

EVALUATION REPORT

Simulation-based Holistic Approach to Reducing and Preventing Knife Violence (SHARP) Project

Feasibility study report

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About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

Children and young people at risk of becoming involved in violence deserve services that give them the best chance of a positive future. To make sure that happens, we'll fund promising projects and then use the very best evaluation to find out what works. Just as we benefit from robust trials in medicine, young people deserve support grounded in the evidence. We'll build that knowledge through our various grant rounds and funding activity.

Just as important is understanding children and young people's lives. Through our Youth Advisory Board and national network of peer researchers, we'll ensure they influence our work and we understand and are addressing their needs. But none of this will make a difference if all we do is produce reports that stay on a shelf.

Together, we need to look at the evidence, agree what works and then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we'll do this. At its heart, it says that we will fund good work, find what works and work for change. You can read it [here](#).

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About the evaluator

Ipsos UK's Policy and Evaluation Unit were commissioned by the Youth Endowment Fund to undertake a feasibility study of the Simulation-based Holistic Approach to Reducing and Preventing Knife Violence (SHARP) Project starting in 2019.

The Ipsos Policy and Evaluation Unit is a multi-disciplinary team of over 50 evaluation specialists and economists who offer considerable expertise in the evaluation of public policies and programmes. This includes experience across all major areas of public policy and the completion of over 500 evaluations for UK central government departments, DGs of the European Commission and international agencies.

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Executive summary



The project

The SHARP project aims to reduce knife crime by using virtual reality (VR), simulation exercises and artistic performance to offer young people an opportunity to better understand the impact of knife crime. Delivered by the Imperial College Centre for Engagement and Simulation Science (ICCESS), in collaboration with The Prince's Trust and The Change Foundation, the project provides two workshops to 11–14-year-olds. Session one, a three-hour in-school workshop delivered to groups of 10 pupils, consists of a VR simulation based on a real-life victim of knife crime, followed by a discussion, debrief and art session; in each component, young people consider their views and experiences of knife crime. Session two, a whole day workshop delivered to groups of 40 pupils in school or at an external venue, provides a sequential simulation of a knife crime situation that is based on a real-life story. Professional actors and real medical staff act out a knife crime incident and subsequent medical interventions, before students engage with actors, medical professionals and Young Ambassadors (who have lived experience of knife crime). Session two also features an artistic performance examining the physical and psychological consequences of knife crime, before providing an opportunity for young people to discuss the support networks available to them in their communities. The project was delivered to 306 students across 11 schools in the 2021–22 academic year. An additional 72 students were also reached through workshops organised at local youth clubs, although they did not form part of the evaluation.

YEF funded a feasibility study of the SHARP project that aimed to develop a comprehensive evaluation framework that could be used in a larger-scale evaluation; determine the most appropriate measures for assessing SHARP's outputs and outcomes; identify the best methods to recruit, engage and retain young people; explore whether the programme achieved its intended outcomes (and how, why and in what context they may have been achieved); identify factors that supported or interfered with delivery; and develop insights to design a more rigorous evaluation of SHARP in the future. To answer these questions, the evaluation used a survey with c.200 young people, focus groups with 19 young people, interviews with seven teachers and 10 delivery staff (including Young Ambassadors), and observations of workshops.

Key conclusions

The measures used to assess SHARP were largely appropriate. However, delivery staff reported that some young people struggled to complete the Strengths and Difficulties Questionnaire (SDQ) and questioned the appropriateness of the SDQ. Following programme delivery, the evaluators questioned the alignment of the SDQ to SHARP's intended outcomes, and there were logistical challenges collecting the SDQ at the most appropriate point in the workshops.

Despite the challenges of the pandemic, SHARP successfully exceeded targets for recruiting schools. The opportunity to engage in VR was also a key draw for engaging young people. However, the recruitment criteria developed to select pupils within schools was inconsistently applied, so the project may not have targeted those most at risk of involvement in serious violence.

Young people reported increased confidence in knowing what to do if witnessing a knife attack. Teachers and young people also reflected that the workshops imparted powerful messages relating to the long-term emotional and physical impacts of knife violence. Girls' confidence appeared to increase more, which may be because boys were more likely to have previously attended a knife violence class before receiving SHARP.

Ensuring that the content was relevant to local communities, that it was innovative and multi-disciplinary, and that workshops could iterate and improve as they progressed all supported the effective delivery of SHARP. Several factors also interfered with delivery, including persistent challenges with recruiting and communicating with schools in short timeframes, issues with collecting consent from schools and parents for pupils' participation, limited school capacity to meet space and logistical requirements for workshops, the need to continually consider how to minimise the risk of traumatisation, and the co-ordination of a large delivery team.

Key considerations if proceeding to a more robust and larger-scale evaluation include the importance of securing and maintaining school engagement, ensuring consistent eligibility criteria and that the workshops are engaging

the target group, improving implementation fidelity through standardising the timing of workshops and intervention dosage, and standardising survey administration.

Interpretation

The measures used to assess SHARP were largely appropriate. However, delivery staff reported that some young people struggled to complete the Strengths and Difficulties Questionnaire and questioned the appropriateness of the SDQ. Additionally, results from pre- and post-SDQ scores indicate that difficulties among young people who took part worsened along each of the SDQ's composite indicators. However, it is difficult to interpret these results without a comparison or control group, particularly since the questions asked in the SDQ do not closely align with the intended outcomes of SHARP. Improvements could also be made to qualitative data collection to ensure that more intangible outcomes (such as young people's understanding of their emotions) could be captured. Interviews, participant diaries or analyses of participant art work could be considered.

Despite the challenges of the pandemic, SHARP successfully exceeded targets for recruiting young people. The programme engaged 306 young people across 11 schools (exceeding the target of 188 participants in six schools). The opportunity to engage in VR was a key draw for engaging young people, while the skill and talent of the multidisciplinary teams delivering the workshops ensured that young people enjoyed the sessions. However, the recruitment criteria developed to select pupils within schools was inconsistently applied, so the project may not have targeted those most at risk of involvement in serious violence. In addition, schools with capacity constraints and with alternative provision struggled to meet SHARP's requirements for hosting workshops, while travelling to another venue also posed challenges. Additional recruitment efforts with schools (which would likely require a longer period of time) plus additional resources to help specific schools meet requirements may be needed to facilitate delivery in contexts that are more resource constrained.

Young people reported increased confidence in knowing what to do if witnessing a knife attack. Teachers and young people also reflected that the workshops imparted powerful messages relating to the long-term emotional and physical impacts of knife violence. The evaluator also notes that there was a consensus that SHARP provided a unique, engaging and impactful experience for young people, which was highly relevant for the schools engaged. Survey results suggested that the programme may have had a larger impact on girls' confidence on what to do if witnessing knife crime. This may be due to the lack of guidance girls had previously received on this issue, with boys being more likely to have previously attended a knife violence class.

There was an expectation that as part of the programme, young people involved would be offered additional extra-curricular opportunities via partner organisations (such as The Prince's Trust). However, there were concerns regarding the accessibility of these activities, particularly as they were usually for over 16s, and because no specific offering was developed for participants in the programme. Some delivery staff also suggested that the project could be improved with a more targeted approach towards the older children on the programme; 'harder hitting' content may be required to effectively engage older students, and further research would be beneficial to effectively tailor this content.

Ensuring that the content was relevant to local communities, that it was innovative and multi-disciplinary and that workshops could iterate and improve as they progressed all supported the effective delivery of SHARP. Several factors also interfered with delivery, including persistent challenges with recruiting and communicating with schools in short timeframes, issues with collecting consent from schools and parents for pupils' participation, limited school capacity to meet space and logistical requirements for workshops (especially session two), the need to continually consider how to minimise the risk of traumatisation and incorporate trauma-informed support, and the co-ordination of a large delivery team (many of whom were volunteers). Administering surveys and ensuring the correct timing of them alongside workshops also proved challenging.

YEF has opted not to proceed with further evaluation. While the feasibility study indicates that the SHARP project has promise, further development would be required to align more strongly with YEF's primary outcomes that support our mission to reduce young people's involvement in violence.

Introduction

Background

Rationale and context

In the past decade, there has been increased interest in developing effective policies and programmes to address rising rates of knife crime in the UK. In 2019/20, there were roughly 46,000 offences involving a knife or sharp instrument in England and Wales – the highest recorded level in 10 years.¹ While offences decreased by 15% in 2020/21, they remained 27.4% higher than in 2010/11.² Over the last five years, the highest rates of knife crime in the country have been reported in London, but knife crime has also risen sharply in other areas, such as the West Midlands.³ The statistics also demonstrate how knife crime disproportionately affects young people. Eighteen per cent of cases of possession of a knife or offensive weapon in 2020/21 involved offenders between the ages of 10–17, and 17% of those admitted to hospital for assault with a sharp object in 2020/21 were aged 18 or younger.⁴

An all-party parliamentary group convened in 2019 involving young people with lived experience of knife crime discussed how many young people carry knives because they view this as an easily available form of protection, and because knife carrying is a ‘norm’ within their community and something all their peers do.⁵ This is echoed by recent studies that point to fear of crime and protection against victimisation and acquisition of status as the most important motivations for knife carrying.⁶ The importance of schools in supporting young people at risk of involvement in knife crime was also highlighted in the APPG. However, the lack of resources in schools for these efforts, the disconnect between the experiences of school leaders and young people growing up in disadvantaged communities, and lack of engagement by schools with young people who start to get involved in street gangs or low-level criminal activity were all seen as key barriers limiting the potential for schools to enact change. Social media and viewing excessive violent content online were also seen to be playing an important role in perpetuating myths that contribute to youth violence, such as the myth of knife carrying as the norm in local communities.⁷

However, while a range of preventative educational knife crime interventions have been designed and delivered, evaluative evidence on their effectiveness also remains limited. In

¹ Knife crime statistics - House of Commons Library (parliament.uk)

² Ibid

³ Ibid

⁴ Ibid

⁵ APPG on Knife Crime - Young people's perspectives May 2019.pdf (barnardos.org.uk)

⁶ Report (sccjr.ac.uk)

⁷ APPG on Knife Crime - Young people's perspectives May 2019.pdf (barnardos.org.uk)

2013, The Scottish Centre for Crime and Justice Research found that where knife crime interventions have been evaluated, key limitations included the extent to which such evaluations attempted to provide insight into the impact and effectiveness of the interventions and the representativeness of samples used in the research.⁸

It is in this context that the Simulation-based Holistic Approach to Reducing and Preventing Knife Violence (SHARP) Project, a preventative education programme led by the Imperial College Centre for Engagement and Simulation Science (ICCESS), was developed to reduce knife carrying and the physical harms to victims of knife crime. The project aimed to do so by increasing young people's understanding of the physical and emotional impacts knife crime can cause as well as what to do if a knife incident occurs and the work of emergency services, using an approach called sequential simulation (an established and validated educational tool for medical professionals^{9,10,11}). Applied in health education settings, sequential simulation uses live performance to re-enact care pathways, bringing together clinicians, physical environments, actors, and simulation tools and scenarios.¹² It focuses on depicting key aspects of the patient experience, facilitating reflection on the various roles undertaken and discussions on how current practice can be changed or improved.¹³

The project also sought to achieve its aims by providing young people with the opportunity to interact with other young adults with lived experience of knife crime and by mapping out alternative extracurricular activities available to them in their community (aligned with evidence highlighting the importance of access to alternative opportunities for skills development, education and activities for preventing knife crime¹⁴).

The project involved two interactive workshops to explore the journey of a victim of knife crime, through VR and live performance, working with medical and art professionals as well as young survivors of knife violence to deepen young people's knowledge about the lasting consequences of carrying and using a knife. After a one-year delay due to the COVID-19 pandemic, the project was delivered over the course of the 2021/22 academic year to 338 (total number of individuals taking part in some aspect of the SHARP programme)¹⁵ young

⁸ Ibid

⁹ [PDF] Sequential simulation of a patient journey | Semantic Scholar

¹⁰ [PDF] Sequential simulation used as a novel educational tool aimed at healthcare managers: A patient-centred approach | Semantic Scholar

¹¹ [PDF] Sequential Simulation (SqS): An innovative approach to educating GP receptionists about integrated care via a patient journey – a mixed-methods approach | Semantic Scholar

¹² [PDF] Sequential simulation used as a novel educational tool aimed at healthcare managers: A patient-centred approach | Semantic Scholar

¹³ [PDF] Sequential simulation of a patient journey | Semantic Scholar

¹⁴ APPG on Knife Crime - Young people's perspectives May 2019.pdf (barnardos.org.uk)

¹⁵ 244 students took part in Phase 1 activities and 245 in Phase 2 activities. 63 participants in Phase 2 had not completed Phase 1 activities. 62 students who took part in Phase 1 withdrew from the programme before attending Phase 2 workshops. 31 students took part in a follow-up workshop hosted with local youth clubs incorporating learnings from Phases 1 and 2, which was observed by the evaluation team but not included in other evaluation activities.

people in Central and Greater London, the majority aged between 11 and 14. ICCES worked with two charity partners (The Prince's Trust and The Change Foundation) to set up and deliver the intervention.

As a feasibility study, this evaluation aims to provide insight into the factors that support and detract from the successful delivery of the SHARP project and initial indications of how, why and in what contexts intended outcomes have been achieved, using a combination of qualitative interviews and focus group discussions with partners and young people, pre- and post-surveys with participants and observations of the SHARP sessions. Secondly, this study also aims to take an initial step towards advancing the evidence base around the use of sequential simulation and other innovative approaches trialled by the SHARP project to educate young people and provide a foundation for future larger-scale or pilot evaluations that may be undertaken to robustly assess its impact.

Previous approaches to preventing knife violence among young people

Existing evidence provides a range of examples of school-based educational interventions developed to change young people's attitudes towards knife carrying. Robust evidence on the long-term outcomes of these interventions is limited, and it should be noted that the standard of evidence is low for short-term outcomes given the lack of counterfactuals. However, these interventions have demonstrated some indications of positive short-term outcomes that have highlighted the potential for education-based interventions to effectively address knife crime.¹⁶

One of the first and largest interventions to tackle knife crime among young people in the UK was the Tackling Knives Action Programme (TKAP), which between 2008 and 2010 provided a combination of enhanced police enforcement with educational interventions and information campaigns to 13–24-year-olds in 10 areas in England and Wales. Education programmes consisted of various innovative techniques to spread anti-knife carrying and weapon awareness messages to young people. This included the development of websites in some areas to spread knife awareness messages; the use of Bluetooth technology to deliver messages to young people about positive activities to engage in locally; the delivery of bespoke programmes in schools and theatres to educate young people about knives, guns and gangs; and various other media campaigns. A quantitative impact evaluation of the programme did not find a statistically significant difference in crime rates or hospital admissions due to knife violence between TKAP and non-TKAP areas.¹⁷ However, a learning

¹⁶ Report (sccjr.ac.uk)

¹⁷ An assessment of the Tackling Knives and Serious Youth Violence Action Programme (TKAP) - Phase II (publishing.service.gov.uk)

report described the importance of ‘sustained education and prevention programmes [as] an essential component of an effective [anti-knife crime] strategy’.¹⁸

Between 2016–19, the ‘Devastating After Effects’ programme delivered anti-knife crime educational sessions to over 4,000 young people aged 13–15 in areas of London disproportionately impacted by knife violence. The sessions were delivered in two phases, using a short fictional film and workshops. Results from pre- and post-questionnaires completed across both phases of delivery demonstrated several positive attitudinal changes among young people who had taken part, including a reduction in the number of young people who would consider carrying a knife, who thought carrying a knife was a way to keep safe and who thought using a knife only affected the person carrying it. Pre- and post-surveys also indicated an increase in the number of young people who would do something if they knew someone was carrying a knife and increased confidence in negotiating safer paths for themselves and their peers.¹⁹

In 2013, the Scottish Centre for Crime and Justice Research published a report reviewing educational programmes to prevent knife violence and found the most successful programmes included the incorporation of a ‘fear’ element as well as both an informal and formal approach to education.²⁰ The report further highlighted that educational knife-crime interventions should focus on the reasons for knife carrying while also improving awareness of knife crime and its consequences. In particular:

‘Educational interventions should aim to raise awareness about the dangers and consequences of choosing to carry a knife and engage in knife crime. Acknowledgement should be made of the very real fear many young people have of victimisation, the origins of which may be complex. This acknowledgement should involve taking young people’s fears seriously. Once the fear is acknowledged, young people should be reassured that police and other agencies are working hard to ensure their safety, so rendering carrying a knife unnecessary. It should also be emphasised to young people that carrying a knife increases rather than decreases their risk of victimisation.’²¹

There are further examples of school-based interventions, including policing programmes. This includes both primary interventions (education and awareness raising) and secondary interventions (referring children identified to be at risk of knife crime to support services and/or gathering relevant knife-crime-related intelligence).²² A report published by The

¹⁸ Tackling knives and serious youth violence programme (publishing.service.gov.uk)

¹⁹ Devastating After Effects anti-knife crime sessions (theflavasumtrust.org)

²⁰ Report (sccjr.ac.uk)

²¹ Ibid, p.4

²² Knife crime: A problem solving guide (college.police.uk)

College of Policing in 2021 found evidence on the effectiveness of such programmes to be mixed and limited.²³ While there are some reports of positive outcomes associated with locating police officers in schools (reductions in truancy, reductions in involvement in crime, improvements in police-student relations and increases in students' feelings of safety), there have also been concerns raised regarding potential negative unintended consequences. Such consequences include the criminalisation of children and increased hostility between students, parents and the police.²⁴ However, the report finds several mechanisms to be key to making school-based interventions work effectively, including:

- 'raising students' awareness about the risks and consequences of routine knife carrying;
- developing students' abilities to resist pressure to carry knives;
- challenging, and ideally changing, (perceived) social norms about knife carrying and knife crime; and
- building stronger bonds with, and trust between, the police and students.'²⁵

Outside of the classroom, there is also significant evidence indicating that extra-curricular activities, as well as positive friendships with non-delinquent peers, provide significant 'protective factors' that are associated with 'resilience' to the risk of violence or crime among young people.²⁶ Extracurricular activities can be offered to young people as alternatives to gang involvement and other behaviours that may lead to youth offending and can create a safe environment for young people to spend time. Yet, while the protective and risk factors for knife crime are well researched, more evidence is needed on the relative importance of protective factors versus other individual, family or contextual circumstances, and how and when protective factors are best introduced to young people at risk of violent behaviour.²⁷

Evidence on the use of sequential simulation

In the context of the SHARP project, 'sequential simulation', or the 'physical process of simulating selected aspects of a patient's care pathway',²⁸ is applied to strengthen the effectiveness of the educational process and messaging. While sequential simulation has been proven to be an established and validated educational tool for medical and surgical professionals, its potential to deliver a socially educational message has not been previously

²³ Ibid

²⁴ Ibid

²⁵ Ibid

²⁶ YP knives and guns.pdf (crimeandjustice.org.uk)

²⁷ Ibid

²⁸ Sequential Simulation (SqS) | Faculty of Medicine | Imperial College London

studied.^{29,30,31} However, in 2018, ICCCESS conducted a feasibility study of a small-scale pilot intervention based on the concepts of sequential simulation that highlighted the potential for it to deliver a socially educational message and facilitate behaviour change in young people at risk of criminal knife behaviour.³² The pilot intervention involved two workshops, the first with 48 pupils and the second with 12 young people who were at risk of criminal knife behaviour. Feedback from qualitative interviews with young people who had taken part suggested that learning had taken place and that, as a result, future criminal knife behaviour could be reduced through the workshop. However, there is limited evidence on the specific mechanisms of change linking learning to reduction in future criminal knife behaviour. These initial findings were used to inform ICCCESS' development of the SHARP programme.

Evidence from applying experiential learning and virtual reality

There are limited examples of interventions using virtual reality (VR) as a tool to educate young people on the dangers of knife crime, although interventions of this kind appear to be increasing. An educational programme called Virtual_Decisions: KNIVES, developed by creative arts and ed-tech company Round Midnight, involves a VR experience that places the participant in a simulated scenario whereby they are able to choose what happens in the story, leading to different outcomes. This is then followed by a creative workshop discussing the participant's decisions and the consequences of their actions. The programme was trialled with young people in Birmingham in July 2021 and is set to be delivered across the country.³³ Similarly, the Swan Housing Association, which operates in Essex and East London, delivered an educational VR film re-enacting a knife incident followed by a Q&A with a young person whose brother was a victim of the stabbing to 32 young people in Essex schools earlier this year.³⁴ However, there is limited evidence of the effectiveness of VR as a means of an educational intervention to tackle knife crime. Given the context of the COVID-19 pandemic, VR was considered a more feasible approach for applying the principles of sequential simulation to Phase 1 of the project, without requiring the large numbers of delivery staff engaged in Phase 2.

This feasibility study and future impact evaluations of the SHARP programme could thus play an important role in advancing the evidence base on both educational interventions to prevent and reduce knife crime as well as the application of sequential simulation and VR as an effective approach for engaging and educating young people.

