ROCKET SCIENCE

Evaluation of the Violence Intervention Project

Independent evaluation for the Leicester, Leicestershire and Rutland Violence Reduction Network

May 2023

Contents

Executive Summary

The Violence Intervention Project (VIP) is a service provided within custody and an accident and emergency department for young people who have experienced violence. The model is based upon the reachable moment approach which seeks to engage young people at key times in their contact with services. VIP currently offers two types of service: a brief intervention delivered solely within custody or A&E and a community based 'full support' offer.

In October 2022, Rocket Science was commissioned by the Leicester, Leicestershire and Rutland Violence Reduction Network to complete an independent evaluation of the VIP. The evaluation has incorporated both process and impact evaluation and taken a mixed methodological approach which has included:

- Analysis of monitoring data from 1st January 2022 to 31st March 2023.
- Statistical analysis of reoffending and victimisation of a sample of those engaged by the service.
- Semi-structured interviews with young people, their families and stakeholders.
- Electronic surveys of young people and stakeholders.
- Focus groups with VIP staff.

Findings from the evaluation include:

- In total, the service has had contact with 1,068 young people during the evaluation period, 75% of these contacts (801) occurred within custody.
- Just 132 (12%) of young people engaged have received ongoing support in the community from VIP.
- Young women and 11-15 year olds are significantly more likely to receive community support.
- Those with convictions for serious violence are significantly less likely to receive community support.
- The dosage of support is substantially lower than that in the service model. Monitoring data indicates an average of 6.5 support sessions at an average of one appointment every 3 weeks. Young people however report 1-2 weekly sessions of 30-60 minutes in duration, although a number did express a desire for more support from the service.
- There are no significant differences in rates of reoffending, severity of reoffending or subsequently being a victim of crime for those who have received support.

- There is evidence of improvement across all areas of need measured by the Strengths and Difficulties Questionnaire (SDQ) with a statistically significant positive change in the area of hyperactivity/inattention.
- Young people and their families describe a supportive and flexible approach by VIP workers which has had positive impacts on their wellbeing and motivation to engage with employment and educational opportunities.
- Stakeholders are clear on the aims and referral routes to the service.
- Those partner organisations who receive referrals from the VIP team report strong communications with the service in the care and support of young people. This has recently included the introduction of case management discussions.

Based on the findings we make a number of recommendations to both enhance the evidence base and potentially develop the service. In summary these are:

1. Improve and refine the data collected through the monitoring returns.
2. Ensure there is clarity on the model, including what entails a reachable moment for young people, and to distinguish between initial engagement and brief intervention activities.
3. Explore opportunities to build engagement with the service and particularly in relation to increasing acceptance of community support. Ways to develop engagement through the co-production of communication materials may be beneficial in ensuring an attractive offer to young people.
4. A review of the delivery model including the scope and inclusion criteria for the service. This should include consideration of whether resources currently available within A&E might be better utilised in custody.

1. Introduction

1.1 Context of the service

In October 2022, the Leicester, Leicestershire and Rutland Violence Reduction Network (referred to as the VRN going forward) commissioned Rocket Science to conduct a process and impact evaluation of the Violence Intervention Project (VIP). The VIP has been operating in accident and emergency (A&E) since February 2020 and was expanded to operate from police custody in December 2021. The service, delivered by Turning Point, provides support for 11–25-year-olds across Leicester, Leicestershire, and Rutland, who have experienced serious violence as either a perpetrator and/or a victim.

The VIP model is based on a 'reachable moment' approach which seeks to engage young people at key times when they have been involved in violence. This approach is increasingly being used to deliver a public health approach to complex needs such as youth offending, particularly within A&E settings when healthcare workers may not know how best to intervene[1]. Despite the increased use of the model there has been an identified need for ongoing review and evaluation[1] and whilst comparable interventions such as navigator programmes are estimated to have a high impact on violence by the Youth Endowment Fund, the quality of evidence remains low[2].

The VIP aims to facilitate reintegration into the community and address risk factors which increase the likelihood of being involved in violence in the future. To do this, the VIP team engage with the young person while in police custody or A&E, and collaboratively complete a comprehensive risk assessment, safety plan and set goals. Two models of support are offered by the service:

- Brief intervention – This is delivered solely within custody or A&E, during which the support worker collects basic information and seeks to engage the young person in support. This includes providing information about the project and what they can expect from the service as well as signposting to other sources of support.

[1] Wortley E, Hagell A. Young victims of youth violence: using youth workers in the emergency department to facilitate 'teachable moments' and to improve access to services. *Archives of Disease in Childhood - Education and* Practice 2021; 106:53-59.

[2] Youth Endowment Fund Toolkit. https://youthendowmentfund.org.uk/toolkit/ae-navigators/ Last accessed 23rd May 2023.

- Full engagement – This includes community support from the VIP staff after the young person is released from custody or A&E. The support worker will continue to support the young person to access other services, act as an advocate, and offer continued emotional support.

The VIP team are also supported by interconnected services including specialist employment, education and training support delivered by Leicestershire Cares and access to sports and fitness programmes provided by Leicester City in the Community. It should be noted that these elements are not within the scope of the evaluation.

The evaluation methodology

This evaluation has taken a mixed methodological approach to answer three specific research aims:

1. Understand how and why participants achieve outcomes, which participants do or do not achieve outcomes, and what factors are the most important drivers of outcomes.
2. Evidence the short-term outcomes already achieved and the long-term impacts of the intervention.
3. Assess the feasibility of conducting an experimental impact evaluation of this intervention in the future.

To address these questions, we have taken a multi-stage approach which has included:

- Data scoping - This includes determining what data is available and whether a quasi-experimental approach is achievable.

- Descriptive statistics - Monitoring data covering the period the 1st of January 2022 to the 31st of March 2023 has been analysed to explore the project output and outcomes.

- Statistical analysis - The main statistical test used in the analysis in this report has been the Fisher Exact Test, which is well suited for analysing categories where either the total number in the category is small or there are only a small number of positive results. For the analysis in section 2.2.4 of re-offending rates for a set of 42 young people, a mixture of Fisher Exact Test and Paired Two Sample t-Test methods have been used.

- Interviews with young people and their families/carers - Qualitative semi-structured interviews with young people who have participated in the project and their family members

have been conducted to understand their experiences and perspectives. In total 13 interviews with young people and three interviews with family members have been completed. Young people and their families were compensated for their time with a £10 gift voucher. All interviews were completed via telephone or a virtual meeting (e.g. Teams).

- Surveys - Two electronic surveys were distributed. The first was circulated to stakeholders by the VRN via email to gather perspectives on their experience of working with the VIP. 16 responses were received.

  A second survey was distributed via email or text message to young people who had or were engaged with the service by VIP support workers. The survey enquired about young people's experience of support and the outcomes they achieved through the service. Those completing the survey were entered in to a draw to win one of two £50 gift vouchers. 22 responses were received, the respondents ranged from ages 13 to 26 years old, with the majority of respondents being 18 or under (68%, n=15).

- Interviews with stakeholders - Interviews were conducted with referral partners including Custody Sergeants and system partners within Leicestershire Cares and Leicester City in the Community to understand the wider system impacts of the VIP programme as well as key stakeholders' perspectives on the project and referral routes. In total, 6 interviews were completed.

- Focus group with delivery staff - Two focus groups were facilitated with the support worker team. The first explored the staff member's experiences of the project, barriers and enablers to delivering support and their perceptions of the impact for young people. The second group presented the findings from the interim report and provided an opportunity for discussion around the emerging conclusions and recommendations.

1.1.1 Methodological limitations

As with most evaluation and research there are limitations to the methodology we have been able to apply. Whilst we are confident in the findings presented in this report, further evidence may change future conclusions and this report makes a number of recommendations to further develop the evidence of the service. Limitations of this evaluation include:

- The engagement of young people and their families was a challenge over the evaluation and the numbers are lower than planned. This was despite increasing the scope of the evaluation to include those accessing the service via A&E, and the introduction of a survey for young people. Additionally, due to the very nature of the support those young people we have spoken to are those who have only received support in the community. We have not been able to interview any young people receiving a brief intervention in A&E or custody. The limited engagement therefore hampers the evaluations' ability to draw firm conclusions about young people's experience of the service, particularly those receiving the brief intervention, or how they attribute outcomes to the support they have received.

- Data completion has also posed a challenge for the evaluation and its ability to draw definitive conclusions. There is a limited number of participants who had completed both a pre- and post-participation Strengths and Difficulties Questionnaire, which made it harder to demonstrate statistical significance of changes reported by young people in the survey returns. There are also substantial gaps in data relating to appointments and frequency of support making the actual intervention dosage young people receive difficult to determine. Similarly, having information on offences committed pre- and post-participation for a larger number of young people could have helped demonstrate significant changes in offending levels following involvement in VIP.

2. Quantitative findings

This section presents the findings of the evaluation drawn from the data captured by the service as part of the contract monitoring process with the VRN. Section 2.1 uses this data to explore the profiles and characteristics of those young people who have accessed the service and the levels and types of support they have received. Section 2.2 reports the outcomes for young people reported by both the VIP and also draws upon data from the Strengths and Difficulties Questionnaire (SDQ) and offending and victimisation data obtained by the VRN from Leicestershire Police's Data Management System.

2.1 Service delivery

A range of demographic, offence and risk data is collected by the VIP team at the point of initial contact with the young person. This section reports on both descriptive and statistical analysis of this data.

2.1.1 Demographic profiles

VIP has had contact with 1,068 young people since the start of 2022, the majority of which have had some form of engagement (ie either brief intervention or full engagement).

In total, since the start of the calendar year 2022, 1,068 young people have come into contact with the VIP. The majority (63%, n=674) of these have engaged in a brief intervention only.
132 young people (12%) have fully engaged with the service, with the remaining 262 (25%) either did not engage in any form or there was no data available.

A higher proportion of young people have been fully engaged in an A&E setting than in a custody setting.

Figure 1 below shows that the majority of young people (75%, n=800) have been contacted in a custody setting with just 268 (25%) of contacts being made within A&E. However, a greater proportion of those seen in an A&E have fully engaged with the programme (17%, n=45) in comparison to those seen in custody (11%, n=87). The overall full engagement rate for the project as a whole is 12% (n=132).

Figure 1 - engagement levels by VIP setting

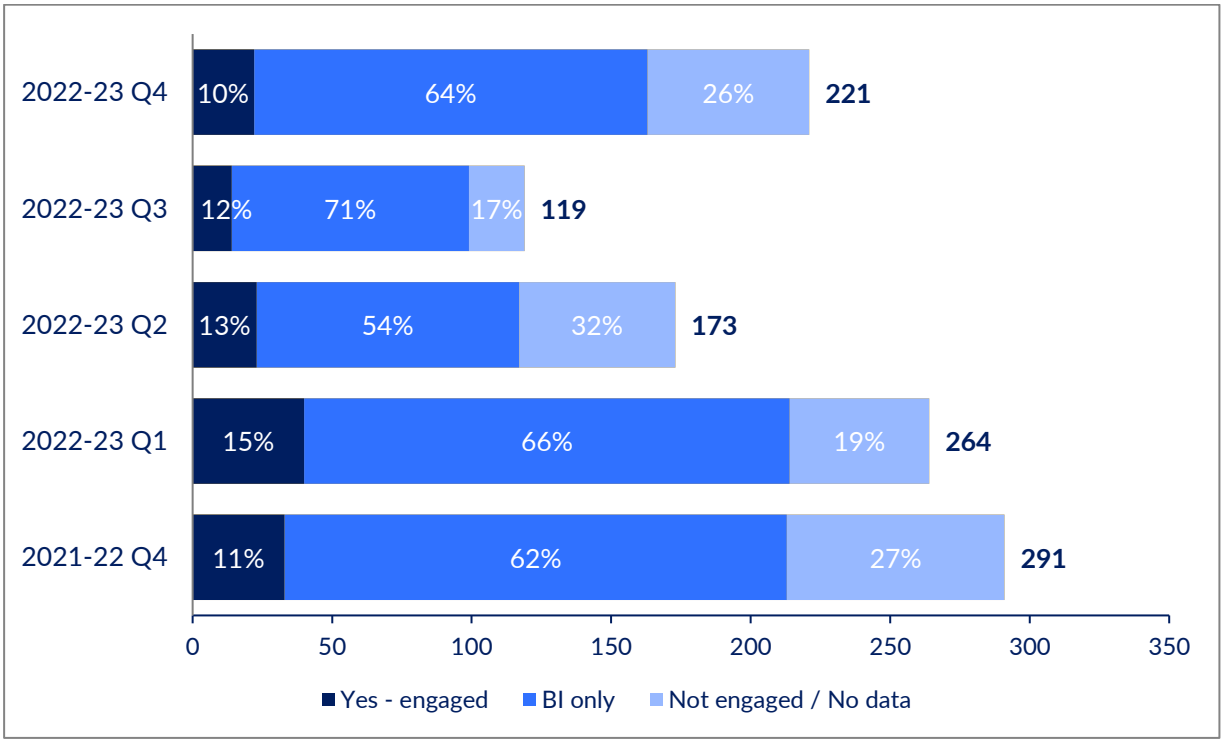
	VIP setting					
Engagement	A&E		Custody		**Overall**	
Yes - engaged	45	17%	87	11%	**132**	**12%**
BI only	154	57%	520	65%	**674**	**63%**
Not engaged / No data	69	26%	193	24%	**262**	**25%**
Total	**268**		**800**		**1,068**	

Total engagement has decreased since Q4 2021-22, although there has been an upturn in the most recent Q4 2022-23 figures.

