are also summarised in Section 3 of this report.

5. It would be possible to conduct an evaluation of the VRN that includes analysis of outputs, outcomes and a cost benefit analysis. Section 4 of this report details an analysis plan that would allow for the measurement of impact and cost benefits. It is apparent the VRN and associated interventions are already collecting much of the data required for this analysis.

There are, however, several steps that need to be taken before any monitoring or evaluation work can begin. It is recommended that:

1. **The VRN develops a final composite set of output and outcome measures for each intervention:** Output and outcome measures have been identified in this report. The majority of these have been identified through project documentation and interviews. However, some other additional (and interim) measures have been added by the authors of this report. It is suggested that a final composite list is developed in discussion with any future external evaluator. Once the outputs and outcomes are confirmed, routine data collection and the building of datasets for analysis should commence in partnership with any external evaluators.

2. **Consideration is given to the development of comparison groups:** As outlined in Section 4, in order to conduct a robust evaluation, consideration needs to be given to the development of comparison areas or control groups for the interventions. Suggestions have been made in this report as to what these groups might look like and how they might be analysed to measure impact.

3. **Consideration is given to conducting 'reflective' process interviews:** While any future evaluation will need to include some further process mapping, it is recommended that such interviews take place towards the end of the project. This means that rather than just describing how the interventions were implemented, the participants can be more reflective about what appeared to work, what was changed (and why) and what might be done differently in the future.

4. **Consideration is given to conducting 'reflective' interviews with young people in receipt of intervention:** Future evaluators might want to consider conducting interviews with young people in receipt of intervention to allow for a deeper understanding of how said intervention helped to change them (or failed to do so). This might include conducting interviews or focus groups (some of which could be

written up as case studies) with people who have completed an intervention or are coming close to completing an intervention. This might yield a useful source of data in relation to 'what works' and learning for future practice.

5. **Establish a timetable for evaluation activities:** This might include setting provisional deadlines for a process evaluation, monitoring of project outputs and a final evaluation report.

6. **There needs to be some discussion about the impact of Covid-19 on the intended project outcomes and patterns of violence generally:** This will obviously impact the findings of any outcome analysis. This needs to be discussed internally and with Home Office funders.

Introduction

This report presents a framework for the evaluation of the Leicester, Leicestershire and Rutland Violence Reduction Network (VRN). It was developed through research that aimed to:

1. Understand what interventions are being implemented and the theories of change associated with them.
2. Identify inputs, outputs and outcomes for each intervention.
3. Develop an analysis plan to demonstrate the impact of the interventions.

The VRN was one of 18 Home Office funded units established in September 2019 with a broad remit of preventing and reducing youth (up to the age of 25) violence with a focus on serious youth violence in public spaces (including knife crime). A total of £880,000 has been secured to operate the VRN until March 2021 (Home Office, 2019).[2] Its core function is to offer leadership and to work with relevant agencies to develop and implement a local response to serious violence across Leicester, Leicestershire and Rutland. The VRN is run from the Office of the Police and Crime Commissioner with a team comprised of a Strategic Director Programme Manager, Project Development Officer, Community Engagement Lead, Police Inspector, Data Analyst and Head of Service Design and Implementation. There has also been developmental input from Public Health England and the Home Office.[3] The activity of the VRN supports a multi-agency public health approach to preventing and tackling serious violence and is primarily focused on delivering the following core interventions:

1. **Violence Intervention Early Help Project:** An early help project based in the Emergency Department of the Leicester Royal Infirmary to offer support and mentoring to young people/adults who have sustained injuries arising from violence.
2. **Street Mediators:** An extension of the existing street mediation project delivered by E2 that targets young people at risk of carrying and using knives.
3. **Mentors in Violence Prevention:** Implementation of an MVP programme in education settings that aims to change attitudes towards violence.
4. **The Engage Project:** An extension of the existing Integrated Offender Management provision, but focused on specific interventions run with 18–25 years olds supported by a key worker.
5. **Small Grant Scheme:** The provision of small grants to support community start-up projects.

This report outlines an evaluation framework for the VRN. The proposed framework is independent of any future Home Office funded national evaluation of the 18 VRUs but is in line with the Home Office guidance titled 'Violence Reduction Unit Local Evaluation Guidance Note' that was issued early in 2020 (Home Office, 2020 – unpublished). This guidance makes

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[2] Funding is reviewed annually.
[3] In 2019/20, the VRN also had a VRN Programme Board, Community Panel and Developmental Group.

it clear that a national programme-level evaluation will be conducted covering the period 2020–2021, though VRUs are encouraged to conduct their own 'local' evaluations. While the programme-level evaluation will assess the impact achieved in reducing serious violence across all 18 VRUs, local evaluations are encouraged to measure the efficacy of individual interventions in order to develop an evidence-base of 'what works' and also to develop tools for VRU sustainability.

The Home Office guidance notes that three broad types of evaluations exist:

1. **Process:** How a service or intervention has been implemented.
2. **Impact:** Whether the service or intervention has any desired impact.
3. **Economic:** Whether the economic benefits of delivery outweigh the economic costs.

The guidance makes it clear that VRUs have the freedom to decide what type of evaluation they would like to conduct. This might include process, impact and economic strands or be more limited depending upon the type of interventions that are implemented. In order to understand what any future evaluation might be like for Leicester, Leicestershire and Rutland VRN, it is therefore necessary to consider in detail what interventions are being implemented and how these interventions might be evaluated in accordance with the Home Office guidance as set out above.

Connell and Kubisch (1998) argue that for any programme or initiative to achieve its potential, it should be guided by a theory of change which is present before the programme and should be revisited both during implementation and throughout the evaluation. The theory of change framework is principally driven by three core questions that offer a useful exploratory framework for any programme or set of interventions:

1. **Is it *plausible*?** Does evidence and common sense suggest that the activities, if implemented, will lead to desired outcomes? For example, in the case of the interventions proposed by the VRN, what is it trying to change? Is it plausible that this will impact violent crime?

2. **Is it *doable*?** Will the economic, technical, political, institutional and human resources be available to carry out the proposed intentions? In the case of the VRN, how is change implemented, by whom and with the utilisation of which inputs?

3. **Is it *testable*?** Is the theory of change specific and complete enough for an evaluator to track its progress in credible and useful ways? In the case of the VRN, how can success be assessed? Can suitable outcome measures be developed, and how does this inform our knowledge of what works to reduce violence?

In order to answer these questions, research including interviews with seven members of staff either involved in the strategic management and direction of the VRN or those implementing interventions was undertaken. A number of internal documents describing the VRN or specific interventions were also analysed. In addition to this, there was engagement with Public Health England, the Home Office and a review of previous evaluations of interventions similar to those implemented in Leicester, Leicestershire and Rutland (a full outline of the project methodology is presented at Annex A of this report). There was also an examination of

relevant evaluation guidance such as that provided in the College of Policing 'What Works' toolkit (College of Policing, 2020) and the Early Intervention Fund (Early Intervention Fund, 2020).

The findings are presented in the following sections:

1. **Overview of the Violence Reduction Network:** A summary of the VRN project aims and activities is presented.

2. **Project interventions, theories of change and delivery:** An outline of the interventions being implemented, the theories of change that drive those interventions and how they are delivered.

3. **Data collection for the evaluation:** A description of the project outputs, suggested outcomes and inputs for each intervention are outlined, as well as what data need to be collected to complete a robust evaluation.

4. **Data analysis for the evaluation:** A data analysis framework that will need to be conducted for a robust evaluation is outlined.

1. Overview of the Violence Reduction Network

In this section, an overview of the VRN project aims and activities is presented. Since receiving its initial funding in September 2019, the VRN has taken a number of steps to build the project infrastructure. A VRN Programme Board operates within the existing Strategic Partnerships Board structure with the membership of agencies including the police, public health, Youth Offender Service, social care, probation and the fire and rescue service. This has helped to direct the VRN and to build the project foundations on which it can operate.

A number of existing frameworks were in place that provided a footing for the VRN, though the creation of a core VRN delivery team has helped to ensure a number of activities have been completed. These include:

- Reviewing and mapping of existing service provision.
- Engaging with external providers to run projects (such as accident and emergency – A&E – service delivery).
- Development of training and leadership skills.
- Development of a community advisory panel.
- Understanding factors that drive serious violence.

These activities allowed for a number of internal changes to be made, leading to greater integration across agencies, including more inter-agency communication and data sharing; gaps have been plugged in existing service provision; and the development of an active network of leadership champions inside and outside the organisation is underway. Most importantly, changes facilitated by the VRN have ensured there is greater outreach to young people and communities; improved targeting of services; building of interventions for those at risk; and that risk factors for young people associated with violence are being addressed.