²⁹ [PDF] Sequential simulation of a patient journey | Semantic Scholar

³⁰ [PDF] Sequential simulation used as a novel educational tool aimed at healthcare managers: A patient-centred approach | Semantic Scholar

³¹ [PDF] Sequential Simulation (SqS): An innovative approach to educating GP receptionists about integrated care via a patient journey – a mixed methods approach | Semantic Scholar

³² Life on a knife edge: Using simulation to engage young people in issues surrounding knife crime - PubMed (nih.gov)

³³ Virtual_Decisions: KNIVES Trial Update - Round Midnight

³⁴ Virtual reality anti-knife crime workshops delivered at Essex schools | Swan Housing Association

Intervention

Overview

The SHARP project was delivered over the course of the 2021–22 academic year and consisted of two workshops, the first taking place in autumn/winter 2021 (described as ‘Phase 1’), and the second in spring/summer 2022 (‘Phase 2’). The workshops adopted an experiential learning approach through a combination of VR (in Phase 1) and sequential simulation (in Phase 2) to provide young people with an opportunity to learn about a real-life story of knife crime in a safe environment, with reflective activities facilitated by trained and supportive staff. The aims of the sessions were for young people to learn more about the consequences of knife crime, including the physical and emotional impacts it can have on victims, their families and communities; how to respond if you witness a knife incident; and the work of emergency services. Young people were also given the opportunity to engage with Young Ambassadors with lived experience of knife crime to enhance the impact of this learning. Finally, signposting to extracurricular activities aimed to provide young people with the opportunity to access additional support or safe and constructive activities for young people to take part in after school, away from potential social situations, groups or pressures leading to involvement in knife crime. The recipients, format and phases of the SHARP project are described in detail below. More information on the SHARP project can also be accessed on the project’s website, available [here](#).

Who (recipients)

The project was intended to be delivered to young people aged 11–14 in schools in West London. During the recruitment process, this was later expanded to schools in South and East London. The same schools were recruited to take part in both Phase 1 and Phase 2 of the project as part of a two-stage programme of support for young people. Young people were then selected to take part by teachers in each of the participating schools, who were asked to identify and invite up to 70 students who were likely to benefit from the intervention and were able to take part (e.g. considering timetabling constraints) in both phases of the project. Teachers were also asked to select young people that met one or more of the following criteria:

- Young people who are eligible for free school lunches
- Young people who live in a neighbourhood with high levels of deprivation
- Young people who have had previous school exclusions (or at risk of school exclusion)
- Young people who live in care (or independently of their family due to estrangement)

- Young people unable to engage in the classroom
- Poor interpersonal and self-management skills
- Finding transition from primary to secondary school challenging
- Being at risk of not making expected academic progress

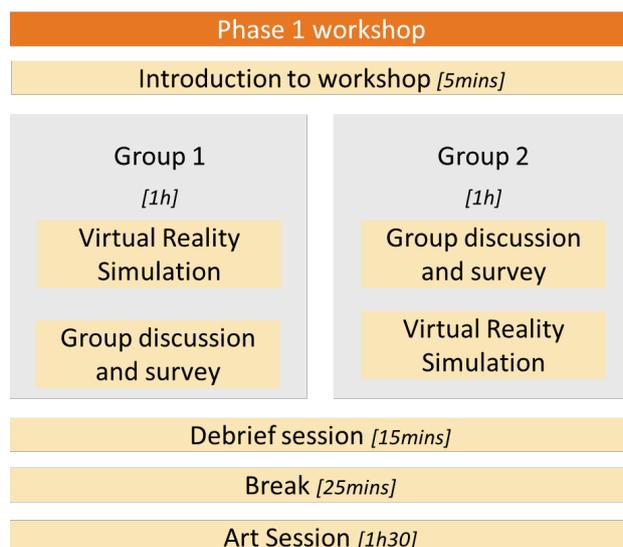
These criteria were established by the Imperial delivery team and the Youth Endowment Fund (YEF) at the outset of the project based on risk factors for knife-carrying behaviour and were shared with the Change Foundation and the Prince’s Trust for their school recruitment. However (as expanded on in the Feasibility section of this report), it is unclear whether the criteria were applied. In schools recruited by the charity partners (five schools out of 11, the rest of which were recruited by Imperial), most young people were selected from the group of students already enrolled in curricular activities delivered by the charity partners, rather than the wider student body.

What (materials, activities and providers)

Phase 1

Phase 1 consisted of a three-hour workshop that took place during the school day and included four key activities: 1) a VR simulation; 2) a group discussion, where participants were also asked to complete a baseline/pre-intervention survey; 3) a debrief session and 4) an art session. Each workshop included about 10 young people in attendance. Participants were split into two different groups to rotate through the VR and group discussion session, before coming back together for the final debrief and art sessions. The workshops were delivered in classrooms or event spaces in participating schools.

Figure 1: Structure of Phase 1 workshop



Details on each session of the workshop are provided below:

- **Introduction to workshop:** At the start of the workshop, young people were introduced to the SHARP delivery team, who introduced the project and explained the logistics and agenda for the day. Students were then split into two different groups.
- **VR simulation:** Young people were shown how to use the VR equipment before starting the activity. Through the VR simulation, young people learnt about the story of Adam, a story based on a real-life victim of knife violence. In VR, students witnessed Adam being stabbed, the arrival of the paramedics and Adam's journey in the hospital. This included observing the operating room where the surgical team attended the patient and performed the surgery, the recovery room where a surgeon explained to the patient and his mother the physical consequences of the stabbing, and finally Adam's mother's reaction to the incident. The VR activity was interactive, and young people had to use the VR controls to click on different elements to progress to the next scene of the story, as well as calling 999 using a mobile phone. They were also able to walk around the room to observe scenes from different angles. During this activity, one or two VR technicians were on hand to assist young people if they had technical issues with the headsets or guide them during the experience. The SHARP Programme Manager and class teacher or teaching assistant were also available to support students if they experienced distress.
- **Group discussion and survey:** To initiate the group discussion, a member of the SHARP delivery team reiterated the purpose of the workshop and led the discussion by asking young people questions and encouraging them to share whether they had personally experienced knife violence. Questions included: 'Do you know or have you seen anyone who has been stabbed? Why do you think people carry knives? What can be done to solve this?' Students were given post-it notes to write down their thoughts and answers to the questions as these were discussed. Approximately 10 minutes of this session were dedicated to completing the pre-intervention evaluation survey that explored their understanding and experiences around knife crime (more information on the evaluation survey can be found in the Data Collection section of this report). After providing a short briefing about the purpose of the survey, data privacy and safeguarding considerations, the SHARP delivery team handed out the survey and responded to any questions from students as they completed it (often assisted by other teachers). As participants were split into two subgroups, one group of students completed this session at the start of the workshop before the VR, while the other group completed it after the VR session (primarily due to issues found by the SHARP delivery team with securing student engagement in the workshop when the survey was presented as the first activity of the workshop). Details on the survey administration and its limitations can be found in the Data Collection and Intervention Feasibility sections.

- **Debrief session:** In this session, all students were regrouped to discuss their views and experiences of knife crime and what happened in Adam’s story in the VR. Students were also asked to share their views on Adam’s story and comment on the scenes that had been most impactful to them. They were also quizzed on some of the key messages of the story, such as what steps they should take to ensure their safety and alert emergency services, and in what order, if they witness a stabbing.
- **Break:** Participants then had approximately 20 minutes of free time, where they could use the facilities and talk among each other.

Figure 2: Example of collage produced in the art session. Source: SHARP project website



- **Art session:** After the break, students took part in an art session led by a medical illustrator and member of the SHARP delivery team. The illustrator introduced her job and explained how medicine and art can interact to deliver powerful messages to different audiences. She then introduced the activity, which aimed to encourage young people to express themselves and their views of knife crime through art. For this session, students were given ink, papers, scissors and glue to create a collage that represented their feelings and emotions. Before starting the collage, students were shown how to use the ink to produce different patterns and textures and shown some examples. Once completed, with the illustrator’s support, students displayed their artwork and explained the meaning behind the shapes and images they chose.

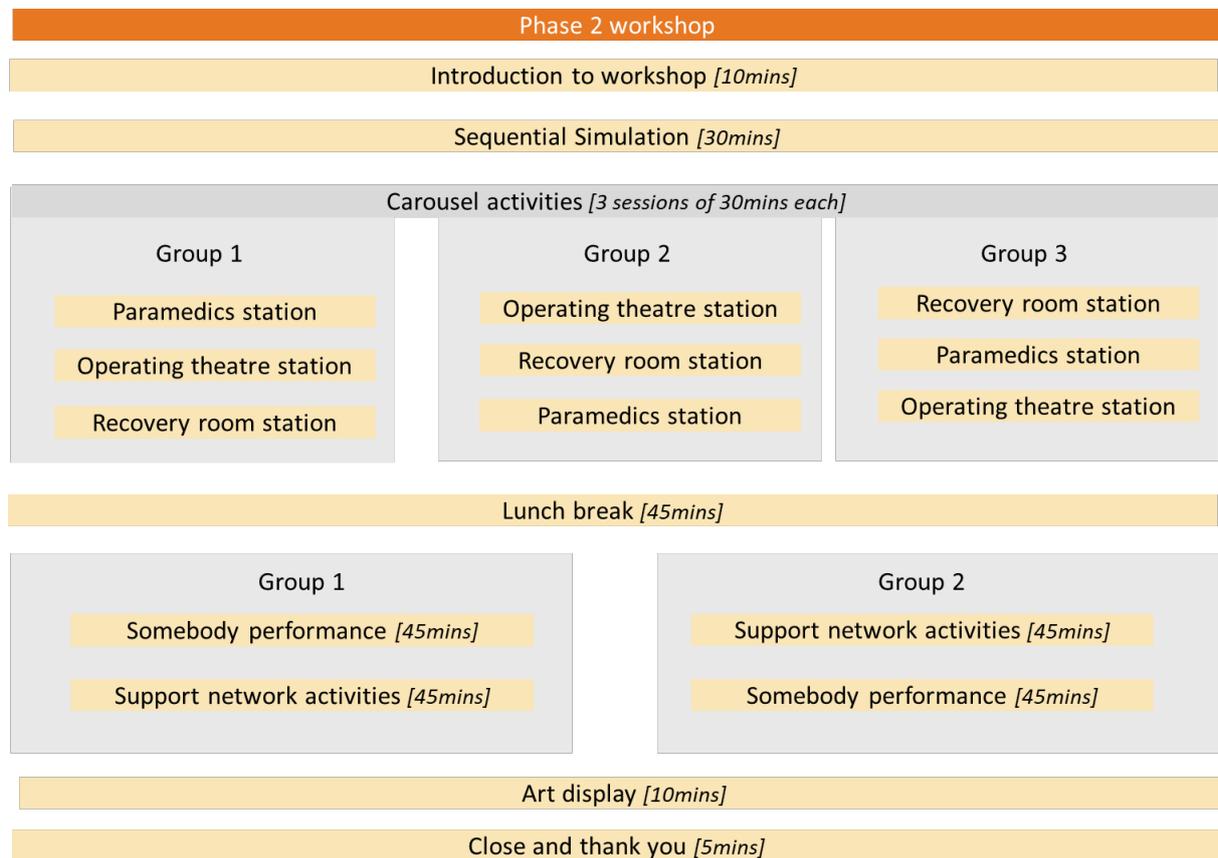
Delivery team: In Phase 1, the SHARP delivery team consisted of the SHARP project lead, who is a paediatric surgeon and guided the group discussions and coordinated the workshop; the SHARP project manager, with experience as a simulation technician and a research associate with experience in virtual and augmented reality, who led the VR session; and a medical illustrator, who led the art session. The workshop was also observed by at least one school teacher. More details on the SHARP delivery team can be found in the Project Team/Stakeholder section of this report.

Phase 2

While the Phase 1 workshop was three hours in length, Phase 2 consisted of a whole-day workshop during a school day. This second workshop was intended to be delivered to students who had also participated in the Phase 1 workshop, although for some Phase 2 workshops, additional students who had not participated in Phase 1 were selected to participate (e.g. in the event that there were spaces available for more students and because it was not considered a prerequisite to have attended Phase 1 to take part in Phase 2). The second workshop was delivered to groups of up to 40 students and was either delivered in the school or in an external venue. As outlined in the Project Team section of this report and

later in this section, this workshop was facilitated by a wide range of professionals, including the Phase 1 delivery team (project lead, project manager, research associate and medical illustrator), as well as actors, medical staff (nurses, paramedics and surgeons) and charity partners.

Figure 3: Structure of Phase 2 workshop



Details on each session of the workshop are provided below:

- **Introduction to workshop:** Students were welcomed to the workshop and encouraged to stand up in a semi-circle in the middle of the room so that they could see the live performance of Adam’s story, which was the first activity of the day.
- **Sequential simulation of a knife crime incident:** The first session was a live performance of Adam’s story carried out by professional actors and medical personnel, which depicted the moments immediately after he was stabbed, the emergency response and his medical treatment following the incident. At the start of the performance, Adam appeared staggering through the crowd of young people with blood on his shirt and fell on the floor. A bystander then appeared to help him and called the ambulance to request help. A few moments after, a pop-up ambulance with paramedics appeared to take care of the victim and transport him to the hospital (aided by sound effects throughout the performance), where real nurses and surgeons simulated a surgical operation to address Adam’s wounds before taking him to a

recovery room. In the recovery room, a (real) stoma nurse (a nurse that provides care to patients before and after colostomy surgery) explained to Adam and his mum how the surgery had gone and the physical consequences the stabbing had on him. The stoma nurse explained to Adam and his mother that he had to wear a colostomy bag as a result of the injury. After that, Adam's mother spoke privately with him in the recovery room and reacted emotionally to the situation, showing the effects of the incident on family members as well as the direct victim.

- **Carrousel activities:** For this session, students were split into three groups, and each group was allocated to a different station corresponding with the three key scenes of Adam's story: the paramedics' station, the operating theatre or the recovery room. After 20–30 minutes in each station, students rotated.
 - **In the paramedics' station**, students interacted with real paramedics in the simulated ambulance and discussed the role of emergency services in responding to a knife incident. To start the conversation, paramedics reiterated what young people should do if they witness a stabbing incident and asked different questions such as: 'How much time do you think it takes us to arrive to the crime scene?' and 'Who do we call when the victim is on the ambulance?' Young people were also encouraged to ask their own questions. Paramedics then offered young people an opportunity to explore the real equipment they carry in their kit bags and ambulance and the use of each tool was explained.
 - **In the operating theatre station**, young people were introduced to the different medical staff involved in a knife crime surgery, including a scrub nurse, a surgeon and an anaesthetist. Participants were split into pairs or small groups to rotate between the nurse's table, where a series of tools and equipment were displayed (e.g. for suture of wounds); the operating table, where they could take part in a simulated operation and use medical tools to explore the internal organs of an artificial body; and the anaesthetist's monitor, where young people were explained the role of anaesthetics in the operation. During this session, young people spoke to the different medical professionals about their respective roles in the treatment of knife injuries and the use of different medical equipment was explained and demonstrated.

- **In the recovery room station**, young people interacted with the actors, a stoma nurse and **Young Ambassadors** about the physical and psychological impacts of knife crime. The stoma nurse explained that victims of knife crime with injuries that affect the bowel may have to wear a colostomy bag, as in the case of Adam. She explained the purpose and function of a colostomy bag and

Figure 4: The stoma nurse and actors playing Adam and his mum in the recovery room; Source: SHARP project website



Figure 5: The Somebody book; Source: SHARP project website



answered any questions posed by students. In this same station, Young Ambassadors – or young adult volunteers recruited by The Change Foundation with lived experiences of being victims of knife crime – shared their testimonies. They explained what had happened to them, how were they stabbed, the physical and emotional consequences of the stabbing, and their recovery journey. This discussion was chaired by a member of the Change Foundation who interviewed Young Ambassadors about key aspects of their stories. After this, young people could also ask questions to explore their experiences more in-depth.

- **Break for lunch:** Students had a lunch break and were able to leave the room, supervised by teachers.

- **Somebody performance:** This session involved an artistic demonstration of the ‘Somebody’ book – a textile book representing a human body that has suffered a stabbing injury. Each page of the book represents a layer of the human body (e.g. the skin and the muscles) and is made out of different textiles and colours. It was created for the SHARP project by artist Fleur Oakes over the course of 18 months. An artist performed the book by turning the pages while an audio recording explained the meaning behind each page. While the artist turned the pages of the book, students could also follow the performance on a screen that showed a video of it simultaneously. After the performance, students had the opportunity to interact with the book and reflect on the meaning of the physical and psychological consequences of knife crime. Students were then split into two

subgroups. In turns, each group had the chance to take an artistic photograph of the page of the book they had liked the most or found most powerful. With the support of the SHARP delivery team, they used a torch to adjust the lighting of the book page and used a camera to take the photograph. In the meantime, the other group could observe printed pictures of each page of the book and write down their thoughts, feelings and emotions on post-it notes.

- **Support network activities:** The first 15 minutes of this activity were used to complete the post-intervention survey, which was introduced by the charity partners and a member of the SHARP delivery team. Following survey completion, charity partners started this session with an ice-breaker activity. Afterwards, young people were asked different questions related to their support networks and encouraged to write their answers on post-it notes. Questions included ‘Who do you currently go to for help, guidance and support?’ Charity partners also presented after-school activities available in the local area, such as boxing and football clubs, and explained how to sign up for these and which websites young people could visit to read more about the activities.
- **Art display:** During the workshop, the SHARP medical illustrator drew live scenes and moments of the workshop (visual scribing) representing the participants, their interaction with the SHARP delivery team and their reactions. The paintings were displayed in the room alongside a selection of the collages made by students during Phase 1 workshops. At the end of the workshop, students could walk around the room to view the paintings, talk to the medical illustrator and see the artwork made by other students.
- **Close and thank you:** Students regrouped to have a short summary chat. Before leaving, they were asked to share their key takeaways from the workshop.

Delivery team: In Phase 2, the SHARP delivery team and partners consisted of the SHARP project leads and project manager, who coordinated the workshop activities; actors, paramedics and medical staff (surgeons, anaesthetists, scrub nurses and stoma nurse) who delivered the carousel activities; Young Ambassadors who shared their testimony in the recovery room station; artists, including a theatre director and a lighting designer, who delivered the Somebody performance; the charity partners who delivered the support networks activities; the medical illustrator who visually scribed the workshop; and a sound technician who set up the sound effects used during the workshop (e.g. in the sequential simulation and the Somebody performance). A group of army paramedics were also present during the workshop³⁵ to provide first aid support to students who felt upset or ill during the activities. For instance, if a student felt dizzy, army paramedics would take them to a safety station (safe area), provide assistance and ensure they were okay to rejoin the session. More details on the SHARP delivery team can be found in the Project Team/Stakeholder section of this report.

Internal briefings and training: Before the delivery of their first workshop, the two Young Ambassadors recruited to the project attended a trauma-informed training session to reduce

³⁵ Army paramedics were not present in the first Phase 2 workshops. When army paramedics were not present, teachers would look after ill or upset students

the potential of re-traumatisation during the delivery of the activity. In the training, they had the chance to share their stories and discuss their feelings and emotions with a psychological trauma consultant. Young Ambassadors also received support during and after the workshops; members of the Change Foundation and the SHARP delivery team regularly checked on them after sessions and were available to offer support if needed during and after the workshops.

The SHARP delivery team also attended training on developing trauma-informed approaches in practice. The training was delivered by a psychological trauma consultant, who explained strategies for trauma-informed engagement, mapping support, and managing disclosures in groups and provided practical skills for supportive conversations. SHARP delivery staff were trained to handle any trauma responses from young people attending the workshops, for example by providing young people with a safe space and one-to-one support by a member of the trained SHARP team or school teaching staff in an area away from where the workshop was taking place. An outline of the training content can be found in Appendix 1.

After Phase 2 workshops, the SHARP delivery team conducted internal debrief sessions to discuss how the workshop went and share any thoughts on how the session could be improved.

How much (dosage)

The following table outlines the timetable of workshops delivered across different schools and the number of participants. Phase 2 was not delivered in three schools that took part in Phase 1 due to issues with school capacity, COVID-19 and partnership communications (discussed further in the Participants and Feasibility sections).

Table 1: Timetable of Phase 1 and Phase 2 workshop delivery

School name	Workshop Phase 1 date	Workshop Phase 2 date	Time between Phase 1 and 2
Ernest Bevin	10/10/2021	Not delivered	N/A
Limes College	19/10/2021	Not delivered	N/A
Southborough High School	16/11/2021	13/05/2022	6 months
Fulham Cross Girls	22/11/2021 06/12/2021 (x2)	07/06/2022	7 months
Kensington Aldridge Academy	15/12/2021 03/03/2022 (x2)	19/05/2022	5 months
Paddington Academy	04/10/2021 06/10/2021 24/11/2021	29/03/2022	6 months
Mossbourne Community Academy	10/11/2021 01/12/2021	24/02/2022	2–3 months
Mossbourne Victoria Park	10/11/2021 01/12/2021	24/02/2022	2–3 months
Lambeth Academy	15/11/2021 21/11/2021 23/11/2021 26/01/2022	21/06/2022	5–6 months
Hurlingham Academy	28/11/2021 (x2) 29/11/2021 (x2)	28/04/2022	5 months

Ark Burlington Danes	25/01/2022	Not delivered	N/A
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Intervention anticipated outputs, outcomes and impacts

As reflected in the intervention’s Theory of Change (ToC), pictured in the Theory of Change development section, the SHARP project was developed based on a series of hypotheses whereby project activities were expected to lead to a series of outcomes and overarching impacts, providing a set of ‘causal pathways’ that are set out below and will be discussed further in the Findings section of this report. The process by which this ToC was created is explained in the Theory of Change development section below.