Figure 2 below shows that the number of new participants is lower in recent quarters than it was in the first six months of the 2022 calendar year (ie Q4 – 2021-22 and Q1 – 2022-23).

There has also been a decrease in the proportion of participants who have fully engaged with the service (10%, n=22) in comparison to first 6 months of 2022 (13%, n=77).

Figure 2 - engagement levels by quarter



Full engagement levels are significantly higher for female participants and significantly lower for male participants.

The gender of 1,067 out of 1,068 participants was recorded. The VIP has come into contact with significantly more males, the ratio of males to females is 7.1 to 1. Analysis of full engagement rates shows that the proportion of female participants who fully engage with the service (23%, n=30) is significantly higher than males (11%, n=101).

Figure 3 - Engagement levels by gender

Gender	Fully engaged	All	% fully engaged	p-value	Significant? (p < .05)
Male	101	934	11%	.0002	y
Female	30	130	23%	.0003	y
Trans / non-binary	1	3	33%	.3274	n
Total	**132**	**1067**	**12%**		

Full engagement levels are significantly higher for younger participants aged 11-15 for both A&E and custody settings and significantly lower for older participants aged 21 or over.

The age profile of participants varied by setting, with over half (52%, n=409) in custody aged 16-20 years, nearly a third (32%, n=249) aged 21-25 years and only 17% (n=132) aged 11-15 years. The distribution of ages was more even in A&E with 38% (n=99) in the 21-25 year age group, 35% (n=90) aged 16-20 years and 27% (n=69) aged 11-15 years.

Figure 4 below shows that a higher proportion of young people have fully engaged with the project (the dark blue bars in the chart).

Figure 4 - Engagement levels by age of participant

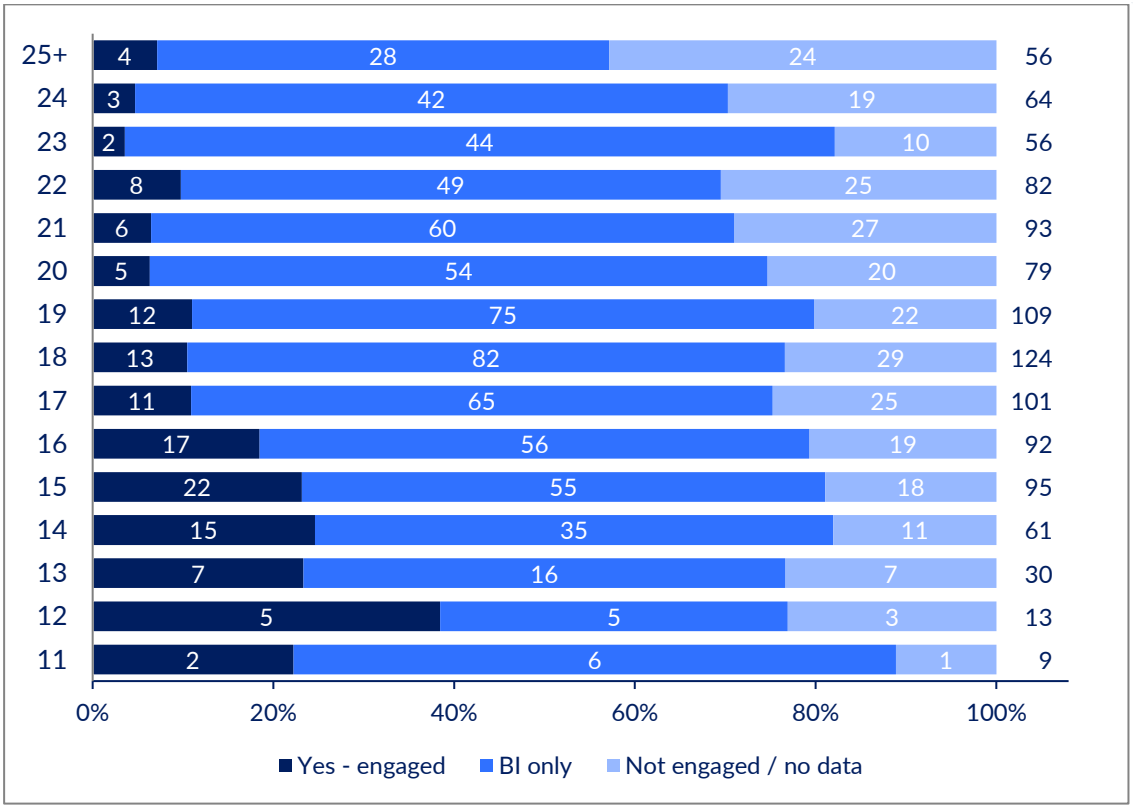


Figure 5 shows the results of significance testing for five-year age bands (11-15, 16-20 and 21-25) for levels of full engagement. This demonstrates that those aged 11-15 are significantly more likely to fully engage in both the A&E and custody settings, as well as with the VIP overall. Conversely, those aged 21-25 are significantly less likely to fully engage in both A&E and custody settings and the project overall.

Figure 5 – Full engagement by age range, showing significance of difference from overall engagement rate

(NB – total figures do not include participants where either no age or no engagement data was available)

A&E

Age range	Fully engaged	All	% fully engaged	p-value	Significant? (p < .05)
11-15	23	69	33%	.0001	y
16-20	11	90	12%	.1228	n
21-25	11	99	11%	.0425	y
All	**45**	**258**	**17%**		

Custody

Age range	Fully engaged	All	% fully engaged	p-value	Significant? (p < .05)
11-15	28	132	21%	.0002	y
16-20	47	409	11%	.7201	n
21-25	12	249	5%	.0001	y
Total	**87**	**790**	**11%**		

VIP - overall programme

Age range	Fully engaged	All	% fully engaged	p-value	Significant? (p < .05)
11-15	51	201	25%	.0000	y
16-20	58	499	12%	1.000	n
21-25	23	348	7%	.0000	y
Total	**132**	**1048**	**13%**		

The majority of participants (620, n=63%) were white. There are no significant differences between full engagement by ethnicity.

Data on ethnicity was available for 988 out of 1,068 participants. Of these, 63% (n=620) were white. Figure 6 illustrates the analysis of full engagement rates shows the highest level of engagement from Asian participants (14%, n=17) and the lowest from Black participants (8%, n=9), but these differences are not statistically significant.

Figure 6 – Full engagement by ethnicity

Ethnicity	Fully engaged	All	% fully engaged	p-value	Significant? (p < .05)
White	81	620	13%	.45	n
Asian	17	121	14%	.56	n
Black	9	111	8%	.17	n
Mixed / multiple ethnicity	12	96	13%	1.00	n
Not stated	8	80	10%	.60	n
Other	5	40	13%	1.00	n
Total	**132**	**1068**	**12%**		

34% (n=203) of programme participants had a disability (where status was recorded). Disabled participants had a significantly higher rate of full engagement.

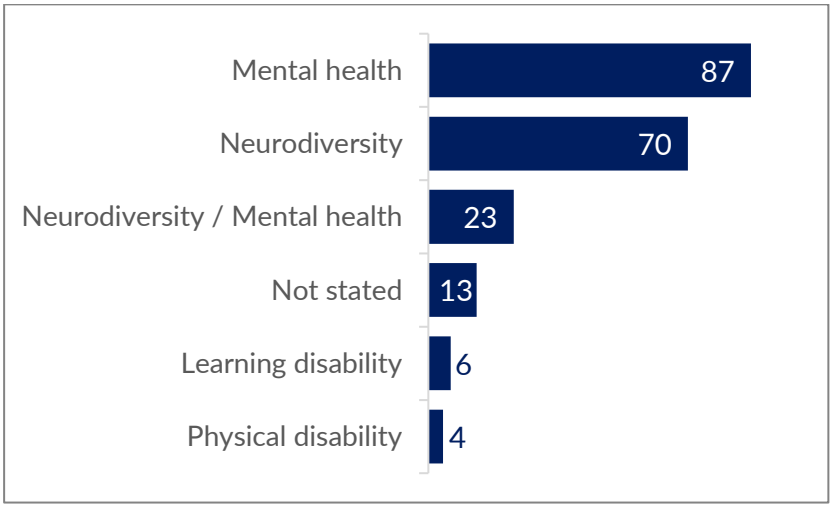
Data on disability status was available for 591 out of 1,068 participants. Of these, 34% (n=203) were recorded as having a disability. Analysis of full engagement rates shows that disabled participants had a significantly higher rate of full engagement than non-disabled participants.

Figure 7 – Full engagement by disability

Disability	Fully engaged	All	% fully engaged	p-value	Significant? (p < .05)
No	43	388	11%	.0002	y
Yes	47	203	23%	.0002	y
Total	**90**	**591**	**15%**		

In terms of which disabilities were recorded for the 203 young people stated as having a disability, the large majority were recorded as either a mental health issue (most frequently anxiety, depression or PTSD) or neurodiversity (most frequently ADHD and autism) as shown in Figure 8 below.

Figure 8 – Types of disability by number of young people



Homeless and looked-after young people had significantly higher rates of full engagement.

Data on living arrangements was available for 929 out of 1,068 participants. The majority of young people lived with their families (78%, n=728). There were a range of other arrangements listed including homeless, in care, hostel, sofa surfing, alone, other, with friends, and student accommodation. Of these, participants who were homeless and those in care had significantly higher rates of full engagement (see Figure 9).

Figure 9 – Full engagement by living arrangements

Living arrangements	Fully engaged	All	% fully engaged	p-value	Significant? (p < .05)
Homeless	8	23	35%	.0041	y
In care	8	30	27%	.0230	y
Hostel	1	5	20%	.4812	n
Sofa Surfing	3	15	20%	.4149	n
Alone	11	82	13%	.7264	n
With family	97	728	13%	.1339	n
Other	2	21	10%	1.0000	n
With friends	1	23	4%	.3453	y
Student Accommodation		22	0%	.0970	n
Total	**131**	**949**	**14%**		

2.1.2 Risk factors

Risk factors are recorded by the VIP team following assessment with the young person. Risk factors identified by the service include:

- Known to have a neurodevelopmental condition
- Known to have been persistently absent and/or excluded from school
- First Time Offender, Repeat Offender, or Victim of Violence
- Known to be affected by exploitation / gang involved
- Known to youth offending or probation
- Known to be NEET
- Known to use or deal drugs
- Known to have been in care
- Known to be in temporary or unstable accommodation

A significantly higher proportion of young people had full engagement if they had one of the following presenting risk factors: Been in care; Neurodevelopmental condition; Use or deal drugs.

One or more presenting risk factors were recorded for 950 out of 1,068 young people. Out of a range different factors, the most common presenting risks were involved in offending (99%, n=941) and currently or previously NEET (21%, n=201)

Full engagement rates were significantly higher for a number of the risk factors:

- Known to have been in care.
- Known to have a neurodevelopmental condition.
- Known to use or deal drugs.