The changes made by the VRN prior to April 2020 and a plan to prevent and tackle serious violence going forward to 2023 are outlined in the LLR Response Strategy.[4] Within that strategy, it is illustrated how progress is being made in relation to:

1. Creating greater accountability for individual agencies with a responsibility to reduce violence.
2. Policy reform and system-wide change driven by a multi-agency approach.
3. Developing primary, secondary and tertiary interventions that will lead to the reduction or prevention of public space and knife-enabled violence.
4. Fostering approaches that will generate more engaged and resilient communities.

While the VRN has already made significant progress in ensuring that the necessary infrastructure is in place to deliver violence prevention efforts to local communities, the key

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[4] The Response Strategy was written in April 2020 and draws on the findings and recommendations of the Strategy Needs Assessment. This identifies the extent and nature of serious violence across the VRN area, risk and protective factors, and preventative approaches.

purpose of this document is to develop a framework to evaluate the interventions currently delivered. In the next section, consideration is given to these interventions, how they aim to facilitate change and the delivery process.

2. Project interventions, theories of change and delivery

In this section, an overview of the VRN interventions is presented. This outlines the theories of change that drive the interventions, how the interventions are being implemented and how they are being delivered.

Violence intervention early help project

The Violence Intervention Project (VIP) is based on the goal of reaching out to young people at a time of vulnerability. It is targeted to groups aged 11 to 25 who come into accident and emergency (A&E) departments at hospitals with a violence-related injury. Admission to A&E is considered to be a reachable moment as young people might be feeling vulnerable and in need of support. However, it is also a potentially 'teachable' moment or turning point in the lives of young people and one where intervention might prove beneficial. Therefore, such hospital-based interventions offer the opportunity to engage with those who have sustained injuries arising from violence, as they are often thought to also be involved in weapons carrying and use. This approach has been widely recommended for a number of years (HM Government, 2011) and has been implemented in a number of A&E departments. For example, representatives of project Redthread (see Redthread, 2019), who operate within various hospitals in London, Birmingham and Nottingham, note how 'the daunting environment of a busy hospital, often alone, can be a catalyst for self-reflection and pursuing positive change – a teachable moment'. Viswanathan et al. also note how 'innovative models of service delivery are required to cater to the unique needs…of extremely vulnerable young people' (2014:85). Although evidence from robust evaluations is limited, some positive testimonials have been made in relation to the use of A&E interventions to reduce violence and weapons carrying (Redthread, 2019).

The project runs in Leicester Royal Infirmary (LRI) and follows a clear process. A young person is admitted, attended to by medical staff and taken to the ward. At this point, the nursing team refers the young person into the service and one of the project workers will have a conversation with the patient. As this is a voluntary service, young people are not obliged to engage. In the initial conversation, the worker explains that they are not affiliated to the police, talks to the young person about how they got into their current situation, and explains the ways the project could support them if they would like some help. There is an assessment form for every young person who engages with the project. This captures information on why the person was there (type of assault), nationality, age and if they have children. A risk score is also given from 1–10 in relation to family, friends, education, employment, accommodation and confidence (the same questions are asked upon exit from the project to determine progression). The personal interests of the young person are also recorded in order to determine potential diversionary activities.

This forms the basis of a safety plan to outline what work is required with the young person to reduce their risk of being involved in future violence, and which agencies would be best placed to assist with this support. If the young person participates in the project, they can

expect at least three community appointments following discharge, where the worker will continue to support the young person through mentoring and advice on their long-term positive plans. Based on the young person's individual needs and interests, the worker will make referrals to appropriate community-based services on behalf of the young person or will support the young person in the self-referral process, so as to facilitate a smooth transition.

The service is being run by an outside agency – Turning Point[5] – that already has a footing in LRI, focusing on work pertaining to substance misuse. They employ, manage and provide training for the staff on the project. The VIP team consists of four full-time equivalent (FTE) key workers and a FTE senior practitioner. The implementation process began in September 2019, followed by the formal operation for an initial period between 13 January 2020 and 31 March 2020. The project is currently in a development phase and there might be changes to the service as it progresses. In its early stages when the team had additional capacity, the project was supporting a range of people – some of whom did not strictly meet the threshold for referral in terms of age or types of incident they had been involved in. In these cases, any follow-on work in the community will not happen if the individual does not fall within the scope. Based on the current data, males between the ages of 15 and 19 form the key group, followed by individuals over 25 years old – a group that falls beyond the current project scope. Therefore, it is possible that the project will revisit the age threshold – but it will be dependent on the pattern of admissions going forward. For example, if it transpires that 10% of suitable admissions are in the age groups up to 25, but 70% are 25–30, then the project will have to adapt. This is being monitored up to end of March 2020, when a decision on this change will be made.[6]

Street Mediators

The Street Mediators project is delivered by registered charity E2 and aims to steer young people away from knife crime and direct them towards positive activities (see E2, 2020). The intervention focuses on geographical locations where community and police intelligence suggest that knife crime is an issue. It is recognised that many young people who become involved with groups where possession of weapons is normalised might lack positive role models. Indeed, the theory behind the project is that young people without positive adult role models can begin to rely on social networks outside of the family and become reliant on street-based networks, where they might drift into violent and knife crime. Therefore, the aim is to interact with young people on the streets in their communities and to direct them towards positive activities away from crime and anti-social behaviour. The aims as stated in the intervention literature are:

1. To direct and refer young people away from the streets towards positive activities.
2. To provide positive activities for young people at risk of criminal involvement and who belong to disadvantaged groups.
3. To discuss, engage and challenge young people's attitudes towards carrying a knife.

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[5] Assessments and safety plans are recorded on the Turning Point database. They also produce quarterly reports.
[6] This intervention will continue to run in 2020–2021, though at the time of writing, its operation and decisions about changes to delivery have been delayed by the Covid-19 pandemic.

4. To make safeguarding referrals as well as communicate any criminal intelligence to the police.

Similar projects have run before across a variety of locations, including the Loughborough Youth Motivators by Go-Getta, as well as the Outreach and Street Intervention Programme by Streets of Growth (Go-Getta, 2020; Streets of Growth, 2020). The intervention operates by utilising youth workers wearing hi-visibility jackets (for identification purposes) during patrols to approach young people whom they encounter in the community. The patrols began to operate in Thurnby Lodge, Beaumont Leys and New Parks in May 2019, before expanding to Loughborough in November 2019. Police intelligence and knowledge from local youth workers suggest these are locations where knife crime, violence, drug dealing and gangs are concentrated.

While there is not a targeted age group, the project has engaged with children as young as five years old and people in their late teens (up to age 19). Patrol routes are carefully planned based on local knowledge, then verified and authorised by the local police before all patrols. This is to ensure that the police have prior knowledge about the presence of youth workers in the local area, as well as to ensure the safety of the youth workers. With two patrols in each of the four local areas every week, youth workers engage young people in conversations on knife crime, weapons carrying and use. Young people are also asked for their opinions about the local area, the types of activities they would like to engage in and are provided with information sheets on activities available locally. Due to the fact that some local areas – including Thurnby Lodge – have significantly fewer activities available, the project runs 'pop-up' youth sessions in addition to the patrols. The 'pop-up' youth sessions are normally held once a week in each of the four areas covered. Youth workers also use the patrols to gather local intelligence by going into local businesses to ask if there have been any reports of crimes or to garner other useful information.

The intervention began in May 2019 and was funded by the Office of the Police and Crime Commissioner Office (OPCC) until October 2019, when VRN funding allowed for an extension until end March 2020. From April 2020, the funding for this intervention will again be provided by the OPCC.

Mentors in Violence Prevention

The Mentors in Violence Prevention (MVP) programme is aimed at engaging school children in discussions on violence. Preventing the early onset of violence by addressing values, beliefs and low-level behaviours is the concept underpinning the programme, as problematic behaviours left unchecked increase the risks of violence in later life. MVP has been running in the USA as well as parts of the UK and aims to tackle the culture, beliefs and attitudes that deem violence acceptable (Heisterkamp & Flemming, 2017). The approach involves working with school children not only to raise awareness, but also to discuss their beliefs and to challenge perspectives on violence. Evaluations of MVP in the USA have identified positive changes in school children in relation to attitudes and understanding of violence (Heisterkamp & Flemming, 2017), with similar positive results also reported in a small qualitative evaluation of three schools in Scotland (Williams & Neville, 2017). The potential positive outcomes

associated with MVP have led to it being supported at a national level in the Scottish education system (MVP Scotland, 2020).