Outputs

SHARP project activities were expected to generate the following outputs:

- Number of schools engaging with the project
- Number of young people attending Phase 1 and/or Phase 2 activities
- Mapping of wider extra-curricular activities available to young people
- Number of young people accessing wider activities since the beginning of the project
- Number of Young Ambassadors mentoring young people and number of young people receiving this support

Outcomes and impacts

The activities and outputs delivered through the SHARP workshops were then expected to lead to the following outcomes and impacts in the short, intermediate and long term:

1. **In the short term, young people have a better understanding of what to do if they witness a knife crime** (e.g. who to call and how to best help the victim), which is expected to contribute to a reduction in physical harm to victims of knife crime in the long term.
2. **Young people have increased knowledge of and access to alternative and extra-curricular activities available to them**, which is then expected to lead to an increase in young people accessing these activities during and after school.
3. **Young people have an increased understanding of the physical consequences of knife violence and of the work of emergency services**, which is expected to lead to young people gaining a better understanding of the impacts of knife violence, their emotions and feelings surrounding knife violence, and reasons for and barriers to reducing knife-carrying behaviours.

In turn, these outcomes were expected to lead to a series of **long-term outcomes**, including:

1. Young people feel inspired to consider alternatives to knife-carrying behaviours, leading to a reduction in the number of young people in London carrying knives in the long term.
2. The SHARP project team have increased understanding of the reasons why young people carry knives and the barriers to reducing knife-carrying behaviours and are able to feedback that learning to improve programme design/activities.

Ultimately, through these outcomes, the project is intended to produce a virtuous cycle of positive impact, whereby the following **impacts** are achieved:

- The number of young people in London carrying knives is reduced;
- There is a reduction in the physical harm to victims of knife crime;
- There is a reduction in levels of knife crime in London; and
- Young people feel safer in their schools and communities, ultimately leading to further reductions in knife-carrying behaviours among young people.

The ToC is discussed further in the Theory of Change development section and diagram on page 33.

Intervention assumptions and risks

The above causal pathways connecting activities to outcomes are based on the following assumptions, which primarily relate to the connection between project activities, outputs and short-term outcomes:

1. Parents give their consent for the activities.
2. Schools are willing to host the project.
3. Project staff are able to physically access schools to implement project activities.
4. Young people engage with the activities and benefit from teaching through virtual and physical simulation.
5. Adequate consideration is given to the mechanisms through which additional support is provided or signposted to young people who need it (e.g. those who have experienced previous trauma).

Several risks were also identified prior to the delivery of the SHARP project that could affect the project's ability to achieve its intended outcomes and impacts. These risks included:

1. Lack of engagement from schools; relationships with schools might be weak in some locations.
2. Obtaining parents' consent for children to take part.
3. Young people find project activities upsetting.
4. COVID-19 means schools are reluctant to allow external organisations on to the premises.
5. Project activities do not adequately address structural factors that lead to knife crime, limiting the ability of the project to achieve its intended outcomes.

Research questions

The overall objectives of this evaluation, as set out in the feasibility study plan, were to:

- Develop a comprehensive evaluation framework that could be used as the foundation for this feasibility study and a potential follow-on pilot evaluation or larger-scale evaluation;
- Determine the most appropriate measures for accessing SHARP's outputs and outcomes;
- Identify how best to recruit, engage and retain a sufficient number of at-risk young people in a pre/post study;
- Investigate the extent to which the SHARP programme achieved its intended outcomes;
- Explore how, why and in what context these intended outcomes had been achieved;
- Identify factors that supported or interfered with the successful delivery of the SHARP project; and
- Develop insights to design a more rigorous impact evaluation for potential future interventions.

Success criteria and/or targets

The success criteria for this project as laid out in the feasibility study plan were:

- The project team successfully recruit c.188 participants from 4–6 schools (c.188 young people attend Phase 1 activities);

- At least 100 young people are retained across the course of the project, participating in both Phase 1 and Phase 2 activities;
- The project team are able to collect sufficient monitoring data to provide information on the number of young people attending each activity and the number of young people that have been retained over the course of the project;
- All participants (c.188) are approached to engage with the survey, and the evaluation aims for 60% of participants (c.113) to complete pre- and post-surveys; and
- Evaluators are able to recruit sufficient numbers of participants to take part in the proposed qualitative consultations and access schools for four ethnographic observations.

Ethical review

The evaluation team consulted with Ipsos' Public Affairs Ethics Group at the beginning of the evaluation and when developing the research materials for the study. The Ipsos Ethics Group undertook a review of the planned study design and materials to provide quality assurance and confirm that appropriate steps had been taken to minimise risks to the project, participants and researchers (particularly considering the sensitivity of its subject matter and target audience). The review was chaired by two reviewers, independent from the evaluation team, who also provided ad-hoc support to discuss any ethical considerations throughout the project.

Participant wellbeing

All research materials were drafted to minimise any risk of harm for participants. Quantitative data collection made use of validated tools (the Strengths and Difficulties Questionnaire) and a small selection of bespoke questions, which were designed to be age-appropriate and culture/context-sensitive and avoided potentially stigmatising or emotive language. All research materials were quality checked, submitted for ethics review and reviewed by the client and the project team.

The legal basis for data collection was informed consent, which was obtained prior to the start of Phase 1 and Phase 2. All school staff participating in the research, including teachers, young people and their parents were provided with the **information sheets and privacy policies** before they agreed to take part in evaluation activities. Information sheets provided key information of the SHARP programme, an explanation of the evaluation activities and an overview of how data collected would be used and stored (see Appendix). The SHARP delivery team sought consent from parents and guardians for young people to take part in both the workshop and evaluation activities. Researchers' contact details were included in information

sheets and consent forms in case parents or participants had questions before providing consent. While parents were required to first provide signed consent forms for each young person to participate, young people were then able to opt out of taking part and were given the opportunity to do so at the start of each evaluation activity (surveys and focus groups) and were explained how to withdraw their consent at any point during the activity, if needed. As groups took place in a school setting, young people were allowed to go back to usual activities, and a separate, but nearby, space was identified beforehand if they wanted some time to reflect or decompress. A teacher was also on hand if required.

In interviews/focus groups, researchers asked questions focused on experiences of the SHARP project workshops and avoided asking sensitive questions on specific cases of knife carrying or participants' personal histories. The evaluation team developed plans for what to do if an interviewee became upset, which were shared with moderators in a briefing session before fieldwork commenced and included as a separate guidance sheet along with the topic guides. The evaluation team included techniques for supporting participants who become upset, such as:

- Making sure moderators are aware of any topics that could potentially be upsetting;
- Alternating between 'light' and 'heavy' topics in the discussion guide or having a light topic immediately after a heavy topic;
- Giving participants enough space to talk about something difficult or upsetting, but knowing when to sensitively move the conversation on; and
- Making sure to end the interview on a positive note if possible.

Researcher wellbeing

Due to the sensitive nature of the questions researchers asked and the sessions that researchers observed, researcher wellbeing was also considered. Two researchers were present for face-to-face data collection to provide support and ensure safety. Furthermore, a third point of contact was identified for researchers to check in with after data collection. Debrief calls were required following qualitative data collection. Observers and interviewers were fully briefed about the nature of the programme prior to committing to conduct fieldwork.

Disclosure policy

The evaluation team adopted a clear approach to dealing with incidents where a breach of confidence with participants may be required to prevent more serious harm, in line with the Ipsos Disclosure Policy. Breaches of confidentiality, where safeguarding goes beyond simply signposting a participant to help to informing a third party of the need to intervene to prevent harm, must be approached in a systematic and defensible manner. Ipsos has established a Disclosure Board for this purpose, and all disclosures of harm (previously undisclosed) and fieldwork incident reports go through this.

If a researcher comes across a situation where there is an immediate and clear risk to life or safety – e.g. someone is injured – they use common sense and contact the emergency services, informing more senior staff as soon as possible. In all other cases where researchers become concerned that a participant or someone else is at risk of serious harm, they do not decide how to respond on their own. Instead, researchers take the following approach:

- Explore if the participant has access to any other sources of help or support;
- Leave behind an advice and support leaflet, designed for this study;
- Contact the Project Director to explain their concerns or a member of the Disclosure Board;
- Make written notes and complete an incident report form as soon as possible (within 24 hours) after the disclosure. Forms are sent to the Ipsos Public Affairs Departmental Disclosure Board, who respond within another 24 hours (i.e. within 48 hours of the issue arising);
- The Board considers whether or not a disclosure to someone outside Ipsos is necessary and appropriate and who this disclosure should be to. If they do not feel a disclosure is required, they are able to advise on how to deal with the incident if the project team need help to deal with it, e.g. re-contacting the participant to get more information or to provide further contact details for support organisations.

Researchers made it clear to participants, both in writing and verbally, that while the information they give is confidential, researchers will be legally bound to report anything that suggests the beneficiary or someone else is at risk of serious harm.

Data protection

As agreed with YEF, personal data were collected for this feasibility study under the legal basis of informed consent. All personal data were held securely on Ipsos servers, accessible only to the project team. All data will be securely deleted using digital shredding software six months after the completion of the evaluation. All information collected will be treated as strictly confidential, and data will only be published in aggregate form, ensuring individuals will not be identifiable. A privacy notice and consent form, providing details about the purpose of the research, how to opt out from further communications and what to do if participants changed their mind can be found in the Appendix. These documents were provided to schools, participants and their parents. While the SHARP delivery team was responsible for administering the surveys, Ipsos was the controller of all evaluation data, and SHARP did not record or retain any personal individual data collected through the evaluation.

As with all Ipsos research, we have worked to the highest standards in the market research industry and have the appropriate data security and confidentiality systems in place to minimise any risk. We abide by the MRS Code of Conduct and adhere to ISO 20252 (international market research specific standard), ISO 9001 (international general company

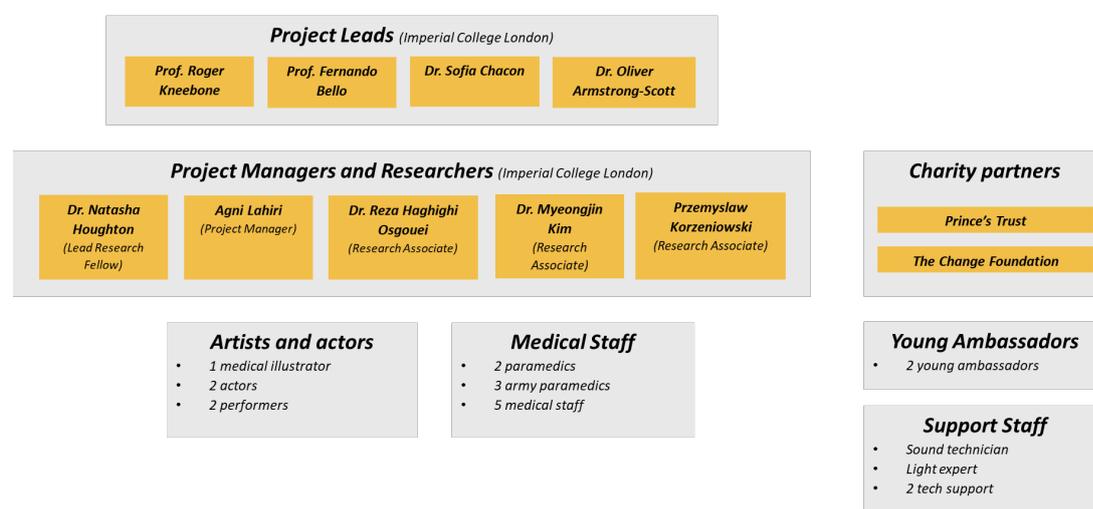
standard) and ISO 27001 (international standard for information security). In addition, Ipsos has registered its processing of personal data with the Information Commissioner’s Office (ICO). The ICO is the UK’s Data Protection Authority. Our registration number is Z5502515.

Project team/stakeholders

The evaluation was funded by the Youth Endowment Fund, and there were no known conflicts of interest. The evaluation was undertaken by Ipsos UK’s Policy and Evaluation Unit. The team was led by Nadia Badaoui (Associate Director), and Meera Craston, the Joint Head of Evaluation at Ipsos UK, was the Quality Director. Meera was replaced by Jessica Ozan (Head of Education, Children and Families) when she left Ipsos UK in June 2022. Nadia, the Project Director, was supported by different members of the Policy & Evaluation Unit over the course of the evaluation. Charlotte Baker (Research Manager) was the Project Manager, while Irene Soriano Redondo (Consultant), Zara Johnson-Ireland (Research Executive) and Katie Hughes (former Research Executive) acted as Researchers.

The SHARP delivery team comprise a wide range of professionals (see diagram below). The SHARP team included project leads who were in charge of the design, management and delivery of the programme; project managers and researchers who delivered specific sessions, such as the VR activity, provided support during the delivery and explored ways of improving the workshop; and artists, actors, medical staff and charity partners.

Figure 6: SHARP delivery team



Methods

Participant selection

Young people taking part in the SHARP workshops were recruited by teachers in participating schools. These schools were in turn recruited by Imperial College or charity partners (The Prince's Trust or The Change Foundation) who had pre-existing relationships with schools as part of ongoing support programmes. As mentioned in the intervention section, schools were asked to recruit young people aged 11–14 who met certain criteria, such as students who live in a neighbourhood with high levels of deprivation or who are at risk of exclusion. For further information on the recruitment criteria, please see the Intervention section.³⁶

The SHARP evaluation sought to engage all Phase 1 and Phase 2 workshop participants in **pre- and post-intervention surveys** (or at least 188 young people, as per the evaluation's success criteria, of which 60% or 113 participants were expected to complete both pre- and post-surveys). In order to participate in the evaluation activities, the SHARP delivery team was required to obtain parental consent. For more information on how consent was obtained, please see the Ethical review section.

The evaluation also intended to conduct **six focus groups with students**, with two focus groups delivered in Phase 1 and four in Phase 2. For this activity, teachers were asked to recruit young people who had attended Phase 1 and/or Phase 2 (prioritising those who had attended both workshops) and that had parental consent to take part in evaluation activities.

The evaluation sought to gather further feedback from **teachers through short qualitative interviews**. Given the value of teacher feedback on young people's responses to the workshops during and after, as well as on the delivery process, the number of teacher interviews was increased from the original study plan to include three additional interviews with teachers after Phase 1 workshops and teachers from all participating schools after the Phase 2 workshops. Teachers were recruited with the support of the SHARP delivery team, who would introduce the evaluation team via email or during workshop observations.

Finally, the evaluation methodology also proposed conducting **short qualitative interviews with SHARP delivery staff** to get their views on the design, implementation and delivery of the programme after Phase 1 and Phase 2. This included conducting interviews with the Imperial delivery team, charity partners and the two Young Ambassadors.

³⁶ It should be noted that as per YEF's evaluation criteria, a control group was not integrated into the evaluation design as part of this feasibility study. However, should the project continue to a pilot efficacy trial, a control or comparison group would be considered.

Theory of Change development

The ToC was initially developed in 2019 upon the commissioning of the evaluation. A workshop was held with the SHARP team, including charity partners, to develop the initial ToC. Following this workshop, the evaluation team iterated the ToC, giving the SHARP team time to make comments. The ToC was then edited and finalised in collaboration with YEF.

The ToC and output and outcome measures drafted during the initial development of the SHARP project remain largely applicable to the intervention. However, two activities included as part of the SHARP delivery approach were not delivered as originally intended:

1. Signposting of available activities in the community in Phase 1: While participants were signposted to existing extra-curricular activities and mentoring activities offered by the Prince's Trust and Change Foundation, this did not occur until the end of Phase 2 and did not provide a holistic and accessible offering to all participants (e.g. to align with the age groups and local areas of all students taking part, discussed further in the Feasibility section);
2. Peer support work: While Young Ambassadors took part in facilitated discussions during the Phase 2 workshops, they did not provide peer-to-peer mentoring during or after the SHARP workshops.

This meant that the following outputs of the ToC were not relevant to the final design of the SHARP project:

- Mapping of wider extra-curricular activities available to young people (*To our knowledge, this mapping was not completed*)
- Number of young people accessing wider activities since the beginning of the project (*Signposting to activities was not part of Phase 1*)
- Number of Young Ambassadors mentoring young people and number of young people receiving this support (*Young Ambassadors did not provide mentoring*)

Although they were not delivered, mapping additional activities for young people and providing access to activities and/or support between Phase 1 and 2 are still included in the Theory of Change diagram as they are still considered by the delivery team to be important to the project's success and areas to improve on in the next phase. While mentoring support may be part of these additional activities, they are not explicitly part of the SHARP delivery model. Therefore, the output related to the 'Number of Young Ambassadors mentoring young people and number of young people receiving this support' has been removed from the revised ToC.

The outcomes outlined in the original ToC have also been lightly modified to better reflect the short-term and intermediate outcomes that the programme has the potential to achieve through the activities it delivers. The following short-term outcomes have been modified:

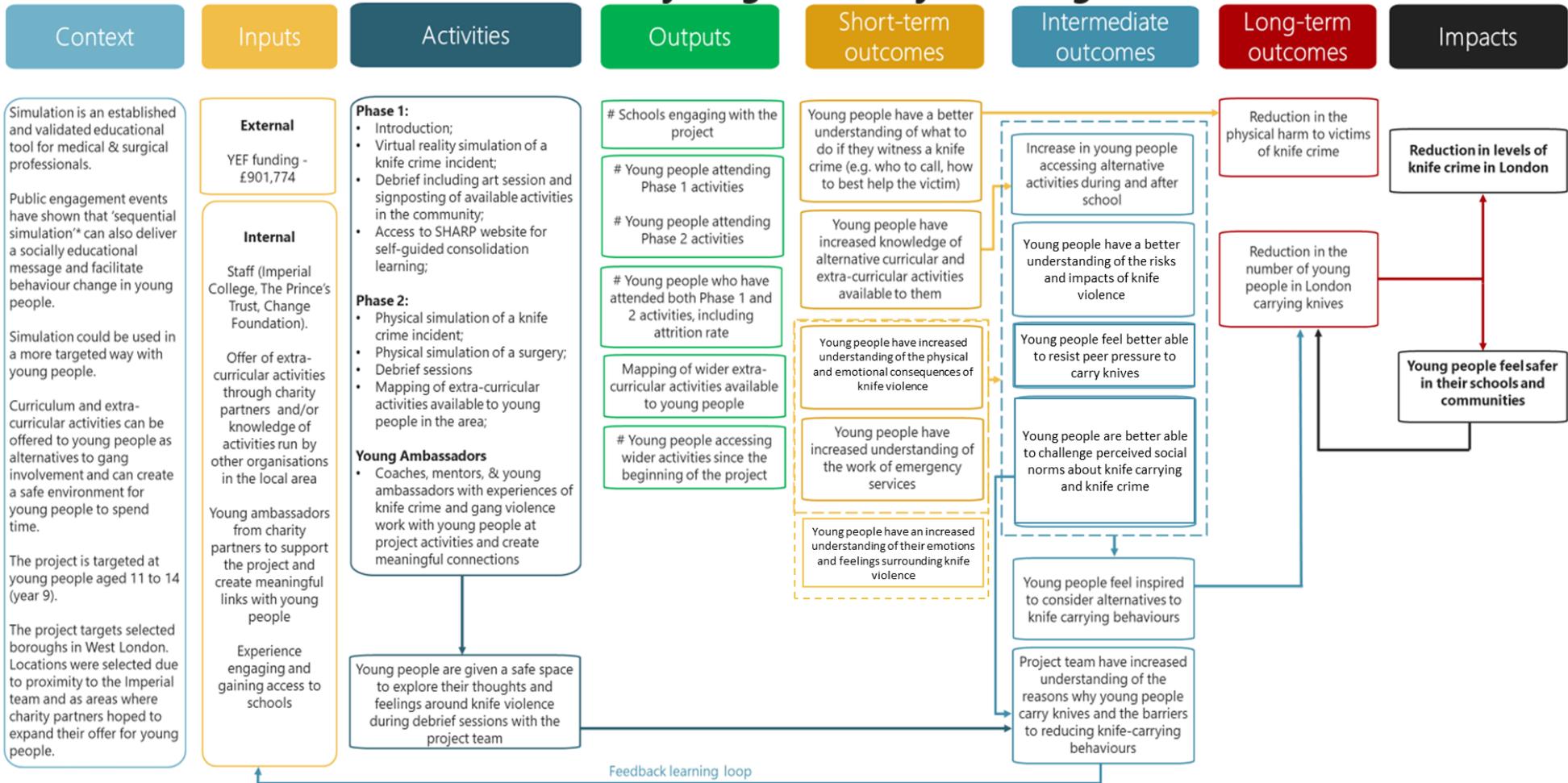
- Young people have an increased understanding of the physical and emotional consequences of knife violence: Originally, this outcome only mentioned the physical consequences of knife violence, yet the programme also covers the emotional aspects associated with it (e.g. through activities delivered by Young Ambassadors and the art sessions);
- Young people have an increased understanding of their emotions and feelings surrounding knife violence: This outcome was originally included under intermediate outcomes and combined with another outcome. It has been moved to short-term outcomes to reflect how the SHARP workshops provide opportunities to young people to explore their emotions and feelings about knife violence during the workshops (e.g. through the art sessions and de-brief conversations). It has also been split out to improve clarity and measurability.