Figure 10 – Full engagement by presenting risk factor

(NB – the total figure is for young people where at least one risk factor was recorded)

Known to have risk factor:	Fully engaged	All	% fully engaged	p-value	Significant? (p < .05)
Been in care	8	15	53%	.0003	y
Neurodevelopmental condition	11	35	31%	.0044	y
Affected by exploitation	10	41	24%	.0566	n
Persistently absent and/or excluded from school	10	43	23%	.0677	n
Use or deal drugs	24	121	20%	.0454	y
Known to youth offending or probation	9	49	18%	.2893	n
Have been/be NEET?	28	201	14%	.9077	n
Involved in offending	128	941	14%	1.0000	n
Total	**129**	**950**	**14%**		

2.1.3 Offence profiles

Full engagement levels are significantly lower for participants with a record for committing serious violent offences.

For participants in a custody setting, details of offences have been recorded for 787 out of 800 participants. A total of 369 different wordings have been used for these offences, although many of these are different phrasings or spellings of common offences such as assault or possession of a weapon. We have reviewed this list and categorised the offences into 'lower harm violence' and 'high harm violence' types. This categorisation is broadly in line with sentencing tariffs, although drugs offences, including those with intent to supply, have not been classified as high harm violence (see Table 1).

Table 1: Categorisation of offences for analysis

Severity of violent offence	Example offences
Low harm	Assault, actual bodily harm, affray, possession of a weapon, burglary, criminal damage, possession of drugs, possession of drugs with intent to supply, theft, robbery without indication of weapons / serious violence
High harm	Grievous bodily harm, wounding, assault on emergency worker, racially aggravated assault, attempted murder, murder, rape, aggravated burglary, firearms offences, robbery with weapon / serious violence, arson

It was then possible to use this categorisation to compare the levels of full engagement by the severity of offence. Figure 11 below shows that those participants with a record for having committed a high harm violent offence were significantly less likely to fully engage with the service (4%, n=4).

Figure 11 – Full engagement by severity of violent offence

Severity of violent offence	Fully engaged	All	% fully engaged	p-value	Significant? (p < .05)
Lower harm	80	678	12%	.0073	y
High harm	4	109	4%	.0073	y
All	**84**	**787**	**11%**		

2.1.4 Support provided by the service

The VIP service also collects activity data in relation to the frequency and duration of support that is provided to young people. This section reports on the analysis of this.

Custody participants typically had lengthier involvement in VIP than A&E participants.

Quarterly monitoring returns included data for start and end dates for VIP participation. One or both of these columns on the monitoring forms were often incomplete, but for 336 (31.5%) of participants, distinct start and end dates were completed. Analysis of this data (see Figure 12) suggests that participation from those first contacted in custody tended to be longer than participation via an A&E setting, with a median participation time of 11 days for custody participants as opposed to 6.5 days for A&E. Note that the mean average figures are skewed by a small proportion of participants involved for notably higher numbers of days (ie 100-313 days) and so the median average is a more representative figure.

Figure 12 – Length of participation for A&E and custody VIP participants

	Participation for 1+ days (n and %)			Length of participation (days)		
Setting	Young people engaged 1+ days	All participants	% of participants engaged 1+ days	Median	Mean	Maximum
A&E	88	268	32.8%	6.5	25.6	313
Custody	248	800	31.0%	11	42.9	284
Overall	**336**	**1068**	**31.5%**	**10**	**38.3**	**313**

Typically, young people received 6.5 appointments through their involvement in VIP.

Information on the number of appointments received was only provided for 54 (5.1%) participants. The data available and presented in Figure 13 suggests that, typically, each young person received around 6.5 appointments, with a slightly higher median average for A&E than custody participants.

Figure 13 – Number of appointments received for A&E and custody VIP participants

	At least one appointment (n and %)			Number of appointments		
Setting	Young people 1+ appointment	All participants	% with 1+ appointment	Median	Mean	Maximum
A&E	8	268	3.0%	7.5	11.6	35
Custody	46	800	5.8%	6.5	9.8	52
Overall	**54**	**1068**	**5.1%**	**6.5**	**10.1**	**52**

Typically, young people had one appointment every three weeks (average frequency of 22.7 days per appointment).

Information on both length of participation and number of appointments was available for 51 out of 1,068 participants (4.8%). From this information, the frequency of appointments (the number of days between each appointment) could be calculated. For the programme as a whole, this data indicates that typically frequency was approximately one appointment every three weeks (22.7 days), although 5 out of 51 (9.8%) had appointments at least once a week.

Figure 14 – Frequency of appointments received for A&E and custody VIP participants

	YP with frequency of appointments data (n and %)			Frequency	Participants (n) by frequency intervals			
Setting	Frequency data available?	All participants	% with frequency data	Mean (days per appointment)	Weekly	Fortnightly	Monthly	Less than monthly
A&E	8	268	3.0%	23.5	1	2	2	3
Custody	43	800	5.4%	22.5	4	10	19	10
Overall	**51**	**1068**	**4.8%**	**22.7**	**5**	**12**	**21**	**13**

2.2 Outcomes for young people

2.2.1 Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) is a widely used behavioural screening tool comprising of a set of 25 statements to assess young people's social, mental and emotional well-being needs across five categories:

- Prosocial skills
- Hyperactivity/inattention
- Emotional problems
- Conduct problems
- Peer problems

Each category comprises five statements, which a young person can describe as 'Completely true', 'Somewhat true', or 'Not true'. A score from 0-2 is then assigned to each statement, so that each category has a maximum score of 10. A high score in the Prosocial skills category suggests stronger skills. A high score in each of the other areas suggests greater needs in that category.

The four categories of hyperactivity/inattention, emotional problems, conduct problems and peer problems can also be combined into a 'total difficulties' category, with a maximum score of 40. Again, a high score indicates greater total needs for the young person.

The total scores can then be converted into a scale from *Close to Average* (low scores with fewest needs) to *Very High* (high scores with most needs). The exception is the Prosocial score where *Close to Average* on the scale is for high scores (ie stronger prosocial skills) and low scores (with the greatest prosocial issues) are categorised as *Very Low* rather than *Very High*.

2.2.2 Unmatched survey results from pre- and post-intervention

Young people had the opportunity to complete the SDQ both before and after participation in VIP. The total number of surveys completed was as follows:

- 79 surveys completed pre-participation
- 30 surveys completed post participation

However, there is limited overlap between these two groups of young people completing the surveys, with only 16 individuals completing both pre and post-intervention surveys. In this section we look at the unmatched comparison of results, followed by analysis of matched comparison of surveys for the 16 young people who completed both surveys in the next section.

Across all the categories, the post-participation survey respondents scored more positively in all areas – this improvement was particularly marked in the hyperactivity/inattention category.

Prosocial skills were categorised as *Very Low* for any individual reporting a score from 0-4 up to the most positive level of *close to average* for scores from 7-10. All the other categories were categorised as *very high* for individuals with the highest scores (ie the greatest issues) to *close to average* for the lowest scores. The threshold for *very high* ranged from 5 (peer problems score) to 8 (hyperactivity/inattention score).

Figure 15 – SDQ Prosocial skills scores pre- and post-participation in VIP (LOW scores = more needs in this area)

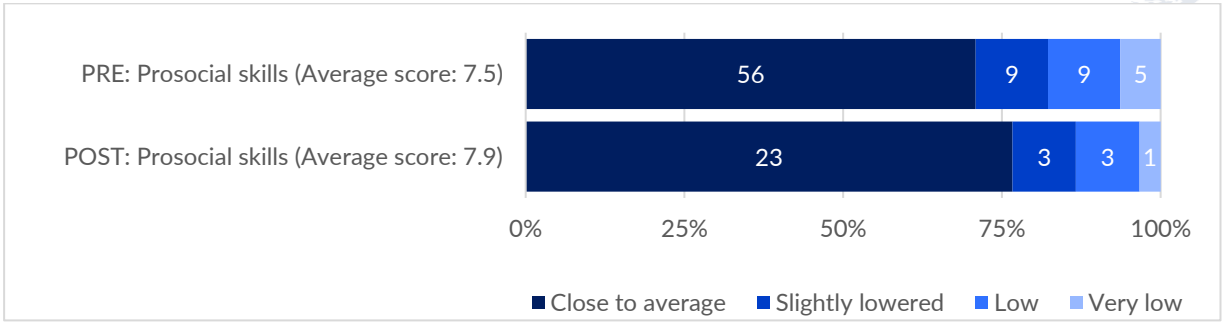


Figure 16 – SDQ Hyperactivity/inattention scores pre- and post-participation in VIP (HIGH scores = more needs in this area)

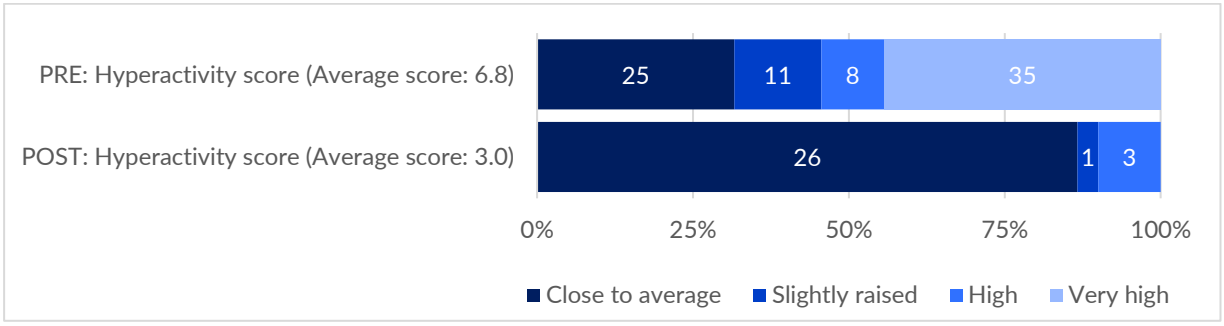


Figure 17 – SDQ Emotional problems scores pre- and post-participation in VIP (HIGH scores = more needs in this area)

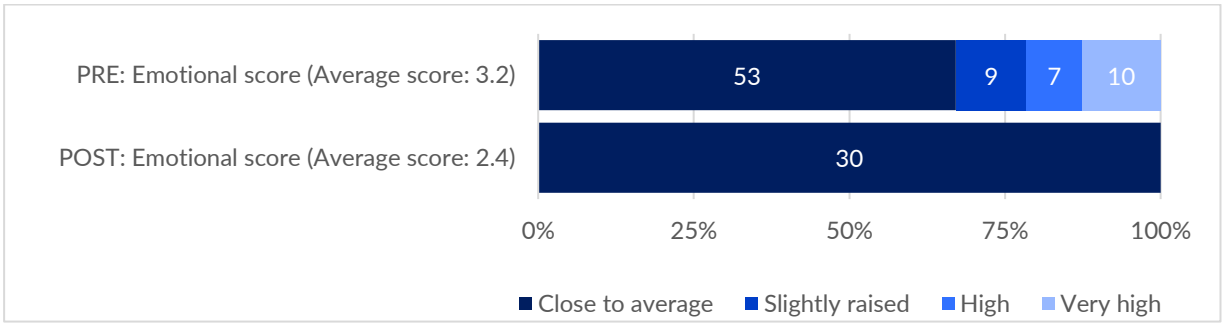


Figure 18 – SDQ Conduct scores pre- and post-participation in VIP (HIGH scores = more needs in this area)