Developed in the early 1990s as an approach to convey, inform and challenge myths about rape, MVP is based on what is referred to as an 'active bystander' model. It had been noted that earlier approaches often stereotype men as potential perpetrators and women as potential victims. However, such approaches were limited as many men would not view themselves as potential perpetrators and so would not engage or would feel uneasy in discussions related to the subject. The active bystander model thus takes a different approach, by aiming to 'invite and not indict' (MVP Strategies, 2020). This removes the victim-perpetrator binary, and instead considers everyone as part of the solution towards violence reduction. Thus, active bystanders are those who may be able to challenge peer group assumptions about violence and the potential use of violence. This is achieved through constructive discussions, challenging and re-shaping social norms and peer group cultures about violence. Therefore, the theory behind MVP is that education can challenge norms that will then lead to behavioural change.

The MVP programme is expected to be delivered as a school-based intervention. Training by an instructor from Scotland would be provided for selected members of staff from participating secondary schools. Members of staff would then recruit and train student mentors within their respective schools. In the training, mentors come to understand how small-scale comments and low-level behaviours could escalate into more serious issues. They would also be trained in approaches that enable them to work with their peers around issues such as knife crime, bullying and hate crime. The peer mentors then deliver training sessions to younger children. Focused on the use of language, bullying behaviour, name calling and the impact of social media (i.e. sharing of inappropriate images), these sessions offer a platform to talk about abuse, violence and the emotional harms of such violence.

MVP is seen as an empowering intervention as it relies on young people to deliver. It also is seen as a leadership programme because it allows young people to take responsibility, to challenge their peers and to promote an environment where bullying is less likely to occur. Therefore, schools are encouraged to proactively recruit beyond existing student leaders and usual volunteers as mentors, in an attempt to challenge pro-violence attitudes, values and behaviours more effectively. Primarily, it aims to begin by getting relationships right in school, as this can have a positive impact in that environment, enable children to better focus on learning and encourage them to stay in school (attainment and retention). However, there is also a potential wider impact as getting relationships and attitudes right in young people can have a long-term effect on promoting healthy relationships in communities, which leads to a reduction in violence.

Wave 1 of MVP was due to commence in March 2020,[7] with the aim of embedding the programme in 12 schools. The priority will be for schools located in the city as there is a desire to focus on areas where the need is thought to be greatest (these tend to be the schools with the highest rates of exclusions and where young people are most likely to express violent

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[7] This intervention has been delayed due to Covid-19. A workshop was run with schools in March and it is hoped that training will be run in June 2020 with the intervention starting in September 2020. This is under review as the Covid-19 situation develops.

behaviours). It is also hoped the programme will run in a handful of schools in Leicestershire County and also one school in Rutland. In order for schools to be selected, they must be motivated to engage – there is no desire to impose the programme onto schools.

All 12 schools will have a programme timeline tailored individually and designed by members of staff who have attended the training. However, schools will be asked to recruit the mentors and to identify who the mentees would be at the start of the school year. Additionally, schools will have the liberty to decide on the best time for students to engage with the programme, the number of mentors, the number of mentees and the number of sessions delivered by mentors (although it is expected that about four to five bystander scenarios would be delivered in an academic year).

The Engage Project

The Engage Project was established in 2014 based on evidence from the Young Adults Project. Part of the Integrated Offender Management (IOM) programme, the project targets young adults age 18–25 who are or may become involved in criminal activity. The project is based on the notion that young adulthood is a key developmental stage in people's lives: if the transition to adulthood does not run smoothly, it can lead to an onset of offending behaviour. In order to make this transition, it is recognised that stable employment, independent living, financial capability and healthy relationships are all necessary. While it can be a particularly challenging time for many young adults, it is especially so for those who have been in local authority care or who come from areas of deprivation. These challenges are thought to be exacerbated as many young people do not have access to appropriate services.

A body of evidence points to the difficulties encountered in this transition period as leading to an onset in criminality for many (Thornberry, 2005; Bosick et al., 2015; Farrington, 2015). However, it is thought that engaging with young people at the early stages of a criminal career and tailoring appropriate support could divert them from further, more entrenched, offending. Therefore, the intervention targets young people at the onset of a criminal career. The primary focus is counteracting aggressive and violent behaviours through supporting developmental maturity and enabling the achievement of key milestones. Therefore, tailored support is offered by Engage where there might otherwise be gaps in existing service provision.

The theory behind Engage is not dissimilar to the early help project, where there is an aim to intervene at reachable moments. The service focuses on young people aged 18–25 living in Leicester, Leicestershire or Rutland, who it aims to engage at one of three points:

1. When they have come to the attention of the police or a partner agency.
2. Those who are subject to a Community Resolution or Conditional Caution.
3. Those known to the Youth Offending Service where further support is required.[8]

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[8] The VRN is looking at building another reachable moment into the service through custody suites – similar to the Metropolitan Police Service intervention programme, DIVERT. When a young person goes into custody for the first or second time, Engage workers will visit them in the custody suites and offer support through the service upon their release.

The intervention is delivered by a team of four: a Unit Manager and three key workers with police or probation professional backgrounds. An essential part of delivery is the role of the key workers. The aim is for key workers to be 'trusted adults' who support young people on a one-to-one basis, tailoring appropriate support at the individual level. A young person-led assessment[9] will be conducted to identify what the young adult thinks they need to do to avoid getting into trouble again. The evaluation (conducted on commencement and on exit) focuses on risks and vulnerability, and the measures that the young person, key worker and partner agencies will need to take to address the identified risks and vulnerability.[10]

After identifying with the young person what would help them, the key worker can help tailor interventions that are either individual in focus or social. Social interventions help to stabilise young people and include providing help with employment and accommodation. Individual interventions involve building confidence, resilience and responsibility and the development of life skills (such as thinking, behaviour and developing temperance). The key worker might accompany the young person to their first appointment with a partner agency, but the idea is that the worker connects the young adult to appropriate partner agencies and available resources. Thus, much of the key worker's role is about helping the young person navigate the system and accessing appropriate services (i.e. if the young adult has issues around accommodation, the team can work with the council or different providers for support). In addition to this, the key workers (along with the wider team) occasionally deliver interventions themselves, sometimes in small groups – for example, in relation to emotional management and educational intervention around knife crime.

The Engage team works with a young person for up to 12 weeks, along with follow-ups every three, six, nine and 12 months. As identified above, there are several referral pathways to Engage. It is understood that most referrals presently come from the police, though there are plans to extend this and, particularly, to generate more referrals through Joint Action Groups. Many of these groups are aware of young adults who are vulnerable, or who are engaged in anti-social behaviour and crime in their area. This would enable the service to intervene even earlier (before arrest and possible custody).

Small Grant Scheme

The Small Grant Scheme (SGS) makes pots of money available to community groups who would like to apply for funding to target youth violence. The aim is to allow community groups to identify areas of need and then empower them to develop approaches. The funding not only helps to 'kick start' the community into looking at the violence agenda, but also heightens community awareness of the work of the VRN. This in turn builds the VRN's branding, develops the VRN network and establishes a relationship with the community.

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[9] The assessment plan includes thinking skills, education/training/employment, accommodation, confidence/self-esteem, emotional/mental health, physical health, substance misuse, healthy relationships, family and friends, living skills, interests/ hobbies and safety.

[10] Before the VRN, it is unlikely that assessments were routinely recorded, because the service was not generally held accountable to anyone until it was brought under the VRN. As a result of changes introduced by the VRN, the provider (DLNR CRC) is expected to record the assessments systematically.

The key idea underpinning the SGS is about using the VRN to build capacity within the community, which is done through funding, developmental support tailored to the needs of individual groups, training and networking events. It is fairly open in terms of what community groups can bid to do with the funding, but the continuous element running through all the projects is mentoring – through one-to-one support, in a classroom setting or via outreach. The SGS has also supported groups engaged in community work that are not yet in the position to apply for funding. In such cases the VRN can offer support on the development of policies and structures within the group. The SGS also provides and signposts community groups to train – such as mentoring training and 'Adverse Childhood Experiences' training.

Grants are offered to any community groups in the LLR area, but have tended to be concentrated in areas where there is more youth violence. At present there are two focus areas – Spinney Hills and New Parks – where eight of the 14 grants are currently active. The first-round grant process was fairly open as there was a desire to build relationships and networks in the community. However, now that the VRN is more established, it is possible that there might be a refinement of focus, requiring grant applications to be more specific and impactful. The specific focus moving forward will need to be aligned with VRN plans, which are outlined in its strategic needs assessment.[11] Therefore, grants will need to tie in with the VRN's overall plans in terms of the focus proposed interventions. At present, all of the grants are for projects focused on people under 25 and all projects have an element of peer or group mentoring within them. Between January and March 2020, a total of 14 projects were funded.

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[11] As outlined earlier in this report, the strategic needs assessment was drafted in April 2020, so it is too early to tell at this stage what these interventions might include.