The following intermediate outcomes have been included/modified to better reflect the key mechanisms of change linking learning to expected changes in behaviour among young people, or reduced knife carrying in the long term:

- Young people have a better understanding of the risks and impacts of knife violence: Previously, this outcome statement did not include the risks associated with knife violence, yet the programme also addresses these (e.g. it explains that carrying knives can result in jail sentences);
- Young people are better able to challenge perceived social norms about knife carrying and knife crime; *and* young people feel better able to resist peer pressure to carry knives: These outcomes have been added/amended from ‘increased understanding about the reasons for and barriers to reducing knife carrying’ to reflect more explicitly the key mechanisms of change discussed in the literature (and with young people in the SHARP workshops) about social pressures to carry knives and the perceived protection it affords in communities.
- Finally, ‘Peer support work gives young people more confidence to explore alternatives to knife-carrying behaviours’ has been removed from the intermediate outcomes.

If the project were to continue to pilot stage, this iterated Theory of Change diagram (pictured on the following page) may be used as a template for the next phase and further updated to consider any planned changes to the delivery model.

SHARP – Feasibility Stage – Theory of Change



Note: we will also look to track the journey of ambassadors involved in delivery and those helping to facilitate the evaluation

- Risks:**
- 1) Lack of engagement from schools. Relationship with schools might be weak in some locations.
 - 2) Obtaining parents' consent for children to take part.
 - 3) Young people find project activities upsetting
 - 4) Coronavirus means schools are reluctant to allow external organisations on to the premises
 - 5) Project activities do not adequately address structural factors that lead to knife crime, limiting the ability of the project to achieve its intended outcomes

- Assumptions:**
- 1) Parents give their consent for the activities
 - 2) Schools are willing to host the project
 - 3) Project staff are able to physically access schools to implement project activities
 - 4) Young people engage with the activities and benefit from teaching through virtual and physical simulation
 - 5) Adequate consideration is given to the mechanisms through which additional support is provided or signposted to young people who need it (e.g. those who have experienced previous trauma)

Data collection

The table below summarises the number of participants involved in each evaluation activity.

Table 2: Summary of participants involved in research activities

Data collection method	Number of participants included
Pre-survey	190
Post-survey	203
Focus groups with young people	19
Teacher interviews	7
Delivery staff interviews, including Young Ambassadors	10

Quantitative data collection

The survey (included in the Appendix) was comprised of:

- **The Strengths and Difficulties Questionnaire:** The Strengths and Difficulties Questionnaire (SDQ) is a widely used, validated tool that measures changes in young people’s emotions, conduct problems, peer problems, hyperactivity/inattention and prosocial behaviour.³⁷ The primary role of the SDQ was to test the feasibility of administering the evaluation, in line with YEF’s evaluation standards and guidance.
- **Supplemental bespoke questions:** These were focused on measuring changes in attitudes and beliefs in relation to the specific content and outcomes of the SHARP workshops (e.g. on awareness of the impacts of knife violence and what to do if a knife incident occurs). Questions were developed to assess and report on the potential impact of the project, aligned to the outcomes in the ToC.

YEF guidance stipulates that all funded programmes are measured using the SDQ to ‘ensure common measurement of outcomes wherever possible to maximise learning across the fund’.³⁸ In particular, the SDQ ensures that interventions adopting ‘upstream’ early-prevention approaches to reducing offending contribute towards a common evidence base of what works, assuming that changes in wider behavioural outcomes are indirect benefits of interventions such as the SHARP programme.

³⁷ The SDQ is a 25-item questionnaire measuring behaviours, emotions and relationships in 4–17-years-old. Each item is scored on a 3-point Likert scale. It was developed by child psychiatrist Robert N. Goodman.

³⁸ Core measurement guidance (Youth Endowment Fund). Available at: <https://youthendowmentfund.org.uk/wp-content/uploads/2022/04/18.-YEF-SDQ-guidance-April-2022.pdf>

One baseline (pre-) survey and one end of programme (post-) survey were administered by SHARP delivery staff and charity partners using paper-based questionnaires at two data collection points:

1. The pre-survey was administered near the beginning of Phase 1 sessions.
2. The post-survey was administered towards the end of Phase 2 sessions.

Survey limitations are discussed in the Intervention Feasibility section on page 59. The following table provides an overview of how many surveys were completed in Phases 1 and 2 and the total number of matched surveys across both phases. Table 4, on the following page, provides an overview of research methods used for each of the intended outcomes in the SHARP ToC.

Table 3: Quantitative data collection

Number of SHARP participants Phase 1	Number of pre-surveys	Number of SHARP participants Phase 2	Total number of post-surveys	Total number of matched pre- post-surveys
244	190	276	203	152

Table 4: Overview of research methods

Data collection methods	Data collection planned	Data collection undertaken	Reasons for adaptation of data collection undertaken	Research questions addressed	Implementation/logic model relevance
Quantitative					
Pre-post survey (SDQ and bespoke questions)	All participants of SHARP targeted	All participants except 10 were given the option of completing the survey.	c. 10 participants in Phase 1 were not able to complete the pre-survey due to delays in extra surveys being printed.	<ul style="list-style-type: none"> Determine the most appropriate measures for accessing SHARP's outputs and outcomes. Investigate the extent to which SHARP achieves its intended outcomes. 	<p>Young people have a better understanding of the impacts of knife violence.</p> <p>Young people have an increased understanding of their emotions and feelings surrounding knife violence.</p> <p>Young people feel inspired to consider alternatives to knife-carrying behaviours.</p> <p>Peer support work gives young people more confidence to explore alternatives to knife-carrying behaviours.</p> <p>Increase in young people accessing alternative activities during and after school.</p>
Qualitative					
Focus groups with participants	6 focus groups (across three schools)	4 focus groups (across 2 schools)	Only 4 groups were able to be conducted due to teacher and student availability and ability to communicate directly with teachers to set up groups on dates separate from workshops.	<ul style="list-style-type: none"> Investigate the extent to which SHARP achieved its intended outcomes. Explore how, why and in what context intended outcomes have been achieved. 	<p>Young people have a better understanding of the impacts of knife violence.</p> <p>Young people have an increased understanding of their emotions and feelings surrounding knife violence.</p> <p>Young people feel inspired to consider alternatives to knife-carrying behaviours.</p> <p>Peer support work gives young people more confidence to explore alternatives to knife-carrying behaviours.</p>

					Increase in young people accessing alternative activities during and after school
Interview with delivery staff and partners	3 interviews with staff; 1 interactive workshop	3 x interviews following Phase 1; 8 x interviews following Phase 2	Interviews with staff and partners were seen as most appropriate to discuss the successes and challenges of project delivery.	<ul style="list-style-type: none"> Identify how to best recruit and engage a sufficient number of at-risk young people in a pre/post study. Investigate the extent to which SHARP achieves its intended outcomes. Explore how, why and in what context intended outcomes have been achieved. Identify factors that support or interfere with successful delivery of the SHARP project. 	<p>Increase in young people accessing alternative activities during and after school.</p> <p>Young people feel inspired to consider alternatives to knife-carrying behaviours.</p> <p>Project team have increased understanding of the reasons why young people carry knives and the barriers to reducing knife carrying.</p> <p>Process-orientated learning</p>
Interviews with Young Ambassadors	2 focus groups with Young Ambassadors	2 x interviews with Young Ambassadors	Only two Young Ambassadors were recruited to take part in the project. Both were interviewed, but focus groups were not possible.	<ul style="list-style-type: none"> Investigate the extent to which SHARP achieves its intended outcomes. Explore how, why and in what context intended outcomes have been achieved. Identify factors that support or interfere with successful delivery of the SHARP project. 	<p>Young people feel inspired to consider alternatives to knife-carrying behaviours.</p> <p>Process-orientated learning.</p>
Interviews with teachers	6 interviews following Phase 2 delivery	2 x interviews following Phase 1; 5 x interviews following Phase 2	It was deemed appropriate to conduct interim interviews with a small number of teachers following Phase 1 delivery to gain interim findings. Teachers from all schools participating in Phase 2 (c.7) were invited to take part in Phase 2 interviews – only 5 were willing and able to take part.	<ul style="list-style-type: none"> Identify how to best recruit and engage a sufficient number of at-risk young people in a pre- post-study. Investigate the extent to which SHARP achieves its intended outcomes. Explore how, why and in what context intended outcomes have been achieved. Identify factors that support or interfere with successful delivery of the SHARP project. 	<p>Young people feel inspired to consider alternatives to knife-carrying behaviours.</p> <p>Project team have increased understanding of the reasons why young people carry knives and the barriers to reducing knife-carrying behaviours.</p> <p>Process orientated learning.</p>
Observations	Observations of 4 workshops (2 x Phase 1; 2 x Phase 2)	Observations of 6 workshops (3 x Phase 1; 3 x Phase 2)	Further observations were conducted to achieve a wider sample of schools (one boys, one girls, one mixed gender and taking into account type of school, %FSM, geography and local rates of crime using a weapon).	<ul style="list-style-type: none"> Identify how to best recruit and engage a sufficient number of at-risk young people in a pre/post study. Investigate the extent to which SHARP achieves its intended outcomes. Explore how, why and in what context intended outcomes have been achieved. Identify factors that support or interfere with successful delivery of the SHARP project. 	Process orientated learning.

Qualitative data collection

Five forms of complementary qualitative research activities were carried out to add depth and breadth to the evaluation:

- Observations of SHARP workshops
- Interviews with teachers
- Interviews with Young Ambassadors
- Interviews with delivery staff and partner
- Focus groups with SHARP beneficiaries

Observations:

Observations were conducted in three schools, with evaluators attending both Phase 1 and Phase 2 workshops (six observations in total). The aim of the observations was to capture greater insight into how the workshops were delivered in practice and participant engagement with and reactions to the workshop content. Two members of the evaluation team attended each observation. The evaluation team also observed an additional workshop organised with a local London-based youth club, delivered after Phase 2, whereby the SHARP delivery team piloted a combined 'Phase 1 & 2' workshop, piloting the integration of the VR experience alongside Phase 2 activities based on learnings from the previous year. This final observation provided an opportunity to observe any developments made to SHARP delivery following the completion of Phase 2 and any changes built on best practices learnt throughout SHARP delivery.

Interviews with teachers:

Two interim interviews with teachers were conducted over Microsoft Teams or phone call following completion of Phase 1 workshops. Following Phase 2 delivery, a teacher from each school (c.7) was contacted to take part in an endline interview. Five teachers were willing and able to take part. One interview took place in person on the same date as a focus group discussion with students participating in SHARP workshops.

Interviews with Young Ambassadors:

Two Young Ambassadors were involved in the delivery of SHARP. The evaluation team conducted telephone interviews with each following completion of all Phase 2 workshops.

Interviews with delivery staff and charity partners:

Three interviews were conducted following completion of Phase 1. Two of these interviews were conducted online. However, due to availability, one delivery staff member provided written answers over email to the evaluation team's questions. Following Phase 2, interviews were conducted with three Imperial staff and three delivery and charity partners (the Change Foundation, the Prince's Trust and a trauma-informed practitioner). Interviews were conducted online. Charity partners interviews were not part of the original method plan, but given their involvement in Phase 2 workshop delivery and schools recruitment, the evaluation team sought to take into account their views on the programme delivery and set-up.

Focus groups:

Four focus groups were undertaken with students who had participated in SHARP workshops. Each focus group had five participants and was conducted in two schools on a date following Phase 2 workshops. Focus groups were organised with the help of teachers. All focus groups were conducted face-to-face with at least two evaluators present.

The evaluation team and YEF decided to conduct all focus groups after Phase 2. It was decided that the benefits of data collection after Phase 1 alone did not outweigh the risks of re-traumatisation by asking young people about their knowledge and understanding of knife violence and how the Phase 1 workshop impacted this. This was adjusted following anecdotal information from delivery staff and charity partners that exposure to knife crime among participants was higher than previously expected (with the SHARP team reporting that up to 57% of young people said they knew someone who had been affected by knife violence). Instead, it was agreed that all focus groups would be held following participation in Phase 2 workshops, where participants had also been asked to reflect on their support networks and would have had (as originally planned) the opportunity to access potential wrap-around support through extra-curricular activities, such as boxing and football clubs. In addition, given timelines for SHARP delivery, it was difficult logistically to organise groups in the run-up to Christmas.

Analysis

Quantitative data

Quantitative data analysis initially involved data matching across the pre- and post-survey. To maintain participant anonymity and facilitate data matching, each pre-survey was assigned a unique identification number. This number was signposted at the top of each survey and randomly assigned to each student. When administering the pre-survey, the SHARP delivery team then recorded which unique ID was provided to each participant and securely stored these records between Phase 1 and 2. In Phase 2, the SHARP delivery team then referred to these records to administer the post-surveys so that the surveys with the same unique

numbers were administered to the correct pupils. The SHARP team assigned new numbers to participants who had not participated in Phase 1.

All survey data were transcribed, cleaned and matched (if possible) to produce final datasets for the analysis. The raw data were then analysed using Ipsos software (IBM SPSS Data Collection Base Professional) and formatted into data tables, which were then subject to the following descriptive analysis:

Quality analysis: The pre- and post-survey data were analysed for completeness to assess the extent to which the project was able to engage with the intended number of cohorts and participants, as well as the sufficiency and appropriateness of the data collection tools.

Cross tabulations: The data were analysed against a series of cross-tabulations to explore correlations in responses according to participant characteristics. These included participant age, gender and ethnicity, as well as participants' responses to questions on feelings of safety, experiences of knife violence and participation in previous anti-knife violence programmes.

SDQ scoring: Following the guidance for the SDQ, aggregated measures were calculated for pre- and post-survey data. The SDQ is composed of a total difficulties, externalising, and internalising score, as well as five different scales (prosocial, conduct problems, emotional problems, peer problems and hyperactivity) containing five items each.

- As explained in the SDQ manual, the total difficulties score is generated by summing scores from all the scales except the prosocial scale with a resultant score range from 0 to 40.
- The externalising score ranges from 0–20 and is the sum of the conduct problems and hyperactivity scales.
- The internalising score ranges from 0–20 and is the sum of the emotional and peer problems scales.

Using the externalising and Internalising scales may be preferable to using the four separate scales in community samples, whereas using the four separate scales may add more value in high-risk samples.

Interpretation of SDQ scores is subject to referencing with the SDQ categorisation table shown in the Appendix. In all cases except the prosocial scale, a higher score denotes movement away from normality, or the average. The categorisation table contains two references: one three-banded and one four-banded. According to the SDQ manual, the original three-banded categories were 'normal', 'borderline' and 'abnormal'. These bandings were defined based on a population-based UK survey, attempting to choose cut-points such that 80% of children scored 'normal', 10% 'borderline' and 10% 'abnormal'.

A newer four-banded category classification has been developed, based on a larger UK community sample. This four-fold classification differs from the original in that it divided the

top 'abnormal' category into two groups, each containing around 5% of the population; renamed the four categories (80% 'close to average', 10% 'slightly raised, 5% 'high' and 5% 'very high' for all scales except prosocial, which is 80% 'close to average', 10% 'slightly lowered', 5% 'low' and 5% 'very low'); and changed the cut-points for some scales, to better reflect the proportion of children in each category in the larger dataset. Both the three-banded and four-banded categorisations will be referenced throughout the Findings section.

Where scales in the SDQ necessitated a total mean score to be calculated, participants that included a non-response were omitted from total calculations; however, responses to individual questions were still analysed where a response was given.

For all survey analyses, paired t-tests were used to calculate confidence intervals and are reported on using the following structure: 95% CI [Lower limit (LL); Upper limit (UL)].³⁹ Paired t-tests were conducted with matched survey responses, including only the data for students who had attended both phases of the programme. Significance testing was also undertaken using paired sample tests and for individual statements using column proportions and column means tests. All tests were set at a 5% significance level to indicate a 95% probability that the results are statistically significant. Results are reported in the Logic Model Development section.

Qualitative data

All interviews and focus group discussions were recorded and transcribed. Notes from observations were also recorded and summarised, which included notes on the art outputs created and presented by students during the workshop sessions. The findings were then analysed thematically, in line with the research questions and key outcomes in the ToC. A two-stage analysis process was then undertaken, starting with:

1) Content analysis, whereby transcriptions from individual interviews or focus group discussions were organised by stakeholder type and Phase and then summarised to help identify key content and subject matter against the discussion guide questions.

2) Thematic analysis, whereby a thematic coding framework was developed to facilitate data management and coding. This framework was developed deductively, based on the ToC and research questions, and inductively, based on unexpected topics or issues emerging in the data.

This analysis process supported the development of a detailed understanding of individual accounts and themes in the findings across qualitative data sources. The analysis related to

³⁹ Confidence intervals were calculated using the following formulas: Lower level: $\text{mean_score} - (1.96 * (\text{standard_deviation}/\text{square root of the base}))$; Upper level: $\text{mean_score} + (1.96 * (\text{standard_deviation}/\text{square root of the base}))$.

descriptive accounts of what occurred in the implementation of SHARP as well as explanatory accounts about what works, for whom, in what circumstances and why.

Data synthesis and triangulation

The qualitative and quantitative evidence was then synthesised as follows:

Analysis session: An initial analysis session was facilitated internally to ensure that all members of the evaluation team could contribute insights from the data sources they had analysed and were familiar with findings from other data sources to discuss emerging results and identify areas for further exploration.

Triangulation of evidence: A process of meta-synthesis⁴⁰ was then employed, whereby data were synthesised by research question, outcome and theme to ensure all relevant data sources informed descriptive and interpretative explanations about the programme.

Timeline

Table 5 below sets out a summary of the delivery and evaluation timeline.

Table 5: Timeline of evaluation and delivery activities

Date	Activity
Delivery	
October 2021–February 2022	Delivery of Phase 1 (Delivery Team)
February 2022–June 2022	Delivery of Phase 2 (Delivery Team)
Evaluation activities	
March 2020–March 2021	Familiarisation, Theory of Change development and feasibility study plan development
March–August 2021	Evaluation material development
October 2021–February 2022	Phase 1 data collection
February 2022–June 2022	Phase 2 data collection
June 2022–January 2023	Analysis and reporting

Findings

Participants

SHARP programme participants

A total of 306 students across 11 schools attended Phase 1 and/or Phase 2 of the SHARP programme, plus 72 students in the additional workshops organised at youth clubs, exceeding the project’s success criteria of recruiting 188 participants to the programme. The SHARP delivery team delivered 26 Phase 1 and seven Phase 2 workshops. Table 6 below outlines the number of participants for each workshop, the number of students that withdrew from the

40 Sandelowski M., Barroso J. (2006): Handbook for synthesizing qualitative research. (New York: Springer)

programme after attending Phase 1 and the number of new students who joined the programme in Phase 2.

According to data collected by the SHARP delivery team through observations and school data, students participating in the SHARP programme were 11–17 years old, and the median age was 13. Overall, 56% of participants were male, 42% female and 2% identified in another way. In terms of ethnicity, 26% were black/black British, 23% Asian/Asian British, 17% white/white British, 10% identified as other and 12% did not provide a response.

Table 6: Overview of workshop participants

	Number of Phase 1 participants	Number of Phase 2 participants	Number of participants that withdrew	Number of new participants	Total number of students
School 1	17	32	3	18	35
School 2	26	23	10	7	33
School 3	29	39	5	15	44
School 4	29	39	1	11	40
School 5	19	20	1	1	20
School 6	19	19	0	0	19
School 7	40	40	1	1	41
School 8	37	33	14	10	47
School 9	10	N/A	N/A	N/A	10
School 10	10	N/A	N/A	N/A	10
School 11	7	N/A	N/A	N/A	7
Total (schools only)	243	245	35	63	306
Youth Club 1	N/A	N/A	N/A	N/A	31
Youth Club 2	34	30	11	7	41
Grand Total	277	275	46	70	378

As shown in the table above, three schools who had participated in Phase 1 withdrew from the programme and therefore did not take part in Phase 2 workshops. One of the schools was unable to host Phase 2 workshop due to several COVID-19-related issues over the December Omicron outbreak, such as staff shortages and having to rearrange students' schedules so they could take exams. The SHARP delivery team were unable to progress the programme in two other schools due to capacity and communications issues (discussed further in the Intervention Feasibility section). However, 181 students were successfully retained across

Phase 1 and 2 activities, exceeding the success criteria of 100 young people. For Youth Club 1, a workshop combining both Phase 1 and Phase 2 activities was delivered.

This demonstrates that the SHARP team was able to successfully collect sufficient monitoring data to provide information on the number of young people attending each activity and attrition rates, a key success criteria for the project.

SHARP evaluation participants

A **total of eight schools** were selected to take part in at least one evaluation activity. The schools that took part had different characteristics such as geography, size and percentage of students on free school meals.