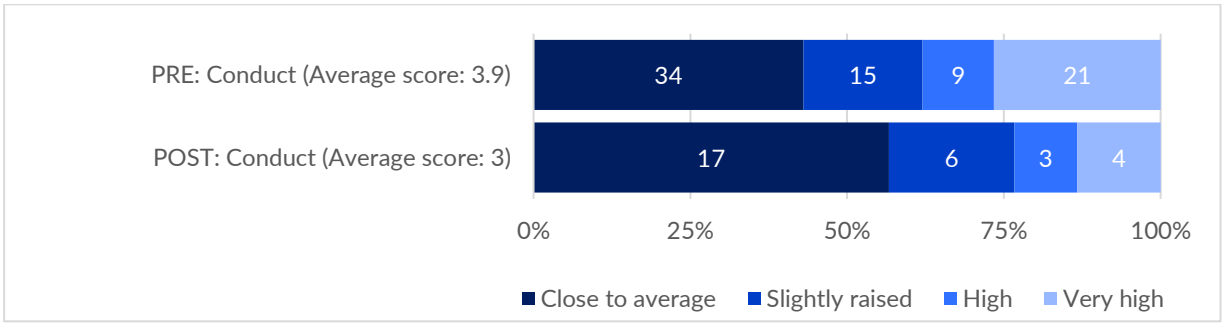
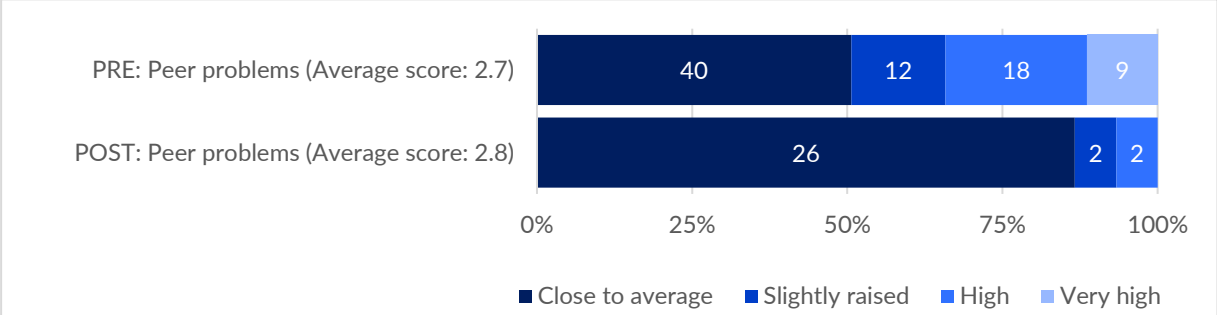


Figure 19 – SDQ Peer problems scores pre- and post-participation in VIP (HIGH scores = more needs in this area)



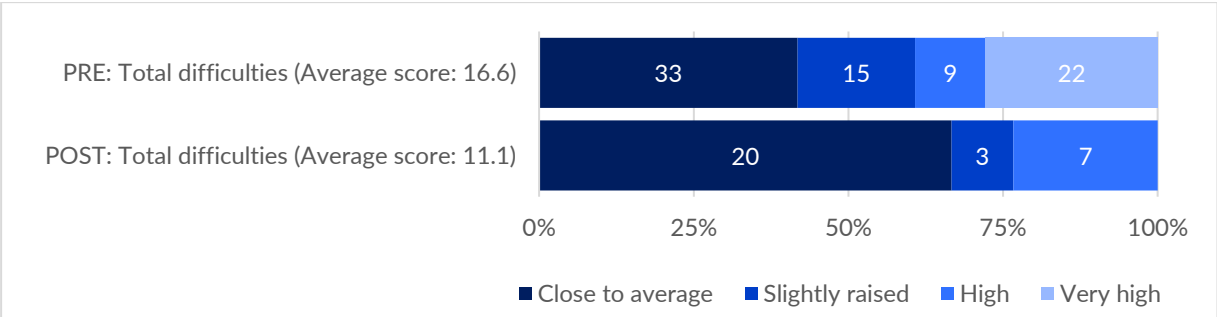
In the aggregated *total difficulties* category there was a notable reduction in reported needs in the post-participation survey respondents.

The maximum score for the *total difficulties* category is 40 (ie 20 statements with a maximum score of 2 each). The categorisation bands used for individual survey responses are as follows:

- 0-14 – Close to average
- 15-17 – Slightly raised
- 18-19 – High
- 20-40 – Very high

As can be seen in Figure 20 there were no very high needs reported in post-participation surveys and proportionally those with *close to average* scores increased.

Figure 20 – Total problems scores pre- and post-participation in VIP (HIGH scores = more issues)



2.2.3 Matched comparison of pre- and post-participation SDQ surveys

As noted above, there was a set of 16 young people who completed both pre and post participation SDQ surveys, which allows for testing for significance of any differences in their survey responses.

Given the small sample size, to allow for significance testing, survey results have been categorised as being in one of two discrete types:

- High needs (the categories of high and very high)
- Not High needs (the categories of close to average and slightly raised)

For the prosocial scores, the terminology is reversed (low prosocial skills being less positive than not low prosocial skills).

For the matched comparison group of 16 participants, the post-participation survey respondents scored more positively in every SDQ category – there was a significant reduction in young people with a high hyperactivity/inattention score.

Figure 21 – Matched comparison group SDQ scores by category pre- and post-participation

SDQ Category	Pre or post participation?	Average score	Not low	Low	p-value	Significant? p-value < .05
Prosocial	PRE	8.1875	15	1	1.000	n
	POST	8.25	14	2		

SDQ Category	Pre or post participation?	Average score	Not high	High	p-value	Significant? p-value < .05
Hyperactivity	PRE	5.9375	8	8	.015	y
	POST	2.4375	15	1		
Emotional problems	PRE	3.625	12	4	.101	n
	POST	2.4375	16	0		
Conduct	PRE	3.375	11	5	.394	n
	POST	2.4375	14	2		
Peer problems	PRE	2.6875	13	3	1.000	n
	POST	2.0625	14	2		
Total difficulties	PRE	15.625	11	5	.172	n
	POST	9.375	15	1		

2.2.4 Reoffending rates

Information on victimisation and offending levels for a group of 42 young people in the six months prior to their participation, during participation and six months post-participation with the VIP were shared. 39 of these young people were engaged from custody and the remaining three from A&E. 34

out of 42 had full engagement, seven had a brief intervention and one young person disengaged from the service.

It has been possible to conduct a range of analyses to compare the information for six months pre-participation against the figures for six months post-participation and test the significance of any differences in:

- The proportion of young people who offended / were victim of crime at least once
- The total number of offences committed / incidences of victimisation
- The total harm of offences / incidences of victimisation (using Cambridge Crime Harm Index [CCHI] scores for each offence)

A lower proportion of young people were victims of crime in the six months post-participation, but a higher proportion committed at least one offence compared to the six months pre-participation.

26% (n=11) of the cohort were victims of crime in the six months prior to participation, this reduced to 17% (n=7) in the six months post-participation. Conversely, 57% (n=24) of the cohort committed at least one offence in the six months pre-participation and this rose to 67% (n=28) in the six months post-participation. As can be seen in Figure 22 neither of these changes is a statistically significant difference.

Figure 22 – Comparison of proportion of young people who were victims or committed offences in six months pre- and post-VIP participation

Time period	Victimised	Not victimised	All	% victimised	p-value	Significant? (p < .05)
6 months pre-participation	11	31	42	26%	.43	n
6 months post-participation	7	35	42	17%		

Time period	At least one offence	No offences	All	% offending	p-value	Significant? (p < .05)
6 months pre-participation	24	18	42	57%	.50	n
6 months post-participation	28	14	42	67%		

There was both a lower number of incidences of victimisation and a lower number of offences committed in the six months post-participation compared to the six months pre-participation.

There were 21 incidences in which there was an identified victim of crime perpetrated by a young person in the cohort in the six months before participation (Mean = 0.50). This reduced to 13

incidences in the six months post-participation (Mean = 0.31). Similarly, a total count of 137 offences were committed by the cohort (Mean = 3.26) in the six months prior to participation. This reduced to a count of 115 offences (Mean = 2.74). Neither of these changes, however, are significant reductions.

Figure 23 – Comparison of count of incidents of victimisation and offences in six months pre- and post-VIP participation

Time period	Young people	Victim of crime count	Mean	p-value (two tailed)	Significant? (p < .05)
6 months pre-participation	42	21	0.50	.35	n
6 months post-participation	42	13	0.31		

Time period	Young people	Offences count	Mean	p-value (two tailed)	Significant? (p < .05)
6 months pre-participation	42	137	3.26	.50	n
6 months post-participation	42	115	2.74		

There was a notably lower level of total harm to victims (although this change wasn't significant) in six months post-participation. Conversely, there was an increase in the total harm of offences perpetrated post-participation.

The Cambridge Crime Harm Index (CCHI) was used to assign a harm score for each incident of victimisation and each offence committed. CCHI scores are based on minimum sentencing tariffs (in days) for each crime, which for serious crimes can be very high (e.g. a three year tariff would be a score of 3 x 365 = 1,095). This means that a large proportion of the total harm figures is accounted for by a very small number of serious incidents / offences. This in turn means that the statistical variance is very large across the cohort of 42 young people, making statistical significance difficult to demonstrate. Although there is a notable reduction in the total harm of victimisation (from a score of 3,189 to 433, see Figure 24) in the six months pre- and post-participation, this change is not statistically significant.

There has also been a proportionally smaller increase in the total harm of offences committed in the six months post-participation (from 5,633 to 6,799) – again, this change is not significant.

Figure 24 – Comparison of total harm of incidents of victimisation / offences in six months pre- and post- participation

Time period	Young people	Victimisation - total harm	Mean	p-value (two tailed)	Significant? (p < .05)
6 months pre-participation	42	3,189	75.9	.23	n
6 months post-participation	42	433	10.3		

Time period	Young people	Offences - total harm	Mean	p-value (two tailed)	Significant? (p < .05)
6 months pre-participation	42	5,633	134.1	.77	n
6 months post-participation	42	6,779	161.4		

3. Qualitative findings

This section presents the findings from the thematic analysis of the research with young people, parents/carers, VIP staff members and key stakeholders. The analysis has taken a deductive approach to better understand the project's delivery and people's experience of this. Themes have been generated from the key activities and intended outcomes as identified in the project's theory of change (see appendix 1) with reference to the common approach to working with young people which is stipulated across all of the VRN's commissioned services. This common approach includes ensuring services are:

- Young person led
- Targeted
- Proactive and persistent
- Trauma-informed
- Culturally competent
- Strength-based
- Collaborative

3.1 Engagement with the service

3.1.1 Dosage of support (frequency and total of support sessions)

The VIP theory of change specifies that intervention, for those who choose to access the service, is anticipated to last for 3-4 months with an average frequency of 2-3 sessions per week at the start of the young person's support, with this tapering to 1-2 sessions per week in the last 6-8 weeks of their engagement with the service.

The majority of the young people interviewed reported that they received support from their support worker one to two times per week. This is in slight contrast to the survey responses received in which 36% (n=8) of respondents indicated that they had weekly contact with their support and a further 36% (n=8) reported contact once every two weeks. 18% (n=4). Only 9% (n=2) reported contact 2-3 times per week and just 1 young person (5%) reported contact 1-2 times per week (see Figure 25.

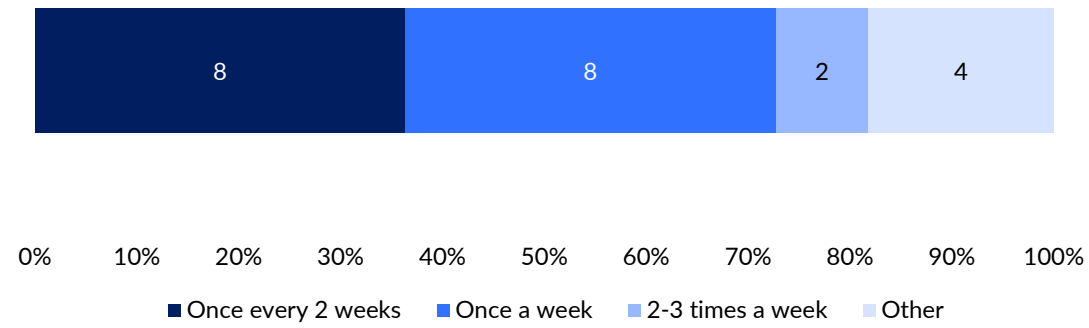


Figure 25 - On average, how often do you see your support worker?

Survey respondents were also asked the average duration of the sessions with their support worker. The majority of respondents (59%, n=13) indicated that the sessions with their support worker lasted 30-60 minutes. 7 (32%) respondents indicated that they usually spent more than 60 minutes with their support worker. Only 1 (5%) respondent indicated that they usually spent less than 30 minutes with their support worker (see Figure 26).