3. Data collection for the evaluation

The Home Office Violence Reduction Unit evaluation guidance (Home Office 2020) notes three types of evaluations – process, impact and cost benefit. As several interventions are being implemented by Leicestershire and Rutland VRN, it would be advisable to run process, impact and cost benefit evaluations for each. This will allow a full picture as to which interventions are impacting associated outcomes. In this section, we begin by identifying the outputs, interim outcomes, outcomes and input measures that have been identified for all of the interventions and that will need to be collected for evaluation purposes. Before these are outlined, it is important to be clear on their definitions in this report.

1. **Outputs:** Outputs are a measure of project activity (such as numbers of sessions delivered or people subject to treatment).
2. **Interim outcomes:** Interim outcomes are short-term or immediate impacts of the interventions (such as changes in risk scores for a person subject to an intervention over a three-month period).
3. **Outcomes/Impacts:** Outcomes or impacts aim to identify longer-term impacts of the project (such as reductions in knife crime).
4. **Inputs:** Inputs are the resources required to set up and deliver the intervention (such as number of staff employed, buildings required for delivery, project materials etc.).

Although most of the measures outlined here were identified in interviews with project staff and an analysis of relevant documentation, a number of suggested potential measures have also been added. It is recommended that the VRN discuss these measures in detail with future evaluators.

Violence Intervention early help Project – data requirements

The VIP has a clear set of output and outcome measures. However, a number of short-term interim outcomes were also identified. The measures are outlined in Table 1, where the 'source' or 'location' of the required data is also outlined.

Outputs for this intervention include measures such as the number of referrals having contact with key workers and number of contacts made. It is understood that the project is collecting data in the individual safety plan on the number of people being referred to the project, their demographic details and their progress. Interim outcomes include measures such as if young people continue to engage with the project after discharge from hospital and changes in the risk factors previously assessed by the project. It is understood that the project is monitoring changes in a range of risk factors such as confidence and self-esteem; living arrangements; education and training; how safe they feel and whether they use substances. These questions are posed at the beginning of the intervention, before exit from the intervention, and followed up every three months, six months and nine months after exit. This offers a potentially useful interim outcome measure of change.

While previous evaluations of similar projects have tended to focus on 'interim' outcomes such as changes in risk factors or attitude change (Redthread, 2019), a number of longer-term outcomes in line with recent Home Office guidance could be measured for this intervention.

These include measuring the proportion of the young people referred who return to A&E again with knife injury (or other assault injury) 12 months after their referral and changes in the numbers of knife-related admissions to A&E in 12 months after the implementation of the intervention. It is understood these outcomes could be collected through hospital admissions records (see Section 4 of this report on A&E data collection).

Table 1: VIP early help project: Output and outcome data

Outputs	Data source/location
• Number of young people referred and having initial contact from VIP • Number of contacts made by the VIP per person	All available through individual Safety Plan as collected by the project
Interim outcomes	**Data source/location**
• Number of young people referred to other agencies • Number of young people with reduced need for statutory service support post-discharge • Changes in risk factors over three, six and nine months [ETE, emotional well-being etc.]	All available through individual Safety Plan as collected by the project
Outcomes	**Data source/location**
• Reduction in repeat attendance to A&E with knife (or other assault injury), for those referred 12 months after initial referral • Reductions in all knife-related admissions to A&E in 12 months after intervention implementation	Both measures would need to be collected through hospital admissions data

Street Mediators – data requirements

The output and outcomes data (including interim outcomes) relating to the Street Mediators project are presented at Table 2. The output measures for this intervention relate to the various activities conducted by youth workers, such as numbers of patrols and engagement with young people. There are also some interim outcomes that have been observed for this intervention – such as the number of people engaging in youth provision or attending youth 'pop-up' sessions – as a result of mediator intervention and the potential attitude changes observed in young people following mediator contact. Previous evaluations of similar interventions (see Go-Getta, 2020) have often focused on trying to measure attitude change in young people. It is specified in the project bid that attitude change for young people engaged in the project will be measured by the following soft outcomes:

1. I am more aware of the consequence of carrying or using a knife.
2. I have a low opinion of people who carry or use knives.
3. I do not believe it is 'normal' to carry a knife.

This type of measure could potentially be used as an interim outcome measure, though its development should be discussed in more detail with future evaluators.

It is understood that all of the identified output and interim outcome data are being collected by the intervention team and could be easily accessed for evaluation purposes. In terms of outcome measures it would be expected that the intervention would begin to have an impact on knife possession and ultimately knife crime in the targeted areas. Therefore, these should be considered as outcome measures. This would need to be collected through police recorded crime data (we return to this in Section 4 of this report).

Table 2: Street Mediators: Output and outcome data

Outputs	Data source/location
• Number of patrols • Number of young people patrols have contacted • Number of pop-up sessions • Number of young people attending pop-up sessions • Number of local businesses patrols have engaged • Number of times intelligence has been given to the police • Number of safeguarding referrals made	All data available through patrol reporting forms and pop-up sessions reporting forms as collected by the project
Interim outcomes	**Data source/location**
• Increased number of young people engaging in youth provision as a result of mediator intervention • Improved attitudes of young people to knife possession and knife crime	All currently collected by the project team
Outcomes	**Data source/location**
• Reduction in knife possession in targeted areas • Reduction in knife crime in targeted areas	Collected through police recorded crime data

Mentors in Violence Prevention – data requirements

A number of clearly defined outputs have been identified for the MVP programme. For example, the main outputs relate to number of staff and number of mentors trained in each school, number of young people exposed to MVP in a year group and the number of sessions delivered per school. It is understood these output data will be collected by the VRN from participating schools.

The definition of outcomes for this intervention is fairly complex. A number of immediate interim outcomes relating to attitude change regarding violence could be measured. Indeed, it is understood that the VRN is looking at measuring attitudes of those referred, both before and then after exposure to the programme. Previous evaluations of the MVP programme have involved semi-structured interviews with members of school staff engaged in MVP, as well as focus group discussions with mentors and mentees to understand their experiences, the perceived impact of MVP upon attitudes and behaviours and the relevance and

sustainability of MVP (Williams and Neville, 2017). Another evaluation also included distributing an online survey to all training participants four months after the training in order to determine the training effects over time. The survey measured impact through the bystander efficacy scale, the bystander attitudes scale and the decisional balance scale (Eriksen, 2015).

It is understood that consideration is being given to developing interim outcome measures such observing changes in attitudes pre- and post-intervention through a survey conducted with participants. However, other interim outcomes – such as measuring changes in behaviour and school attendance – might also be considered here. While such methods could easily be developed, a key challenge would be to ensure that schools are routinely recording these measures or are completing the required surveys with project participants. Therefore, liaison with schools and careful planning and development is required.

Table 3: MVP: Output and outcome data

Outputs	Data source/location
• Number of staff trained in schools (including a Mentor Support Team in each school)	Collected by the project
• Number of mentors trained in schools • Number of MVP sessions delivered in schools • Number of young people exposed to MVP • Local implementation plan in each school	These four output measures would need to be collected by schools taking part in MVP
Interim outcomes	**Data source/location**
• Improved attitudes toward violence after intervention • Improved behaviour after intervention • Improved school attendance after intervention	These interim outcomes will be collected by schools taking part in MVP
Outcomes	**Data source/location**
• Reductions in school exclusions (temporary and permanent)	Would need to be collected by schools

The long-term outcome measures for MVP centre on a violence reduction. However, as the intervention is targeted to school children it might not be possible to use such a measure as a tangible outcome. Therefore, thought might be given to developing other measures – such as changes in school exclusions – in participating schools. Both fixed-term and permanent school exclusions are a good indicator of the behaviour of schoolchildren. Data on the patterns of fixed-term and permanent school exclusions are available through Department for Education data releases (HM Government Statistics, 2020a, 2020b) and the underlying trend across Leicestershire can be established from these statistics. However, data on fixed-term and permanent exclusions for a period of at least one year prior and one year following the intervention would also need to be requested from participating schools.

The Engage project – data requirements

The Engage project has a number of clear activities – such as the number of young people referred to Engage, the number of young people receiving the intervention and the number exiting after 12 weeks – that can be measured as outputs (Table 4). It is understood that the project provider – Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC) – is collecting data on the details of referrals (key demographics), number of appointments offered, number of appointments kept, interventions received, date of exit/completion date and care leaver status.

The project has also identified a number of short-term interim outcomes. These relate to whether those in need of employment and accommodation achieve positive outcomes in relation to these needs (these data are also collected by the DLNR CRC). Further interim outcomes relate to 'distance travelled' and could be measured through changes in risk factor scores including employment, accommodation, thinking skills, education, substance misuse, family and friends and feelings of safety. It is understood that these data are collected by the DLNR CRC and are measured for each referral at the start and exit from the intervention.