Table 7: Schools that took part in SHARP

School name	School type	Geography	Number of pupils	% free school meals	Ofsted rating	Gender	Research activity conducted
School 1	Academy Converter	Suburban, South West London	772	13.9%	Good	Boys	<ul style="list-style-type: none"> • Student survey • Observation • Teacher interview • Student focus group
School 2	Academy Converter	Urban, West London	619	31.9%	N/A	Girls	<ul style="list-style-type: none"> • Student survey • Observation • Teacher interview
School 3	Academy Sponsor Led	Urban, East London	836	33.9%	Good	Mixed	<ul style="list-style-type: none"> • Student survey
School 4	Academy Sponsor Led	Urban, East London	1,455	40.6%	Outstanding	Mixed	<ul style="list-style-type: none"> • Student survey • Observation • Teacher interview
School 5	Academy Sponsor Led	Urban, West London	1,235	40.8%	Outstanding	Mixed	<ul style="list-style-type: none"> • Student survey • Student focus group
School 6	Academy Sponsor Led	Urban, West London	593	32.7%	Good	Mixed	<ul style="list-style-type: none"> • Student survey • Teacher interview
School 7	Academy Sponsor Led	Urban, West London	1,226	44.3%	Outstanding	Mixed	<ul style="list-style-type: none"> • Student survey • Teacher interview
School 8	Academy Sponsor Led	Urban, South London	593	32.7%	Good	Mixed	<ul style="list-style-type: none"> • Student survey

							• Teacher interview
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A total of 190 students who attended Phase 1 workshop completed the pre-survey, and 203 students who attended Phase 2 completed the post-survey. This exceeded the success criteria for the evaluation, as laid out in Table 11 below. Since surveys were administered on-site at the start of the Phase 1 workshop and at the end of Phase 2, this setting ensured a high response rate from participants (who had consented to being part of the evaluation). However, as mentioned previously, not all students participating in Phase 1 workshop necessarily attended Phase 2, and vice versa. As a result, a total of 152 students attended both workshops and completed both pre- and post-surveys, exceeding the study's success criteria (c.113). Anecdotal evidence from delivery staff and teachers suggests that the main reason for students' attrition was cited as absences of students for various reasons, including sickness, being expelled from school or having exams at the time of the workshop. However, no monitoring information was collected on reasons for absence.

The below tables outline the gender, ethnicity and age of the participants who completed the pre- and/or post-surveys that have been used to inform the evaluation.

Table 8: All survey participants – gender

	All pre-survey participants	All post-survey participants	Participants completing both surveys
Male	47% (n=86)	52% (n=105)	50% (n=74)
Female	52% (n=95)	46% (n=92)	48% (n=72)
In another way	2% (n=3)	2% (n=3)	2% (n=3)

Base: Pre-survey: All respondents (184); Post-survey: All respondents (200). Percentages may add up to more than 100% due to rounding.

Table 9: All survey participants – ethnicity

	All pre-survey participants	Participants completing both surveys
Asian/Asian British	11% (n=20)	13% (n=18)
Black/Black British	29% (n=54)	30% (n=43)
White/White British	20% (n=37)	20% (n=29)
Other ethnic group	40% (n=73)	38% (n=54)

Base: Pre-survey: All respondents (184). Participants' ethnicity was not asked in the post-survey.

Table 10: All survey participants – age

	Pre-survey participants	Post-survey participants	Participants completing both surveys
11	14% (n=25)	9% (n=17)	8% (n=12)
12	31% (n=57)	29% (n=55)	27% (n=39)
13	21% (n=39)	28% (n=53)	32% (n=45)

14	23% (n=42)	19% (n=37)	16% (n=23)
15–17	11% (n=20)	15% (n=28)	16% (n=23)

Base: Pre-survey: All respondents (183); Post-survey: All respondents (190).

A number of other contextual questions were asked in the survey to provide a better understanding of the characteristics of young people who took part in SHARP (included in full in the Appendix). Insights from these questions included:

- **Among those participants completing the pre-survey, less than half (45%) had attended a class or programme on knife violence before.** Male students were more likely to have attended another class or programme than females: over half of the male students (53%) had attended one, compared to 39% of female students. Students over 14 years old were also more likely than younger students to have attended this type of activity; 65% of over 14s reported this while less than 45% of students aged 11–13 had attended one. There was no information collected on the scope or content of these additional knife violence programmes or classes.
- At the same time, **more than a quarter (26%) of pre-survey respondents reported knowing someone who carried a knife or weapon**, although only **5% of respondents (n = 9) mentioned that they personally had carried a knife or weapon during the last year**. Of this 5% (n = 9 students), almost all had carried a knife or weapon less than five times, except for one student who reported having carried one more than 10 times. While young people were reassured about the anonymity of their responses to the survey, since the surveys were administered in a school setting in the presence of teachers and peers, it is possible that the true answers to questions regarding knife carrying may be higher than reported.
- **Most pre-survey respondents (79%) felt safe in their area, while almost one in five did not (18%).** There were no differences in the responses provided by female and male students. Only two students out of 33 who felt unsafe in their area had carried a knife in the past year.
- Another piece of contextual information collected by the SHARP delivery team (not included in the survey) is that that **up to 57% of young people mentioned during the Phase 1 debrief that they knew someone who had been affected by knife violence**. As discussed in the following section on Intervention Feasibility, SHARP delivery staff reflected how this highlighted the need for further support for young people in between the SHARP workshops, although this was not included as part of the programme.

Success Criteria

Based on the number of participants recruited to take part in the project and the evaluation activities, the SHARP project exceeded its success criteria.

Table 11: Success criteria achieved

Success criteria	Evidence of achievement GREEN (GO); AMBER (PAUSE AND THINK); RED (STOP)
The project team successfully recruit c.188 participants from 4–6 schools (c.188 young people attend Phase 1 activities).	The project successfully recruited over 300 young people from 8 schools to take part in Phase 1 and 2.
At least 100 young people are retained across the course of the project, participating in both Phase 1 and Phase 2 activities.	At least 152 young people were retained over the course of the project, having completed both pre- and post-surveys.
The project team are able to collect sufficient monitoring data to provide information on the numbers of young people attending each activity and the number of young people that have been retained over the course of the project.	The project team successfully collected the requisite data.
All participants (c.188) are approached to engage with the survey, and the evaluation aims for 60% of participants (c.113) to complete pre- and post-surveys.	Nearly all participants were approached to engage with the survey, and 152 young people successfully completed pre- and post-surveys.
Evaluators are able to recruit sufficient numbers of participants to take part in the proposed qualitative consultations (see below) and access schools for 4 ethnographic observations.	Evaluators were able to recruit sufficient numbers of participants to take part in qualitative consultations and observations. Although only four of six focus group discussions were held, due to lack of responsiveness from schools, evaluators were able to conduct more interviews than planned, and overall sufficient numbers of participants took part in proposed qualitative consultations and observations.

Intervention feasibility

Recruitment

Overall, the recruitment of schools and young people to take part in SHARP can be seen as a success, as the recruitment of young people to Phase 1 exceeded the original target of 188 students as outlined in the bid.

There were lots of little hurdles for us to jump over, but I think, overall, we ended up getting more schools involved than we expected, and by the time the workshop finished, they wanted to know when we were doing this next. – Delivery Staff

Recruitment techniques varied across the schools engaged in SHARP. While charity partners had ongoing relationships with a number of schools, Imperial had to make first contact with schools to gauge interest and capacity to be involved in the SHARP programme. This was done in collaboration with the Imperial outreach team who had existing relationships with some schools; others were new schools that were reached out to by the SHARP team or contacted the SHARP team after having seen information about the programme on social media.

Teachers reported wanting to take part in the SHARP workshops for a number of reasons. Most felt it was important to take part in a programme explicitly talking about knife violence, as teachers were aware this was something affecting young people and their communities. However, one school reported that they took part mainly to foster career development and inspire young people to investigate opportunities of medical careers, an unintended outcome of the programme.

[We chose to take part] mainly to raise awareness about the issues in the area that the students mainly come from. Knife crime is a real issue and could affect them. – Teacher

Schools also appeared to take varying approaches to the recruitment of young people to take part in SHARP activities. Some took a targeted approach, bringing together young people they felt were particularly at risk of knife violence. However, other schools were reluctant to do this and instead chose young people based on their interest in medical careers or higher education. For example, in one school, the teacher reported that they did not see this as a knife crime intervention but instead as an opportunity for young people to have exposure to medical professionals and learn more about medical career options. It is unclear whether this was a result of how the SHARP project was promoted to the teacher or whether this rationale was viewed by the teacher as a more appropriate or relevant reason for their school to take part in SHARP, despite its ultimate objectives.

We don't generally promote stuff in the school to do with knife crime... But because that was just the scenario ... it was more about everything else. It was awareness. So, we weren't putting students on there who might go into that area, we were looking for students who were looking to either go into psychology or healthcare or police or anything to do with that... paramedics.. rather than the actual onus being on the knife crime. – Teacher

Teachers generally reported young people being excited about taking part, partly due to the content of the sessions, particularly the potential to use VR, and partly due to being able to take time out of lessons. During focus groups, young people themselves recalled being excited about taking part in the sessions and proud or happy they had been chosen.

I think they were really looking forward to getting involved...they were very excited to actually get involved and have their say and see what changes they could do to help other people – Teacher

I felt quite special...Yes, we felt quite lucky – Student

Phase 1

Fidelity

As discussed above, there were a number of significant changes from the approach outlined in the bid. One of the main causes for this was due to delays caused by the COVID-19

pandemic. However, in addition to delays, the pandemic also offered opportunities: in order to overcome issues with hosting large group events, the SHARP team developed a phased plan that incorporated VR in the first phase/workshop to enable the proposed sequential simulation approach and resumed much of the original design, incorporating live performance later on in the second phase of the project.

The phase 1 approach, though remaining largely consistent throughout delivery, was iterated between workshops. These changes were seen as beneficial to improving the overall delivery and quality of the workshops and included:

- Splitting young people into smaller groups to participate in the VR activities following the first workshop. This allowed the SHARP team to provide more focused support to the young people while they were experiencing the virtual simulation;
- In later sessions, examples of artwork were included to help ground the art session and make it less abstract for the young people attending; and
- The SHARP team decided to discontinue the use of a PowerPoint presentation at the beginning of the session, as young people seemed not to engage with this.

Quality and responsiveness

Teachers were impressed with the set-up and delivery of the Phase 1 workshops. In general, the sessions were seen to either meet or exceed expectations, and the duration of the session was seen as appropriate. Young people appeared engaged throughout the sessions, and 99% (n = 143) of post-survey respondents reported enjoying the Phase 1 workshop.

However, over half of the students (59%; n = 86) that completed both pre- and post-surveys thought that the Phase 1 workshop was too short, with only one in three (35%; n = 51) reporting it was the right length. In focus groups, feelings around the length of the workshop were mixed, with some noting that it would have been useful for the session to be longer to explore these issues in more depth. Moreover, one student found it strange to go back to their normal timetabled lessons in the afternoon, following a morning learning about and discussing knife violence. (At the end of the workshop, students were signposted to school and teaching staff to discuss any thoughts, feelings or concerns they had after the workshops.)

I'd say the first one could have been longer, especially because it was on a serious topic. We could have done the VR, we could have done the art, but I'd say we should have gone more in-depth – Student

Virtual reality session

The inclusion of VR was seen as a useful 'hook' with which to engage participants. Participants recalled being told that the session would include VR and stated that this was a reason to be excited about attending.

I think that the VR element was excellent at engaging students. – Teacher

Young people generally enjoyed the VR sessions. When reflecting on their experiences of attending Phase 1 during the focus groups and survey, VR was often at the forefront of young people's minds. Further, 97% (n = 144) of post-survey respondents reported finding the VR activity interesting. Some reported finding the controls tricky to work out at first, but this did not seem to take away from their enjoyment. Several young people requested the inclusion of more VR across project sessions. Overall, findings from observations confirm that students reacted very positively to the activity, showing excitement before and after the activity and being focused and engaged during it. After the activity, students tended to share their thoughts on the most impactful scenes and overall experience with their peers.

Delivery staff reflected during interviews that the VR could be altered to make participants more actively involved in the simulation rather than acting as bystanders viewing the scene. However, they also highlighted the need for carefully balancing active involvement with ensuring the simulation was not traumatic.

I think maybe if we do this in the future, we have to figure out a way so they feel like they're involved in the story and not just a bystander, but at the same time not stressing them out so they don't really take in the message and they're just worried about getting the game right. – Delivery staff

Art session

Observers noted that the art-based session seemed to allow participants to express their thoughts, feelings and emotions. Teachers and delivery staff said that while they were initially sceptical about the effectiveness of the session prior to delivery, after experiencing the workshop, they felt it was effective in engaging participants and allowing them an opportunity to explore their feelings about knife violence.

I was a bit sceptical [about the arts session]. You know, 13-, 14-year-olds, you're going to make them do a little bit of artwork? I don't know. After having had the art, whether this was going to be engaging enough. I was absolutely blown away by how engaged they were... how excited they were about what they produced – Delivery partner

Teachers also felt that young people displayed a level of maturity and engagement with the activity that surprised them. Participants were not only able to portray the physical stabbing through their artwork, but they also captured themes of emotion, trauma, spirituality, family and community. During an observed session, students' art included depictions of:

- The team effort required during surgery
- The feelings of the person who had been stabbed, including clouds of emotions

- The mother's feelings following the stabbing
- The violation of the body through the knife and subsequent wound
- Adam's (the victim) experiences of PTSD
- Prison bars (discussed as one of the potential consequences of knife carrying during the workshops) and unhappiness

Delivery staff felt the artwork was powerful and have since created a book bringing together the art produced from across Phase 1 workshops. Delivery staff also noted how the art activity provided students who were less outspoken in other activities the opportunity to express themselves and contribute to the group in another way:

I was blown away how beautiful the artwork was. Young people were able to create something minimalistic but really deep and meaningful. This also gave quieter kids the opportunity to speak up and have their say after being quiet in the wider discussion. The art section made it that you can't be wrong... you can literally do anything you want. By giving them that freedom, they would come up with these really intricate beautiful things that was impossible a couple of minutes ago. – Delivery staff

Reactions from students were more mixed than with the VR session, with 68% (n = 102) of post-survey respondents who had attended Phase 1 finding the art session interesting. This also seemed to vary by gender, with 79% (n = 57) of female participants enjoying the session compared with 58% (n = 43) of male participants. Overall, findings from workshop observations showed that students were engaged during the activity, showing creativity, interest and actively listening to their peers' explanations of their artwork. They discussed their ideas with their peers and were interested in each other's work.

I just don't really like art – Student

I liked the VR, but I liked, I think it was some ink drawing. Yes, I liked that way better because you can express yourself – Student

Further reflections on Phase 1

Charity partners felt that Phase 1 sessions could be more participant-led, particularly given the sensitive subject matter explored at the start of the session. For example, one partner noted that participants were asked highly personal questions about their experiences of knife crime, either personally or in their community, near the beginning of the Phase 1 session. One partner felt it would be important to spend more time building a relationship with participants before these discussions to ensure they were comfortable giving honest answers. Alternatively, these discussions could have been built into a more interactive activity, which could help participants open up more. Moreover, they suggested that these discussions could

be more participant-led, exploring the issue of knife violence from participants' perspectives, rather than being asked specific questions that didn't always lead to free conversations.

Even if you're asking them to introduce themselves, you're almost demanding so much information. You have to give young people the opportunity to share what they're happy to share. – Charity Partner

This was echoed by some young people interviewed who suggested it would have been beneficial to have had more time to speak about the VR and understand the key messages in the story in the Phase 1 workshop. Other students in focus group discussions and in feedback provided in the post-survey suggested allowing for more time to ask questions to the SHARP delivery staff.

Phase 2 delivery

Fidelity

The agenda and approach for the workshops largely followed the session protocol. However, as with Phase 1, the SHARP project took an iterative approach to the development of workshop content and delivery, refining their plans based on learning as they delivered more workshops. Delivery staff noted that sessions had to become more responsive to the needs and reactions of the children taking part. For example, some of the key adjustments implemented throughout Phase 2 included:

- Setting up a screened 'fainting area' where military paramedics and/or teachers would support young people to recover (after a couple of young people fainted during key moments of the actor performance in the Phase 2 workshop)
- Providing benches and chairs so that young people did not need to stand during the whole day
- Improving visibility and clarity of the sessions through adjustments to video and sound equipment
- Asking shorter students to stand in front of the group at each station to make sure they could see
- Dividing the operating theatre station into sub-stations with each of the medical professionals (nurse, anaesthetist and surgeon) to ensure all students were engaged
- Continuously improving the format and content of the Young Ambassadors session to ensure key messages were conveyed effectively and appropriately
- Providing leaflets and materials for the final support/signposting activity

I could see that while what we had rehearsed was very much there and very much evident, it had evolved quite a bit to become more responsive to the reactions of the children, which is something that in the rehearsal we just weren't able to anticipate. – Delivery staff

Dosage

Each school was asked to participate in both Phases 1 and 2; however, as indicated by Table 1 in the Intervention section (p. 22), the time between these phases varied widely from school to school, due to the time needed to prepare for Phase 2 and school and delivery team availability. One teacher suggested that a shorter length of time between workshops for their schools would have been more beneficial to ensure students remained engaged and exam times were avoided.

Quality and responsiveness

Overall, there was a consensus among teachers that Phase 2 exceeded their expectations and was delivered to a standard above and beyond the typical workshops delivered for young people. Teachers were also impressed by the preparedness of the SHARP team and the sheer number of doctors, actors and artists that SHARP brought together to deliver the Phase 2 workshop. Teachers noted how the stations set up for each stage of the storytelling performance (including the ambulance, the operating theatre and the recovery room) provided an immediate ‘wow factor’ for participants entering the room.

Young people who attended SHARP appeared engaged and keen to listen throughout the workshop. With regard to the first session, which featured a live performance of Adam’s story, teachers noted the quality of the acting performance and how realistic it was. Young people appeared highly engaged and attentive during this session, although some also appeared alarmed or queasy during the first scene of Adam’s stabbing and during the operating scene, where real surgeons re-enacted the operation to save Adam’s life. During this scene, a video pointing downward at the operating table showed a life-like representation of the doctors probing Adam’s intestines. During these moments, one to three young people would tend to feel ill or feel faint, and one child vomited during one of our observations of the workshops. In these instances, children would be quickly identified and supported by a teacher, member of the SHARP team or paramedic to the side of the room or (by the second Phase 2 workshop) the designated fainting area where they would receive support and re-enter the workshop when ready. Young people were also asked to put their hand in the air if they needed assistance and warned that some of the content of the workshop could be graphic in nature.

After the acting performance, it was widely agreed by teachers and partners that the flow of the session through the three phases of Adam’s story – the ambulance, the operating theatre and the recovery room – worked well and provided an interactive and valuable experience for the young people. Teachers also noted the value of having a wide range of professionals taking time to engage with and deliver something for the children involved.

A lot of them [students] are significantly disadvantaged, have had significant childhood trauma, and for them to have 25 or 26 professionals put on a show for them and really take

their time to work with them is special to those children... I thought it was brilliant. I can't praise it highly enough. I'm so grateful that we were involved in the pilot, and I'm so grateful that everyone gave up their time as well. – Teacher

Paramedics and doctors stationed in the ambulance and operating theatre stations were engaging and enthusiastic towards the young people, encouraging them to ask questions about their roles, professions and prior training and offering them their equipment to hold while explaining the purpose and role of each tool. Teachers and partners noted the dialogue between the young people and facilitators and the focus by the facilitators on getting young people involved, touching their equipment and doing tasks supported a kinaesthetic learning experience.

The two ambulance and operating theatre stations differed widely in tone and message from the third carousel station – the recovery room – which provided young people with face-to-face interaction with a real person who had been stabbed. While young people said during focus groups that they enjoyed all the stations (calling them 'scary' at times but also 'fun' and 'very engaging'), the recovery room with the Young Ambassador was the session most young people enjoyed the most and was widely agreed by partners, teachers and young people to be the most impactful.

I watched the faces of the young people whilst the young lads were giving their testimonials, and the jaw-dropping moment, the absolute eyes wide open, the listening, they had them absolutely captured. – Charity partner

During focus groups, young people mentioned that they felt that hearing the Young Ambassadors' first-hand experiences of knife crime helped them understand Adam's story much better, and teachers agreed that this part of the session brought both the physical and emotional impacts of knife violence to life. During this session, young people listened keenly, appeared intrigued about what they were hearing and asked several questions. A Young Ambassador remembered one young person asking what he would say to his attacker if he met him now, which was one of the more difficult questions to answer and showed how young people cared about how he felt about the attack. When asked how they felt following the Young Ambassador's story, young people said they mostly felt sorry for the Young Ambassadors because they would have to live with the consequences of the incident for the rest of their lives and could no longer do many of the activities they used to do with their friends, given the mental and emotional impacts of the incident – demonstrating that the message of the Young Ambassadors' stories was clearly conveyed.

I think especially talking to the two people about [their] experiences [of] knife crime is important, and talking to the paramedics just helped [us] understand things from different points of views. – Student

[In the second workshop], they performed and showed, and they explained their experiences. That's when I felt like, 'Now I understand them much more.' – **Student**

These key messages, like other aspects of the Phase 2 workshops, were refined over time. Following the first Phase 2 workshop, Young Ambassadors were supported by the SHARP team and trauma-informed experts to improve the content of their stories, shifting the focus from describing the physical impacts of the incident and the emergency response to the emotional and long-term impacts as well. The format of the Young Ambassador session was also changed from a presentation/storytelling session to a 'Q&A' format, whereby a member of the SHARP delivery staff (Programme Manager or Coordinator) would facilitate a dialogue with the Young Ambassador about their experience and then invite questions from young people. This was viewed as a key improvement for the session by delivery staff and partners.

The ambulance and operating theatre station made fewer direct links to the key messages of the SHARP project. Apart from an initial recap in the ambulance station of what happens when you call 999, in both stations, discussions with young people focused more on the specific roles and responsibilities of medical specialists, their training, and equipment, which appeared less related to knife crime and more related to medical careers.