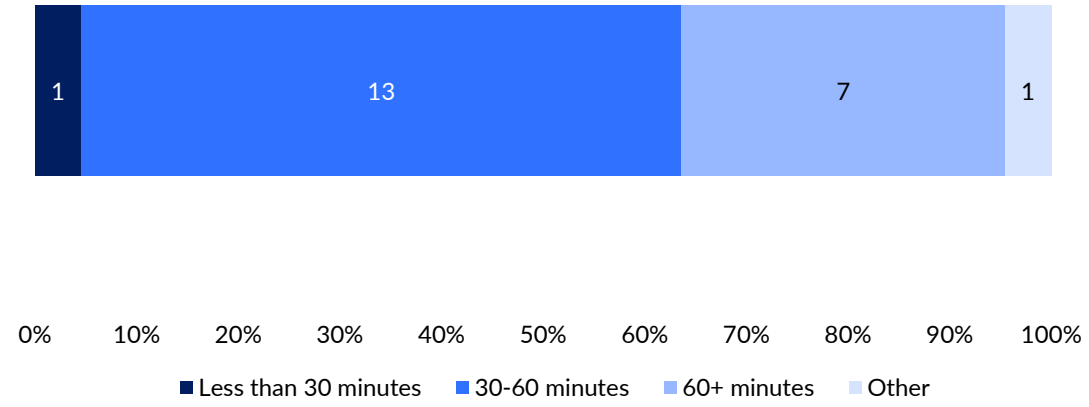
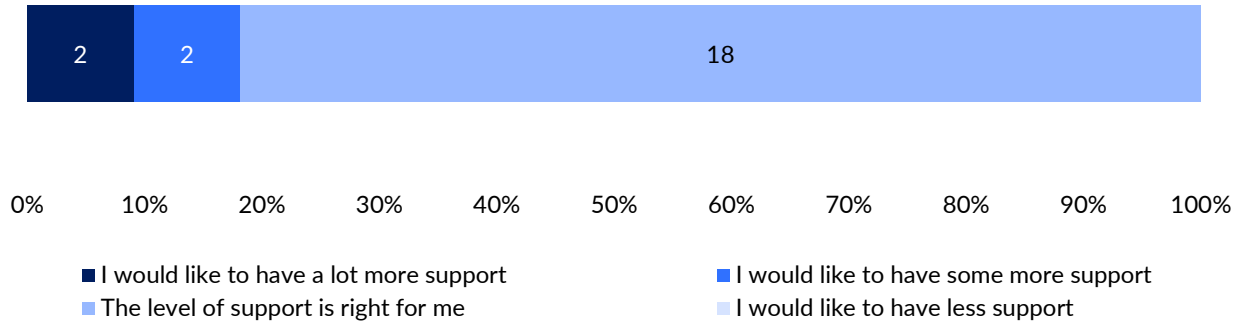


Figure 26 - On average, how long do the sessions with your support worker last?

Many of the young people highlighted that the length and timings of the sessions were led by them and that the service was flexible to meet their mental health and other needs. If a young person was not up to meeting one day, they explained how their support worker would change the plans, offer alternative support, or suggest other activities which they could do together. This person-centred approach was valued by those who were interviewed.

Despite the variations from the anticipated dosage, the majority (82%, n= 18) of survey respondents believed that they received the right amount of support. Just 2 (9%) young people indicated that they would have liked to have had a lot more support and 2 (9%) young people that they would have had to have some more support. No respondent indicated that they would like less support.

Figure 27 - Time spent with support worker



In interviews a number of young people reported that they would have liked to have been able to work with their support worker for longer.

"Maybe more support for a little bit longer. I didn't want to let go of that bond... I put my trust in [support worker] and it was hard to let it go." – Young person

Others expressed a need for more 'welfare checks' and that this would have made them feel more cared for and supported.

"They don't do enough welfare checks. I needed someone to call me more often." – Young person

3.1.2 Quality of support received

This section explores the perceptions of the quality of the support in relation to the VRN specified approach detailed above.

In interviews young people described an approach which was centred around their needs and provided a flexibility which they found beneficial and this, along with time, was identified as being instrumental in the development of positive working relationships.

"Everything was done at my pace, which was really nice." – Young person

"She was flexible and always there if I needed her." – Young person

A number of young people described these relationships as being built on trust, which made them feel more comfortable in discussing the problems that they were facing. As one young person explained, the professional-level support delivered in a friendly way helped them to feel more comfortable with their support worker. These strong relationships with their support workers were vital to the quality of support delivered.

"Give it a chance, cause the first like 2-3 sessions they are always not gonna be good, but once you get to know your worker and build trust it gets better." – Young person

"[Support worker] just really put me at ease … It was professional but didn't feel like it." – Young person

Furthermore, some young people felt that they were quickly made at easy by their support worker which overcame barriers to engagement. Some young people reflected that they were initially reluctant to engage with the project. For example, some of this was due to being apprehensive about opening up to a stranger or feeling that the support worker would be there to punish or scold them.

"I wasn't keen to talk – but then the next time I got to know them and now I can talk to them." – Young person

For parents and carers it was felt that a persistent and tenacious approach was crucial to successful engaging their child. One parent contrasted this to other services, which, in their experience, have not provided as consistent support when the young person was not engaging. They felt this consistency was crucial to their child's positive experience of the VIP.

"It has to be regular and consistent even if they push back. This is the difference with other social services… VIP was consistent and regular even when [young person] pushed back. The consistency is key." – Parent/carer

Survey respondents were similarly positive about their experience. Young people were asked to rate their experience of the support on a scale of 1-5 with 1 being poor and 5 being very good. As can be seen in Figure 28 95% (n=21) of young persons reported feeling understood by their key worker whilst 100% (n=22) reported being made to feel safe in their support.

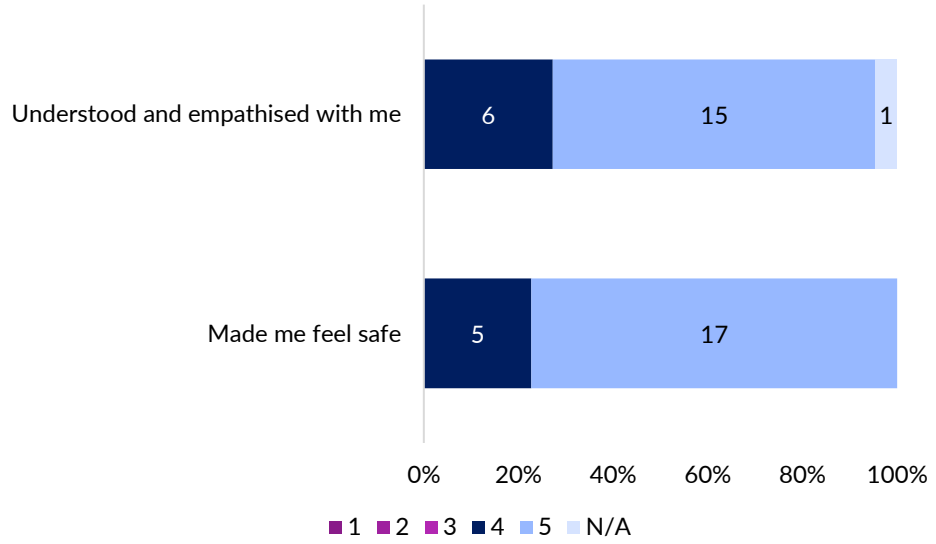


Figure 28 - Experiences of support from VIP staff

Those completing the survey were also asked to leave any other thoughts/comments they had about the VIP service. Several of the comments further emphasised that young people felt supported and understood by their support worker, some comments are provided below:

"A sense of wellbeing and I'm not alone in most situations." – Young person

"Having a support worker has helped me through a lot." – Young person

"Couldn't thank them enough." – Young person

Stakeholder perceptions of the service were also that it provided high quality and effective support to young people whose needs may otherwise not be met. Those we spoke to were complimentary of the service and reported their perceptions of a personalised, tailored approach to the young people accessing support. They stated that the service was based on taking a *"person to person"* approach and that the support workers *"genuinely cared about the young people and had traits of empathy, trust and respect"* for the young people. It was felt that the support staff were able to build effective relationships due to their collaborative approach.

When asked about perceptions of the VIP's effectiveness at engaging young people 56% (n=9) of respondents thought the project was either *very* or *somewhat* effective in doing so. A lower proportion of respondents (38%, n=6) did not have a strong opinion on the project's effectiveness and only 6% (n=1) regarded it as *not at all effective* in engaging young people. When asked to explain their perspective, those who considered the engagement to be effective, highly rated the rapport that the VIP builds with the young people, the support they're being offered and the quick response in terms of referrals. Additionally it was highlighted that communications with the project were prompt, young people had positive interactions with VIP workers and were interested in finding out more about the service.

'Based on the experiences I have had CYP either speak favourably of previous VIP interactions and if previously unknown to them are keen to speak with them. Out of hours, email responses have been prompt with planned follow up in the community.' – Stakeholder

'I have made numerous referrals and have always had a quick response and the young people concerned have felt supported after they have left the department.' – Stakeholder

3.1.3 Service aims and objectives

Staff described the main aims of the service as supporting young people to *"break the cycle of violence"* and achieve a *"reachable moment".* This is when the team feel as though they have enough of a relationship with the young person to *"intervene and assist them to make better choices for themselves".* This is reportedly done through a variety of different ways offered along with a tailored and personalised approach to the individual(s) the team are supporting.

When discussing the brief intervention with the team it was not immediately clear whether the contact within the custody suites or A&E always provides an intervention or whether this might be better described, for some at least, as an initial contact. Initial descriptions of the brief intervention focussed upon trying to establish a relationship with the young person in order to be able to describe the service. When prompted the team were able to explain their use of motivational interviewing and other techniques which are more aligned with an intervention rather than engagement.

There were mixed reports in relation to young people's understanding of the project following the initial engagement by staff. Whilst some reported that the service was clearly explained, others felt

that the offer could have been clearer and that they were initially confused about the support that was available since it seemed so broad. However, they became more engaged once they understood what support could be made available to them.

"At the beginning I felt like it was a dig. Like [young person] 'you're doing this wrong.' After a little while I realised that they were trying to help and support me." - Young person

3.2 Activities and outcomes

A number of intended outcomes are identified within the services theory of change. These include developments in consequential thinking, improved social skills, confidence and wellbeing as well as engagement in occupationally beneficial activities ranging from education, training and employment to sport and other social activities. This section reports the findings in relation to both the shared understanding of the outcomes targeted by the service and the perspectives of young people, their parents and stakeholders in relation to how the support achieves these.

3.2.1 Support Activities

Young people described doing a variety of activities with their support worker which were tailored to their interests and needs. This helped them not only access new opportunities but also offered enabled them to develop new interests. Many, though not all, of the activities reported were social in nature, for example: going out for coffee or meals, going for walks, playing sports, or going to watch a film. Some of those we spoke to reported that they enjoyed being able to do a variety of activities, or simply have a chat with their support worker, and that this helped contribute to their positive experience of the service. Similarly, parents expressed that they appreciated how it helped their child have fun and enjoy themselves.

"[Having] someone to go meet once a week is what I enjoyed." - Young person

Those completing the survey were asked what types of support or activities they engaged in with their support worker. The young people were able to select as many as were applicable to them. The results are visualised in Figure 29.