Table 4: The Engage project: Output and outcome data

Outputs	Data source/location
• Number of young people referred to Engage • Number of young people receiving intervention • Number of young people exiting after 12 weeks	Collected as part of the project assessment
Interim outcomes	**Data source/location**
• Number of referrals entering education, training and employment • Number of referrals entering suitable accommodation • Changes in relation to key areas of assessment [family and friends, ETE, living arrangements, confidence and self-esteem, physical health, emotional and mental health, interests and hobbies, substance misuse, safety]	The project assessment form would provide a measure of these interim outcomes [this is done at the start and exit for young adults]
Outcomes	**Data source/location**
• Reduction in rate of re-offending • Reduction in frequency of re-offending • Reduction in rate of re-offending (violent crime) • Reduction in frequency of re-offending (violent crime) • Reduction in severity of offences	Would need to be collected through police recorded crime / PNC data

A number of potential outcome measures have been identified for this intervention. Primarily the intervention is concerned with violence reduction. Therefore, a range of violence-related outcomes for referrals could be tracked, including:

1. **Rate of offending:** The percentage of young adults who offend whilst in contact with the intervention and the percentage re-offending up to 12 months after exit from the intervention.
2. **Frequency of offending:** The number of offences committed whilst in contact with the intervention and the number of offences committed up to 12 months after exit from the intervention.
3. **Severity of offending:** Whether the types of offences committed have changed.

However, care will need to be taken in relation to how 'offences' are defined for the evaluation. Normally, studies of re-offending measure 'proven' offending: that is, offences where an offender has been convicted and thus proven to have committed the offence. Discussion will need to take place with any potential evaluator in relation to this.

The Small Grants Scheme – data requirements

The Small Grants Scheme also has a number of clearly defined activities that can be measured as outputs (Table 5). These include the number of grants provided for local projects, the number of interventions developed by local projects and the number of young people mentored by local projects. These data are all collected by the project team.

It is difficult to develop outcomes that relate specifically to this project due to the number of projects and the range of interventions financed. Therefore, it is recommended that:

1. The VRN closely monitor what interventions are implemented as a result of these small grants. This will include monitoring the geographical focus, and the desired targets and nature of intervention.
2. Any evaluation conducted locally is closely monitored by the VRN.
3. The potential impact of all of these interventions is considered as part of an overall contribution to the overall aims of the VRN for the LLR area.

Table 5: Small Grants Scheme: Output and outcome data

Output	Data source/location
• Number of grants provided for local projects • Number of interventions developed by local projects • Number of young people mentored by local projects	Collected by project
Outcomes	**Data source/location**
• Refer to text	Refer to text

Input data for cost benefit analysis

In order for any future cost benefit analysis to be conducted, it will be necessary to have clear measures of project inputs. The input data required relate to the resources needed to set up

the interventions. Interviews with project staff and an analysis of relevant project documents reveal that inputs have been clearly documented for the VRN and the associated interventions. Table 6 provides a summary of the key inputs associated with each intervention.

Here it is recommended that future evaluators work through the project inputs with the VRN team as soon as possible in the evaluation phase. This will enable clarity on what inputs have been spent in terms of project set up, what ongoing costs there are and how data might be collected and transferred to the evaluators in future.

Table 6: Input data required for each VRN intervention

Intervention	Key identified inputs
Violence Intervention Project	-VRN set up and management costs -Staff costs (four key workers & supervisor) -Merchandise costs -Clothes for victims -Marketing (leaflets etc.)
Street Mediators	-VRN set up and management costs -Staffing and mediator costs -Equipment (stab-proof / high visibility jackets) -Travel costs of mediators to sites -Pop-up activities (food costs etc.)
Mentors in Violence Prevention	-VRN set up and management costs -Coordinator costs -Training costs -School inputs required to train mentors -Merchandise for mentors (badges etc.)
The Engage Project	-VRN set up and management costs -Staff costs (four key workers) -Building rent costs -Delivery of interventions
Small Grants Scheme	-VRN set up and management costs -Coordinator costs -Grants provided to community projects

4. Data analysis for the evaluation

This section outlines how the output, outcome and impact data can be analysed for evaluation purposes.

Output data analysis

The main purpose of output data is to allow for project activities to be measured and monitored. It will be necessary for the VRN to constantly measure outputs as the project progresses and for any potential external evaluators to have access to that data for analysis (it might be the case that the VRN would – like any future external evaluator – conduct quarterly analyses of project outputs and to present a report on these). The analysis of output data can largely be based around counts of activities. The most important thing is that output data are routinely collected and saved in a format (such as Excel) that can be easily transferred to potential evaluators.

Output data would then normally be presented in simple tables to outline project activities and to allow for the analysis of the flow of participants through interventions. For example, Table 7 presents an illustration of how output data for the Engage project might be presented to convey how referrals progress through the intervention.

Table 7: Engage project outputs: Quarter 1 to Quarter 4 (illustration)

Outputs/ Activities	Number of occurrences				Year total
	Q1	Q2	Q3	Q4	
Young people referred to Engage	20	21	23	25	89
Young people receiving intervention (% of referrals)	15 (75%)	13 (62%)	20 (87%)	12 (48%)	60 (67%)
Young people exiting after 12 weeks (% of referrals)	10 (50%)	12 (57%)	11 (49%)	9 (36%)	42 (47%)

Of course, further details might also be presented in relation to outputs – such as the characteristics of those subject to intervention.

Measuring impact

The main purpose of collecting outcome data is to identify if the interventions are impactful. This is considered by many to be the most important and also the most challenging aspect of evaluation. Essentially, any impact evaluation is trying to measure an outcome (or set of outcomes) related to an intervention (or a number of interventions) and ascertain what might have happened if the intervention had not been implemented (the counterfactual). The following sections discuss how project impacts might be illustrated for the VRN overall and for each intervention.

Impact assessment – The VRN project

The overarching aim of the VRN is to prevent and reduce youth violence (up to the age of 25) with a focus on serious youth violence in public spaces, including knife crime. Although five interventions are being implemented in order to achieve this, the combination of these interventions should have an effect on a range of outcomes across the VRN area. Therefore, an initial analysis might assess the overall impact of the VRN activity across the Leicester, Leicestershire and Rutland area. This should include an analysis of the long-term crime and public health outcomes that one would expect VRN intervention to impact. Offences that might be impacted include:

- Possession of article with a blade
- Possession of other weapons
- Wounding offences
- Wounding or carrying out act enhancing life
- Less serious wounding
- Actual bodily harm
- Assault offences (with and without injury)[12]

Public health outcomes that might be impacted include:

- Hospital admissions for violence
- Unintentional and deliberate injuries among 15–24 year olds[13]

The offences data are available through Home Office Official Statistics nationally and the public health indicators through Public Health England statistical releases. For both sets of outcomes, long-term trends could be established for the VRN area and comparison groups for analysis could (a) be identified and (b) the required data easily be downloaded. There would need to be some discussion about suitable comparison sites for Leicester, Leicestershire and Rutland. All three areas have a number of statistical comparison sites as identified by Public Health England that could be selected. However, these sites could only be selected if they were not in other violence reduction unit areas receiving funding.

Conducting comparative analyses would allow for the counterfactual to be measured. Such analyses would allow for the project to ascertain if (1) there has been impact in the VRN area and (2) the extent of any impact. Table 8 uses *fictional data* to indicate how such analyses might be conducted and how they would generate outcome results. If the project wanted to measure the impact of the VRN on possession of bladed articles (for example), the analysis might:

1. Identify the number of such offences for the target area 12 months before and 12 months after the start of the project (or for other suitable time periods).

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[12] These offences are Home Office codes 10D, 10C, 5, 5A, 8A, 8G, 8N and 105A.
[13] The Public Health Outcomes Framework 2019/20 (Public Health England, 2019) codes for these indicators are 1.12 and 2.07, respectively.

2. Identify the number of such offences for suitable comparison groups 12 months before and 12 months after the start of the project (or for other suitable time periods).
3. Calculate the differences in the number for each group before and after the intervention.
4. Calculate the differences in percentages for each group before and after the intervention.

The illustration shown in Table 8 depicts a percentage reduction in the target area that outpaced that of the two comparison areas. Thus, if the intervention had not been implemented, there might have only been reductions of between 1.1% and 5.7% in the target area, or between 25 and 132 incidents. Therefore, we can say with some degree of certainty that intervention led to an additional reduction of between 301 and 408 incidents.