The paramedic section and the operating theatre section, I think, served the same purpose of primarily being, I guess, a secondary outcome of the project, which was to inspire young people into healthcare careers, more than actually thinking about knife crime and its prevention. – **Charity partner**

After lunch, it was more challenging to engage young people in the afternoon sessions, including the 'Somebody book' performance and the support network/survey activity. Some students were less engaged, less able to focus on tasks during these sessions or disruptive to the session, which caused distraction for others. One teacher suggested the activities in the afternoon be reconsidered so that they are as engaging and interactive as the morning session – particularly given the 'heavy' content of the Somebody performance and the amount that young people need to process during this session. Another teacher suggested that the full day may be too long and intense for the young people (particularly those in year 7), although some of the young people who took part in focus group discussions felt that the full day allowed them more time to digest the workshop, as opposed to the half day in Phase 1. Most students (70%; n = 135) thought that Phase 2 workshop was the right length, while over one in 10 (13%; n = 26) thought it was too long. Only a minority (4%; n = 8) thought it was too short.

Opinion among young people about the Somebody book was divided, with some young people saying they enjoyed the symbolic nature of the session, while others found it boring or more difficult to understand. As discussed below, results from interviews with delivery staff and teachers and observations indicate that this could be partly due to participants' age, their interests or their ability to engage in abstract conceptual learning.

[The Somebody book performance] was so scary. It looked like someone was doing dark magic or something. It was fun. I would do it again. – Student

I just found [the Somebody session] really boring. I didn't really know what to do for it. I struggled for ideas...Then, after it, we took pictures of parts of the book, and that was fun because we had to go out in groups. It was a bit difficult at first, but at the end it was a bit more fun. – Student

Several partners and teachers questioned the age-appropriateness and potential impact of the Somebody book performance, which some felt was too conceptual for young people to connect with. However, it was clear from evaluator observations of specific young people's engagement, reactions and attentiveness throughout different sessions of the workshops, as well as highlighted in focus groups with young people and interviews with charity partners, that those students that seemed to respond less well to the Somebody activity seemed to respond better to other activities, such as the Young Ambassador's session, showing how different activities catered to different students' interests and ways of learning.

A subset of the young people responded to [the Somebody session] better than others, and a large subset didn't really respond to it that well. And the subset that didn't respond to Somebody that well were the ones that responded a lot better to the Young Ambassadors and the operating theatre and the paramedics. So, I think [each session] is catering to a [different] group and vice versa. – Charity partner

The final session, which consisted of the charity partners' support activity and the end-of-project survey, evolved several times over the course of Phase 2. Young people were engaged, but as with the Somebody session, observers noted some children were more disruptive and distracted during this session and more tired out from the day's activities. One teacher noted that during their session, after describing the boxing activities the charity offers, one of the charity partners started doing boxing with some of the students, which worked well and helped to energise them. Most students contributed well to the 'post-it' activity and offered ideas on which activities they enjoyed most in the day and what further activities they would like to take part in after SHARP ends. They also completed the survey efficiently, although some students needed more encouragement to complete this than others.

When asked to compare the Phase 1 workshop to Phase 2, young people agreed that they learnt more from Phase 2 than Phase 1. Young people also felt Phase 2 was more interactive than Phase 1, but some were disappointed that an art session in Phase 1 was not part of Phase 2 (which was also echoed by some teachers). When asked if they preferred the VR or the live simulated experience, young people were conflicted, saying that both were valuable in different ways – with the live performance providing a more realistic portrayal of the incident, but the VR also providing a fun and interactive experience to take part in. This was echoed by delivery staff and partners, who agreed that both forms of simulation complemented each other to reinforce the key messages of SHARP.

The last one was more interactive, and it was a lot longer, so we could learn more things. In the first one, they don't really explain that much; it was just kind of seeing one experience. – Student

Phase 1 was good; I liked it; I thought it was fine, [and the] kids liked it. But then Phase 2 is brilliant. What an opportunity for school children to experience that. So, you're blinded a little bit towards Phase 1 because Phase 2 is so good. But actually, Phase 1 was fine. It was good. It's just that Phase 2 is amazing. – Teacher

Overall, Phase 2 workshop received positive feedback from participants completing the post-survey; 87% (n = 173) of respondents reported they had enjoyed the day, and 75% (n = 149) of respondents felt safe sharing their thoughts during the workshop. At the same time, 71% (n = 141) of students would recommend the workshops to their peers, 18% (n = 36) neither agreed nor disagreed and 11% (n = 21) disagreed.

Factors affecting implementation

There were a number of factors affecting implementation. Within each sub-set of factors discussed below, enabling and inhibiting factors which positively or negatively impacted the delivery of the SHARP project are discussed.

Rationale:

There is a clear need for SHARP – There was a widespread view among teachers that there is a clear need for the SHARP project given the prevalence of knife crime among young people in their areas. Teachers also mentioned the lack of provision for knife crime prevention in schools or with young people who have been affected by knife crime.

Approach to delivery:

Additionality of a multi-disciplinary approach to SHARP – Charity partners commented on the uniqueness of the partnerships formed to deliver SHARP and the benefits this brings to a complex issue like knife crime. In addition, teachers noted the variety in the methods and approaches that the Phase 2 workshops use to drive home the key messages to prevent knife crime.

The whole collaboration between what happens on a medical level and what happens on a community level when a knife crime incident takes place is one of the most exceptional educational pieces of work I've been involved in in my career, actually. – Charity partner

It's the best one I've seen, and I've seen a lot. Because it has a bit of everything. So, it's not just someone speaking to you; it has a bit of drama; it has a bit of something that catches your attention; it has real life examples. – Charity partner

Iterative and adaptive approach to workshop development – Partners noted the benefits of the iterative and adaptive approach SHARP took to the development of the workshops, with debrief sessions after each workshop providing an opportunity to reflect on what could have gone better or been done differently. While core project activities remained the same during the project, delivery staff saw their flexibility as a key enabler to successful delivery.

Each delivery was slightly different as we had to fit into the individual needs of the school. I believe the team's flexibility and adaptive capabilities in this area meant the project was extremely successful, as we could meet each school where they were at, and not impose a top-down structure. – Delivery staff

Lack of clarity on expectations, roles and responsibilities in the delivery team – Due to the delays caused by COVID-19, the SHARP delivery team had to re-engage with the plans developed for the Phase 2 workshops, which occurred two to three years after they had been initially developed and initial roles and responsibilities were agreed with charity partners. These delays, compounded by changes to personnel across the Imperial team and charity partners since the initial planning process, created issues with communication and ensuring all partners were on the same page with what was required to deliver the programme. Regular communication channels across the core delivery team and charity partners were not established from the outset, although these gradually improved over time.

The lack of clarity over expected roles and responsibilities, in combination with the limited time and resources available for charity partners to participate, impacted collaboration between delivery staff and partners on the project such that charity partners felt they were not sufficiently able to inform the design and planning of the workshops. Both charity partners felt they were required to deliver beyond the scope and funding available in their contracts to comply with Imperial procurement procedures and expectations for delivery. On the other hand, the Imperial delivery team found a lack of responsiveness and timely contributions to project planning key barriers to partnership working.

This lack of collaboration limited the potential added value of partnership working to the project; however, charity partners cited some examples of using their experience and expertise working with young people to support project design. For example, one charity partner supported the delivery team to make adaptations to SHARP presentation materials to inform young people about the project, advising on adjustments needed to make artistic illustrations more child-friendly, e.g. by using brighter colours and less ominous images of knives and bodies.

Issues with partnership working manifested most clearly in the development of the support offered to young people taking part in the project. As described in the SHARP ToC, there was an expectation that young people would be provided with increased awareness of the support networks and activities available in their area and offered opportunities to take part

in extracurricular activities in between and following the SHARP workshops. This was viewed by SHARP delivery staff as particularly important, given the prevalence of experiences with or exposure to knife violence among young people who took part in Phase 1.

However, charity partners were unclear about how they were expected to do this, and the offering was not developed when Phase 2 began. Over the first few Phase 2 sessions, the charity partners worked with the Imperial delivery team to develop a short briefing on the activities they offer to young people (as described in the Intervention section, p. 14). Most SHARP delivery staff and teachers (including charity partners) felt that this session required improvement. While the boxing club and other after-school activities advertised by the Change Foundation were seen as compelling options for young people, there were widespread concerns that the activities advertised by The Prince's Trust were only available for over 16s – several years ahead of many of the young people in SHARP – and that no specific measures were taken to make after-school activities more accessible to the young people (such as providing transportation to after-school activities or locating them in areas near schools taking part in SHARP). One interviewee noted that some of the activities being offered took place in locations that most of the young people would not have felt comfortable travelling to. The charity partners noted that in future, additional partnerships with community organisations in each local area or other bespoke approaches to supporting participants between the workshops (with additional funding/resources) would be needed to provide young people with a more holistic offering.

Logistics involved in co-ordinating large multi-disciplinary teams with changing rosters –

The sheer number of delivery staff required to facilitate Phase 2 combined with considerations of school and venue availability required an enormous coordination effort. In addition, NHS medical staff are required to apply for approval to take part in events like SHARP eight weeks in advance, causing additional challenges and, at times, staff shortages.

Recruitment and implementation:

Challenges recruiting and communicating with schools – Originally, Imperial expected that schools would be exclusively recruited through its charity partners, who already had connections and programmes in place in schools across West London. However, charity partners were not able to recruit the number of schools Imperial expected, and instead six of the 11 schools that took part in the SHARP workshops were recruited directly by ICCISS. This appeared to be a result of differing expectations between Imperial and charity partners on their role and expected contribution to the project, the effects of COVID-19, and the need to mobilise and begin project delivery quickly following the YEF's review process in 2020.

The approach to recruitment by both Imperial and charity partners posed a number of challenges during project set-up and delivery. The Imperial delivery team only had direct contact with the schools they (Imperial) had recruited, while schools recruited by charity partners had to be contacted through the Prince's Trust or Change Foundation. Delivery staff

noted that this was a barrier to booking in sessions, securing informed consent, making sure participants were aware of what the sessions would consist of and implementing safeguarding protocols.

The first school was [recruited by] Imperial... that was our first pilot delivery officially. So, we managed everything with the Headmaster, with the teachers, we asked the Headmaster to be there, everything with the consent forms went beautifully... The second school was through one of the charity partners, and when we arrived there, the children did not know we were going to do a knife crime pilot. – Delivery staff

However, other charity partners felt that Imperial did not have sufficient experience working with schools. They reported that an informal and flexible approach is necessary with schools, and Imperial did not seem to have a clear understanding of the barriers and constraints schools face. Further, charity partners felt that Imperial's approach to school recruitment was not suitable for all the schools they were trying to reach. For example, Imperial's approach to recruiting and onboarding schools included a 45-minute PowerPoint presentation delivered by the SHARP team. One partner felt that teachers in schools with the most vulnerable young people would often not have the time or resources to give 45 minutes to a presentation of this kind.

But when the urgency of catching up and delivering the project came along, Imperial started talking to schools themselves and... they quickly realised that schools are not all going to respond to you equally... We tried to explain that and said you have to work with the school and this is what it takes... and I think they had their own understanding they had a more, dare I say it, academic approach to working with schools, and we have a more direct, informal, community way of working with schools, so there's a clash there in what is the right approach – Charity partner

Age range of young people – Teachers' opinions were divided on which cohorts of young people benefitted most from the sessions, with some suggesting that older students would benefit more from SHARP activities while others felt that younger students would be more understanding and less 'set in their ways'. Throughout the Phase 2 workshops, engagement in different sessions appeared to ebb and flow among the students depending on which activities appeared to be better suited for their age level. More expert support and evidence are needed to determine which activities and messages are best suited for the different ages of young people engaged by SHARP.

Issues collecting consent for participation – Difficulties communicating with schools caused particular issues with gathering signed consent forms. Schools reported that they generally used electronic systems to collect parental consent, meaning they were not used to sending and collecting paper consent forms for parents to sign. Schools faced significant challenges collecting signed consent forms from parents, with some schools reporting that they spent

time ringing parents or even travelling to their homes to collect signed forms. Schools suggested that this process would have been more successful and efficient if they had been able to use their usual electronic systems to capture consent, which the Imperial delivery team was able to secure approval for from their Ethics Board for Phase 2 of the programme.

Participants whose parents had not consented to them taking part in the evaluation were not supposed to take part in project activities or complete the evaluation survey. However, in some instances, young people took part and completed surveys with teachers' verbal assurances that consent forms had been collected or had been signed and would be collected, without the delivery team having seen the written consent forms. Surveys that the delivery team did not have a signed consent for were not sent to the evaluation team and were destroyed by delivery staff.

School capacity to host SHARP – In Phase 2, venue selection was important given the scale of the workshops and the number of delivery staff and participants present (which often numbered in excess of 60 people, including 24 delivery staff, observers from the SHARP delivery team, guests, 40 young people and three teachers). For one teacher, the ability to secure an external venue was a key benefit, given their limited capacity to secure the space required for a whole day in their school.

For teachers who hosted Phase 2 in their schools, there was a high organisational burden and requirements that some teachers found challenging to accommodate. This included the need to prepare the space and ensure separate rooms were available for young people and delivery staff lunch, belongings etc., which created demands that teachers felt did not match school capacity. This was echoed by one charity partner, who noted that delivering SHARP in more resource- and space-constrained schools such as alternative provision schools would be particularly challenging for these reasons, compounded by issues with transporting young people with special needs or behavioural issues and the administrative burden required to participate (e.g. sending and collating consent forms at the start of both Phase 1 and 2). According to charity partners, two schools, including a pupil referral unit and an alternative provision school, dropped out of SHARP between Phases 1 and 2 for these reasons. One partner also noted the need for more flexibility to fit with school capability and issues that may arise at the last moment.

Trauma-informed support by the implementation team to Young Ambassadors – Trauma-informed mentoring and support was key for supporting Young Ambassadors to share their stories for Phase 2 delivery, from both the perspective of safeguarding and supporting Young Ambassadors (all of whom were sharing their story publicly for the first time) and effective delivery, to ensure that Young Ambassadors' stories were communicated to deliver the intended messages of the SHARP project. SHARP's trauma-informed specialist provided a three-hour coaching session to each of the two Young Ambassadors to discuss their experiences, whether they were confident about talking about them, whether they triggered

any emotions and how they should explain their experiences to young people. Young Ambassadors reported that this support had made them more confident and better able to speak about their experiences.

[The support] made me understand that what I was going through was normal, and it gave me the confidence to speak on it a bit more... Before starting the role, I was a bit nervous about it, but after seeing young people's reactions, I grew into it. – Young Ambassador

Minimising risk of traumatisation for young people and Young Ambassadors – Delivery staff and partners noted the importance of trauma-informed approaches in minimising the potential for SHARP to cause (re)traumatisation among young people and the Young Ambassadors. While the support of a trauma-informed specialist in Phase 2 helped mitigate these risks, it was sometimes difficult to secure Young Ambassadors' availability for coaching and briefing sessions. However, both Young Ambassadors eventually took part in the sessions. More time in the design stage to incorporate trauma-informed approaches may be required to ensure that the design integrates these considerations and Young Ambassadors newly recruited to the programme have sufficient time to take part.

Evaluation administration and delivery

Overall, the administration and delivery of the evaluation worked well and were greatly assisted by the support of the Imperial delivery team. Regular fortnightly communications with the delivery team helped troubleshoot issues as they arose and also helped facilitate fieldwork. The below section briefly outlines key enablers and challenges for the qualitative and quantitative strands of the evaluation.

Qualitative research (Interviews with delivery staff, partners and teachers; focus group discussions with young people)

Arranging interviews with delivery staff and partners was straightforward and easy to arrange. Arranging interviews with teachers was more difficult, given limited availability and lack of responsiveness (five of seven teacher interviews were completed in Phase 2). It was also more difficult to reach teachers who worked in schools recruited by charity partners, since they acted as intermediaries between the delivery and evaluation teams and teachers, which tended to result in delays. There were also challenges with finding suitable times during school hours to arrange focus groups with young people who had taken part. The evaluators found that obtaining teachers' consent to take part in an interview and their contact details while in the schools during the observations of the SHARP workshops worked well for establishing contact and rapport with teachers for arranging interviews and the focus groups.

Young people survey

Overall, the administration of the survey worked well, with a 95% response rate among participants and sufficient time afforded by the delivery team at the start of the Phase 1 workshop and end of the Phase 2 workshop for completion. Overall, young people reported during focus groups that they found the survey easy to complete (although some mentioned it was long) and that in Phase 2, it provided a welcome break from standing for the activities.

However, there were some challenges and concerns raised about the survey throughout the evaluation. These related to:

- **Concerns about being able to respond honestly to the questions in the survey relating to knife carrying** – In one focus group, a young person raised this concern and also questioned the anonymity of the survey, considering that numerical identifiers were clearly being used by delivery staff to match young people's responses. Delivery staff also observed young people discussing the survey questions among themselves and debating whether to answer truthfully. Additional explanation by delivery staff administering the survey, more delivery staff assisting young people to support completion or a member of the evaluation team administering the survey may have been helpful to address these concerns on-site and ensure the accuracy of responses.
- **Complexity of survey questions and potential for triggering** – Some teachers and delivery staff/partners observed that young people struggled to complete some of the questions in the Strengths and Difficulties Questionnaire portion of the survey (particularly those with literacy challenges or learning disabilities) and suggested that the survey questions be simplified. During focus groups, young people themselves reflected that the survey had been easy to complete; however, it is unknown whether any who had taken part in the discussions had literacy challenges or learning impairments. Some delivery staff and partners also raised the concern that some of the questions may be triggering for young people, particularly without the prospect of follow-on support due to the anonymity of the survey. Delivery staff reported that one young person attending SHARP became upset while completing the questionnaire, due to previous personal experience with knife crime. The SHARP Programme Manager and class teacher or teaching assistant were on hand to support young people if any issues arose.

I found that quite upsetting that we were asking children to think about whether or not they were likeable, whether or not they got into fights, without giving them any information as to what they could do if they reflected on that, so we were asking quite triggering questions. The evaluations were anonymous, so no one was going to follow up with them that they found it difficult to make friends. I found asking those questions without any follow up almost misleading for children. – Charity partner

- **Issues with indicating ethnicity** – A question on ethnicity was included in the survey to capture the diversity and spread of cohorts involved in the SHARP programme and in the study. Only four options were provided for young people to select their ethnicity on the pre-survey: White/White British, Black/Black British, Asian/Asian British and Other. Delivery staff reported that young people found this difficult to complete; 40% of young people (73 participants) selected ‘Other’ and provided an open-ended response.
- **Timing of survey delivery** – Several teachers and delivery staff/partners discussed the challenges of finding the right timing for administering the survey in both Phase 1 and 2. In Phase 1, the delivery staff found that administering the survey prior to any workshop activities greatly disengaged young people and limited the amount of time to deliver the workshop. To mitigate this, the survey was administered in a two-part rotation, whereby half of the young people would take part in an introduction to the workshop and complete the survey while the other half took part in the VR, before switching groups. A similar approach was undertaken in Phase 2. This introduced bias to half of the questionnaire responses and may have limited the extent of pre- and post-change, since half of the participants completed the pre-survey after completing the VR element of Phase 1 workshops, while the other half completed the survey before taking part in the VR session. Similarly, the post-survey was administered towards the end of Phase 2 sessions. However, half of the students completed this prior to the Somebody performance. Therefore, there are limitations to the survey and its ability to provide a ‘true’ baseline and endline assessment.
- In addition, the timing of the survey on the day of the workshops meant they are unable to measure whether learnings were retained over a longer period of time after the workshops were completed. Finally, with specific relevance to Phase 2, tiredness at the end of Phase 2 workshop (established based on young people’s unwillingness to take part in activities, their physical expressions or body language, and comments by teaching staff) likely restricted some young people’s ability to focus on the survey. However, alternative approaches such as administering the survey before and after the workshops rather than on the day may add additional burden on both delivery staff and schools and create more issues with accessing participants and ensuring high response rates.
- **Format and means of survey delivery** – Some charity partners and delivery staff suggested that a more dynamic format (such as using tablets and child-friendly graphics like emojis) may be helpful to engage young people in the survey activity and promote accurate responses. They also suggested more one-to-one support or even a separate ‘sensory pod’ or immersive space where young people would be less distracted while completing the questionnaire.
- **Overlap between support hub post-it activity and survey completion** – The post-it note activity introduced partway through Phase 2 to complement the support hub/survey session may have overlapped with some open-ended questions in the

survey on what young people enjoyed most about the day and what further support they would benefit from after the SHARP workshops finish. This may have limited the responses young people provided in the survey.

- **Survey completion rate** – Although the survey achieved a 95% response rate, some students did leave some questions blank. Despite this, the quality of the data collected through the survey was not affected, as the completion rate was high; in the pre-survey, the lowest completion rate (question with the least number of responses) was 93%, and in the post-survey the lowest completion rate was 95%.

Further recommendations for improvements

Through the focus group discussions and open-ended responses to the survey, young people made a series of suggestions for further improvements to SHARP. Teachers and partners also provided recommendations for improvements. The recommendations made by young people, teachers and partners include:

- Some young people suggested incorporating more VR experiences into the Phase 2 sessions. One young person suggested including another VR story one or two years later to see what happens to Adam a while after the attack.
- One young person suggested it would be interesting to include more advice on self-defence skills and how to protect oneself if confronted with an armed attacker.
- One young person suggested exploring the perspective mental health from doctors to understand the trauma responding to knife violence may have on medical professionals.
- Some young people, parents and teachers suggested incorporating additional perspectives on the attack, e.g. from the police's perspective, criminal justice perspective or from the attacker's side. This could help young people better understand the impacts and consequences of knife crime.
- Other young people suggested bringing more Young Ambassadors to share their life experiences of knife crime.