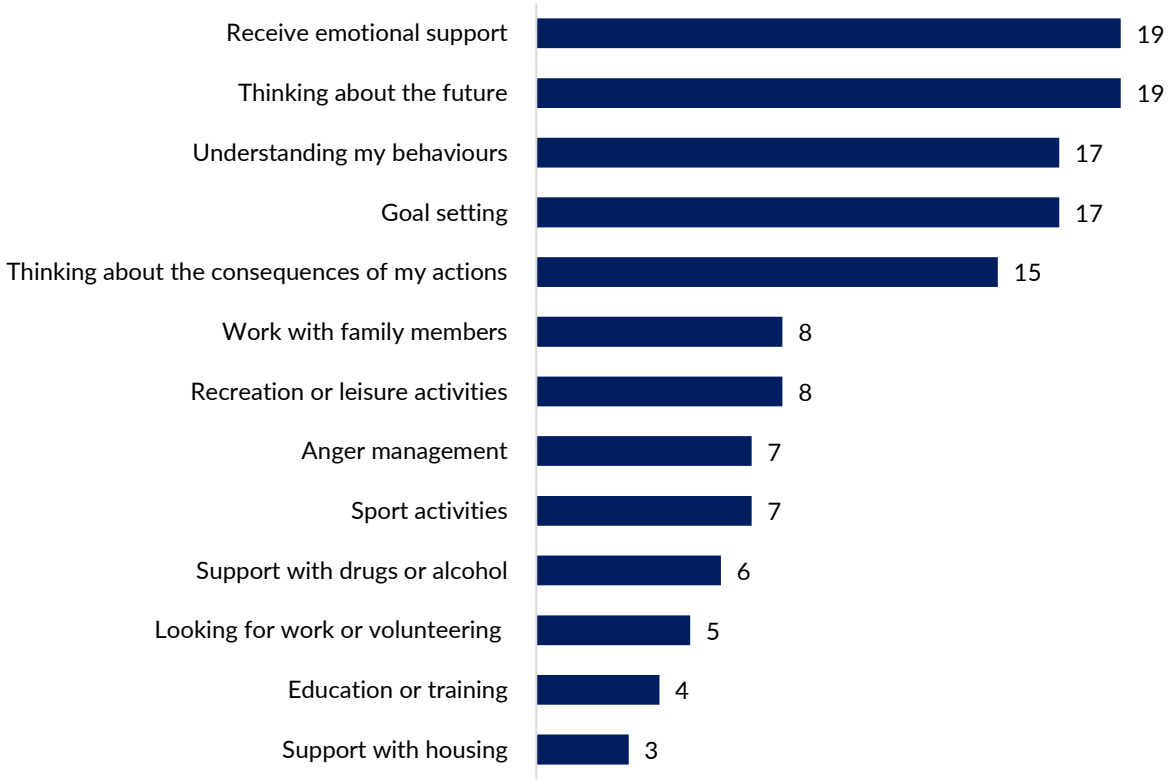


Figure 29 - Support or activities completed with support worker

On average, the young people who completed the survey indicated that their support worker had helped them with 6 of the 11 areas. Only one young person believed that they had not done any of the above, however they clarified that they had only joined the project recently. The two most common types of support that the young person received were emotional support (86%, n=19) and thinking about the future (86%, n=19). The emotional support provided was also a key theme throughout the interviews with young people. The interviewees felt that their support worker was always there to talk with and get advice from. Again, as highlighted above the quality of the support and having a close and non-judgemental relationship with their support worker enabled this. This contributed to the development of positive and trusting relationships with their support worker.

"[They were] always really supportive of any decision I made, even the bad ones. They helped me correct my decisions or understand why I made the bad decisions." – Young person

This was similarly felt by some of the parents who reported that they appreciated that their child had someone that they could speak to, who would listen to them, and whose opinion the young person valued. Furthermore, one of the parents expressed how this also made them feel more relaxed, as they knew they were not alone in supporting their child either. One parent also identified how the

VIP has provided advice and guidance during a reachable moment in their life and described the support in terms of mentoring and guidance.

Staff described how the assessment process directly informs the activities and support offered to young people. Staff noted that conversations they had with young people, when occupied by activities they enjoy, would usually be points when the young person is most *"engaged and likely to open up."*

VIP leads felt that one of the most distinctive features of the VIP was that they had *"sufficient budget to support young people"* in comparison to other services. This aided their team to engage the young people by getting them involved in a range of different activities. In turn, it was felt that this helped young people to find a *"purpose"* or allowed them to concentrate on other things rather than getting involved in anti-social behaviour or criminal activity, and without the amount of budget, this would not have been possible.

The team have all received trauma informed training and it was felt that the team had been good in identifying types of training they had needed over the course of delivery, for example sourcing training in neurodivergent conditions after the numbers of neurodiverse young people were identified to be high. It was reported that this training has supported identification and signposting to other services.

Areas for development in the support offer

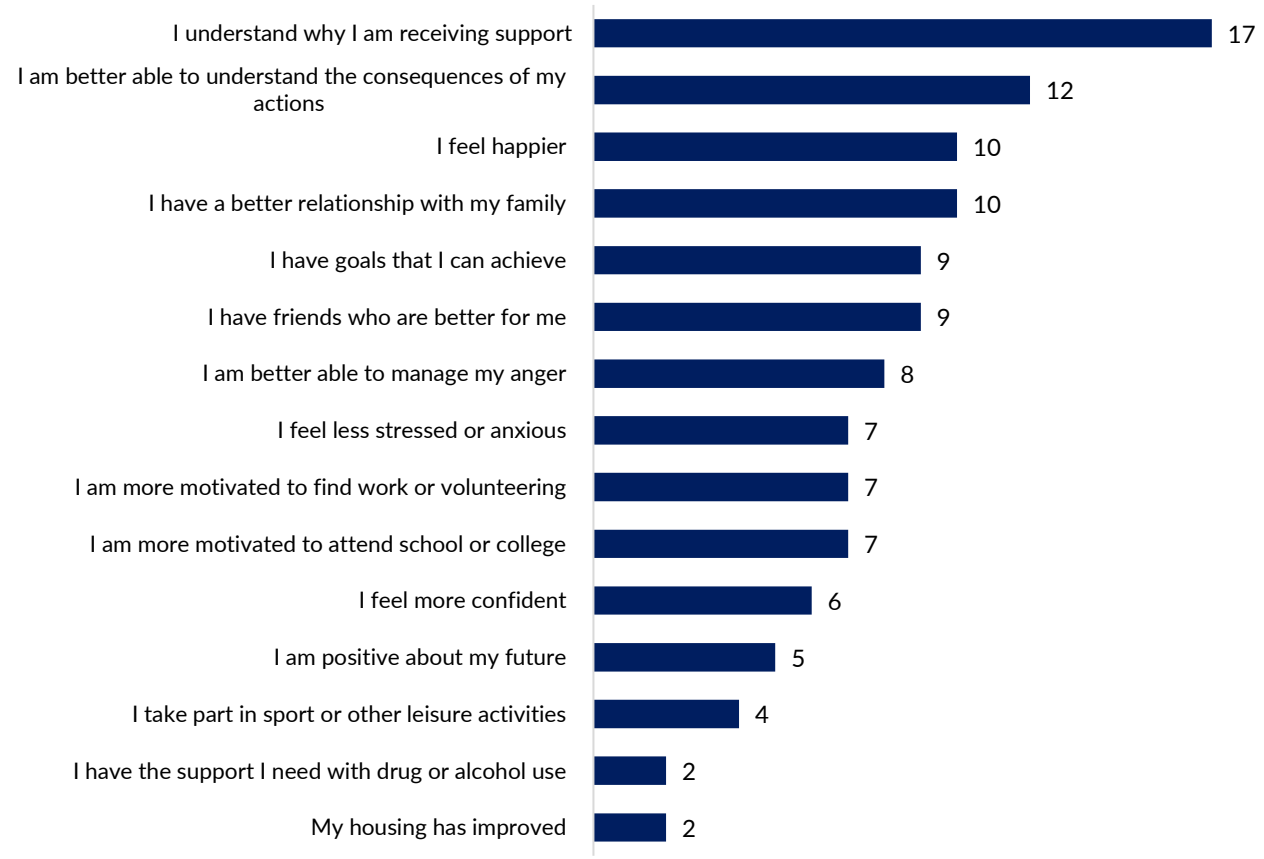
The survey also asked the young people if there were any activities that they wished that they could have done with the VIP. Again, the majority of respondents indicated that there was nothing else they wanted offered by the VIP. However, some suggestions included going to the gym, going out more, and doing more activities with their support worker.

3.2.2 Outcomes for young people

In interviews and survey responses young people were able to describe a number of positive outcomes which they attributed to the support they have received through the VIP.

Figure 30 illustrates the range of outcomes identified by young people who completed the online survey. The survey asked young people what positive changes they had seen in their lives as a result of the support they had received from VIP and were instructed to select all statements which applied to them. Of the 15 statements, respondents selected an average of five positive changes each.

Figure 30 - What has positively changed in your life because of the support from VIP?



The remainder of this section explore these outcomes as they relate to the theory of change.

Consequential awareness

Although being aware of the consequences of decisions and actions was not raised in interviews with young people or their carers, as can be seen in Figure 29, 68% (n=15) of young people who completed the survey reported that they had worked with their support worker to help them think about the consequences of their actions. The most commonly selected impact (77%, n=17) was that the young person understood why they were receiving support also suggesting that they appreciated the link between their situation and accessing support. In addition, 55% (n=12) of young people believed that this had a positive impact upon them and that they are better able to understand the consequences of their actions since working with the VIP (see

Figure 30).

Many interviewees reflected that they felt they had increased motivation and aspirations in their lives. This was also felt by some of the parents, who believed that their child was more motivated and had a better outlook on life after working with the VIP.

"The programme helps you sort your life out and gives you a second chance." – Young person

"I didn't care about anything … [support worker] helped me get rid of that mindset." - Young person

Impact on relationships

A number of those we spoke to reported a positive impact on personal and familial relationships as a result of the support that they have received from the service. This included relationships with family, intimate partners, and friends. To illustrate, one young person described that before working with VIP they tended to isolate themselves from those that they were close with, however, as their emotional wellbeing improved, they were able to build back these relationships.

"Mum talked to [support worker] and I was glad because I wanted my mum to know things and [support worker] would tell it for me as I didn't want to tell her directly." – Young person

"[Support worker] helped me regain that relationship with mum and dad." – Young person

Additionally, one young person reflected how, as a result of the new hobbies that they have developed through working with the VIP, it has helped them make more friends and develop their social skills.

In the survey 77% of young people reported that the service had provided support to improve their relationships. 45% (n=10) reported a better relationship with their family as a result of the support they received, whilst 41% (n=9) reported having friends who were better for them (see

Figure 30 and Figure 31).

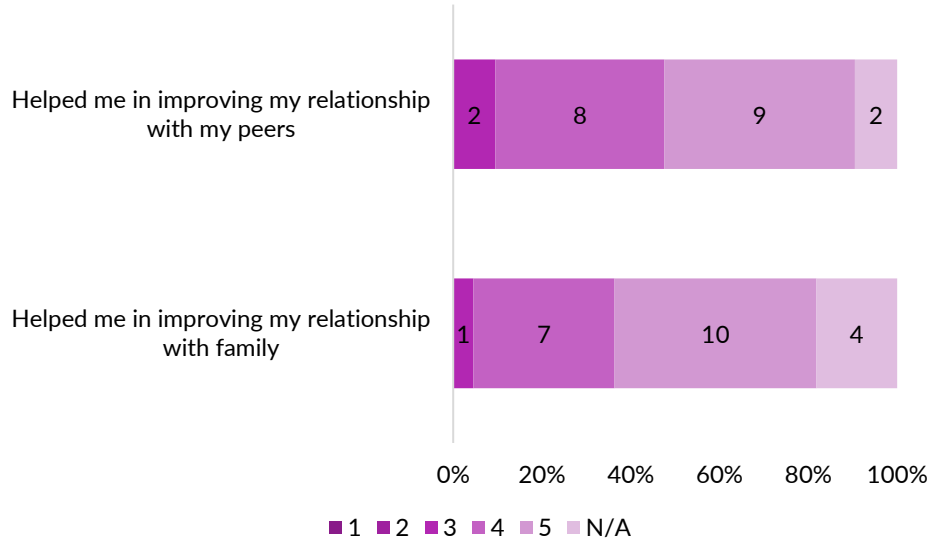


Figure 31: Improvements in relationships identified as a result of the VIP

Emotional literacy and wellbeing

There is evidence of both improvements in young people's wellbeing as well as their understanding of, and ability to manage, their emotions as a result of the VIP.

Just under half of the young people (45%, n=10) completing the survey reported feeling happier since working with VIP and 31% (n=7) reported being better able to manage stress and anxiety. During interviews a number of those we spoke to reported that some of the most valuable support that they received concerned their emotional wellbeing and mental health. Young people told us how they spent time with their support worker talking about their past, and the events leading up to their arrest or injury during which they commonly reported experiencing mental ill-health. Importance was placed on being able to speak to someone about their feelings and who understood the challenges they were facing.

"Just having someone to talk to and express how I felt – it makes it easier when you can talk to someone about how you are feeling." – Young person

"You don't know which way to turn and it is good to have to someone who pulls you back." – Young person

Crisis support was also identified by a number of young people with one young person emphasising that their support worker was there for them during mental health crisis and how invaluable having this support was.

"I had a lot of times when I wanted to kill myself and she helped me talk me down, [support worker] came to me in those moments and stayed with me." – Young person

In addition, to being a listening ear and support system for the young person, the VIP staff were able to help young people discover new coping mechanisms and regulate their emotions, which positively impacted upon their mental and emotional health. For example, some of the young people we spoke to reported noticing that their mood has improved and stabilised since receiving support from the VIP. Specifically, a couple of participants felt that they are better equipped to handle and cope with any difficult situations they find themselves in and now have different ways to understand and control their emotions. 86% (n=19) of young people surveyed also reported support from the service to access other sources of support including mental health services.