Table 8: VRN Impact on possession of bladed articles (Illustration)

	Pre-intervention (12 months)	Post-intervention (12 months)	Change (number)	Change (%)
Target area (i.e. Leicestershire)	2,333	1,900	-433[14]	-18.5%
Comparison area 1	2,333	2,200	-133	-5.7%
Comparison area 2	4,500	4,450	-50	-1.1%

Impact assessment – VIP early help project

The impact of the VIP intervention could be measured through an analysis of the interim outcomes and final outcomes as outlined in Table 1. Here the analysis could be conducted in two steps:

1. **Frequency analysis and tracking of the outcome measures:** The percentage of young people from the cohort with reduced need for statutory service support post-discharge and changes in risk factor scores for the cohort between entry and exit from the intervention could be presented as indicators of interim impact. The latter could represent changes across the risk factors that are measured. In addition, the overall percentage of the cohort with repeat admission to A&E with knife (or other assault) injury, could be presented and the changes in the numbers of knife-related admissions to A&E in 12 months after intervention implementation also observed as an interim impact measure.

2. **Cohort characteristics where outcomes have been most or least successful:** Further analysis might tease out some of the characteristics of the cohort where A&E intervention has the most positive outcomes. For example, an analysis might identify

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[14] A Mann-Whitney U-test would be used to measure the statistical significance between 'pre' and 'post'. The Mann-Whitney U-test is used to test whether two independent samples of observations are drawn from the same or identical distributions.

if there is any relationship between changes in risk factor scores for the cohort receiving intervention and demographics, the type of injury they had upon admission to A&E and previous offending history.

Some consideration might also be given as to whether a comparison group could be set up for this intervention. It might be difficult to set up a comparison group in another hospital A&E department that does not offer this intervention.[15] However, some consideration might be given to whether there is scope to set up an internal comparison group. This might include offering the referral service to some young people who fit the criteria for intervention and not others. Such a comparison group would potentially increase the robustness of the evaluation (if a large enough sample could be achieved[16]), though there are ethical issues associated with this that would require further discussion (i.e. whether it is ethical to offer the service to some vulnerable people and not others).

Impact assessment – Street Mediators

The impact analysis for the street mediator intervention could involve a simple frequency analysis of the indictors as outlined in Table 2. Therefore, the percentage of the cohort engaging in youth provision as a result of mediator intervention and the percentage of the cohort recording improved attitudes to knife possession or knife crime could be presented as positive indicators of change.

Consideration might also be given to conducting a more sophisticated analysis of outcomes across some comparison areas. For example, it would be expected that the intervention generates a reduction in knife possession and a reduction in knife crime in the targeted areas. Therefore, it would be worth analysing the long-term knife possession and knife crime statistics in the target areas as contrasted with a number of comparison areas, which could include other locations in Leicester that match the target areas in terms of area profile (matching on Indices of Multiple Deprivation profiles would be adequate) and have a similar profile in relation to knife offences.[17]

The comparison areas might be analysed by:

1. Grouping the target areas together and comparing them to a group of additional sites.
2. Pairing up target areas to individual comparison sites and comparing the outcomes.

The analysis conducted could mirror the analysis outlined in Table 8.

Impact assessment – Mentors in Violence

For MVP, a number of interim outcomes were identified (Table 3). These outcomes measures – attitudes to violence after intervention, behaviour after intervention, school attendance

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[15] Some preliminary discussion has taken place with one A&E department who were clear that this would present a number of ethical and logistical challenges.

[16] A sample size of at least 50 in the treatment and comparison group would be required to conduct a comparison with statistical validity.

[17] There would also need to be consideration given to a comparison site for Loughborough.

after intervention – could be presented as simple 'before' and 'after' indicators that would indicate efficacy.

Previous evaluations of MVP have also attempted to determine the impact of the MVP programme by comparing differences in perceptions towards violent behaviours between 'target' and 'comparison' schools running a survey (Katz et al., 2011). It might also be worth trying to set up a comparison group for MVP. Possibly the easiest way to do this would be to focus on an outcome measure such as school exclusions, where some data on the patterns of fixed-term and permanent school exclusions are available (HM Government Statistics, 2020a; 2020b). Here the impact analysis might measure the number of fixed-term and permanent exclusion in schools that are part of intervention pre- and post-intervention. However, this would be dependent on being able to obtain accurate exclusion data from schools taking part in the intervention.

Comparison might then be made with:

1. Schools that are part of the local authority area but are not subject to intervention (e.g. a sample of schools in Leicester). This would also depend on being able to obtain accurate exclusion data from schools taking part in the intervention.

2. A selection of local authority areas that are outside of Leicestershire but well-matched statistically (these data would be available in HM Government Statistics).

3. The national rate of fixed-term and permanent exclusions (HM Government Statistics, 2020a, 2020b).

As with the above, if suitable comparison groups could be set up, the analysis that is conducted could mirror the analysis outlined in Table 8.

Impact assessment – Engage project

The impact analysis for the Engage project might be conducted in two steps. As with the other interventions, a frequency analysis and tracking of the interim outcome measures would need to be conducted. Therefore, an analysis would need to identify the percentage of referrals entering education, training and employment; the percentage entering suitable accommodation and changes in relation to key areas of risk assessment (family and friends, ETE, living arrangements, confidence and self-esteem, physical health, emotional and mental health, interests and hobbies, substance misuse and safety). Here a comparison of risk factor scores for the cohort between entry and exit from the intervention could be presented as indicators of impact. However, it would also be necessary to conduct further analyses to identify the characteristics of the cohort where outcomes have been most or least successful (for example, demographics and previous offending history).

As the Engage project largely mirrors other IOM projects, the final impact analysis could replicate the types of reconviction analyses completed in such projects. This would include tracking the outcomes for the cohort including percentage re-offending (any crime), the percentage of re-offending (violent crime), frequency of re-offending (any crime), frequency of re-offending (violent crime) and severity of offending. This would normally be conducted

for a 12-month period after the intervention; though ideally it should be extended to two years where possible to allow for a longer follow-up period.

A further question is whether it would be possible to set up a comparison group for the Engage project. As with the VIP early help intervention, some consideration might be given as to whether an internal comparison group is possible. This might include offering the referral service to some young people who fit the criteria for intervention but not others (again it is acknowledged that there might be ethical reasons why the VRN might not want to do this). A further option would be to explore the option of developing a well-matched comparison group. Several reconviction studies have utilised the Justice Data Lab[18] service, which develops a well-matched comparison group for an intervention and analyses the proven offending (reconviction) data for the treatment and comparison groups (see Justice Data Lab, 2020). One possibility would be for the VRN (or any external evaluators) to explore the feasibility of using this service.

Cost benefit analysis

A cost benefit analysis allows for the calculation of the financial benefits of intervention. This analysis is based on three calculations:

1. The cost of intervention (input costs).
2. The costs saved through reductions in violence attributed to the intervention.
3. Subtracting the costs of intervention from the costs saved through reductions in violence to assess the financial and cost benefits[19] gained through the intervention.

In Section 3, the key inputs for each intervention were identified (Table 6). These inputs must be firmed up with potential future evaluators and costs attributed to them. Once calculated, these provide the input costs. The costs saved through reductions in violence attributed to the intervention would need to be calculated in two steps. First, it needs to be ascertained *what type* and *the number* of incidents each intervention has prevented. The impact analysis as described above would ascertain how many incidents had been prevented as a result of VRN activities.

Second, a cost for each incident the project has prevented would need to be calculated. There is much debate about how the costs of crime should be calculated and the financial cost that could be attributed to reductions in crime. A useful analysis of such costs comes from Heeks et al. (2018), who developed indicators of unit costs of crime based upon costs in anticipation of crime (prevention costs etc.); consequences of crime (physical and emotional damage); and in response to crime (police costs and criminal justice system costs). The methodology is crude in that it is only able to calculate costs for crimes such as 'violence with injury' and 'violence without injury', rather than a full range of violent and weapons-related offences (such as possession or use of a bladed article). However, the study calculates unit costs for violence with injury of £14,050 and violence without injury of £5,930, which could be used as indicators for cost benefit calculations in this study.

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[18] The Justice Data Lab is based in the Ministry of Justice.
[19] This is also referred to as a 'break-even' analysis.

Evaluation robustness: What works and why?

The previous sections have outlined how the VRN and its interventions might be evaluated. It is encouraging that much of the data in relation to inputs, outputs and interim outcomes is available and already being collected. However, some work is required around the collection of outcomes and in developing suitable comparison data. At this stage, it is worth remembering that, although many evaluations do not utilise comparison data, this is much to the detriment of the robustness of the studies. The Maryland Scale, which is possibly the most commonly-used guide to evaluate robustness, makes it clear that comparison data are necessary for statistical validity. The criteria for the Maryland Scale are outlined below (Table 9) where policy evaluations are ranked from 1 (least robust) to 5 (most robust) according to the robustness of the method used and the quality of its implementation. It should be noted that levels 2 to 5 all include comparison or control groups.