An increase in the amount of engaging we do instead of visualising each section of the story so we can get a better understanding of Adam's story. – Student

- In a debrief session, one delivery partner pointed out that Adam's and the Young Ambassadors' stories all represented male perspectives on knife violence, and it would be beneficial to view knife violence from more female perspectives.
- Some delivery staff and charity partners suggested exploring the role of social media in knife violence, given its role in young people's lives and in spreading images and media with violent or knife-related imagery.
- Some charity partners hoped further work around, and focus on, the perpetrators of knife crime could be embedded into the programme if it was to continue and develop.

I think that hopefully that will be drawn out a bit more in Phase 3⁴¹... that by carrying a knife, you are just as likely to be a perpetrator as you are a victim, and I think that that – maybe having a look at that side of things, the impact on you long term if you are deemed a perpetrator. – Charity partner

Logic Model development

This section presents the results of the analysis of the qualitative and quantitative data relevant to the ToC. As highlighted in the Intervention section of this report, the SHARP project was developed based on a series of hypotheses whereby project activities are expected to lead to a series of outcomes and overarching impacts, providing a set of three main causal pathways, including:

1. **In the short term, young people have a better understanding of what to do if they witness a knife crime** (e.g. who to call and how to best help the victim), which is expected to contribute to a reduction in physical harm to victims of knife crime in the long term.
2. **Young people have increased knowledge of and access to alternative and extra-curricular activities available to them**, which is then expected to lead to an increase in young people accessing these activities during and after school.
3. **Young people have an increased understanding of the physical consequences of knife violence and of the work of emergency services**, which is expected to lead to young people gaining a better understanding of the impacts of knife violence, their emotions and feelings surrounding knife violence and reasons for and barriers to reducing knife-carrying behaviours.

The section below investigates the extent to which SHARP achieved its intended outcomes and explores how, why and in what context intended outcomes have been achieved. Given the scope of the evaluation and methods used, findings focus specifically on short-term and, where possible, intermediate outcomes.

Overall findings

Overall, young people were more confident about their knowledge and understanding of knife violence at the end of the SHARP project than previously, in line with the project's intended outcomes. This is demonstrated in the overview of key survey findings indicated in the table below, as well as through focus group discussions with young people and interviews

⁴¹ 'Phase 3' refers to the additional workshops organised with youth clubs and delivered after Phase 2.

with teachers who engaged with students after the workshops. As will be discussed below, the survey also indicates that outcomes were generally consistent across students of different ethnicities, although there were some differences in the extent of change against some outcome measures based on the age and gender of participants.

Table 12: Pre- and post-survey responses with confidence intervals (CI)

	I am confident that I know what to do if I see a knife attack	I am confident that I know how best to help the people who are hurt if I see a knife attack	I know what physical harms a knife attack can cause if the people who are hurt survive	I know what the emergency services (ambulances and doctors) should do if there is a knife attack	I know what physical and emotional harms knife attacks can cause for my friends, schools and communities	I am confident that I can protect myself and others in my community without carrying a knife	I am confident that I know how to avoid situations where knife violence may happen
Pre-survey (% Agree)	50% (Lower CI: 3.27; Upper CI: 3.59)	53% (Lower CI: 3.34; Upper CI: 3.66)	84% (Lower CI: 4.03; Upper CI: 4.3)	71% (Lower CI: 3.78; Upper CI: 4.11)	86% (Lower CI: 4.15; Upper CI: 4.4)	69% (Lower CI: 3.82; Upper CI: 4.13)	59% (Lower CI: 3.63; Upper CI: 3.93)
Post-survey (% Agree)	78% (Lower CI: 3.86; Upper CI: 4.13)	84% (Lower CI: 3.91; Upper CI: 4.17)	89% (Lower CI: 4.22; Upper CI: 4.48)	88% (Lower CI: 4.11; Upper CI: 4.38)	93% (Lower CI: 4.26; Upper CI: 4.51)	77% (Lower CI: 3.93; Upper CI: 4.24)	72% (Lower CI: 3.69; Upper CI: 4.01)
Pre-Post survey change	+28%	+31%	+5%	+17%	+7%	+8%	+13%

Base: All respondents that completed both pre- and post-surveys (152). Some participants left some of the statements blank, but all statements were completed by at least 146 respondents. Statements with pre- and post-change highlighted in green indicate that the extent of pre- and post-change was found to be significant.

Table 13: Pre- and post-survey responses – significance testing

	Average Pre-survey response	Average Post-survey response	Change	CI (Lower–Upper)	Standard Deviation	Significance of pre- post-change
Classification of responses: Strongly disagree = 1; Disagree =2; Neither agree nor disagree =3; Agree =4; Strongly agree=5						
I am confident that I know what to do if I see a knife attack	3.42	3.99	0.56	0.38-0.74	1.117	0.000
I am confident that I know how best to help the people who are hurt if I see a knife attack	3.50	4.03	0.53	0.34-0.72	1.192	0.000
I know what physical harms a knife attack can cause if the people who are hurt survive	4.16	4.34	0.19	0.03-0.34	0.950	0.020

I know what the emergency services (ambulances and doctors) should do if there is a knife attack	3.94	4.24	0.30	0.09-0.51	1.264	0.004
I know what physical and emotional harms knife attacks can cause for my friends, schools and communities	4.29	4.38	0.09	(-0.06)-0.23	0.918	0.246
I am confident that I can protect myself and others in my community without carrying a knife	3.97	4.10	0.13	(-0.06)-0.32	1.212	0.198
I am confident that I know how to avoid situations where knife violence may happen	3.78	3.85	0.06	(-0.13)-0.26	1.198	0.529

Base: All respondents that completed both pre- and post-surveys (152). Some participants left some of the statements blank, but all statements were completed by at least 146 respondents.

Improved understanding of what to do if a knife incident occurs

Overall, stakeholders interviewed reported that project activities led to young people having a better understanding of what to do if they witness a knife incident, including how best to help the victim of a stabbing. Several teachers and delivery staff highlighted how the VR experience made young people aware of the importance of leaving the knife or weapon in the victim rather than removing it.

I think the first one with the VR thing, they were all like, 'No one teaches you not to pull a knife out.' – **Teacher**

Students participating in focus groups further pointed to how the workshop activities addressed how to call emergency services and what to do to stay safe, as well as the importance of prioritising personal safety if they witness a knife incident. Students recalled learning from the paramedics whom to call if they witnessed a knife crime, as well as applying pressure to a knife wound and tying a shirt around the wound to stop the bleeding.

As shown in Table 12, findings from the pre- and post-surveys also show an improvement in participants' understanding of what to do if they witnessed a knife crime. Before the intervention, around half of the participants were confident that they knew what to do if they witnessed a knife attack (51%) and how to best help people who were hurt in a stabbing (53%). After the intervention, around four in five reported being confident in knowing how to act if they saw a knife crime (78%) and how to best help a victim (84%).

However, this was truer for male than female students: in the pre-survey, 34% of female students agreed they were confident that they knew what to do if they witnessed a knife attack, compared to 69% of male students. In the post-survey, this increased to 72% of female students and 85% of male students – double the increase for girls than boys. This may be due to the fact that a higher proportion of male students reported in the pre-survey that they had previously attended a knife violence class or programme before (53% of males compared to

39% of females); however, considering these results were derived from students across multiple contexts and schools, further data are needed to draw conclusions.

Increased knowledge of and access to alternative and extra-curricular activities (including peer support)

Results from the pre-survey show that although over half (59%; n = 109) of respondents already attended after school activities or clubs at least once a week, a large proportion (24%; n = 44) never attended these types of activities. Nevertheless, over three in five pre-survey respondents (62%; n = 113) reported wanting to attend other after school activities. However, as discussed previously, SHARP did not provide signposting or access to extra-curricular activities during Phase 1 or in between Phases 1 and 2. The support network activities delivered at the end of the Phase 2 workshops aimed to introduce young people to after school activities available in their local area, such as boxing, football and youth clubs. As discussed in the previous section, some teachers (particularly those from the initial Phase 2 workshops) and delivery staff and partners reported that the session was delivered at the end of the workshop when students were less engaged and that the activities suggested were not always age appropriate (e.g. they were aimed at older students) or were not necessarily close to students' local areas. Despite this, teachers and delivery staff acknowledged the importance of the activity, and some of the activities did generate interest among students.

I think they realised that if you're involved within gangs or people that aren't making the right choices within their life, that potentially you need to be the bigger person and step away and try something else, try and make new friends, going to interact in different clubs. – Teacher

During focus groups, some students mentioned that some of the activities suggested were interesting. In the post-survey, students were asked what activities they would like to attend after the SHARP programme, and the most common after-school activities mentioned included boxing, football, VR and basketball.

[Joining a boxing club] helps you to release anger and stress. – Student

As acknowledged in interviews with delivery staff, partners and teachers, more work is needed to ensure that activities signposted to students are available from Phase 1 and are tailored to their age and location to strengthen the achievement of this outcome.

Increased understanding of the physical consequences of knife violence and of the work of emergency services

Overall, most stakeholder and workshop participants agreed that the workshop helped participants to increase their **understanding of the physical consequences of knife crime**. Most of the Phase 1 and Phase 2 activities discussed the physical harms of a stabbing, ranging from the VR simulation to the Young Ambassadors' session. Young people reported that the

workshop was helpful to understand both the consequences of a knife attack and the recovery journey.

[Students] understood the damage a single stab wound can cause and the longer-term implications, even if someone survives. – Teacher

However, survey findings showed that most students were already confident about their understanding of the physical harms of knife crime before taking part in the programme, with 84% of students reporting they knew about it. However, there was still a small increase (5%) in the number of participants who reported knowing about the physical harms of a stabbing (87%) after the programme ended.

The survey results also showed improvements in students' **understanding of the work done by emergency services** if there is a knife attack: while most students (71%) reported knowing about this before taking part in the workshop, a larger proportion (88%) acknowledged being aware of it after taking part in the workshop. Before the workshop, male students were more confident than female ones, with 74% of male students reporting they knew about it compared to 67% of female students. After the workshop, that disparity was reduced (89% of male students and 86% of female students reported knowing about it). As mentioned above, previous exposure to knife crime education or programmes among male students may help explain the difference in results across genders, although further research is needed.

During the Phase 1 workshop, students had the chance to observe the work of emergency services through VR, and during Phase 2 workshops, they were able to interact with real-life paramedics. During focus groups, students mentioned learning about the roles of emergency services personnel and the qualities and characteristics needed to successfully perform as a paramedic. Charity partners expressed some surprise at the interest young people took in the work and equipment of the paramedic.

I was absolutely staggered to hear children asking the question about how much an ambulance costs. If they call an ambulance, how much will it cost them? Very few of them seemed to know that the emergency number was 999; they thought it was 911, which is fine, that'll get them through, but that was really interesting. – Charity Partner

In interviews and focus groups, teachers, delivery staff and students recognised that the programme was also helpful to increase participants' **understanding about the impacts of knife violence, beyond the physical consequences**. That is to say, the effects that knife crime has on the victim (both physically and emotionally/psychologically) and on the victims' family, friends and community. Some sessions were noted as being especially powerful, including the acting in the recovery room as well as the Young Ambassadors' session, where Young Ambassadors shared their experiences with knife crime and the consequences it had had on them and others. During focus groups, participants showed an understanding of the emotional impacts of stabbings and the impacts these attacks have beyond the victim:

Because you don't really think about the mental health side of things; you just think of the physical. – Student

I think it made me realise how bad knife crime actually is ... It made me understand the way you are affected by the knife crime – it makes you change in a way. – Student

However, in the student pre-survey, most students (86%) reported knowing about the physical and emotional harm knife attacks can have for friends, schools and communities before the intervention, and just 7% more students reported knowing about it after the Phase 2 workshop (93%), which was not found to be a statistically significant change. Overall, those students who had already attended a knife violence class before the SHARP workshop were more likely to know about this than those who did not (92% of students having attended previous classes reported knowing about the wider harms of knife crime, compared to 81% of those who did not attend any). It is unclear whether these results were affected by limitations with the timing of the survey, which as discussed previously meant that half of the young people watched the VR prior to completing the pre-survey.

There is limited evidence to assess the programme's role in increasing young people's understanding of their emotions and feelings surrounding knife violence, as well as the reasons for and barriers to reducing knife-carrying behaviours. However, the artwork developed by young people and their reactions to the stories of Young Ambassadors (discussed in the Intervention Feasibility section) illustrate how young people did at least begin to explore their emotions about knife violence and were particularly impacted by the workshops' messages on the long-term consequences that the victims of knife crime face.

We asked them [students] if anything inspired them, and they suggest, including the staff, the two survivors inspired them to always think before you do anything. – Teacher

Unintended consequences

A possible unintended outcome of the SHARP project related to increasing/decreasing young people's interest in medical careers. Several young people in focus groups mentioned they would be interested in pursuing a medical career – although young people in this school were also selected to take part from the school's Medical Society and had pre-existing links with Imperial student programmes. Other young people, however, said the SHARP workshops made them feel less inclined to take up a medical career, after having learnt

in more detail the realities and responsibilities of medical professionals.

Strengths and Difficulties Questionnaire

Results from the SDQ indicate that students' strengths and difficulties across all scales measured through the validated tool *worsened* between the pre- and post-survey. However,

as shown in Table 14 below, the extent of pre- post-change was only significant for the scales relating to total difficulties, conduct problems, prosocial norms and externalising scales.

Table 14: SDQ scales average

	Average score of pre-survey responses	Average score of post-survey responses	Change	Confidence interval (Lower–Upper)	Standard Deviation	Significance of pre-post-change
Total difficulties scale	12.85	14.45	1.60	0.443 -2.761	5.783	0.007
Emotional problem scale	3.61	3.79	0.17	(-0.28) - 0.62	2.270	0.451
Conduct problem scale	2.33	3.14	0.82	0.474 – 1.159	1.707	0.000
Hyperactivity scale	4.71	5.26	0.54	(-0.015) - 1.096	2.770	0.056
Peer problem scale	2.19	2.27	0.07	(-0.265) - 0.40	1.676	0.674
Prosocial scale	7.92	7.10	-0.82	(-1.24) - (-0.38)	2.146	0.000
Externalising scale	7.04	8.40	1.36	0.602 - 2.112	3.767	0.001
Internalising scale	5.81	6.05	0.24	(-0.363) - 0.853	3.033	0.426
Impact score*	1.44	1.95	0.5	(-0.066) - 1.082	2.278	0.082

Base: All respondents that provided answers to all statements in both pre- and post-surveys (98). Those respondents who left statements blank in either the pre- or post-survey were removed from this analysis. *Only 63 respondents answered all the questions relevant to calculate the impact scale at both pre- and post-surveys; therefore, the base for this scale is lower than the bases for other scales (63 vs 98).

Worsening scores also resulted in some movement from normal to borderline and borderline to abnormal bands in the SDQ 3-band categorisation. As shown in Table 15 below, for the total difficulties score, the proportion of young people falling under the ‘normal’ category decreased from 64% to 57% (a 7% change), while the proportion of young people under borderline and abnormal increased by 1% and 7% respectively. The same is true for the conduct problems scale, whereby the proportion of young people under normal fell from 80% to 60%, and borderline and abnormal groups increased by 10% each – representing the largest shifts across the three scales. Finally, the prosocial scale saw an

11% decrease in respondents categorised as normal, and a 4% and 7% increase in the proportion of students falling under borderline and abnormal categories.

Table 15: SDQ 3-band categorisation

Measure	3-band categorisation (PRE-SURVEYS)			3-band categorisation (POST-SURVEYS)		
	Normal	Borderline	Abnormal	Normal	Borderline	Abnormal
Total difficulties score	64%	18%	17%	57%	19%	24%
Emotional problems scale	75%	12%	13%	70%	10%	19%
Conduct problems scale	80%	5%	15%	60%	15%	25%
Hyperactivity scale	61%	13%	26%	51%	18%	31%
Peer problems scale	79%	14%	7%	82%	13%	5%
Prosocial scale	89%	5%	6%	78%	9%	13%
Impact score*	29%	38%	33%	35%	21%	44%

Base: All respondents that provided answers to all statements in both pre- and post-surveys (98). Those respondents who left statements blank in either the pre- or post-survey were removed from this analysis. Some numbers may add up to 99% due to rounding of responses. *Only 63 respondents answered the all the questions relevant to calculate the impact scale at both pre- and post-surveys; therefore, the base for this scale is lower than the bases for other scales (63 vs 98).

Conclusion

Evaluator judgement of intervention feasibility and interpretation

Summary of findings

The below table provides a summary of findings against the research objectives set out for this study.

Table 16: Summary of main findings against research objectives

Research objective	Finding
<p>Develop a comprehensive evaluation framework that can be used as the foundation for the current feasibility study and a potential follow-on pilot evaluation or larger-scale evaluation.</p>	<p>The evaluation framework worked well for the feasibility study and could be applied to a follow-on pilot evaluation or larger-scale study.</p> <p>However, further consultation with the delivery team is required to ensure that surveys are administered at appropriate timings before and after or during delivery to provide a more accurate pre- and post-sample. Additional support to young people to engage with and complete the pre- and post-survey may also strengthen the accuracy of the results.</p> <p>Finally, close engagement with schools is required to ensure focus group discussions can be organised with students after the workshops. Qualitative data collection could be strengthened to capture more intangible outcomes relating to ‘increasing young people’s understanding of their emotions and feelings surrounding knife violence, as well the reasons for and barriers to reducing knife-carrying behaviours’, such as through one-to-one interviews. Other innovative methods, such as participant diaries or analysis of artwork created by students through the workshops, may also be beneficial for capturing richer data from young people who are less engaged in traditional interviewing methods.</p>
<p>Determine the most appropriate measures for assessing SHARP’s outputs and outcomes.</p>	<p>The measures used to assess SHARP outcomes were largely appropriate, and the mix of quantitative and qualitative data was effective at providing a robust, triangulated account of the impacts of SHARP on young people who took part.</p> <p>However, delivery staff reported that some young people struggled to complete the SDQ questions of the survey and questioned the appropriateness of the SDQ, given the lack of resources to provide additional support to young people who may be experiencing difficulties. Additionally, results from pre- and post-SDQ scores indicate that difficulties among young people who took part have worsened along each of the SDQ’s composite indicators, although results were only</p>

	<p>significant for the total difficulties, conduct problems and prosocial scales. These results also translated into a significant movement across categorisation bands, from normal to borderline and borderline to abnormal – in particular for the conduct problems scale. However, it is difficult to interpret these results without a comparison or control group, particularly since the questions asked in the SDQ do not closely align to the intended outcomes of SHARP. Comparison with a similar cohort of young people who have not experienced the SHARP intervention over the same period of time would be required to assess the extent to which SHARP can be attributed to these results.</p> <p>Two outputs relating to mapping extra-curricular activities and the number of young people accessing wider activities since the beginning of the project were found to be less relevant to the ToC since they were not delivered by the project team. However, they remain important aspects of the project model that the project team intends to strengthen in the next phase of delivery. The ToC was revised to remove the output relating to ‘Young Ambassadors mentoring young people and number of young people receiving this support’ since mentoring was not provided through the delivery of SHARP. Overall, this is a minor change that does not undermine the overall hypotheses underpinning the SHARP ToC. The ToC is thus considered to be a stable model that can be applied to future phases of the project.</p>
<p>Identify how to best recruit, engage and retain a sufficient number of at-risk young people in a pre/post study.</p>	<p>Despite the challenges of the pandemic and partnership working, SHARP successfully exceeded their targets for recruiting, engaging and retaining young people in the pre- and post-study. Overall, young people reported that they were excited about taking part in SHARP, particularly the VR, which was a key draw for engaging participants initially in Phase 1. In Phase 2, SHARP continued to exceed expectations, drawing on an impressive cast list of professionals across a wide range of disciplines, and provided a rich learning experience which young people nearly unanimously enjoyed.</p> <p>However, the recruitment criteria developed to select schools, and for teachers within schools to select young</p>

	<p>people, appears to have been inconsistently applied, meaning that the cohort who took part in this study may not have aligned with YEF’s focus on targeting the most at-risk young people. In addition, schools with capacity constraints and with alternative provision struggled to meet SHARP’s requirements for hosting the workshops, and travelling to another venue also posed challenges. Additional recruitment efforts with schools (which would likely require a longer period of time) plus additional resources to help specific schools meet requirements may be needed to facilitate delivery in contexts that are more resource-constrained – and often contain the most vulnerable young people. Learnings can be drawn from other projects of this nature and other partners to support this.</p> <p>Finally, practical issues with obtaining completed consent forms from schools prior to the workshops could have interfered with the project’s ability to secure informed consent from parents and students in a time-efficient way.</p>
<p>Investigate the extent to which SHARP achieves its intended outcomes.</p>	<p>The SHARP project generally achieved its intended outcomes, in particular in improving young people’s confidence with knowing what to do if they see a knife attack and how best to help victims. Teachers and young people also agreed that key messages around the long-term emotional and physical impacts of knife violence were particularly powerful. There was a general consensus that SHARP provided a unique, engaging and impactful experience for young people, which was highly relevant for all the schools engaged through the programme.</p> <p>However, while results indicate that young people gained some increased knowledge of and access to alternative and extra-curricular activities, this activity was not done until the end of Phase 2, and there were some concerns about the relevance and accessibility of the activities to the young people who took part (e.g. because they were only for over 16s and not in close proximity to areas near schools taking part). In addition, peer support and mentoring were not provided throughout the project as originally indicated in the project ToC.</p>