Several of the young people and parents interviewed reflected that they think their behaviour has improved since working with the VIP and primarily linked this to an improved ability to manage their anger and being able to better express and regulate their emotions. Some of those we spoke with directly attributed this to reductions in their offending behaviour since participating in the project. It is important to note, however, that although many young people described how working with their support worker helped them control their emotions, many of those interviewed did not provide examples of how this impacted their outward behaviour.

"If I'm in a bad situation I'm handling it better and I find different ways of coping … I can console [sic] *emotions better."* – Young person

Similarly, the parents of the young people who participated in the evaluation also described some of the positive effects that the VIP has had for their own wellbeing. Some of the parents detailed how they found the period after their child was arrested challenging, and how the VIP made them feel that they were not alone in supporting their child. Parents commented on how they found this support reassuring and validating.

"It was good support to mentally take the pressure off of me." – Parent/carer

"I would highly recommend the programme, and if somebody with a young person or child would ask me about it, I would tell them to grab hold of it with both hands because it's an absolute god sent." – Parent/carer

Staff viewed themselves as a "professional friend" to young people, someone who is there to help them and metaphorically "hand hold" in case of any specific risk factors. One aspect that the team felt they do particularly well is identifying the needs of young people and then providing them with *"different support mechanisms to help them deal with stress, anxieties and/or any other associated issues."*

A number of stakeholders were also able to identify benefits for young people in relation to their wellbeing. 56% (n=9) of stakeholder survey respondents reported perceived improvements in emotional regulation and behaviour management as having the most impact for young people. 50% (n=8) of respondents identified perceived increases in confidence, self-esteem and wellbeing and reducing young people's involvement in violent offending as other observed outcomes for young people as a result of the support

Education, training and employment

Education and training was one of the least common types of support identified by participants completing the survey, (18%, n=4). However, during the interviews a number of the young people we spoke with reported that the VIP had a positive impact for them in this area. This included receiving support and advice to access training courses and complete job applications. For example, one participant remembered how their support worker helped them to edit their CV and identify and apply for work, which contributed to them getting a job. Additionally, some of the young people who are currently in work believed that they have become more determined in their career and to stay in work as a result of working with the VIP.

"[VIP] definitely made me more determined in my career. Now that I've been on the receiving end, it is nice to give it back to someone else." – Young person

I've never been settled in a job and she (job coach) said to me 'Well what are the options?' I said either music or working with animals, that's what I am passionate about. We both looked into it and then I just did my CV to get into that a vet clinic that I wanted to go and work at." – Young person

For other young people, their support worker helped them with applying to training courses, further or higher education courses, and apprenticeships.

Support to engage or re-engage in education was also commonly identified. 63% (n=14) of young people completing the survey reported that the service has supported them in attending school, college or work. One young person recounted how their support worker engaged with their school to help the young person solve a problem they were facing. Throughout interviews with participants, several mentioned how they have received mentoring from their support worker around applying for university courses. This support increased their motivation and aspirations in terms of education and employment.

"I'm taking a year out to apply to a Paramedical Science course at university, I feel more motivated by (support worker) and she has given me good advice." – Young person

Several of the young people believed that since they have started working with the VIP, their mindset and outlook on their future has improved. Some of the young people highlighted that they have set

goals and aspirations for themselves, including on education and employment aspirations, and building a happy life for themselves.

3.3 Partnership working

Finally in addition to a collaborative approach with young people, partnership working with a range of external stakeholders and organisations is central to the VIP service, as reflected in the service specification. This section reports findings from stakeholders in relation to their experience of partnership working with the VIP.

3.3.1 Relationship with the service

Those we spoke to working in the police custody suite felt that they were supported by the VIP team when they were on shift. *"There's a lot of support inside the custody suite from mental health services, Turning Point and VIP team that are here on a daily basis."* Specific support in relation to release planning was identified as particularly beneficial. However, custody staff felt as though there were gaps in the service provision and particularly described busier times *"in the middle of the night"* when the VIP team were not on shift. It was felt by some that the service should provide "*around the clock support"* in custody.

A number of those we spoke to felt that they would like to have more of a working relationship with the VIP team and make their approaches more *"joined up"* but recognised that this was not already happening due to several factors including their lack of time. *"It would be nice for us to have one approach but we're busy most of the time".* They also felt that it would be useful for referrers to the service to see some of the positive outcomes of the VIP service through case studies or a report on how their support has been implemented with young people *"It would be nice to see some general information about what has been achieved. We feel as though it's quite one way, we don't see any of their feedback."*

3.3.2 Referral pathways

The team in custody reported different experiences in relation to partnership working and referral pathways compared to the team in A&E. Custody staff are reportedly *"constantly in touch with custody sergeants"* and noted that they frequently receive updates on young people being received into custody. This suggests that the relationship between custody staff and the VIP team is working well, and that staff in custody are aware of the work the VIP team do. Staff did recognise that custody is a

24/7 work environment which they are not able to cover but that an *"e-referral pathway"* is available for custody staff to use when the team are not present. However, it was reported that this was not often used.

The referral pathway, however, does not appear to work as efficiently in A&E and referrals to this element of the service were recognised as being infrequent. Members of the VIP team felt that this was due to the high turnover of both patients and staff in A&E and a lack of prioritisation for referrals to the service. One suggestion for change was through closer working with the children and safeguarding unit at the hospital to ensure that all people who could be receiving support from VIP are getting referred into the service and creating the best systems and environment to do this.

Stakeholders referring in to and receiving referrals from the VIP reported how pathways and working relationships have developed over the duration of the project resulting in more streamlined pathways and communication. *"Things have changed a lot since we first started working with them, they've got slicker, and we're getting more and more referrals now."*

In addition, more than half of the stakeholder survey respondents (57%, n=9) felt that the process of referring young people to the VIP was either very good or good. This means that the referral process was generally seen as quick and efficient all or most of the time. Additionally, 25% (n=4) of participants rated the referral process neither good or poor and the rest 19% (n=3) were not satisfied with the overall quality of the process, feeling that it did not work well most of the time or rarely worked.

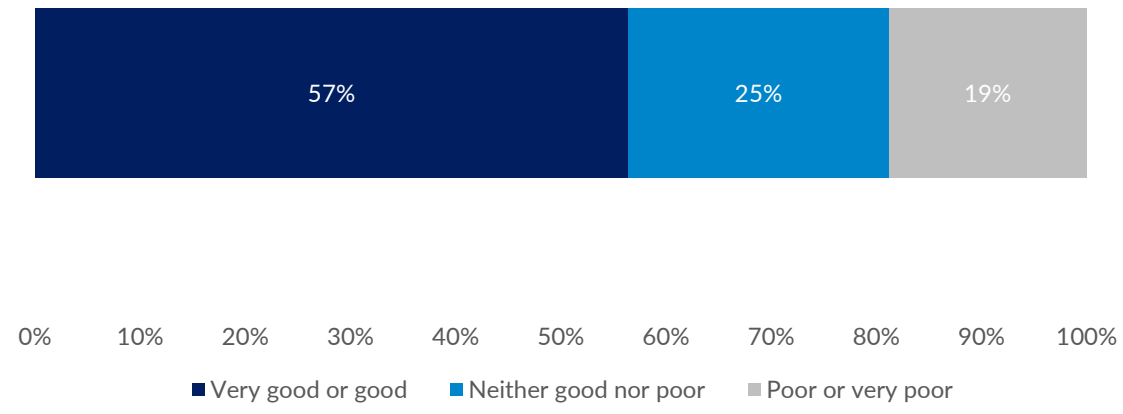


Figure 32 - Stakeholders' experiences of referring young people into VIP

However, one stakeholder felt that while having VIP workers come in the emergency department and intervene at 'reachable moments' has worked very well, there was lower confidence that this method is successful out of hours when workers are no longer present in the A&E department. Furthermore, several respondents reported experiencing challenges with the referral process. One stakeholder commented they were unable to refer young people to the project and overall communication with the VIP was seen as challenging, with the online referral, emails and phone reportedly not being picked up. A respondent from custody indicated that similar capacity barriers exist and felt that VIP workers relied heavily on custody sergeants identifying opportunities for referrals.

One way stakeholders felt that referral routes could be strengthened by being provided with more information of the outcomes of young people after they are referred to the project and start their engagement. This would allow stakeholders to understand which referral pathways are the most useful, strengthen engagement and promote the project within the department based on the feedback provided.

> *'I think feedback either to the referring clinician or as a quarterly feedback of cases (even if this is just a few PowerPoint slides on an email with non-identifiable patient info etc.) would be useful in terms of reminding staff to refer and the positive impact it can have'* – Stakeholder

They also felt that extending the time coverage of workers throughout the day to maximise referrals and engagement *"Greater coverage over the 24hr period since more offending and therefore more arrests take place in the evening, arguably creating better opportunities to engage"*

3.4 Other Barriers to Delivery

Staff reported experiencing pressure when internally training new team members and that this was mainly due to the amount of time it took for new staff to shadow existing staff, alongside the time it took to *"mentor them into the new role".* This, coupled with managing their own caseload, has been time consuming for some team members.

VIP workers described juggling many elements of the job role and felt that the caseload of 25 young people per worker may be unachievable. It was felt that there is a case to reduce the caseload size in more senior VIP workers to help assist with training new workers and allow more time to build in support for the other workers. Lowering the caseload number to reduce pressure will see a more

balanced work environment. However, note that the quantitative analysis earlier in this report suggests that current caseloads are much lower than 25 fully-engaged young people per worker. In Section 2.1 on Service Delivery, we explain that there have been 132 young people fully engaged on the programme during the five quarters from 1 January 2022 to 31 March 2023 – in other words, an average of 26.4 young people fully engaged each quarter. With a team of four full-time equivalent VIP workers, this is equivalent to 6.6 fully-engaged young people per quarter for each VIP worker. Whilst this does not account for the volume of brief interventions delivered or the pressures of working in custody and A&E environments, it does point to a need to consider the implications for the service should it become more successful in engaging young people in full, community based support.

4. Conclusions and recommendations

This section presents conclusions and recommendations drawn from the quantitative and qualitative findings. Conclusions have been themed in relation to the engagement of young people by the VIP, the support provided and the outcomes achieved.

4.1 Engagement

4.1.1 Custody

It is apparent that the VIP team in custody are successful in establishing initial contact with young people being detained with 800 young people approached by the service and 520 young people receiving a brief intervention since January 2022. These account for 75% of all contacts made by the VIP service as a whole. This effective engagement is facilitated by effective working relationships and referral pathways within custody and the shared understanding of the services aims between the team and custody staff. It is also widely recognised by young people, the VIP team and stakeholders that a relational, collaborative and young person centred approach enables support workers to build trust and rapport.

However, the rates of young people accepting community based support is low with just 87 (11%) of young people being supported in the community over the evaluation period. It would also appear that the brief intervention is not effective at supporting future engagement with no young people going on to access full support following a brief intervention.

4.1.2 A&E

It would appear that A&E element of the service faces substantial barriers to engaging young people primarily as a result of the referral process. Just 268 young people have been contacted since January 2022, representing just 25% of all contacts made by the VIP. Those working in the service report low numbers of referrals, despite this evaluation demonstrating that stakeholders working in A&E are aware of the VIP, perceive referral routes as being accessible, and value the service as both providing an otherwise unmet need and creating efficiencies in their role. We would conclude that this element of the service is facing structural barriers to referrals most likely linked to high volumes of patients, staff turnover and resourcing challenges within health services.

However, despite these challenges, engagement in full support is proportionately higher amongst those first seen in A&E with 17% of young people going onto receive support in the community. Given the low numbers of young people interviewed we are unable to say why this difference occurs. However it is feasible that factors including both why young people are attending A&E in comparison to custody and the very nature of the A&E environment impact upon young people's ability and willingness to engage with community support.

4.1.3 Project wide engagement

When considering engagement across the service as a whole, analysis of the data currently suggests that engagement in full support is statistically more likely if the young person is/has:

- A female
- Aged between 11 and 15 years old
- Experienced homelessness
- In care
- A neurodevelopmental condition
- Disabled
- Used or dealt in drugs.