Table 9: Maryland scale

Level	Example of measure
Level 1 [least robust]	*Correlation between prevention programme or intervention and a measure of crime at a point in time (i.e. areas with CCTV have lower rates of public violence than areas without CCTV)*
Level 2	*Measure of crime before and after the start of a programme or intervention, with no control or comparison group in place (i.e. public violence decreases after CCTV is implemented)*
Level 3	*Measure of crime before and after the start of a programme or intervention, with a control or comparison group in place (i.e. public violence decreases after CCTV is implemented in the experimental area as compared to the comparison area)*
Level 4	*Measure of crime before and after the start of a programme or intervention in multiple experimental and control units, controlling for the variables that influence crime (e.g. violence in business with CCTV decreased compared to violence in control premises, after controlling for location-related features that influenced their victimisation)*
Level 5 [most robust]	*Random assignment of program and control conditions to units (e.g. violence of premises randomly assigned to have CCTV surveillance decreased compared to violence in control premises)*

Note: Adapted from Farrington, 2002.

Therefore, it is recommended that the evaluation considers the development of comparison groups. More expansively, while the suggestions made for data collection and analysis in the previous sections will allow for *impact* to be evaluated, it needs to be borne in mind that this method is not able to tell us *why* or *how* the intervention 'worked' or did not work. In order to develop further understanding, it would be worth considering the following:

1. **Reflective process interviews with project staff:** Most evaluations include process mapping and interviews with practitioners involved in the delivery of interventions. Indeed, the interviews conducted as part of the fieldwork for this study have asked

about 'process' and the delivery of interventions. While any future evaluation will need to include some further process mapping, it is recommended that such interviews take place towards the end of the project. This means that rather than just describing how the interventions were implemented, the participants can be more reflective about what appeared to work, what was changed (and why) and what might be done differently in the future.

2. **Reflective interviews with target groups:** All of the project interventions involve delivery of a service or the provision of information to a young person. However, each intervention targets different groups, including those already convicted (Engage); those who might be involved in street violence (VIP early help project); those at risk of carrying weapons (Street Mediators); and school children who might be at risk in the future (MVP). Therefore, the theory of change is different for each intervention. Discussions with the project leads have revealed that there are plans to engage with young people to evaluate the efficacy of the interventions. However, these largely focus around conducting assessments of risk factors throughout the course of the implementation phase. Future evaluators might also want to consider whether additional data should be collected directly from young people in receipt of intervention that allows for a deeper understanding of how an intervention helped them to change (or failed). This might include conducting interviews or focus groups (some of which could be written up as case studies) with those who have completed an intervention or will do so in the near term. This might yield a useful source of data in relation to 'what works' and learning for future practice. However, conducting such fieldwork with young people can raise a number of ethical issues that must be carefully considered.

The effects of Covid-19

The likely long-term effects of the outbreak of the Covid-19 virus are unknown. In the United Kingdom a period of self-isolation for the elderly and most vulnerable was imposed by the government on Friday 20th March 2020, with a period of full lockdown implemented from Monday 23rd March 2020. At the time of writing (mid-April), the lockdown is still in operation.

The Covid-19 pandemic is especially pertinent for the VRN due its focus on public space violence. Many scholars have analysed violence through a routine activity framework (Cohen & Felson, 1979). Routine activity theory postulates that for direct contact crimes (such as public space violence) to occur, there must be a convergence in time and space of a motivated offender and a suitable target (a victim) in the absence of capable guardianship (somebody who might witness or intervene in the crime). When public space violence is conceptualised in these terms, it begins to become evident how changing routine activity patterns might impact upon violence. Under normal circumstances, everyday routine activities will lead to convergence points between offenders and victims that will generate violence. However, the lockdown implemented in order to reduce the spread of Covid-19 has radically altered the everyday routine activity patterns of citizens who might engage in public space violence or fall victim to such violence.

No peer-reviewed academic research or government statistics have yet been published on the impact of Covid-19 on crime or public space violence. However, there is much speculation that public space violence will reduce radically, while other forms of violence (such as domestic violence) will increase. This creates a challenge for the VRN and the evaluation of the efficacy of interventions. Indeed, there will be a period where public space violence will reduce significantly due to imposed changes in everyday routine activity patterns (the lockdown) rather than due to VRN intervention.

As this is a national change in routine activity patterns, all of the Home Office-funded violence reduction projects will be faced with the same dilemma. Therefore, it is recommended that either the VRN or the appointed external evaluator seek central Home Office advice on how to proceed.

Summary

This report has presented an evaluation framework for the Leicester, Leicestershire and Rutland VRN. The study found that much work has been done by the VRN to bring partners together and to build the infrastructure – including a project team and programme board – to allow for the establishment of a number of interventions. Five interventions are being implemented that focus upon diverting young people from the onset of violent offending or reducing the likelihood of re-offending for those already convicted of violent crimes.

As outlined in Section 2 of this report, these interventions are clearly defined and have identifiable target groups. A number of project activities and intended outcomes can be identified for the VRN overall and the related interventions. A number of output measures have been identified that allow project activities to be measured. A range of outcome measures have also been identified – though for three interventions, there were also measures – better described as interim outcomes – that were identified. The inputs or resources required to set up and run the project and its associated interventions have also been highlighted.

The fieldwork has identified that an evaluation of the VRN including analysis of outputs, outcomes and a cost benefit analysis could be conducted. Section 4 of this report outlines an analysis plan that would allow for efficacy of outcomes to be measured. It is also apparent that the VRN is already collecting much of the data required for this analysis.

There are, however, several steps that need to be taken into account before any monitoring or evaluation work can commence. It is recommended that:

1. **The VRN develops final composite set of output and outcome measures for each intervention:** Output and outcome measures have been identified in this report. The majority of these have been identified through project documentation and interviews. However, some additional measures (and interim measures) have been added by the authors of this report. It is suggested that a final composite list is developed in discussion with any future external evaluator. Once the outputs

and outcomes are confirmed, routine data collection and the building of datasets for analysis should commence in partnership with any external evaluators.

2. **Consideration is given to the development of comparison groups:** As outlined in Section 4, in order to conduct a robust evaluation, consideration needs to be given to the development of comparison areas or control groups for the interventions. Suggestions have been made in this report is to what these groups might look like and how they might be analysed to measure impact.

3. **Consideration is given to conducting 'reflective' process interviews:** While any future evaluation will need to include some further process mapping, it is recommended that such interviews take place towards the end of the project. This means that rather than just describing how the interventions were implemented, the participants can be more reflective about what appeared to work, what was changed (and why) and what might be done differently in the future.

4. **Consideration is given to conducting 'reflective' interviews with young people in receipt of intervention:** Future evaluators might want to consider conducting interviews with young people in receipt of intervention that allows for a deeper understanding of how intervention helped them to change (or failed). This might include conducting interviews or focus groups (some of which could be written up as case studies) with people who have completed an intervention or are coming close to completing an intervention. This might yield a useful source of data in relation to 'what works' and learning for future practice.

5. **A timetable for evaluation activities should be set:** This might include setting provisional deadlines for a process evaluation, monitoring of project outputs and a final evaluation report.

6. **There needs to be some discussion about the impact of Covid-19 on the intended project outcomes and patterns of violence generally:** This will obviously impact the findings of any outcome analysis. This needs to be discussed internally and with Home Office funders.

References

Bosick, S.J., Bersani, B.E. & Farrington, D.P. (2015) 'Relating Clusters of Adolescent Problems to Adult Criminal Trajectories: a Person-Centred, Prospective Approach', *Journal of Developmental and Life-Course Criminology*, 1(1), pp. 169–188.

Cohen, L. & Feslon, M. (1979) Social Change and Crime Rate Trends: A Routine Activity Approach. *American Sociological Review*, 44(4), pp. 588–608.

College of Policing (2020) What Works Tool kit. https://whatworks.college.police.uk/Support/Pages/Evaluation-Toolkit.aspx [Accessed 15th April 2020].

Early Intervention Fund (2020) Evaluating early help: A guide to evaluation of complex local early help. https://www.eif.org.uk/resource/evaluating-early-help-a-guide-to-evaluation-of-complex-local-early-help-systems [Accessed 15th April 2020].

E2 (2020) Empowering through Education: E2 Homepage. https://www.e2online.co.uk/index.php [Accessed 7th April 2020].

Eriksen, S. (2015) *Program Evaluation 2015: The Mentors in Violence Prevention Leadership Training at California State University, Long Beach*. http://www.mvpstrat.com/wp-content/uploads/2016/03/program-evaluation-report-sje-december-2015.pdf [Accessed: 12th April 2020].

Farrington, D.P. (2015) 'The Developmental Evidence Base: Psychosocial Research', in Crighton, D.A. and Towl, G.J. (eds.) *Forensic Psychology: Second Edition*. West Sussex: John Wiley & Sons Ltd, pp. 161–181.