	<p>In addition, it was difficult for the evaluation to evidence outcomes relating to increasing young people’s understanding of their emotions and feelings surrounding knife violence, as well the reasons for and barriers to reducing knife-carrying behaviours. However, discussions in focus groups and observations of the workshops indicated that the project achieved some progress towards these aims.</p> <p>Some activities in the Phase 2 workshops explored the roles and practices of medical professionals when responding to knife incidents in detail. While not originally intended, the SHARP workshops may have also helped promote interest in medical careers among some young people.</p>
<p>Explore how, why and in what context intended outcomes have been achieved.</p>	<p>Evidence from this study indicates that outcomes were achieved across the contexts where the programme was delivered. Results were largely consistent across schools and cohorts of young people (by age, gender and ethnicity) who took part in SHARP. Considering the diverse mix of young people engaged (across urban and suburban areas of Greater London, representing diverse ethnic backgrounds, from 11–14 years old), the consistency of the results achieved indicate the project’s wide appeal across different cohorts and settings.</p> <p>However, schools with less capacity and resources struggled to meet the logistical requirements to deliver the SHARP project, and several schools and partners noted school capacity as a key factor to scaling up the intervention to other schools that may have less resources to take part in SHARP.</p> <p>Among participants, results from the survey also indicated that at the start of the programme, fewer female students than male students were confident about what to do if they witnessed a knife crime (just 34% of girls, compared to 69% of boys) or about the work of emergency services (67% of girls, compared to 74% of boys). This may be due to the fact that a higher proportion of male students reported in the pre-survey that they had previously attended a knife violence class or programme (53% of males compared to 39% of females); however, considering these results were derived from students across multiple contexts and schools, further insight</p>

	<p>is needed around potential gaps in education on knife crime for female students. By the end of the programme, the proportion of female students who agreed they understood what to do if they witnessed a knife crime increased by twofold (to 72% of girls, compared with 85% of boys), and the gender gap was similarly reduced for the work of emergency services (86% of girls and 89% of boys, respectively). These results demonstrate the power of the SHARP programme to improve understanding among cohorts that are less informed (or feel less confident about their understanding) and also indicates that more activities or experiences targeting female students (such as involving female community ambassadors) could enhance the programme’s impact.</p> <p>In addition, while survey results were largely consistent across age groups, observations of the workshops and feedback from charity partners and staff suggested that the project design may benefit from a more targeted approach to the specific age groups of young people attending each workshop. Young people appeared to be engaged to varying extents in different activities depending on their age, with some partners and staff suggesting that more ‘hard hitting’ messages may be required to effectively engage older students. Further research as to which age groups are most effectively targeted by workshops like SHARP and by different types of messaging/activities may be beneficial to strengthening the design of the project. Delivery staff and partners also acknowledged that the extracurricular activities signposted to young people were not all suitable or accessible for all the age groups represented in the workshops. Charity partners also noted that work was needed to ensure materials were age-appropriate and engaging for young people. Improved partnership working by the SHARP delivery team with charities and organisations that regularly work with young people at the design stage may further strengthen the project’s ability to engage young people at different ages.</p>
Identify factors that support or interfere with	The feasibility study helped identify a number of factors that supported the successful delivery of the project, including teacher and partner views on the clear need for and relevance of the project for the communities where it took place; the

<p>successful delivery of the SHARP project.</p>	<p>additionality of the innovative and multi-disciplinary approach of the workshops; and the iterative and adaptive working style that helped the workshops continuously improve as they were delivered.</p> <p>A number of factors were also identified as interfering with or challenging to delivery. These included persistent challenges with recruiting and communicating with schools in short timeframes for delivery; issues collecting consent from schools and parents for students' participation; limited school capacity to meet the space and logistical requirements of the SHARP workshop – in particular Phase 2; the need to integrate trauma-informed support and continuously revisiting how best to minimise the risk of traumatisation; the logistics involved in coordinating the large delivery team (much of which was made up of volunteers); and finally, the administration of the surveys, including their timing alongside workshop activities.</p>
<p>Develop insight to design a more rigorous impact evaluation.</p>	<p>The feasibility study has highlighted key insights to consider in the design of a more rigorous impact evaluation of the programme. These include how best to:</p> <ol style="list-style-type: none"> 1) Secure and maintain engagement from schools, particularly given capacity constraints in schools where there is a higher proportion of at-risk young people. These issues would only increase in the case of trying to maintain engagement by a control group in a randomised control trial study. Step-wedge approaches, whereby control schools would eventually take part in workshops and incentives/compensation for schools taking part, may be beneficial to mitigate these risks. 2) Improve intervention fidelity through standardising the timing between Phase 1 and 2 workshops so that each school receives the same dosage of the intervention, while also bearing in mind scheduling conflicts and logistical challenges. 3) Relatedly, standardising the administration of the survey so that all participants complete it at an equivalent point prior to and after the programme.

Interpretation

The key aim of the SHARP project was to reduce knife carrying among young people by increasing their understanding of the physical and emotional impacts of knife crime and mapping out alternative activities available to them in their community. This study has shown that overall, the SHARP project was well implemented, exceeding its targets for recruiting young people to both phases of the SHARP workshops. Feedback from charity partners, teachers and young people indicated that the project was felt to be highly relevant to their context and well delivered. Phase 1 provided a unique VR experience and art activity that succeeded in engaging young people, while Phase 2 exceeded students' and teachers' expectations, providing an impactful and intensive immersive experience alongside medical professionals and people with lived experience of knife violence. Young people enjoyed taking part and benefited particularly from hearing the personal stories of Young Ambassadors. Since the launch of the first workshop, demand for SHARP workshops from other schools has grown – demonstrating the broad appeal of the project.

The young people who took part in the project were from a variety of ethnic backgrounds and local areas in and around Greater London, and the recruitment criteria used by schools to select students to participate also varied. In some schools, teachers selected students to participate based on their interest in medical careers rather than the criteria suggested by Imperial and YEF to ensure the intervention reached young people most at risk of knife violence. More targeted recruitment in subsequent phases of delivery is needed to ensure that the SHARP project reaches those most in need of support.

In addition, issues with securing informed consent, safeguarding, logistics and coordination with schools were amplified by poor communication between Imperial and charity partners and the inability of the Imperial delivery team to communicate directly with schools recruited by charity partners. The need to deliver the SHARP project at a rapid pace at the tail end of the COVID-19 pandemic also exacerbated these problems. Nevertheless, the SHARP delivery team and partners were able to effectively iterate and adapt the project as they learnt more about what worked and what did not; by the end of Phase 2, they had established processes to share learnings regularly among delivery staff and partners and improve communication.

Qualitative and quantitative evidence indicates that the project has made progress against its intended outcomes. Young people benefited from attending the workshops, and 71% of them would recommend attending the workshops to their peers. Positive changes in participants' knowledge, understanding and perceptions of knife violence were indicated in the survey, in focus group discussions with young people and in conversations with teachers. These outcomes were in line with the project ToC outlined in this report. While participation in extra-curricular activities and improvements in young people's understanding of their emotions and feelings surrounding knife violence were more difficult to evidence, the project was able to signpost young people to alternative activities at the end of Phase 2, and through

art activities, it supported young people to explore their emotions and feelings around knife violence. Based on qualitative feedback and observations of the workshops, further tailoring activities to different age groups and female students engaged through the workshops, including the perspective of the perpetrator as well as the victim, featuring the criminal justice system in addition to the medical/emergency response, and linking in the effects of social media on pathways to knife violence should be considered to strengthen the design of the next phase of the SHARP workshops.

A limitation of this study is that due to the need to rotate students through activities, half of the pre- and post-surveys were not administered at the very start of or at the very end of the workshops. This was to facilitate the smooth running of the workshops and ensure that young people would remain engaged. In addition, the time between Phase 1 and 2 workshops (and thus the completion of surveys) varied across schools. Other options will need to be explored to ensure that the survey provides a true pre- and post- and that they are administered in a consistent time period across schools. In addition, only four out of the intended six focus groups with young people were completed. Further work engaging schools is important to ensure important qualitative evidence from young people can be gathered.

Finally, the results of the SDQ provide surprising findings, indicating that strengths and difficulties have worsened among young people who took part in the project. While these results are interesting, in the absence of a comparison or control group and given the limitations of the survey discussed above, it is difficult to interpret them. Other data sources collected through the evaluation do not indicate that the intervention had any negative effects on the mental health or wellbeing of participants. In addition, the measures analysed through the survey do not align with the intended outcomes of the SHARP project. If the surveys were administered alongside a comparison group, a general decline in mental health among the wider population of children and young people over the same period could help explain the results and contextualise whether the extent of pre- post-change among young people is greater or less than their peers. Alternatively, the conditions under which the post-survey was administered (in the afternoon after a long day of emotionally intensive activity) could also help explain the results. In the absence of further evidence from comparative cohorts of young people, it is difficult to assess the relevance of these findings for the impact of the SHARP project.

While the SDQ fulfils an important purpose in providing a consistent measure across all YEF projects, these results also point to the risks of using a scale that is not directly linked to the project's intended outcomes. Response rates could be impacted if participants do not understand the purpose of the data being collected, especially for subsequent endline surveys, and particularly if the strengths and weaknesses identified are not then addressed through follow-up support.

Overall, given the findings outlined above, this study considers that the SHARP project has provided a blueprint that appears plausible and feasible. Considering the evaluation steps outlined in Figure 7 below, this study concludes that the SHARP project requires further piloting. Any future evaluation should involve a comprehensive impact feasibility assessment and pilot trial. Below, we suggest improvements to the intervention and evaluation that would support the next evaluation stage.

Figure 7: The Early Intervention Foundation’s Ten Steps for Evaluation Success (Source: as displayed in Youth Endowment Fund [2021, p.5])



Future research and publications

We recommend that any future evaluation should involve a comprehensive impact feasibility assessment and pilot trial to determine the extent to which an experimental impact design can be delivered. Considerations for piloting a randomised control trial have been outlined above in relation to the final research objective of this study (‘develop insight to design a more rigorous impact evaluation’) and are elaborated on below.

Identify challenges and potential solutions for increasing the scale of the intervention.

Further piloting would require the intervention to be delivered on a larger scale, particularly if students in the control group were to eventually receive the intervention. However, increasing the scale may also require trade-offs on the design and quality of the intervention, given the logistical and personnel requirements of the workshops. In addition, the need to provide coaching to Young Ambassadors to communicate their stories in line with the key messages of the SHARP intervention and the need to provide continuous support to ensure they are safeguarded from the potential impacts of re-traumatisation, may require additional resources or consideration. Finally, the need to signpost young people to accessible and available activities in their local areas may require mapping and collaboration with a wider range of charity partner organisations. A pilot trial should focus on understanding challenges

to recruitment and scale-up, as well as possible solutions, to ensure that the study reaches a sufficient sample size to detect the effect size of interest.

Identify additional measures to secure and maintain engagement from schools, particularly given the additional resource constraints faced by schools, where there is often a higher proportion of at-risk young people. These issues would be particularly important for maintaining engagement from schools that are (at least initially) recruited into the control group. Ensuring that the SHARP intervention is eventually provided to control schools would help mitigate some of the ethical risks involved in this type of study. Compensation or incentives for schools taking part in the project may be beneficial to reducing the risk of attrition.

Improve intervention fidelity and data quality, through piloting solutions for standardising the timing between Phase 1 and 2 workshops so that each school receives the same dosage of the intervention. This may present significant logistical challenges and additional costs, given the resources required for Phase 1 and 2 interventions and the need to accommodate school calendars. Relatedly, during the pilot trial, it will be important to consider how the administration of the survey can be made consistent so that all participants complete it at an equivalent point prior to and after the programme. Future phases of the programme should consider the trade-offs between data integrity, logistical burden and potentially reduced response rates of administering pre- and post-surveys in advance of or after the day of the SHARP workshops. Individual interviews with young people in addition to surveys and focus group discussions could also be explored. In addition, further resources to support young people to complete the survey accurately, and potentially using more engaging formats such as digital tablets, may be considered to improve data accuracy.

Identify potential strategies for supporting young people to provide informed consent and explore emotions and feelings in between or after SHARP sessions. This should be part of strengthening the programme's support offering and ensuring the approach to delivery and evaluation are trauma-informed. Particularly if criteria for participant recruitment are more strictly applied to reach the most at-risk young people (as recommended in the previous section, in line with YEF objectives), further work by the delivery team with charity partners or other organisations may be required to ensure young people have access to support or extra-curricular activities to continue to process the content of the SHARP sessions or explore their emotions and feelings around knife violence. To ensure the programme effectively mitigates the risk of re-traumatisation for young people who have already experienced or been exposed to knife violence, this may also involve providing one-to-one trauma-informed support to participants, in addition to Young Ambassadors. With regard to the evaluation, additional work ensuring young people understand the project aims and are able to provide informed consent (e.g. through additional briefings to teachers or parents and to young people prior to the day of the workshops) should be considered. Qualitative interviews with young people who dropped out between Phase 1 and 2, or with a more structured sample of

young people across genders, contexts and learning abilities (bearing in mind logistical and time constraints liaising with schools), could also be helpful to capture reasons for attrition and any potential unintended consequences of the programme.

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Appendix 1: Developing trauma informed approaches in practice - Content of training

1. Introduction to trauma informed practice: key concepts
2. Understanding psychological trauma
3. Understanding developmental trauma
4. Strategies for trauma informed engagement
5. Integrating a trauma informed approach: 6 principles in practice
6. Recognising resilience and supporting coping
7. Mapping support
8. Facilitating (post) traumatic growth
9. Bearing witness to distress: practical skills for engagement and management
10. Managing disclosures in groups: practical skills for supportive conversations
11. Trauma informed approaches to safeguarding and risk management
12. Consultation sessions-group discussions
 - i. Reducing the potential for re-traumatisation: identifying areas of risk
 - ii. Promoting recovery and supporting coping: identifying areas of potential
13. Self-care and psychological resilience

Appendix 2: Information sheets and privacy policy

Privacy policy for [project] Delivery Staff

This [evaluator] evaluation and your personal data: *The [project] Programme Evaluation (19-081188-01)*

[Evaluator] has been commissioned by the Youth Endowment Fund (YEF) to carry out an evaluation of the [project] programme. This Privacy Notice explains who we are, the personal data we collect, how we use it, who we share it with, and what your legal rights are.

About [the evaluator]

- This evaluation is conducted by a team from [evaluator] who specialise in evaluation and research on education, families, communities, and children. [removed for anonymity]

What personal data will [the evaluator] receive for this study?

- [evaluator] has a limited amount of your personal data so we can invite you to take part in this evaluation.
- The personal data that [evaluator] has received for this study is: your name, your role and your email address. These details have been obtained through the [PROJECT] programme team.
- Providing responses to this evaluation is entirely voluntary and it is entirely up to you if you wish to provide the information asked for.

What is [evaluator]’s legal basis for processing the data

- [evaluator] requires a legal basis to process your personal data. [evaluator]’s legal basis for processing this data is ‘informed consent’.
- If you wish to exercise your right to object or right to the erasure of data, please see the section below covering ‘Your Rights’.

How will [evaluator] use any personal data you provide?

- Firstly, taking part in the interview is entirely voluntary.
- [evaluator] will keep your personal data and responses in strict confidence in accordance with this Privacy Policy. Your answers will be put together with the answers from other people involved the programme which will be presented as anonymised research findings and insights about the [PROJECT] programme for the Youth Endowment Fund.
- Your answers will be kept confidential by [evaluator]. No one will be able to identify you in any results that are published.

Who we share your data with?

- [evaluator] is working with Take Note, a supplier organisation, who will have access to interviews and focus group recordings to transcribe and write up conversations:
 - Take Note are approved and compliant with the General Data Protection Regulations.

- Should you wish to contact Take Note for further information please email: compliance@takenotetyping.com
- [Take Note's Privacy Policy can be found here.](#)

How will [evaluator] ensure my personal information is secure?

- [evaluator] takes its information security responsibilities seriously and applies various precautions to ensure your information is protected from loss, theft, or misuse. Security precautions include appropriate physical security of offices and controlled and limited access to computer systems.
- [evaluator] has regular internal and external audits of its information security controls and working practices and is accredited to the International Standard for Information Security, ISO 27001.

How long will [evaluator] retain my personal data and identifiable responses?

- [evaluator] will only retain your data in a way that can identify you for as long as is necessary to support the evaluation. In practice, this means that once we have satisfactorily reported the anonymised evaluation findings, we will securely remove your personal identifying data from our systems.
- For this evaluation, we will securely remove your personal data from our systems two months after the evaluation results are published.

Where will my personal data be held & processed?

- All of your personal data used and collected for this evaluation will be stored by [evaluator] in data centres and servers within the United Kingdom and EEA.

Your rights

You can...

- access and obtain a copy of your data on request within the limited period that [evaluator] holds it;
- require [evaluator] to change or rectify incorrect or incomplete data;
- require [evaluator] to delete or stop processing your data, for example where the data is no longer necessary for the purposes of processing;
- object to the processing of your data where [evaluator] are relying on our legitimate interests as the legal ground for processing; and
- ask [evaluator] to stop processing data for a period if data is inaccurate or there is a dispute about whether or not your interests override our legitimate grounds for processing data.

Who to contact about your rights

- If you want to contact the [PROJECT] programme team about data they hold about you, please see their contact details below.
- If you want to contact the Youth Endowment Fund, please see their contact details below.
- If you want to exercise your rights, please contact us at the below [evaluator] address.
- You have the right to lodge a complaint with the Information Commissioner's Office (ICO), if you have concerns on how we have processed your personal data. You can find details about how to contact the Information Commissioner's

Office at <https://ico.org.uk/global/contact-us/> or by sending an email to: casework@ico.org.uk.

Privacy policy for School Teachers

This [evaluator] evaluation and your personal data: *The [PROJECT] Programme Evaluation (19-081188-01)*

[evaluator] has been commissioned by the Youth Endowment Fund (YEF) to carry out an evaluation of the [PROJECT] programme. This Privacy Notice explains who we are, the personal data we collect, how we use it, who we share it with, and what your legal rights are.

About [evaluator]

- This evaluation is conducted by a team from [evaluator] who specialise in evaluation and research on education, families, communities, and children. [evaluator] is part of the [removed for anonymity].

What personal data will [evaluator] receive for this study?

- [evaluator] has a limited amount of your personal data so we can invite you to take part in this evaluation.
- The personal data that [evaluator] has received for this study is: your name, the name of the school you work at, and your email address. These details have been obtained through the [PROJECT] programme team.
- Providing responses to this evaluation is entirely voluntary and it is entirely up to you if you wish to provide the information asked for.

What is [evaluator]’s legal basis for processing the data

- [evaluator] requires a legal basis to process your personal data. [evaluator]’s legal basis for processing this data is ‘informed consent’.
- If you wish to exercise your right to object or right to the erasure of data, please see the section below covering ‘Your Rights’.

How will [evaluator] use any personal data you provide?

- Firstly, taking part in the interview is entirely voluntary.
- [evaluator] will keep your personal data and responses in strict confidence in accordance with this Privacy Policy. Your answers will be put together with the answers from other people involved the programme which will be presented as anonymised research findings and insights about the [PROJECT] programme for the Youth Endowment Fund.
- Your answers will be kept confidential by [evaluator]. No one will be able to identify you in any results that are published.

Who we share your data with?

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- If you want to contact the Youth Endowment Fund, please see their contact details below.
- If you want to exercise your rights, please contact us at the below [evaluator] address.

- You have the right to lodge a complaint with the Information Commissioner’s Office (ICO), if you have concerns on how we have processed your personal data. You can find details about how to contact the Information Commissioner’s Office at <https://ico.org.uk/global/contact-us/> or by sending an email to: casework@ico.org.uk.

How can I contact [evaluator] about this survey and/or my personal data?

Contact [evaluator]:

Email: [removed for anonymity]

Post: [removed for anonymity]

Contact the Youth Endowment Fund:

Email: hello@youthendowmentfund.org.uk with “[PROJECT] Programme Evaluation” in the email subject line

Post: with “[PROJECT] Programme Evaluation” in the subject line, Youth Endowment Fund (C/O Impetus), Floor 4, Evergreen House North, 160 Grafton Place, London NW1 2DX

Appendix 3: SDQ analysis categorisation table

Measure	Original 3-band categorisation			Newer 4-band categorisation			
	Normal	Borderline	Abnormal	Close to average	Slightly raised (/slightly lowered)	High (/low)	Very high (/very low)
Total difficulties score	0-15	16-19	20-40	0-14	15-17	18-19	20-40
Emotional problems scale	0-5	6	7-10	0-4	5	6	7-10
Conduct problems scale	0-3	4	5-10	0-3	4	5	6-10
Hyperactivity scale	0-5	6	7-10	0-5	6	7	8-10
Peer problems scale	0-3	4-5	6-10	0-2	3	4	5-10
<i>Prosocial scale</i>	<i>6-10</i>	<i>5</i>	<i>0-4</i>	<i>7-10</i>	<i>6</i>	<i>5</i>	<i>0-4</i>
Impact score	0	1	2-10	0	1	2	3-10



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