It should be noted, however, that data completion in relation to housing situations, disability and neurodiverse conditions was low and therefore a more complete data set might alter these findings.

It was also found that those who have committed serious violent offences are significantly less likely to engage in full support, despite this being the primary cohort for the service.

In total just 12% of young people approached by the service accept full support within the community. A number of young people we spoke to reported initial confusion as to the support offer, with some reporting it to be possibly too broad or unspecific. Additionally, there appeared to be some confusion as to the 'reachable moment' for young people and a possible perception by the team that this is having built a relationship with the young person and/or through engaging them in activities. For young people and their families who did receive community support, a tenacious approach to providing support was identified as a key enabler for maintaining engagement.

4.1.4 Recommendations in relation to engagement

Based on these conclusions we would suggest that there are a number of considerations for the engagement of young people in the programme.

First, we would suggest that there is a need to distinguish between initial contact with the service and brief intervention in future monitoring. It should be acknowledged that a positive initial contact with a service can be beneficial for young people and that it is not always possible to provide a meaningful but brief intervention. Where a brief intervention is provided this should be structured and where possible evidence-based targeting a specific area of risk.

It is also recommended that the service reviews the way that the service is described, promoted and communicated with young people at the first point of contact. We would suggest that this review ensures:

- That there is a clear, consistent and motivationally engaging communication of the offer for young people at the initial contact. Where possible this should be tailored and specific to the identified needs of the young person
- There is clarity as to when the 'reachable moment' with young people is and how maximising the potential for those moments whilst in custody or A&E is explored
- The service explores opportunities for co-producing an engagement strategy and/or material with young people with lived experience. Co-production can be used as a means of ensuring that the service is engaging and attractive to young people with experience of violence
- Options for assertive follow up in the community are explored. This may include obtaining consent for future contact, even when community support is declined. This may increase opportunities for re-engagement in community based support following initial engagement and/or brief engagement

4.2 Support

Those young people and families we spoke to describe a relational and collaborative approach by VIP support workers who offered flexibility as well as beneficial advice and guidance. These were reported as being particularly beneficial and supportive of the young people's mental health and wellbeing needs. This approach was also described by stakeholders who witnessed the support in A&E or custody and also described the project as reaching young people during challenging times.

The main activities described to us by those we spoke to were either recreational in nature or related to improving emotional regulation and alternative coping strategies for distress. The personalisation budget available to the support workers was identified by staff as being particularly effective in supporting the work with young people.

Over the duration of the evaluation we were not informed of any support or interventions designed to specifically address risk of offending or build protective factors against future involvement in crime being delivered by the VIP team. However, young people did report discussing the events and circumstances leading up to their arrest, and this was seen as part of the emotional and wellbeing support that the service provided. Young people also described a number of positive outcomes as a result of the support they received, these are detailed in the section below. It should also be highlighted that referral routes to both the ETE and sports provisions are reportedly working well, although improvements in communicating risk, need and the support provided could be made.

From this evaluation, however, it is hard to draw conclusions as to the interventions delivered and the intensity of support which is provided. There are substantial amounts of missing data which make drawing definitive conclusions in relation to treatment dosage difficult. Our analysis of the monitoring data suggests that those who fully engage from custody receive, on average, 6.5 appointments with an average frequency of one appointment every three weeks. This however is not consistent with the reports from the young people, who told us that they typically received support 1-2 times per week for 30-60 minutes. Although we have not been able to definitively identify the level or intensity of support provided it would appear that this is substantially lower than that identified within the VIP's theory of change and falls below what might be expected to be needed for those young people who are involved in serious violence. This was also reflected by a number of young people interviewed who expressed a desire for more support. Whilst we are aware of additional coordination work delivered by the service, the current estimate of a caseload of 6.6 young people suggests that there is additional capacity within the team.

4.2.1 Recommendations in relation to support

Based upon the findings in relation to the support provided and with consideration to the evidence that the service is not reaching the cohort of young people originally intended, and the disparities in engagement between the A&E and custody sites, it is recommended that a wider review of the service scope and inclusion criteria is conducted. Options to be considered should include:

- Refocussing on a targeted approach to young people who only have experience of serious violence or an associated offence. This would require ensuring that the intensity of support is increased and reviewing methods of engaging with these young people and their families.
- Maintaining the current broad inclusion of young people with a range of offences. However, given the current limited evidence on the impact on reoffending this may require the service to change focus to specifically adopt an approach of increasing protective factors and developing the network of 'specialist' provision within the wider VIP offer. For example, through including specific mental health provision and ensuring efficient pathways with commissioned services such as drug and alcohol teams.
- Given the low numbers of engagement within the A&E department consideration is required as to effectiveness of this element. It is apparent from both the VIP and A&E staff that there is an awareness of the project and its aims and most stakeholder report that the referral system works. Yet despite this there are significant barriers to referral, most likely linked with high turnover and resourcing pressures. Exploring how to increase referrals (for example via safeguarding mechanisms as suggested) with the hospital is required. If this is not possible options for diverting this resource in to custody to provide a more consistent presence and increase the capacity of this element of the service, might be the most effective course of action.

Data completion needs to be improved to fully inform future service development and this may be required before a review can be fully undertaken. We understand that there is likely to be significantly more data available within the Turning Point CRM system and there are opportunities to improve reporting directly from this and/or adapt the monitoring framework to capture available data. We would recommend prioritising the following areas:

- Reporting of support activities including the length and duration of support. This will support both the service and commissioners to better understand caseload sizes, the intensity of support provided and, how support/intervention aligns with the theory of change, evidence based practice and ultimately outcomes. This is particularly important given the stress that a number of those working in custody report due to the high volumes of young people they are seeing.
- Recording of offence categories. There are currently a total of 369 different wordings have been used to categories/describe offences. Consolidating this and limiting entry might be useful in future evaluation of impact on rates and severity of harm.

In addition to these we would also recommend further developing the emerging case management meetings between Turning Point, Leicester Cares and Leicester in the Community to include all three providers at the same meeting. Information sharing between the services to reduce duplication of assessment and potentially in support should also be reviewed.

4.3 Outcomes

The evaluation has explored outcomes across a number of areas including the Strengths and Difficulties Questionnaire (SDQ), re-offending and severity or re-offending and the young people and their families' perspectives gathered through interviews and survey.

There is evidence of improvements across all areas measured within the SDQ. This is particularly notable within the hyperactivity/inattention domain which demonstrated a statistically significant change. It is notable however that a substantial majority of scores both in pre and post surveys show close to average needs (with the exception of hyperactivity/inattention) again raising the question as to whether the target cohort for the service is being reached.

During interviews young people themselves most commonly reported improvements in anger management and emotional regulation as well as increased wellbeing, confidence and self-esteem as a result of the support they have received. All of which are protective factors against future offending. A number also linked these with increased motivation and aspirations for the future. In slight contrast survey respondents most commonly cited consequential thinking including understanding why they were receiving support, feeling happier, improved relationships with their family as positive outcomes from the service.

No statistically significant differences were found in pre and post support rates of reoffending although some changes were observable. Whilst a higher proportion of young people committed a least one offence following support, compared to the six months prior, there does appear to be a reduction in the number of incidents perpetrated across the cohort and in the severity of harm of these offences.

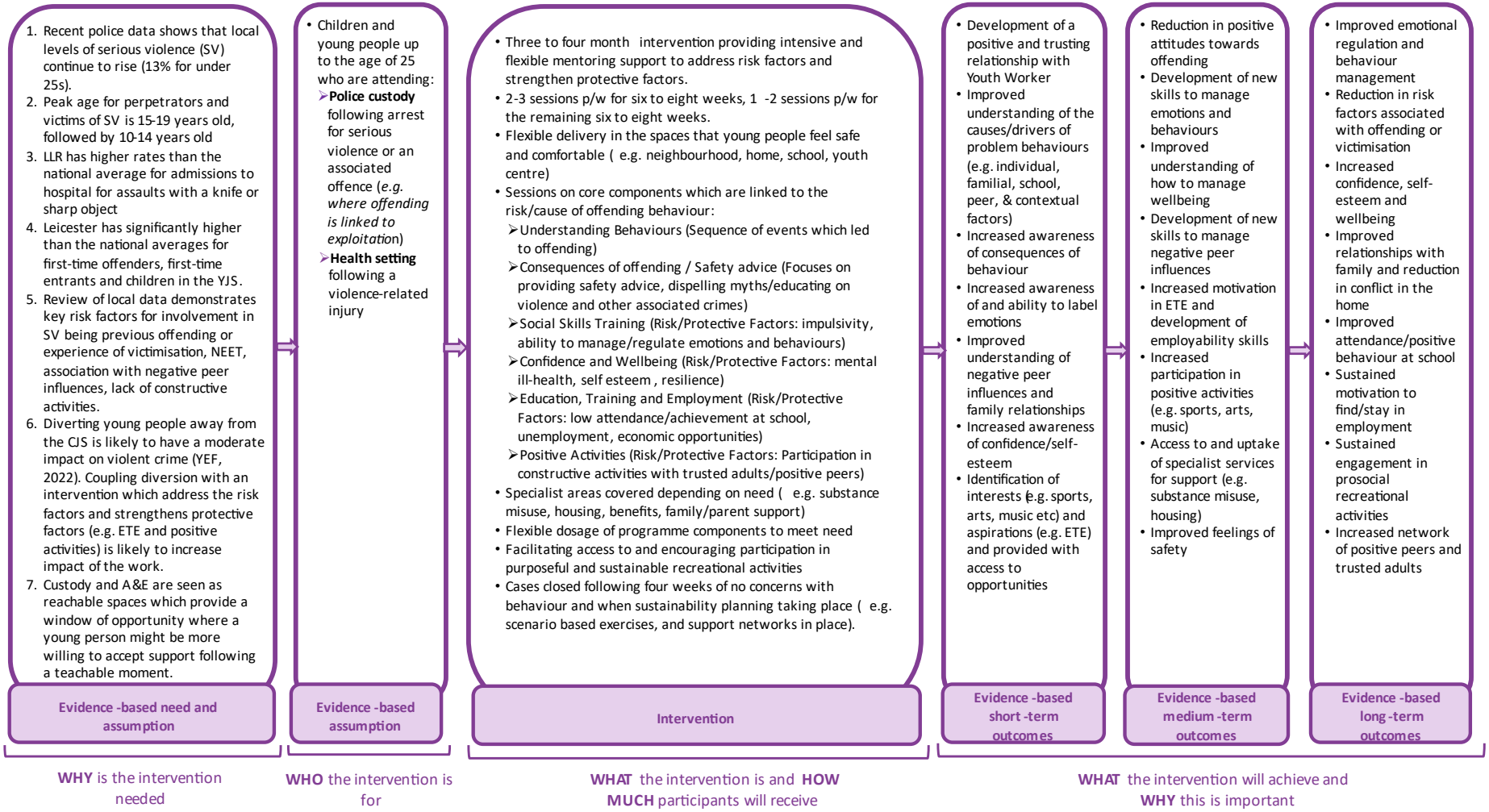
Similarly no statistically significant differences were found in rates of victimisation between pre and post support measures. Despite this it is observed that there were fewer young people who were victims of crime in the six months post-support. Using the Cambridge Crime Harm Index the analysis indicated that there is a reduction in harm experienced by victims post VIP support.

4.3.1 Recommendations in relation to outcomes

As with recording support activity enhancing data collection is likely to further develop the evidence base of the services effectiveness. Ensuring that the SDQ is embedded within the assessment and support planning process and is being used to inform activities/referrals with young people might be expected to increase completion which will in turn develop the evidence base. Introduction of the SDQ-Follow up tool for post-intervention assessment will also support attribution of progress made by the young people and understand the extent to which they believe the support provided has contributed to these.

We would suggest that a 'lighter-touch' evaluation is considered once the issues in data completion have been addressed, this could also be used to assess the feasibility of a level 4 evaluation in the future.

Appendix 1. VIP Theory of Change



James Ward, Assistant Director

Niamh Dunne, Consultant

Julia Allard, Consultant

Elliot Negru, Consultant

James Turner, Associate

Offices:

London
T: 0207 253 6289

Edinburgh
T: 0131 226 4949

Newcastle
T: 07887 67 34 07

www.rocketsciencelab.co.uk