Go-Getta (2020) Project Homepage https://go-getta.org.uk/about-us [Accessed 14th April 2020].

Heeks, M., Reed, S., Tafsirim. & Prince, S. (2018) The economic and social costs of crime Second edition, Research Report 99 July 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732110/the-economic-and-social-costs-of-crime-horr99.pdf [Accessed 15th April 2020].

Heisterkamp, A. & Fleming, W.M. (2017) *Center for Violence Prevention Semi-Annual Report to the Iowa Department of Public Health (IDPH Grant No. 5888RPO3)*.

HM Government (2011) *Ending Gang and Youth Violence: A Cross-Government Report including further evidence and good practice case studies*. Home Office, London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97862/gang-violence-detailreport.pdf [Accessed 15th April 2020].

HM Government Statistics (2020a) Permanent and fixed period exclusions in England 2017 to 2018
https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2017-to-2018 [Accessed 15th April 2020].

HM Government Statistics (2020b) *Pupil Exclusions 2020*.
https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/absence-and-exclusions/pupil-exclusions/latest [Accessed 15th April 2020].

Home Office (2019) Additional 35 million for Violence Reduction Units.
https://www.gov.uk/government/news/additional-35-million-for-violence-reduction-units [Accessed 26th March 2020].

Home Office (2020) Violence Reduction Unit Local Evaluation Guidance Note, February 2020 [Unpublished – circulation to VRUs only].

Justice Data Lab (2020) Annual Statistics https://www.gov.uk/government/statistics/justice-data-lab-statistics-april-2020 [Accessed 15th April 2020].

Katz, J., Heisterkamp, A. & Fleming, W.M. (2011) 'The Social Justice Roots of the Mentors in Violence Prevention Model and Its Application in a High School Setting', *Violence Against Women*, 17(6), pp. 684–702.

MVP Scotland (2020) *Supporting the health and wellbeing of Young People in Scotland*.
http://mvpscotland.org.uk/ [Accessed 7th April 2020].

MVP Strategies (2020) The Bystander Approaches: MVP Strategies http://www.mvpstrat.com/the-bystander-approach/.[Accessed 7th April 2020].

Public Health England (2019) Public Health Outcomes Framework 2019/2020 (2019) https://fingertips.phe.org.uk/profile/public-health-outcomes-framework [Accessed 15th April 2020].

Streets of Growth (2020) Project Home Page
http://www.streetsofgrowth.org/what-we-do [Accessed 14th April 2020].

Thornberry, T.P. (2005) 'Explaining Multiple Patterns of Offending across the Life Course and Across Generations', *The ANNALS of the American Academy of Political and Social Science*, 602(1), pp. 156–195.

Viswanathan, S., Datta, S., Sheridan, P. and Lax-Pericall, T. (2014) '"Too Young to be Worried!" Psychiatric Assessment and Follow-up of Young People After Severe Physical Assault in an Inner City Hospital of South London', *Annals of Medical and Health Sciences Research*, 4(1), pp. 85–89.

Williams, D.J. & Neville, F.G. (2017) 'Qualitative evaluation of the Mentors in Violence Prevention pilot in Scottish high schools', *Psychology of Violence*, 7(2), pp. 213–223.

Annex A: Project methodology

There were four main strands to the methodology. These included interviews with project staff, analysis of documents, a literature review and engagement with a range of policy officials employed in rolling out VRUs and developing national indicators for VRUs. These are outlined below.

Interviews with project staff

Interviews were conducted to develop an appropriate evaluation framework for the VRN. Prior to the interviews, an initial roundtable session was run with the Strategic Director, Programme Manager and Public Health England Advisor. This aimed to understand the overarching aim of the VRN and what interventions were being implemented. Subsequently, interviews were conducted with staff involved in implementing and operating the interventions. The interviews involved the Strategic Director, Head of Service Design and Implementation, and the Community Engagement Lead from the VRN, as well as representatives from the respective external agencies, including a Partnership Manager, Director, Chief Executive Officer, and Project Administrator. The interviews were semi-structured and conducted face-to-face. The themes that were covered in the interviews are presented in Table A1.

Table A1: Structure and purpose of interviews

Strand of interview	Purpose
Theory of change	To understand what interventions are being implemented and how they are expected to generate change within the context of their implementation. Review whether similar interventions are being run at the location or adjacent to it.
Process of implementation	To understand which agencies and individuals are responsible for the delivery of the interventions, how these agencies work together, how they communicate with each other and what the possibilities are for sustaining partnerships and the delivery of interventions over time. This will include mapping out stakeholder involvement, understanding how projects are set up, if there have been any challenges in delivery of interventions so far and if or how interventions are likely to change over time. It will also aim to understand which stakeholders will need to be involved in process evaluation.

Outputs	What outputs are expected to be produced and how these can be measured (are output data currently being collected – i.e. numbers of sessions run, people targeted etc.). We will also consider if outputs are likely to change over the course of the projects.
Outcomes	What outcomes are expected to be produced and how can these be measured (are outcome data currently being collected – i.e. reductions in violence measures). We will also consider if outcomes are likely to change over the course of the projects.
Costs	What resources have been allocated to the intervention and over what period of time (i.e. people, materials, office space etc.). Are data readily available and being collected that would allow a cost benefit analysis to be conducted. Are these costs likely to be sustainable.
Development of comparison groups	What potential comparison groups could be developed to test the robustness of outcomes. Which comparisons might be set up (time comparisons, area comparisons, RCTs etc.).
Data protection or GDPR	What data protection or GDPR provisions and considerations need to be considered and put in place for potential evaluators before data collection can begin.

These interviews were recorded, then substantial notes were taken from the recordings that were then analysed.

Document analysis

In addition to the interviews, a number of internal documents were made available to and analysed by the project team. These included:

- **The VRN's 'theory of change' diagram:** This outlined project inputs, activities, outputs, outcomes and impacts.
- **Contract schedule for the Violence Intervention Project:** This outlined the project rationale, how it is meant to work, team composition, assessments, referrals, service requirements, IT requirements, outcomes, outputs, inputs, safeguarding-related issues and contract compliance.
- **Street Mediators project proposal:** This outlined the project rationale, objectives, activities, target outcomes, previous experiences and associated costs.
- **Street Mediators patrol reporting form:** Records the number of interactions with young people, adults and businesses; key demographics of young person; type of information discussed; patrol summary; safeguarding concerns and incident reports.

- **Street Mediators pop-up reporting form:** Contains a participant register, records the session plan, engagement activities, main activity and safeguarding concerns.
- **Evaluation questions for the MVP programme:** This is completed by mentors before the start of training and after sessions, as well as mentees prior to exposure to MVP sessions and after final sessions.
- **Draft copy of the Engage service delivery model:** This outlined the project rationale; purpose; scope; team structure; service approach; referral pathways; issues pertaining to consent, assessment and planning; interventions delivered by the service; breach process in relation to conditional cautions; case recording; exit strategy; outcomes; information sharing agreement; performance monitoring and a communication strategy.
- **List of projects funded by the Small Grants Scheme:** This outlined brief descriptions of the 14 projects, as well as activities delivered by each project.

Policy engagement

The project team also engaged with the control VRU team at the Home Office to discuss the rationale behind VRUs, a feasibility study and plans for the evaluation of the VRUs. There was also engagement with Public Health England in relation to the indicators of success that might be available nationally in relation to health outcomes.

Literature review

A literature review was also conducted. The main purpose here was to (a) identify previous evaluations of similar interventions and to (b) observe how these interventions had been completed. The purpose was to consider whether previous methods used could be transferred to the current project.

A systematic search strategy was employed to support the literature review. First, key search terms relevant to the interventions were used to identify previous evaluations. A range of search terms were used, as the five interventions are vastly different in their approaches to violence reduction and prevention. The search terms included: 'teachable moment', 'reachable moment' and 'hospital-based violence intervention programme' for the Violence Intervention Project; 'street engagement' and 'knife crime' for Street Mediators; 'Mentors in Violence Prevention' for the MVP programme (as it is fairly well-established); 'integrated offender management', 'transitional support' and 'early intervention' for the Engage project; and 'community fund' and 'grant scheme' for the Small Grant Scheme. As it is understood that there has been a limited number of evaluations conducted across all five forms of intervention, there were no geographical restrictions to the search, with no time span specified for the date of publication. Evaluations were included as long as the project under study was similar to any of the five interventions, and had conducted either a process evaluation, impact evaluation or a cost benefit analysis. Sorted according to the type of intervention, evaluation reports that were included were compiled into a summary table, with headings such as: report title, author(s), location, year, process evaluation, impact evaluation and cost benefit analysis.